

CID :2432015748 Name : MR.MAHENDRA DHANPAL Age / Gender : 52 Years / Male Consulting Dr. : -Reg. Location : Borivali West (Main Centre)

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:15-Nov-2024 / 08:33 :15-Nov-2024 / 14:31

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

<u>CBC (Complete Blood Count), Blood</u>			
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	6.30	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.0	40-50 %	Measured
MCV	67	80-100 fl	Calculated
MCH	21.9	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	10230	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	3386.1	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	593.3	200-1000 /cmm	Calculated
Neutrophils	55.1	40-80 %	
Absolute Neutrophils	5636.7	2000-7000 /cmm	Calculated
Eosinophils	5.4	1-6 %	
Absolute Eosinophils	552.4	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	61.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

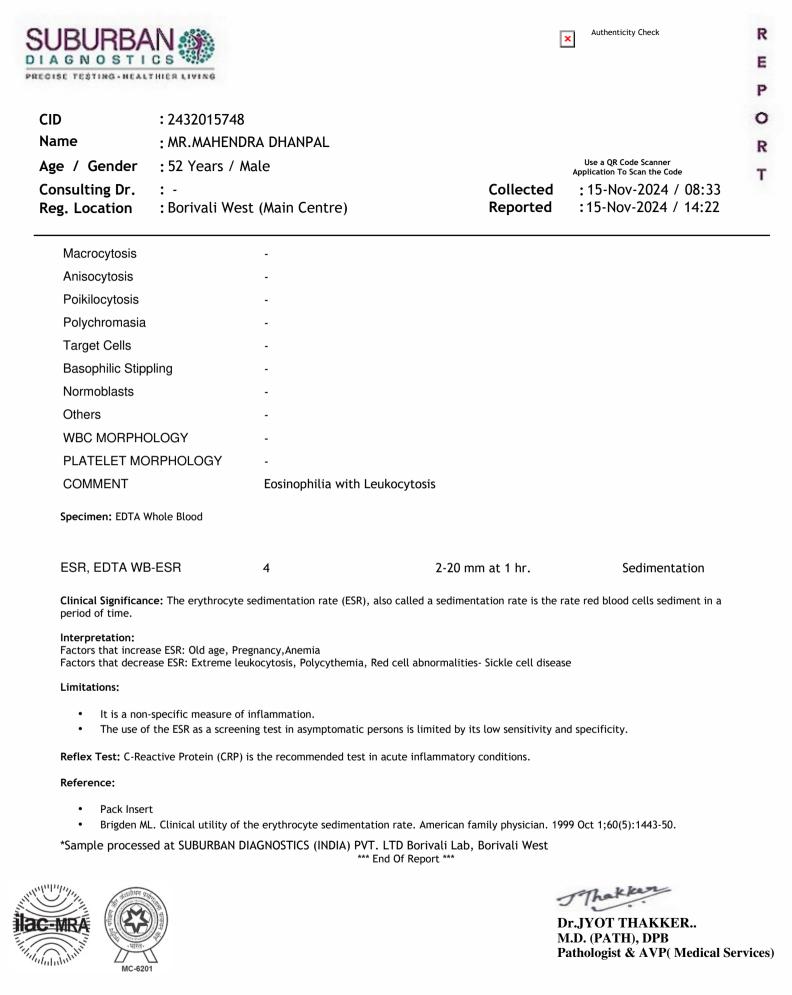
Platelet Count MPV	322000 8.7	150000-400000 /cmm 6-11 fl	Elect. Impedance Calculated
PDW	18.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	+		
Microcytosis	++		

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CID	: 2432015748				0
Name	: MR.MAHENDR	A DHANPAL			R
Age / Gender	:52 Years / Ma	le		e a QR Code Scanner cation To Scan the Code	т
Consulting Dr. Reg. Location	: - :Borivali West	(Main Centre)		5-Nov-2024 / 12:38 5-Nov-2024 / 18:08	
ME	DIWHEEL FULI	BODY HEAL	TH CHECKUP MALE ABOVE 4	0/2D ECHO	
<u>PARAMETER</u>		<u>RESULTS</u>	BIOLOGICAL REF RAN	<u>GE METHOD</u>	
GLUCOSE (SU Fluoride Plasma	IGAR) FASTING, a Fasting	126.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
Note: ADA reco	mmendations, AACC	, Wallach's interpre	etation of diagnostic tests 10th edition.		
GLUCOSE (SU Plasma PP	IGAR) PP, Fluoride	172.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase :	
Note: ADA recon	nmendations, AACC,	Wallach's interpreta	tion of diagnostic tests 10th edition.		

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Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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CID	: 2432015748
Name	: MR.MAHENDRA DHANPAL
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Consulting Dr.	: -
Reg. Location	: Borivali West (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO KIDNEY FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	16.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.96	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	95	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45- 59 Moderate to severe decrease: 3 -44 Severe decrease: 15-29 Kidney failure:<15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	4.5	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.8	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	5.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	98	98-107 mmol/l	ISE

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **GLYCOSYLATED HEMOGLOBIN (HbA1c)** RESULTS **BIOLOGICAL REF RANGE** PARAMETER METHOD

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	174.3	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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Dr.MILLU JAIN M.D.(PATH) Pathologist

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **PROSTATE SPECIFIC ANTIGEN (PSA)** PARAMETER RESULTS **BIOLOGICAL REF RANGE** METHOD

TOTAL PSA, Serum

<4.0 ng/ml

CLIA

Clinical Significance:

PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

0.900

- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction.

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5-α-reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Note : The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

Reference:

- Wallach's Interpretation of diagnostic tests
- **Total PSA Pack insert**

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Age / Gender	: 52 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
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Anto

Dr.ANUPA DIXIT M.D.(PATH) Consultant - Pathologist

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REPORT

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Reported

:15-Nov-2024 / 08:33 :15-Nov-2024 / 20:09

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.010	1.002-1.035	Chemical Indicator
Reaction (pH)	6.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	0-20/hpf	
Yeast	Absent	Absent	
Others	-		

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Name	: MR.MAHENDRA DHANPAL			R
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Dr.JAGESHWAR MANDAL CHOUPAL MBBS, DNB PATH Pathologist

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **BLOOD GROUPING & Rh TYPING**

PARAMETER

RESULTS

ABO GROUP А **Rh TYPING** Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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Dr.ANUPA DIXIT M.D.(PATH) **Consultant Pathologist**

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Age / Gender	:52 Years / Male
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Reg. Location	: Borivali West (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	225.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	138.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	49.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	175.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	147.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	28.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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Authenticity Check

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Age / Gender	: 52 Years / Male		Use a QR Code Scanner Application To Scan the Code
Consulting Dr. Reg. Location	: - :Borivali West (Main Centre)	Collected Reported	: 15-Nov-2024 / 08:33 : 15-Nov-2024 / 15:22

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANG	E <u>METHOD</u>
Free T3, Serum	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.79	0.35-5.5 microIU/ml microU/ml	ECLIA

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PRECISE TESTING - HEAL	THIER LIVING			P
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Reg. Location	: Borivali West (Main Centre)	Reported	:15-Nov-2024 / 15:22	

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non- thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours

following the last biotin administration.

2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.

this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIVER FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	24.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	51.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	73.0	40-130 U/L	Colorimetric

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R E P O R T

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Reported :15-Nov-2024 / 19:43

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent
Urine Sugar (PP)	+++	Absent
Urine Ketones (PP)	Absent	Absent

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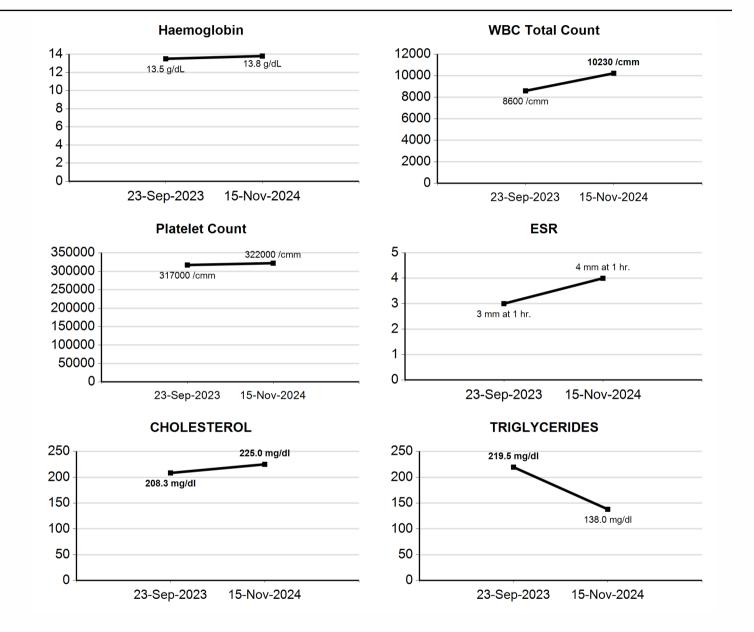
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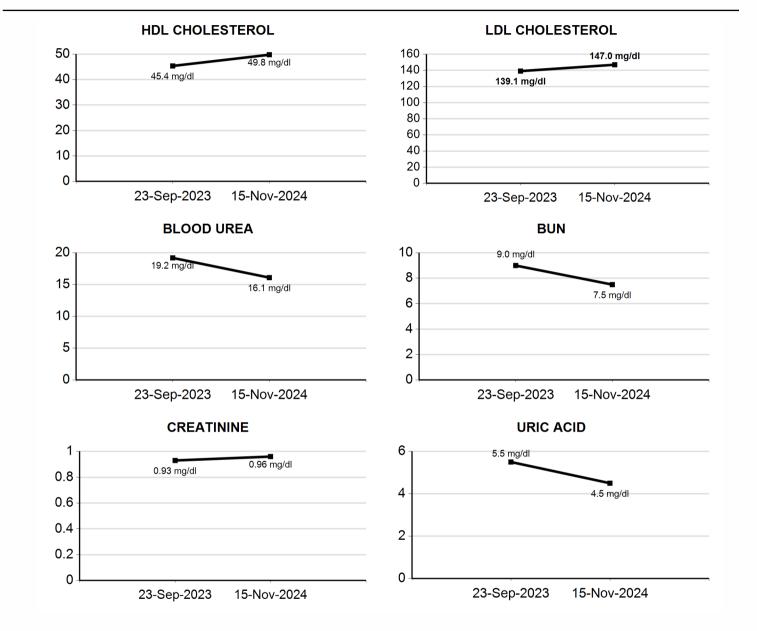
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Consulting Dr.	:-

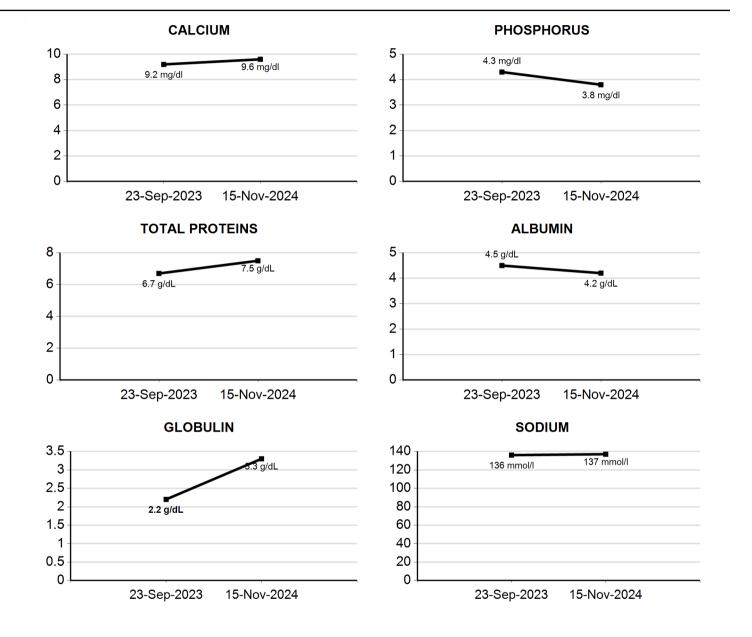


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CID	: 2432015748
Name	: MR.MAHENDRA DHANPAL
Age / Gender	:52 Years / Male
Consulting Dr.	: -
Reg. Location	: Borivali West (Main Centre)

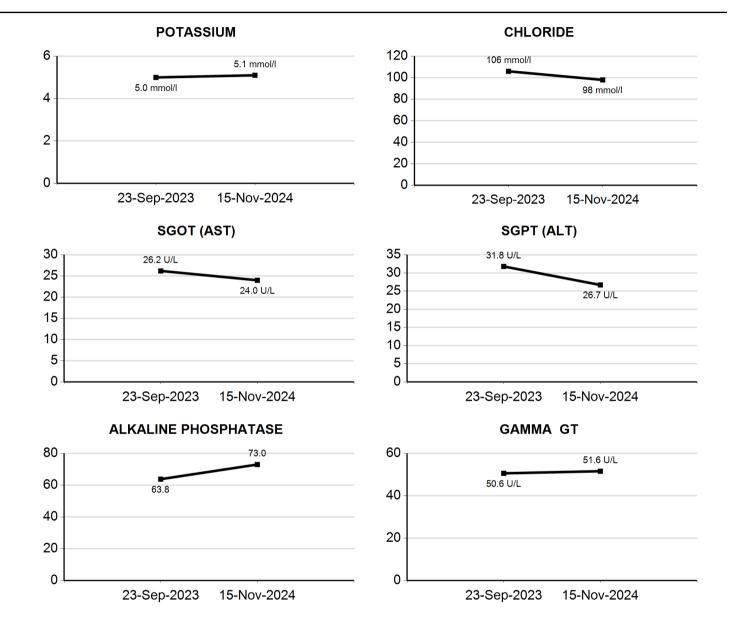


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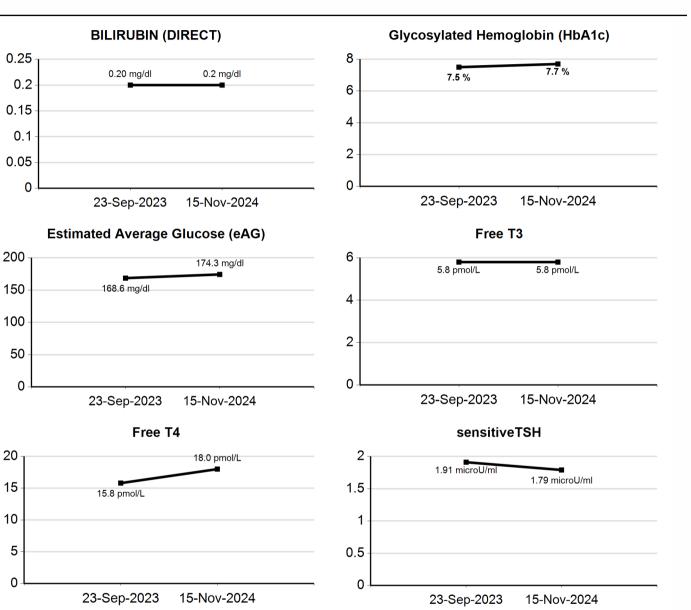
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CID	: 2432015748
Name	: MR.MAHENDRA DHANPAL
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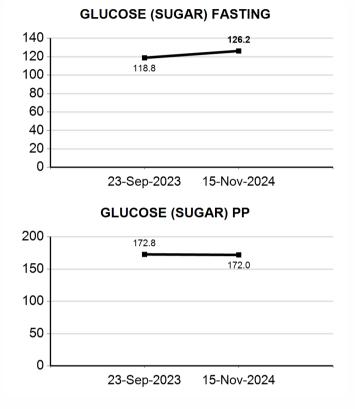
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CID	: 2432015748
Name	: MR.MAHENDRA DHANPAL
Age / Gender	:52 Years / Male
Consulting Dr.	: -
Reg. Location	: Borivali West (Main Centre)



: Borivali West (Main Centre

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Suburban Diagnostics (i) Pvt. Ltd.

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CID : 2432015748 Name : Mr MAHENDRA DHANPAL Age / Sex : 52 Years/Malc Ref. Dr : Reg. Location : Borivali West

Reg. Date Reported Use a QR Code Scanner Application To Scan the Code : 15-Nov-2024 : 15-Nov-2024 / 13:12

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

-----End of Report-----

Dr. Pranali Mahale MD,Radiodiagnosis Consultant Radiologist Reg no. 2019/07/5682

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REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL19PageC065186f 1 MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086. HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com



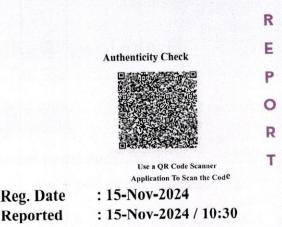
CID

Name

Age / Sex

Reg. Location

Ref. Dr



USG WHOLE ABDOMEN

LIVER:Liver is normal in size 16.6 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is minimally distended.

: 2432015748

: 52 Years/Male

: Borivali West

: Mr MAHENDRA DHANPAL

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

PORTAL VEIN: Portal vein is normal. CBD: CBD is normal.

PANCREAS: Pancreas obscured due to bowel gases.

KIDNEYS: Right kidney measures 10.5 x 5.2 cm. Left kidney measures 11.6 x 4.9 cm.

Medullary cyst of size 1.8 x 1.4 cm seen in lower pole of right kidney.

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is minimally distended.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 3.0 x 3.9 x 2.8 cm and prostatic weight is 18-19 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?

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CID : 2432015748 Name : Mr MAHENDRA DHANPAL Age / Sex : 52 Years/Male Ref. Dr : Reg. Location : Borivali West

Reg. Date Reported Application To Scan the Code : 15-Nov-2024 : 15-Nov-2024 / 10:30

Opinion:

- Grade II fatty infiltration of liver.
- Right renal medullary cyst.

For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of responsible for any rectification. Please interpret accordingly.

-----End of Report-----

Dr. Pranali Mahale MD,Radiodiagnosis Consultant Radiologist Reg no. 2019/07/5682

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Date:-

Name:-

Mahendre

CID:

Sex / Age:52/M

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EYE CHECK UP [11] Chief complaints: Systemic Diseases: Past history: RE LE 616 616

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Cab			
Distance		an shine			Sph	Cyl	Axis	Vn
Near								

H3 H18

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd. 301& 302, 3rd Flash Vin Glaganance T Read, Above Tanana 200 092 Borivali (Jacob

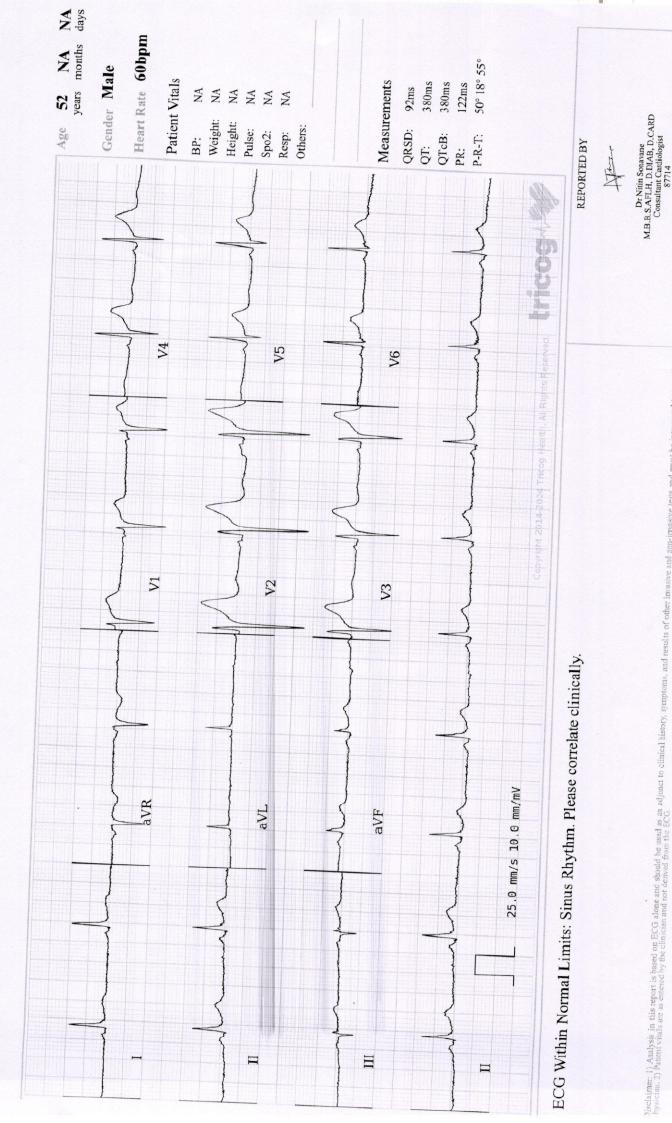
REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388



TSAM DIAGNODIICS - BURIVALI WEST Patient Name: MAHENDRA DHANPAL Patient ID:

2432015748

Date and Time: 15th Nov 24 9:01 AM



Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified hystoriau. 2) Pattent vials are as entered by the clinician and not derived from the ECG.

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Nameerise TESTING MR. MAHENDRA DHANPAL			Ρ
Age / Gender : 52 Years/Male			0
Consulting Dr. :	Collected	: 15-Nov-2024 / 08:23	R
Reg.Location : Borivali West (Main Centre)	Reported	: 16-Nov-2024 / 12:26	т

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	163	Weight (kg):	69
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/	hg): 130/80	Nails:	NAD
Pulse:	62/min	Lymph Node:	Not palpable

Systems

Cardiovascular:	S1S2-Norma		
Respiratory:	Chest-Clear		
Genitourinary:	NAD		
GI System:	NAD		
CNS:	NAD		

IMPRESSION:

VSU FBY, BI-SUSAT | Physician Reft. Lipsd profile TMT -> Candialo Sit reft.

ADVICE:

CHIEF COMPLAINTS:

1)	Hypertension:	10 Yrs
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthama	No
7)	Pulmonary Disease	No

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Consulting Dr. :	Collected : 15-Nov-2024 / 08:23	R
Reg.Location : Borivali West (Main Centre)	Reported : 16-Nov-2024 / 12:26	Т

8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
'	GI system	No
,	Genital urinary disorder	No
	Rheumatic joint diseases or symptoms	No
	Blood disease or disorder	No
	Cancer/lump growth/cyst	No
'	Congenital disease	No
	Surgeries	No
	Musculoskeletal System	No

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	Yes

*** End Of Report ***

Suburban Diagnostics (I) Pvt. Ltd. 301& 302, 3rd Floor Vini Eleganance Above Tanson American T. Road, Borivali (West, American 400.052



DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST REGD. SO:: 87714

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

SUBURBAN DIAGNOSTICS PVT. LTD.

Name: MAHENDRA DHANPAL

Date: 15-11-2024 Time: 09:31

Interpretation

The Patient Exercised according to Bruce Protocol for 0:08:37 achieving a work level of 9.7 METS. Resting Heart Rate, initially 61 bpm rose to a max. heart rate of 129bpm (77% of Predicted Maximum Heart Rate). Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg THR not achieved(77% THR achieved) Patient was fatigued hence test was terminated. Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias Resting ECG: Q wave with ST depression in leads III,aVF Exercise ECG: ST depression in leads II ith T wave inversion in leads V5-V6 after 2 minutes of recovery phase IMPRESSION:

Stress test Borderline Positive for Stress inducible ischaemia at workload achieved

Disclaimer: negative stress test does not rule out ischemic heart disease and visa versa. Clinical complaints are important

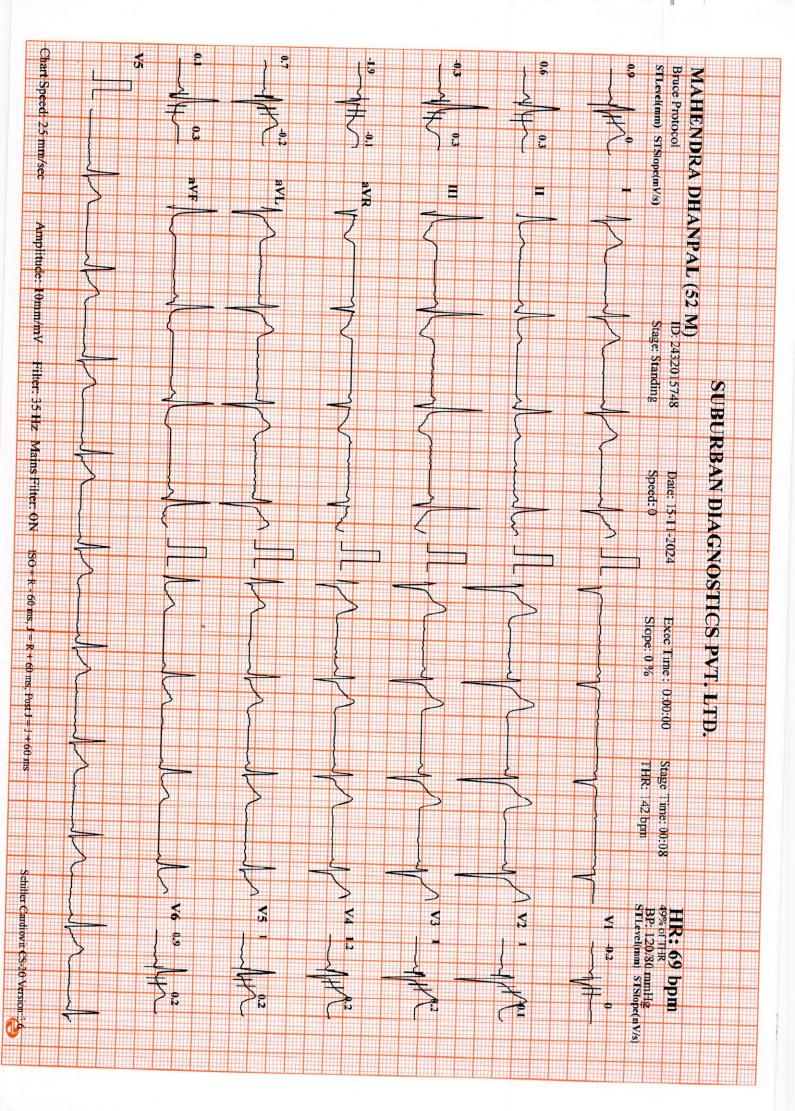
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Dr. Sneha Shetty MBBS, PGDCC Clinical Cardiology Reg. No. 2008/03/0660 Doctor: DR SNEHA SHETTY

(Summary Report edited by User)

Ref. Doctor: ARCOFEMI

Schiller Cardiovit CS-20 Version 3.6



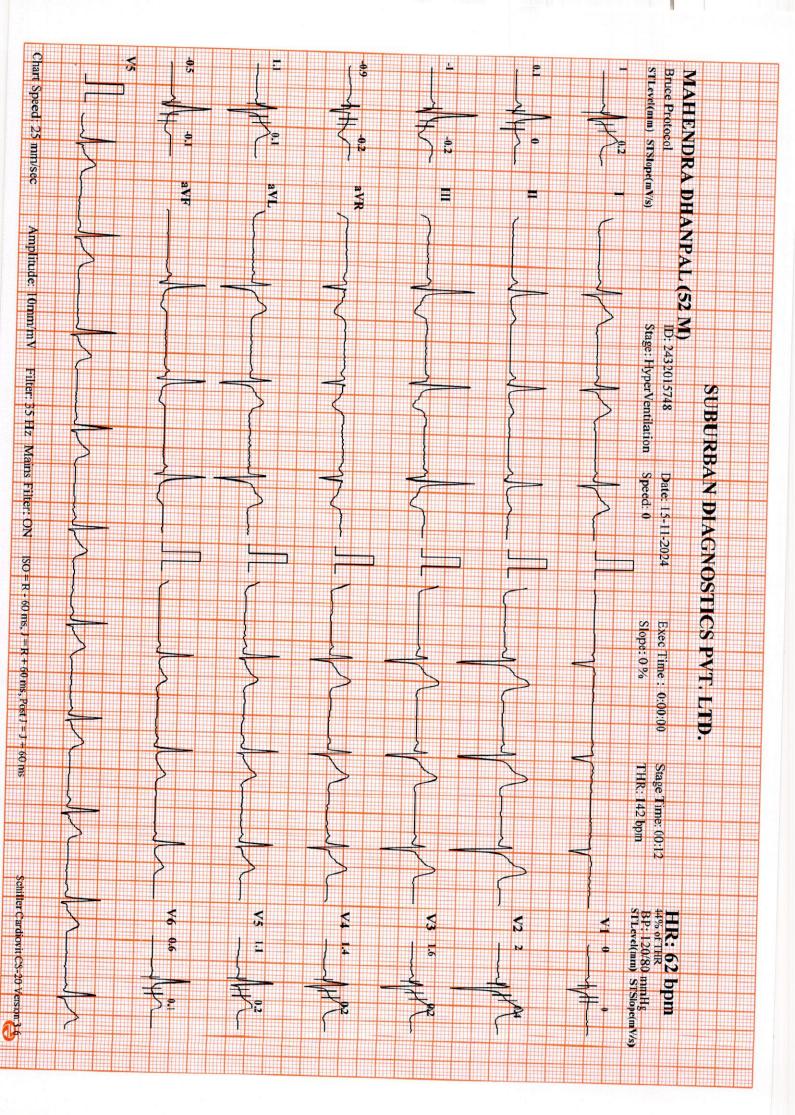
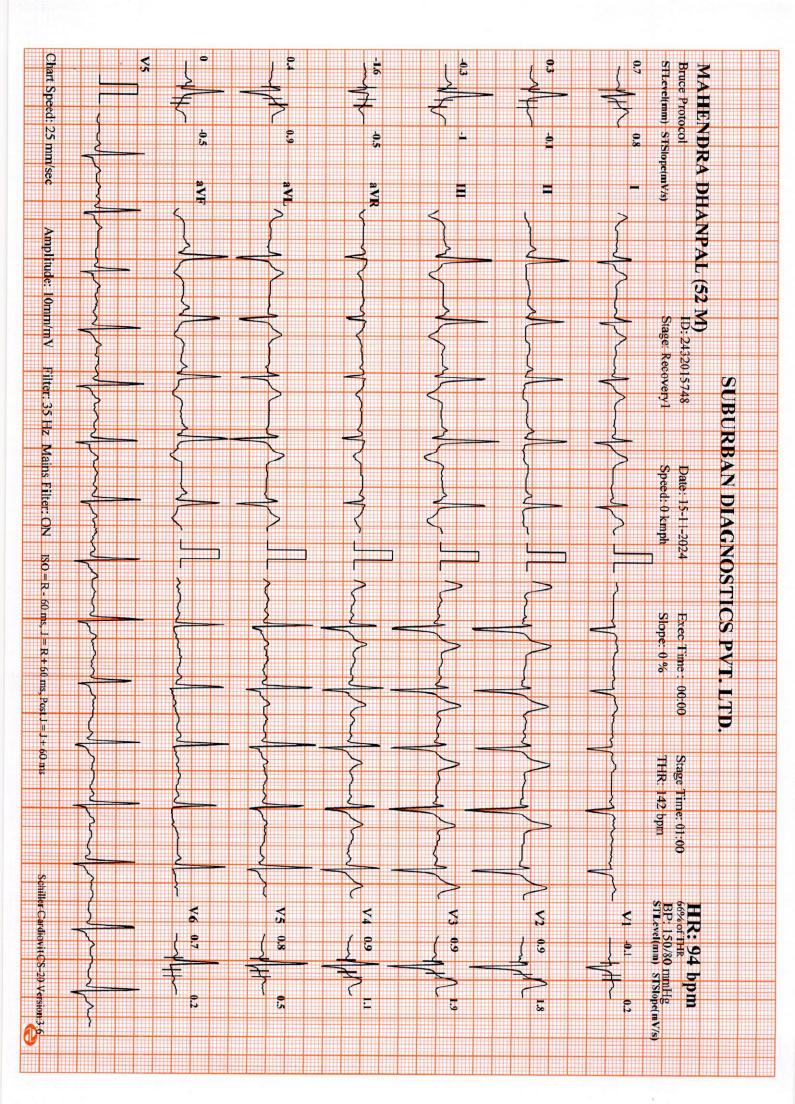


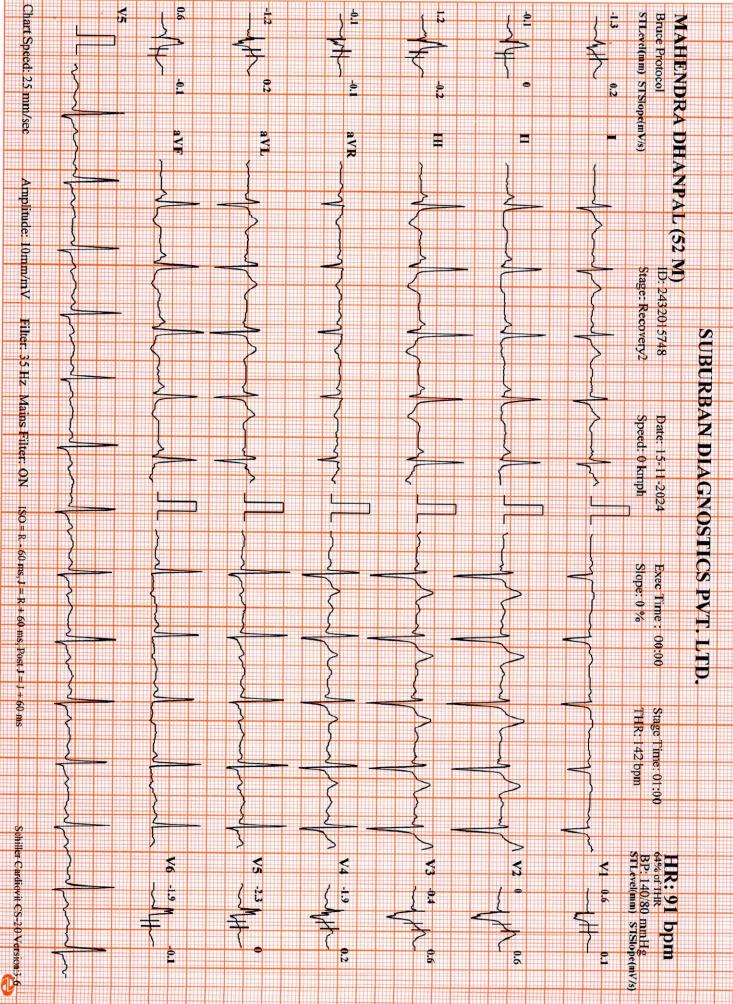
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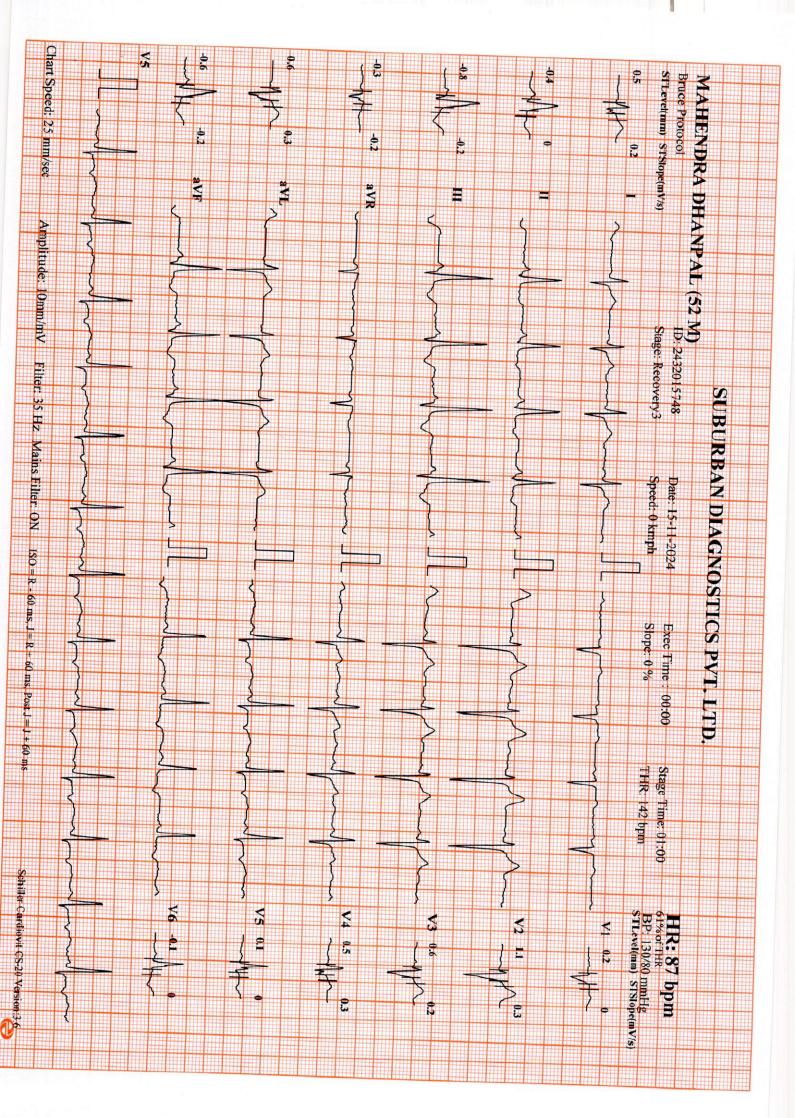
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