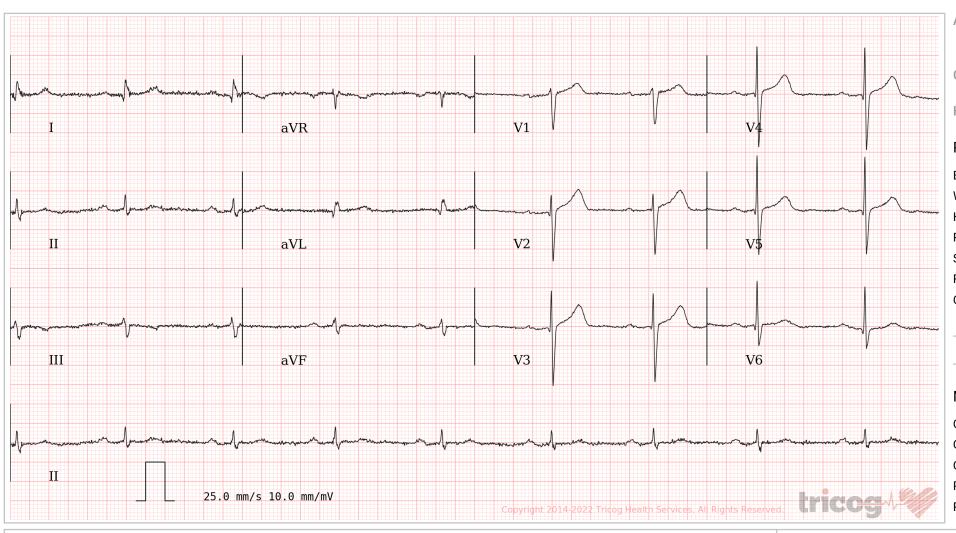


# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST

Patient Name: SHAILENDRA KUMAR AWASTHI Date and Time: 7th Mar 22 10:37 AM

Patient ID: 2206601243



Age 58 1 30 years months days

Gender Male

Heart Rate 55bpm

### **Patient Vitals**

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

### Measurements

QSRD: 92ms
QT: 432ms
QTc: 413ms
PR: 236ms
P-R-T: 60° 3° -6°

Sinus Bradycardia, with 1st Degree A-V Block. Baseline artefacts. Please correlate clinically.

REPORTED BY

DR SONALI HONRAO MD ( General Medicine)

Physician 2001/04/1882

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 physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Name : Mr SHAILENDRA KUMAR AWASTHI

Age / Sex : 58 Years/Male

Ref. Dr :

Reg. Location : Kalina, Santacruz East Main Centre

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: 07-Mar-2022 / 10:52

: 07-Mar-2022 / 12:08

# **USG WHOLE ABDOMEN**

Reg. Date

Reported

# **LIVER:**

The liver is normal in size, shape and smooth margins.

It shows bright parenchymal echo pattern.

The intra hepatic biliary and portal radical appear normal.

There is single small well defined 2.5 x 2.3 cm size anechoic cyst noted in right lobe of Liver.

The main portal vein and CBD appears normal.

## **GALL BLADDER:**

The gall bladder is well distended and shows multiple small 4 to 5 mm size calculi within.

No evidence of gall bladder mass lesions seen.

## **PANCREAS:**

The pancreas is well visualised and appears normal.

No evidence of solid or cystic mass lesion.

### **KIDNEYS:**

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus ,hydronephrosis or mass lesion seen.

Right kidney measures 9.7 x 4.2 cm.

Left kidney measures 10.3 x 4.8 cm.

# **SPLEEN:**

The spleen is normal in size and echotexture.

No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

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### **URINARY BLADDER:**

The urinary bladder is well distended and reveal no intraluminal abnormality.

## **PROSTATE:**

The prostate is mild enlarge in size and shows few tiny calcific foci within. It measures 3.9 x 3.5 x 3.3 cm and volume is 24 cc.

Reg. Date

Reported

## **IMPRESSION:**

Mild fatty Liver.

Single small probably benign cyst noted in right lobe of Liver.

Cholelithiasis.

Boderline prostatomegaly.



This report is prepared and physically checked by Dr Asha Dhavan before dispatch.

Arsham

Dr. Asha Rajendra Dhavan MBBS, DMRE Reg No: 2489 Consultant Radiologist

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: 07-Mar-2022 / 11:56

R

# X-RAY CHEST PA VIEW

Reg. Date

Reported

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.

End of Re	eport

This report is prepared and physically checked by Dr Asha Dhavan before dispatch.

Honar

Dr. Asha Rajendra Dhavan MBBS, DMRE Reg No: 2489

Consultant Radiologist

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:58 Years / Male Age / Gender

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:07-Mar-2022 / 14:33

# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	6.11	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.6	40-50 %	Measured
MCV	73.0	80-100 fl	Calculated
MCH	23.6	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	16.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5800	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	SOLUTE COUNTS		
Lymphocytes	28.7	20-40 %	
Absolute Lymphocytes	1664.6	1000-3000 /cmm	Calculated
Monocytes	10.8	2-10 %	
Absolute Monocytes	626.4	200-1000 /cmm	Calculated
Neutrophils	58.8	40-80 %	
Absolute Neutrophils	3410.4	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	87.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	11.6	20-100 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	159000	150000-400000 /cmm	Elect. Impedance
MPV	9.9	6-11 fl	Calculated
PDW	21.2	11-18 %	Calculated

## **RBC MORPHOLOGY**

Immature Leukocytes

Hypochromia	Mild
Microcvtosis	Mild

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Name : MR.SHAILENDRA KUMAR AWASTHI

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Macrocytosis

Mild Anisocytosis Poikilocytosis Mild

Polychromasia

**Target Cells** 

Basophilic Stippling

Normoblasts

Others Elliptocytes-occasional

**WBC MORPHOLOGY** 

PLATELET MORPHOLOGY

**COMMENT** 

Specimen: EDTA Whole Blood

ESR, EDTA WB 2-20 mm at 1 hr.

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Westergren





Dr. AMAR DASGUPTA, MD, PhD **Consultant Hematopathologist Director - Medical Services** 

**Dr.SHASHIKANT DIGHADE** M.D. (PATH) **Pathologist** 

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Hexokinase

Reported :07-Mar-2022 / 13:09

# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT **BLOOD SUGAR REPORT**

**RESULTS BIOLOGICAL REF RANGE PARAMETER METHOD** 

GLUCOSE (SUGAR) FASTING, Non-Diabetic: < 100 mg/dl 88.4 Fluoride Plasma Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Collected

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*







Annha **Dr.ANUPA DIXIT** M.D.(PATH) Consultant Pathologist & Lab Director

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT **GLYCOSYLATED HEMOGLOBIN (HbA1c)**

### **BIOLOGICAL REF RANGE PARAMETER RESULTS** METHOD

Glycosylated Hemoglobin **HPLC** 5.9 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 122.6 mg/dl Calculated

(eAG), EDTA WB - CC

### 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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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT PROSTATE SPECIFIC ANTIGEN (PSA)

**BIOLOGICAL REF RANGE** 

TOTAL PSA, Serum 0.993 0.03-3.5 ng/ml ECLIA

### Clinical Significance:

**PARAMETER** 

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

**RESULTS** 

- · 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.

### Reference:

- Wallach's Interpretation of diagnostic tests, 10th Edition
- Pack insert

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Dr.ANUPA DIXIT
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Consultant Pathologist & Lab
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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT **URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
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 EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Fraithalial Calla / barf	0.4		

Epithelial Cells / hpf 0-1

Casts Absent Absent Crystals **Absent Absent** Amorphous debris Absent Absent

Bacteria / hpf 3-4 Less than 20/hpf

Others







**Dr.SHASHIKANT DIGHADE** M.D. (PATH) **Pathologist** 

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT **BLOOD GROUPING & Rh TYPING**

**RESULTS PARAMETER** 

**ABO GROUP** Α

Rh TYPING **POSITIVE** 

NOTE: Test performed by automated column agglutination technology (CAT) 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:

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

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT LIPID PROFILE

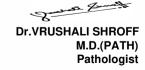
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	215.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	172.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	43.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	172.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	138.0	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	34.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT **KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	17.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.1	6-20 mg/dl	Calculated
CREATININE, Serum	1.00	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	82	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.9	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.62	0.35-5.5 microIU/ml	ECLIA

### Interpretation:

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

### Clinical Significance:

- 1)TSH Values between 5.5 to 15 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:** 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.

### 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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Name : MR.SHAILENDRA KUMAR AWASTHI

Age / Gender : 58 Years / Male

Consulting Dr. : - Collected : 07-Mar-2022 / 10:05

Reg. Location: Kalina, Santacruz East (Main Centre) Reported: 07-Mar-2022 / 15:37

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Application To Scan the Code

Mar-2022 / 10:05

# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.30	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.16	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	15.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	75.9	40-130 U/L	Colorimetric

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
\*\*\* End Of Report \*\*\*







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

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ADDRESS: 2" Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343