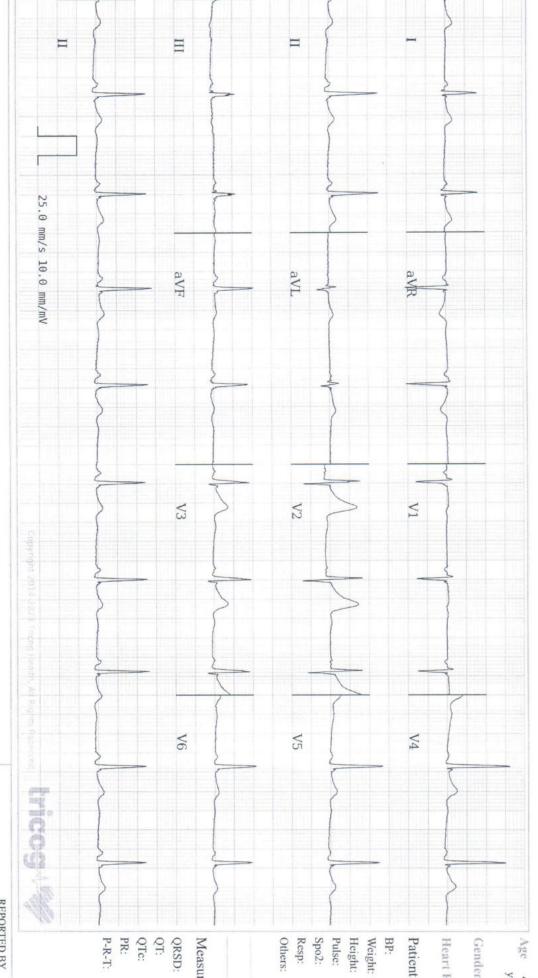
SUBURBAN DIAGNOSTICS - SWARGATE, PUNE

PRECISE TESTING . HEALTHIER LIVING

Patient ID: Patient Name: RAJENDRA GANPAT JADHAV 2303000672

Date and Time: 30th Jan 23 10:09 AM



years months 48 9 days 25

Gender Male

Heart Rate 60bpm

Patient Vitals

122/82 mmHg

57 kg 153 cm

NA NA

Measurements

QRSD: 90ms

398ms 398ms

P-R-T: 52° 57° 30°

114ms

M.B.B.S., M.D. (Medicine) Reg. No. 39452 Dr. I. U. BAMB

REPORTED BY

DR ISHWARLAL BAMB M.B.B.S MD (MEDICINE) 39452

ECG Within Normal Limits: Sinus Rhythm. Within Normal limit. Please correlate clinically. SUBURBAN DIAGNOSTICS PVT. LTD.

Scraph Centre, Opp. Pentagon Mall, Near Panchami Hotel,

Shahu College Road, Pune-411 009.

Tel: 020-41094509

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 physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG. invasive and non-invasive tests and must be interpreted by a qualified

Suburban Diagonstics Center , Pune

Patient Details

Date: 30-Jan-23

Time: 10:28:17 AM

Name: RAJENDRA JADHAV ID: 2303000672

Age: 48 y Clinical History:

Sex: M

Height: 153 cms

Weight: 57 Kgs

Medications: NO

NO

Test Details

Protocol: Bruce

Pr.MHR: 172 bpm

THR: 154 (90 % of Pr.MHR) bpm

Total Exec. Time:

Max. HR: 149 (87% of Pr.MHR)bpm

Max. Mets: 10.20

6 m 6 s Max. BP: 156 / 84 mmHg

Max. BP x HR: 23244 mmHg/min

Min. BP x HR: 5330 mmHg/min

Test Termination Criteria:

Target HR attained

Protocol Details

Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate (bpm)	(mm/Hg)	(mm)	Slope (mV/s)
Supine	0 : 33	1.0	0	0	67	122 / 82	-1.06 aVR	2.48 V2
Standing	0:3	1.0	0	0	65	122 / 82	-0.85 III	2.12 V2
Hyperventilation	0 3	1.0	0	0	65	122 / 82	-0.85 III	2.12 V2
1	3:0	4.6	1.7	10	122	136 / 82	-1.49 III	3.18 V2
2	3:0	7.0	2.5	12	149	150 / 82	-2.12	4.95 V2
Peak Ex	0:6	10.2	3.4	14	148	156 / 84	-1.70 III	4.95 V2
Recovery(1)	1:0	1.8	1	0	114	156 / 84	-2.12 III	5.31 V2
Recovery(2)	1:0	1.0	0	0	80	156 / 84	-1.27 aVR	3.54 II
Recovery(3)	1:0	1.0	0	0	79	156 / 84	-0.64 II	1.421
Recovery(4)	0:30	1.0	0	0	72	156 / 84	-0.85 aVF	1.06

Interpretation

Good Effort Tolerance.

No Significant ST T Changes as compared to Baseline.

No Chest Pain / Arrhythmias noted during the test.

Stress Test is Negative For Stress Induced Ischemia

Disclaimer: Negative Stress test dose not rule out coronary artery Diseases Positive Stress Test is Suggestive but not confirmatory of Coronary Artery Disease.

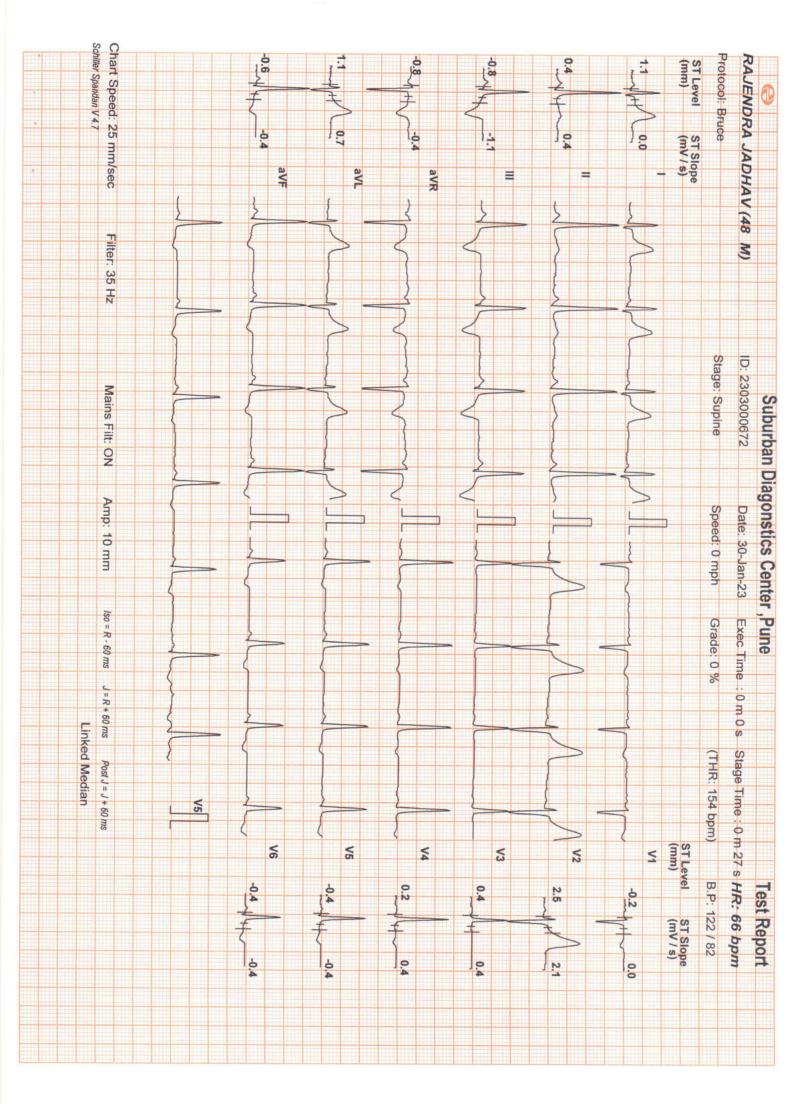
Hence Clinical Correlation is mandatory.

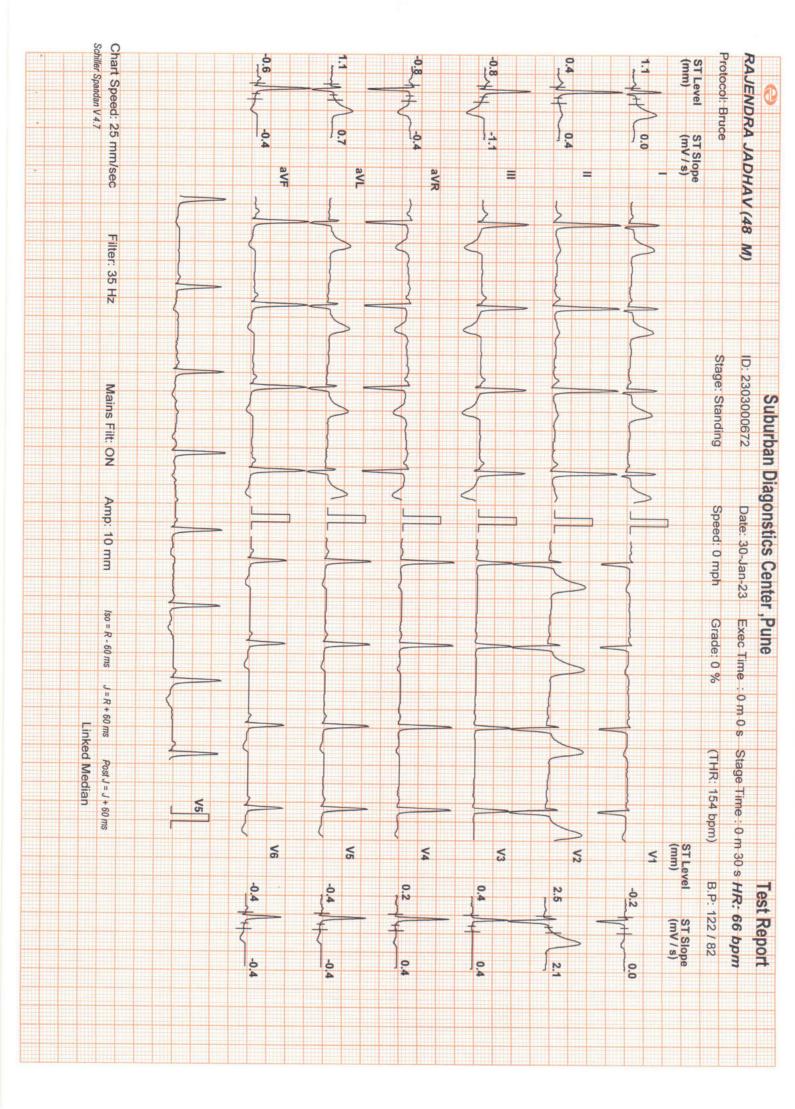
Dr. I. U. BAMB M.B.B.S., M.D. (Medicine) Reg. No. 39452

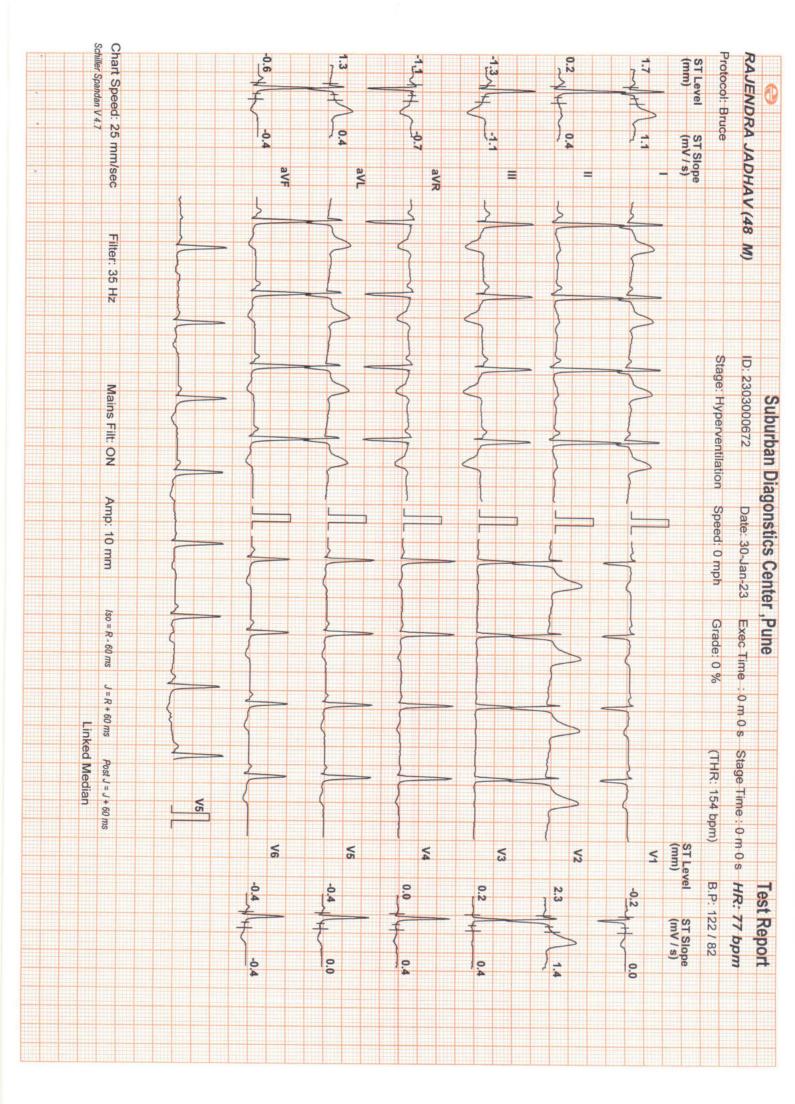
Doctor: I U BAMB

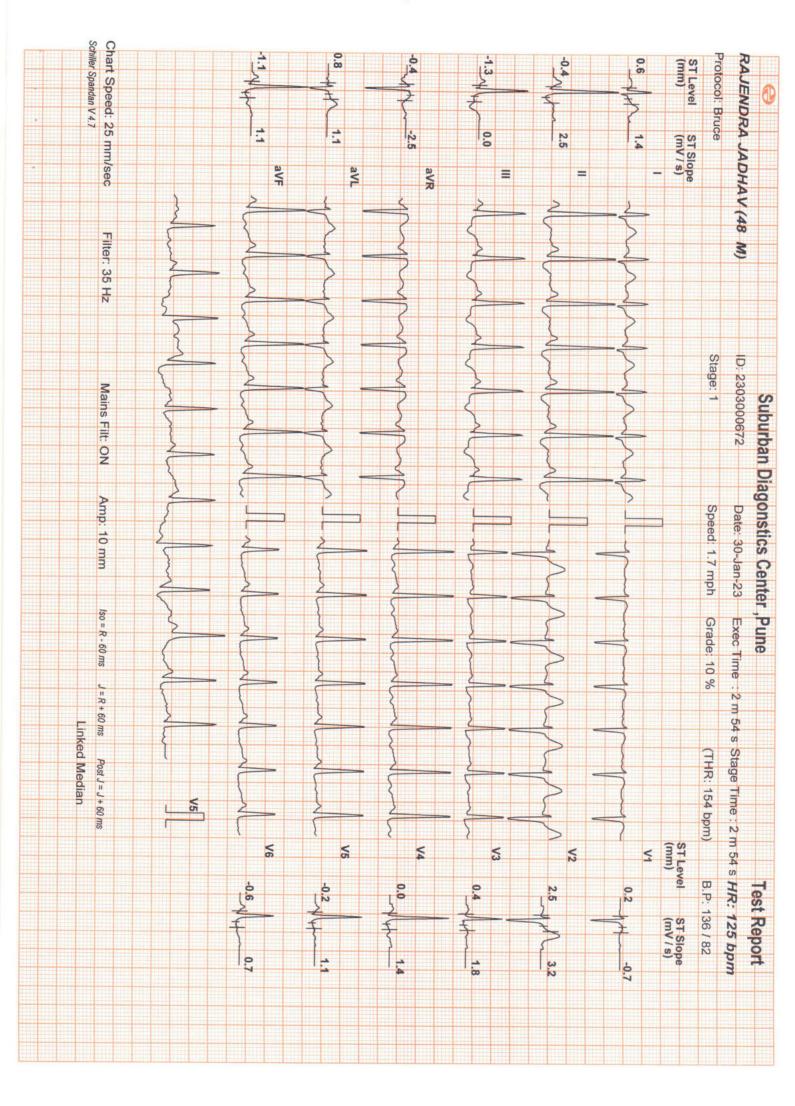
(c) Schiller Healthcare India Pvt. Ltd. V 4.7

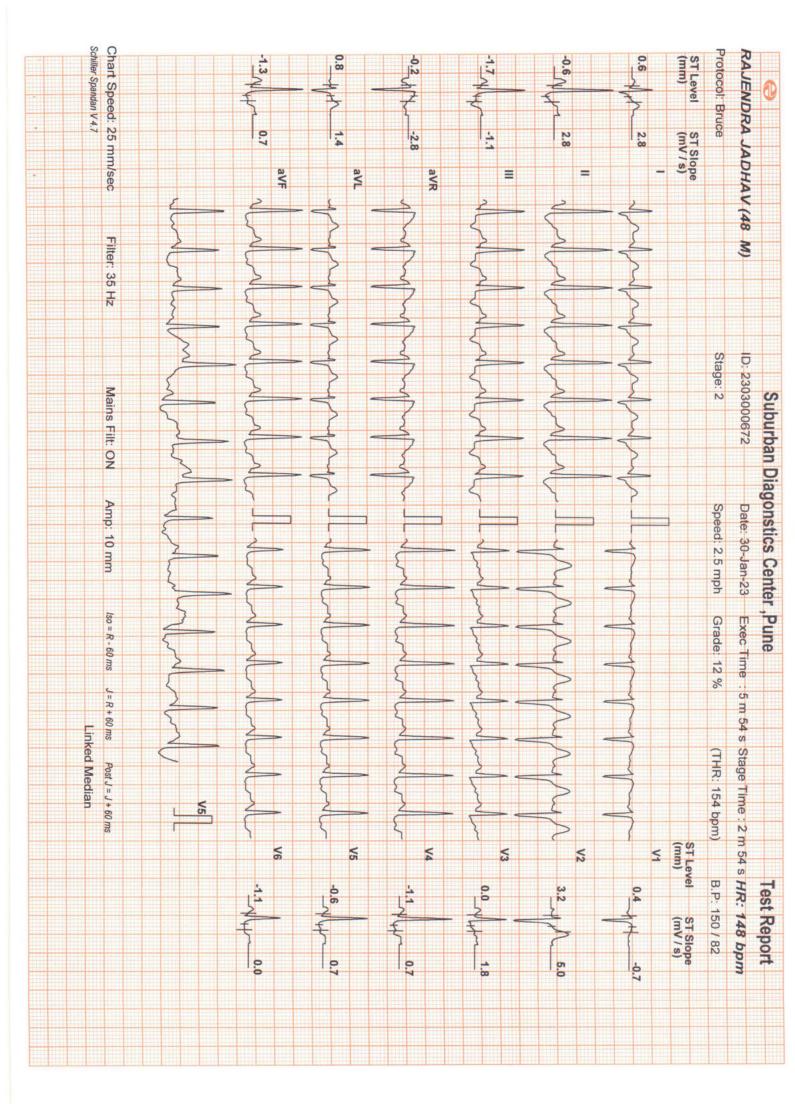
Ref. Doctor: ARCOFEMI HELATH (Summary Report edited by user)

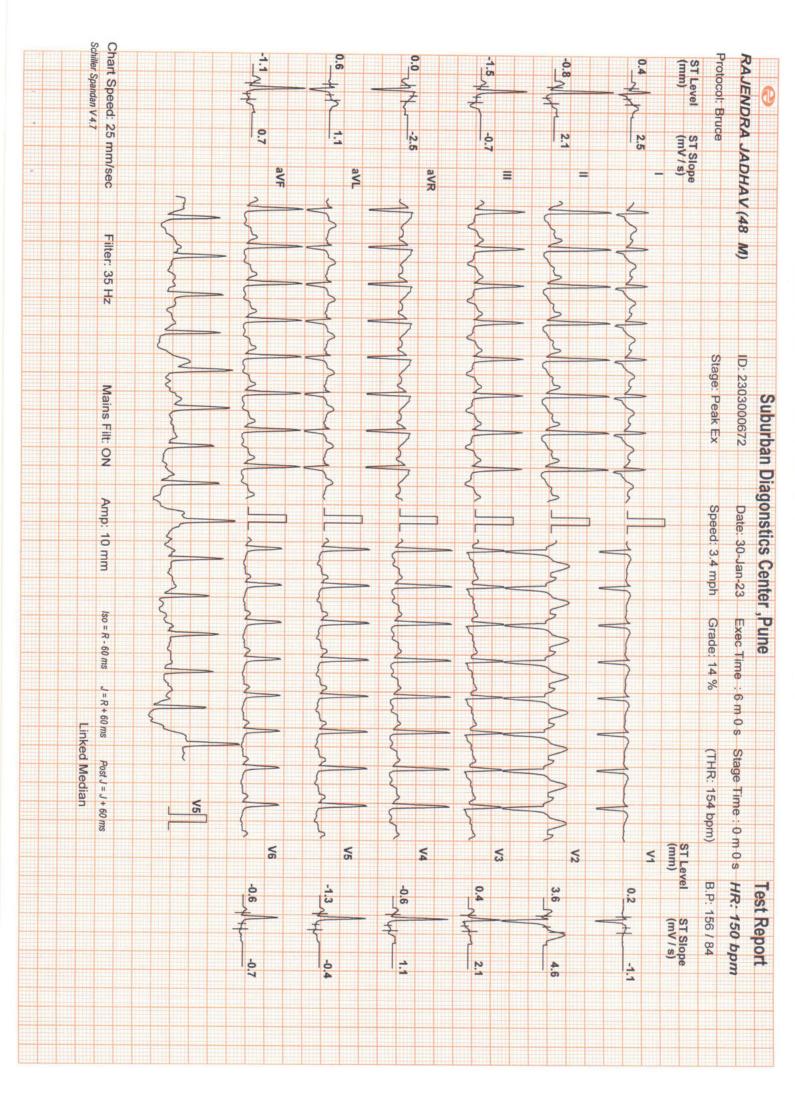


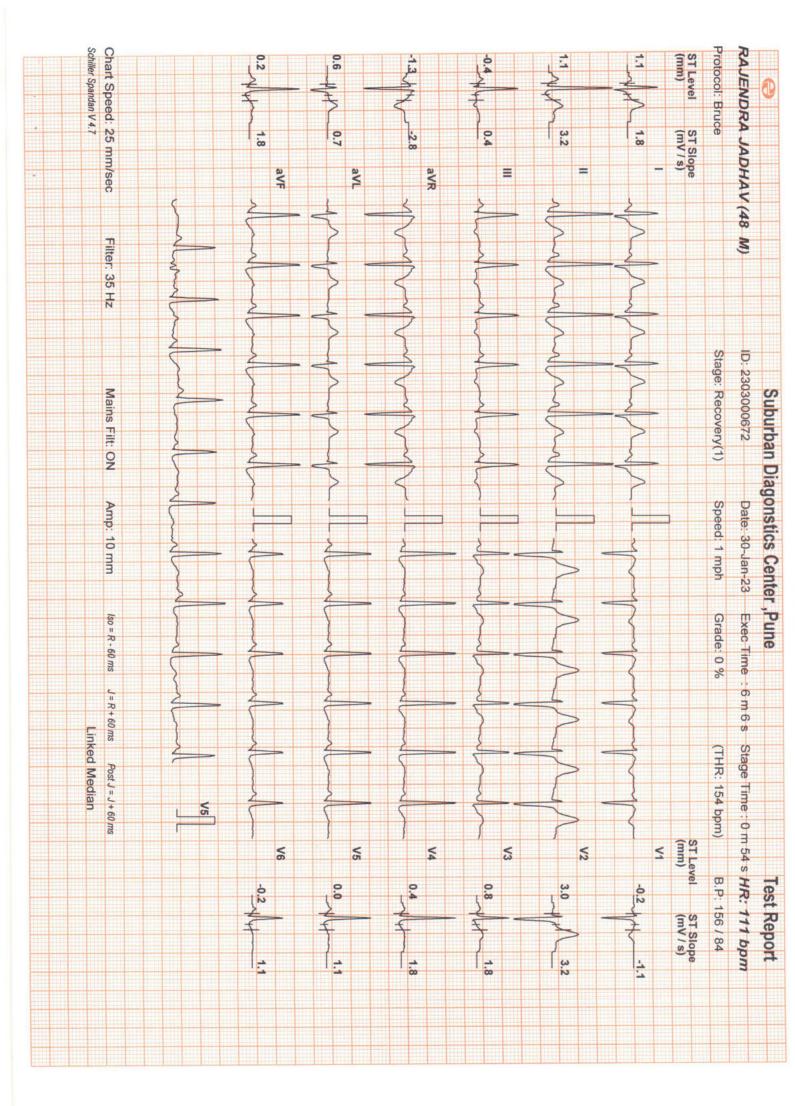


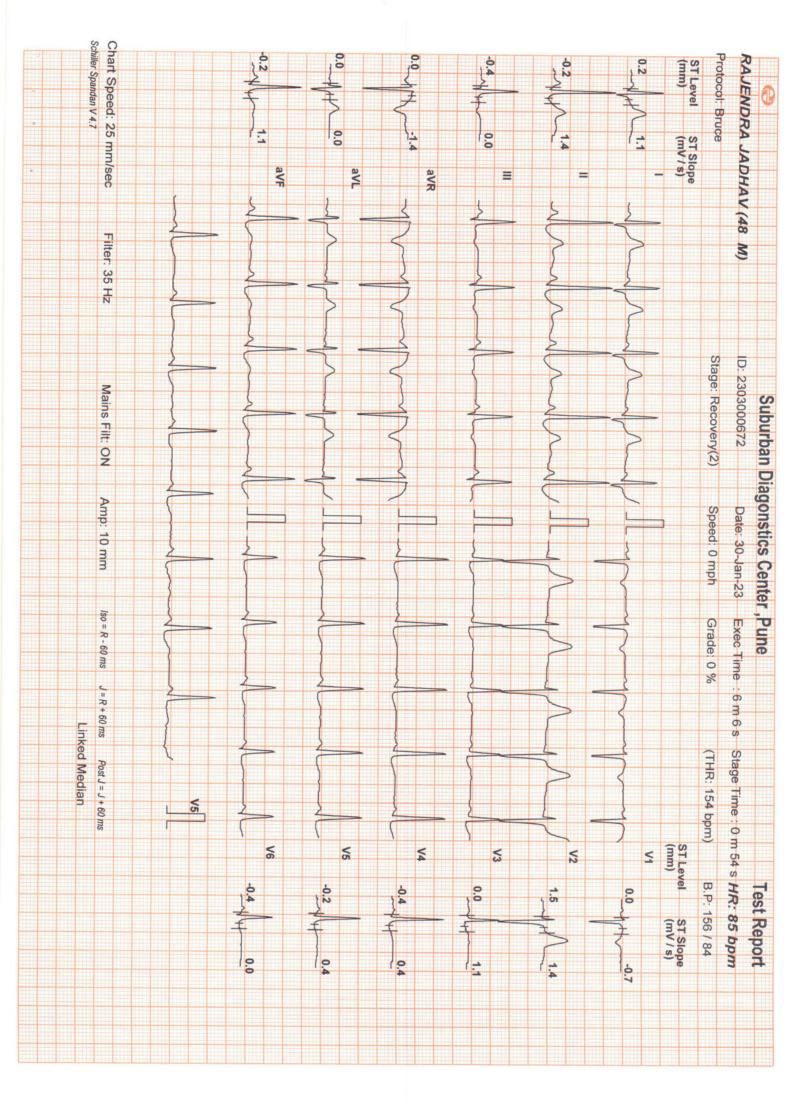


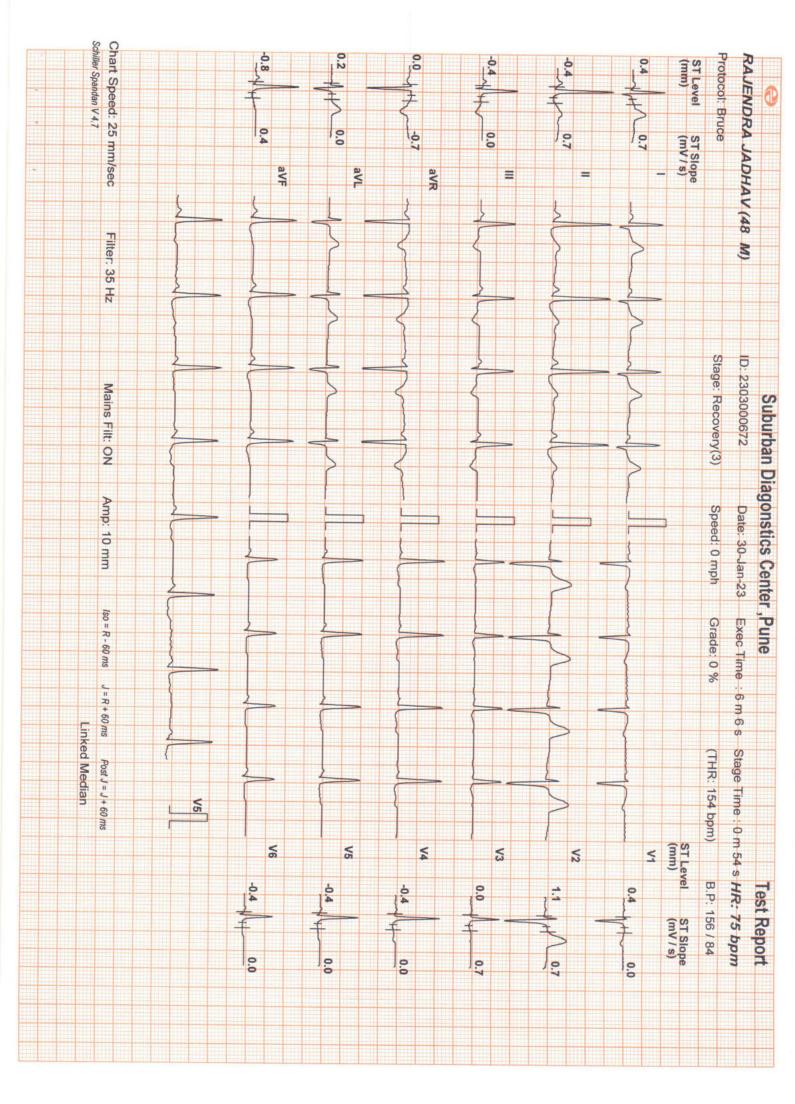


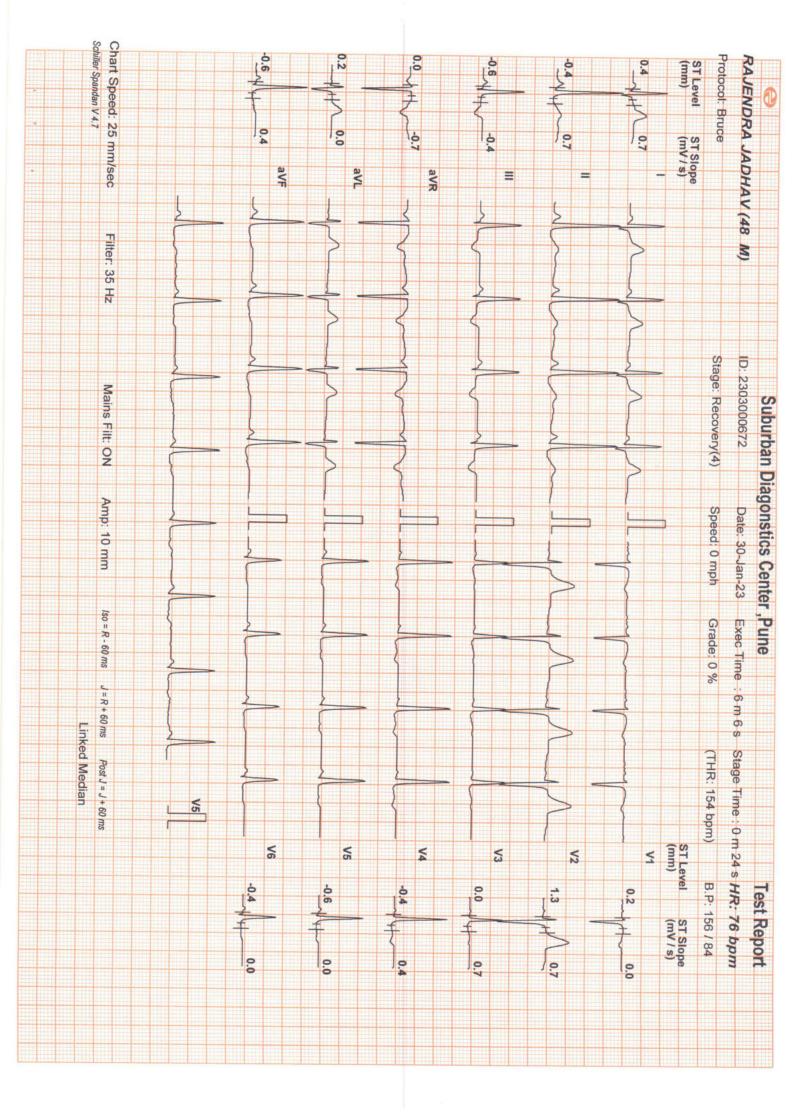














: 2303000672

Name

: MR. RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

Consulting Dr.

Reg. Location

: Swargate, Pune (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected Reported

: 30-Jan-2023 / 09:13 :30-Jan-2023 / 15:37

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT CONSULTATION PHYSICIAN

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

CONSULTATION PHYSICIAN

Height 153cm

Weight 57kg

bp 122/82mmHg

R

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Dr. I. U. BAMB M.B.B.S., M.D. (Medicine) Reg. No. 39452

Dr.I U BAMB

Page 10 of 15



: 2303000672

Name

: MR. RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

*Consulting Dr.

Reg. Location : Swargate, Pune (Main Centre)

Authenticity Check

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Collected

: 30-Jan-2023 / 09:18

Reported :30-Jan-2023 / 11:50

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

	CBC (Complete Bloo	d Count), Blood	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS		THE TOTAL REP TOTAL	METHOD
Haemoglobin	15.0	13.0-17.0 g/dL	C
RBC	4.82	4.5-5.5 mil/cmm	Spectrophotometric
PCV	43.8	40-50 %	Elect. Impedance
MCV	91	80-100 fl	Calculated
MCH	31.1	27-32 pg	Calculated Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	12.5	11.6-14.0 %	Calculated
WBC PARAMETERS		11.0 14.0 %	Calculated
WBC Total Count	6100	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS	70000 7011111	Liect. Impedance
Lymphocytes	39.9	20-40 %	
Absolute Lymphocytes	2433.9	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	Calculated
Absolute Monocytes	341.6	200-1000 /cmm	Calculated
Neutrophils	49.8	40-80 %	Catculated
Absolute Neutrophils	3037.8	2000-7000 /cmm	Calculated
Eosinophils	4.7	1-6 %	Catculated
Absolute Eosinophils	286.7	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	catculated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes			catediated
WBC Differential Count by Absorbar	nce & Impedance method/Micros	copy.	
PLATELET PARAMETERS		**	
District Count			

PLATFI	ET PARAM	FTERS
A Street St. 1 Street Street		

Platelet Count MPV PDW	260000 7.3 12.0	150000-400000 /cmm 6-11 fl	Elect. Impedance Calculated
1 DVV	12.0	11-18 %	Calculated

Page 1 of 15



: 2303000672

*Name

: MR. RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

*Consulting Dr.

. .

Reg. Location

: Swargate, Pune (Main Centre)



Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected

: 30-Jan-2023 / 09:18

Reported

:30-Jan-2023 / 11:06

RBC MORPHOLOGY

Hypochromia

-

Microcytosis

-

Macrocytosis

-

Anisocytosis

-

Poikilocytosis

70.0

Polychromasia

Target Cells

5985

Basophilic Stippling

-

Dasopi ilio Otipi

Normoblasts

-

Others

Normocytic, Normochromic

WBC MORPHOLOGY

C MORPHOLOGY

COMMENT

The same of

Specimen: EDTA Whole Blood

PLATELET MORPHOLOGY

ESR, EDTA WB, EDTA WB-ESR

2-15 mm at 1 hr.

Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***







Dr.SHAMLA KULKARNI MD (PATH) Consultant Pathologist

- amounted

Page 2 of 15



: 2303000672

Name

: MR.RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

Consulting Dr.

Reg. Location

: Swargate, Pune (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected

: 30-Jan-2023 / 09:18

Reported

:30-Jan-2023 / 12:56

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER

Fluoride Plasma

RESULTS

BIOLOGICAL REF RANGE METHOD

GLUCOSE (SUGAR) FASTING,

101.6

Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose:

Hexokinase

100-125 mg/dl

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 114.8 Plasma PP/R

Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: Hexokinase

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting)

Absent

Absent

Urine Ketones (Fasting)

Absent

Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate *** End Of Report ***







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Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

Page 3 of 15



: 2303000672

Name

: MR. RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

Consulting Dr. Reg. Location

. .

: Swargate, Pune (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected

: 30-Jan-2023 / 09:18

T

Reported : 30-Jan-2023 / 11:21

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	26.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.9	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	96	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	6.7	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	142	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***







Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

Page 4 of 15



: 2303000672

Name

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Age / Gender

: 48 Years / Male

Consulting Dr.

. -

Reg. Location

: Swargate, Pune (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected

: 30-Jan-2023 / 09:18

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Reported

:30-Jan-2023 / 11:50

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

PARAMETER

RESULTS

BIOLOGICAL REF RANGE METHOD

Non-Diabe

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % HPLC

Diabetic Level: >/= 6.5 %

Estimated Average Glucose (eAG), EDTA WB - CC

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

105.4

5.3

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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***







- Amendmetal

Dr.SHAMLA KULKARNI MD (PATH) Consultant Pathologist

Page 5 of 15



: 2303000672

-Name

: MR. RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

- Consulting Dr. Reg. Location

: Swargate, Pune (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected

Reported

: 30-Jan-2023 / 09:18

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:30-Jan-2023 / 11:48

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

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

TOTAL PSA, Serum

1.34

0.03-2.5 ng/ml

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: 2303000672

Name

: MR. RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

Consulting Dr. Reg. Location

. -

: Swargate, Pune (Main Centre)

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:30-Jan-2023 / 09:18

Reported

:30-Jan-2023 / 11:48

Clinical Significance:

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

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.

Reference:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***







Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

Page 7 of 15



: 2303000672

Name

: MR. RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

Consulting Dr. Reg. Location

: -

: Swargate, Pune (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected

: 30-Jan-2023 / 09:18

T

Reported : 30-Jan-2023 / 13:05

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT URINE EXAMINATION REPORT

		MINATION REPORT	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	
Volume (ml)	30	*	
CHEMICAL EXAMINATION			
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	N		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
		The state of the s	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein: (1+ -25 mg/dl, 2+ -75 mg/dl, 3+ 150 mg/dl, 4+ 500 mg/dl)
- Glucose: (1+ 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl, 4+ -1000 mg/dl)
- Ketone: (1+ -5 mg/dl, 2+ -15 mg/dl, 3+ 50 mg/dl, 4+ 150 mg/dl)

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate







Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

Page 8 of 15



: 2303000672

Name

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Age / Gender

: 48 Years / Male

Consulting Dr. Reg. Location

: Swargate, Pune (Main Centre)

Use a QR Code Scanner Application To Scan the Code

Authenticity Check

Collected Reported

: 30-Jan-2023 / 09:18 :30-Jan-2023 / 12:56

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

PARAMETER

RESULTS

ABO GROUP

Rh TYPING

Positive

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

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
- AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate *** End Of Report ***







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Dr.SHAMLA KULKARNI MD (PATH) Consultant Pathologist

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: 2303000672

Name

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: 48 Years / Male

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: Swargate, Pune (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected

: 30-Jan-2023 / 09:18

Reported :30-Jan-2023 / 11:50

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	149.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	142.6	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	35.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.0	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	29.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate *** End Of Report ***







- Commonietz

Dr.SHAMLA KULKARNI MD (PATH) Consultant Pathologist

Page 12 of 15



: 2303000672

Name

: MR. RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

Consulting Dr.

. .

Reg. Location

: Swargate, Pune (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected

: 30-Jan-2023 / 09:18

Reported :30-Jan-2023 / 12:21

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

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

Free T3, Serum

4.9

2.6-5.7 pmol/L

CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019

Free T4, Serum

11 4

9-19 pmol/L

CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019

sensitiveTSH, Serum

0.87

0.35-4.94 microIU/ml

CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.

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: 2303000672

Name

: MR. RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

Consulting Dr. Reg. Location

: Swargate, Pune (Main Centre)

Authenticity Check

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Reported :30-Jan-2023 / 12:21

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 upto 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:

- 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)
- *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate *** End Of Report ***







De se d'arres Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

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: 2303000672

Name

: MR.RAJENDRA GANPAT JADHAV

Age / Gender

: 48 Years / Male

Consulting Dr.

.

Reg. Location

: Swargate, Pune (Main Centre)

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:30-Jan-2023 / 11:21

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	21.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	76.9	40-130 U/L	Colorimetric

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***







Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

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R E

P

0

T

Sex/Age: 68tn/M

Date: 30/. 123

Name: Raychdra Jadhav

CID: 2303000672

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye CS6	Left Eyeb
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye	Left Eye
Near Vision With Glasses	Right Eye N 6	Left Eye 7 6

GENERAL EXAMINATION:

LIDS CORNEA

CONJUCTIVAE EYE MOVEMENTS COLOUR VISION

DR I.U.BAMB

M.B.B.S MD (Medicine)

Reg No 39452



Authenticity Check << QRCode>>

CID

: 2303000672

Name

: Mr Rajendra Ganpat Jadhav

Age / Sex

Reg. Location

: 48 Years/Male

Ref. Dr

:

and the same of th

: Swargate, Pune Main Centre

Reg. Date

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: 30-Jan-2023 / 11:49

USG WHOLE ABDOMEN

LIVER: Normal in size (measures 13.0 cms) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER: Partially distended. No evidence of any pericholecystic collection.

PANCREAS: Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN: Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY: Measures 9.7 x 4.2 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY: Measures $10.1 \times 4.6 \text{ cm}$. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Paraaortic and paracaval region appears to be normal. No evidence of lymphnodes noted.

No free fluid in abdomen.

URINARY BLADDER: Well distended. No calculi. Wall thickness is normal. Pre void volume: - 364 cc Post void volume: - 27 cc (Not significant)

PROSTATE: Normal in size and shows normal echotexture.

It measures 3.3 x 3.0 x 3.4 cm (volume 18.1 cc)

IMPRESSION: Normal size liver with grade I fatty changes.

Clinical correlation is indicated. -----End of Report-----

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.

DR. NIKHIL G. JOSHI M.B.B.S., D.M.R.E. REG. NO. 2001/02/397

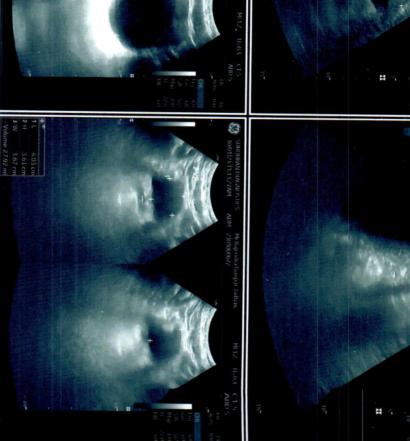
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RT KIDNEY





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R

CID

: 2303000672

Name

: Mr Rajendra Ganpat Jadhav

: Swargate, Pune Main Centre

Age / Sex

Reg. Location

: 48 Years/Male

Ref. Dr

Reg. Date

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: 30-Jan-2023 / 9:45

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION: Essentially normal X-ray of the chest.

Clinical corelation is indicated.

-- End of Report---

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.

DR. NIKHIL G. JOSHI M.B.B.S., D.M.R.E.

REG. NO. 2001/02/397

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SH351436756DF



आपला आधार क्रमांक / Your Aadhaar No.:

2551 1117 4047

आधार — सामान्य माणसाचा अधिकार







राजेन्द्र गणपत जाधव Rajendra Ganpat Jadhav जन्म वर्ष / Year of Birth : 1974 पुरुष / Male



2551 1117 4047

आधार - सामान्य माणसाचा अधिकार

Polar.

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