



CID : 2309717254
Name : MR.MANTRI NAGA KUMAR
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Apr-2023 / 08:51
Reported : 07-Apr-2023 / 12:23

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

CBC (Complete Blood Count), Blood

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 14.0 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 5.09 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 43.3 | 40-50 % | Measured |
| MCV | 85 | 80-100 fl | Calculated |
| MCH | 27.5 | 27-32 pg | Calculated |
| MCHC | 32.4 | 31.5-34.5 g/dL | Calculated |
| RDW | 12.0 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 7970 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 36.9 | 20-40 % | |
| Absolute Lymphocytes | 2940.9 | 1000-3000 /cmm | Calculated |
| Monocytes | 9.3 | 2-10 % | |
| Absolute Monocytes | 741.2 | 200-1000 /cmm | Calculated |
| Neutrophils | 51.7 | 40-80 % | |
| Absolute Neutrophils | 4120.5 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.7 | 1-6 % | |
| Absolute Eosinophils | 135.5 | 20-500 /cmm | Calculated |
| Basophils | 0.4 | 0.1-2 % | |
| Absolute Basophils | 31.9 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 317000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 8.1 | 6-11 fl | Calculated |
| PDW | 13.0 | 11-18 % | Calculated |

RBC MORPHOLOGY



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| | |
|----------------------|--------------------------|
| Hypochromia | - |
| Microcytosis | - |
| Macrocytosis | - |
| Anisocytosis | - |
| Poikilocytosis | - |
| Polychromasia | - |
| Target Cells | - |
| Basophilic Stippling | - |
| Normoblasts | - |
| Others | Normocytic, Normochromic |
| WBC MORPHOLOGY | - |
| PLATELET MORPHOLOGY | - |
| COMMENT | - |

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

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

J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Reported : 07-Apr-2023 / 18:46

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|---------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 157.7 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 300.2 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |
| Urine Sugar (PP) | +++ | Absent | |
| Urine Ketones (PP) | Absent | Absent | |

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

Bmhasakar

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





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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-----------------------|---------|----------------------|--------------|
| BLOOD UREA, Serum | 25.9 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 12.1 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.92 | 0.67-1.17 mg/dl | Enzymatic |
| eGFR, Serum | 93 | >60 ml/min/1.73sqm | Calculated |
| TOTAL PROTEINS, Serum | 7.6 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 5.0 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.6 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.9 | 1 - 2 | Calculated |
| URIC ACID, Serum | 7.4 | 3.5-7.2 mg/dl | Enzymatic |
| PHOSPHORUS, Serum | 3.3 | 2.7-4.5 mg/dl | Molybdate UV |
| CALCIUM, Serum | 10.0 | 8.6-10.0 mg/dl | N-BAPTA |
| SODIUM, Serum | 139 | 135-148 mmol/l | ISE |
| POTASSIUM, Serum | 4.9 | 3.5-5.3 mmol/l | ISE |
| CHLORIDE, Serum | 102 | 98-107 mmol/l | ISE |

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

J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)





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

GLYCOSYLATED HEMOGLOBIN (HbA1c)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|--|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 8.4 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 194.4 | 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 Borivali Lab, Borivali West

*** End Of Report ***



J. Thakker

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Collected : 07-Apr-2023 / 08:51
Reported : 07-Apr-2023 / 14:02

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|------------------|---------|----------------------|--------|
| TOTAL PSA, Serum | 0.666 | <4.0 ng/ml | CLIA |

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, Artfactual (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

Anupa

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





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Collected : 07-Apr-2023 / 08:51
Reported : 07-Apr-2023 / 14:02

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Reported : 07-Apr-2023 / 17:31

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| 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) | 10 | - | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| 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 |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Leukocytes(Pus cells)/hpf | 1-2 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 3-4 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 2-3 | Less than 20/hpf | |
| Others | - | | |

Note: Sample quantity less than 12ml.



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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 Borivali Lab, Borivali West
*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Collected : 07-Apr-2023 / 08:51
Reported : 07-Apr-2023 / 13:59

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | O |
| 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:

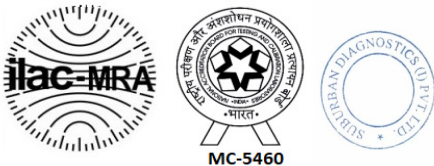
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions 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

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

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist





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Reported : 07-Apr-2023 / 11:05

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 231.6 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 85.1 | 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 | 52.1 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 179.5 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 163.0 | 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 | 16.5 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.4 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 3.1 | 0-3.5 Ratio | Calculated |

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

J Thakker

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M.D. (PATH), DPB
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Reported : 07-Apr-2023 / 11:46

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|-----------------------------|---------------|
| Free T3, Serum | 4.8 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 19.6 | 11.5-22.7 pmol/L | ECLIA |
| sensitiveTSH, Serum | 1.8 | 0.35-5.5 microIU/ml | ECLIA |



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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 becuae 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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*** End Of Report ***

Bmhaskar

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





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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-----------------------------|-------------|----------------------|------------------|
| BILIRUBIN (TOTAL), Serum | 0.84 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.38 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.46 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.6 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 5.0 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.6 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.9 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 22.8 | 5-40 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 23.2 | 5-45 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 24.0 | 3-60 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 71.0 | 40-130 U/L | Colorimetric |

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*** End Of Report ***

J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



Name : Mr . MANTRI NAGA KUMAR
VID : 2309717254
Ref By :

Reg Date : 07-Apr-2023 08:47
Age/Gender : 48 Years
Regn Centre : Kandivali East (Main Centre)

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | Yes |

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 89548
Dr. Jagruti Dhale

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700860

Impression - T.M. sugar ✓
- ure glucose 3+
- T.Mic acid
- hbA1c - 8.4%
- dyslipidemia
- ECG - Sinus tachycardia
2DECHO - Sinus tachycardia
- mild calcification with

Advice
: Diabetology }
Cardiology }

DENTAL CHECK - UP

Name:- *Mantri Kumar*

CID : *2309707254* Sex / Age : *M / 48*

Occupation:-

Date: *7 / 4 / 2023*

Chief complaints:- *No complaints*

Medical / dental history:- *No relevant history*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Inflammation seen*
- b) Hard Tissue Examination:
- c) Calculus: *++* *OTG Attention.*
- Stains: *+*

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |

| | | | |
|--------------------------|-----------------|-----|----------------------|
| <input type="checkbox"/> | Missing | # | Fractured |
| <input type="checkbox"/> | Filled/Restored | RCT | Root Canal Treatment |
| <input type="checkbox"/> | Cavity/Caries | RP | Root Piece |

Advised: *a) Scaling & Polishing (cleaning)*

Provisional Diagnosis:-

- Gingivitis-

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kondivati (east),
Mumbai - 400101.
Tel : 61700800

DR. BHUMIK PATEL
(B.D.S) A - 23378

DR. Bhumik Patel
RP

Date:- 7/6/23

CID: 2309717254

Name:- Mr. Mantri Kumar

Sex/Age: m/48

EYE CHECK UP

Chief complaints: Routine check-up

Systemic Diseases: HT 100/40

Past history: no H/O Ocular surgery

H/O not brought

Unaided Vision: 6/6 6/6 (B/W)

Aided Vision: - -

Refraction: EOMS: Normal

| | (Right Eye) | | | | (Left Eye) | | | |
|----------|-------------|-----|------|-----|------------|------|------|-----|
| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
| Distance | - Plane | - | - | 6/6 | ± | 0.50 | 180° | 6/6 |
| Near | -75 | - | - | 6/6 | -75 | 0.50 | 180 | 6/6 |

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal M
KAJAL NAGRECHA
 OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aangan,
 Thakur Village, Kandivalli (east),
 Mumbai - 400101.
 Tel : 61700600



CID : 2309717254
Name : Mr MANTRI NAGA KUMAR
Age / Sex : 48 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023 / 12:07

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.

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

KWIL FAZ

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

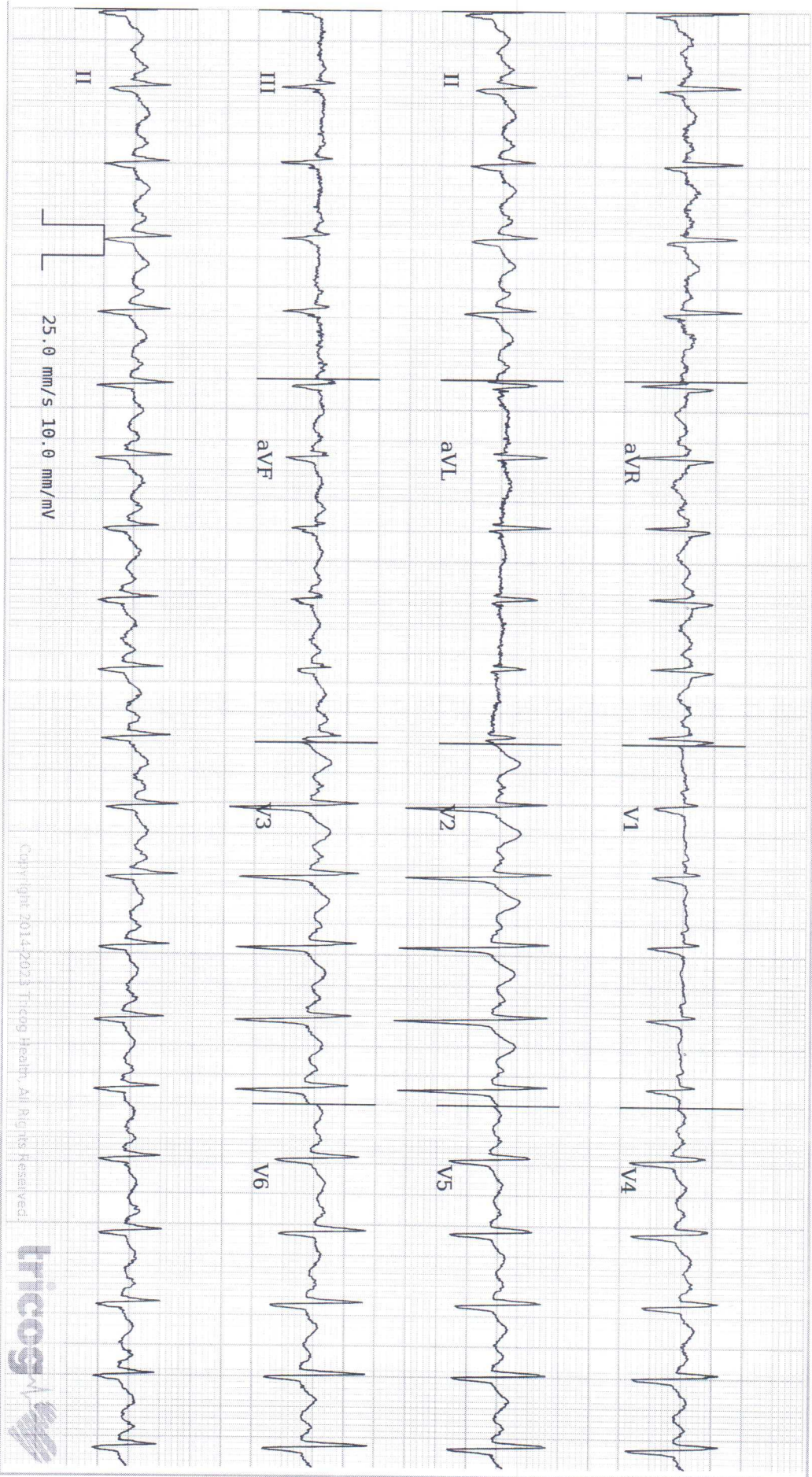
Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040708481256>

Page no 1 of 1

Patient Name: **MANTRI NAGA KUMAR**

Date and Time: **7th Apr 23 9:40 AM**

Patient ID: **2309717254**



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Age **48** NA **30**
years months days

Gender **Male**

Heart Rate **127bpm**

Patient Vitals

BP: **160/80 mmHg**

Weight: **58 kg**

Height: **160 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **84ms**

QT: **312ms**

QTcB: **453ms**

PR: **142ms**

P-R-T: **57° -8° 36°**

REPORTED BY

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

Sinus Tachycardia. Please correlate clinically.

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.

| | |
|--|--------------------------|
| 43PATIENT NAME : MR MANTRI NAGA KUMAR | SEX : MALE |
| REFERRED BY : Arcofemi Healthcare Limited | AGE :48 YEARS |
| CID NO : 2309717254 | DATE : 07/04/2023 |

2D & M-MODE ECHOCARDIOGRAM REPORT

MITRAL VALVE: has thin leaflets with normal subvalvar motion.
No mitral regurgitation.

AORTIC VALVE : has three thin leaflets with normal opening .
No aortic regurgitation. No aortic stenosis.

LEFT VENTRICLE : is normal , has uniformly increased wall thickness , No regional wall motion abnormality , Normal LV systolic contractions. EF - 60%. Grade 1 LV diastolic dysfunction.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: is Normal.

TRICUSPID VALVE & PULMONARY VALVES : normal.
No TR/PAH.

No pericardial effusion.

IMP : **Sinus tachycardia noted.**
 Mild Concentric LV hypertrophy with Grade 1 LV diastolic dysfunction.
 Normal LV systolic function. EF - 60%.
 Normal other valves and chamber sizes.
 No regional wall motion abnormality/scar.
 No clot /pericardial effusion/ vegetation / thrombus.

M- MODE :

| | |
|------------|-----|
| LA (mm) | 18 |
| AORTA (mm) | 20 |
| LVDD (mm) | 38 |
| LVSD (mm) | 24 |
| IVSD (mm) | 11 |
| PWD (mm) | 11 |
| EF | 60% |
| E/A | 0.6 |

DR AKHIL PARULEKAR
DNB CARDIOLOGIST
REG. NO 2012082483

Authenticity Check
<<QRCode>>

CID : 2309717254
Name : Mr MANTRI NAGA KUMAR
Age / Sex : 48 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Use a QR Code Scanner
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Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023 / 10:02

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized 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 9.4 x 4.3 cm. Left kidney measures 10.0 x 4.9cm.

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.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size and volume is 20 cc.

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Authenticity Check
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CID : 2309717254
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Use a QR Code Scanner
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IMPRESSION:

No significant abnormality is seen.

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

Khilji FA

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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 any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

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