

Name **MR. NAND KRISHNA**

E.C.No. **128180**

Signature

(Branch Manager)
Chief Executive Officer
Baroda



Signature

Signature of Holder

Handwritten mark

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

PHYSICAL EXAMINATION REPORT

Patient Name	Krishna Nand	Sex/Age	M/43.
Date	24/2/23	Location	Thane.

History and Complaints

C/O - HTN.

EXAMINATION FINDINGS:

Height (cms):	173	Temp (0c):	37.2
Weight (kg):	97.7	Skin:	NAD.
Blood Pressure	130/80	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

- Overweight.
- Macrocytosis (+)
- BSL / Fpp (Impaired), HbA_{1c} - Pre Diabetes
- USG - Fatty Liver, ↑ SGPT, ↑ Gamma GT

Advice:

Wt. Reduction.
- Low Fat, Low sugar Diet.
- Vit B12, Folic Acid, Retinol etc
Count Estimation.
- Repeat Sugar Profile after 6 Months.

1)	Hypertension:	Since 7-8 yrs.
2)	IHD	Nil
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	H/o - Pneumonia in 2006.
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	Nil
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	Nil
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	Nil
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	Yes
2)	Smoking	Yes
3)	Diet	- mixed.
4)	Medication	- Tab. Telmisartan AM 40/5



Dr. Manasee Kulkarni
M.B.B.S.
2005/09/3439

Date:

To,
Suburban Diagnostics (India) Private Limited
1,2,3, Pride Park, Opp Lawkim Company,
Near R Mall, Ghodbander Road,
Thane (W), Mumbai- 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to informed you that I, Myself Mr/ Mrs/ Ms. Krishno Nand
don't want to performed the following tests:

- 1) Stool
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date _____ :

Corporate/ TPA/ Insurance Client Name :

Thanking you.

Yours sincerely,

(Mr/Mrs/Ms. )

CID : 2305517259
Name : MR. KRISHNA NAND
Age / Gender : 43 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Reported : 24-Feb-2023 / 11:47

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.31	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.6	40-50 %	Measured
MCV	105.7	80-100 fl	Calculated
MCH	34.0	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	44.6	20-40 %	
Absolute Lymphocytes	2720.6	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	536.8	200-1000 /cmm	Calculated
Neutrophils	43.2	40-80 %	
Absolute Neutrophils	2635.2	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	207.4	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	176000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	13.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

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Hypochromia -
Microcytosis -
Macrocytosis +
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT

Serum Vitamin B12 & Folic acid estimation, Reticulocyte count estimation recommended.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-15 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

AREA OF SPECIAL EXPERTISE

OUR SERVICES



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	116.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	189.8	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	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	17.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	117	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	6.7	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.2	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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*** End Of Report ***



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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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Pathologist

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Reported : 24-Feb-2023 / 12:46

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.722	<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 parallel measurements 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 Dixit
Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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Collected : 24-Feb-2023 / 08:30
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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 EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	5-6		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori
Dr. AMIT TAORI
M.D (Path)
Pathologist



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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin

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.

References:

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 G B Road Lab, Thane West
*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	176.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	108.2	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	49.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	127.3	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	22.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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Collected : 24-Feb-2023 / 08:30
Reported : 24-Feb-2023 / 10:38

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.47	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 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 transiently altered because 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 at least 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 G B Road Lab, Thane West
*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.61	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	30.1	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	47.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	90.6	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	88.0	40-130 U/L	PNPP

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*** End Of Report ***



Amit Taori

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M.D (Path)
Pathologist

Date:- 24/2/23 CID:
 Name:- Keshav Jand. Sex / Age: M-43

EYE CHECK UP

Chief complaints: RCU
 Systemic Diseases: HLL
 Past history: HLL
 Unaided Vision: 3/12 RB 2/10R x1.6
 Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: UR over spots

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST



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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 24-Feb-2023
Reported : 24-Feb-2023 / 10:59

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-----

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023022408270840>

Page no 1 of 1



CID : 2305517259
Name : Mr KRISHNA NAND
Age / Sex : 43 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 24-Feb-2023
Reported : 24-Feb-2023 / 10:15

USG WHOLE ABDOMEN

LIVER: Liver appears mildly enlarged in size (17.6 cm) and shows increased echoreflectivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.3 x 4.3 cm. Left kidney measures 11.5 x 5.4 cm. 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 distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022408270856>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2305517259
Name : Mr KRISHNA NAND
Age / Sex : 43 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 24-Feb-2023
Reported : 24-Feb-2023 / 10:15

IMPRESSION:
MILD HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.

Advice: Clinical co-relation sos further evaluation 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.

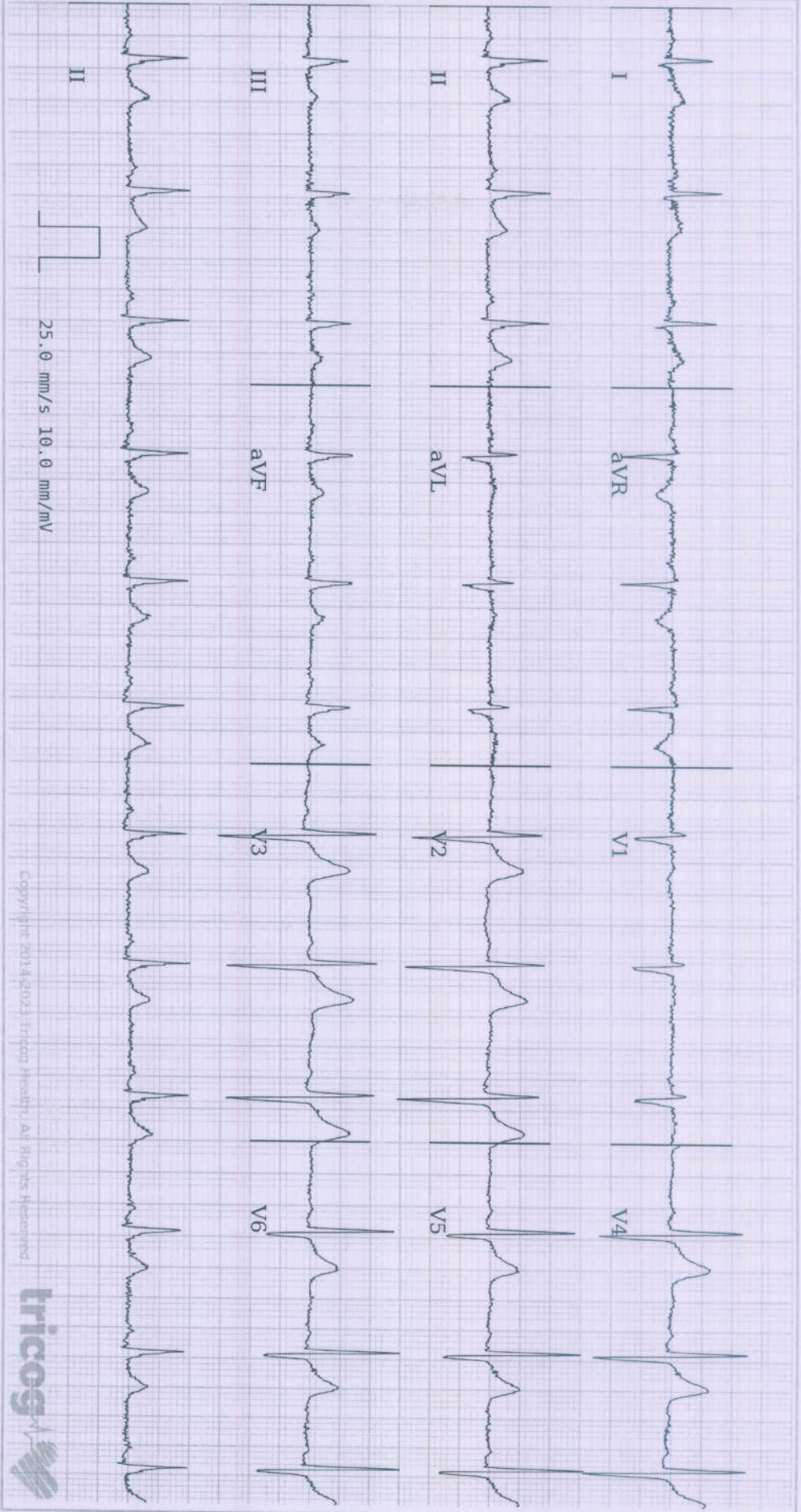
-----End of Report-----

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022408270856>

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: KRISHNA NAND
 Patient ID: 2305517259
 Date and Time: 24th Feb 23 8:54 AM



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Age 43 0 27
 years months days

Gender Male

Heart Rate 73bpm

Patient Vitals

BP: 130/80 mmHg
 Weight: 97 kg
 Height: 173 cm
 Pulse: NA
 SpO2: NA
 Resp: NA
 Others:

Measurements

QRSD: 88ms
 QT: 356ms
 QTc: 392ms
 PR: 150ms
 P-R-T: 42° 60° 49°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
 MBBS, MD Physician
 MD Physician
 49972

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.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

489 (2305517259) / KRISHNA NAND / 43 Yrs / M / 173 Cms / 97 Kg
 Date: 24 / 02 / 2023 11:57:16 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	112	63 %	140/90	156	00	
Standing	00:18	0:09	00.0	00.0	01.0	107	60 %	140/90	149	00	
HV	00:27	0:09	00.0	00.0	01.0	089	50 %	140/90	124	00	
ExStart	00:37	0:10	00.0	00.0	01.0	082	46 %	140/90	114	00	
BRUCE Stage 1	03:37	3:00	01.7	10.0	04.7	134	76 %	150/90	201	00	
BRUCE Stage 2	06:37	3:00	02.5	12.0	07.1	151	85 %	160/90	241	00	
PeakEx	06:46	0:09	03.4	14.0	07.3	151	85 %	170/90	256	00	
Recovery	07:46	1:00	00.0	00.0	01.1	120	68 %	170/90	204	00	
Recovery	08:46	2:00	00.0	00.0	01.0	105	59 %	170/90	178	00	
Recovery	10:46	4:00	00.0	00.0	01.0	111	63 %	140/90	155	00	
Recovery	10:58	4:13	00.0	00.0	01.0	106	60 %	140/90	148	00	

FINDINGS :

Exercise Time : 06:09
 Initial HR (ExStrt) : 82 bpm 46% of Target 177
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 7.3 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.7 mm in Recovery
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 151 bpm 85% of Target 177
 Max BP Attained 170/90 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)
 R.NO. 49972

Doctor : DR SHAILAJA PILLAI





EMail: 489 / KRISHNA NAND / 43 Yrs / M / 173 Cms / 97 Kg Date: 24 / 02 / 2023 11:57:16 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 107.0 bpm, and the maximum predicted Target Heart Rate 177.0. The BP increased at the time of generating report as 170.0/90.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Fatigue. Heart Rate Achieved.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

DR. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI



489 (2305517259) / KRISHNA NAND / 43 Yrs / M / 173 Cms / 97 Kg / HR : 112

Date: 24 / 02 / 2023 11:57:16 AM METS: 1.0/ 112 bpm 63% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec, 1.0 Cm/mV

4X 80 ms Post J

I
STL 0.8
STS 0.8



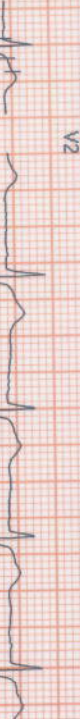
V1
-0.4
-0.7



II
1.7
1.8



V2
1.2
0.9



III
0.9
1.0



V3
3.8
3.2



aVR
-1.3
-1.3



V4
3.1
2.7



aVL
-0.1
-0.1



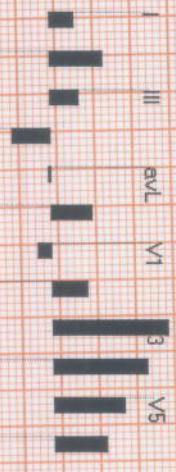
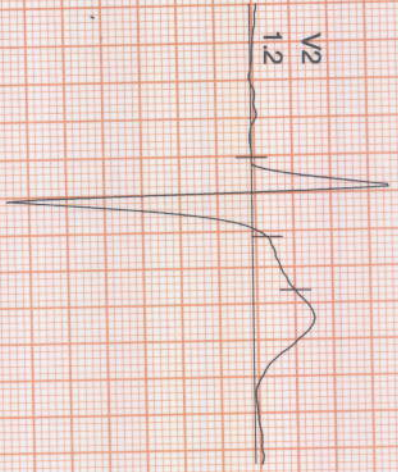
V5
2.3
2.1



aVF
1.3
1.4



V5
1.7
1.6



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

STANDING (00:00)

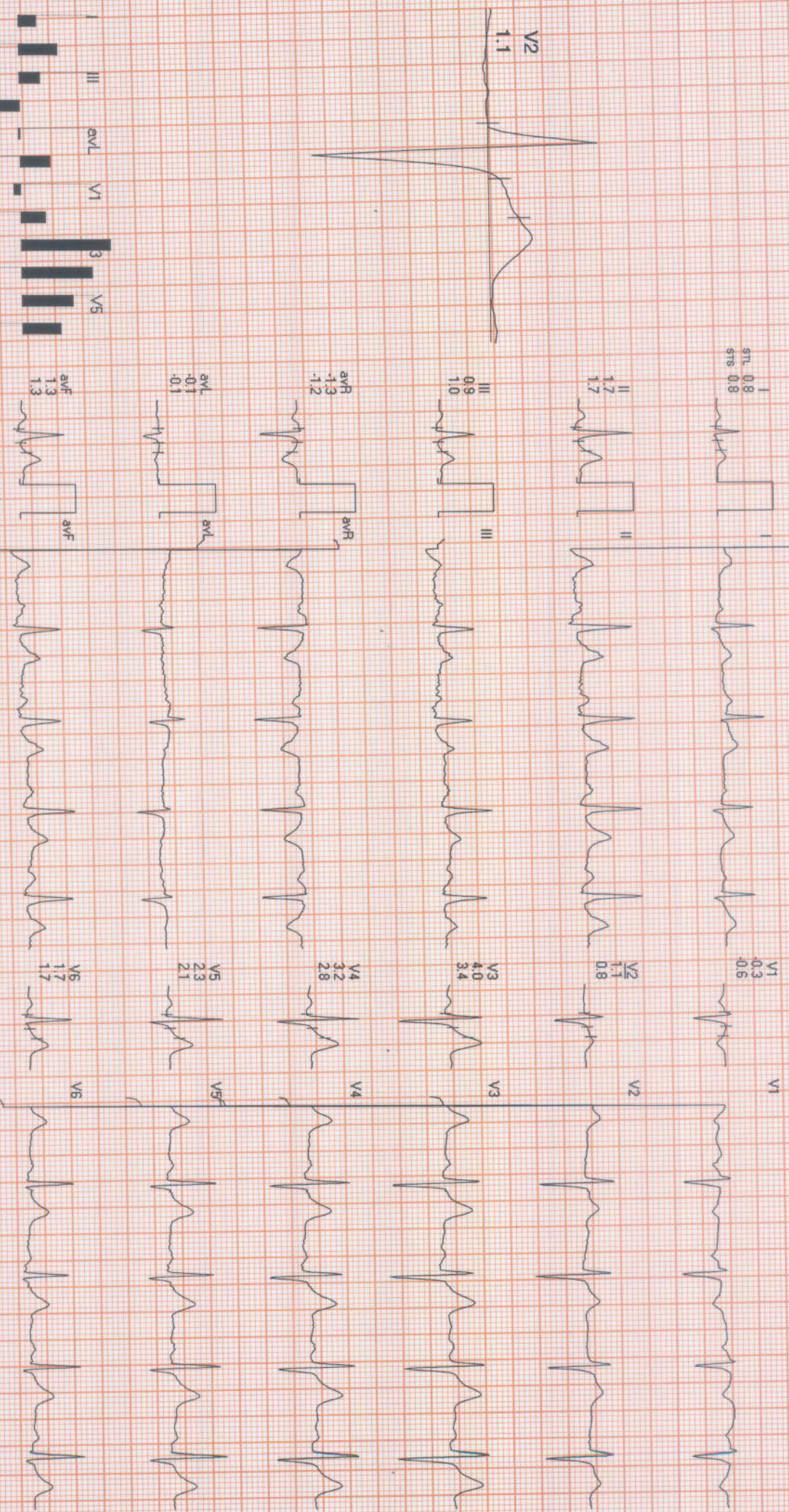


489 (2305517259) / KRISHNA NAND / 43 Yrs / M / 173 Cms / 97 Kg / HR : 107

Date: 24 / 02 / 2023 11:57:16 AM METS: 1.0/ 107 bpm 60% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 mph, 0.0%
25 mm/Sec, 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

489 / KRISHNA NAND / 43 Yrs / Male / 173 Cm / 97 Kg

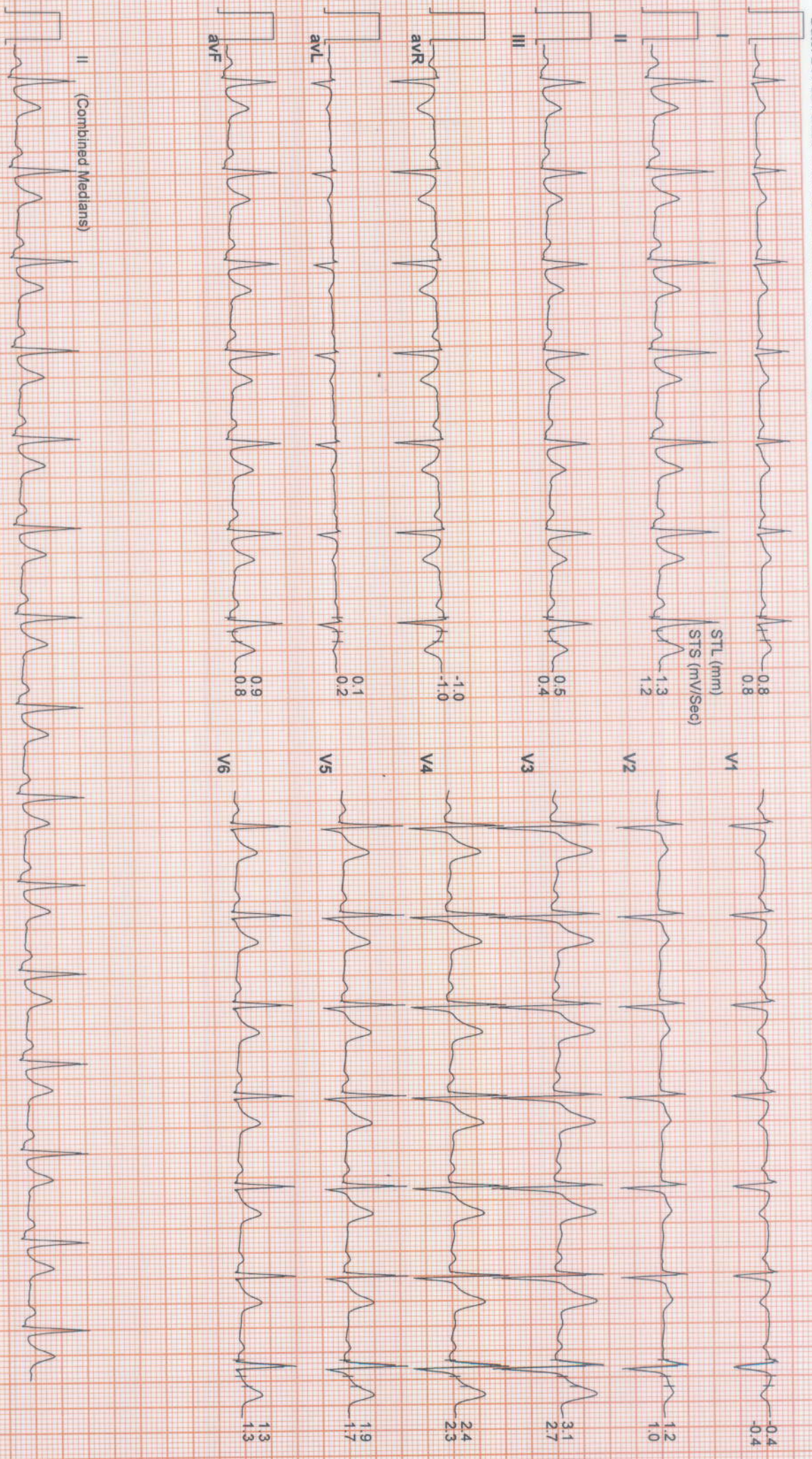
Date: 24 / 02 / 2023 11:57:16 AM METs : 1.0 HR : 89 Target HR : 50% of 177 BP : 140/90 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

HV (00:00)



EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

489 / KRISHNA NAND / 43 Yrs / Male / 173 Cm / 97 Kg

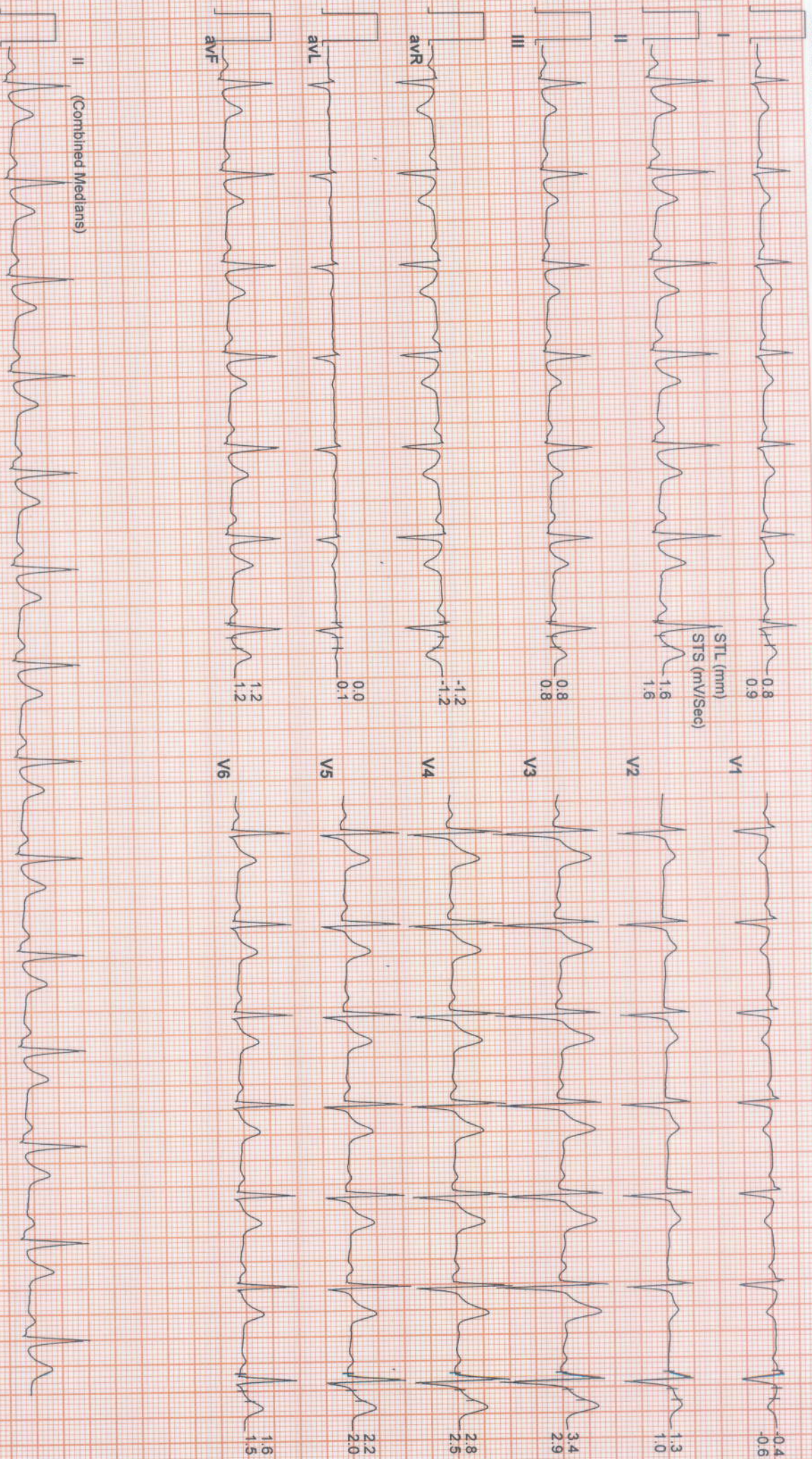
6X2 Combine Medians + 1 Rhythm

ExStt



Date: 24 / 02 / 2023 11:57:16 AM METs : 1.0 HR : 82 Target HR : 46% of 177 BP : 140/90 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

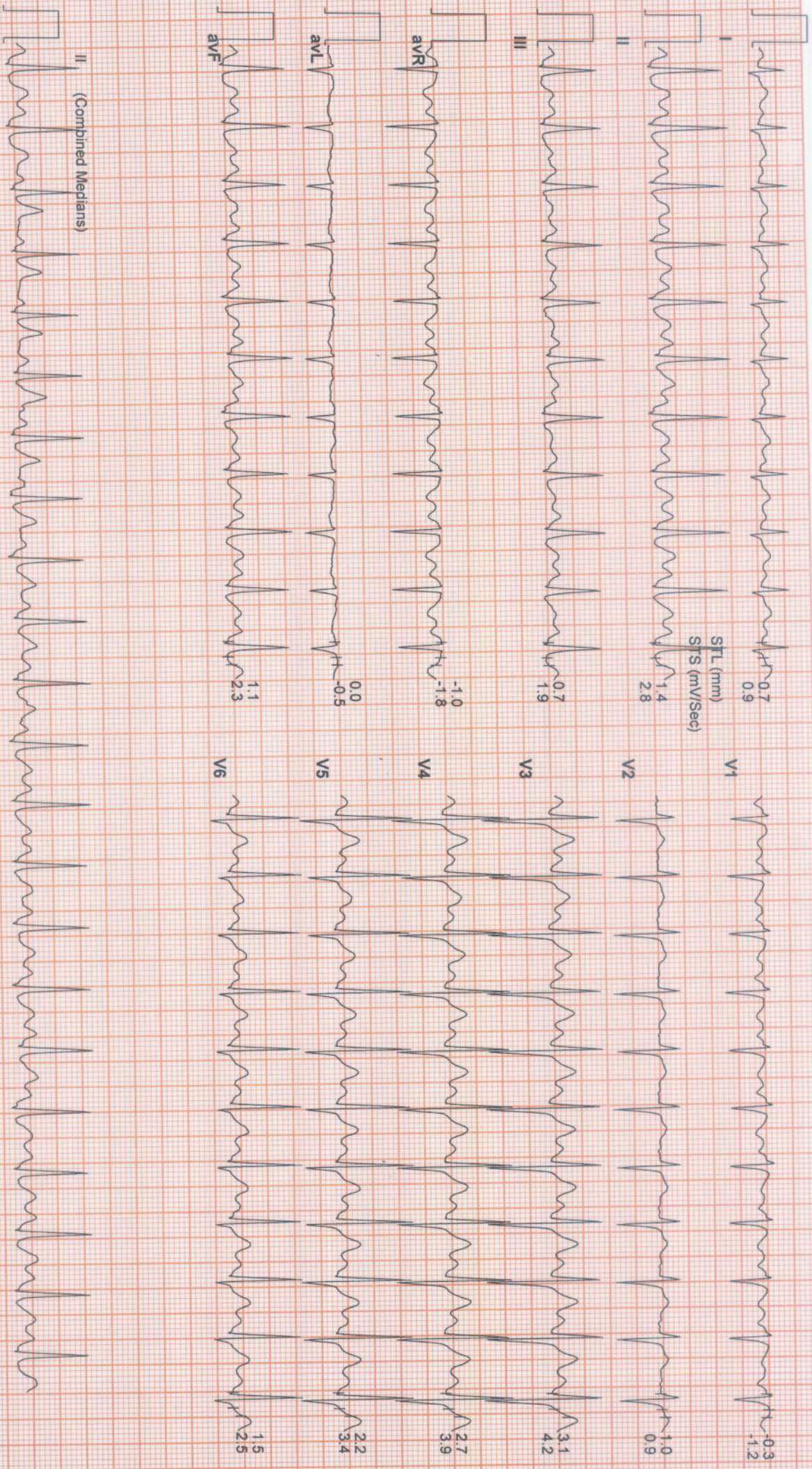
489 / KRISHNA NAND / 43 Yrs / Male / 173 Cm / 97 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 24 / 02 / 2023 11:57:16 AM METS : 4.7 HR : 134 Target HR : 76% of 177 BP : 150/90 Post J @60mSec

EXTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

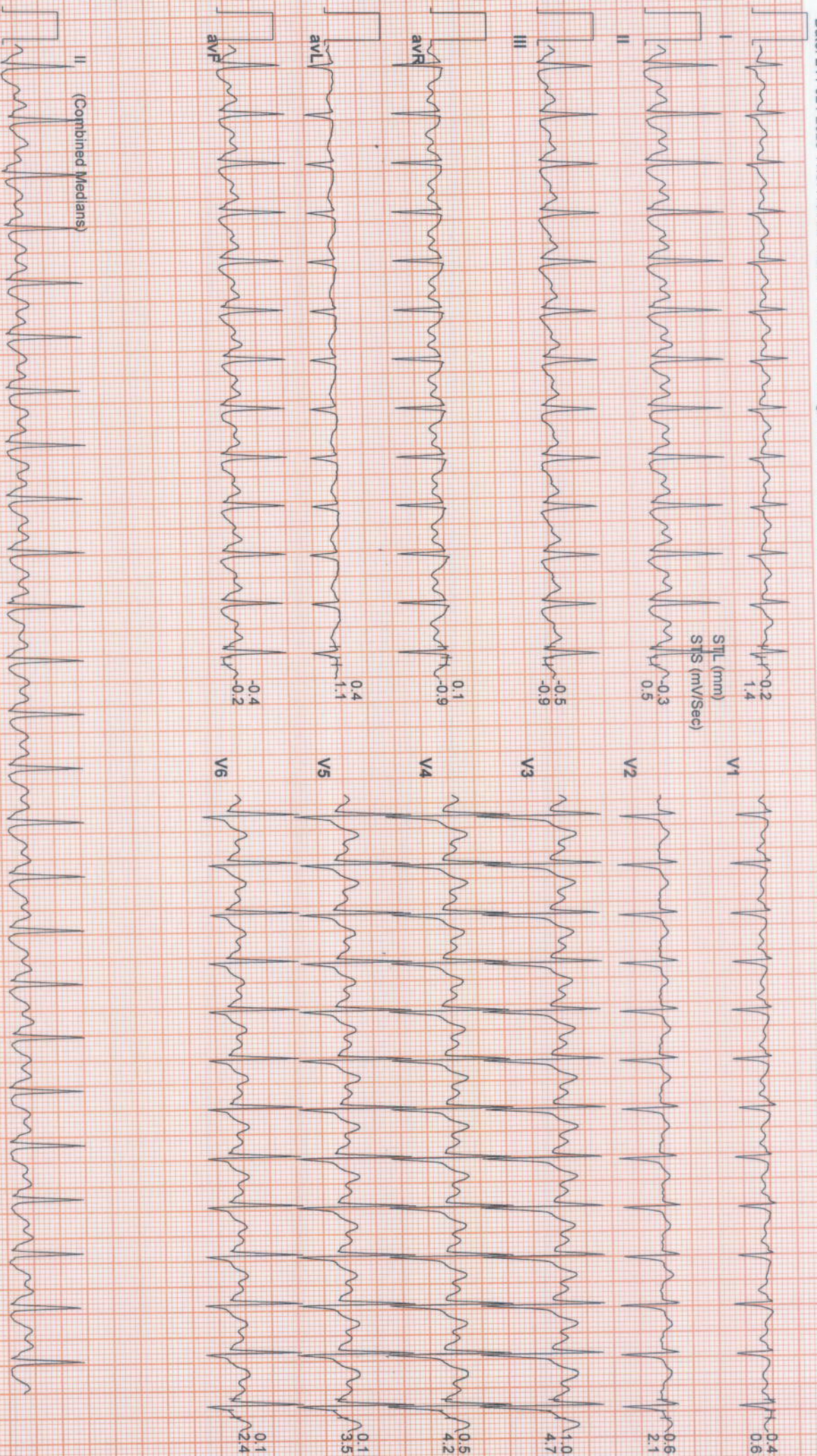
489 / KRISHNA NAND / 43 Yrs / Male / 173 Cm / 97 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)



Date: 24 / 02 / 2023 11:57:16 AM METS : 7.1 HR : 151 Target HR : 85% of 177 BP : 160/90 Post J @60mSec

EXTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

489 / KRISHNA NAND / 43 Yrs / Male / 173 Cm / 97 Kg

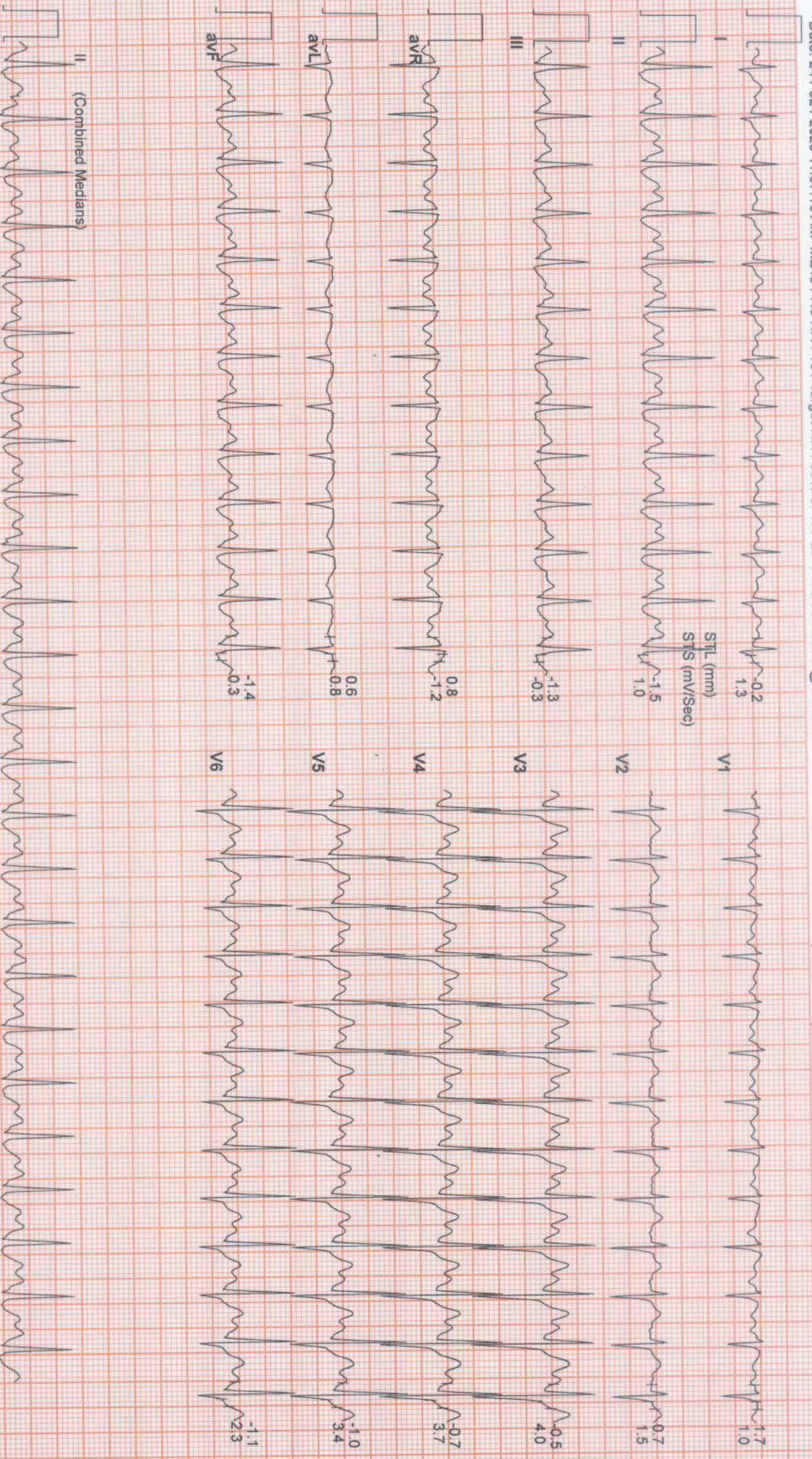
6X2 Combine Medians + 1 Rhythm

PeakEx



Date: 24 / 02 / 2023 11:57:16 AM METs : 7.3 HR : 151 Target HR : 85% of 177 BP : 170/90 Post J @60mSec

ExTime: 06:09 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

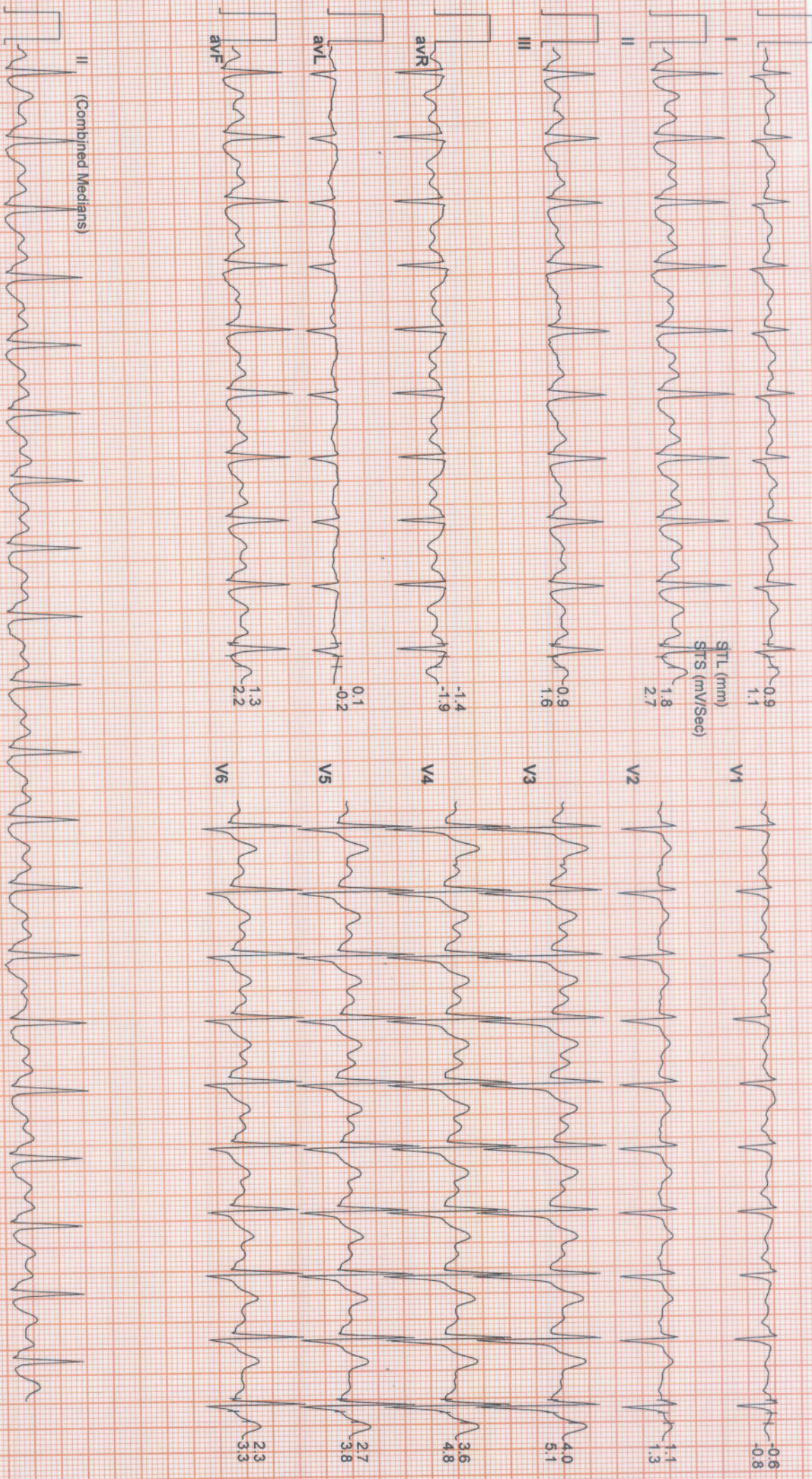
489 / KRISHNA NAND / 43 Yrs / Male / 173 Cm / 97 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



Date: 24 / 02 / 2023 11:57:16 AM METs : 1.1 HR : 120 Target HR : 68% of 177 BP : 170/90 Post J @80mSec

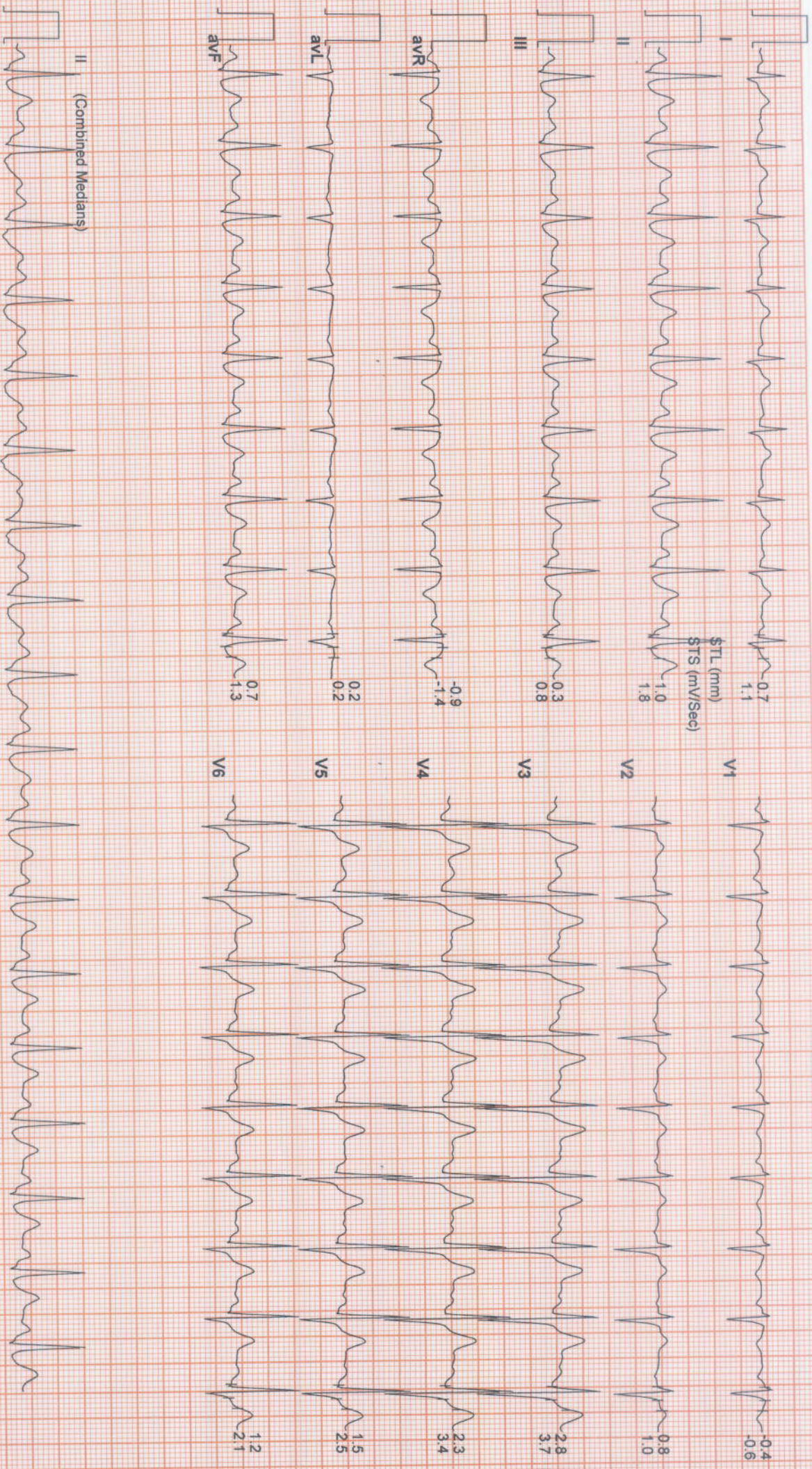
ExTime: 06:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 24 / 02 / 2023 11:57:16 AM METs : 1.0 HR : 105 Target HR : 59% of 177 BP : 170/90 Post J @80mSec

ExTime: 06:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

489 / KRISHNA NAND / 43 Yrs / Male / 173 Cm / 97 Kg

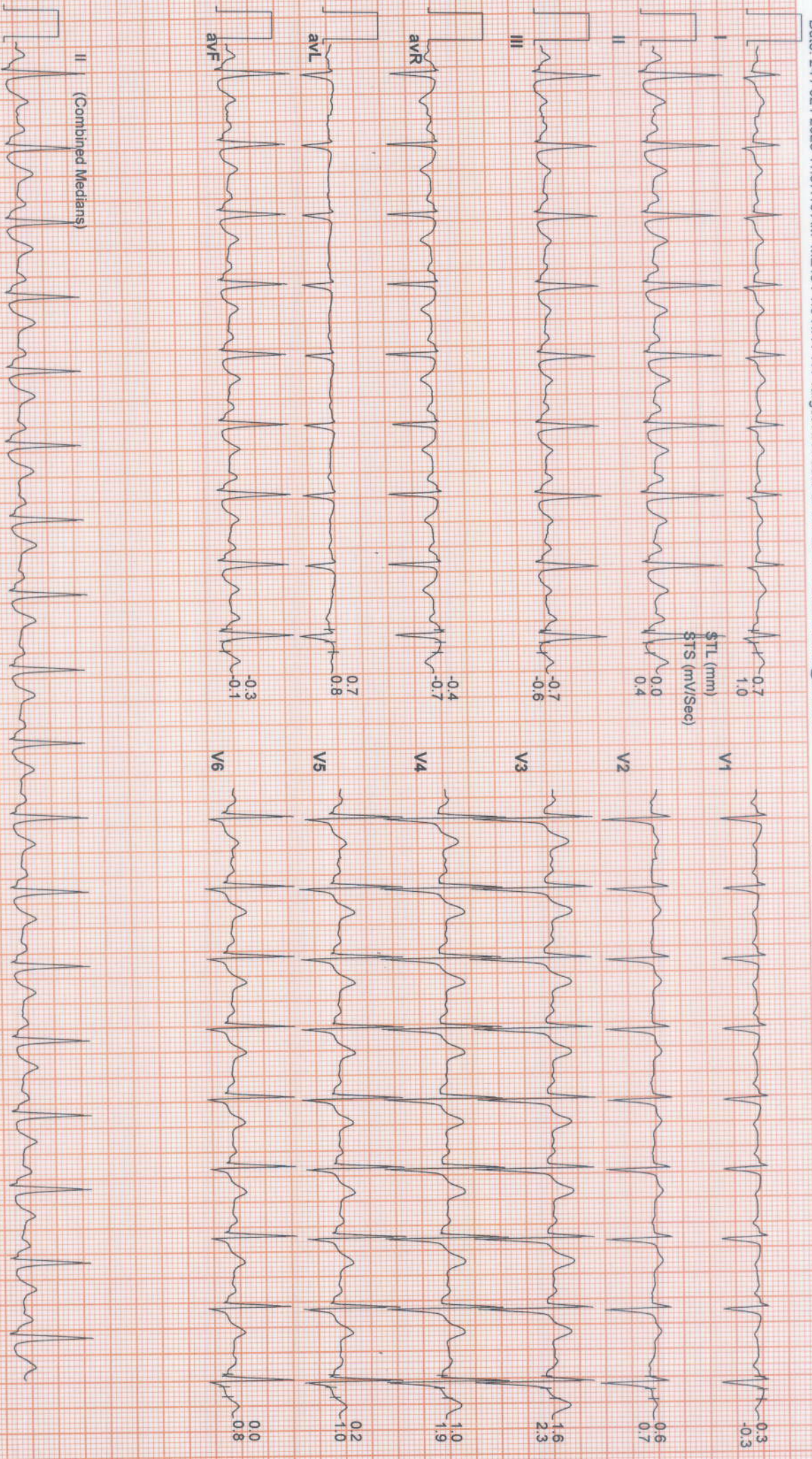
Date: 24 / 02 / 2023 11:57:16 AM METS : 1.0 HR : 111 Target HR : 63% of 177 BP : 140/90 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



EXTime: 06:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

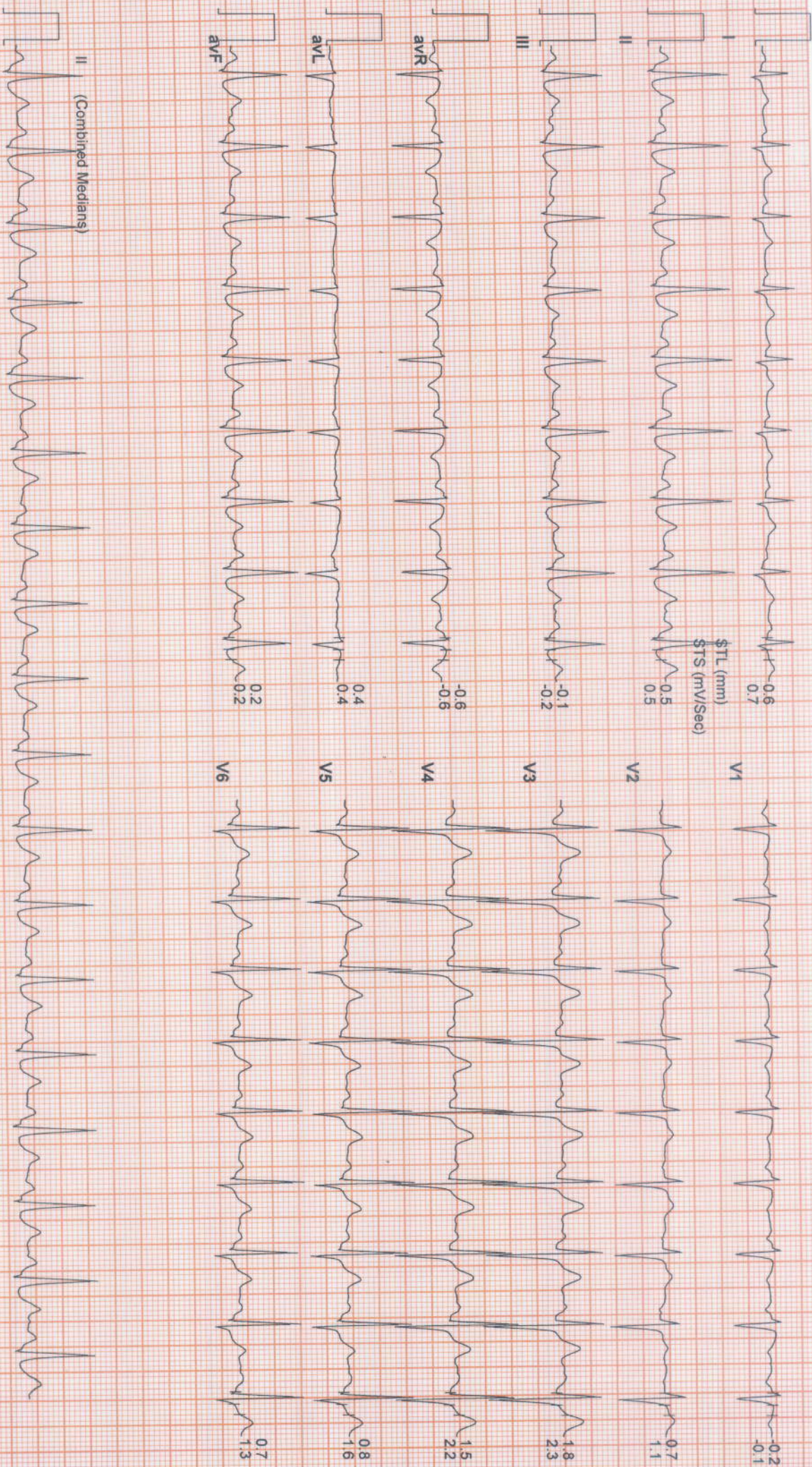
489 / KRISHNA NAND / 43 Yrs / Male / 173 Cm / 97 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (04:12)



Date: 24 / 02 / 2023 11:57:16 AM METs : 1.0 HR : 106 Target HR : 60% of 177 BP : 140/90 Post J @80mSec

ExTime: 06:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

