

Date: 25/6/22

CID: 2217634150

Name: Mr. Binay Kumar Prasad

Sex/Age: m/46

EYE CHECK UP

Chief complaints: Routine check-up

Systemic Diseases: HT 0° 7 yrs

Past history: No H/O Ocular surgery

1. log P
 < Plane
 Add +1.25

Unaided Vision: 6/6 6/6

Aided Vision: 6/6, 6/6 6/6, 6/6

Refraction: *Formal Normal*

	(Right Eye)				(Left Eye)				
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn	
Distance	← Plane →			6/6	← Plane →			6/6	
Near	+1.25	→			6/6	→			6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit
 Continue with same glass

Kajal H.
KAJAL NAGRECHA
 OPTOMETRIST
 SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 61708000

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

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

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DENTAL CHECK - UP

Name:- *Binay Kumar Prasad*

CID : *2217634150* Sex / Age : *M / 44*

Occupation:-

Date: *25 / 06 / 2022*

Chief complaints:- *No complaints*

Medical / dental history:- *see Extractions done*

GENERAL EXAMINATION:

1) Extra Oral Examination:

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

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *fr grossly decayed*
- c) Calculus: *6 to missing*

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

Advised: a) *fr Extractions*

b) *Replacement of missing*

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

Provisional Diagnosis:-

- NIL -

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Tel : 61700000

Dr. Bhumik Patel
DR.

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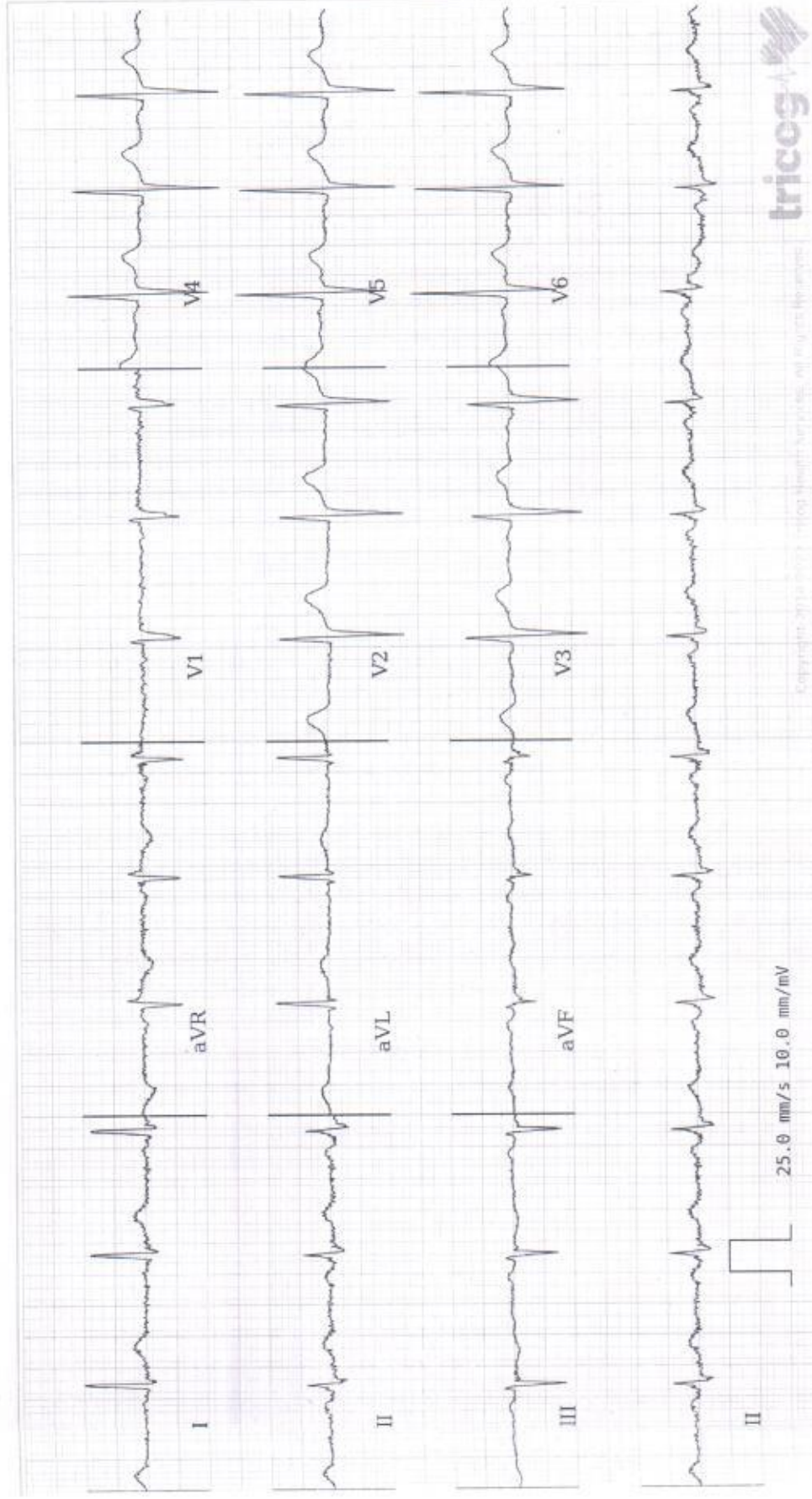
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SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: BINAY KUMAR PRASAD

Date and Time: 25th Jun 22 8:34 AM

Patient ID: 2217634150



Age 44 0 8
years months days

Gender Male

Heart Rate 80bpm

Patient Vitals

BP: 140/90 mmHg

Weight: 84 kg

Height: 172 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 92ms

QT: 400ms

QTc: 461ms

PR: 142ms

P-R-T: 55° -15° 7°

REPORTED BY

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

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. 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 (irrelevant and non-irrelevant) tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Use a QR Code Scanner
Application To Scan the Code

CID : 2217634150
Name : Mr BINAY KUMAR PRASAD
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 25-Jun-2022
Reported : 25-Jun-2022 / 13:40

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. FAIZUR KHILJI before dispatch.

Khilji FA

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?sessionNo=2022062508082306>

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Use a QR Code Scanner
Application To Scan the Code

CID : 2217634150
Name : Mr BINAY KUMAR PRASAD
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Jun-2022
Reported : 25-Jun-2022 / 9:00

USG WHOLE ABDOMEN

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. 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 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 10.0 x 4.5 cm. Left kidney measures 10.5 x 5.0 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.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size and volume is 17.4 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeonadViewer?AccessionNo=2022062508082313>
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Use a QR Code Scanner
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CID : 2217634150
Name : Mr BINAY KUMAR PRASAD
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Jun-2022
Reported : 25-Jun-2022 / 9:00

IMPRESSION:

Grade I fatty liver.

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Khilji FA

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

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SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details **Date:** 25-Jun-22 **Time:** 1:42:30 PM
Name: BINAY KUMAR PRASAD ID: 2217634150
Age: 43 y **Sex:** M **Height:** 172 cms. **Weight:** 84 Kg.
Clinical History: HYPERTENSION

Medications: YES

Test Details

Protocol: Bruce **Pr.MHR:** 176 bpm **THR:** 158 (90 % of Pr.MHR) bpm
Total Exec. Time: 6 m 34 s **Max. HR:** 171 (97% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 160 / 90 mmHg **Max. BP x HR:** 27360 mmHg/min **Min. BP x HR:** 9000 mmHg/min
Test Termination Criteria: THR ACHIEVED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 15	1.0	0	0	100	140 / 90	-0.21 aVR	1.42 V3
Standing	0 : 25	1.0	0	0	129	140 / 90	-0.42 aVR	1.42 V3
Hyperventilation	0 : 8	1.0	0	0	119	140 / 90	-0.64 aVR	0.71 I
1	3 : 0	4.6	1.7	10	142	140 / 90	-0.64 aVR	4.60 V3
2	3 : 0	7.0	2.5	12	157	150 / 90	-0.64 aVR	3.18 V3
Peak Ex	0 : 34	10.2	3.4	14	171	160 / 90	-0.64 aVR	3.54 V4
Recovery(1)	1 : 0	1.8	1	0	149	160 / 90	-1.49 aVR	5.66 V3
Recovery(2)	1 : 0	1.0	0	0	136	140 / 90	-1.27 aVR	5.31 V3
Recovery(3)	1 : 0	1.0	0	0	125	130 / 90	-0.85 aVR	4.25 V3
Recovery(4)	0 : 8	1.0	0	0	126	130 / 90	-0.64 aVR	2.48 V2

Interpretation

The patient exercised according to the Bruce protocol for 6 m 34 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 100 bpm, rose to a max. heart rate of 171 (97% of Pr.MHR) bpm. Resting blood Pressure 140 / 90 mmHg, rose to a maximum blood pressure of 160 / 90 mmHg.

Moderate Effort Tolerance. \

Normal chronotropic and ionotropic response.

No significant ST T changes as compared to Baseline.

No Chest pain/ Arrhythmias noted during the test.

IMPRESSION:

Stress Test is Negative for Stress Induced Ischemia..

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 Tel : 61700000

Disclaimer : Negative stress test does not rule out Coronary Artery Diseases.


Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: MEDIWHEEL

(Summary Report edited by user)

Dr. Sneha Shetty
MBBS, PGCC
Clinical Cardiology
Reg No.2008/03/0660


Doctor: DR SNEHA SHETTY

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BINAY KUMAR PRASAD (44 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2217634150

Date: 25-Jun-22

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 142 bpm

Stage: 1

Speed: 1.7 mph

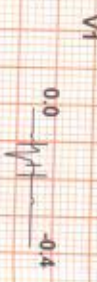
Grade: 10 %

(THR: 158 bpm)

B.P.: 140/90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



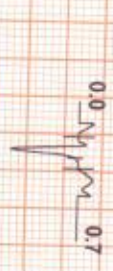
I

V1



II

V2



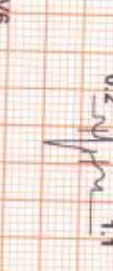
III

V3



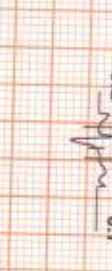
aVR

V4



aVL

V5



aVF

V6

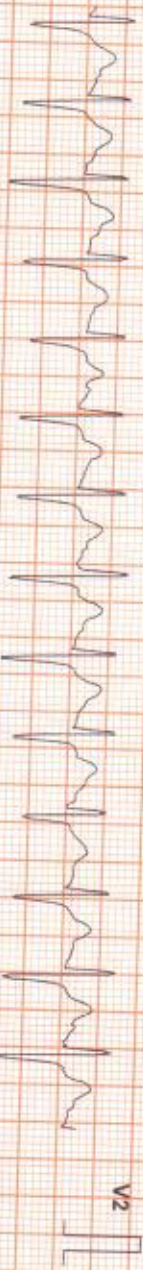


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



BINARY KUMAR PRASAD (44 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2217634150

Date: 25-Jun-22

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s **HR: 100 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 140/90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

I

V1

0.0 0.4

0.4 0.0

II

V2

0.4 0.7

1.1 0.7

III

V3

0.4 0.0

0.8 1.4

aVR

V4

-0.2 -0.4

0.6 1.4

aVL

V5

0.0 0.4

0.6 1.1

aVF

V6

0.4 0.4

0.6 0.7

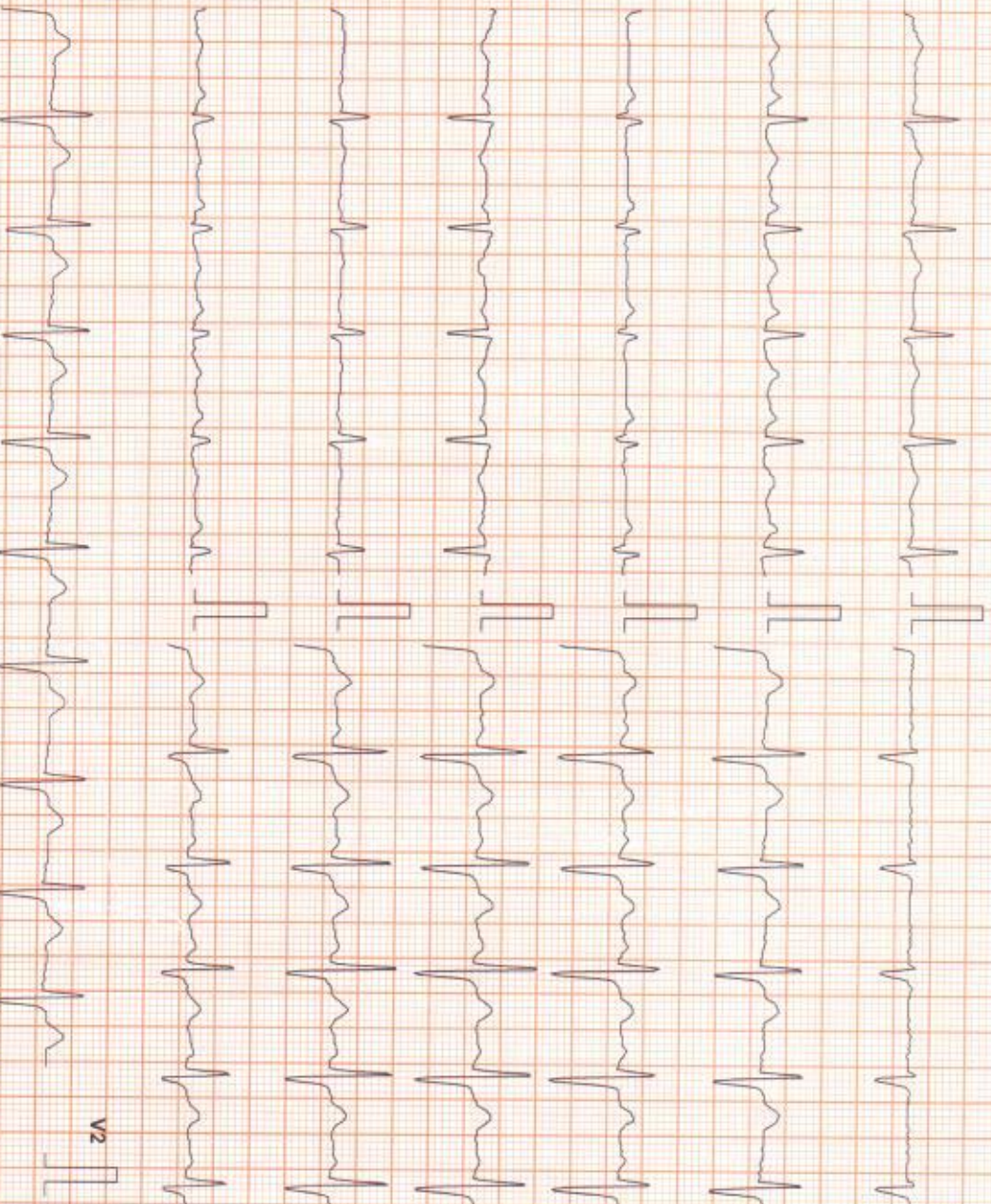


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schuler Standard V.4.7



BINAY KUMAR PRASAD (44 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2217634150

Date: 25-Jun-22

Exec Time : 0 m 0 s

Stage Time : 0 m 25 s

HR: 129 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 140/90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.4 0.7

-0.4 -0.4

I

V1

0.0 0.4

0.0 0.4

II

V2

0.0 0.0

-0.4 0.0

III

V3

-0.2 -0.4

-0.2 0.4

AVR

V4

0.2 0.0

0.0 0.4

AVL

V5

-0.2 0.4

0.0 0.4

AVF

V6



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R = 60 ms

J = R + 60 ms

Pos: J = J + 60 ms

Schiller Spanden V4.7



BINAY KUMAR PRASAD (44 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2217634150

Date: 25-Jun-22

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 119 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 140 / 90

ST Level (mm) ST Slope (mV/s)

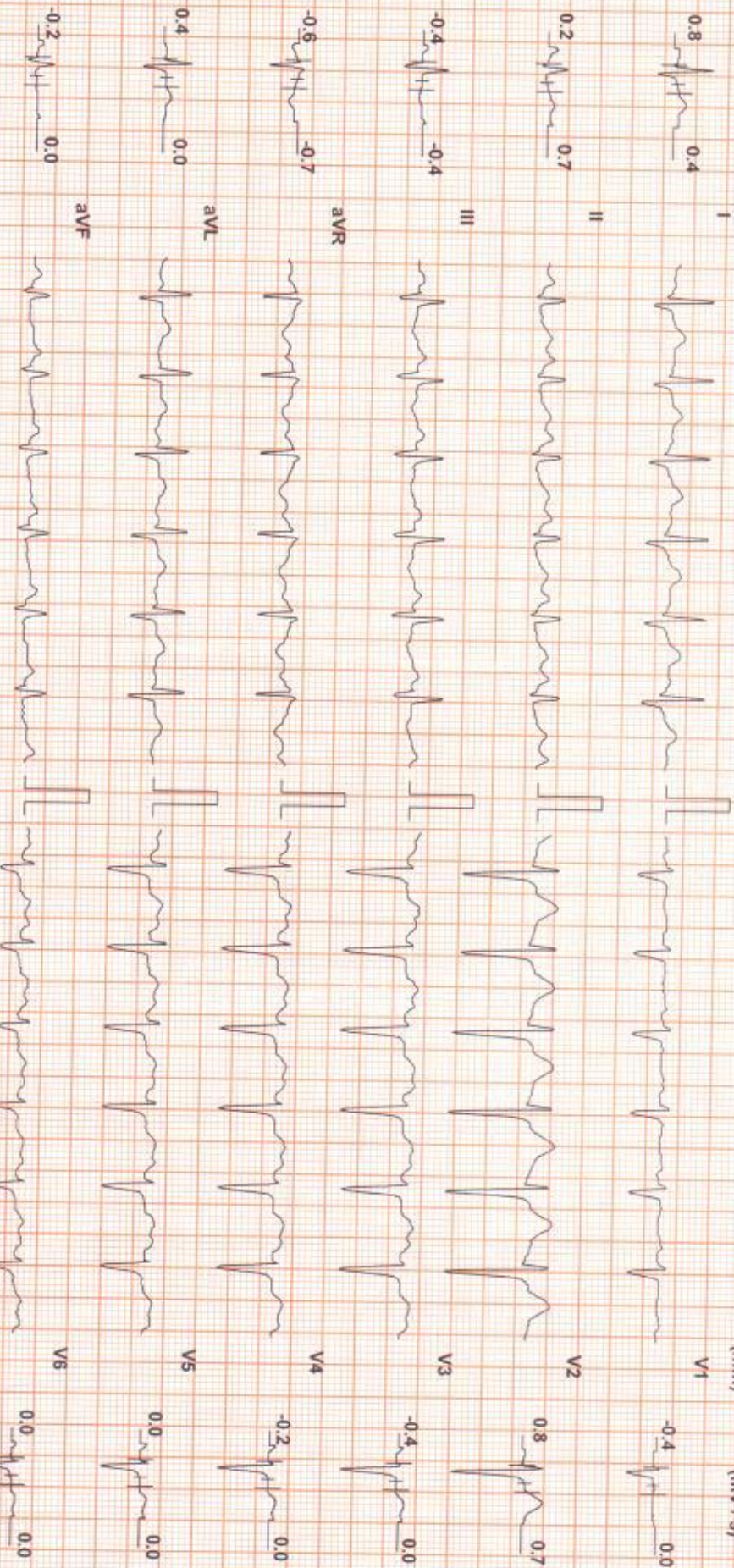


Chart Speed: 25 mm/sec
Scriber: Standard V 4.7

Filter: 35 Hz

Mains Filter ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

BINAY KUMAR PRASAD (44 M)

ID: 2217634150

Date: 25-Jun-22

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 157 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 158 bpm)

B.P: 150/90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

I

V1

0.0 1.1



0.0 0.0

II

V2

0.2 1.4



0.4 1.4

III

V3

0.2 0.4



0.8 2.1

aVR

V4

0.0 -1.1



0.8 2.1

aVL

V5

-0.2 0.0



1.1 2.1

aVF

V6

0.2 0.7



0.4 1.4

V2



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filter: ON

Amp: 10 mm

150 = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spindler V.4.7



BINAY KUMAR PRASAD (44 M)

ID: 2217634150

Date: 25-Jun-22

Exec Time : 6 m 34 s

Stage Time : 0 m 34 s **HR: 171 bpm**

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

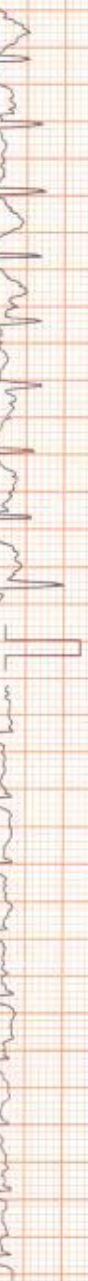
(THR: 158 bpm)

B.P: 160 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.0 0.4



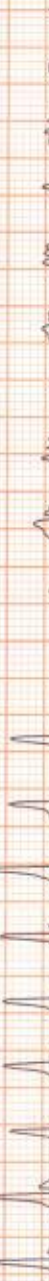
-0.2 0.4

0.4 1.8



0.4 1.8

0.2 0.7



1.3 3.2

-0.2 -1.1



1.3 3.5

0.0 -0.4



1.3 2.8

0.2 1.1



0.8 2.5

0.2 1.1



0.8 2.5

0.2 1.1



0.8 2.5

0.2 1.1



0.8 2.5

0.2 1.1



0.8 2.5

0.2 1.1



0.8 2.5

0.2 1.1



0.8 2.5

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Scanner Spandana V 4.7



BINAY KUMAR PRASAD (44 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2217634150

Date: 25-Jun-22

Exec Time : 6 m 34 s

Stage Time : 1 m 0 s

HR: 149 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 160 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

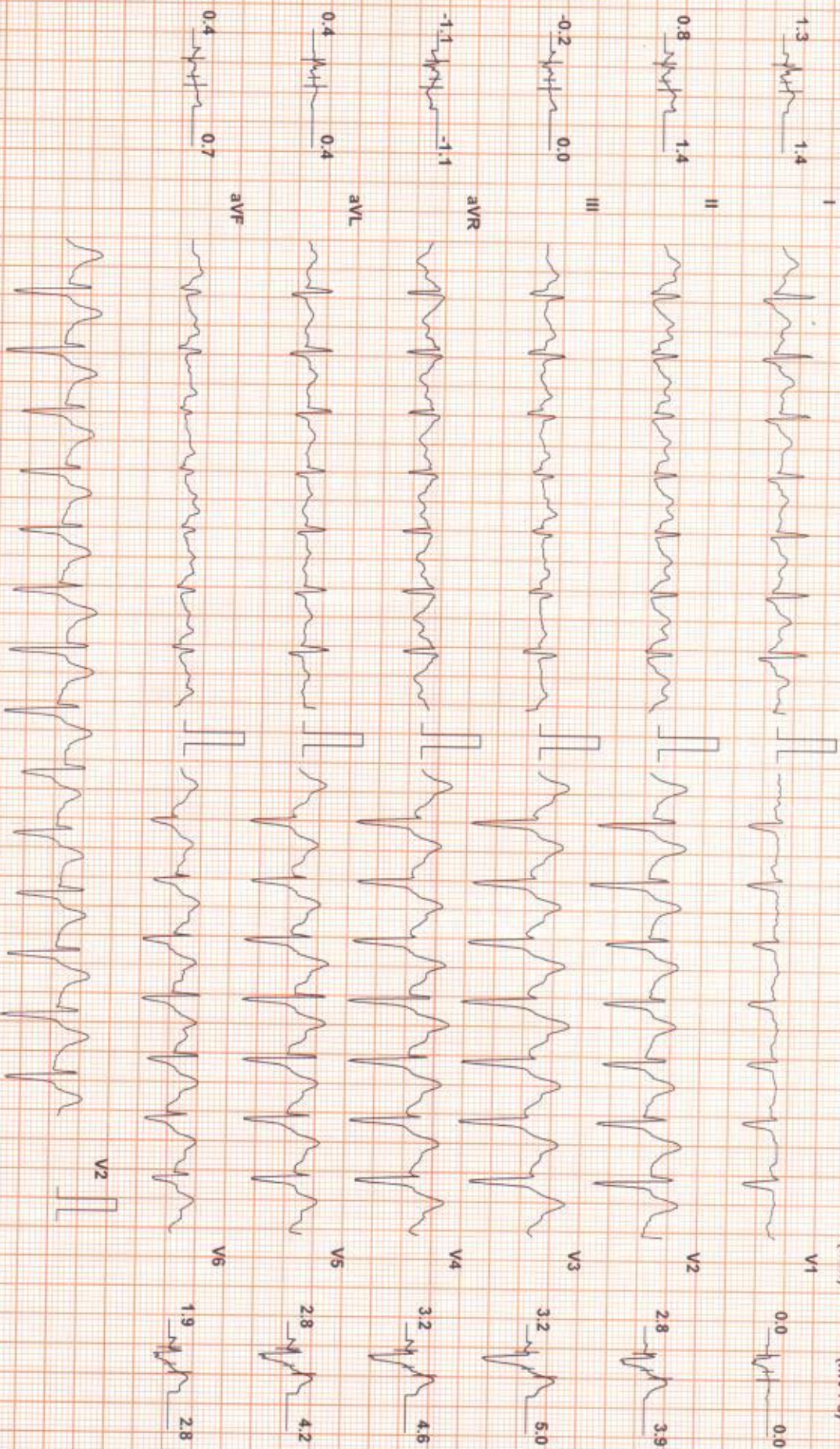


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms J = P + 60 ms

Pos: V = J + 60 ms

Schiller Standard V 4.7



BINAY KUMAR PRASAD (44 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2217634150

Date: 25-Jun-22

Exec Time: 16 m 34 s

Stage Time: 1 m 0 s

HR: 136 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 140/90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.8 1.1



0.0 0.4

I

0.6 1.4



2.8 3.5

V2

-0.2 0.0



2.3 3.9

V3

-0.5 -1.1



2.5 3.5

V4

0.4 0.4



1.9 2.8

V5

0.2 0.7



1.1 1.8

V6



Chart Speed: 25 mm/sec
Schuler-Spontan V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Pos J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

BINAY KUMAR PRASAD (44 M)

ID: 2217634150

Date: 25-Jun-22

Exec Time : 6 m 34 s

Stage Time : 1 m 0 s

HR: 125 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 130 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.6 0.4



-0.2 0.4

I

0.6 1.1



1.5 2.1

II

-0.4 -0.4



1.1 1.8

III

-0.6 -0.7



0.8 1.8

aVR

0.4 0.4



0.6 1.1

aVL

0.0 0.4



0.4 0.7

aVF



Chart Speed: 25 mm/sec
Schiller Standard V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R: 60 ms

J = R + 60 ms

Post J = J + 60 ms



CID : 2217634150
Name : MR.BINAY KUMAR PRASAD
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Jun-2022 / 08:15
Reported : 25-Jun-2022 / 11:13

Use a QR Code Scanner
Application To Scan the Code

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	15.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.39	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.6	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	29.4	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5600	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	41.1	20-40 %	
Absolute Lymphocytes	2301.6	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	380.8	200-1000 /cmm	Calculated
Neutrophils	48.4	40-80 %	
Absolute Neutrophils	2710.4	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	190.4	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	16.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	217000	150000-400000 /cmm	Elect. Impedance
MPV	10.6	6-11 fl	Calculated
PDW	21.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

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

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MC-2111



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	82.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.0	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	

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	17.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.0	6-20 mg/dl	Calculated
CREATININE, Serum	1.12	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	76	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
URIC ACID, Serum	7.7	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.8	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.0	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	98-107 mmol/l	ISE

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	88.2	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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
PROSTATE SPECIFIC ANTIGEN (PSA)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.443	0.03-2.5 ng/ml	ECLIA

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.

Reference:

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

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for bombay blood group.

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	259.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	33.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	142	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	108.7	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	33.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.50	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 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: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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.97	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.65	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	20.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	32.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.6	40-130 U/L	Colorimetric

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