

PHYSICAL EXAMINATION REPORT

Patient Name Manohar Sex/Age M 6 Date 20 3 23 Location Thank.

**History and Complaints** 

Co- Low Back Pain

R

E

**EXAMINATION FINDINGS:** 

Height (cms):

6 4 Temp (0c):

Weight (kg):

58.3

Skin:

**Blood Pressure** 

Nails:

Pulse

Lymph Node:

Systems:

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

NAD

1 B.P.

V HDL., 1 LDL.

USGE- RZ. Renal simple (yst
20 EHO- mild LVH.



Advice:

- Physician's Consultation for 7 Bb.

Low Fat, Low sugar Diet.

Regitieruse.

1)	Hypertension:	
2)	IHD AXC OMB Wales and Axes	Ciginal X ray [30] Sonography [1]
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	P'
8)	Thyroid/ Endocrine disorders	DO LA DESCRIPTION LIBERTA DE LA CONTROL DE L
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	Back Payn outst

## PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication



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



**RBC MORPHOLOGY** 

Name : MR.MANOHAR NIMBALKAR

Age / Gender : 57

:57 Years / Male

Consulting Dr. :

Reg. Location

: G B Road, Thane West (Main Centre)

**Authenticity Check** 

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

	CBC (Complet	te Blood Count), Blood	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometr
RBC	4.74	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.8	40-50 %	Measured
MCV	86.1	80-100 fl	Calculated
MCH	30.5	27-32 pg	Calculated
MCHC	35.5	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5260	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	28.5	20-40 %	
Absolute Lymphocytes	1499.1	1000-3000 /cmm	Calculated
Monocytes	9.8	2-10 %	
Absolute Monocytes	515.5	200-1000 /cmm	Calculated
Neutrophils	58.2	40-80 %	
Absolute Neutrophils	3061.3	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	184.1	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes			
WBC Differential Count by Abs	orbance & Impedance metho	od/Microscopy.	
PLATELET PARAMETERS			
Platelet Count	255000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	8.7	11-18 %	Calculated
		11 10 70	catcutated

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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

3

2-20 mm at 1 hr.

Sedimentation

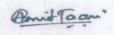
\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
\*\*\* End Of Report \*\*\*





MC-5314





Dr.AMIT TAORI M.D ( Path ) Pathologist

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: 2307900427

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

**RESULTS BIOLOGICAL REF RANGE PARAMETER METHOD** 

GLUCOSE (SUGAR) FASTING,

Fluoride Plasma

91.8

Non-Diabetic: < 100 mg/dl

Hexokinase

Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 121.7

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

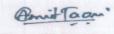
Urine Sugar (PP) Urine Ketones (PP) Absent Absent Absent Absent

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Dr.AMIT TAORI M.D (Path) Pathologist

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Reported

98-107 mmol/l

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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	21.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	94	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calcula	ted using MDRD (Modificati	on of diet in renal disease study group) equ	ation
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	6.6	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	2.4	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.8	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.9	3.5-5.3 mmol/l	ISE

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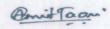
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CHLORIDE, Serum





ISE

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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 G B Road Lab, Thane West



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

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

TOTAL PSA, Serum

1.057

<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, 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







Anto

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

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO URINE EXAMINATION 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	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50		
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		011033 1 030
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Internation Theory			

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)

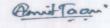
Reference: Pack insert

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\*\*\* End Of Report \*\*\*









Dr.AMIT TAORI M.D ( Path ) Pathologist

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

**PARAMETER** 

**RESULTS** 

ABO GROUP

A

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:

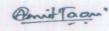
- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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









Dr.AMIT TAORI M.D ( Path ) Pathologist

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

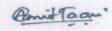
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	199.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	128.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	39.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assa
NON HDL CHOLESTEROL, Serum	160.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	134.0	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	26.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

<sup>\*</sup>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 40/2D ECHO THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD	
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA	
Free T4, Serum	14.6	11.5-22.7 pmol/L	ECLIA	
sensitiveTSH, Serum	1.17	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 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:

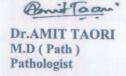
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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

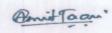
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.28	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	21.3	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	13.5	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	9.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	63.3	40-130 U/L	PNPP

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









Dr.AMIT TAORI M.D ( Path ) Pathologist

Page 13 of 13

Date: 20 /8/23 Date: 20/5/25 Miniballas:
Name: Marshas Miniballas:
Sex/Age/476/

EYE CHECK UP

Chief complaints: Rev

Systemic Diseases:

Past history:

Unaided Vision: 134 6/24 MUBZ M-24
Aided Vision: 3266 MWBZ M6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: USC own Specils



Name : Mr Manohar J Nimbalkar

Age / Sex : 0 Years/Male

Ref. Dr :

Reg. Location : G B Road, Thane West Main Centre

Reg. Date

Reported

Authenticity Check



Use a QR Code Scanner Application To Scan the Code R

: 20-Mar-2023

: 20-Mar-2023 / 11:46

## 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-----

GRods

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032008282263

Page no 1 of 1



: 2307900427

Name

: Mr Manohar J Nimbalkar

Age / Sex

Reg. Location

: 0 Years/Male

Ref. Dr

:

: G B Road, Thane West Main Centre

Reg. Date

Reported

Use a QR Code Scanner Application To Scan the Code R

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: 20-Mar-2023

**Authenticity Check** 

: 20-Mar-2023 / 11:00

### USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. 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.

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

<u>KIDNEYS</u>: Right kidney measures 9.1 x 4.0 cm. *A simple cyst measuring 13 mm is noted at the upper pole in right kidney*. Left kidney measures 9.1 x 3.9 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.

<u>URINARY BLADDER:</u> Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture and measures  $4.4 \times 3.2 \times 3.2$ 

No free fluid or significant lymphadenopathy is seen.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032008282278



: 2307900427

Name

: Mr Manohar J Nimbalkar

Age / Sex

: 0 Years/Male

Ref. Dr

Reg. Location

: G B Road, Thane West Main Centre

Reg. Date

Reported

**Authenticity Check** 



Use a QR Code Scanner Application To Scan the Code R

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: 20-Mar-2023

: 20-Mar-2023 / 11:00

### **IMPRESSION:**

RIGHT RENAL SIMPLE CYST.

Advice:Clinical co-relation 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

PRocls

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032008282278



REG NO. :2307900427	SEX : MALE	
NAME : MR.MANOHAR NIMBALKAR	AGE: 61YRS	
REF BY:	DATE: 20.03.2023	

### 2D ECHOCARDIOGRAPHY

### M - MODE FINDINGS:

LVIDD	54	mm
LVIDS	35	mm
LVEF	60	0/0
IVS	12	mm
PW	7	mm
AO	16	mm
LA	30	mm

### 2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility: Normal
- · Regional wall motion abnormality: Absent.
- Systolic thickening: Normal. LVEF = 60%
- Mitral, tricuspid, aortic, pulmonary valves are: Normal.
- · Great arteries: Aorta and pulmonary artery are: Normal.
- Inter artrial and inter ventricular septum are intact.
- Pulmonary veins, IVC, hepatic veins are normal.
- · No pericardial effusion . No intracardiac clots or vegetation.



PATIENT NAME: MR.MANOHAR NIMBALKAR

### **COLOR DOPPLER:**

R

E

- Mitral valve doppler E- 0.9 m/s, A-0.6 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.4 m/s, PG 8.9 mmHg
- · No significant gradient across aortic valve.
- · No diastolic dysfunction.

### **IMPRESSION:**

- MILD CONCENTRIC HYPERTROPHY OF LV
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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

DR.YOGESH KHARCHE

DNB(MEDICINE) DNB (CARDIOLOGY)

CONSULTANAT INTERVENTIONAL CARDIOLOGIST.