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CID : 2233719428
Name : MR.SATISH MAKWANA
Age / Gender : 55 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 03-Dec-2022 / 08:50
Reported : 03-Dec-2022 / 12:48

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	16.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.37	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.9	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8930	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.9	20-40 %	
Absolute Lymphocytes	2580.8	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	643.0	200-1000 /cmm	Calculated
Neutrophils	58.9	40-80 %	
Absolute Neutrophils	5259.8	2000-7000 /cmm	Calculated
Eosinophils	4.4	1-6 %	
Absolute Eosinophils	392.9	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	53.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	305000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	13.9	11-18 %	Calculated



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Reported : 03-Dec-2022 / 13:03

RBC MORPHOLOGY

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 5 2-20 mm at 1 hr. Westergren

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



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



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Reported : 03-Dec-2022 / 16:30

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	82.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	69.0	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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Collected : 03-Dec-2022 / 08:50
Reported : 03-Dec-2022 / 14:39

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	43.5	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	20.3	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	1.02	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	81	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	6.6	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	3.7	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	9.4	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	139	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			



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POTASSIUM, Serum	5.1	3.5-5.1 mmol/l	IMT
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Kindly note change in Ref range and method w.e.f.11-07-2022

CHLORIDE, Serum	106	98-107 mmol/l	IMT
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Kindly note change in Ref range and method w.e.f.11-07-2022

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*** End Of Report ***



Dr. Vrushi Shroff

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



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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.27	<4.0 ng/ml	CLIA

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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

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*** End Of Report ***



Anupa

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



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Collected : 04-Dec-2022 / 11:25
Reported : 04-Dec-2022 / 15:42

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
EXAMINATION OF FAECES

PARAMETER RESULTS BIOLOGICAL REF RANGE

PHYSICAL EXAMINATION

Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent

CHEMICAL EXAMINATION

Reaction (pH)	Acidic (5.5)	-
Occult Blood	Absent	Absent

MICROSCOPIC EXAMINATION

Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Trace	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	2+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	3-4	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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



MC-2111

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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 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.

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	162.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	96.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	30.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	131.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.5	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	19.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

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Collected : 03-Dec-2022 / 08:50
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	12.6	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.994	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 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 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/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.41	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.25	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	19.6	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	20.1	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	19.3	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	92.5	46-116 U/L	Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022

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



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



Use a QR Code Scanner
Application To Scan the Code

CID : 2233719428
Name : MR.SATISH MAKWANA
Age / Gender : 55 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected :
Reported :

*** End Of Report ***

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: SATISH MAKWANA

Date and Time: 3rd Dec 22 11:44 AM

Patient ID: 2233719428

Age **55** **2** **18**
years months days

Gender **Male**

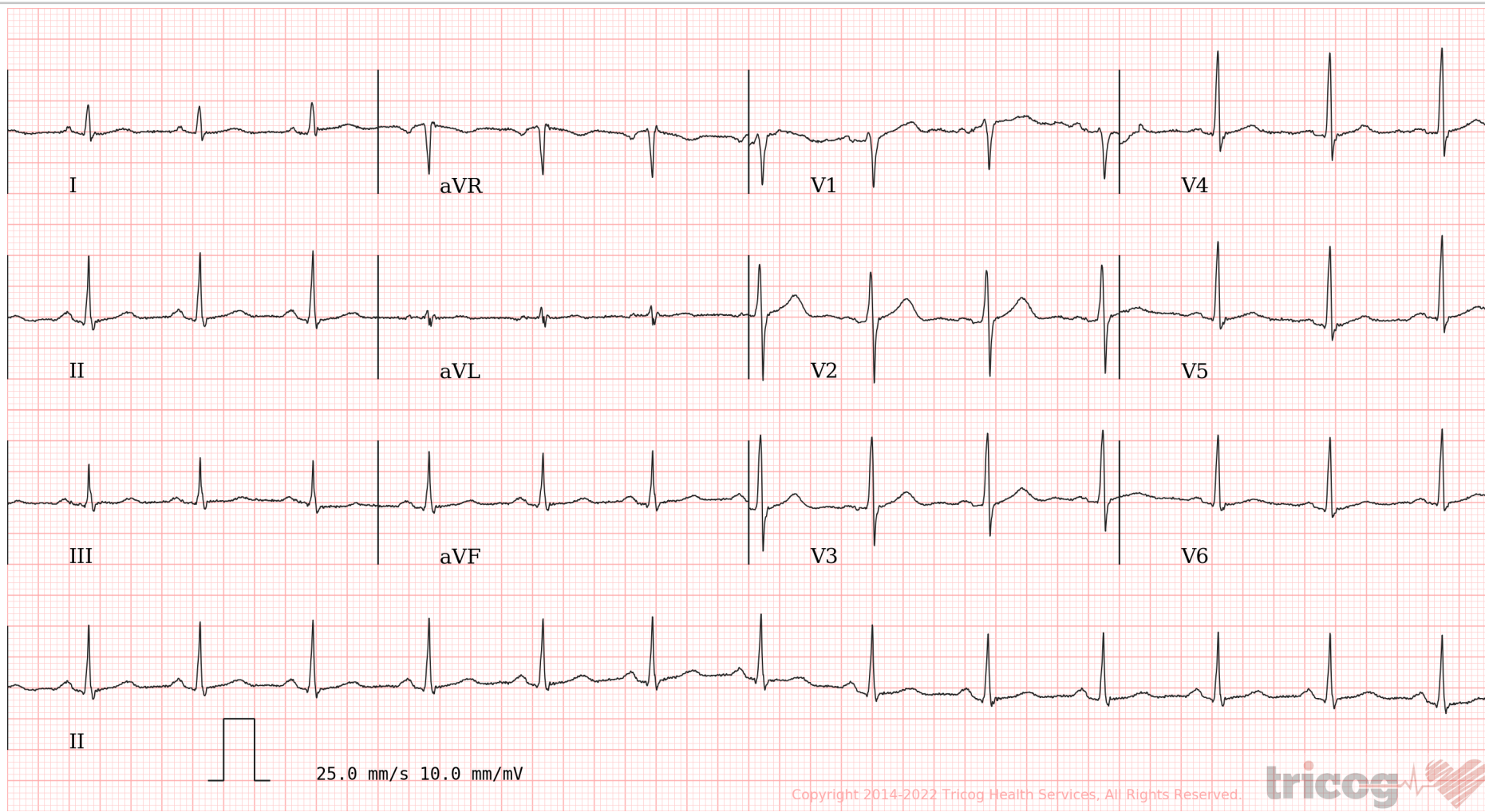
Heart Rate **82bpm**

Patient Vitals

BP: 11/80 mmHg
Weight: 72 kg
Height: 172 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 90ms
QT: 364ms
QTc: 425ms
PR: 152ms
P-R-T: 65° 67° 49°



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ECG Within Normal Limits: Sinus Rhythm, Normal Axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587



सतीश भंजी मकवाना



सतीश भंजी मकवाना
Satis Bhanji Makwana
DOB: 16-09-1967
Gender: Male



9373 9156 6723

आधार - आम आदमी का अधिकार

(Handwritten signature)

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Kshitij Building,
Above Raymond, Near Thunga Hospital,
Mira - Bhayander Road, Bhayander (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

DENTAL CHECK - UP

Name:- *Sudish Makwana*

CID :

Sex / Age : *M / 55*

Occupation:-

Date: *3 / 12 / 22*

Chief complaints:- *Routine checkup*

Medical / dental history:- *No medical history reported by patient*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *No clicking sound present*
- b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Gingivitis*
- b) Hard Tissue Examination:
- c) Calculus: *+*
- Stains: *+*

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

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

Advised: *OPG, Scaling, Extractions*

Provisional Diagnosis:-

Vikas
Dr. Vikas V. Singh
Dental Surgeon (B.D.S.)
Reg. No. 14657

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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Date:- 3/12/22
 Name:- Satish male wama
 CID: 22 33719428
 Sex / Age: 41

EYE CHECK UP

Chief complaints:

Systemic Diseases: NO

Past history:

Unaided Vision: _____

RE LE
 6/6 6/6
 N/A N/A

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

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 Dist. Thane 40105.
 Phone No : 022 - 61700000



Email:

1234548 (2233719428) / SATISH MAKWANA / 55 Yrs / M / 172 Cms / 72 Kg

Date: 03 / 12 / 2022 09:22:41 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	081	49 %	110/80	089	00	
Standing	00:13	0:06	00.0	00.0	01.0	071	43 %	110/80	078	00	
HV	00:20	0:07	00.0	00.0	01.0	071	43 %	110/80	078	00	
ExStart	00:23	0:03	00.0	00.0	01.0	071	43 %	110/80	078	00	
BRUCE Stage 1	03:23	3:00	01.7	10.0	04.7	122	74 %	120/80	146	00	
BRUCE Stage 2	06:23	3:00	02.5	12.0	07.1	139	84 %	140/80	194	00	
PeakEx	06:53	0:30	03.4	14.0	07.6	142	86 %	150/80	213	00	
Recovery	07:53	1:00	01.1	00.0	01.1	121	73 %	150/80	181	00	
Recovery	08:53	2:00	00.0	00.0	01.0	106	64 %	152/84	161	00	
Recovery	10:53	4:00	00.0	00.0	01.0	092	56 %	145/85	133	00	
Recovery	11:03				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 06:30
Initial HR (ExStrt) : 71 bpm 43% of Target 165
Initial BP (ExStrt) : 110/80 (mm/Hg)
Max WorkLoad Attained : 7.6 Fair response to induced stress
Max ST Dep Lead & Avg ST Value : V5 & -1.5 mm in PeakEx
Duke Treadmill Score : 05.4
Test End Reasons : Test Complete

Max HR Attained 142 bpm 86% of Target 165
Max BP Attained 152/84 (mm/Hg)

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 Mira - Bhayander Road, Bhayander (E)
 Dist. Thane-401105.
Phone No : 022 - 61700000

DR. ASHISH MISHRA
 D.M. (Cardiology), M.D. (Medicine), M.B.B.S.
 Consultant Interventional Cardiologist
 MMC Reg. No.: 2010/03/0511

Doctor : DR ASHISH MISHRA



SUBURBAN DIGNOSTICS BHAYANDER

REPORT



EMail: 12345678 / SATISH MAKWANA / 55 Yrs / M / 172 Cms / 72 Kg Date: 03 / 12 / 2022 09:22:41 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE
CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE
FINAL IMPRESION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Ashish Building
Above Raymond's, Patal Chhatra Hospital
Mira - Chhatra Road, Chhatra (E)
Dist. Thane-401105.
Phone No. 022-61700000

Dr. ASHISH MISHRA
D.M. (Cardiology), M.D. (Medicine), M.B.B.S.
Consultant Interventional Cardiologist
MMC Reg. No.: 2010/03/0511

Doctor : DR ASHISH MISHRA

SUBURBAN DIGNOSTICS BHAYANDER

12345548 (2233719428) / SATISH MAKWANA / 55 Yrs / M / 172 Cms / 72 Kg / HR : 81

SUPINE (00:01)

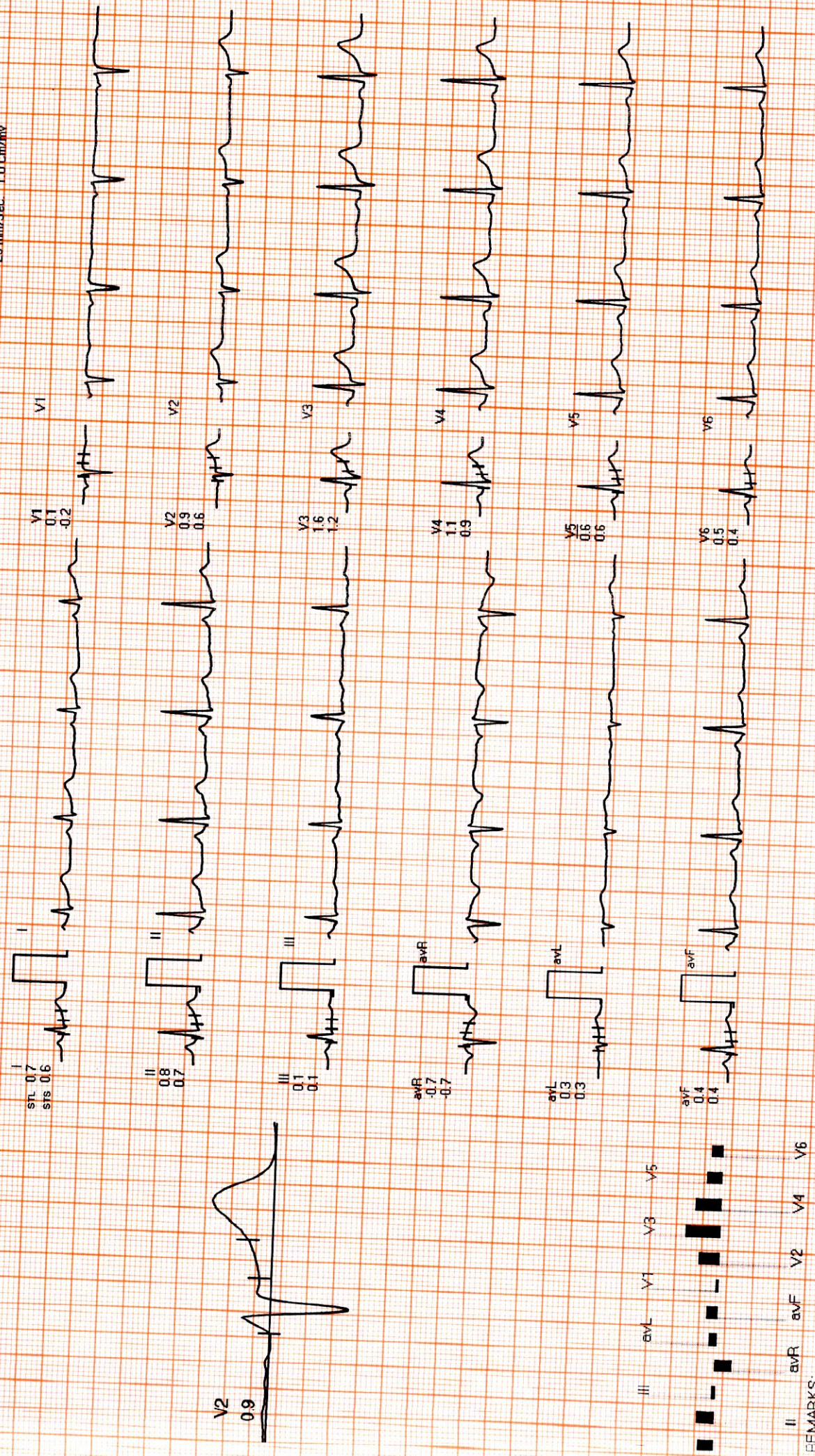


Date: 03/12/2022 09:22:41 AM

METS: 1.0/81 bpm 49% of THR BP: 110/80 mmHg Raw ECG/ BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 90 mS Post J

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



SUBURBAN DIGNOSTICS BHAYANDER

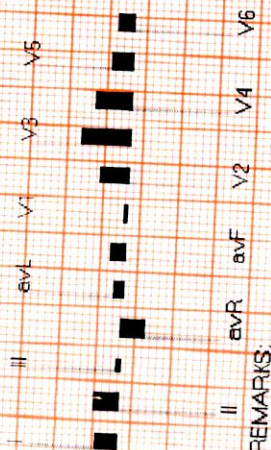
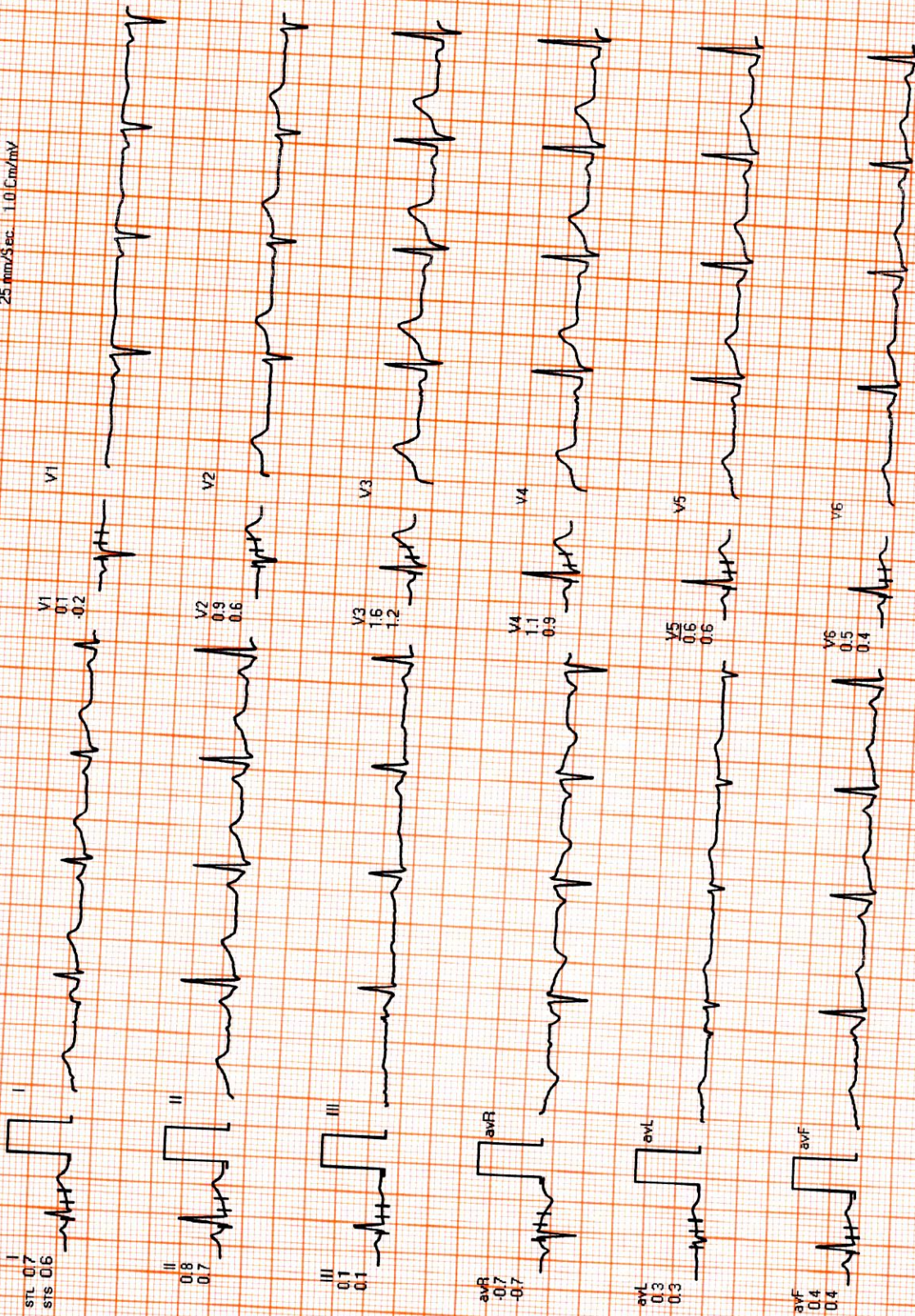
12345548 (2233719428) / SATISH MAKWANA / 55 Yrs / M / 172 Cms / 72 Kg / HR : 71

STANDING (00:00)



Date 03/12/2022 09:22:41 AM METS: 1.0/ 71 bpm 43% of THR BP: 110/80 mmHg Raw ECG/BLC On/ HF 0.05 Hz/LF 35 Hz
4X 80 ms Post J

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



REMARKS:



SUBURBAN DIGNOSTICS BHAYANDER

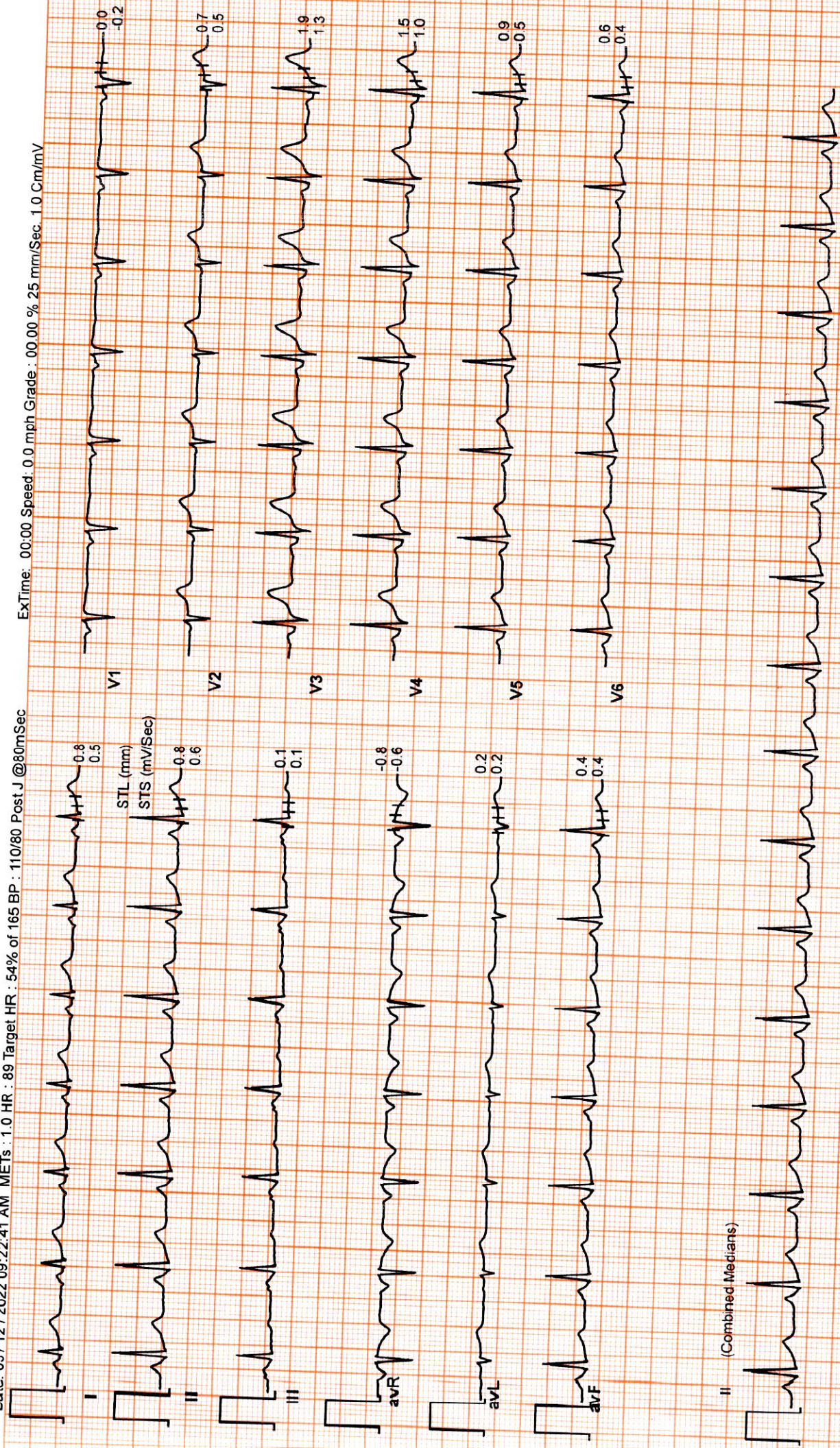
12345548 / SATISH MAKWANA / 55 Yrs / Male / 172 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm HV (00:00)



Date: 03/12/2022 09:22:41 AM METs : 1.0 HR : 89 Target HR : 54% of 165 BP : 110/80 Post J @80mSec

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



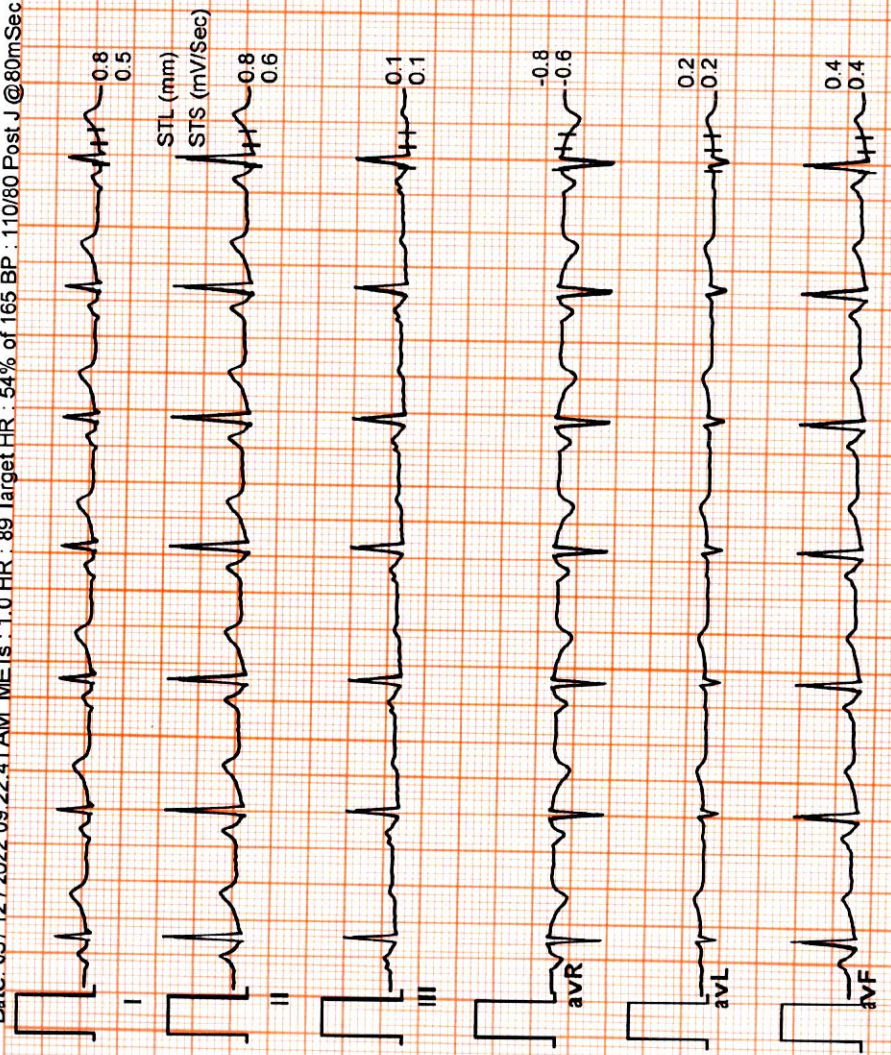
SUBURBAN DIGNOSTICS BHAYANDER

12345548 / SATISH MAKWANA / 55 Yrs / Male / 172 Cm / 72 Kg

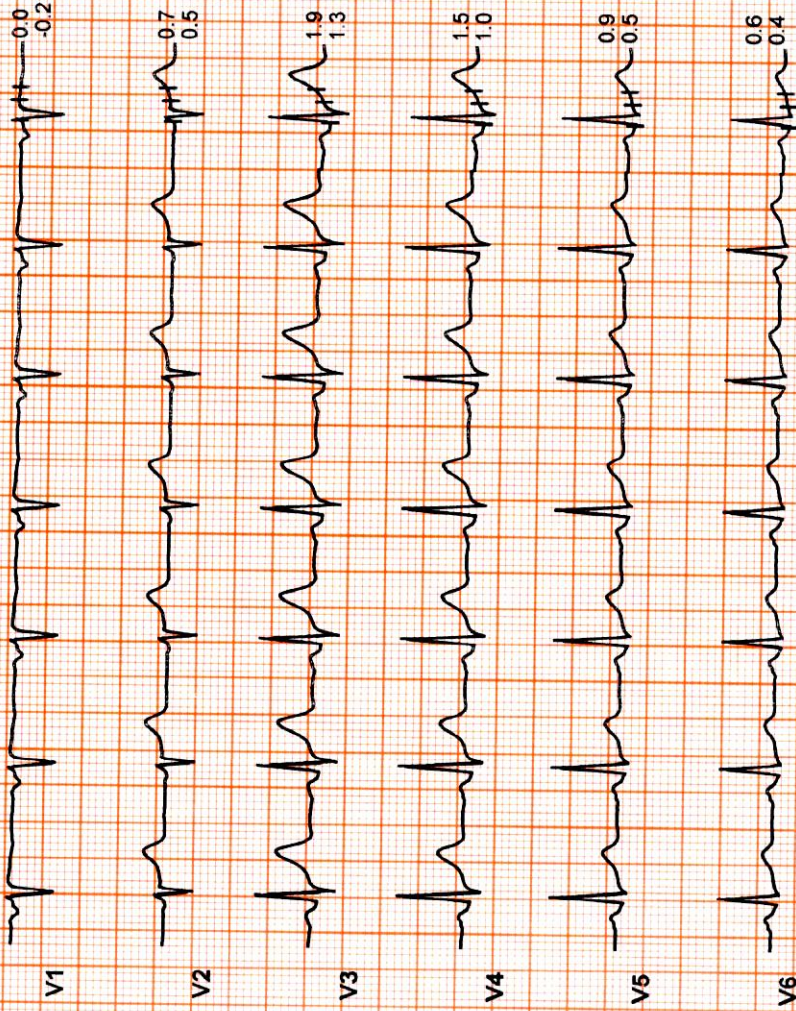
6X2 Combine Medians + 1 Rhythm ExStrt



Date: 03/12/2022 09:22:41 AM METs: 1.0 HR: 89 Target HR: 54% of 165 BP: 110/80 Post J @80mSec



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



II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

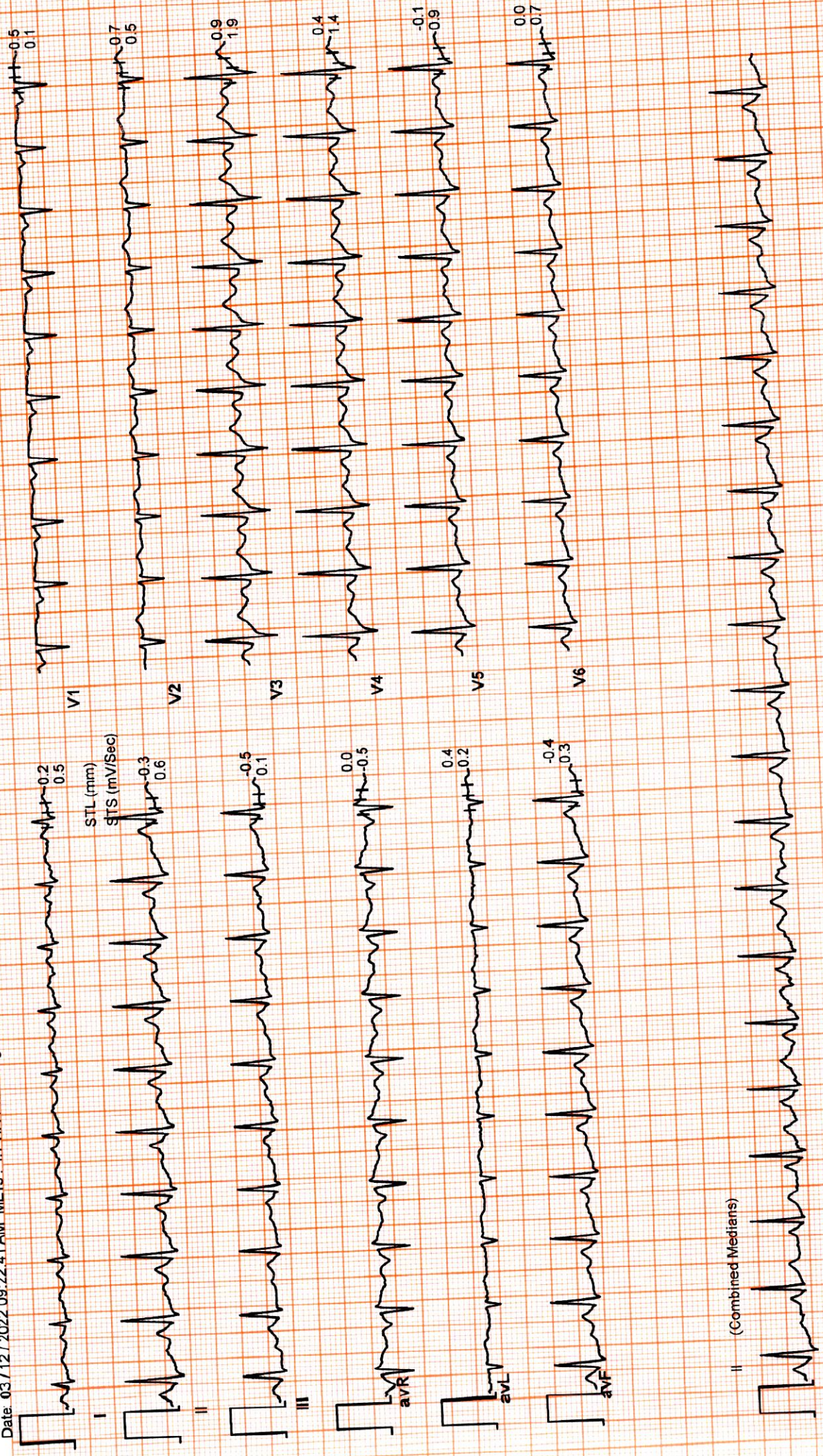
6X2 Combine Medians + 1 Rhythm BRUCE : Stage 1 (03:00)



12345548 / SATISH MAKWANA / 55 Yrs / Male / 172 Cm / 72 Kg

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

Date: 03 / 12 / 2022 09:22:41 AM METs : 4.7 HR : 122 Target HR : 74% of 165 BP : 120/80 Post J @80mSec



SUBURBAN DIGNOSTICS BHAYANDER

1234548 / SATISH MAKWANA / 55 Yrs / Male / 172 Cm / 72 Kg

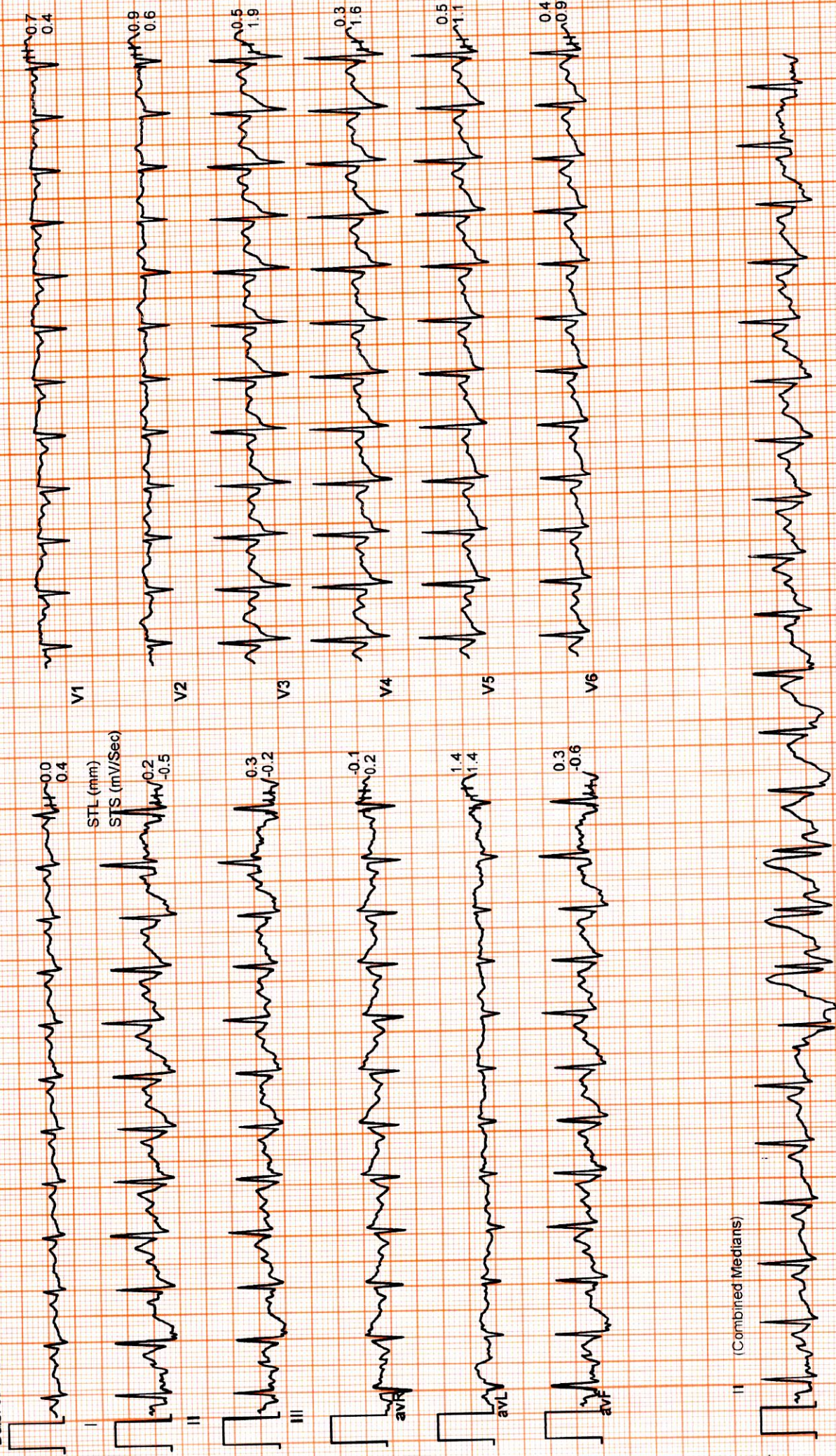
6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



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

Date: 03 / 12 / 2022 09:22:41 AM METs : 7.1 HR : 139 Target HR : 84% of 165 BP : 15/80 Post-J @60mSec



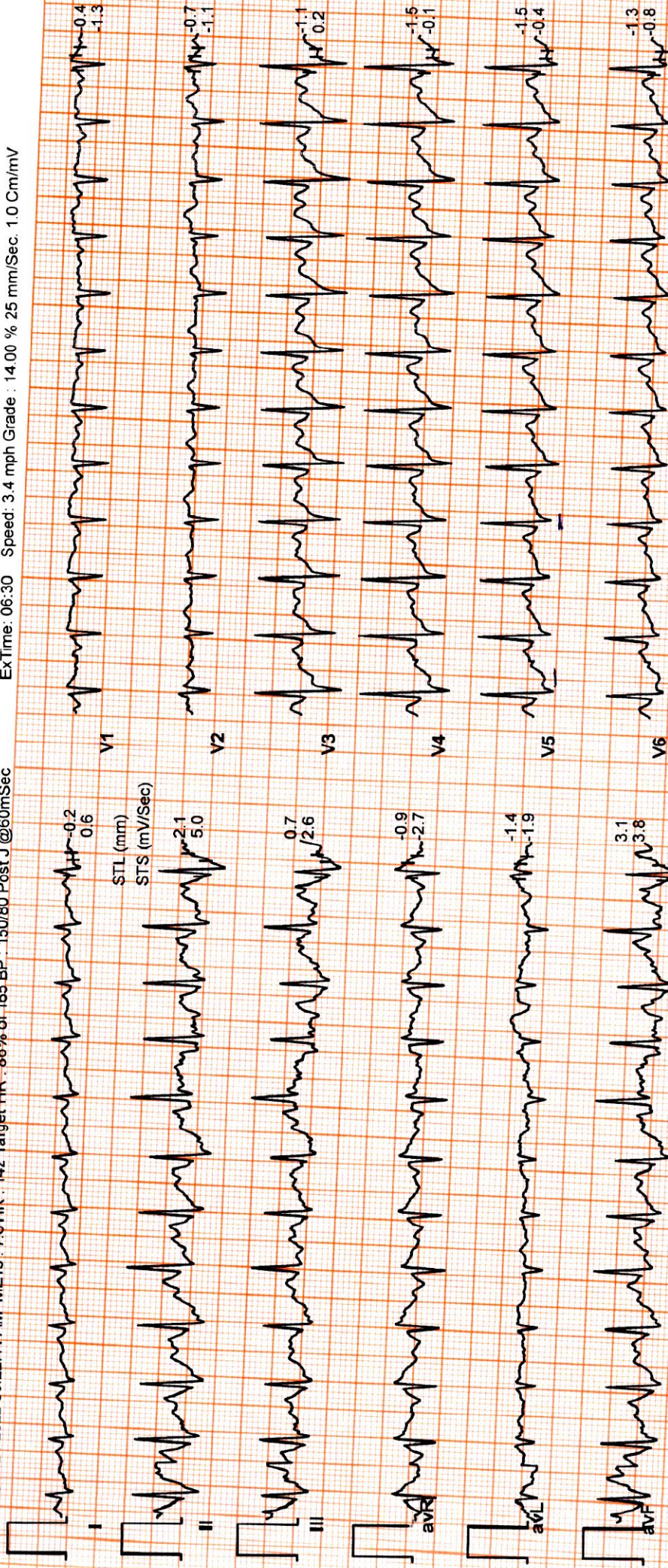
II (Combined Medians)





Date: 03/12/2022 09:22:41 AM METIS : 7.6 HR : 142 Target HR : 86% of 165 BP : 150/80 Post J @60mSec

ExTime: 06:30 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



[Handwritten signature]

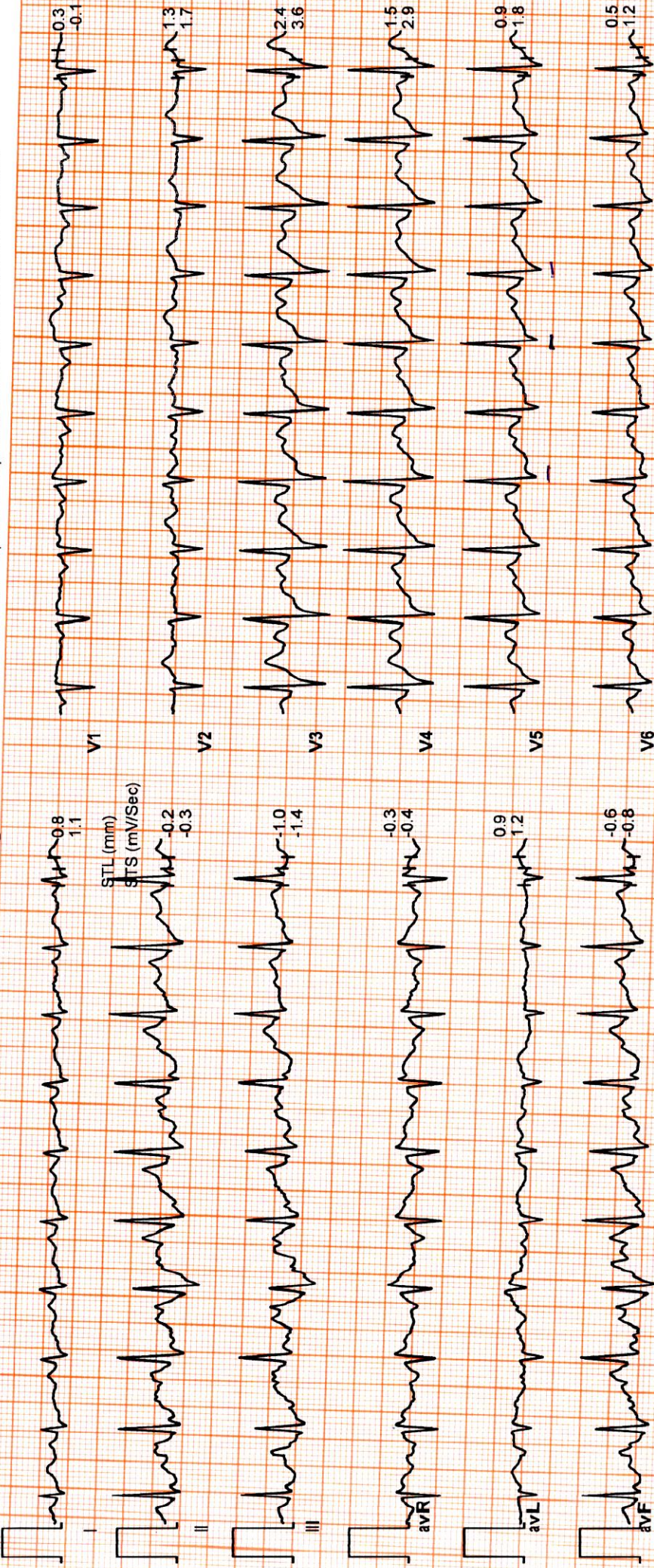
II (Combined Medians)





Date: 03 / 12 / 2022 09:22:41 AM METs : 1.1 HR : 121 Target HR : 73% of 165 BP : 150/80 Post J @80mSec

ExTime: 06:30 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

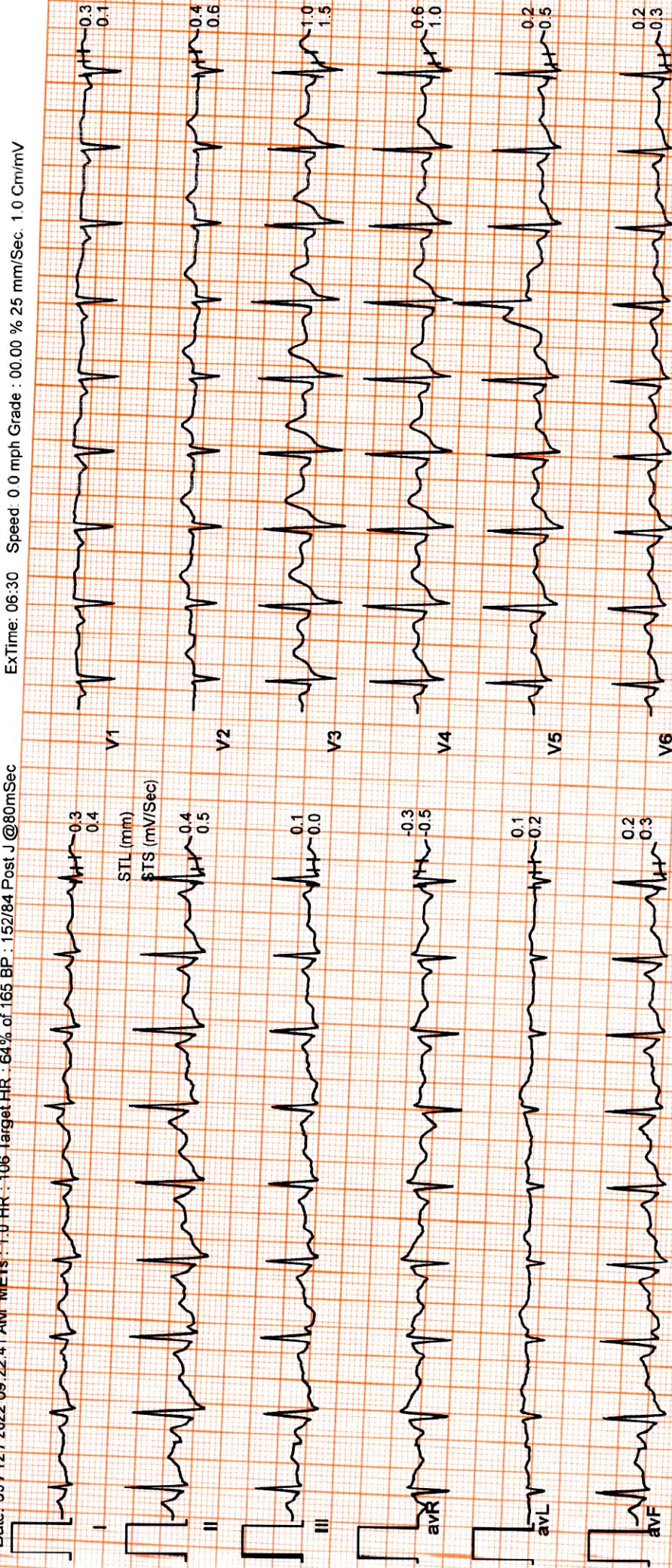
12345548 / SATISH MAKWANA / 55 Yrs / Male / 172 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (02:00)



Date: 03/12/2022 09:22:41 AM METs : 1.0 HR : 106 Target HR : 64% of 165 BP : 152/84 Post J @80mSec

ExTime: 06:30 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

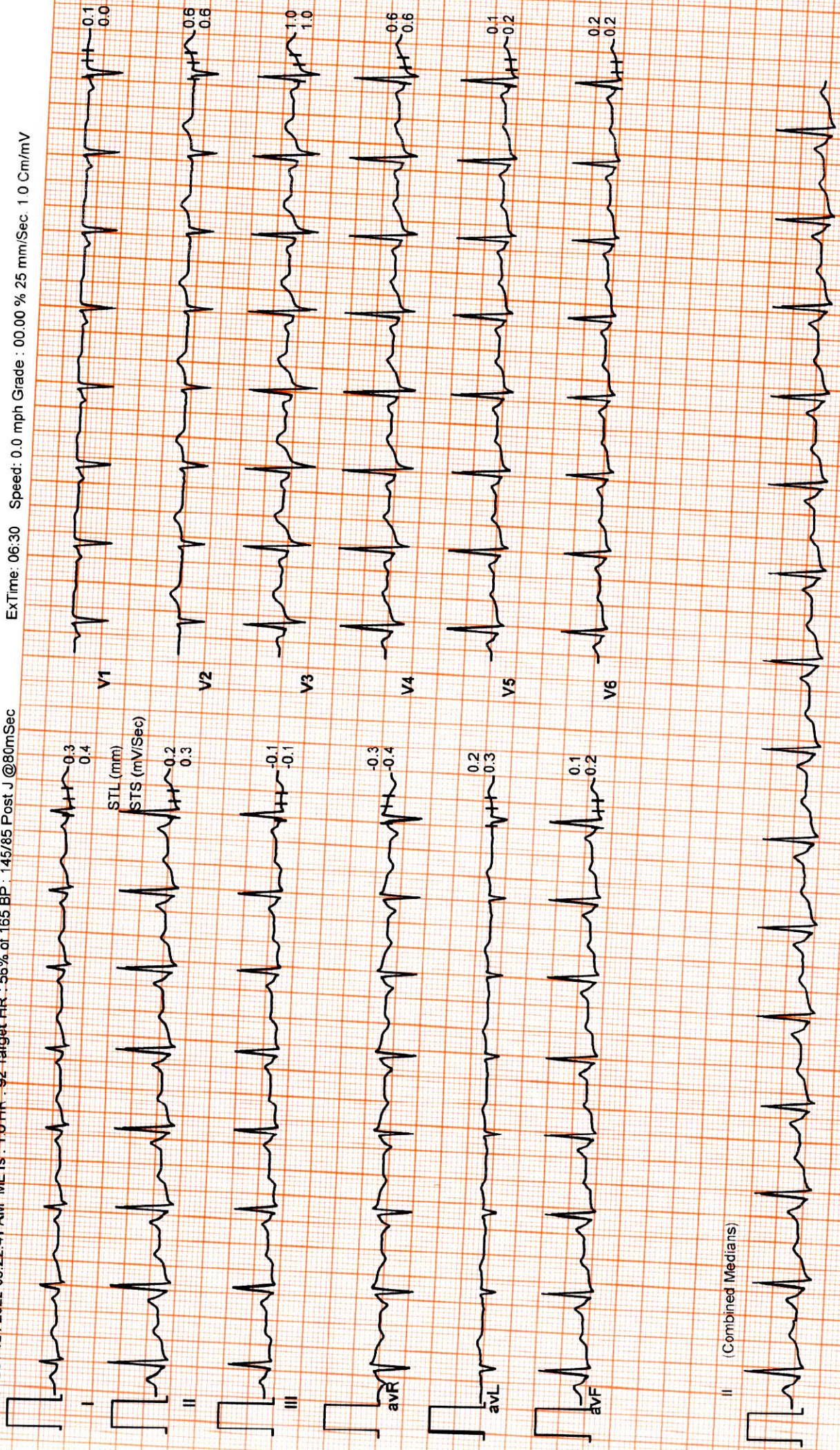
12345548 / SATISH MAKWANA / 55 Yrs / Male / 172 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (04:00)



Date: 03 / 12 / 2022 09:22:41 AM METs: 1.0 HR: 92 Target HR: 56% of 165 BP: 145/85 Post J @80mSec

ExTime: 06:30 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

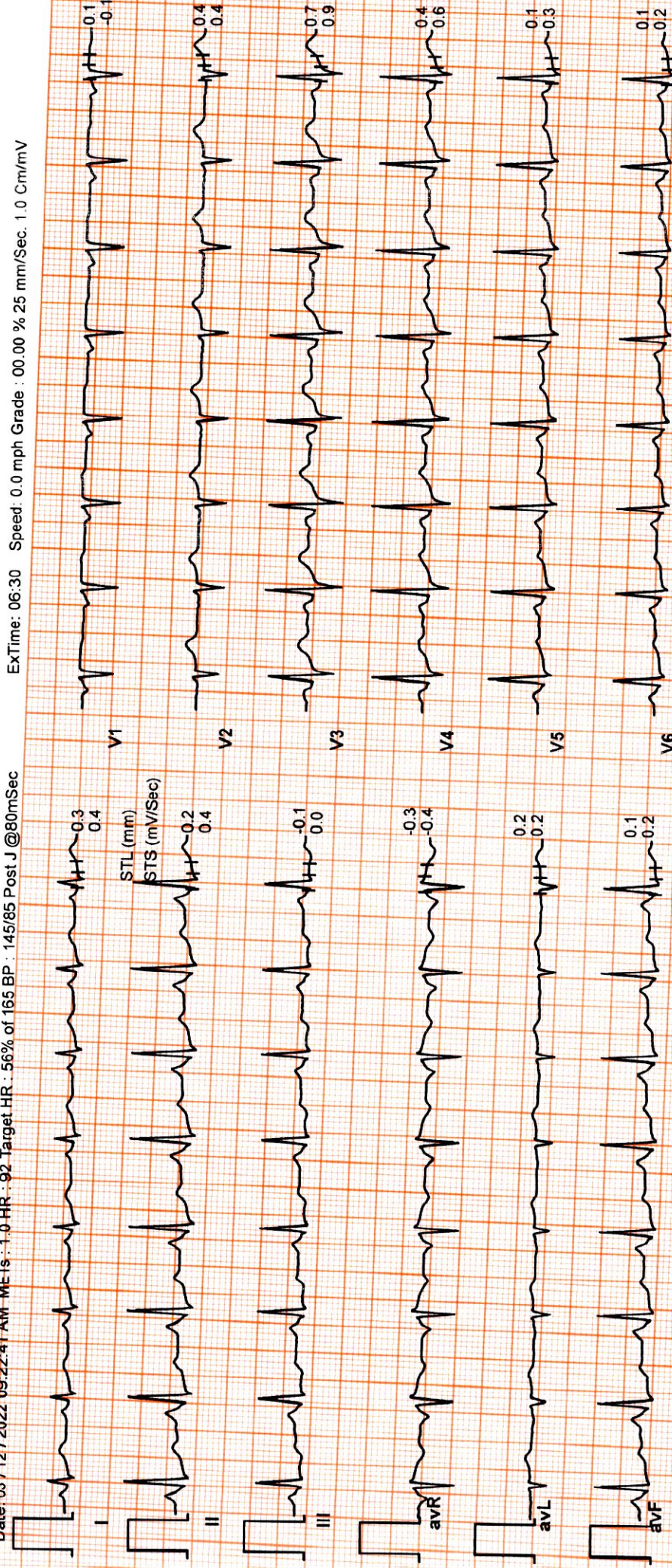
12345548 / SATISH MAKWANA / 55 Yrs / Male / 172 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (04:10)



Date: 03/12/2022 09:22:41 AM METs : 1.0 HR : 92 Target HR : 56% of 165 BP : 145/85 Post J @80mSec

ExTime: 06:30 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



CID : 2233719428
Name : Mr SATISH MAKWANA
Age / Sex : 55 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022/15:32

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.3 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and partially distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:

Right kidney measures 11.2 x 4.4 cm. Left kidney measures 12.1 x 5.1cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal on the right side. Mild to moderate dilatation of left pelvicalyceal system seen with a 20.9 mm calculus seen at the pelvic region. Left ureter is not dilated.

No evidence of any calculus, hydronephrosis or mass lesion seen on the right side. No obvious mass lesion seen in the left kidney.

SPLEEN:

The spleen is normal in size (9.8 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.



Use a QR Code Scanner
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CID : 2233719428
Name : Mr SATISH MAKWANA
Age / Sex : 55 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022/15:32

PROSTATE:

The prostate is normal in size, measures 3.4 x 3.1 x 3.2 cms and weighs 18.6 gms. Parenchymal echotexture is normal. Evidence of calcification seen in the prostatic parenchyma. No obvious mass made out.

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **Left renal calculus situated in the pelvic region causing mild to moderate left hydronephrosis.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



Use a QR Code Scanner
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CID : 2233719428
Name : Mr SATISH MAKWANA
Age / Sex : 55 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022/15:32



CID : 2233719428
Name : Mr SATISH MAKWANA
Age / Sex : 55 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022/16:42

X-RAY CHEST PA VIEW

Positional rotation seen.

Increased reticuloalveolar markings are seen in both the lung fields.

The lung fields are otherwise clear with no active parenchymal lesion.

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

Unfolded aorta.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR. VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2233719428
Name : Mr SATISH MAKWANA
Age / Sex : 55 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022/16:42