

PHYSICAL EXAMINATION REPORT

Patient Name	Praveen Thengil	Sex/Age	M/59
Date	27/12/23	Location	Thane

History and Complaints

C/o - Neck Pain .

EXAMINATION FINDINGS:

Height (cms):	170	Temp (0c):	Ⓣ
Weight (kg):	68.2	Skin:	NAD Sensitive skin
Blood Pressure	160/100	Nails:	NAD
Pulse	76/wei	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

↑ B.P. with cholelithiasis & chole
Dyslipidemia
Advise patient diet, check Bp
regularly

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

Physi Consultation for ↑ B.P.

Advice:

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

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	veg
4)	Medication	No

Authenticity Check



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CID : 2336106461
Name : MR.PRAVEEN KUMAR THENGIL
Age / Gender : 49 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Dec-2023 / 08:44
Reported : 27-Dec-2023 / 11:25

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	16.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.39	4.5-5.5 mil/cmm	Elect. Impedance
PCV	55.0	40-50 %	Measured
MCV	102.2	80-100 fl	Calculated
MCH	30.7	27-32 pg	Calculated
MCHC	30.0	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5970	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	21.4	20-40 %	
Absolute Lymphocytes	1277.6	1000-3000 /cmm	Calculated
Monocytes	4.7	2-10 %	
Absolute Monocytes	280.6	200-1000 /cmm	Calculated
Neutrophils	71.4	40-80 %	
Absolute Neutrophils	4262.6	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	131.3	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	17.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	182000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	11.6	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia : -
Microcytosis : -

yshty

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Macrocytosis Mild
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 5 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack insert
- Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
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	97.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	146.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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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	16.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.97	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	96	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	7.7	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.1	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	5.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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*** End Of Report ***

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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	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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/opioid 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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Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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Collected : 27-Dec-2023 / 08:44
Reported : 27-Dec-2023 / 12:14

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.587	<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

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



[Signature]

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

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Collected : 27-Dec-2023 / 08:44
Reported : 27-Dec-2023 / 16:24

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 (6.0)	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	Legal's 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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
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

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*** End Of Report ***

Dr. Vandana Kulkarni
Dr. VANDANA KULKARNI
M.D (Path)
Pathologist

CID : 2336106461
Name : MR. PRAVEEN KUMAR THENGIL
Age / Gender : 49 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 27-Dec-2023 / 08:44
Reported : 27-Dec-2023 / 13:32

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

PARAMETER	RESULTS
ABO GROUP	B
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 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 isagglutinins are fully developed at 2 to 4 years of age. B 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 Hammening, 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	194.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	281.9	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	38.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	155.7	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.4	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	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

Kindly correlate clinically.
Note : LDL test is performed by direct measurement.

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*** End Of Report ***

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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	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4	0.35-5.5 microIU/ml mIU/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 microU/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 200%. 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.koulouni et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayari 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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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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	1.00	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.66	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	27.0	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	30.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	31.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	86.5	40-130 U/L	PNPP

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Haemoglobin



WBC Total Count



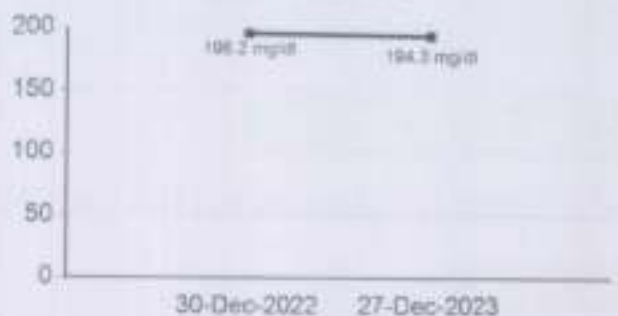
Platelet Count



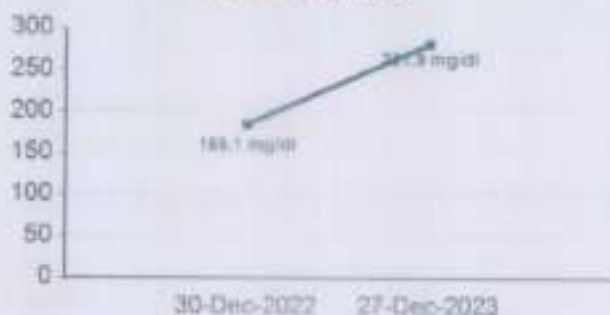
ESR



CHOLESTEROL



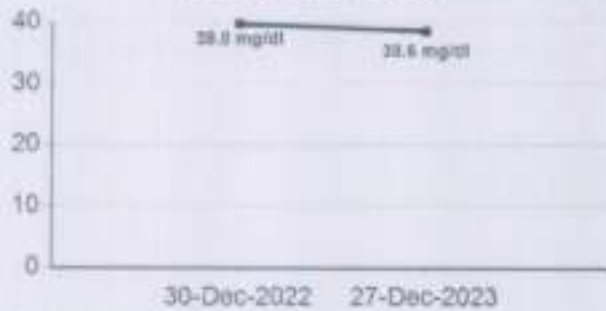
TRIGLYCERIDES



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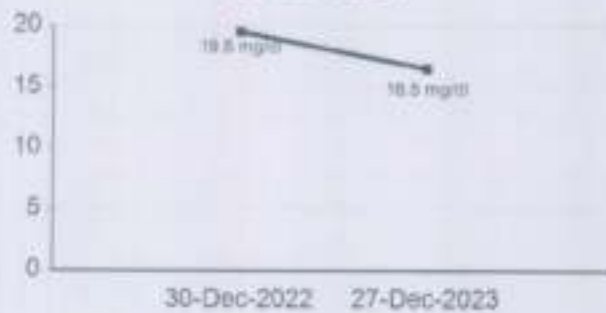
HDL CHOLESTEROL



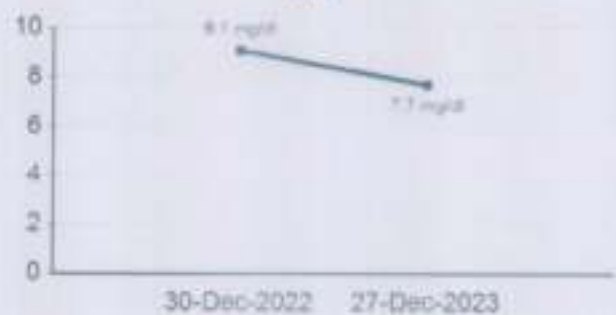
LDL CHOLESTEROL



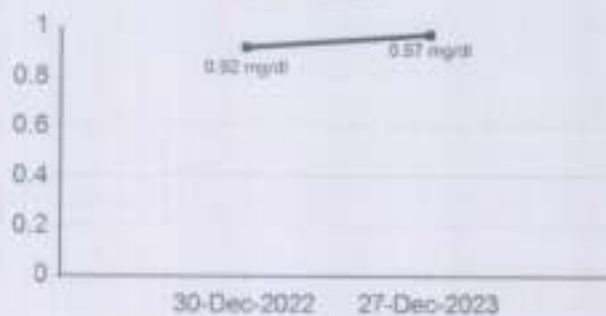
BLOOD UREA



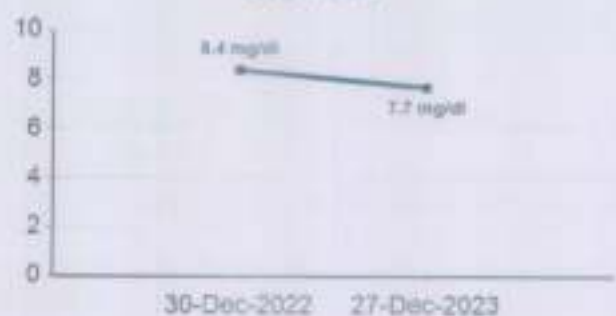
BUN



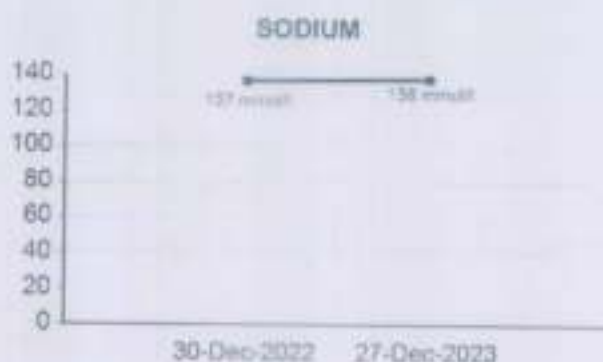
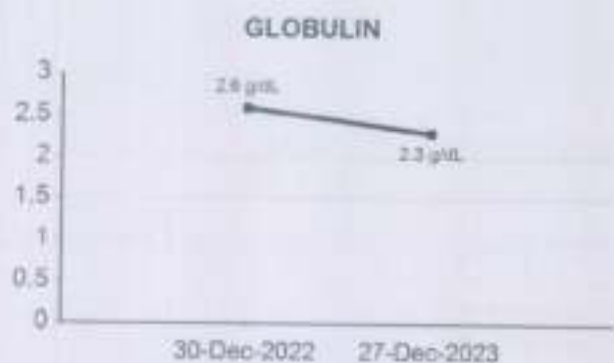
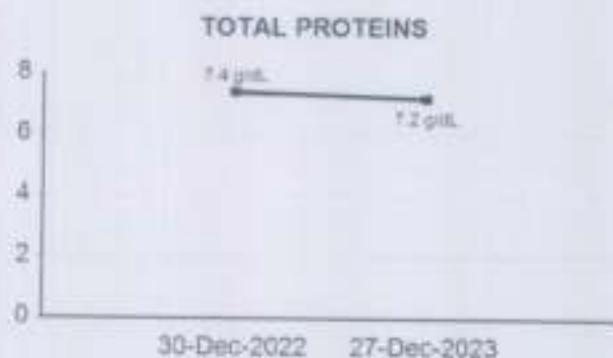
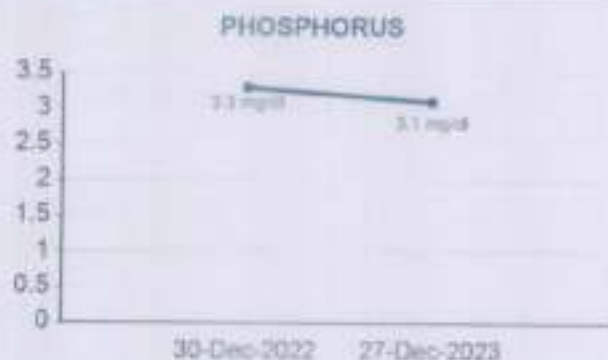
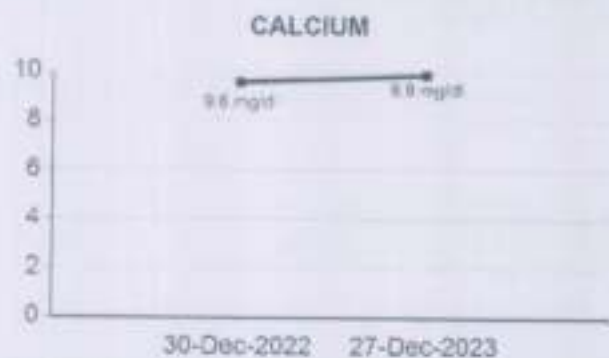
CREATININE



URIC ACID



CID : 2336106461
 Name : MR.PRAVEEN KUMAR THENGIL
 Age / Gender : 49 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)



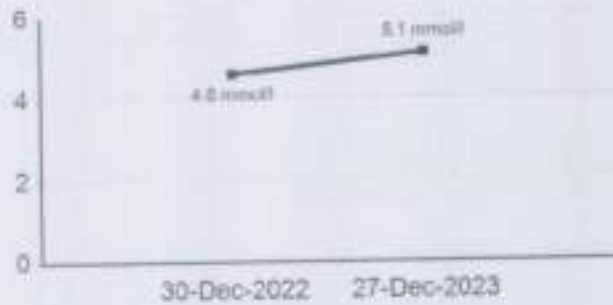
Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2336106461
Name : MR. PRAVEEN KUMAR THENGIL
Age / Gender : 49 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

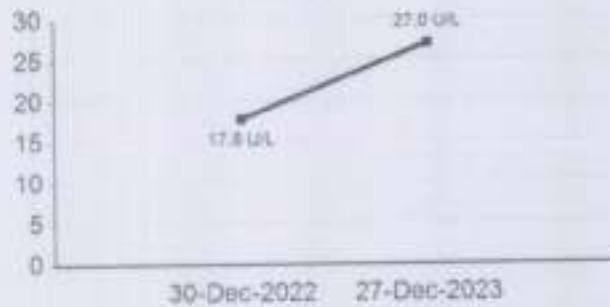
POTASSIUM



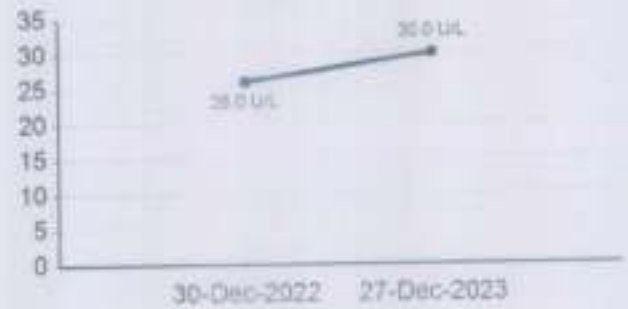
CHLORIDE



SGOT (AST)



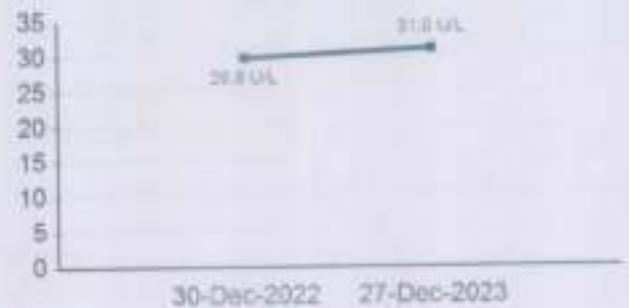
SGPT (ALT)



ALKALINE PHOSPHATASE



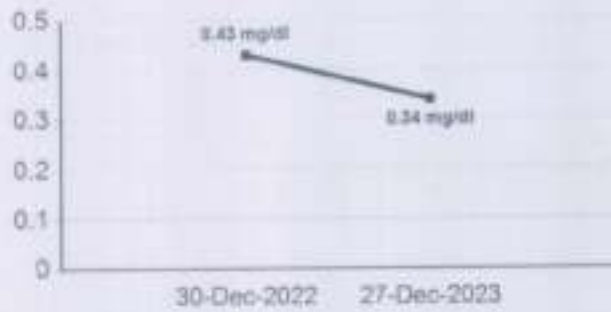
GAMMA GT



CID : 2336106461
 Name : MR.PRAVEEN KUMAR THENGIL
 Age / Gender : 49 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)



BILIRUBIN (DIRECT)



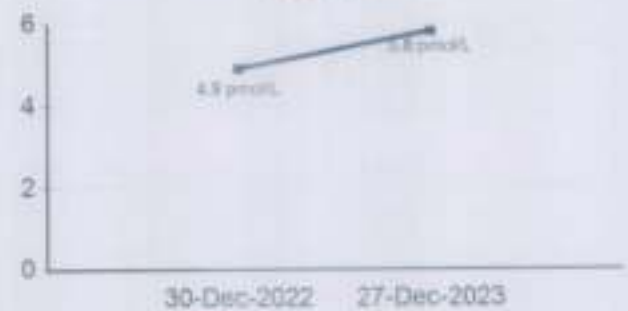
Glycosylated Hemoglobin (HbA1c)



Estimated Average Glucose (eAG)



Free T3



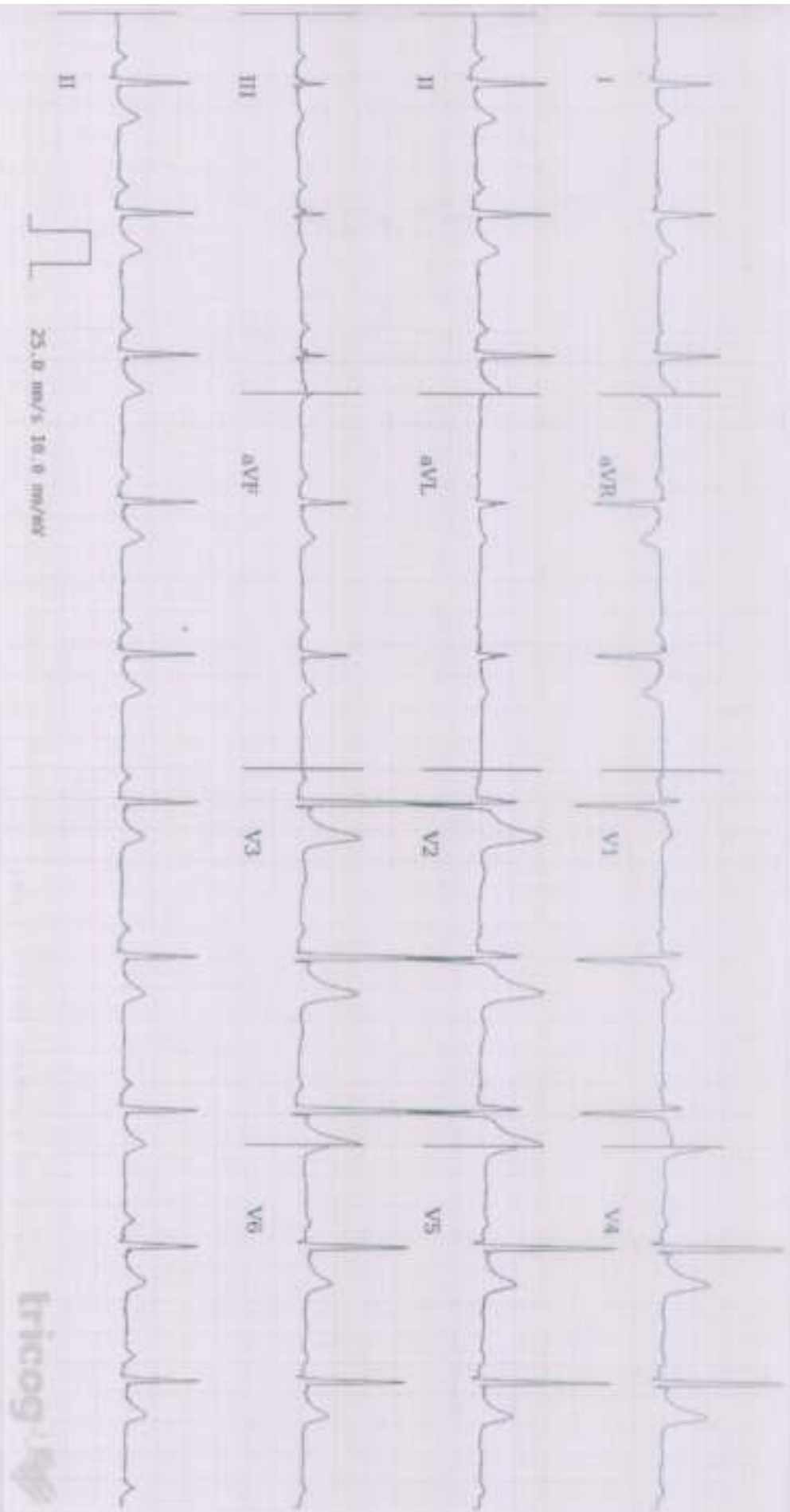
Free T4



sensitiveTSH



SUBURBAN DIAGNOSTICS - C B ROAD, THANE WEST
 Patient Name: PRAVEEN KUMAR THIENGIL Date and Time: 27th Dec 23 8:52 AM
 Patient ID: 2336106461



Age: **49** NA NA NA
 years months days

Gender: **Male**

Heart Rate: **65bpm**

Patient Vitals

BP: NA
 Weight: NA
 Height: NA
 Pulse: NA
 SpO2: NA
 Resp: NA
 O2Sat: NA

Measurements

QRSD: 92ms
 QT: 362ms
 QTcB: 376ms
 PR: 170ms
 P-R-T: 71° 44° 40°

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



REPORTED BY

DR. SHARADHILLAK
 Senior Consultant
 Cardiac Physiologist
 (MBBS)

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2336106461
Name : Mr PRAVEEN KUMAR THENGIL
Age / Sex : 49 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Dec-2023
Reported : 27-Dec-2023 / 14:01

X-RAY CHEST PA VIEW

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023122708170470>



CID : 2336106461
Name : Mr PRAVEEN KUMAR THENGIL
Age / Sex : 49 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Dec-2023
Reported : 27-Dec-2023 / 9:31

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 partially distended shows multiple calculi average measuring 3 mm. No peri-cholecystic collection seen.

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 10.4 x 4.1 cm. Left kidney measures 10.1 x 4.3 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 and measures 2.9 x 2.4 x 4.3 cm in dimension and 15 cc in volume. 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=2023122708170492>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code!

CID : 2336106461
Name : Mr PRAVEEN KUMAR THENGIL
Age / Sex : 49 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 27-Dec-2023
Reported : 27-Dec-2023 / 9:31

IMPRESSION:
CHOLELITHIASIS WITHOUT CHOLECYSTITIS.

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-----

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

Click here to view images <http://3.111.232.119/IRISViewer/NeomdViewer?AccessionNo=2023122708170492>



Email:

454 (2336106461) / PRAVEEN KUMAR THENGIL / 49 Yrs / M / 170 Cms / 68 Kg
Date: 27 / 12 / 2023 09:58:54 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	081	47%	140/90	113	00	
Standing	00:22	0:11	00.0	00.0	01.0	081	47%	140/90	113	00	
HV	00:31	0:08	00.0	00.0	01.0	078	46%	140/90	109	00	
ExStart	00:41	0:10	00.0	00.0	01.0	084	49%	140/90	117	00	
BRUCE Stage 1	03:41	3:00	01.7	10.0	04.7	109	64%	150/90	163	00	
BRUCE Stage 2	06:41	3:00	02.5	12.0	07.1	116	68%	160/90	185	00	
BRUCE Stage 3	09:41	3:00	03.4	14.0	10.2	139	81%	170/90	236	00	
PeakX	10:35	0:54	04.2	16.0	11.2	153	89%	170/90	260	00	
Recovery	11:35	1:00	00.0	00.0	04.2	120	70%	170/90	204	00	
Recovery	12:35	2:00	00.0	00.0	01.0	107	63%	170/90	181	00	
Recovery	13:35	3:00	00.0	00.0	01.0	110	64%	170/90	187	00	
Recovery	14:35	4:00	00.0	00.0	01.0	105	61%	150/90	157	00	
Recovery	14:39				00.0	000	0%	---	000	00	

FINDINGS :

Exercise Time : 09:54
 Initial HR (ExStrt) : 84 bpm 48% of Target 171
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 11.2 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V4 & -1.6 mm in PeakX
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 153 bpm 89% of Target 171
 Max BP Attained 170/90 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



EMail: **RAVVEEN KUMAR THENGIL / 49 Yrs / M / 170 Cms / 68 Kg** Date: 27 / 12 / 2023 09:58:54 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill
PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 78.0 bpm, and the maximum predicted Target Heart Rate 171.0. The BP increased at the time of generating report as 170.0/90.0 mmHg The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test.
The Test was completed because of , Heart Rate Achieved.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

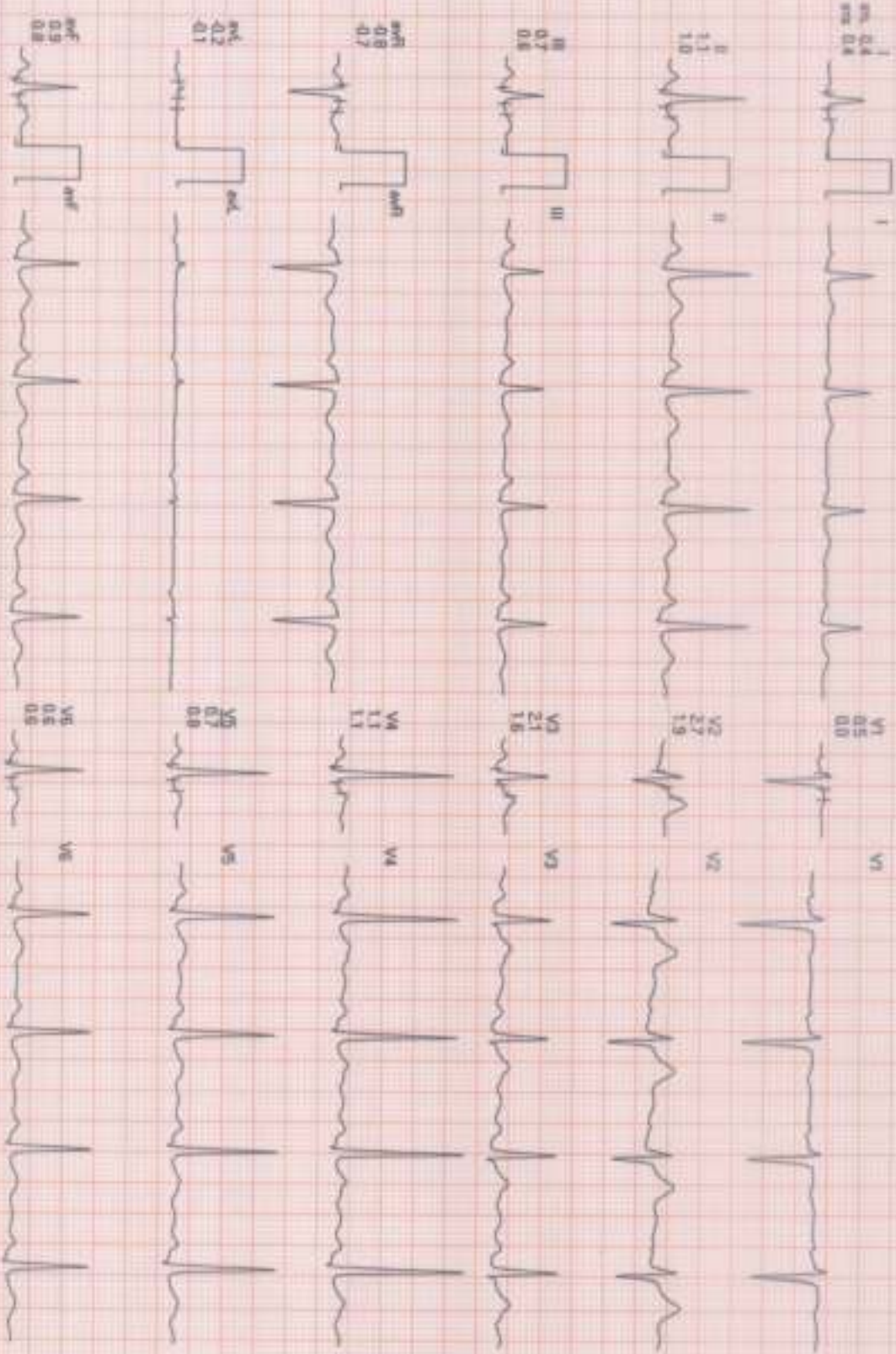
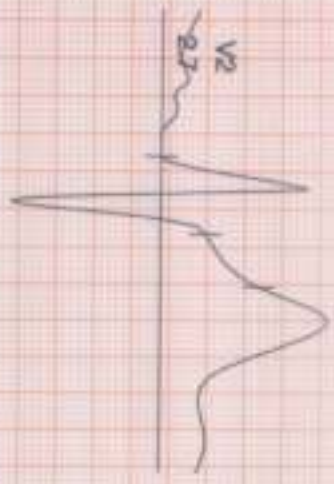
SUPINE (00:01)

454 (2336106461) / PRAVEEN KUMAR THENGEL / 49 Yrs / M / 170 Cms / 68 Kg / HR : 61

Date: 27/12/2023 09:58:54 AM METS: 1.0/81 bpm 47% of THR BP: 140/90 mmHg Pw ECG BLC Div/Neck Div/HR: 0.05 mm/1.5 Hz

4X (No. of Pw) 1

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



REMARKS:



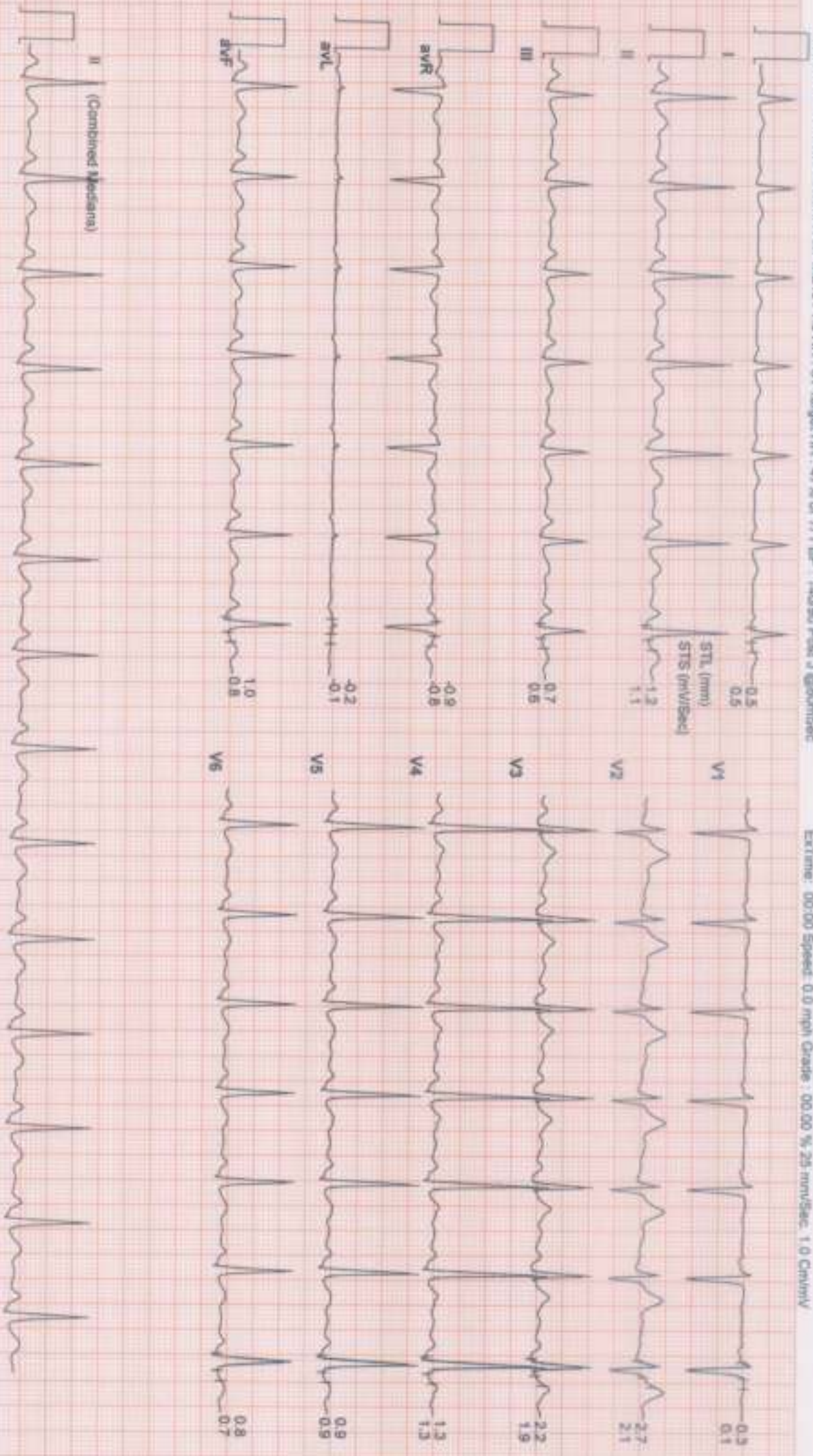
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

454 / PRAVEEN KUMAR THENGIL / 49 Yrs / Male / 170 Cm / 68 Kg

Date: 27 / 12 / 2023 09:58:54 AM METR : 1.0 HR : 61 Target HR : 47% of 171 BP : 140/90 Post J @50mmSec

Extreme : 00:00 Speed : 0.0 mph Grade : 00.00 % 25 mmv/Sec 1.0 Cm/mv

**6X2 Combine Medians + 1 Rhythm
STANDING (00:00)**



II (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

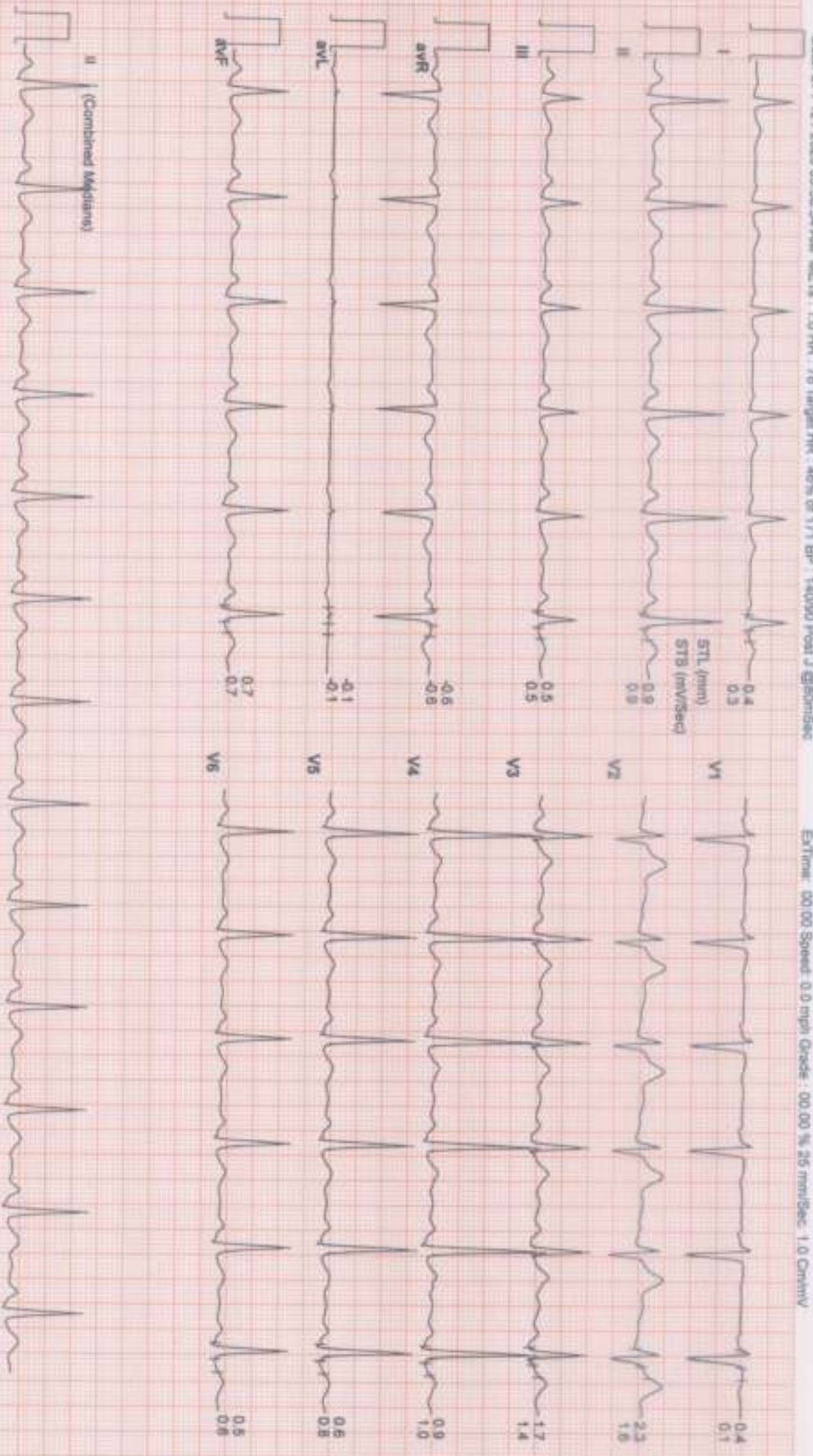
454 / PRAVEEN KUMAR THENGIL / 49 Yrs / Male / 170 Cm / 68 Kg

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



Date: 27 / 12 / 2023 09:58:54 AM METs : 1.0 HR : 78 Target HR : 46% of 171 BP : 140/90 Post J @50ms/Sec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

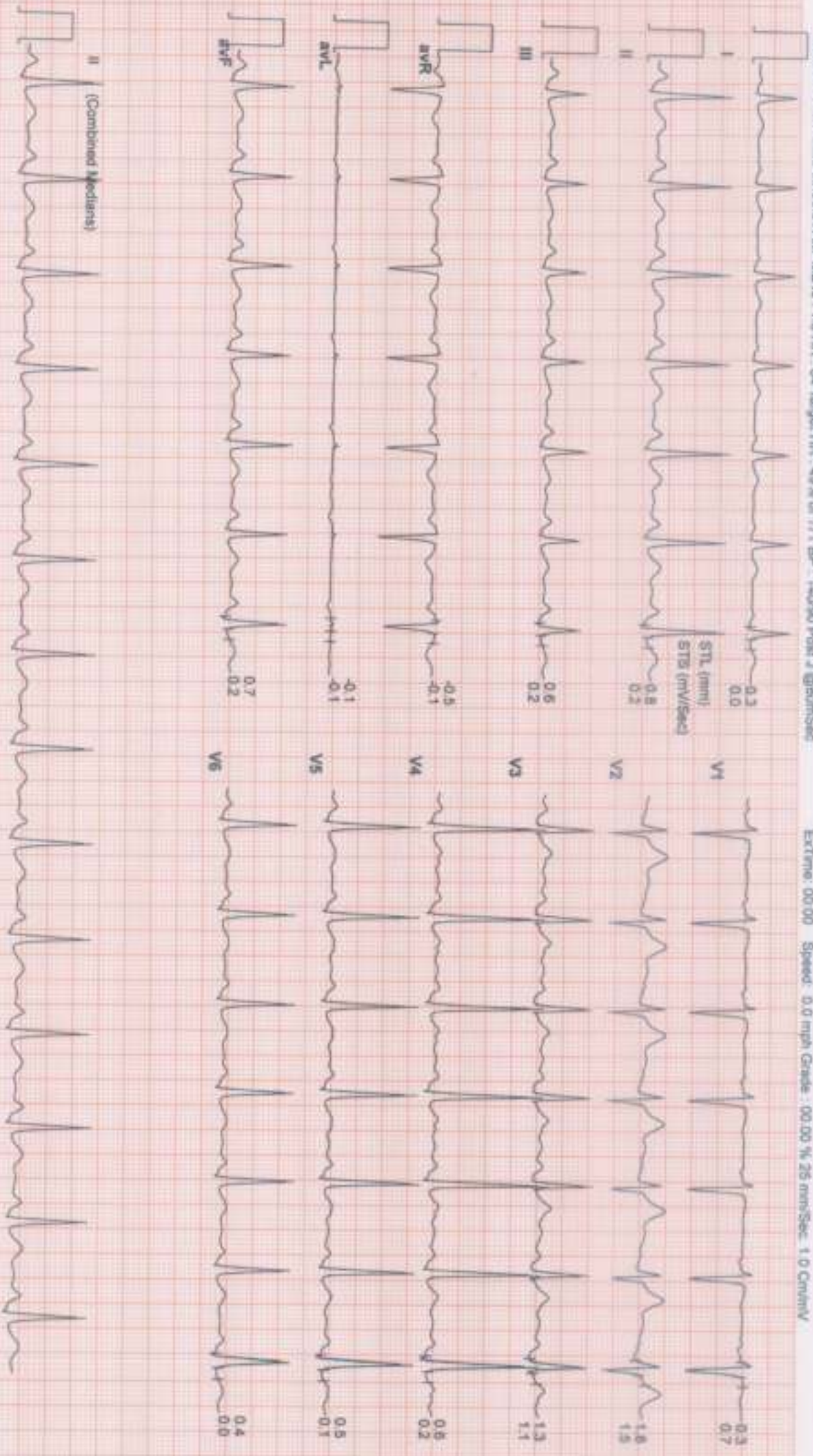
454 / PRAVEEN KUMAR THENGIL / 49 Yrs / Male / 170 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm
ExStr



Date: 27 / 12 / 2023 09:56:54 AM METs : 1.0 HR : 64 Target HR : 49% of 171 BP : 140/90 Post J GibsonSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec: 1.0 Cm/IV



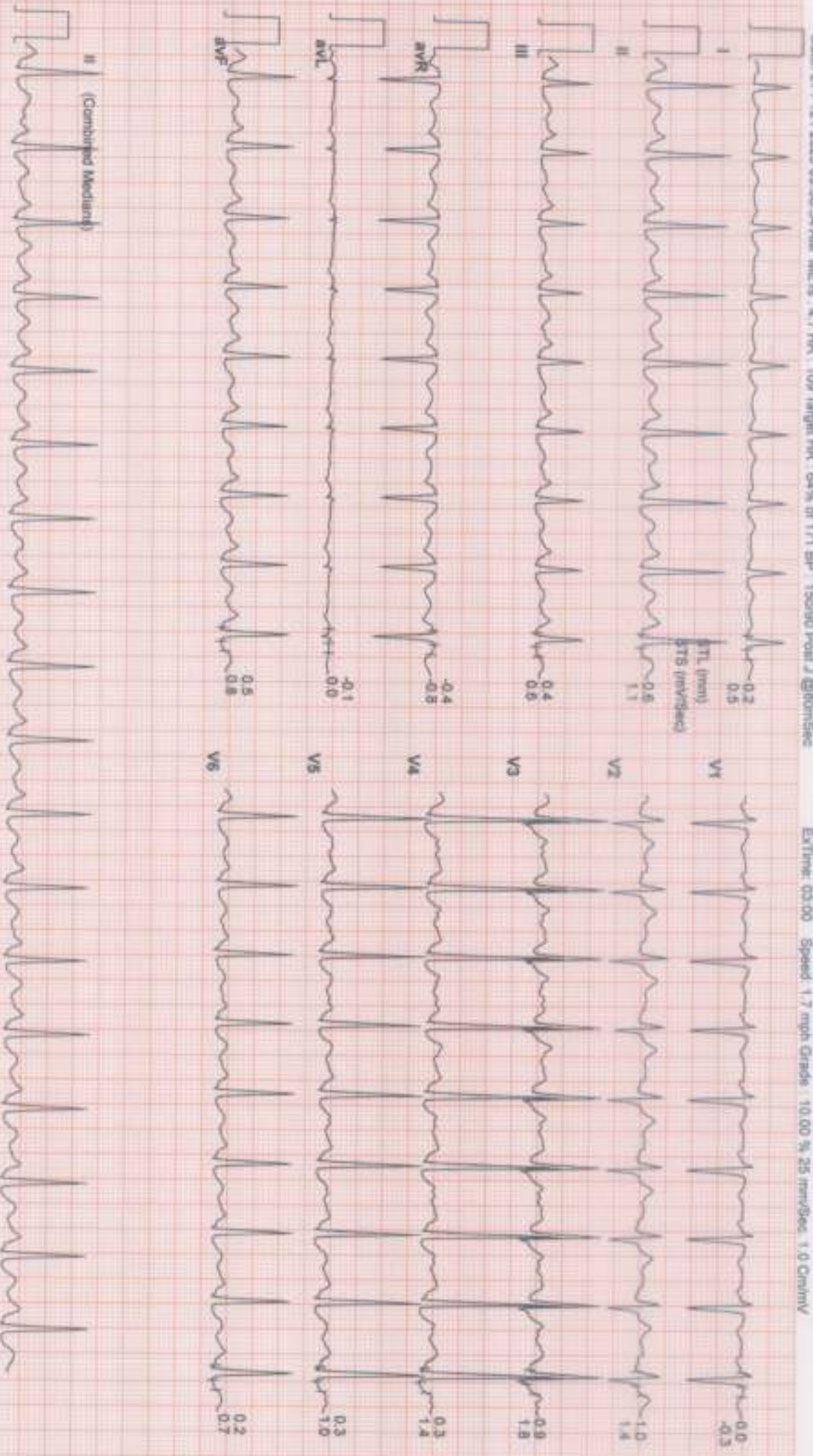
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

454 / PRAVEEN KUMAR THENGIL / 49 Yrs / Male / 170 Cm / 68 Kg

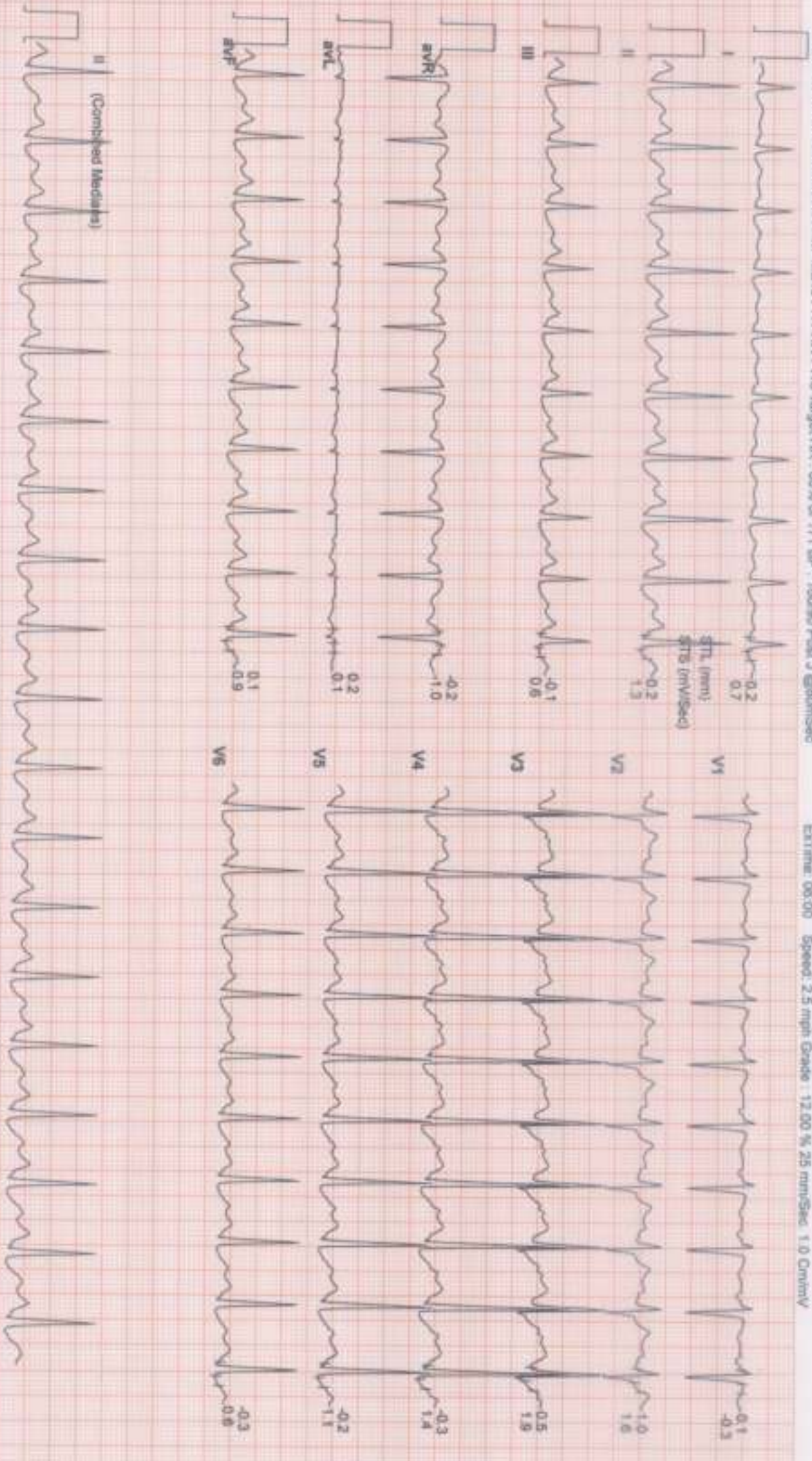
Date: 27 / 12 / 2023 09:56:54 AM METs : 4.7 HR : 109 Target HR : 64% of 171 BP : 150/90 Post J @10mmSec

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

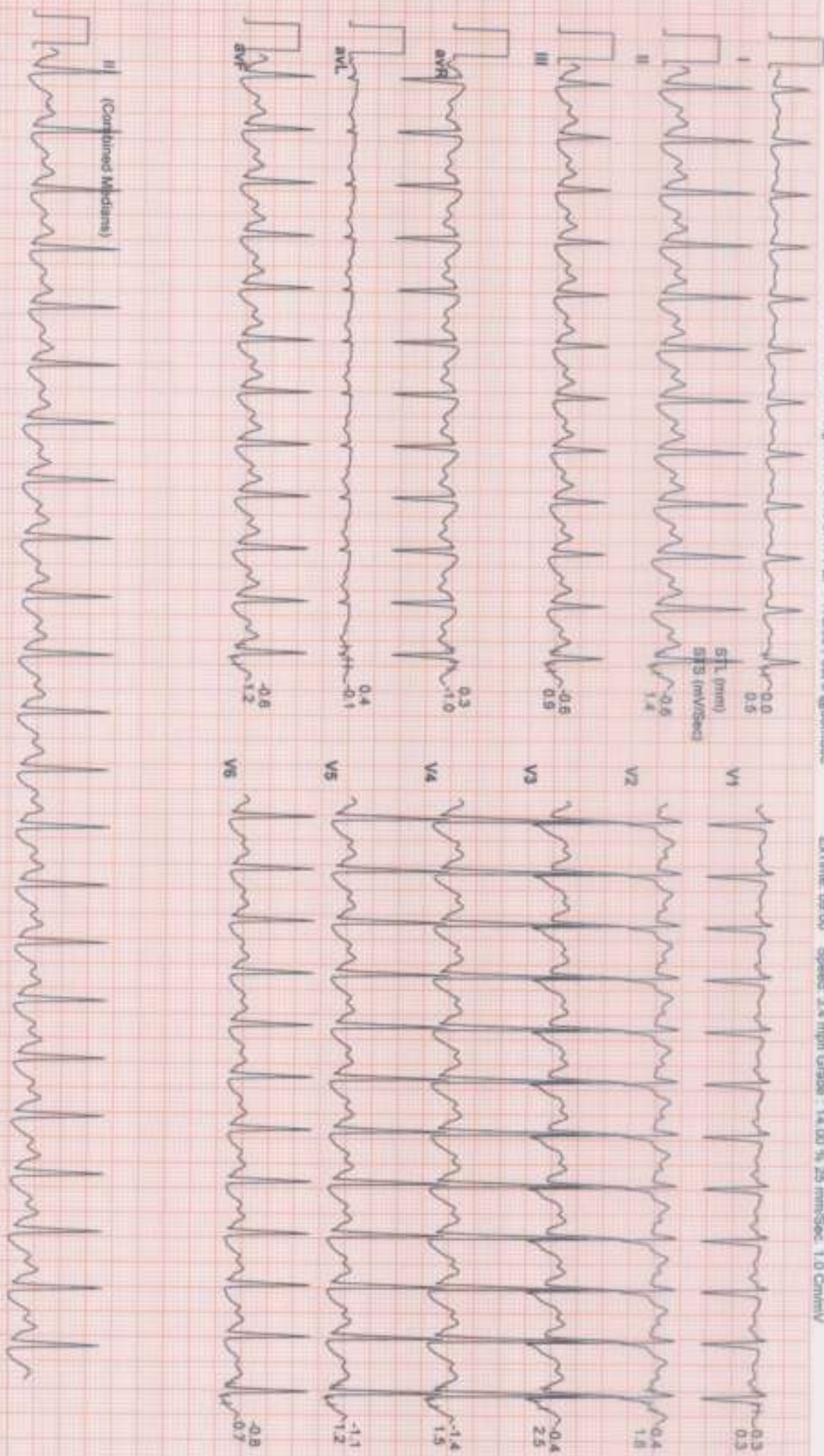
6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:06)



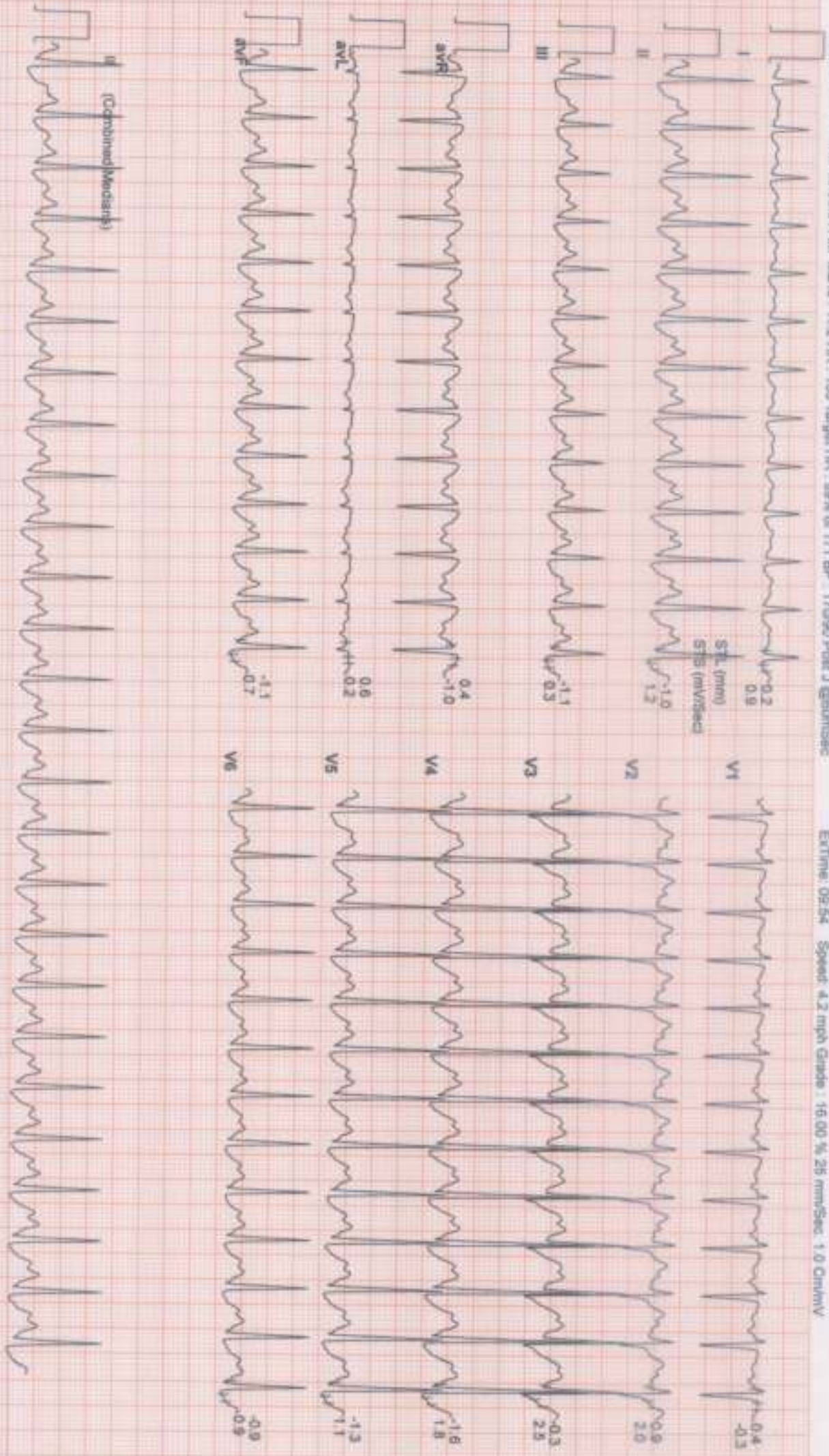
II (Combined Medians)





Date: 27 / 12 / 2023 09:56:54 AM METs : 11.2 HR : 153 Target HR : 89% of 171 BP : 170/90 Post J @60mSec

ExTime: 02:54 Speed: 4.2 mph Grade: 16.00 % 25 mm/Sec 1.0 Cm/mV



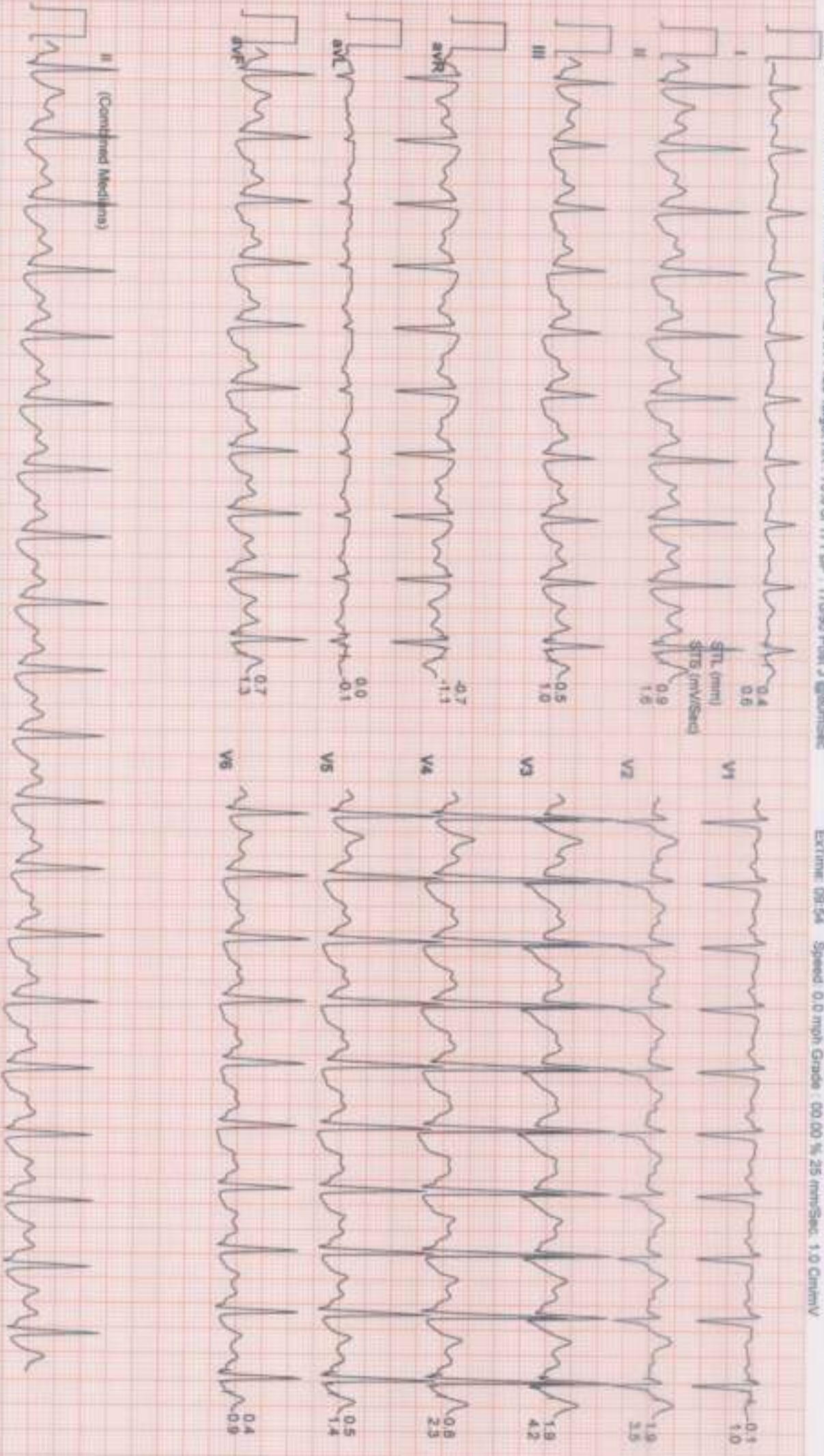
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

454 / PRAVEEN KUMAR THENGIL / 49 Yrs / Male / 170 Cm / 68 Kg

Date: 27 / 12 / 2023 09:58:54 AM METR : 4.2 HR : 120 Target HR : 70% of 171 BP : 170/90 Post J @JMS&C

Extreme: 09:54 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

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



III (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

454 / PRAVEEN KUMAR THENGIL / 49 Yrs / Male / 170 Cm / 68 Kg

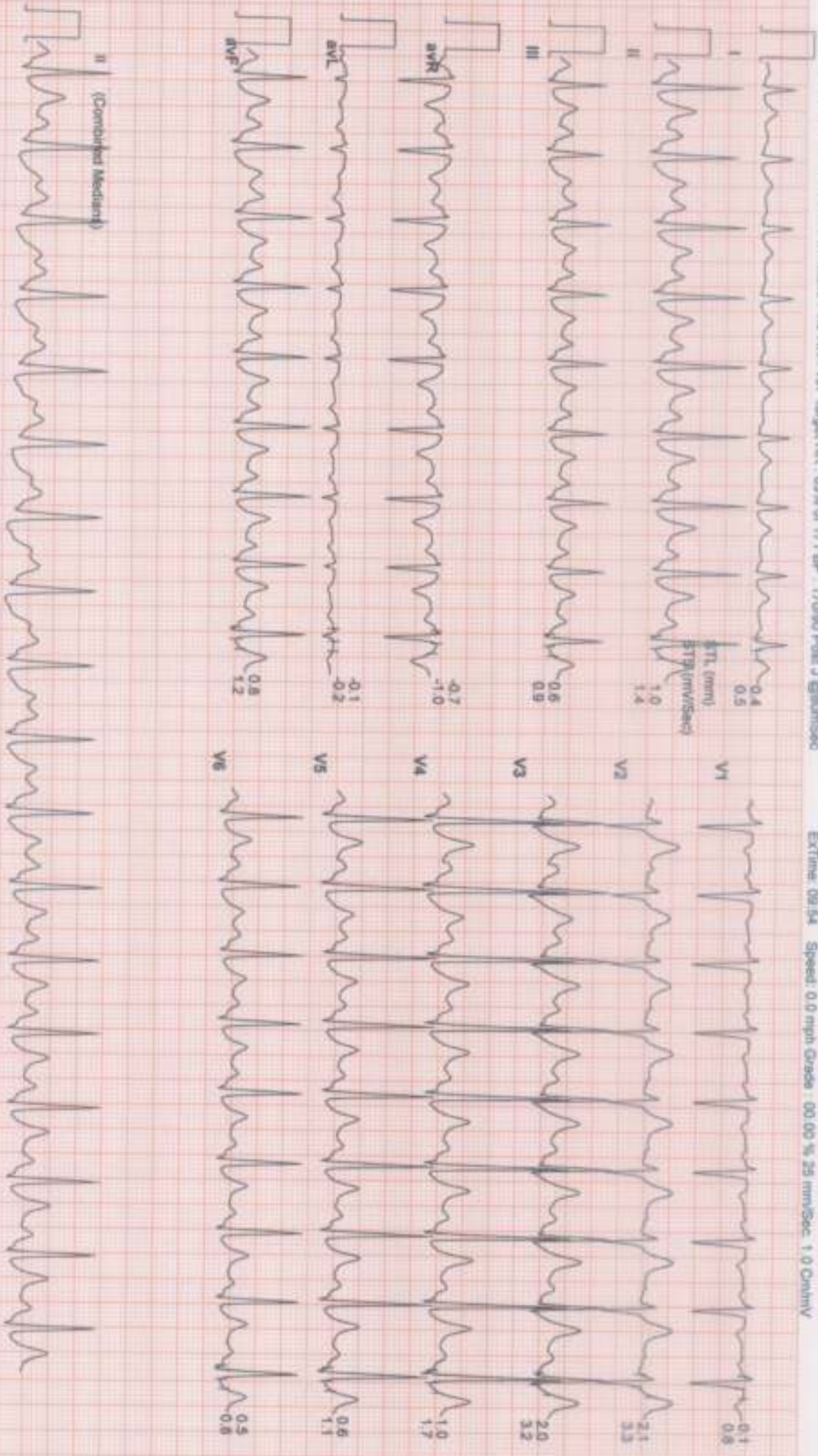
6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



Date: 27 / 12 / 2023 09:56:54 AM METs : 1.0 HR : 107 Target HR : 63% of 171 BP : 170/90 Poul J @Somsac

ExTime: 09:54 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/IV



(Combined Median)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

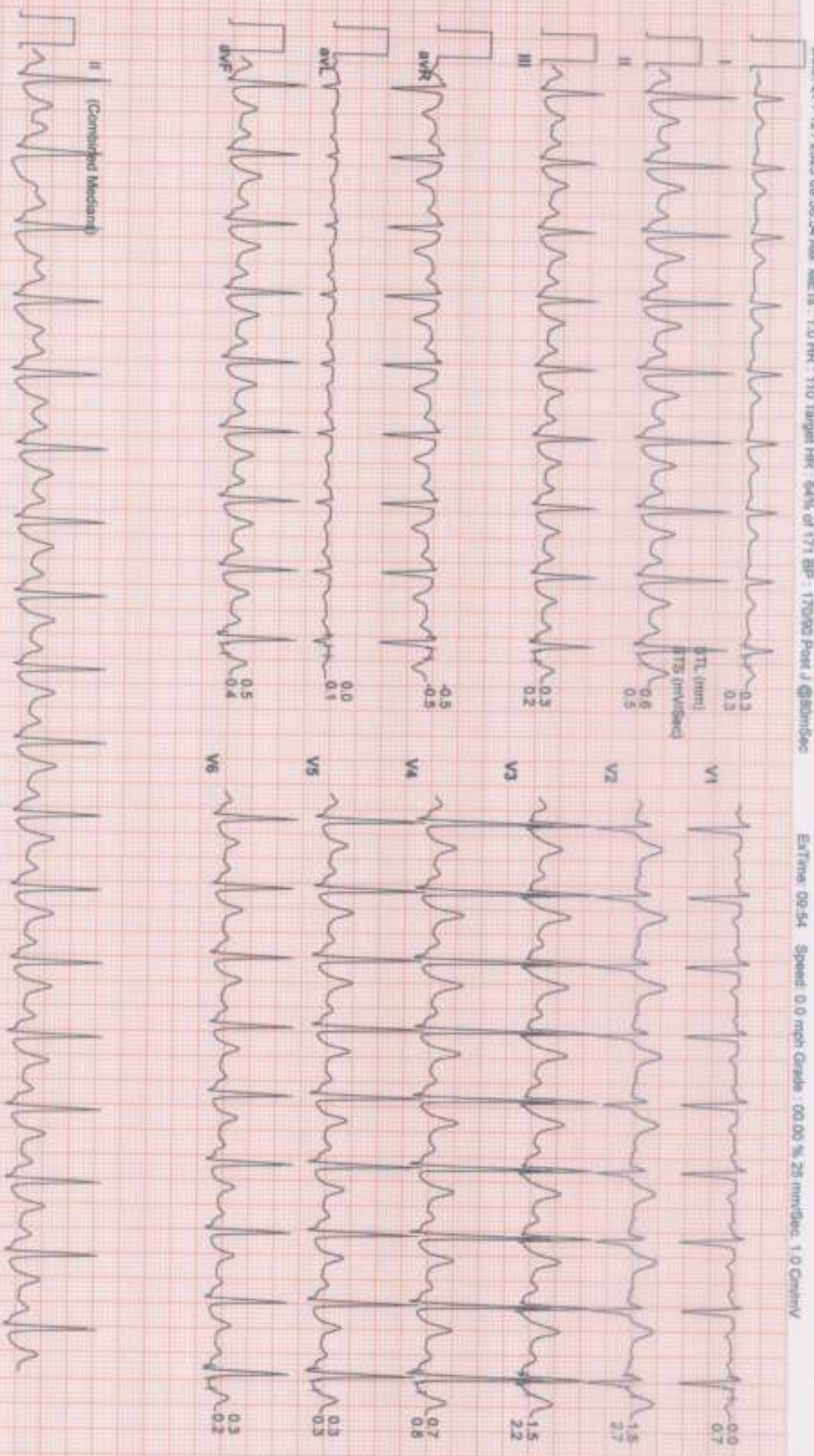
454 / PRAVEEN KUMAR THENGIL / 49 Yrs / Male / 170 Cm / 68 Kg

Date: 27 / 12 / 2023 09:56:54 AM METs : 1.0 HR : 110 Target HR : 64% of 171 BP : 170/80 Post J @30mSec

ExTime: 09:54 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (03:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

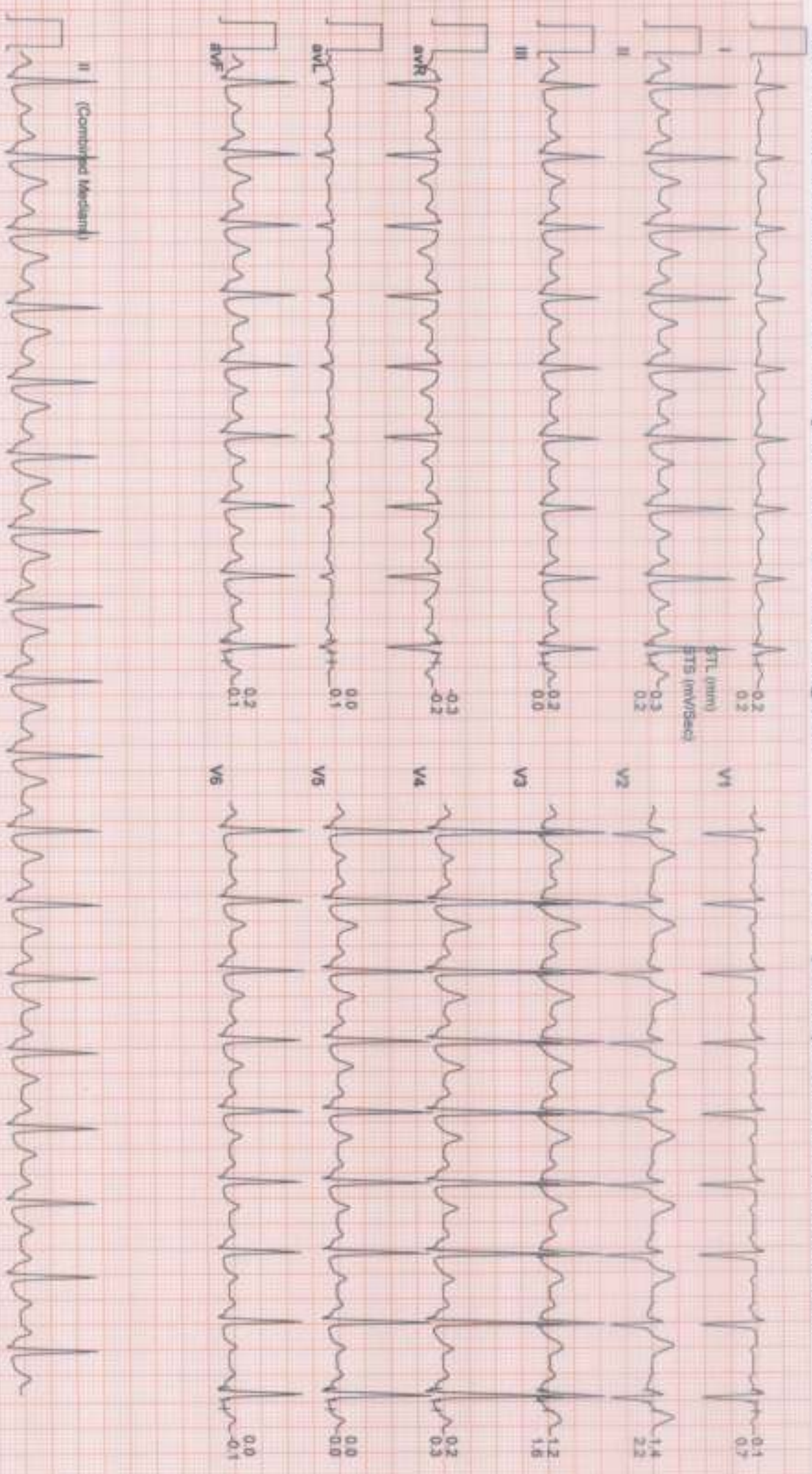
454 / PRAVEEN KUMAR THENGIL / 49 Yrs / Male / 170 Cm / 68 Kg

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



Date: 27 / 12 / 2023 09:58:54 AM METS : 1.0 HR : 105 Target HR : 61% of 171 BP : 150/90 Post J @GomSec

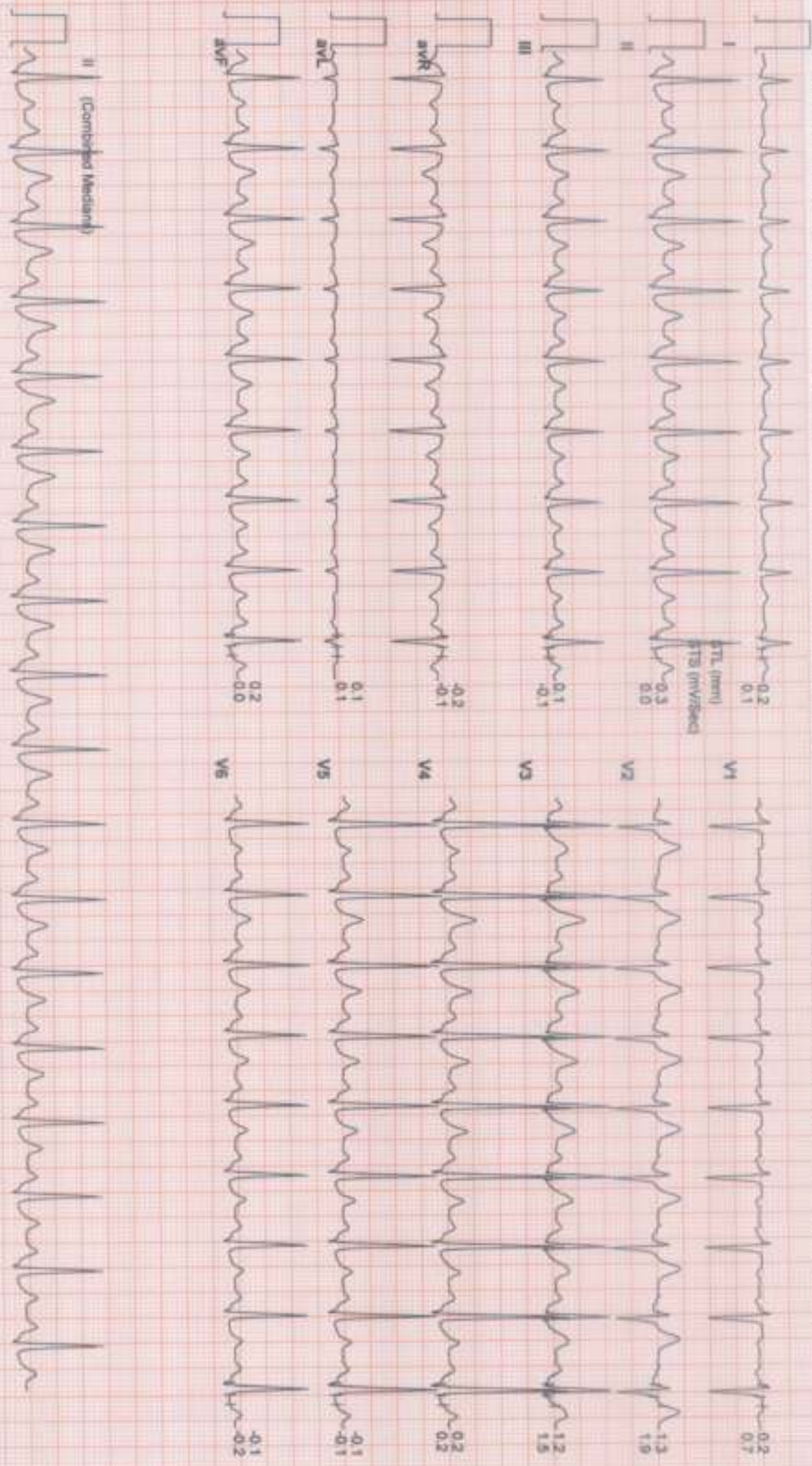
ExTime: 08:54 Speed: 0.0 mph Grade: 00.00 % 25 min/Sec: 1.0 Cal/Min





Date: 27 / 12 / 2023 09:56:54 AM METs : 1.0 HR : 105 Target HR : 61% of 171 BP : 150/80 Post J @atomSec

EXTime: 09:54 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



II (Combined Medians)