




12/11/2022  
Dum

भारत निर्वाचन आयोग  
ELECTION COMMISSION OF INDIA  
IDENTITY CARD  
GCG1730779



प्रावण कुमार जी  
Elector's Name : Pravin Kumar Jha  
पिता का नाम : चंद्र मोहन जी  
Father's Name : Chandra Mohan Jha  
लिंग/ लिंग : पुरुष / Male  
1.1.2010 का उम्र : 44  
Age as on 1.1.2010

Regd. Office:-  
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
2nd Floor, Aston, Sundervan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.

DR. NITIN SONAVANE  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST.  
REGD. NO.: 87714



Date:

To,  
Suburban Diagnostics (India) Private Limited  
301, 302 3rd Floor, Vini Eligance,  
Above Tanushq Jewellers,  
Borivali (W), Mumbai- 400092

**SUBJECT- TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Pravin Kumar Jha  
don't want to performed the following tests:

- 1) Stool-R
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

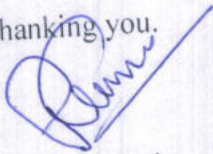
CID No. & Date

: 2231623096

Corporate/ TPA/ Insurance Client Name

: medicheel.

Thanking you.



Yours sincerely,

(Mr/Mrs/Ms. \_\_\_\_\_)

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2nd Floor, Aston, Sundervan Complex,  
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Mumbai-400053.



CID# : 2231623096  
Name : MR.PRAVIN KUMAR JHA  
Age / Gender : 53 Years/Male  
Consulting Dr. :-  
Reg.Location : Borivali West (Main Centre)

Collected : 12-Nov-2022 / 10:08  
Reported : 14-Nov-2022 / 09:38

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

Asymptomatic

**EXAMINATION FINDINGS:**

Height (cms): 164cms  
Temp (0c): Afebril  
Blood Pressure (mm/hg): 130/90mmhg  
Pulse:

Weight (kg): 66kg  
Skin: Normal  
Nails: Normal  
Lymph Node: Not palpable

**Systems**

Cardiovascular: S1S2 audible  
Respiratory: AEBE  
Genitourinary: NAD  
GI System: Liver & Spleen not palpable  
CNS: NAD

**IMPRESSION:**

*Bl. sugar  
Diabetosis ref.*

**ADVICE:**

**CHIEF COMPLAINTS:**

- 1) Hypertension: NO
- 2) IHD: NO
- 3) Arrhythmia: NO
- 4) Diabetes Mellitus: Since 14 years
- 5) Tuberculosis: NO

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- 6) Asthama NO
- 7) Pulmonary Disease NO
- 8) Thyroid/ Endocrine disorders NO
- 9) Nervous disorders NO
- 10) GI system NO
- 11) Genital urinary disorder NO
- 12) Rheumatic joint diseases or symptoms NO
- 13) Blood disease or disorder NO
- 14) Cancer/lump growth/cyst NO
- 15) Congenital disease NO
- 16) Surgeries Cholecystomy 5 year back
- 17) Musculoskeletal System NO

**PERSONAL HISTORY:**

- 1) Alcohol NO
- 2) Smoking NO
- 3) Diet MIX
- 4) Medication TAB DMRX

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

**DR. NITIN SONAVANE**  
 M.B.B.S.AFLH, D.DIAB, D.CARD.  
 CONSULTANT-CARDIOLOGIST  
 REGD. NO. 387714  
**Dr.NITIN SONAVANE**  
 PHYSICIAN

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Reg. Location : Borivali West (Main Centre)

Collected : 12-Nov-2022 / 10:12  
Reported : 12-Nov-2022 / 13:41

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

| <u>PARAMETER</u>  | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u>      |
|---|----------------|-----------------------------|--------------------|
| <b><u>RBC PARAMETERS</u></b>  |                |                             |                    |
| Haemoglobin   | 13.7           | 13.0-17.0 g/dL              | Spectrophotometric |
| RBC   | 4.97           | 4.5-5.5 mil/cmm             | Elect. Impedance   |
| PCV   | 42.5           | 40-50 %                     | Measured           |
| MCV   | 86             | 80-100 fl                   | Calculated         |
| MCH   | 27.5           | 27-32 pg                    | Calculated         |
| MCHC  | 32.2           | 31.5-34.5 g/dL              | Calculated         |
| RDW   | 14.8           | 11.6-14.0 %                 | Calculated         |
| <b><u>WBC PARAMETERS</u></b>  |                |                             |                    |
| WBC Total Count   | 8310           | 4000-10000 /cmm             | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>                  |                |                             |                    |
| Lymphocytes   | 25.5           | 20-40 %                     | Calculated         |
| Absolute Lymphocytes  | 2119.1         | 1000-3000 /cmm              | Calculated         |
| Monocytes   | 6.2            | 2-10 %                      | Calculated         |
| Absolute Monocytes  | 515.2          | 200-1000 /cmm               | Calculated         |
| Neutrophils   | 61.6           | 40-80 %                     | Calculated         |
| Absolute Neutrophils  | 5119.0         | 2000-7000 /cmm              | Calculated         |
| Eosinophils   | 5.9            | 1-6 %                       | Calculated         |
| Absolute Eosinophils  | 490.3          | 20-500 /cmm                 | Calculated         |
| Basophils   | 0.8            | 0.1-2 %                     | Calculated         |
| Absolute Basophils  | 66.5           | 20-100 /cmm                 | Calculated         |
| Immature Leukocytes   | -              |                             |                    |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. |                |                             |                    |
| <b><u>PLATELET PARAMETERS</u></b>                                   |                |                             |                    |
| Platelet Count  | 220000         | 150000-400000 /cmm          | Elect. Impedance   |
| MPV   | 11.5           | 6-11 fl                     | Calculated         |
| PDW   | 23.6           | 11-18 %                     | Calculated         |



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R E P O R T

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: 12-Nov-2022 / 10:12  
 : 12-Nov-2022 / 13:09

**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 6 2-20 mm at 1 hr. Westergren

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



*Bmhasakar*  
 Dr. KETAKI MHASKAR  
 M.D. (PATH)  
 Pathologist





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Age / Gender : 53 Years / Male  
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Reg. Location : Borivali West (Main Centre)

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Reported : 12-Nov-2022 / 21:11

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

| PARAMETER                                | RESULTS | BIOLOGICAL REF RANGE   | METHOD     |
|--|---------|--|------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 136.0   | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >= 126 mg/dl   | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 229.5   | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >= 200 mg/dl | Hexokinase |
| Urine Sugar (Fasting)                    | Absent  | Absent   |            |
| Urine Ketones (Fasting)                  | Absent  | Absent   |            |
| Urine Sugar (PP)                         | +++     | Absent   |            |
| Urine Ketones (PP)                       | Absent  | Absent   |            |

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



*Bmhasakar*  
**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**



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Age / Gender : 53 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 12-Nov-2022 / 10:12  
Reported : 12-Nov-2022 / 17:32

**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**KIDNEY FUNCTION TESTS**

| <u>PARAMETER</u>  | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u>       |
|---|----------------|-----------------------------|---------------------|
| BLOOD UREA, Serum   | 17.1           | 19.29-49.28 mg/dl           | Calculated          |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |                |                             |                     |
| BUN, Serum  | 8.0            | 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   | 0.79           | 0.60-1.10 mg/dl             | Enzymatic           |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |                |                             |                     |
| eGFR, Serum   | 109            | >60 ml/min/1.73sqm          | Calculated          |
| TOTAL PROTEINS, Serum                                       | 6.8            | 5.7-8.2 g/dL                | Biuret              |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |                |                             |                     |
| ALBUMIN, Serum  | 4.4            | 3.2-4.8 g/dL                | BCG                 |
| GLOBULIN, Serum   | 2.4            | 2.3-3.5 g/dL                | Calculated          |
| A/G RATIO, Serum  | 1.8            | 1 - 2                       | Calculated          |
| URIC ACID, Serum  | 4.7            | 3.7-9.2 mg/dl               | Uricase/ Peroxidase |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |                |                             |                     |
| PHOSPHORUS, Serum   | 2.5            | 2.4-5.1 mg/dl               | Phosphomolybdate    |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |                |                             |                     |
| CALCIUM, Serum  | 8.7            | 8.7-10.4 mg/dl              | Arsenazo            |
| Kindly note change in Ref range and method w.e.f.11-10-2022 |                |                             |                     |
| SODIUM, Serum   | 138            | 136-145 mmol/l              | IMT                 |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |                |                             |                     |





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Reported : 12-Nov-2022 / 17:32

|                  |     |                |     |
|------------------|-----|----------------|-----|
| POTASSIUM, Serum | 4.1 | 3.5-5.1 mmol/l | IMT |
| CHLORIDE, Serum  | 102 | 98-107 mmol/l  | IMT |

Kindly note change in Ref range and method w.e.f.11-07-2022  
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  
\*\*\* End Of Report \*\*\*



*J. Thakker*  
Dr. JYOT THAKKER  
M.D. (PATH), DPB  
Pathologist & AVP (Medical Services)



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Age / Gender : 53 Years / Male  
Consulting Dr. : -  
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Collected : 12-Nov-2022 / 10:12  
Reported : 12-Nov-2022 / 17:50

**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 | 6.7     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >/= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 145.6   | 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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*J. Thakker*

Dr. JYOT THAKKER

Pathologist & AVP( Medical Services)





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 Consulting Dr. : -  
 Reg. Location : Borivali West (Main Centre)

Collected  
 Reported

: 12-Nov-2022 / 10:12  
 : 12-Nov-2022 / 15:21

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|------------------|----------------|-----------------------------|---------------|
| TOTAL PSA, Serum | 0.76           | <4.0 ng/ml                  | CLIA          |

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



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Collected : 12-Nov-2022 / 10:12  
Reported : 12-Nov-2022 / 15:21

**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- $\alpha$ -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

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



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





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Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 12-Nov-2022 / 10:12  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**URINE EXAMINATION REPORT**

| PARAMETER                      | RESULTS     | BIOLOGICAL REF RANGE | METHOD             |
|--------------------------------|-------------|----------------------|--------------------|
| <b>PHYSICAL EXAMINATION</b>    |             |                      |                    |
| Color                          | Pale yellow | Pale Yellow          | -                  |
| Reaction (pH)                  | 5.0         | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity               | 1.005       | 1.001-1.030          | Chemical Indicator |
| Transparency                   | Clear       | Clear                | -                  |
| Volume (ml)                    | 30          | -                    | -                  |
| <b>CHEMICAL EXAMINATION</b>    |             |                      |                    |
| 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        |
| <b>MICROSCOPIC EXAMINATION</b> |             |                      |                    |
| Leukocytes(Pus cells)/hpf      | 1-2         | 0-5/hpf              |                    |
| Red Blood Cells / hpf          | Absent      | 0-2/hpf              |                    |
| Epithelial Cells / hpf         | 0-1         |                      |                    |
| Casts                          | Absent      | Absent               |                    |
| Crystals                       | Absent      | Absent               |                    |
| Amorphous debris               | Absent      | Absent               |                    |
| Bacteria / hpf                 | 3-4         | Less than 20/hpf     |                    |
| Others                         | -           |                      |                    |

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



MC-2111

*Bmhasakar*  
Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist



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Reported : 12-Nov-2022 / 17:37

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP        | A              |
| 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

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



*J. Thakker*  
**Dr. JYOT THAKKER**  
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Pathologist & AVP ( Medical  
Services)





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

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                 |
|----------------------------------|---------|---|------------------------|
| CHOLESTEROL, Serum               | 152.7   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD               |
| TRIGLYCERIDES, Serum             | 77.1    | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | Enzymatic colorimetric |
| HDL CHOLESTEROL, Serum           | 42.1    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Elimination/ Catalase  |
| NON HDL CHOLESTEROL, Serum       | 110.6   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated             |
| LDL CHOLESTEROL, Serum           | 95.3    | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated             |
| VLDL CHOLESTEROL, Serum          | 15.3    | < /= 30 mg/dl   | Calculated             |
| CHOL / HDL CHOL RATIO, Serum     | 3.6     | 0-4.5 Ratio   | Calculated             |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.3     | 0-3.5 Ratio   | Calculated             |

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



*J Thakker*  
**Dr. JYOT THAKKER**  
M.D. (PATH), DPB  
Pathologist & AVP (Medical Services)



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Application To Scan the Code

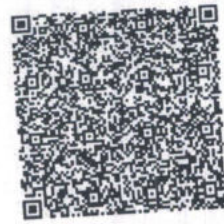
CID : 2231623096  
Name : MR.PRAVIN KUMAR JHA  
Age / Gender : 53 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 12-Nov-2022 / 10:12  
Reported : 12-Nov-2022 / 17:33

**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**THYROID FUNCTION TESTS**

| <u>PARAMETER</u>  | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|---------------|
| Free T3, Serum  | 4.5            | 3.5-6.5 pmol/L              | CLIA          |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |                |                             |               |
| Free T4, Serum  | 12.5           | 11.5-22.7 pmol/L            | CLIA          |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |                |                             |               |
| sensitiveTSH, Serum   | 2.518          | 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 upto 15 microlU/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)

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



*J. Thakker*  
**Dr. JYOT THAKKER**  
M.D. (PATH), DPB  
Pathologist & AVP (Medical Services)





CID : 2231623096  
Name : MR.PRAVIN KUMAR JHA  
Age / Gender : 53 Years / Male  
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Collected : 12-Nov-2022 / 10:12  
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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                                    | 0.64    | 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                                   | 0.24    | 0-0.3 mg/dl          | Vanadate oxidation |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |         |                      |                    |
| BILIRUBIN (INDIRECT), Serum                                 | 0.40    | <1.2 mg/dl           | Calculated         |
| TOTAL PROTEINS, Serum                                       | 6.8     | 5.7-8.2 g/dL         | Biuret             |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |         |                      |                    |
| ALBUMIN, Serum  | 4.4     | 3.2-4.8 g/dL         | BCG                |
| GLOBULIN, Serum   | 2.4     | 2.3-3.5 g/dL         | Calculated         |
| A/G RATIO, Serum  | 1.8     | 1 - 2                | Calculated         |
| SGOT (AST), Serum   | 14.6    | <34 U/L              | Modified IFCC      |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |         |                      |                    |
| SGPT (ALT), Serum   | 19.0    | 10-49 U/L            | Modified IFCC      |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |         |                      |                    |
| GAMMA GT, Serum   | 23.7    | <73 U/L              | Modified IFCC      |
| Kindly note change in Ref range and method w.e.f.11-07-2022 |         |                      |                    |
| ALKALINE PHOSPHATASE, Serum                                 | 66.1    | 46-116 U/L           | Modified IFCC      |

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



*J. Thakker*  
Dr. JYOT THAKKER  
M.D. (PATH), DPB  
Pathologist & AVP (Medical Services)





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Name : MR.PRAVIN KUMAR JHA  
Age / Gender : 53 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected :  
Reported :

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

Date:-

CID:

Name:- Praan Kumar

Sex / Age: /

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

✓ Aided Vision:

Refraction:

NIL

NIL

RT  
6/6  
N/G

LT  
6/6  
N/G

(Right Eye)

(Left Eye)

|          | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance |     |     |      |    |     |     |      |    |
| Near     |     |     |      |    |     |     |      |    |

Colour Vision: Normal / Abnormal

Remark:

Ⓚ y

**Regd. Office:-**  
**SUBURBAN DIAGNOSTICS INDIA PVT. LTD.**  
 2nd Floor, Aston, Sundervan Complex,  
 Lokhandwala Road, Andheri (West),  
 Mumbai-400053.



Authenticity Check



Use a QR Code Scanner  
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**CID** : 2231623096  
**Name** : Mr PRAVIN KUMAR JHA  
**Age / Sex** : 53 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 12-Nov-2022  
**Reported** : 12-Nov-2022 / 13:12

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is not seen post operative status.

**PORTAL VEIN:** Portal vein is 9.1 mm normal . **CBD:** CBD is 3.6 mm normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 8.7 x 5.0 cm. Left kidney measures 9.1 x 4.5 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. Prostate measures 3.3x 3.0 x 3.8 cm and prostatic weight is 21 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



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Reg. Location : Borivali West

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**Opinion:**

➤ Grade I fatty infiltration of liver .

*For clinical correlation and follow up.*

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

**This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.**

DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.



|                                     |                  |
|-------------------------------------|------------------|
| CID NO: 2231623096                  |                  |
| PATIENT'S NAME: MR.PRAVIN KUMAR JHA | AGE/SEX: 53 Y/M  |
| REF BY: -----                       | DATE: 12/11/2022 |

**2-D ECHOCARDIOGRAPHY**

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic dysfunction. No Doppler evidence of raised LVEDP.

|                                     |                  |
|-------------------------------------|------------------|
| PATIENT'S NAME: MR.PRAVIN KUMAR JHA | AGE/SEX: 53 Y/M  |
| REF BY: -----                       | DATE: 12/11/2022 |


|                        |          |
|------------------------|----------|
| 1. AO root diameter    | 3.0 cm   |
| 2. IVSd                | 1.1 cm   |
| 3. LVIDd               | 4.3 cm   |
| 4. LVIDs               | 1.9 cm   |
| 5. LVPWd               | 1.1 cm   |
| 6. LA dimension        | 3.7 cm   |
| 7. RA dimension        | 3.8 cm   |
| 8. RV dimension        | 3.0 cm   |
| 9. Pulmonary flow vel: | 0.9 m/s  |
| 10. Pulmonary Gradient | 3.4 m/s  |
| 11. Tricuspid flow vel | 1.4 m/s  |
| 12. Tricuspid Gradient | 9 m/s    |
| 13. PASP by TR Jet     | 19 mm Hg |
| 14. TAPSE              | 3.0 cm   |
| 15. Aortic flow vel    | 1.2 m/s  |
| 16. Aortic Gradient    | 7.0 m/s  |
| 17. MV:E               | 0.9 m/s  |
| 18. A vel              | 0.8 m/s  |
| 19. IVC                | 15 mm    |

**Impression:**  
Normal 2d echo study.

**Disclaimer**

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

  
**DR. S. NITIN**  
Consultant Cardiologist  
Reg. No. 87714



Authenticity Check



Use a QR Code Scanner  
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CID : 2231623096  
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Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 12-Nov-2022  
Reported : 12-Nov-2022 / 18:36

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

**This report is prepared and physically checked by Dr Rohit before dispatch.**

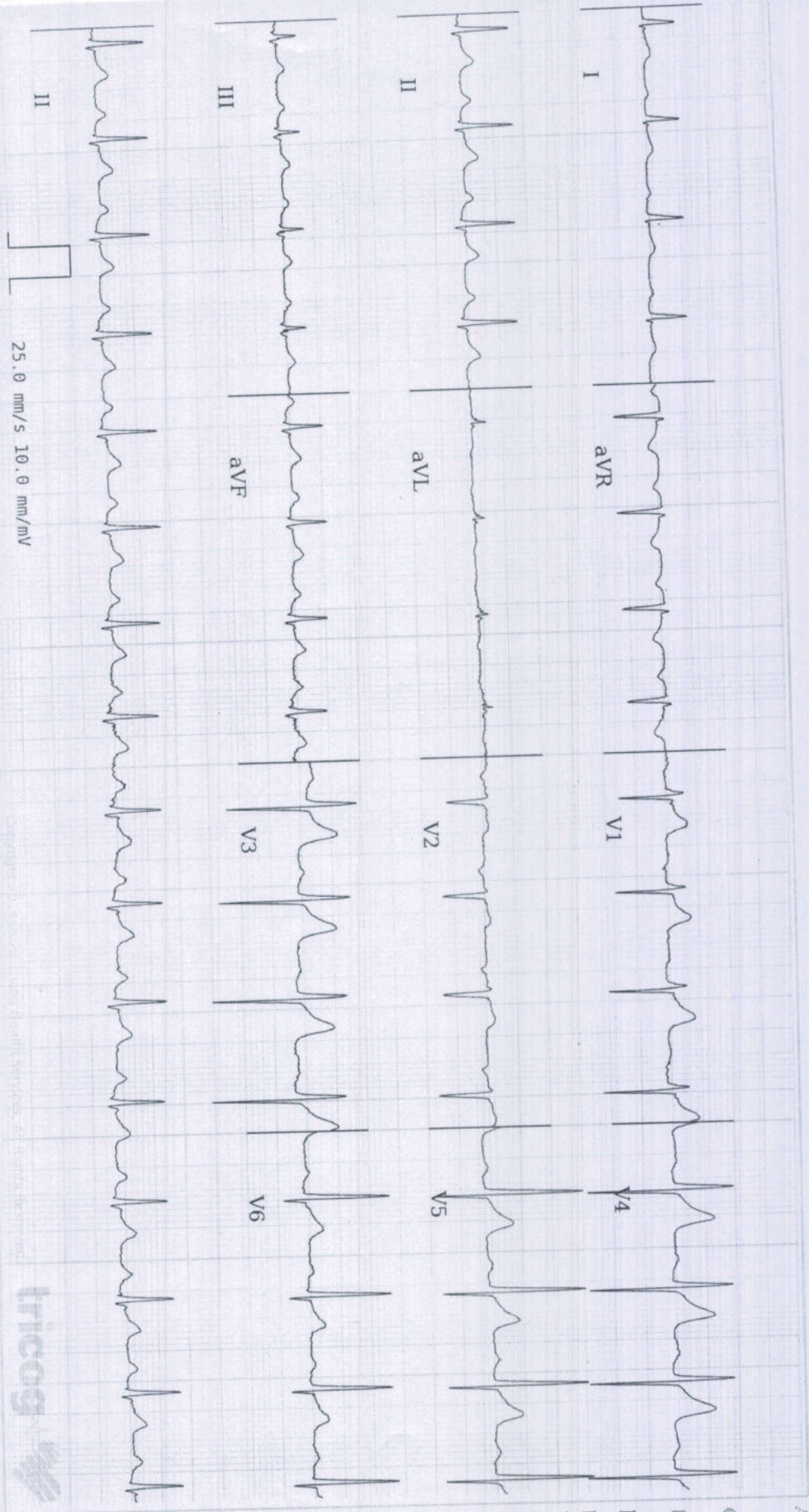
*Rohit*

**DR. ROHIT MALIK**  
**DNB, DMRD, DMRE (MUM)**  
**RADIO DIAGNOSIS**  
**REG. No. 82356**



Patient Name: PRAVIN KUMAR JHA  
Patient ID: 2231623096

Date and Time: 12th Nov 22 1:11 PM



25.0 mm/s 10.0 mm/mV



Age 53 11 years month

Gender Male

Heart Rate 96b

Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

Measurements

QRSD: 76ms  
QT: 318ms  
QTc: 401ms  
PR: 188ms  
P-R-T: 74° 50°

REPORTED BY

*[Signature]*

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically. Regd. Office:-  
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
2nd Floor, Aston, Sundervan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO.: 87714

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