SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PATIENT NAME : MR. SANJAY KUMAR	**SEX : MALE**
REFERRED DR : ----------	**AGE : 44 YEARS**
CID NO : 2222521991	**DATE :13/08/2022**

Height: 187cm	**Weight: 83Kg**	**BSA: 2.08m^2**

Indication: Annual check up, S/p Bentall's Sx 2015 **Image quality: Fair** **ECG: Sinus Rhythm**

TRANSTHORACIC ECHOCARDIOGRAPHY REPORT:

Summary :

- **LV is normal in size with fair systolic function ~55%. RV is normal in size and function.**
- **S/P AVR (Bentall's procedure) ~2015. Prosthetic metallic valve seen in situ with good forward flow velocity. Max / Mean Gradiant acorss AV 14/6 mmHg. No valvular/ paravalvular leak.**
- **No other significant valvular pathology.**
- **IVC is normal in size with good collapse. No echocardiographic evidence of PAH.**

LV assessment: Size and thickness: Normal.

RWMA: None.

Function: Fair systolic function.

LVEF(estimated): 55%

Mass/Thrombus: Nil.

RV assessment:

Size: Normal.

Function. Normal.

Mass/Thrombus: Nil.

Atria:

Size: LA is mildly dilated as per indexed EDV BP (39ml/m^2).

Mass/Thrombus: Nil.

Mitral Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

Tricuspid Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

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Aortic Valve:

Structure: S/p Bantall's procedure.

Cusp separation: Normal.

Regurgitation: Nil.

Pulmonary Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Trivial.

Subcostal view: IVC- Normal.

Suprasternal view: Aortic arch: Normal.

Pericardium: No evidence of pericardial effusion.

LA(cm)	4	**E's(cm/s)**	9	**E'L**	9
AoA(cm)	2.2	**E/E's**	7	**E/E'L**	7
IVSd(cm)	1	**Evel(m/s)**	0.6	**E'TV**	8
LVIDd(cm)	4.7	**Avel(m/s)**	2.5	**STV**	8
PWd(cm)	0.9	**MVDT**	169	**TR Vmax**	
LA vol(ml)	83	**E/A**	1.4	**TR max(mmHg)**	
RA vol(ml)		**MAPSE(cm)**		**LVEDP(mmHg)**	
IVC(cm)	1.4	**TAPSE(cm)**		**MPA**	
LVOTd(cm)	2	**PHAD(WU)**		**SPAP(mmHg)**	

	Max vel m/s	Max PG mmHg	Mean PG mmHg	VTI	Valve area(cm^2)
AV	1.8	14	6	41	
PV	0.7	2			
MV					
TV					
LVOT	1.7	11	6	38	
RVOT	0.4	0.8	0.4	11	

DR. ANITA BHOSALE.

M.B.B.S/P.G.D.C.C (DIP.CARDIOLOGY).

***Disclaimer*: 2d echocardiography is an observer dependent investigation. Minor variation in reports are possible when done by two different examiners or even by same examiner done on two different occasions. These variations may not necessarily indicate change in the underlying cardiac condition. Previous reports must be provided to improve clinical correlation.**

NAME: MR. SANJAY KUMAR **CID NO:2222521991**

*** End Of Report ***

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Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2222521991		
Name	: MR.SANJAY KUMAR		
Age / Gender	: 44 Years / Male		
Consulting Dr.	: -	**Collected**	: 13-Aug-2022 / 09:02
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 13:19

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	16.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.36	4.5-5.5 mil/cmm	Elect. Impedance
PCV	**50.5**	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.3	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	**16.2**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7790	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	24.5	20-40 %	
Absolute Lymphocytes	1908.6	1000-3000 /cmm	Calculated
Monocytes	5.2	2-10 %	
Absolute Monocytes	405.1	200-1000 /cmm	Calculated
Neutrophils	62.8	40-80 %	
Absolute Neutrophils	4892.1	2000-7000 /cmm	Calculated
Eosinophils	**7.4**	1-6 %	
Absolute Eosinophils	**576.5**	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	**7.8**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

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Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 12:12

Platelet Count	177000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	**19.5**	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB	3	2-15 mm at 1 hr.	Westergren

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

*** End Of Report ***

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MC-2111

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

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Age / Gender	: 44 Years / Male		
Consulting Dr.	: -	**Collected**	: 13-Aug-2022 / 14:19
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 19:27

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	102.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	89.9	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	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 15:38

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

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	19.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	**0.62**	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	150	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	4.8	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	98-107 mmol/l	ISE

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Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 21:57

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	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	mg/dl	Calculated

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Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 21:57

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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*** End Of Report ***

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Pathologist & AVP(Medical Services)

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Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 22:06

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

PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.468	0.03-2.5 ng/ml	ECLIA

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Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 22:06

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5.Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:
Increased In- Prostate diseases,Cancer,Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection,Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,
Decreased In- Ejaculation within 24–48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5-α-reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

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

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 18:52

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

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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.

Refernces:

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 40/2D ECHO

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	106.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	115.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	**34.5**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	71.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	49.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	22.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.28	0.35-5.5 microIU/ml	ECLIA

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Consulting Dr.	: -	**Collected**	: 13-Aug-2022 / 09:02
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 12:27

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 trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

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

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

*** End Of Report ***

MC-2111

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

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For Feedback - customerservice@suburbandiagnostics.com | **www.suburbandiagnostics.com**

CID	: 2222521991		
Name	: MR.SANJAY KUMAR		
Age / Gender	: 44 Years / Male		
Consulting Dr.	: -	**Collected**	: 13-Aug-2022 / 09:02
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 13-Aug-2022 / 14:53

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.05	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	**0.42**	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.63	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	22.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	25.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	39.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	88.9	40-130 U/L	Colorimetric

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

*** End Of Report ***

ilac-MRA

MC-2111

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

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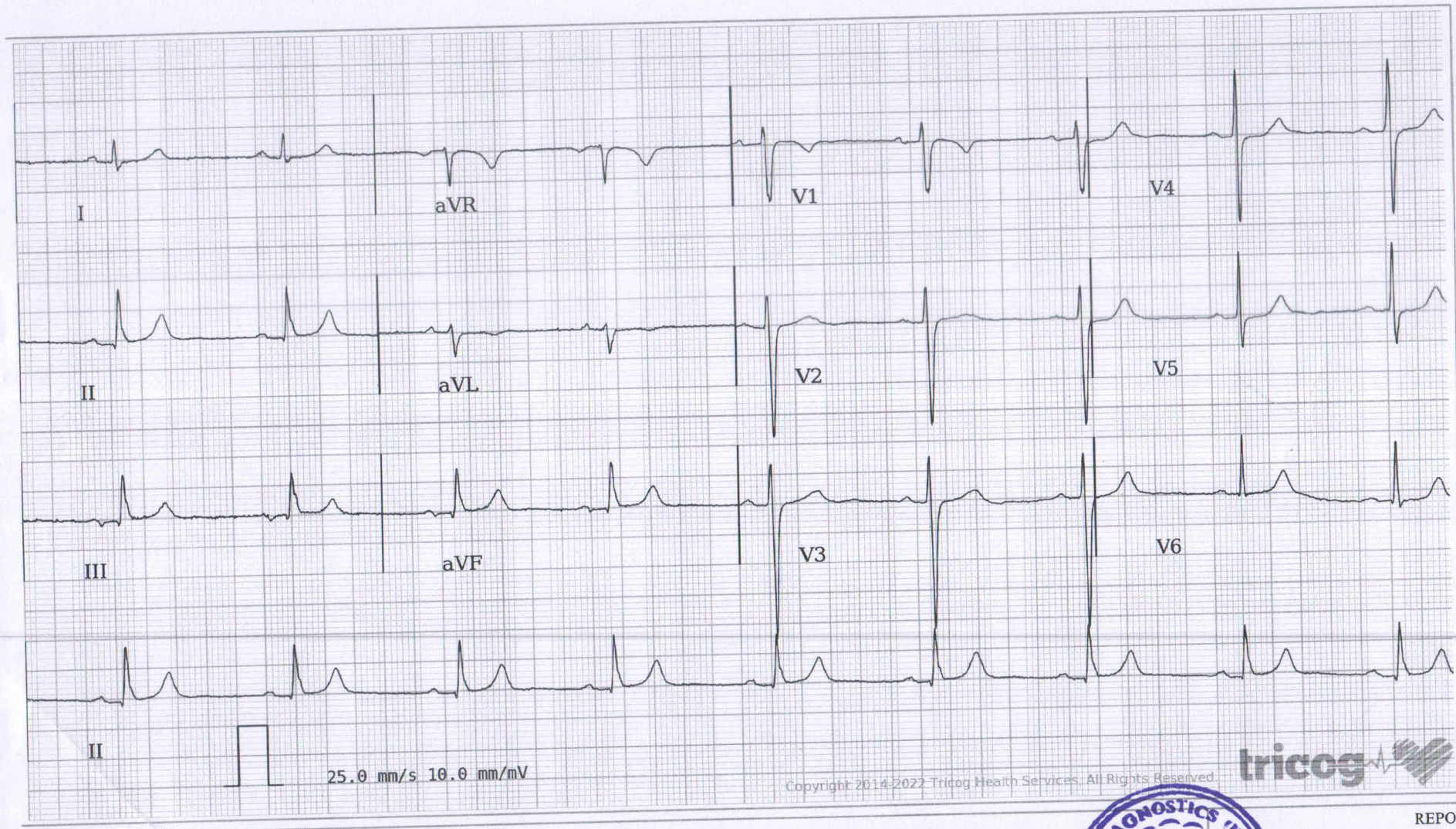
SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: SANJAY KUMAR
Patient ID: 2222521991

Date and Time: 13th Aug 22 9:00 AM



tricog

Age 44 years 10 months 29 days

Gender **Male**

Heart Rate **56bpm**

Patient Vitals

BP:	120/80 mmHg
Weight:	83 kg
Height:	187 cm
Pulse:	58 bpm
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	100ms
QT:	420ms
QTc:	405ms
PR:	174ms
P-R-T:	17° 74° 64°

ECG Within Normal Limits: S/p Bantall's Sx~2015 Sinus Bradycardia.Please correlate clinically.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD. Mumbai-67.

REPORTED BY

Dr.Ajita Bhosale
M.B.B.S/P.G.D.C.C (DIP. Cardiology)
2013062200

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID# : 2222521991
Name : MR.SANJAY KUMAR
Age / Gender : 44 Years/Male
Consulting Dr. : -
Reg.Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 13-Aug-2022 / 08:55
Reported : 16-Aug-2022 / 14:45

PHYSICAL EXAMINATION REPORT

History and Complaints: SIP BANTALL Sx 2015.

EXAMINATION FINDINGS:			
Height (cms):	187	Weight (kg):	83
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	120/80	Nails:	Healthy
Pulse:	58/MIN	Lymph Node:	Not Palpable

Systems	
Cardiovascular: S1,S2 Normal No Murmurs	
Respiratory: Air Entry Bilaterally Equal	
Genitourinary: NAD	
GI System: Soft non tender No Organomegaly	
CNS: NAD	

IMPRESSION: HEALTHY.

ADVICE: REGULAR EXERCISE. HEALTHY DIET. FOLLOW UP WITH CARDIOLOGIST.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID# : **2222521991**
Name : MR.SANJAY KUMAR
Age / Gender : 44 Years/Male
Consulting Dr. : -
Reg.Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 13-Aug-2022 / 08:55
Reported : 16-Aug-2022 / 14:45

CHIEF COMPLAINTS:		
1)	Hypertension:	NO
2)	IHD:	NO
3)	Arrhythmia:	NO
4)	Diabetes Mellitus :	NO
5)	Tuberculosis :	NO
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 :	BENTALL Sx-2015

PERSONAL HISTORY:		
1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	VEG
4)	Medication	YES

*** End Of Report ***

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD. Mumbai-67.

Dr.Ajita Bhosale
PHYSICIAN
Dr. AJITA BHOSALE
Reg. No. 2013/062200
MBBS/D. Cardiology

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 13/8/22.

CID: 222252491

Name:- Mr. Sanjay Kumar.

Sex / Age: M/44.

EYE CHECK UP

Chief complaints: — NO

Systemic Diseases: — NO

Past history: — NO

Unaided Vision: —

Aided Vision: — NO

Refraction: (R) 6/6 (L) 6/6

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N/6				N/6

Colour Vision: Normal / Abnormal

Remark: Normal vision

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बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम संजय कुमार

Name Sanjay Kumar

कर्मचारी कूट क्र.

E.C. No 159179

जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder

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REPORT

CID	: 2222521991		
Name	: Mr Sanjay Kumar		
Age / Sex	: 44 Years/Male		
Ref. Dr	:	**Reg. Date**	: 13-Aug-2022
Reg. Location	: Mahavir Nagar, Kandivali West Main Centre	**Reported**	: 13-Aug-2022/13:26

USG WHOLE ABDOMEN

LIVER:
It is normal in size, shape and shows smooth margins. It shows normal parenchymal echotexture. Intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

GALL BLADDER:
It is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:
It is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:
Both the kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is well maintained.
Bilateral renal pelvicalyceal system appears normal.
Right kidney measures 9.8 x 4.1 cm. No evidence of any renal calculi.
Left kidney measures 11.3 x 4.7 cm. A 5.3 mm size echogenic calculus is seen at mid pole calyx.

SPLEEN:
It is normal in size and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:
It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

PROSTATE:
It appears normal in size and echotexture, measures **3.9 x 3.3 x 3.1 cm**, corresponding weight is **20.6 gms**. No evidence of any obvious focal lesion is seen.
No evidence of free fluid in abdomen or significant abdominal lymphadenopathy seen.

IMPRESSION:
Left renal non obstructing calculus.
Rest of the study shows no significant abnormality.

Advice - clinical correlation

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

This report is prepared and physically checked by DR.MAHESH KADAM before dispatch.

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PRECISE TESTING · HEALTHIER LIVING

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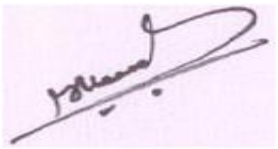

DR.MAHESH KADAM
MBBS ,DMRD
Reg No - 2011/08/2693
Consultant Radiologist

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check
<<QRCode>>

REPORT

CID	**: 2222521991**		
Name	**: Mr Sanjay Kumar**		
Age / Sex	**: 44 Years/Male**		
Ref. Dr	**:**	**Reg. Date**	**: 13-Aug-2022**
Reg. Location	**: Mahavir Nagar, Kandivali West Main Centre**	**Reported**	**: 13-Aug-2022 / 10:18**

Use a QR Code Scanner Application To Scan the Code

X- RAY CHEST (PA VIEW)

FINDINGS AND IMPRESSION: -

- Midline sternotomy sutures are seen in situ.
- Both lung fields appear normal in radiolucency. No evidence of any parenchymal opacity/lesion is seen.
- Both hilar shadow appears normal.
- Bilateral costophrenic and cardio phrenic angles appear clear. No evidence of pleural effusion.
- Both domes of diaphragm appears normal in position and outline.
- Cardiac shadow appears normal.
- No evidence of any abnormal soft tissue shadow seen.
- Bony skeleton under review appears normal.

No significant pleuro-parenchymal abnormality seen.

Advice:- Clinical correlation.

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. X ray is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly.

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

DR.MAHESH KADAM
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Reg No - 2011/08/2693
Consultant Radiologist

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