

PHYSICAL EXAMINATION REPORT

| | | | |
|--------------|--------------------|----------|-------|
| Patient Name | Nandkishornbajchal | Sex/Age | M/44 |
| Date | 20/5/23 | Location | Thane |

History and Complaints

HTN
 Clo - Kidney stones. (4 Months)
 Rt - Kidney cyst

EXAMINATION FINDINGS:

| | | | |
|----------------|---------|-------------|-----|
| Height (cms): | 167 | Temp (0c): | 37 |
| Weight (kg): | 76 | Skin: | |
| Blood Pressure | 180/100 | Nails: | NAD |
| Pulse | 76/min | Lymph Node: | |

Systems : Without Medication

| | |
|-----------------|-----|
| Cardiovascular: | NAD |
| Respiratory: | |
| Genitourinary: | |
| GI System: | |
| CNS: | |

Impression: USG - Fatty Liver
 Rt - Renal cyst
 Lt - Renal calculus
 High TG's, ↓HDL, ↑LDL

Advice:

- Low Fat, Low sugar Diet
- Reg. Exercise
- Drink Plenty of liquids
- Physician's Consultation for Dyslipidemia

| | | |
|-----|--------------------------------------|---------------------------------|
| 1) | Hypertension: | Yes since 5-6 yrs. |
| 2) | IHD | |
| 3) | Arrhythmia | |
| 4) | Diabetes Mellitus | |
| 5) | Tuberculosis | |
| 6) | Asthama | Nil |
| 7) | Pulmonary Disease | |
| 8) | Thyroid/ Endocrine disorders | |
| 9) | Nervous disorders | |
| 10) | GI system | |
| 11) | Genital urinary disorder | C/o - kidney stones, Renal cyst |
| 12) | Rheumatic joint diseases or symptoms | |
| 13) | Blood disease or disorder | Nil |
| 14) | Cancer/lump growth/cyst | Renal Cyst. |
| 15) | Congenital disease | |
| 16) | Surgeries | Nil |
| 17) | Musculoskeletal System | |

PERSONAL HISTORY:

| | | |
|----|------------|----------------------------|
| 1) | Alcohol | (No) |
| 2) | Smoking | (No) |
| 3) | Diet | - Veg. |
| 4) | Medication | - Tab. Amitriptyline Surg. |



Dr. Manasee Kulkarni
M.B.B.S.
2005/99/3439

Date:- 20/5/23 CID:
Name:- Chand Shekhar Wajchal Sex/ Age: M / 44

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: HBP

Past history: Nil.

Unaided Vision: 3/600 R 4/600 L

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Good Vision.

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST

Authenticity Check



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CID : 2314018451
Name : MR.WAYCHAL NANDKISHOR SADASHIV
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-May-2023 / 08:29
Reported : 20-May-2023 / 10:57

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

CBC (Complete Blood Count), Blood

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|----------------------|--------------------|
| RBC PARAMETERS | | | |
| Haemoglobin | 15.2 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 5.33 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 45.4 | 40-50 % | Measured |
| MCV | 85.2 | 80-100 fl | Calculated |
| MCH | 28.5 | 27-32 pg | Calculated |
| MCHC | 33.4 | 31.5-34.5 g/dL | Calculated |
| RDW | 13.0 | 11.6-14.0 % | Calculated |
| WBC PARAMETERS | | | |
| WBC Total Count | 5320 | 4000-10000 /cmm | Elect. Impedance |
| WBC DIFFERENTIAL AND ABSOLUTE COUNTS | | | |
| Lymphocytes | 35.6 | 20-40 % | |
| Absolute Lymphocytes | 1893.9 | 1000-3000 /cmm | Calculated |
| Monocytes | 8.2 | 2-10 % | |
| Absolute Monocytes | 436.2 | 200-1000 /cmm | Calculated |
| Neutrophils | 48.6 | 40-80 % | |
| Absolute Neutrophils | 2585.5 | 2000-7000 /cmm | Calculated |
| Eosinophils | 7.4 | 1-6 % | |
| Absolute Eosinophils | 393.7 | 20-500 /cmm | Calculated |
| Basophils | 0.2 | 0.1-2 % | |
| Absolute Basophils | 10.6 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

| | | | |
|----------------|--------|--------------------|------------------|
| Platelet Count | 227000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 8.8 | 6-11 fl | Calculated |
| PDW | 11.2 | 11-18 % | Calculated |

RBC MORPHOLOGY

| | |
|--------------|---|
| Hypochromia | - |
| Microcytosis | - |

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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 9 2-15 mm at 1 hr. Sedimentation

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



J Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB

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Collected : 20-May-2023 / 08:29
Reported : 20-May-2023 / 12:45

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--|---------|---|------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 99.4 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |

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

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|----------------------|--------------------|
| BLOOD UREA, Serum | 15.6 | 12.8-42.8 mg/dl | Urease & GLDH |
| BUN, Serum | 7.3 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.79 | 0.67-1.17 mg/dl | Enzymatic |
| eGFR, Serum | 113 | >60 ml/min/1.73sqm | Calculated |
| Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation | | | |
| TOTAL PROTEINS, Serum | 7.3 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.5 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.8 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.6 | 1 - 2 | Calculated |
| URIC ACID, Serum | 6.3 | 3.5-7.2 mg/dl | Uricase |
| PHOSPHORUS, Serum | 2.9 | 2.7-4.5 mg/dl | Ammonium molybdate |
| CALCIUM, Serum | 8.7 | 8.6-10.0 mg/dl | N-BAPTA |
| SODIUM, Serum | 143 | 135-148 mmol/l | ISE |
| POTASSIUM, Serum | 4.4 | 3.5-5.3 mmol/l | ISE |
| CHLORIDE, Serum | 94 | 98-107 mmol/l | ISE |

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

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Collected : 20-May-2023 / 08:29
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

GLYCOSYLATED HEMOGLOBIN (HbA1c)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|--|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.5 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 111.1 | mg/dl | Calculated |

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***



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Pathologist

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Reported : 20-May-2023 / 13:02

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|------------------|---------|----------------------|--------|
| TOTAL PSA, Serum | 0.267 | <4.0 ng/ml | CLIA |

Clinical Significance:

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

Interpretation:

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction.

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- α alpa;-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 ***

Dr. ANUPA DIXIT
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Consultant Pathologist & Lab Director

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Collected : 20-May-2023 / 08:29
Reported : 20-May-2023 / 15:17

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--------------------------------|---------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | Neutral (7.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.010 | 1.010-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 50 | - | - |
| CHEMICAL EXAMINATION | | | |
| Proteins | Absent | Absent | pH Indicator |
| Glucose | Absent | Absent | GOD-POD |
| Ketones | Absent | Absent | Legals Test |
| Blood | Absent | Absent | Peroxidase |
| Bilirubin | Absent | Absent | Diazonium Salt |
| Urobilinogen | Normal | Normal | Diazonium Salt |
| Nitrite | Absent | Absent | Griess Test |
| MICROSCOPIC 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 | 0-1 | Less than 20/hpf | |

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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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Collected : 20-May-2023 / 08:29
Reported : 20-May-2023 / 13:09

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 Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

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

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AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



J. Thakker

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Collected : 20-May-2023 / 08:29
Reported : 20-May-2023 / 12:58

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

LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 193.1 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 232.3 | 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 | 27.7 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 165.4 | Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 134.6 | 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 | 30.8 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 7.0 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 4.9 | 0-3.5 Ratio | Calculated |

Kindly correlate clinically.

Note : LDL test is performed by direct measurement.

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

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J Thakker
Dr. JYOT THAKKER
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-May-2023 / 08:29
Reported : 20-May-2023 / 11:48

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---------------------|---------|-------------------------------|--------|
| Free T3, Serum | 4.9 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 12.7 | 11.5-22.7 pmol/L | ECLIA |
| sensitiveTSH, Serum | 5.21 | 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 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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

OUR PRESENCE



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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 | 0.22 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.08 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.14 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.3 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.5 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.8 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.6 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 20.9 | 5-40 U/L | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum | 21.2 | 5-45 U/L | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum | 26.2 | 3-60 U/L | IFCC |
| ALKALINE PHOSPHATASE, Serum | 105.9 | 40-130 U/L | PNPP |

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

AREA OF SPECIAL EXPERTISE

OUR PRESENCE



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

022-6170-0000

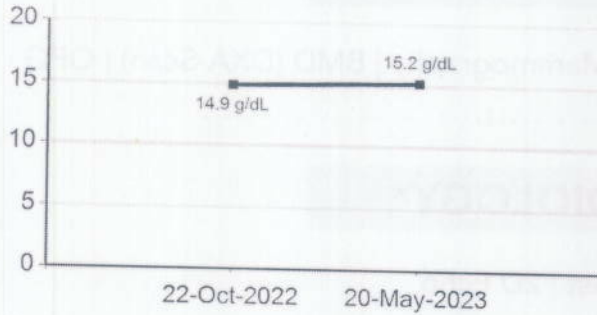
CID : 2314018451
 Name : MR. WAYCHAL NANDKISHOR SADASHIV
 Age / Gender : 44 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Authenticity Check

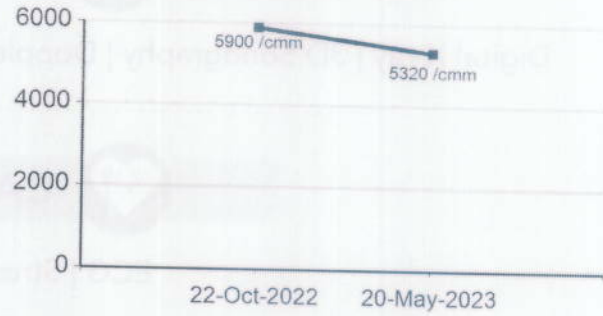


Use a QR Code Scanner Application To Scan the Code

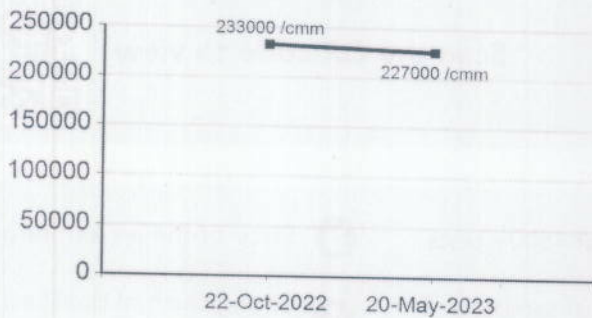
Haemoglobin



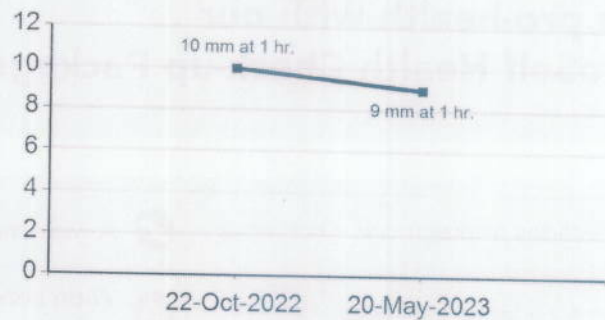
WBC Total Count



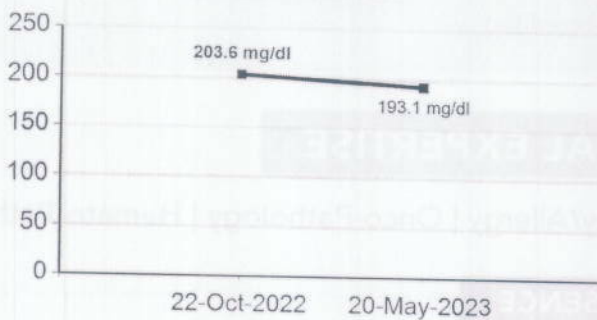
Platelet Count



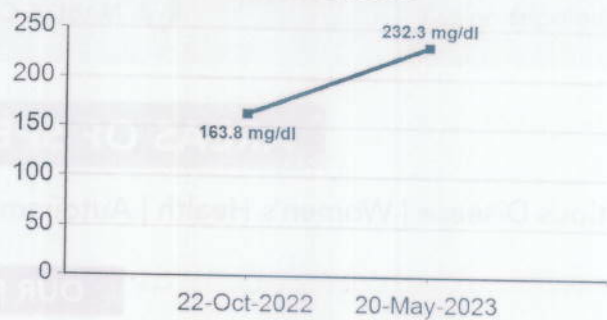
ESR



CHOLESTEROL



TRIGLYCERIDES



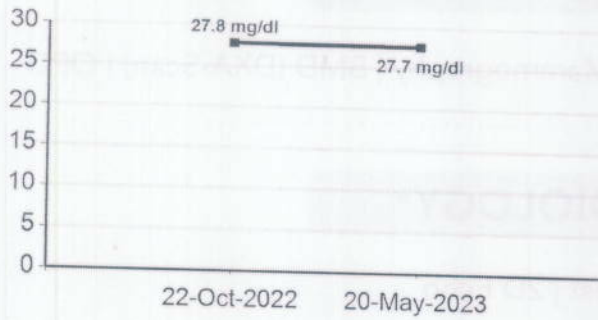
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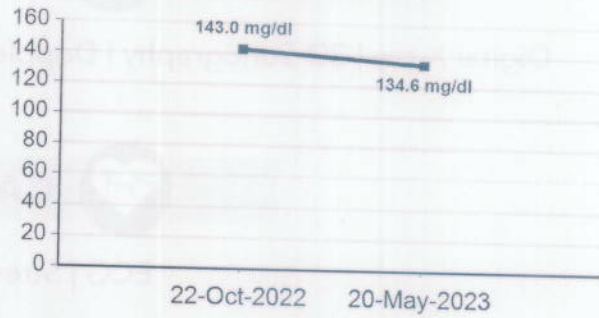


Use a QR Code Scanner Application To Scan the Code

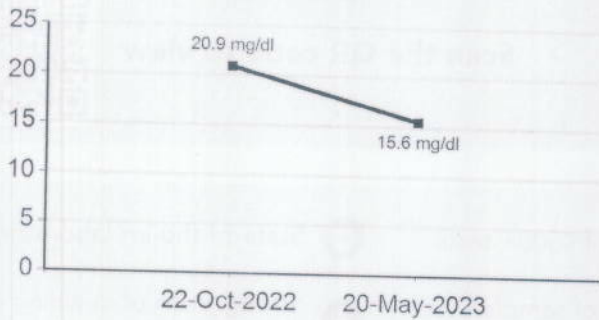
HDL CHOLESTEROL



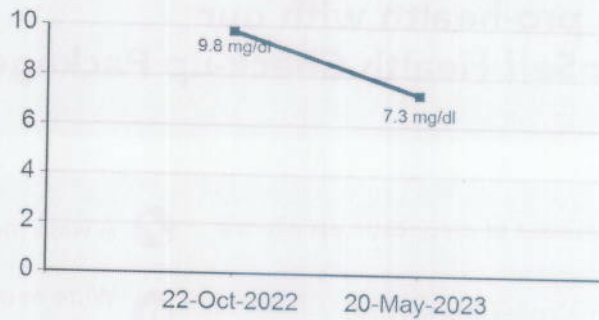
LDL CHOLESTEROL



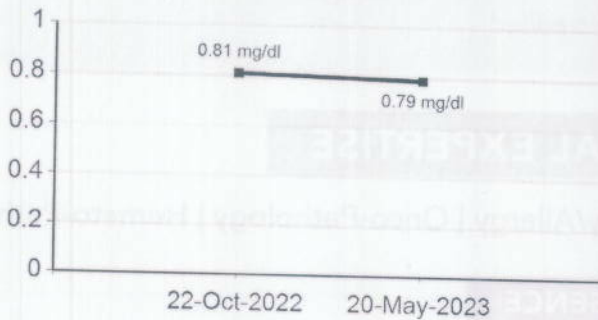
BLOOD UREA



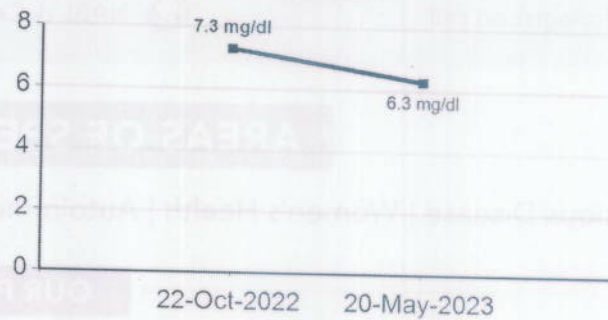
BUN



CREATININE



URIC ACID

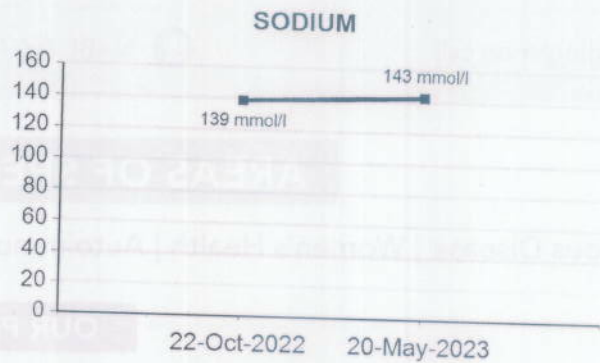
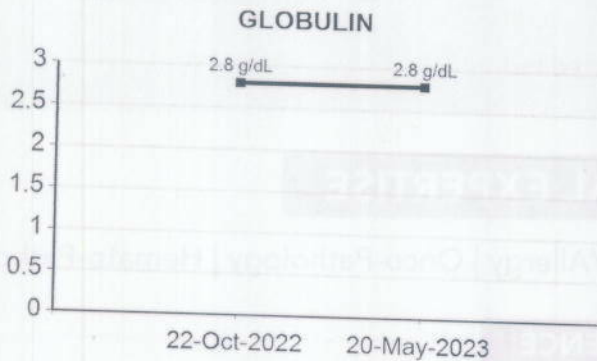
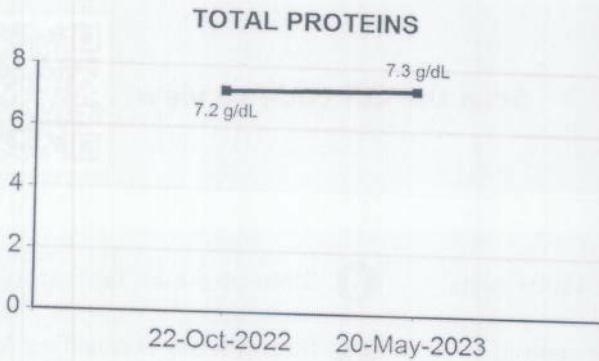
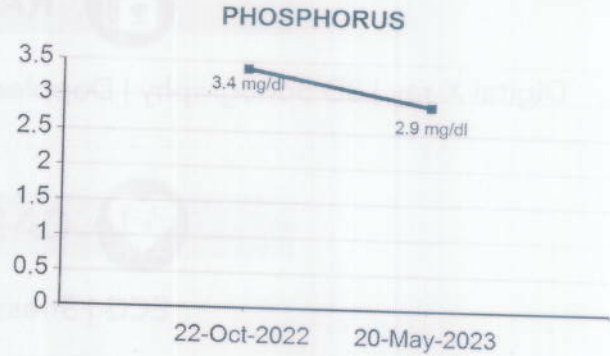
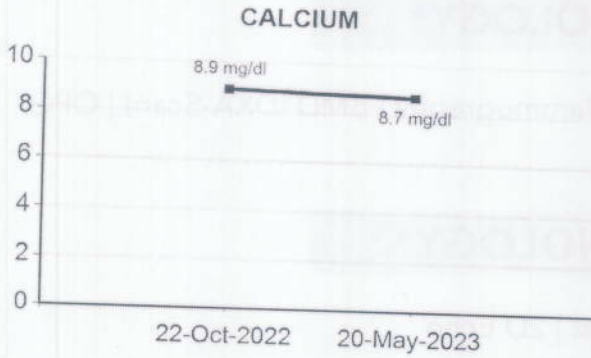


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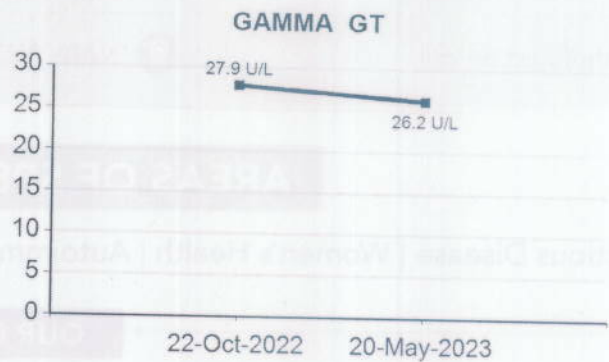
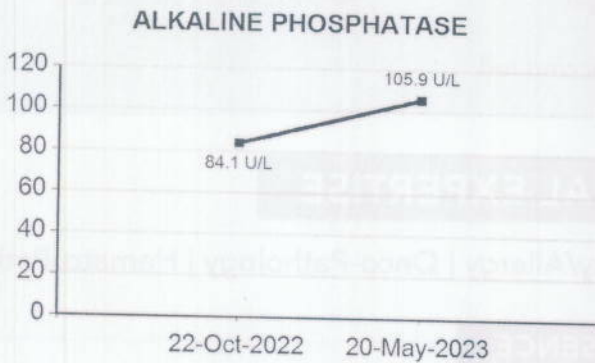
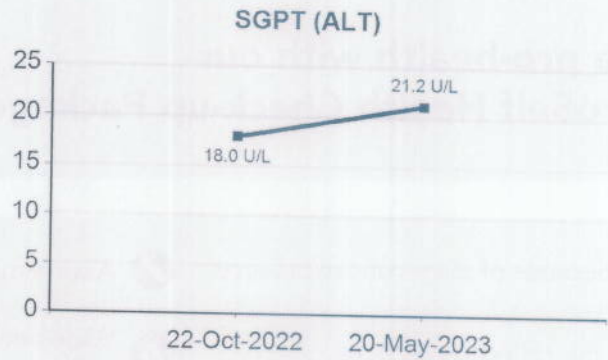
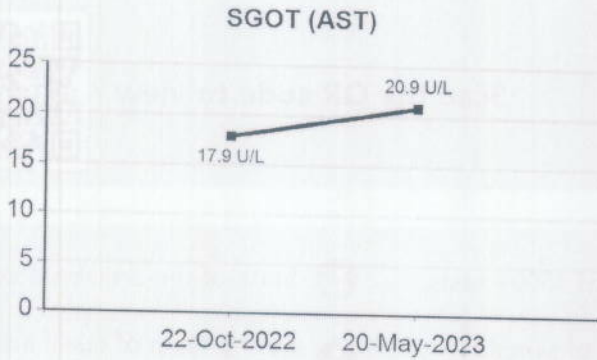
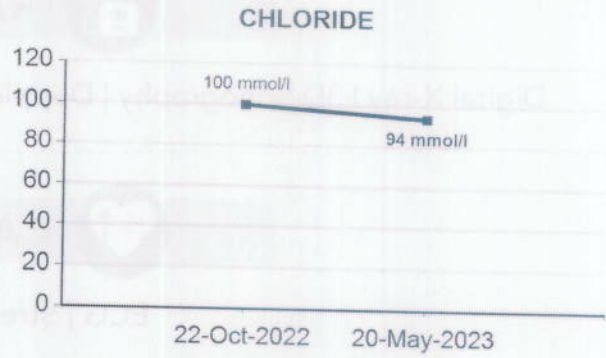
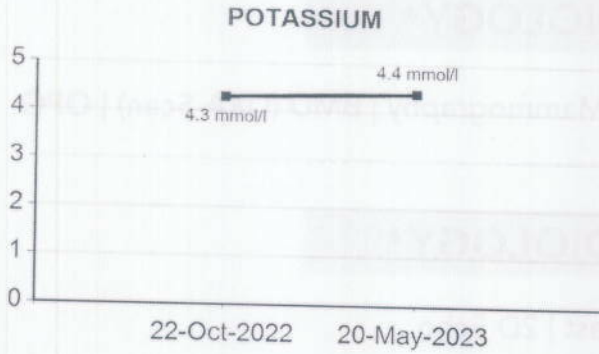


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022-6170-0000

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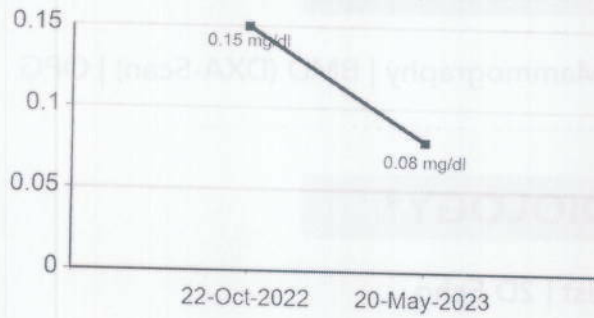
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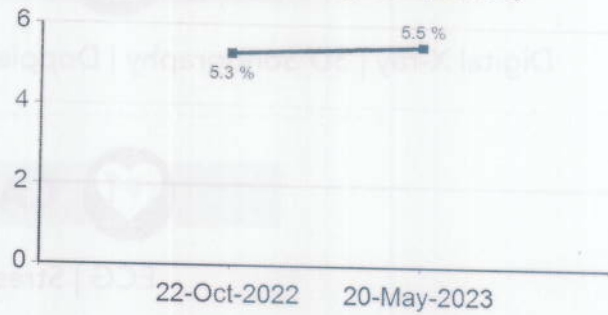
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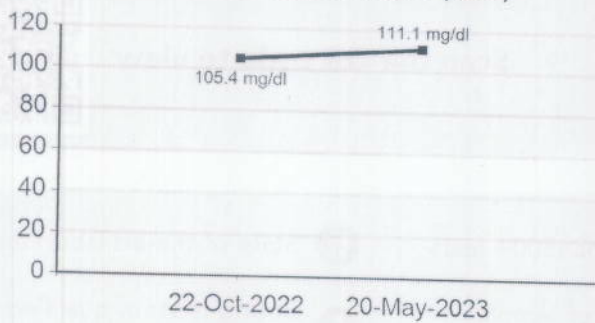
BILIRUBIN (DIRECT)



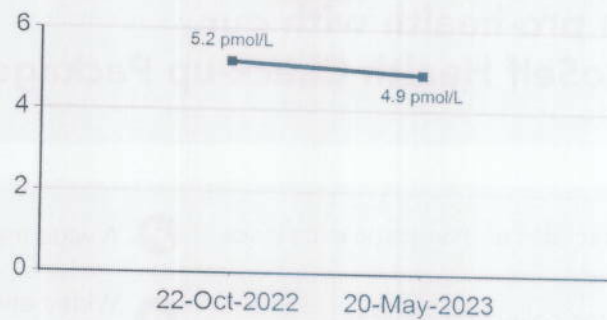
Glycosylated Hemoglobin (HbA1c)



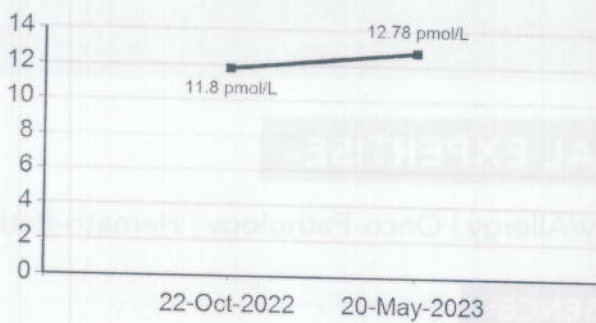
Estimated Average Glucose (eAG)



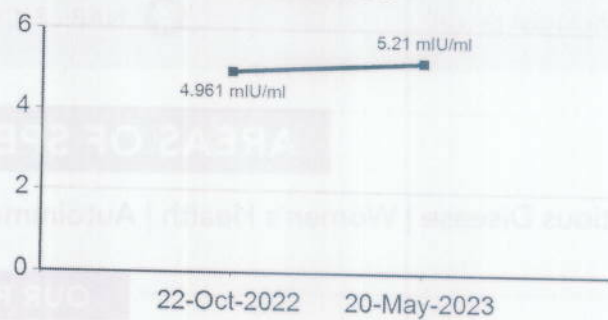
Free T3



Free T4

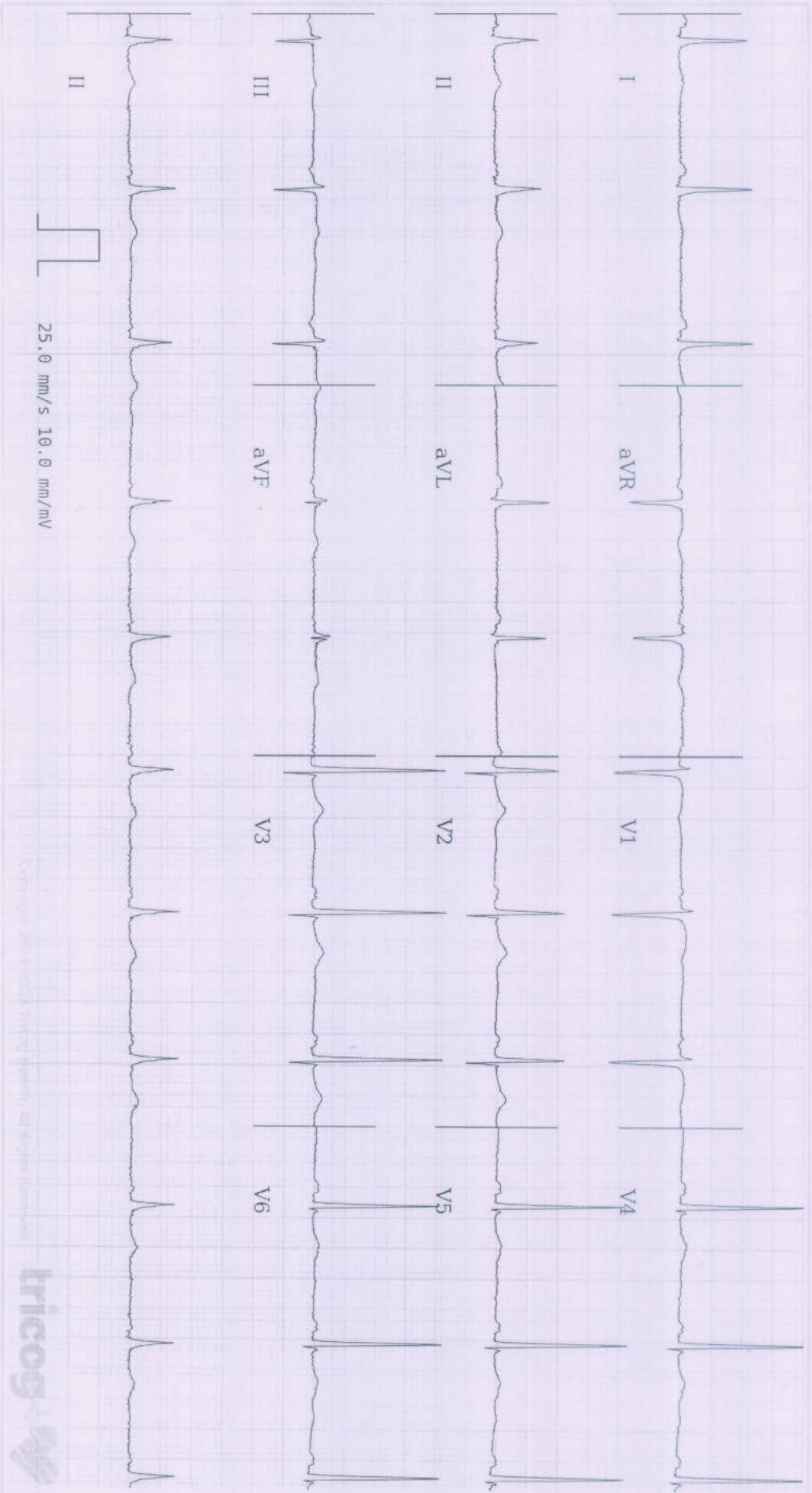


sensitiveTSH



Patient Name: **WAYCHAL NANDKISHOR SADASHIV**
Patient ID: **2314018451**

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: **20th May 23 9:06 AM**



Age **44** **4** **24**
years months days

Gender **Male**

Heart Rate **64bpm**

Patient Vitals

BP: NA
Weight: 76 kg
Height: 167 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 84ms
QT: 406ms
QTcB: 418ms
PR: 134ms
P-R-T: -2° 6° 47°

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

REPORTED BY
Be

DR SHAUL AJA PILLAI
MBBS, MD Physician
MD Physician
49972

Diagnosis in this report is based on ECG alone and should be used in conjunction with clinical history, symptoms, and results of other invasive and non-invasive tests and read by a qualified physician. Any test results are as entered by the physician and not derived from the device.

Authenticity Check



CID : 2314018451
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 : SADASHIV
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 20-May-2023
Reported : 20-May-2023 / 12:05

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Application To Scan the Code

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*****

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023052008261051>



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SADASHIV
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 20-May-2023
Reported : 20-May-2023 / 9:43

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USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size and *shows increased echoreflectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

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 10.6 x 4.3 cm. *A cyst with wall calcification measuring 1.1 cm is noted at the mid pole in right kidney.* Left kidney measures 9.6 x 4.4 cm. *A 6 to 7 mm sized calculus is noted at the lower pole in left kidney.* Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter .

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 . No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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Page no 1 of 2



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Reported : 20-May-2023 / 9:43

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IMPRESSION:

- GRADE I FATTY INFILTRATION OF LIVER.
- RIGHT RENAL CYST WITH WALL CALCIFICATION.
- LEFT RENAL CALCULUS.

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

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