



CID : 2309120806
Name : MR.SACHIN MOHITE
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 01-Apr-2023 / 09:14
Reported : 01-Apr-2023 / 12:35

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.89	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.4	40-50 %	Measured
MCV	69	80-100 fl	Calculated
MCH	21.9	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	17.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6920	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.2	20-40 %	
Absolute Lymphocytes	2505.0	1000-3000 /cmm	Calculated
Monocytes	8.7	2-10 %	
Absolute Monocytes	602.0	200-1000 /cmm	Calculated
Neutrophils	53.0	40-80 %	
Absolute Neutrophils	3667.6	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	110.7	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	34.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	222000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	19.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-15 mm at 1 hr. Sedimentation

*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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	209.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	310.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	++	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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Pathologist





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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	22.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.87	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	103	>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	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.1	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.4	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.5	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	136	136-145 mmol/l	IMT
POTASSIUM, Serum	4.7	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	101	98-107 mmol/l	IMT

*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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Reported : 01-Apr-2023 / 13:42

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	8.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	208.7	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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.973	<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 -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

Anupa

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





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Collected : 01-Apr-2023 / 09:14
Reported : 01-Apr-2023 / 19:01

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
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)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Trace	Absent	pH Indicator
Glucose	2+	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
<u>MICROSCOPIC EXAMINATION</u>			
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	-		

Result rechecked.
Kindly correlate clinically.



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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

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

VR Jain

Dr.VIPUL JAIN
M.D. (PATH)
Pathologist



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Use a QR Code Scanner Application To Scan the Code
Collected : 01-Apr-2023 / 09:14
Reported : 01-Apr-2023 / 14:49

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

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

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

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*** End Of Report ***

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





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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	181.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	196.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	31.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	149.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	110.3	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	39.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	6.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	17.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.409	0.55-4.78 microIU/ml	CLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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Dr.ANUPA DIXIT
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.55	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.37	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	27.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	43.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	35.7	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	101.8	46-116 U/L	Modified IFCC

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*** End Of Report ***



Anupa

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

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: SACHIN MOHITE

Date and Time: 1st Apr 23 10:28 AM

Patient ID: 2309120806

Age **41** **9** **25**
years months days

Gender **Male**

Heart Rate **96bpm**

Patient Vitals

BP: 140/80 mmHg

Weight: 80 kg

Height: 170 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

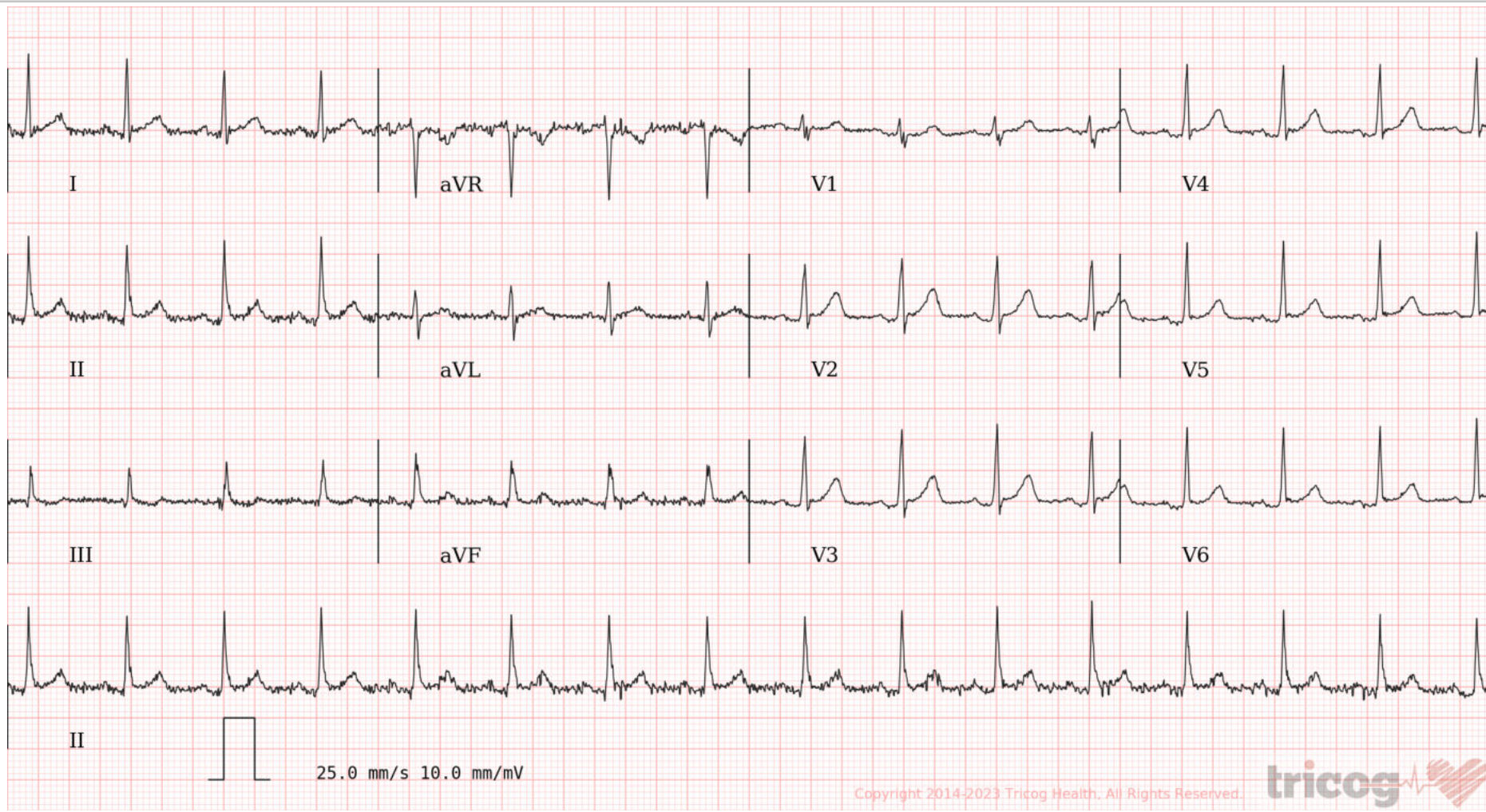
QRSD: 80ms

QT: 330ms

QTcB: 416ms

PR: 158ms

P-R-T: 27° 48° 25°



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

REPORTED BY

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

Date:- 11/2/23
Name:- Sachin Mahite

CID: 2309120806
Sex / Age: 41/M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

6
NO
RE CR
6/6 6/6
N/6 N/6

(Right Eye)



(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 9 - A, 1st Floor, Keshitij Building,
Above Poojashree, Near Thunga Hospital,
Mira - Bhayander Road, Thane (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

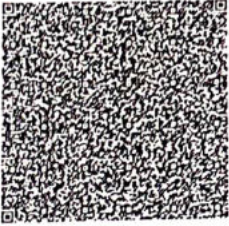
भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



नोंदणी क्रमांक: / Enrolment No.: 0656/69460/03172

To
सचिन महेंद्र मोहिते
Sachin Mahendra Mohite
C/O: Mahendra Mohite
C 206 Marigold Bldg-5
M G M Road
Yashwant Nagar
Virar West
Virar (West)
Palghar Maharashtra - 401303
9773351953


Signature valid



आपला आधार क्रमांक / Your Aadhaar No. :
8925 2036 1305
VID : 9176 4560 9048 8716
माझे आधार, माझी ओळख



भारत सरकार
Government of India



सचिन महेंद्र मोहिते
Sachin Mahendra Mohite
जन्म तारीख/DOB: 07/06/1981
पुरुष/ MALE

Issue Date: 23/10/2011

8925 2036 1305
VID : 9176 4560 9048 8716
माझे आधार, माझी ओळख



माहिती

- आधार ओळखीचा पुरावा आहे नागरिकत्वाचा नाही
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन प्रमाणीत रण वापरून ओळख सत्यापित करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
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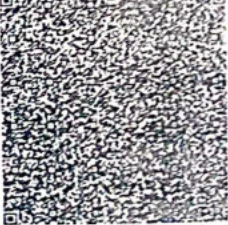
- आधार देशभरात वैध आहे
- आधार आपल्याला विविध सरकारी आणि खाजगी सेवा सुलभतेने घेण्यास मदत करते
- आपला मोबाइल नंबर आणि ईमेल आयडी आधारमध्ये अद्ययावत ठेवा
- आपल्या स्मार्ट फोनमध्ये आधार घ्या - mAadhaar App वापरा
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भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

पत्ता:
महेंद्र मोहिते, सी 206 मेरीगोल्ड बिल्डिंग-5, एम जी एम रोड, यशवंत नगर, विरार वेस्ट, विरार (पश्चिम), मालघर, महाराष्ट्र - 401303

Address:
C/O: Mahendra Mohite, C 206 Marigold Bldg-5, M G M Road, Yashwant Nagar, Virar West, Virar (West), Palghar, Maharashtra - 401303



Download Date: 19/07/2018

8925 2036 1305
VID : 9176 4560 9048 8716

1947 | help@uidai.gov.in | www.uidai.gov.in

DENTAL CHECK - UP

Name:- Sachin Mohite CID: Sex / Age : M / 41
 Occupation:- Bank of Baroda Date: 01/04/2023
 Chief complaints:- ^{Chalk} Sensitivity on All teeth.
 Medical / dental history:- Nil

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: Nil (Normal)
- b) Facial Symmetry: Normal.

2) Intra Oral Examination:

- a) Soft Tissue Examination: Normal.
- b) Hard Tissue Examination: Badly decayed 77
- c) Calculus: ++
- Stains: +

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	RET	RET													Caries
	done	done													
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: RCT 77

Provisional Diagnosis:- Carious 77
 - Generalized Gingivitis

SMILE CRAFT
Dr. Aparna Sangle
 Reg. No. A-22343 Dental Surgeon (B.D.S.)
 ADVANCED DENTAL CARE & COSMETIC CENTER
 NG Estate, CS-1, Mira Bhayander Road,
 Near Vodafone Gallery, Mira Road (E), Thane-401107,
 Mob: 8454929394 Email: aparnaavhad@yahoo.in

SUBURBAN DIGNOSTICS BHAYANDER

REPORT



EMail: 12345008 / SACHIN MOHITE / 41 Yrs / M / 170 Cms / 80 Kg Date: 01 / 04 / 2023 09:34:00 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED

EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT

HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY

CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE

CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE

FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.

SUBURBAN DIGNOSTICS (P) PVT. LTD
 Shop No. 101-A, 1st Floor, X-Street Building
 Above Raymond West Trurga Hospital,
 Waze - Erayander Road, Erayander (E)
 Dist. Thane-401105
 Phone No : 022 - 61709900

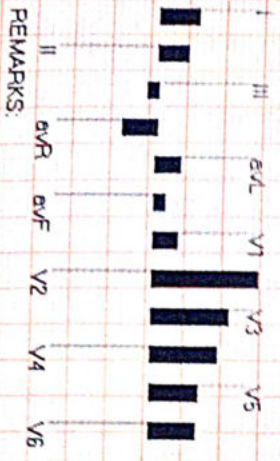
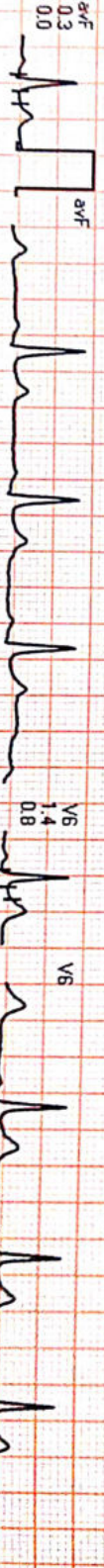
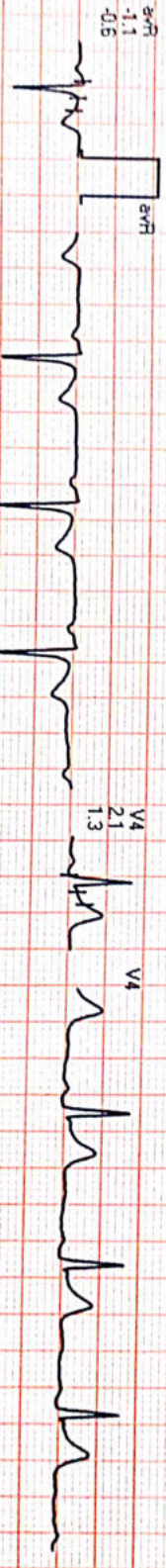
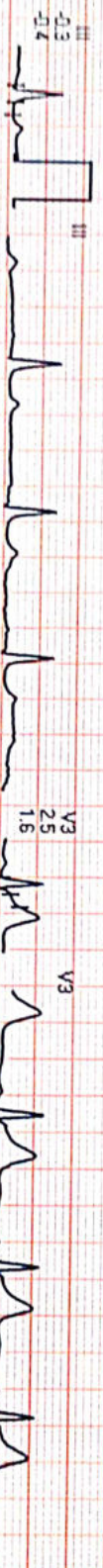
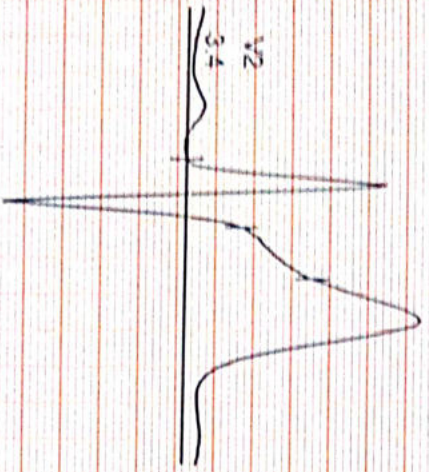
DR. SMITA VALANI
 M.B.B.S., D. C.A.F.
 201110310581
 Doctor : DR. SMITA VALANI

12-45-2023 (23:05:12:0202) / SA-CHIN MOHITE / 41 Yrs / M / 170 Cms / 80 Kg / HR : 77



Date: 12/4/2023 23:05:12 AM NETS: 1.00:77 bpm, 44% of TPR, SP: 140/90 mmHg. Raw ECG: ECG Acquisition / HF: 0.05 Hz / 35 Hz

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



REMARKS:





Date: 01/04/2023 09:34:00 AM METS: 1.0/85 bpm 47% of THR BP: 140/80 mmHg Row ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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

I
STN 1.2
STS 0.8



V1
0.8
0.4



II
0.9
0.4



V2
3.4
2.3



III
-0.3
-0.4



V3
2.5
1.6



aVR
-1.1
-0.6



V4
2.1
1.3



aVL
0.2
0.3



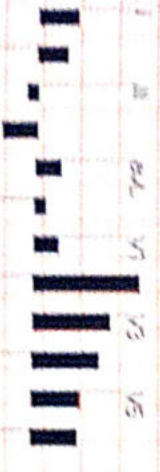
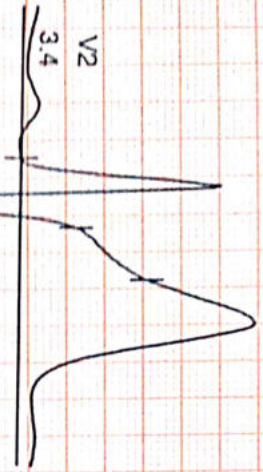
V5
1.5
0.5



aVF
0.3
0.3



V5
1.4
0.8



LEADS I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS BHAYANDER

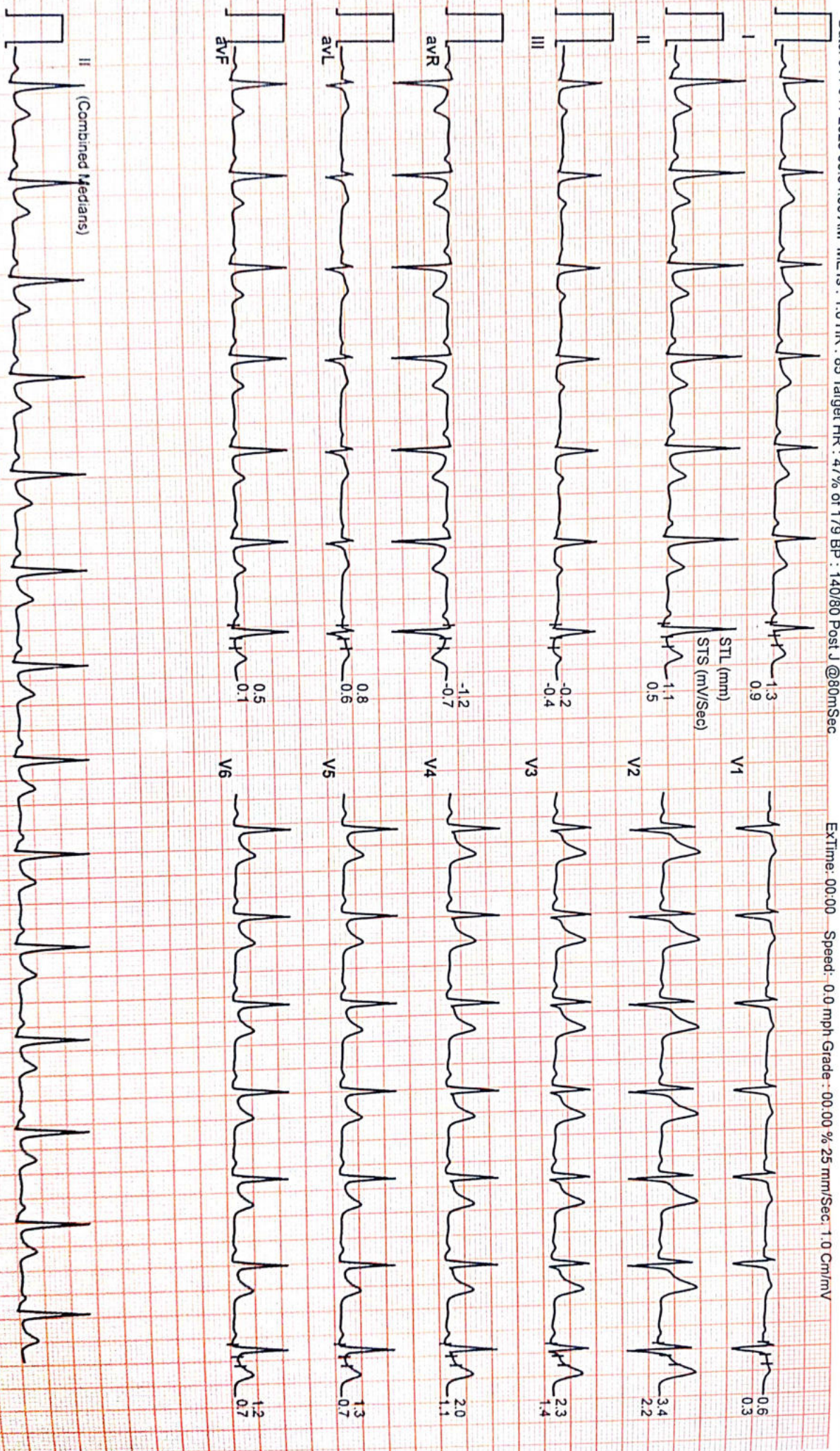
12346008 / SACHIN MOHITE / 41 Yrs / Male / 170 Cm / 80 Kg

Date: 01 / 04 / 2023 09:34:00 AM METs : 1.0 HR : 85 Target HR : 47% of 179 BP : 140/80 Post J @60mSec

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

6X2 Combine Medians + 1 Rhythm

ExStrt



II (Combined Medians)

SUBURBAN DIAGNOSTICS BHAYANDER

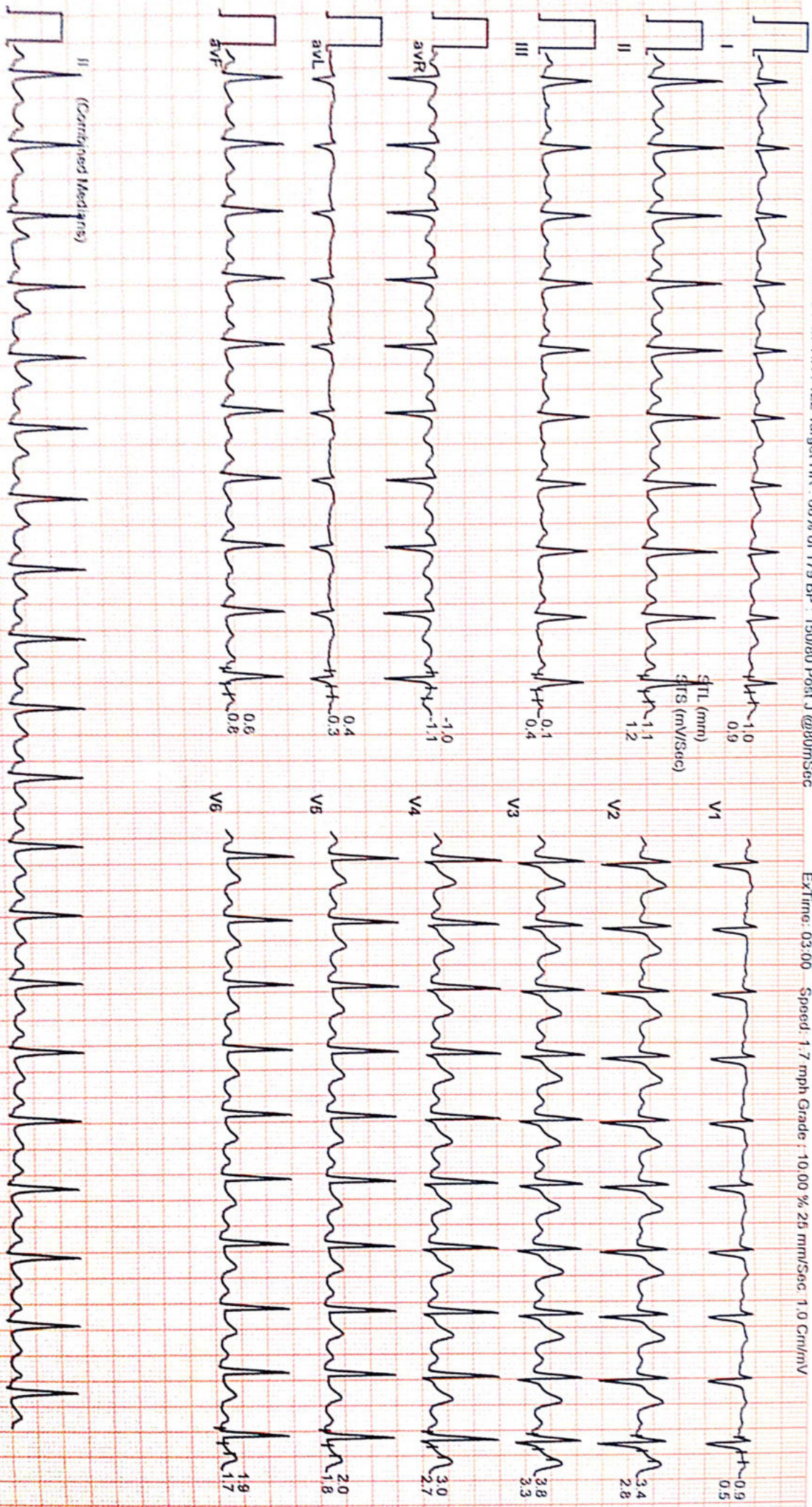
12346008 / SACHIN MOHITE / 41 Yrs / Male / 170 Cm / 80 Kg

Date: 01 / 04 / 2023 09:34:00 AM METs : 4.7 HR : 122 Target HR : 68% of 179 BP : 150/80 Post J @80mSec

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



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



II (Continued Medians)

SUBURBAN DIGNOSTICS BHAYANDER

12346008 / SACHIN MOHITE / 41 Yrs / Male / 170 Cm / 80 Kg

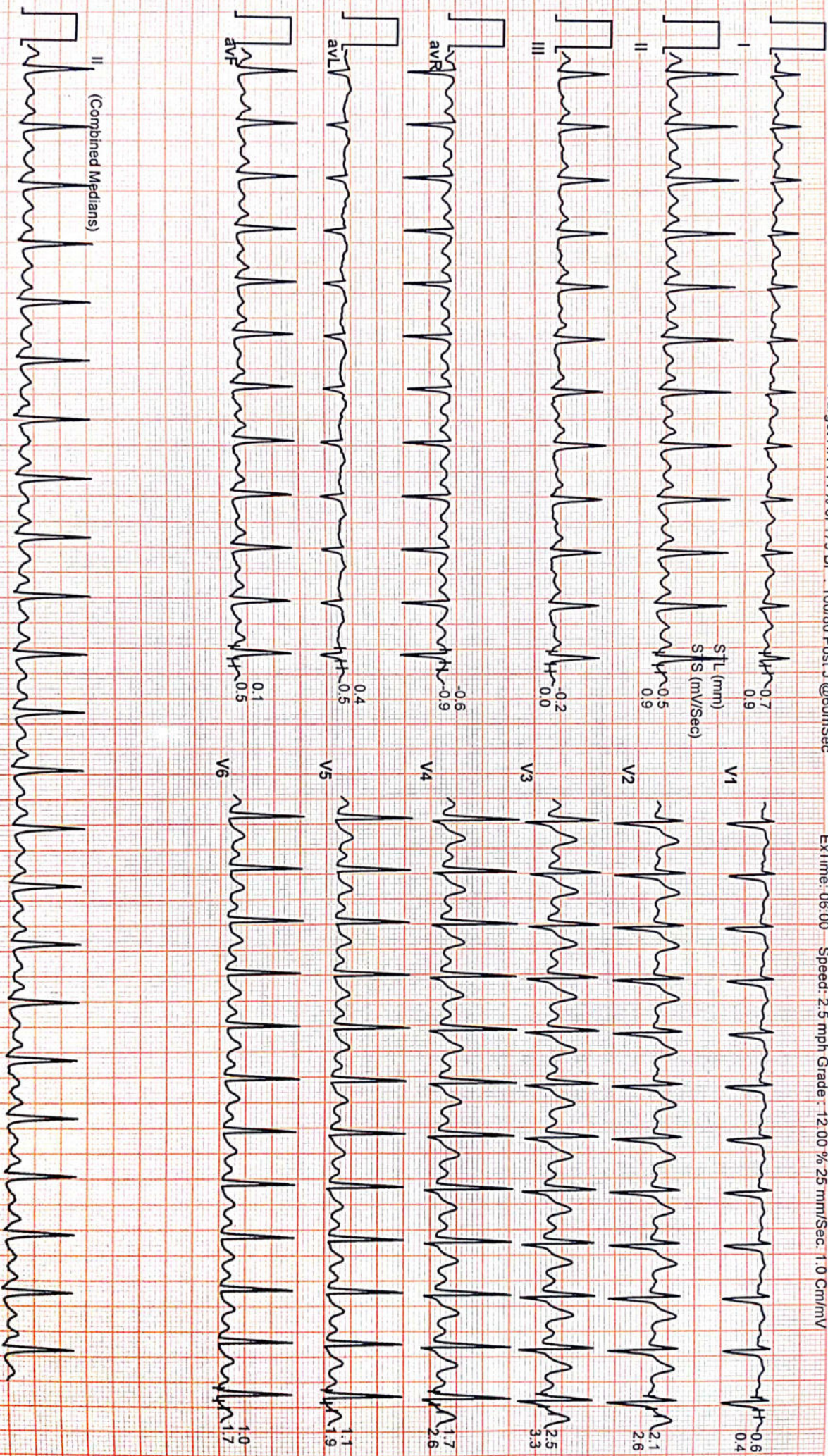
6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



Date: 01 / 04 / 2023 09:34:00 AM METs : 7.1 HR : 138 Target HR : 77% of 179 BP : 160/80 Post: J @60mSec

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



SUBURBAN DIGNOSTICS BHAYANDER

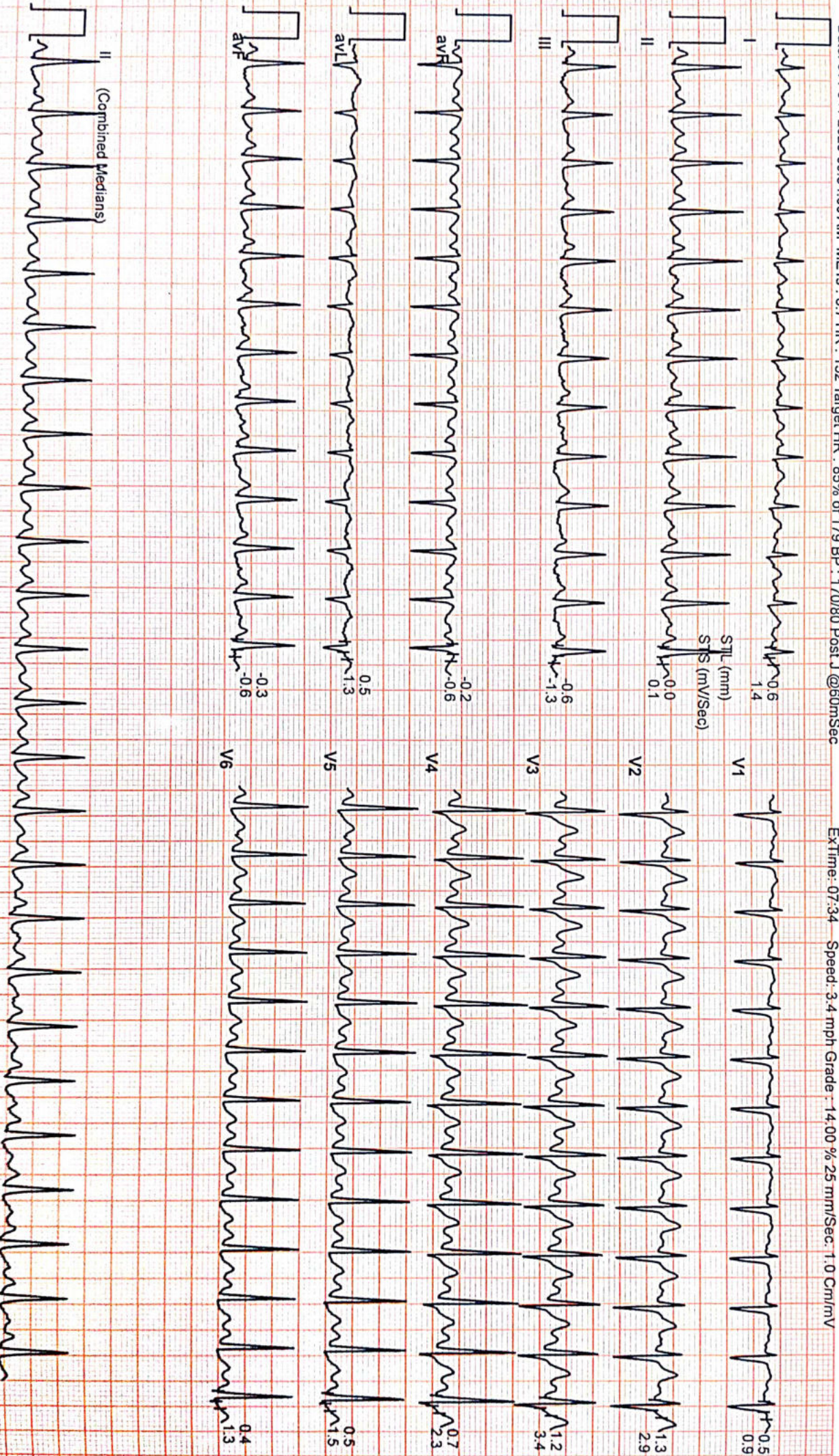
12346008 / SACHIN MOHITE / 41 Yrs / Male / 170 Cm / 80 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 01 / 04 / 2023 09:34:00 AM METs : 8.7 HR : 152 Target HR : 85% of 179 BP : 170/80 Post J @60mSec

ExTime: 07:34 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

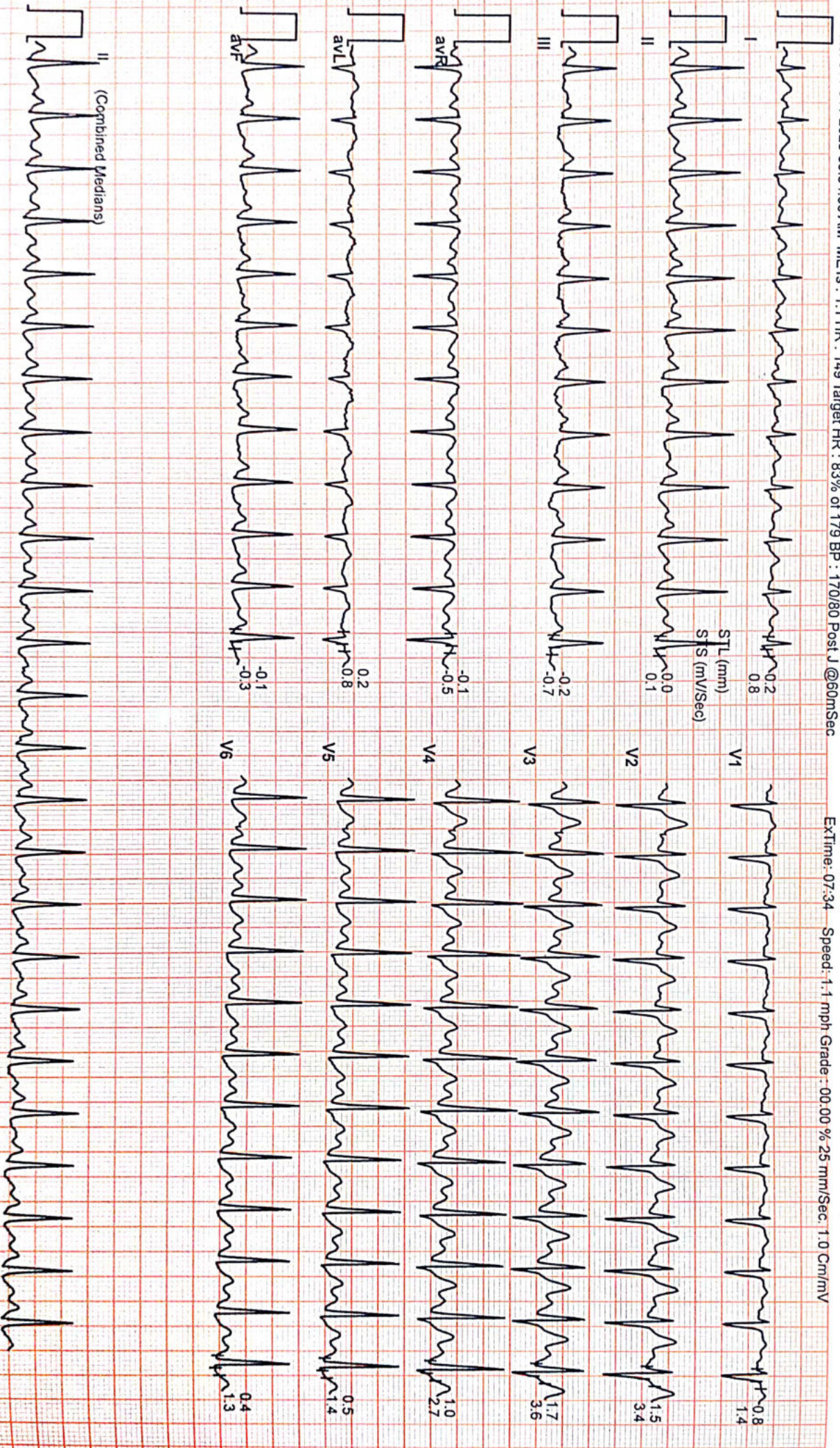
12346008 / SACHIN MOHITE / 41 Yrs / Male / 170 Cm / 80 Kg

Date: 01 / 04 / 2023 09:34:00 AM METs : 1.1 HR : 149 Target HR : 83% of 179 BP : 170/80 Post J @60mSec

ExTime: 07:34 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



SUBURBAN DIAGNOSTICS BHAYANDER

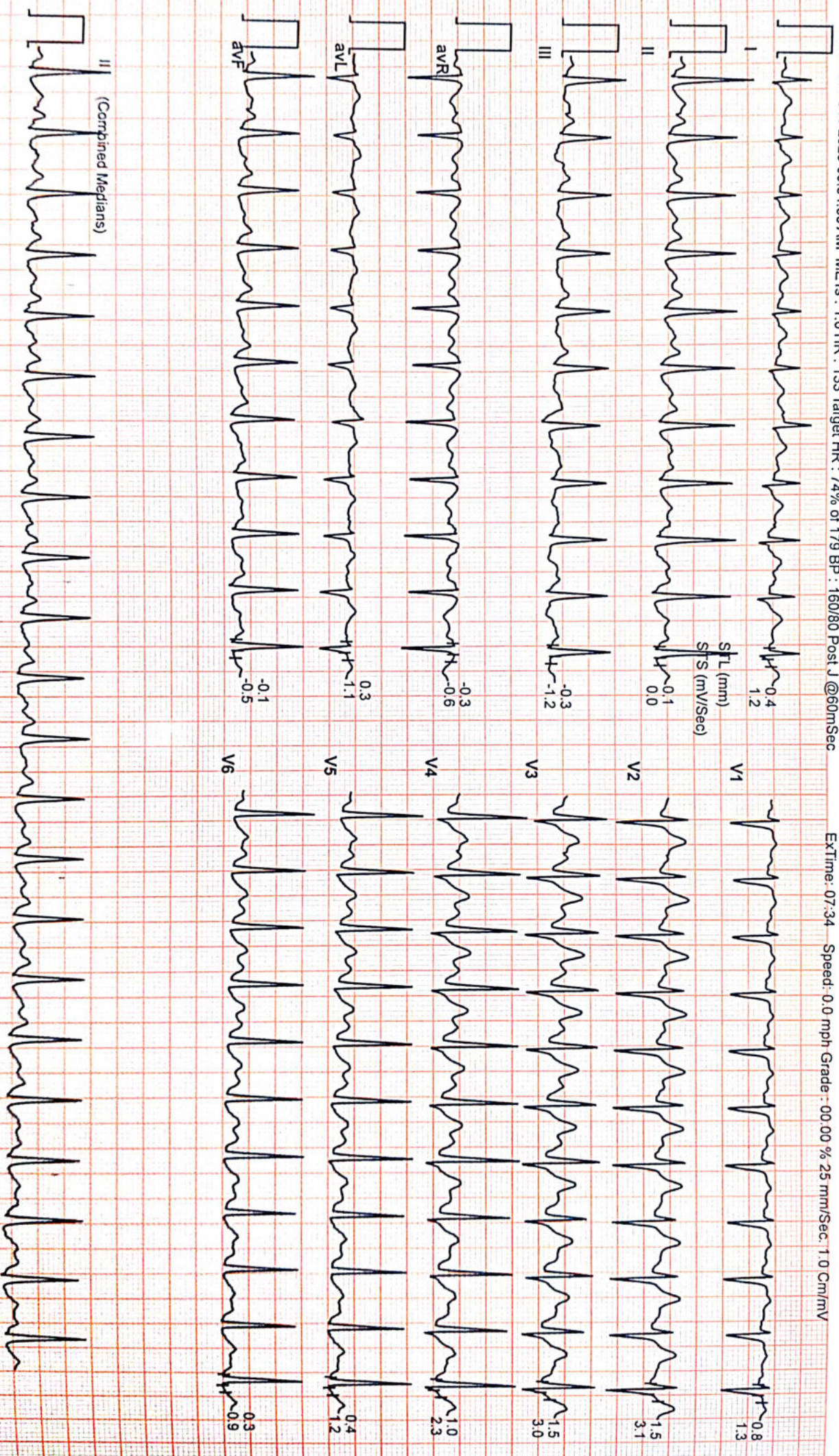
12346008 / SACHIN MOHITE / 41 Yrs / Male / 170 Cm / 80 Kg

Date: 01 / 04 / 2023 09:34:00 AM METs : 1.0 HR : 133 Target HR : 74% of 179 BP : 160/80 Post J @60mSec

ExTime: 07:34 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec: 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



SUBURBAN DIAGNOSTICS BHAYANDER

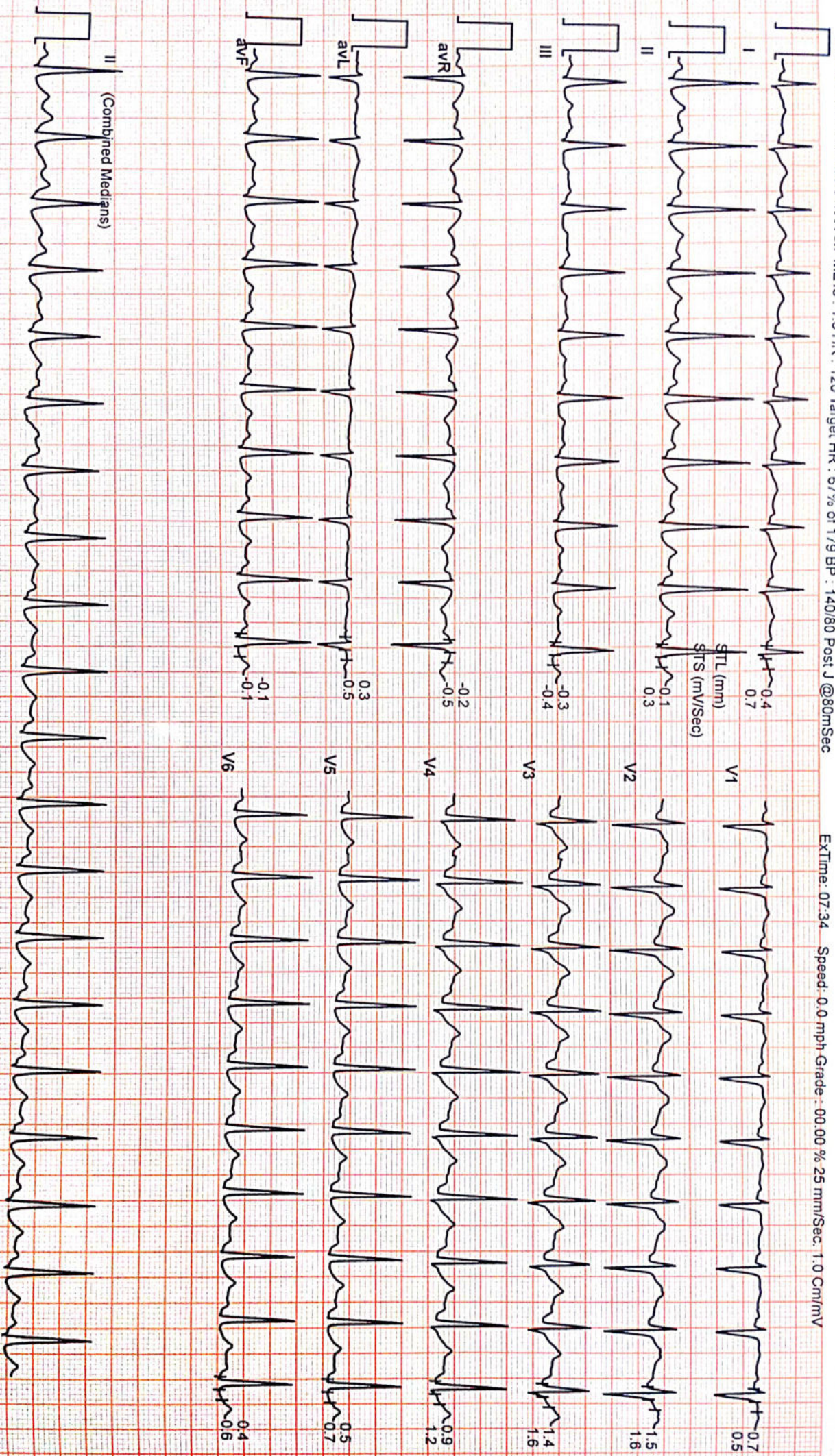
12345008 / SACHIN MOHITE / 41 Yrs / Male / 170 Cm / 80 Kg

Date: 01 / 04 / 2023 09:34:00 AM METs : 1.0 HR : 120 Target HR : 67% of 179 BP : 140/80 Post J @80mSec

EXTime: 07:34 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



SUBURBAN DIGNOSTICS BHAYANDER

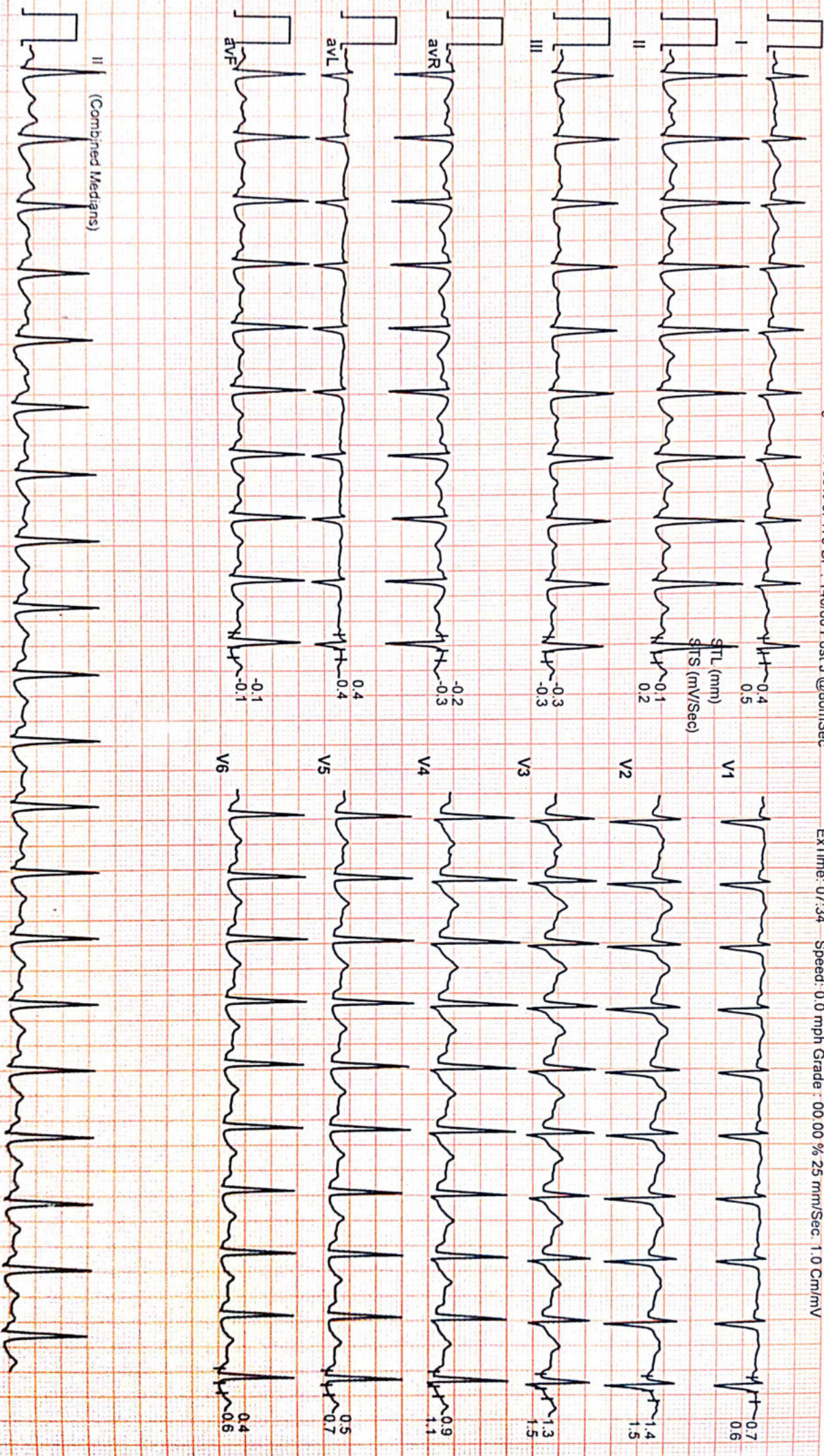
12346008 / SACHIN MOHITE / 41 Yrs / Male / 170 Cm / 80 Kg

Date: 01 / 04 / 2023 09:34:00 AM METS : 1.0 HR : 122 Target HR : 68% of 179 BP : 140/80 Post J @80mSec

ExTime: 07:34 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (04:13)



II (Combined Medians)

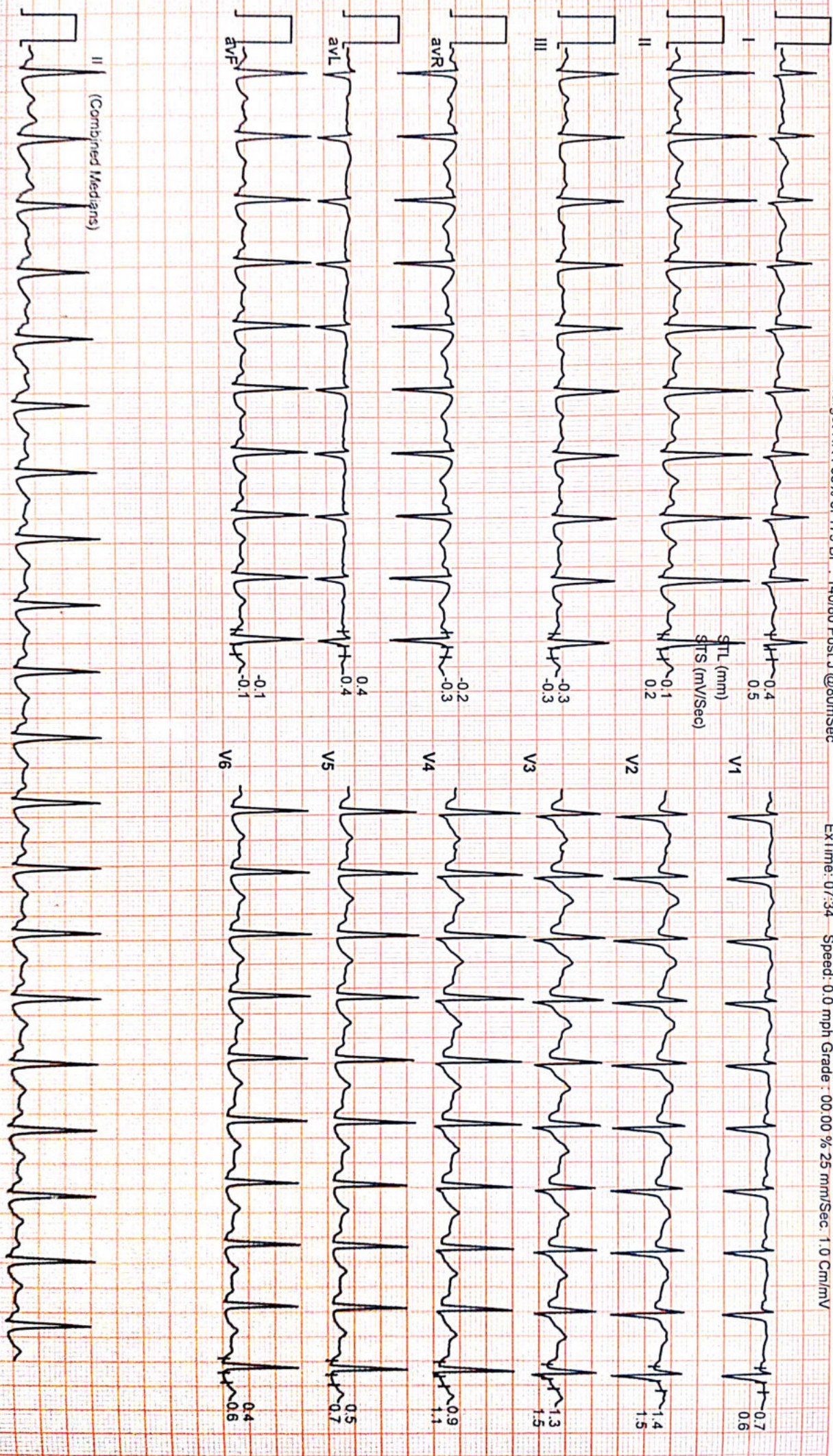


SUBURBAN DIGNOSTICS BHAYANDER

12346008 / SACHIN MOHITE / 41 Yrs / Male / 170 Cm / 80 Kg

Date: 01 / 04 / 2023 09:34:00 AM METs : 1.0 HR : 122 Target HR : 68% of 179 BP : 140/80 Post J @80mSec

ExTime: 07:34 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec: 1.0 Cm/mV



6X2 Combine Medians + 1 Rhythm
Recovery : (04:13)





CID : 2309120806
Name : Mr SACHIN MOHITE
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 01-Apr-2023
Reported : 01-Apr-2023/16:12

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.2 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal.

A mobile calculus measuring 19.0 mm is seen in the gall bladder lumen. No evidence of mass lesion or sludge is seen in the visualised lumen.

COMMON BILE DUCT:

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

PANCREAS:

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

KIDNEYS:

Right kidney measures 9.4 x 3.8 cm. Left kidney measures 10.2 x 4.3 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (11.5 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size, measures 3.8 x 2.6 x 2.8 cms and weighs 14.7 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.



Use a QR Code Scanner
Application To Scan the Code

CID : 2309120806
Name : Mr SACHIN MOHITE
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 01-Apr-2023
Reported : 01-Apr-2023/16:12

IMPRESSION:

- **Grade I-II fatty infiltration of liver.**
- **Cholelithiasis.**

Kindly correlate clinically.

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

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

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



Use a QR Code Scanner
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Name : Mr SACHIN MOHITE
Age / Sex : 41 Years/Male
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Reg. Location : Bhayander East Main Centre

Reg. Date : 01-Apr-2023
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CID : 2309120806
Name : Mr SACHIN MOHITE
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 01-Apr-2023
Reported : 01-Apr-2023/13:32

X-RAY CHEST PA VIEW

Positional rotation seen.

The lung fields are clear with no parenchymal lesion.

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

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Anterior end of left 5th rib and left 4th rib appears bifid. Rest of the bony thorax is normal.

IMPRESSION:

➤ **No significant abnormality made out.**

Kindly correlate clinically.

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

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



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Application To Scan the Code

CID : 2309120806
Name : Mr SACHIN MOHITE
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 01-Apr-2023
Reported : 01-Apr-2023/13:32