



CID : 2310700522
Name : MR.JHA SANTOSH KUMAR
Age / Gender : 43 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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Reported : 17-Apr-2023 / 15:59

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.5	13.0-17.0 g/dL	Spectrophotometric
RBC COUNT	6.49	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.8	40-50 %	Measured
MCV	68	80-100 fl	Calculated
MCH	20.8	27-32 pg	Calculated
MCHC	30.8	31.5-34.5 g/dL	Calculated
RDW	17.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC TOTAL COUNT	7500	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	41.3	20-40 %	
Absolute Lymphocytes	3097.5	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	420.0	200-1000 /cmm	Calculated
Neutrophils	46.3	40-80 %	
Absolute Neutrophils	3472.5	2000-7000 /cmm	Calculated
Eosinophils	6.8	1-6 %	
Absolute Eosinophils	510.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
PLATELET COUNT	117000	150000-400000 /cmm	Elect. Impedance
MPV	13.7	6-11 fl	Calculated
PDW	27.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	+		
Microcytosis	+		



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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others (CBC)	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Platelets reduced on smear. Few megaplatelets seen on smear
COMMENT	Eosinophilia

Result rechecked
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 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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Collected : 17-Apr-2023 / 08:49
Reported : 17-Apr-2023 / 17:21

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
FBS (-F), Fluoride Plasma	153.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
PPBS (-P), Fluoride Plasma PP/R	171.3	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	
Urine Ketones (PP)	Absent	Absent	

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



Bmhasakar

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



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Reg. Location : Bhayander East (Main Centre)

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Reported : 17-Apr-2023 / 14:03

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	18.8	19.29-49.28 mg/dl	Calculated
BLOOD UREA NITROGEN, Serum	8.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.82	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	109	>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	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC, Serum	5.5	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOS, Serum	2.3	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.4	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	138	136-145 mmol/l	IMT
POTASSIUM, Serum	5.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	103	98-107 mmol/l	IMT

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Collected : 17-Apr-2023 / 08:49
Reported : 17-Apr-2023 / 13:15

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLYCO Hb, EDTA WB - CC	6.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	151.3	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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Collected : 17-Apr-2023 / 08:49
Reported : 17-Apr-2023 / 13:42

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TPSA, Serum	0.487	<4.0 ng/ml	CLIA

Clinical Significance:

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

Interpretation:

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

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

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

Reference:

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

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



Anupa

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



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Collected : 17-Apr-2023 / 08:49
Reported : 17-Apr-2023 / 20:55

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour (Stool)	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
pH-Stool	Acidic (5.0)	-
Occult Blood (stool)	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent`	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



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



CID : 2310700522
Name : MR.JHA SANTOSH KUMAR
Age / Gender : 43 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner
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Collected : 17-Apr-2023 / 08:49
Reported : 17-Apr-2023 / 15:28

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color-U	Pale yellow	Pale Yellow	-
pH-Urine	7.0	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 (Urine)	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite (Urine)	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Pus cells / hpf	2-3	0-5/hpf	
RBC / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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

*** End Of Report ***



MC-2111

Bmhasakar

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



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Collected : 17-Apr-2023 / 08:49
Reported : 17-Apr-2023 / 14:00

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

PARAMETER	RESULTS
ABO GRP	AB
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.

Refernces:

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

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



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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Reported : 17-Apr-2023 / 14:03

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL CHOLESTEROL, Serum	180.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	134.3	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	30.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
Non HDL CHOLESTEROL, Serum	149.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.3	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, Serum	26.9	< /= 30 mg/dl	Calculated
TC/HDLC RATIO, Serum	5.8	0-4.5 Ratio	Calculated
LDLC/HDLC RATIO, Serum	4.0	0-3.5 Ratio	Calculated

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Collected : 17-Apr-2023 / 08:49
Reported : 17-Apr-2023 / 13:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
FT3, Serum	5.2	3.5-6.5 pmol/L	CLIA
FT4, Serum	13.1	11.5-22.7 pmol/L	CLIA
TSH, Serum	4.160	0.55-4.78 microIU/ml	CLIA

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)



Anupa

Dr.ANUPA DIXIT
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Consultant Pathologist & Lab Director



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.81	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.55	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT, Serum	44.4	<34 U/L	Modified IFCC
SGPT, Serum	75.4	10-49 U/L	Modified IFCC
GGT, Serum	37.3	<73 U/L	Modified IFCC
ALK PHOS, Serum	89.8	46-116 U/L	Modified IFCC

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: JHA SANTOSH KUMAR
Patient ID: 2310700522

Date and Time: 17th Apr 23 9:20 AM

Age **43** **3** **5**
years months days

Gender **Male**

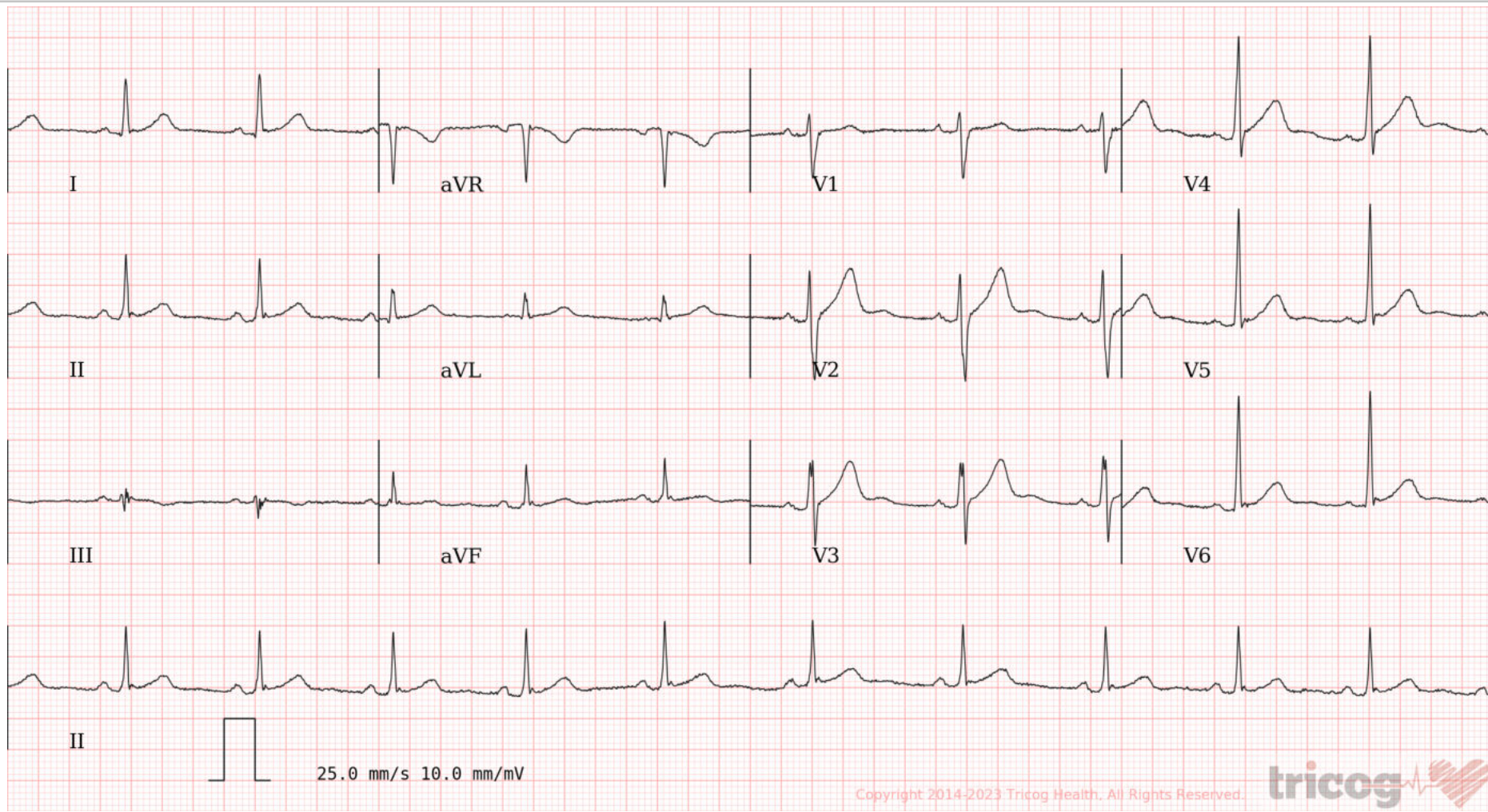
Heart Rate **67bpm**

Patient Vitals

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

Measurements

QRSD: 84ms
QT: 392ms
QTcB: 414ms
PR: 148ms
P-R-T: 55° 35° 21°



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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

भारत सरकार
Government of India

संतोष कुमार झा
Santosh Kumar Jha
जन्म तिथि / DOB : 12/01/1980
पुरुष / Male



4417 6946 6646

आधार - आम आदमी का अधिकार

Sgt

DR. *Awit* CHANDRANARY
ASSISTANT PHYSICIAN
Reg. No. 2017/12/5553

SUBURBAN DIAGNOSTICS (P) PVT. LTD
Shop No. 101/A, 1st Floor, Building
Above Telephone Exchange, Hospital,
Mira - E. Mira Road, Mira (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

DENTAL CHECK - UP

Name:- Sandosh Kumar Jha CID : 2310700522 Sex / Age : M / 43

Occupation:- Chief Manager Date: 17/04/2023

Chief complaints:- Nil

Medical / dental history:- RCT done c + 6 10 yrs Back.

GENERAL EXAMINATION:

1) Extra Oral Examination:

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

2) Intra Oral Examination:

- a) Soft Tissue Examination: Normal.
- b) Hard Tissue Examination:
- c) Calculus: + 4
- Stains: ++

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
															Decayed
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: Scaling & polishing.
Night Guard for lower arch.

Provisional Diagnosis:-

- Carious 28
- Generalized Gingivitis
- Generalized Attrition

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: aparnasangle@yahoo.in

CID: 2310700522	Age/Gender : 43Years/M
Name :MR. SANTOSH KUMAR JHA	Registered : 17/04/2023
REFERRED BY:	Reported : 17/04/2023
Reg.Location : Bhayander East (Main Centre)	Printed : 17/04/2023

2D-Echocardiogram & Doppler Report

Cardiac Evaluation:

DIMENSIONS:

IVSd	9.8 mm
LVIDd	44 mm
LVPWd	9.1 mm
IVSs	13.1 mm
LVIDs	26 mm
LVPWS	13.6 mm

LVEF 60% (M-MODE), Visually EF-60%
 No RWMA
 Aorta- 33 mm, LA- 39 mm

TAPSE - 28 mm
 IVC -17 mm, collapsing

MORPHOLOGICAL DATA

Mitral Valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
IAS / IVS	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
Pericardium	Normal

DOPPLER DATA:

Mitral E velocity	0.93 m/s	
Mitral A velocity	0.48 m/s	
Mitral E' velocity	0.19 m/s	
Aortic V max	1.18 m/s	PG 5.6 mmHg
TR Gmax	10 mmHg	

Trivial MR and AR, Trivial TR

No clot/vegetation/effusion.

IMPRESSION:

- Good LV systolic function, LVEF = 60%, Normal RV function
- No Diastolic Dysfunction
- No PH. (PASP by TR jet 15 mm Hg).

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



DR. ASHISH MISHRA
M.B.B.S., M.D., D.M. Cardiology
Reg. No. 2010/03/0511
CONSULTANT CARDIOLOGIST

CID:

Name : Mr.SANTOSH KUMAR

Age 43 / years / Male

PHYSICAL EXAMINATION REPORTS

History and Complaints:

No Complaints.

EXAMINATION FINDINGS:

Height (cms):	174	Weight (kg):	92
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/70	Nails:	NAD
Pulse:	84/min	Lymph Node:	Not Palpable

Systems

Cardiovascular:	S1S2(N) No Murmurs
Respiratory:	AEBE Clear
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION: ECG, CBC, Biochemistry, 2D Echo.
RUWNL
USG is Hx. Grade-II Fatty Liver and Simple
Hepatic cyst in left-lobe of liver.

ADVICE: Expert-Consultation.

CID:
 Name : Mr.SANTOSH KUMAR

Age 43 / years / Male

PHYSICAL EXAMINATION REPORTS

CHIEF COMPLAINTS:

- | | |
|------------------------------------------|------------|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | YES, 1 Yrs |
| 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 | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|---------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mix <i>ed</i> |
| 4) Medication | Yes |

DR. ANITA SINGHARY

CONSULTANT PHYSICIAN

Reg. No. 2017/12/5553

SUBURBAN DIAGNOSTICS (I) PVT. LTD

Shop No. 101-A, 101 to 105, Skyline Building,

Alcyon, Raymond, Near Dmart, Prem

Mira - Dnyandev Road, Mira (E)

Dist. Thane-401105.

Phone No : 022 - 61700000



CID : 2310700522
Name : Mr JHA SANTOSH KUMAR
Age / Sex : 43 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre
Reg. Date : 17-Apr-2023
Reported : 17-Apr-2023/13:33

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.0 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. A simple cyst measuring 8.4 mm is seen in the left lobe of liver. No obvious 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 partially distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions 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 11.7 x 5.2 cm. Left kidney measures 11.8 x 4.9 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 (11.8 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 3.6 x 3.1 x 3.3 cms and weighs 20.3 gms. Parenchymal echotexture is normal. Evidence of calcification seen in the prostatic parenchyma. No obvious mass made out.

There is no evidence of any lymphadenopathy or ascites.



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IMPRESSION:

- **Grade II fatty infiltration of liver.**
- **Simple hepatic cyst in left lobe of liver.**

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
Application To Scan the Code

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



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