



CID : 2310700480
Name : MR.RAJASRI KRISHNA VENKATA SURYA
Age / Gender : 53 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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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 | 15.2 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC COUNT | 5.20 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 46.3 | 40-50 % | Measured |
| MCV | 89 | 80-100 fl | Calculated |
| MCH | 29.2 | 27-32 pg | Calculated |
| MCHC | 32.8 | 31.5-34.5 g/dL | Calculated |
| RDW | 13.2 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC TOTAL COUNT | 6880 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 18.2 | 20-40 % | |
| Absolute Lymphocytes | 1252.2 | 1000-3000 /cmm | Calculated |
| Monocytes | 9.0 | 2-10 % | |
| Absolute Monocytes | 619.2 | 200-1000 /cmm | Calculated |
| Neutrophils | 70.9 | 40-80 % | |
| Absolute Neutrophils | 4877.9 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.6 | 1-6 % | |
| Absolute Eosinophils | 110.1 | 20-500 /cmm | Calculated |
| Basophils | 0.3 | 0.1-2 % | |
| Absolute Basophils | 20.6 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| PLATELET COUNT | 210000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.9 | 6-11 fl | Calculated |
| PDW | 19.4 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | - | | |
| Microcytosis | - | | |



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-20 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 40/2D ECHO

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|------------------------------------|---------|--|------------|
| FBS (-F), Fluoride Plasma | 120.9 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| PPBS (-P), Fluoride Plasma PP/R | 218.7 | 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 ***



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Bmhasakar

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



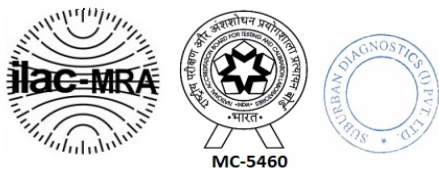
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|----------------------|---------------------|
| BLOOD UREA, Serum | 26.1 | 19.29-49.28 mg/dl | Calculated |
| BLOOD UREA NITROGEN, Serum | 12.2 | 9.0-23.0 mg/dl | Urease with GLDH |
| CREATININE, Serum | 0.88 | 0.60-1.10 mg/dl | Enzymatic |
| eGFR, Serum | 96 | >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 | 5.9 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 3.8 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 2.1 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.8 | 1 - 2 | Calculated |
| URIC, Serum | 5.7 | 3.7-9.2 mg/dl | Uricase/ Peroxidase |
| PHOS, Serum | 3.4 | 2.4-5.1 mg/dl | Phosphomolybdate |
| CALCIUM, Serum | 8.5 | 8.7-10.4 mg/dl | Arsenazo |
| SODIUM, Serum | 139 | 136-145 mmol/l | IMT |
| POTASSIUM, Serum | 4.3 | 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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|--|------------|
| GLYCO Hb, EDTA WB - CC | 7.3 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 162.8 | 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 ***



Bmhasakar

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



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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-------------|---------|----------------------|--------|
| TPSA, Serum | 2.704 | <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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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 ***



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



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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--------------------------------|-------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| Color-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) | 20 | - | - |
| 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

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*** End Of Report ***



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Bmhasakar

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



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

| PARAMETER | RESULTS |
|-----------|----------|
| ABO GRP | 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.

Refernces:

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

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*** End Of Report ***



Dr. Trupti Shetty

Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------|---------|---|--|
| TOTAL CHOLESTEROL, Serum | 141.1 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 105.5 | 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 | 38.0 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| Non HDL CHOLESTEROL, Serum | 103.1 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 82.0 | Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl | Calculated |
| VLDL, Serum | 21.1 | < /= 30 mg/dl | Calculated |
| TC/HDLC RATIO, Serum | 3.7 | 0-4.5 Ratio | Calculated |
| LDLC/HDLC RATIO, Serum | 2.2 | 0-3.5 Ratio | Calculated |

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Bmhasakar

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M.D. (PATH)
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|------------|---------|----------------------|--------|
| FT3, Serum | 4.2 | 3.5-6.5 pmol/L | ECLIA |
| FT4, Serum | 16.5 | 11.5-22.7 pmol/L | ECLIA |
| TSH, Serum | 1.67 | 0.35-5.5 microIU/ml | ECLIA |

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-----------------------------|---------|----------------------|------------------|
| BILIRUBIN (TOTAL), Serum | 0.58 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.23 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.35 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.0 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 1.8 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 2.3 | 1 - 2 | Calculated |
| SGOT, Serum | 13.7 | 5-40 U/L | NADH (w/o P-5-P) |
| SGPT, Serum | 23.3 | 5-45 U/L | NADH (w/o P-5-P) |
| GGT, Serum | 23.5 | 3-60 U/L | Enzymatic |
| ALK PHOS, Serum | 80.2 | 40-130 U/L | Colorimetric |

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*** End Of Report ***



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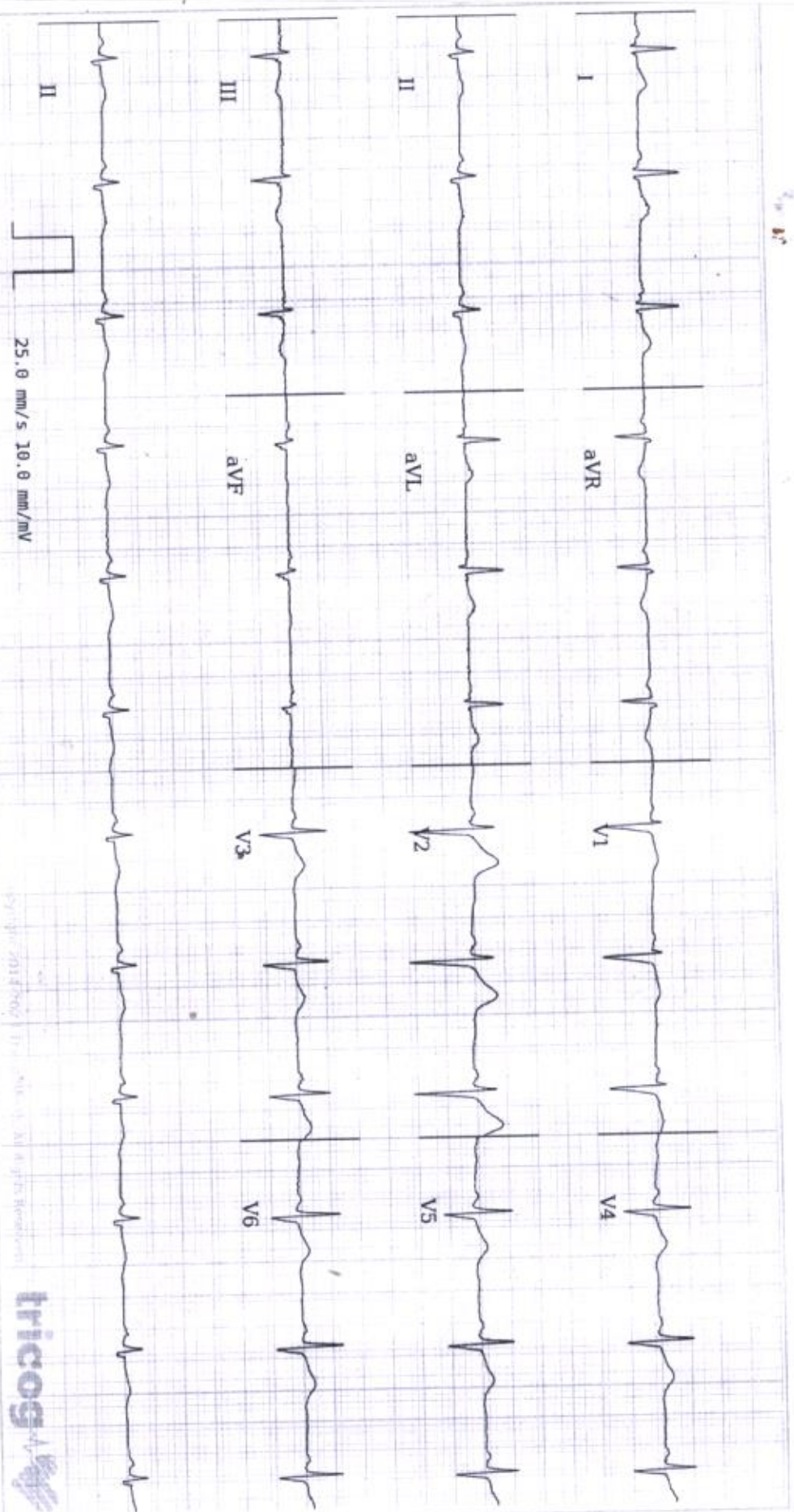
Bmhasakar

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

SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: RAJASRI KRISHNA
Patient ID: 2310700480

Date and Time: 17th Apr 23 9:55 AM



Printed on: 2014/06/17 11:41 AM



Age 53 N
years MORT

Gender Male

Heart Rate 72

Patient Vitals

BP: 110/80

Weight: 65 kg

Height: 166 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 82ms

QT: 380ms

QTcB: 416ms

PR: 114ms

P-R-T: 37°-9

REPORTED BY

[Signature]

Dr Nitin Sonawane
MBBS, AFLL, DDIABD, CARD
Consultant Cardiologist
87714

Sinus Rhythm, Short PR Interval. Please correlate clinically.

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

Name : Mr . RAJASRI KRISHNA VENKATA SURYA
VID : 2310700480
Ref By : Arcofemi Healthcare Limited

Reg Date : 17-Apr-2023 08:41
Age/Gender : 53 Years
Regn Centre : Borivali West (Main Centre)

History and Complaints:

EXAMINATION FINDINGS:

| | | | |
|-------------------------|------------|--------------|--------------|
| Height (cms): | 166 | Weight (kg): | 65 |
| Temp (0c): | Afebrile | Skin: | NAD |
| Blood Pressure (mm/hg): | 110/80 | Nails: | NAD |
| Pulse: | 72/Per min | Lymph Node: | Not palpable |

Systems

Cardiovascular: S1S2- NORMAL
Respiratory: CHEST CLEAR
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION:

pt sugar ↑

ADVICE:

Diabetologist ref

CHIEF COMPLAINTS:

- | | |
|--|--------------------------------|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO <i>Yes ∴ str</i> |
| 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 |

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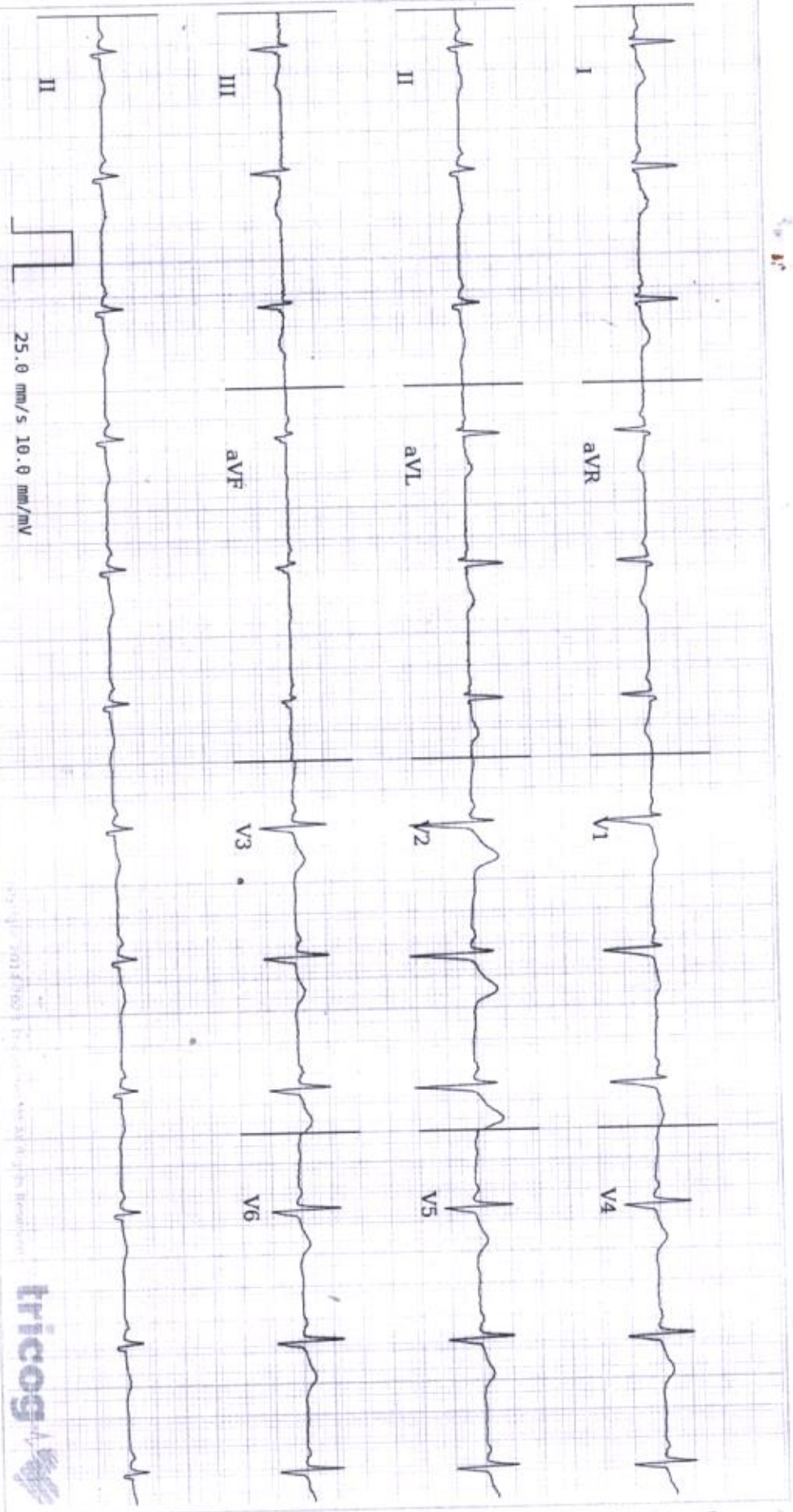
PERSONAL HISTORY:

- | | |
|---------------|---------------------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | MIX |
| 4) Medication | NO DM Rx |


Dr. Nitin Sonavane
PHYSICIAN

Patient Name: RAJASRI KRISHNA
Patient ID: 2310700480

SUBURBAN DIAGNOSTICS - BORIVALI WEST
Date and Time: 17th Apr 23 9:55 AM



Sinus Rhythm, Short PR Interval. Please correlate clinically.

Age **53** NA
years months
Gender **Male**
Heart Rate **72bpm**
Patient Vitals
BP: 110/80 mmHg
Weight: 65 kg
Height: 166 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements
QRSD: 82ms
QT: 380ms
QTcB: 416ms
PR: 114ms
P-R-T: 37° -9° 4°



REPORTED BY

[Signature]

Dr Nitin Sonawane
M.B.B.S, A.F.L.I., D.DIAB.D.CARD
Consultant Cardiologist
87714

Disclaimer: This analysis or this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. All patient vital signs entered by the clinician and not derived from the ECG.



CID : 2310700480
Name : Mr RAJASRI KRISHNA VENKATA
SURYA
Age / Sex : 53 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 17-Apr-2023
Reported : 17-Apr-2023 / 11:54

USG WHOLE ABDOMEN

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

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

KIDNEYS: Right kidney measures 10.4 x 4.9 cm. Left kidney measures 11.3 x 5.9 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 4.1 x 2.9 x 3.9 cm and prostatic weight is 25 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



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Use a QR Code Scanner
Application To Scan the Code

Opinion:

➤ Grade I fatty infiltration of liver .

For clinical correlation and follow up.

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

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

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



Use a QR Code Scanner
Application To Scan the Code

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Age / Sex : 53 Years/Male
Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 17-Apr-2023
Reported : 17-Apr-2023 / 11:48

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

| | |
|---|-------------------------|
| CID NO: 2310700480 | |
| PATIENT'S NAME: MR.RAJASRI KRISHNA VENKATA SURYA | AGE/SEX: 53 Y/M |
| REF BY: ----- | DATE: 17/04/2023 |

2-D ECHOCARDIOGRAPHY

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

| | |
|---|------------------|
| PATIENT'S NAME: MR. RAJASRI KRISHNA VENKATA SURYA | AGE/SEX: 53 Y/M |
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- | | |
|------------------------|----------|
| 1. AO root diameter | 3.0 cm |
| 2. IVSd | 1.1 cm |
| 3. LVIDd | 4.1 cm |
| 4. LVIDs | 1.9 cm |
| 5. LVPWd | 1.1 cm |
| 6. LA dimension | 3.5 cm |
| 7. RA dimension | 3.6 cm |
| 8. RV dimension | 3.0 cm |
| 9. Pulmonary flow vel: | 0.9 m/s |
| 10. Pulmonary Gradient | 3.4 m/s |
| 11. Tricuspid flow vel | 1.4 m/s |
| 12. Tricuspid Gradient | 8 m/s |
| 13. PASP by TR Jet | 18 mm Hg |
| 14. TAPSE | 2.9 cm |
| 15. Aortic flow vel | 1.0 m/s |
| 16. Aortic Gradient | 4 m/s |
| 17. MV:E | 0.7 m/s |
| 18. A vel | 0.6 m/s |
| 19. IVC | 15 mm |

Impression:
Normal 2d echo study.

Disclaimer

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

End of Report


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

85-3
166-4

భారత ప్రభుత్వం
GOVERNMENT OF INDIA



రాజశ్రీ కిరీష్ణ వెంకట సూర్యనారాయణ
Rajasri Kirishna Venkata Suryanarayana

జన్మ సంవత్సరం/Year of Birth : 1970
వైద్యం / Male

9883 1528 0968



అధికారి - సామాన్య వైద్య హక్కు

★
For medical consultation
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Nishant