

CID# : 2225606220

Name : MR.JOQUIM A RAPOSE

Age / Gender : 63 Years/Male

Consulting Dr. : -

Collected : 13-Sep-2022 / 09:34

Reg.Location : Andheri West (Main Centre)

Reported : 14-Sep-2022 / 12:46

PHYSICAL EXAMINATION REPORT

History and Complaints:

K/C/O Hypertension on medication.
S/P Client is blind since birth.

EXAMINATION FINDINGS:

Height (cms):	170 cms	Weight (kg):	109 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	140/100 mm of Hg	Nails:	Normal
Pulse:	68/min	Lymph Node:	Not palpable

Systems

Cardiovascular:	S1S2 audible
Respiratory:	AEBE
Genitourinary:	NAD
GI System:	Liver & Spleen not palpable
CNS:	NAD

IMPRESSION:

K/C/O Hypertension on medication,
Impaired blood glucose, Pre diabetic level, High triglycerides,
Serum creatinine=1.46 mg/dl., eGFR=52,
USG Mild hepatomegaly with Grade II fatty liver and simple hepatic cyst, Umbilical hernia, Moderate to gross prostatomegaly with significant post void residue.

ADVICE:

Kindly consult your treating physician with all your reports,
Optimal control of blood pressure and blood sugar,
Consult Nephrologist/Urologist in view of elevated serum creatinine levels and USG reports,
Therapeutic life style modification is advised.

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

CID# : 2225606220
Name : MR.JOAQUIM A RAPOSE
Age / Gender : 63 Years/Male
Consulting Dr. : -
Reg.Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:34
Reported : 14-Sep-2022 / 12:46

CHIEF COMPLAINTS:

- | | |
|--|--------------------|
| 1) Hypertension: | Yes, on medication |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | NO |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|----------------------------------|
| 1) Alcohol | Occasionally |
| 2) Smoking | NO |
| 3) Diet | Mixed |
| 4) Medication | Tab. Telma AM.Tab. Concor 0.5 mg |

*** End Of Report ***

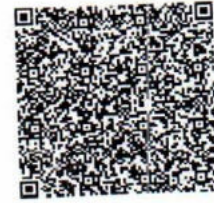
Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 12:01

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.00	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.4	40-50 %	Calculated
MCV	86.9	80-100 fl	Measured
MCH	29.4	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4660	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	36.7	20-40 %	
Absolute Lymphocytes	1710	1000-3000 /cmm	Calculated
Monocytes	9.3	2-10 %	
Absolute Monocytes	430	200-1000 /cmm	Calculated
Neutrophils	46.2	40-80 %	
Absolute Neutrophils	2150	2000-7000 /cmm	Calculated
Eosinophils	6.6	1-6 %	
Absolute Eosinophils	310	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	60	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	212000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Measured
PDW	15.4	11-18 %	Calculated



Use a QR Code Scanner
Application To Scan the Code

CID : 2225606220
Name : MR.JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 11:03

R
E
P
O
R
T

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 3 2-20 mm at 1 hr. Westergren

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



M. Jain
Dr. MILLU JAIN
M.D.(PATH)
Pathologist

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 13:31
Reported : 13-Sep-2022 / 16:47

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	115.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	183.1	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)	Trace	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 15:04

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	29.7	17.1-49.3 mg/dl	Kinetic
BUN, Serum	13.9	8-23 mg/dl	Calculated
CREATININE, Serum	1.46	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	52	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	4.8	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.9	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 15:04

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	131.2	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 CPL, Andheri West
*** End Of Report ***



Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Brief Disclaimer: (1)Suburban Diagnostics ensures that the tests are conducted with utmost care and safety and are performed on samples received as per the sample collection guide of Suburban Diagnostics.(2)Sample may be rejected if unacceptable for the retested tests. (3)Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.(4)Report must not be copied in part, only in full, (5)This report is not valid for medico-legal purposes.(6)Patient information or data will not be communicated to a third party except in the case of a notifiable disease to a Public Care Unit.(7)Suburban Diagnostics reserves the right to subcontract samples to other laboratories as required.(8)Suburban Diagnostics is not liable for any penalties or liabilities arising out of or relating in any way to these services and/or content or information provided herein.(9) For the elaborated disclaimer, please turn

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 13:54

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.676	0.03-4.5 ng/ml	ECLIA



Use a QR Code Scanner
Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 11:47

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

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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 CPL, Andheri West
*** End Of Report ***



Anupa
Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 17:50

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	198.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	201.2	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	45.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	152.5	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113	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	Colorimetric
VLDL CHOLESTEROL, Serum	40	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



M Jain
Dr. MILLU JAIN
M.D.(PATH)
Pathologist

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 13:54

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.67	0.35-5.5 microlU/ml	ECLIA



Use a QR Code Scanner Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 13:54

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 CPL, Andheri West
*** End Of Report ***



Anupa

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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 13:54

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 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

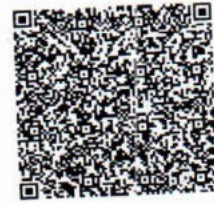
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



MC-2111

Anupa Dixit

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 13:54

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

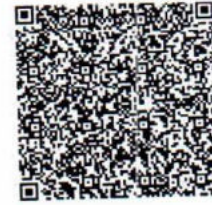
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	30.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	39.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	73.6	40-130 U/L	Colorimetric

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



Anupa

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 18:47

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	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	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 CPL, Andheri West
*** End Of Report ***



M. Jain

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2225606220
Name : MR. JOAQUIM A RAPOSE
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:38
Reported : 13-Sep-2022 / 16:41

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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



J. Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)

CID# : 2225606220
Name : MR.JOAQUIM A RAPOSE
Age / Gender : 63 Years/Male
Consulting Dr. : -
Reg.Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 09:34
Reported : 13-Sep-2022 / 13:17

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

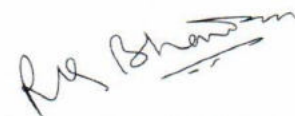
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***



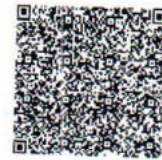
Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Authenticity Check



Use a QR Code Scanner
 Application To Scan the Code

CID : 2225606220
Name : Mr JOAQUIM A RAPOSE
Age / Sex : 63 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 13-Sep-2022
Reported : 13-Sept-2022 / 11:54

USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size (15.8cm) and shows bright echotexture. The intra hepatic biliary and portal radical appear normal.

A 1.5 x 1.4cm sized simple cyst is noted in the left lobe of liver.

The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal.

No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal.

No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 9.4 x 4.7cm. Left kidney measures 10.6 x 4.5cm.

SPLEEN:

The spleen is normal in size (10.8cm) and echotexture.

No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

A 2.2cm sized defect is noted in the anterior abdominal wall at the level of the umbilicus through which omentum is seen herniating on increased abdominal pressure. Features are suggestive of umbilical hernia.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

Prevoid volume = 240cc.

Postvoid volume = 78cc.

PROSTATE:

The prostate is moderate to grossly enlarged in size measuring 4.8 x 4.7 x 4.6cm and volume is 56.8cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=20220913093509243>

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Page no 1 of 2

Authenticity Check



Use a QR Code Scanner
 Application To Scan the Code

CID : 2225606220
 Name : Mr JOAQUIM A RAPOSE
 Age / Sex : 63 Years/Male
 Ref. Dr :
 Reg. Location : Andheri West (Main Center)

Reg. Date : 13-Sep-2022
 Reported : 13-Sept-2022 / 11:54

IMPRESSION:

1. Mild hepatomegaly with Grade II fatty liver and simple hepatic cyst as described above.
2. Umbilical hernia as described above.
3. Moderate to gross prostatomegaly with significant post void residue.

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

DR. NIKHIL DEV
 M.B.B.S, MD (Radiology)
 Reg No – 2014/11/4764
 Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022091509350944>

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

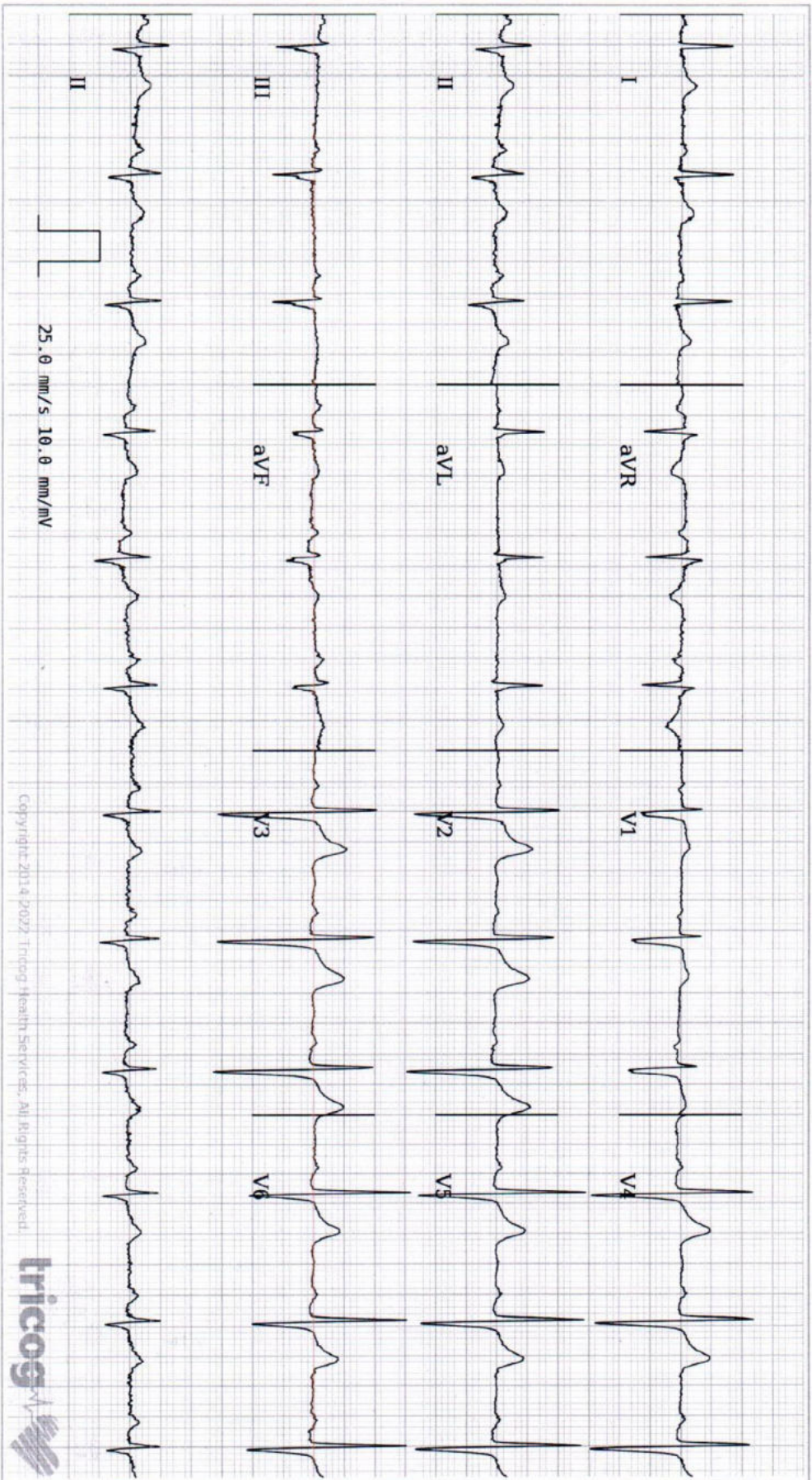
For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Page no 2 of 2

R
E
P
O
R
T

Patient Name: JOAQUIM A RAPOSE
Patient ID: 2225606220

Date and Time: 13th Sep 22 9:46 AM



25.0 mm/s 10.0 mm/mV

Copyright 2014-2022 Tricog Health Services. All Rights Reserved.



Age 63 3 16
years months days

Gender Male

Heart Rate 72bpm

Patient Vitals

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

Measurements

QRSD: 116ms
QT: 394ms
QTc: 431ms
PR: 182ms
P-R-T: 55° -18° 34°

REPORTED BY

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

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

Disclaimer: 1) Analysis in this report is based on ECG alone, and should be used as an adjunct to clinical

2) Patient vitals are as entered by the clinician and not derived from the ECG. 3) symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified