

CID : 2305621029  
Name : Mr YADAV ADITYA PAL  
Age / Sex : 44 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 13:39

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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-----

**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

*Khilji FA*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

[Click here to view images <<ImageLink>>](#)

Authenticity Check



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Name : Mr YADAV ADITYA PAL  
Age / Sex : 44 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 8:43

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.2cm), shape and smooth margins. **It shows bright parenchymal echo pattern.**The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen.The main portal vein (11mm) and CBD (2.7mm) appears normal.

### GALL BLADDER:

The gall bladder is not seen (post cholecystectomy status).

### PANCREAS:

The pancreas is well visualized and appears normal.No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 10.5 x 4.7 cm. Left kidney measures 10.8 x 6.2 cm.  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus,hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (8.7cm) and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

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

### PROSTATE:

The prostate is normal in size and measures 3.9 x 3.3 x 3.1 cm and volume is 21.7 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022507460961>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vikhroli (W), Mumbai - 400086.

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Corporate Identity Number (CIN): U85110MH2002PTC136144

Authenticity Check



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Name : Mr YADAV ADITYA PAL  
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Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 8:43

**IMPRESSION:**

GRADE I FATTY LIVER.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari  
MBBS, MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022507460961>

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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Page no 2 of 2 Mumbai - 400086.

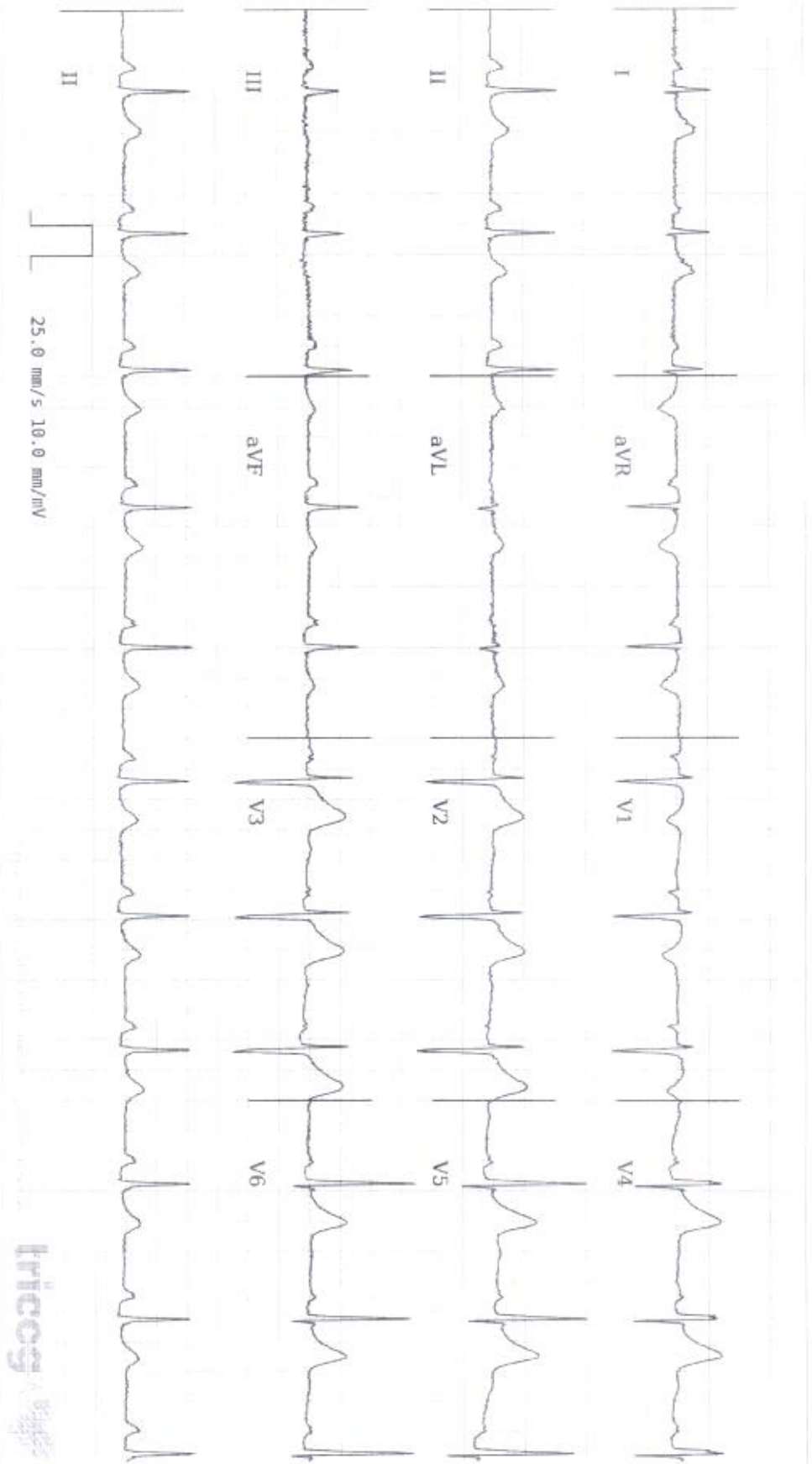
HEALTHLINE: 022-6170-0000 | E-MAIL: [customerservice@suburbandiagnostics.com](mailto:customerservice@suburbandiagnostics.com) | WEBSITE: [www.suburbandiagnostics.com](http://www.suburbandiagnostics.com)

Corporate Identity Number (CIN): U85110MH2002PTC136144



Patient Name: **YADAV ADITYA PAL**  
Patient ID: **2305621029**

Date and Time: **25th Feb 23 8:26 AM**



Age **44** **1** **19**  
years months days

Gender **Male**

Heart Rate **67bpm**

Patient Vitals

BP: **100/70 mmHg**

Weight: **85 kg**

Height: **182 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSD: **84ms**

QT: **392ms**

QTc: **41.4ms**

PR: **162ms**

P-R-T: **64° 66° 32°**

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

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**

For: **Dr. Anil Parulkar**  
Thakur Anand, D. Nagar,  
Bamburda, Pune-411004,  
Tel: 020-26110000

**DR. ANIL PARULKAR**  
MBBS, MD, MEDICINE, DNRCARDIOLOGY  
2012032483

REPORTED BY  
*Anil Parulkar*



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

Date:- 25/6/23

CID: 2305621029

Name:- Mr. Aditya Yadav

Sex/Age: m / 44

## EYE CHECK UP

Chief complaints: Routine check up

Systemic Diseases: No H/O S/G

Past history: No H/O Ocular surgery

Unaided Vision: 6/36, N/G 6/36, N/G

Aided Vision: 6/6, N/G 6/6, N/G

Refraction:

Eoms! Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-1.25	—	—	6/6	-1.25	—	—	6/6
Near	+	—	—	N/G	+	—	—	N/G

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

*Aditya H.*  
KAJAL NAGRECHA  
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No. 3, Aagan,  
Thatur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700600

**DENTAL CHECK - UP**

Name:- *Yadav Aditya Pal*

CID : *2305621029*

Sex / Age : *M / 44*

Occupation:-

Date: *25/02/2023*

Chief complaints:- *No complaints*

Medical / dental history:- *No relevant history*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral asymmetrical*

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *Normal*
- c) Calculus: *+* *str* *carious*
- Stains: *+*

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

<input type="checkbox"/>	Missing	#	Fractured
<input type="checkbox"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="checkbox"/>	Cavity/Caries	RP	Root Piece

Advised: *a) Filling str*

Provisional Diagnosis:-

*MIL-*

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Row House No. 3, Aangan,  
Thacker Vihar, Khandivli (east),  
Mumbai - 400101.  
Tel : 61700000

**DR. BHUMIK PATEL**  
(B.D.S) A - 23378

*Dr. Bhumik Patel*

*[Signature]*



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

1087 (2305621029) / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 Kg  
 Date: 25 / 02 / 2023 09:23:27 AM Refd By : MEDIWHEEL Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:16	0:16	00.0	00.0	01.0	068	39%	100/70	068	00	
Standing	00:37	0:21	00.0	00.0	01.0	071	40%	100/70	071	00	
HV	00:47	0:10	00.0	00.0	01.0	064	36%	100/70	064	00	
ExStair	01:06	0:19	00.0	00.0	01.0	064	36%	100/70	064	00	
BRUCE Stage 1	04:06	3:00	02.7	10.0	04.7	112	64%	130/70	145	00	
BRUCE Stage 2	06:06	2:00	04.0	12.0	06.3	130	74%	130/70	169	00	
BRUCE Stage 3	09:06	3:00	05.5	14.0	10.2	150	85%	140/70	210	00	
PeakEx	09:25	0:19	06.8	16.0	10.6	152	86%	160/70	243	00	
Recovery	10:25	1:00	00.2	00.0	04.3	123	70%	160/70	196	00	
Recovery	10:35	1:10	00.0	00.0	03.2	115	65%	160/70	184	00	

**FINDINGS :**

Exercise Time : 08:19  
 Initial HR (ExStrt) : 64 bpm 36% of Target 176  
 Initial BP (ExStrt) : 100/70 (mm/Hg)  
 Max WorkLoad Attained : 10.6 Good response to induced stress  
 Duke Treadmill Score : 08.1  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 152 bpm 86% of Target 176  
 Max BP Attained 160/70 (mm/Hg)

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 Plot No. 3, Aagarw  
 Feroz Nagar, Kandivali (east),  
 Thacker Village, Kandivali (east),  
 Mumbai - 400104.  
 Tel : 61700880

Dr. Akhil P. Parulekar.  
 M.D. (General Medicine)  
 DNB (Cardiology)  
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR





Email:

1087 / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 Kg Date: 25 / 02 / 2023 09:23:27 AM Refd By : MEDIWHEEL

REPORT :

Heart Rate:154.0 bpm

Systolic BP: 160.0 mmHg Diastolic BP: 70.0 mmHg

Exercise Time:08:19 Mins. Ectopic Beats:0.0

METS:10.6 Test End Reason:Heart Rate Achieved Target Heart Rate:88% of 176

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED. STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE
DISCLAIMER	Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

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 Tel: 617009000

**Dr. Akhil P. Parulekar,**  
 MBBS, MD, Geriatrics  
 DNB Geriatrics  
 Reg. No. 2612082483

Doctor : DR. AKHIL PARULEKAR





1087 (2305621029) / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 kg / HR . 68

Date 25 / 02 / 2023 09:23:27 AM METS : 1 0/ 68 bpm 39% of THR BP 100/70 mmHg Raw ECG/ BLC Oh/ Notch Oh/ HF 0.05 Hz/ LF 35 Hz

4X 80 mS Post J EXTime 00:00:0.0 KmPh 0.0% 25 mm/Sec 1.0 Cm/mV



REMARKS





1087 (2305621029) / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 Kg / HR : 71

Date: 25 / 02 / 2023 09:23:27 AM METS: 1.0 / 71 bpm 40% of THR BP: 100/70 mmHg Row ECG/ BLD ON/ NoCh On/ HF 0.05 Hz/ LF 35 Hz

4X 80 mS Post J ETime: 00:00:0.0 KmPh: 0.0% 25mm/Sec: 1.0 Cm/mV

PR 111  
QRS 111  
ST 114

V1 0.7  
V2 0.5

II 1.9  
III 1.2

V2 1.5  
V3 1.3

III 0.2  
aVR 1.5  
aVL 1.7

V3 1.3  
V4 0.8

aVR 1.5  
aVL 0.3  
aVF 0.5

V4 2.6  
V5 0.7

aVF 1.3  
V5 1.5  
V6 1.2

V5 1.5  
V6 1.2



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:10 )



1087 (2305621029) / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 Kg / HR : 64

Date: 25/02/2023 09:23:27 AM METS: 1.0/64 bpm 36% of THR BP: 100/70 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LE 35 Hz

ExTime: 00:00:0.0 Kmph: 0.0%

4X 80 MS Post J

25 mm/Sec 1.0 Cm/mV

STV 1.1  
STV 0.8

V1  
0.3  
0.5

V3

II  
1.3  
1.2

V2  
1.4  
0.9

V2

III  
0.1  
0.3

V3  
1.4  
0.9

V3

aVR  
-1.2  
-1.0

V4  
1.5  
1.1

V4

aVL  
0.5  
0.3

V5  
1.2  
1.0

V5

aVF  
0.7  
0.8

V6  
0.7  
0.8

V6



REMARKS



1087 (2305621029) / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 Kg / HR : 73

Date: 25 / 02 / 2023 09:23:27 AM METS: 1.0 / 73 bpm 41% of THR BP: 100/70 mmHg Raw ECG/BLO On/Noch On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 Km/ph 0.0%

4X 80 mS Feed J

25 mm/Sec 1.0 Cm/mV

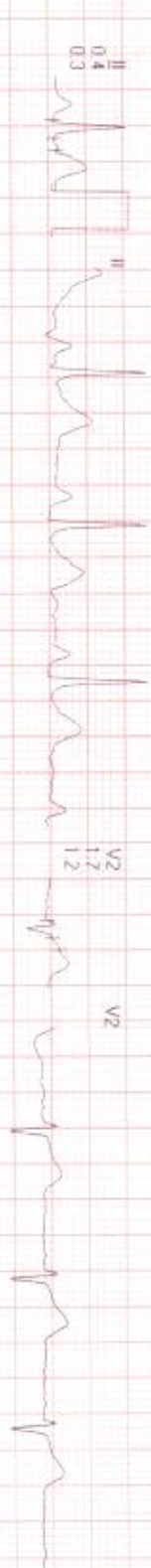
sin 0.9  
sis 0.7

V1  
0.0  
0.3



II  
0.4  
0.3

V2  
1.2  
1.2



III  
-0.4  
-0.4

V3  
1.7  
0.8



avR  
-0.5  
-0.5

V4  
0.2  
0.3



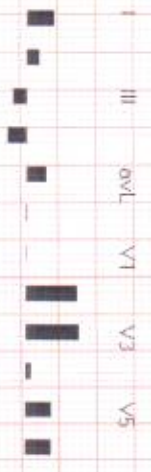
avL  
0.7  
0.6

V5  
0.8  
1.0



avF  
0.0  
-0.1

V6  
0.8  
0.8



REMARKS



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**BRUCE : Stage 1 ( 03:00 )**



1087 (2305621029) / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 Kg / HR : 112

Date: 25 / 02 / 2023 09:23:27 AM METS: 4.7 / 11.2 bpm 64% of THR BP: 130/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/VF 35 Hz

ExTime: 03:00 2.7 Kmph 10.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



Lead	ST-T	ST	T
I	0.6	0.6	0.8
II	0.5	0.5	0.5
III	0.0	0.0	0.2
aVR	-0.6	-0.6	-0.7
aVL	0.3	0.3	0.4
aVF	0.3	0.3	0.2
V1	0.0	0.0	0.0
V2	0.9	0.9	0.9
V3	0.0	0.0	0.0
V4	0.0	0.0	0.0
V5	0.0	0.0	0.0
V6	0.0	0.0	0.0

REMARKS



1087 (2305621029) / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 Kg / HR : 130

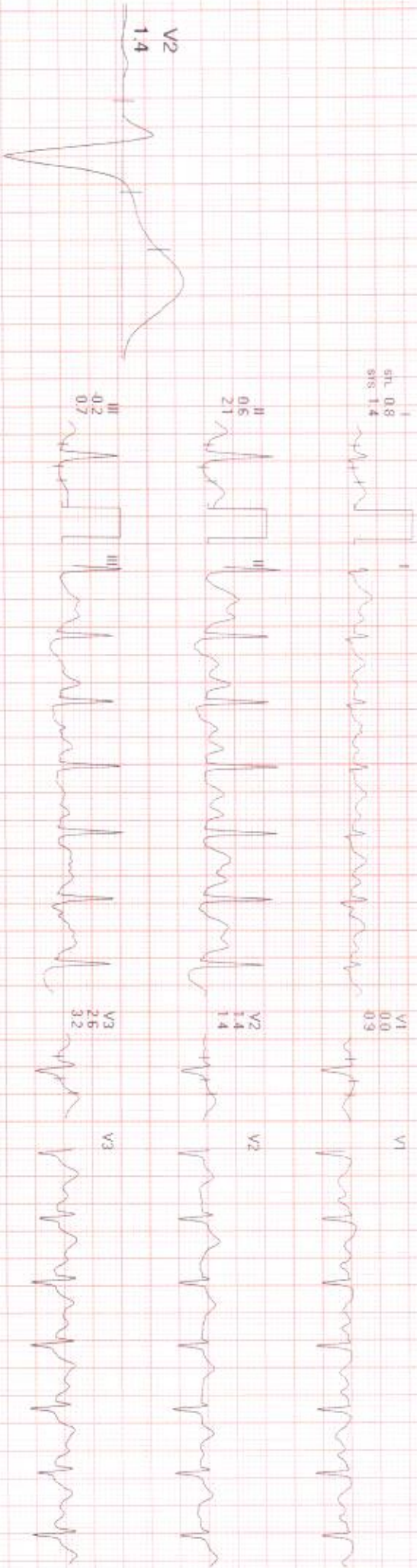
Date 25 / 02 / 2023 09:23:27 AM

METS: 6.3 / 130 bpm 74% of THR BP: 130/70 mmHg Row ECG/BLC On/Notch On/HF 0.05 Hz/VF 35 Hz

ExTime 05:00 4.0 kmph 12.0%

4X 70 MS Post J

25mm/Sec 1.0 Cm/mV



REMARKS



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**BRUCE : Stage 3 ( 03:00 )**

1087 (2305621029) // ADITYA PAL YADAV // 44 Yrs / M / 182 Cms / 85 Kg / HR : 150



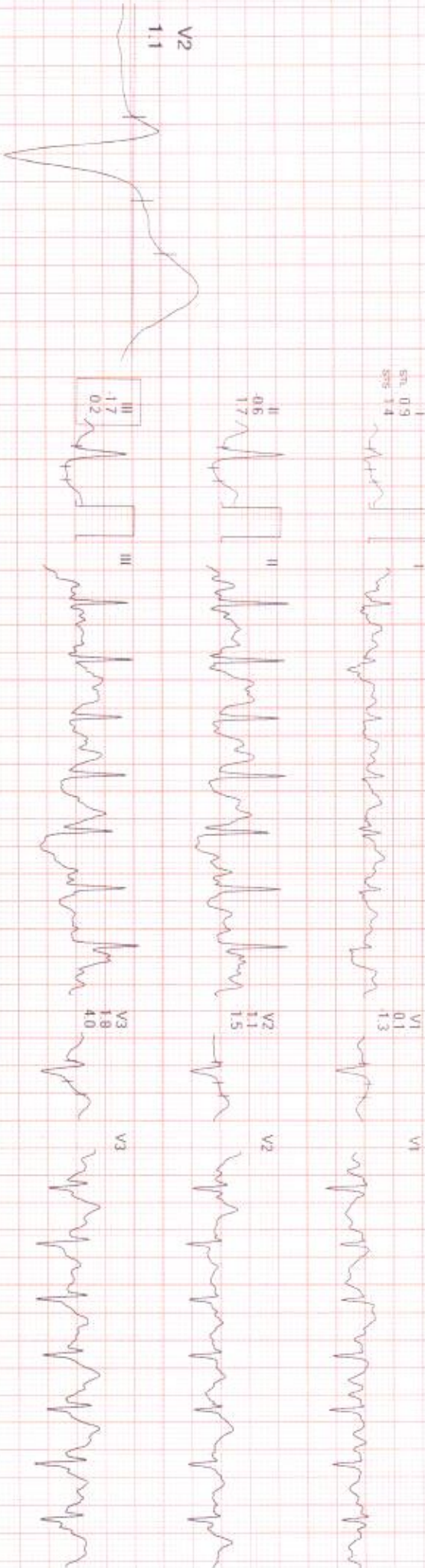
Date 25 / 02 / 2023 09:23:27 AM

METS : 10.2 / 150 bpm 85% of THR : BP: 140/70 mmHg Raw ECG BLC On/Noch On/ HF 0.05 Hz/LF 35 Hz

ExTime 08:00 5.5 kmph 14.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeaKEX



1087 (2305621029) / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 Kg / HR - 152

Date 25 / 03 / 2023 09:23:27 AM

METS: 10.6 / 1.52 bpm 86% of THR; BP: 160/70 mmHg; Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ F 35 Hz

ExTime 08:19 6.8 (mph) 16.0%

4X

60 ms Pul J

25 mm/Sec 1.0 Cm/mV

SI 0.1  
ST 1.5

V1 0.5  
V2 0.7



II 1.5  
III 0.7

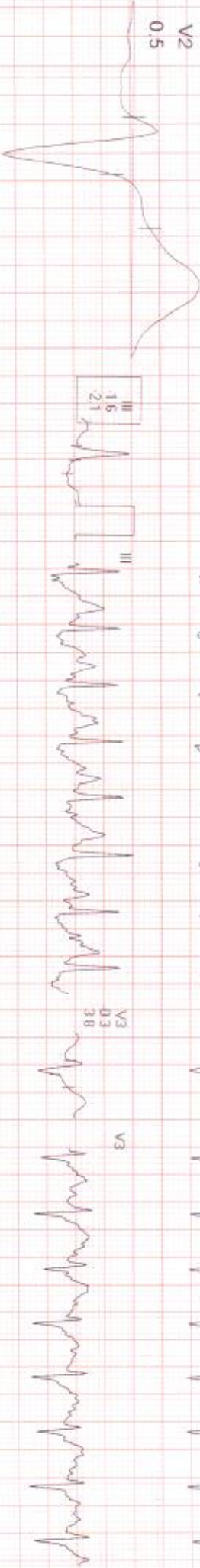
V2 0.5  
V3 1.3



V2 0.5

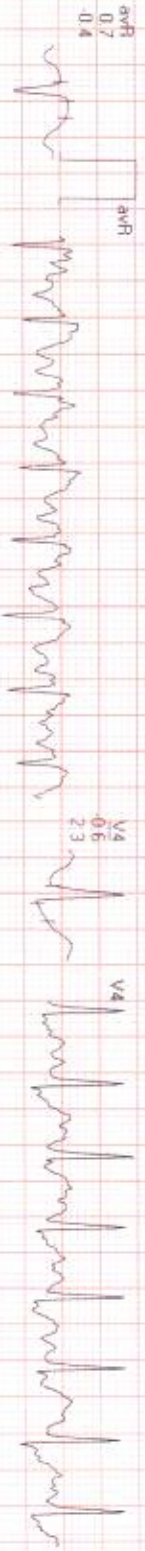
III 1.6  
aVL 2.1

V3 0.3  
V4 3.8



aVR 0.7  
aVL 0.4

V4 0.6  
V5 2.3



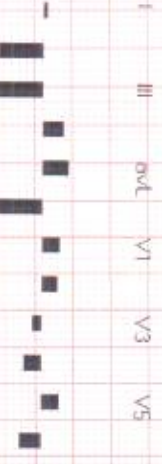
aVL 0.9  
aVF 1.8

V5 0.6  
V6 3.0



aVF 1.5  
aVR 1.4

V6 0.7  
V7 0.3



REMARKS: I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1087 (2305621029) / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 Kg / HR : 123

Recovery : ( 01:00 )

AGHPIL

Date 25 / 02 / 2023 09:23:27 AM

METS: 42/123 bpm 70% of THR BP: 160/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LE 35 Hz

ExTime 0819 0.21mph 0.0%

4X

80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS

II aVR aVL aVF V1 V2 V3 V4 V5 V6



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

1087 (2305621029) / ADITYA PAL YADAV / 44 Yrs / M / 182 Cms / 85 kg / HR 115

Recovery : ( 01:10 )



Date: 25 / 02 / 2023 09:23:27 AM

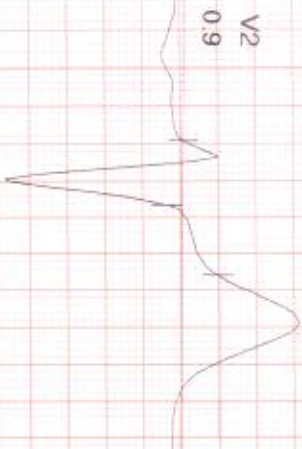
METS: 1.0 / 115 bpm 65% of THR BP: 160/70 mmHg Paw ECG/ BLC On/ Natch On/ HF: 0.05 Hz/ AF: 35 Hz

EXTime: 08:19 0.0 kmph 0.0%

4X

80 mS Post J

25 mm/Sec 1.0 Cm/mV



rn: 0.7  
sn: 1.3



V1 0.2  
0.3

V1

rn: 1.2  
sn: 1.8



V2 0.9  
1.5

V2

V2 0.9

rn: 0.5  
sn: 0.5



V3 2.7  
3.9

V3

rn: -1.0  
sn: -1.5



V4 1.4  
2.2

V4

rn: 0.1  
sn: 0.4



V5 1.1  
1.9

V5

rn: 0.9  
sn: 1.1



V6 0.8  
1.1

V6



REMARKS







CID : 2305621029  
Name : MR.YADAV ADITYA PAL  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 07:49  
Reported : 25-Feb-2023 / 11:38

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.69	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.4	40-50 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.1	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6380	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.1	20-40 %	
Absolute Lymphocytes	1856.6	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	510.4	200-1000 /cmm	Calculated
Neutrophils	59.7	40-80 %	
Absolute Neutrophils	3808.9	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	153.1	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	51.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	257000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	13.7	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			





CID : 2305621029  
Name : MR.YADAV ADITYA PAL  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 07:49  
Reported : 25-Feb-2023 / 10:34

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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-ESR 11 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**



CID : 2305621029  
Name : MR.YADAV ADITYA PAL  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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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	100.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.6	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	

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\*\*\* End Of Report \*\*\*

*Bmhasakar*

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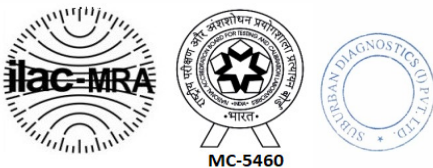
**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	39.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	18.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.75	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	120	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	6.2	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.4	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.0	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	140	136-145 mmol/l	IMT
POTASSIUM, Serum	4.4	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	106	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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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.

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

\*\*\* End Of Report \*\*\*

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





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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	2.025	<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- $\alpha$ -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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**Reg. Location** : Kandivali East (Main Centre)

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\*\*\* End Of Report \*\*\*



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	-		

**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

*Bmhasakar*

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



MC-2111





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Reg. Location : Kandivali East (Main Centre)

Collected :  
Reported :

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**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

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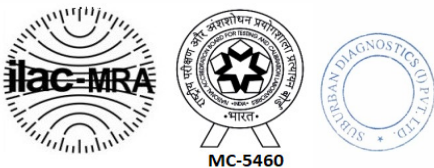
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	213.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	136.5	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	39.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	174.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	147.3	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	27.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

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\*\*\* End Of Report \*\*\*

  
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**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**





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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	5.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.382	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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\*\*\* End Of Report \*\*\*

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.42	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.44	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.98	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	31.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	29.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	40.0	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	96.4	46-116 U/L	Modified IFCC

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\*\*\* End Of Report \*\*\*

*Anupa*

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