

Regd. Office :-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

DR. NITIN SOMAYANE
M.B.B.S., F.I.C.C., F.C.C.P., F.C.C.S.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714

Issue Date : 28/02/2015



श्रीरत्न सरकार
Government of India

पुंलिंग / Male
Rahul Kumar
रत्न कुमार / DOB : 17/10/1974

3409 7926 0331

श्री अशोक, श्री परधान



श्रीरत्न

CID# : 2301421115
Name : MR.KUMAR RAHUL
Age / Gender : 48 Years/Male
Consulting Dr. : -
Reg.Location : Borivali West (Main Centre)

Collected : 14-Jan-2023 / 08:59
Reported : 14-Jan-2023 / 15:56

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 171cm
Temp (0c): Afebrile
Blood Pressure (mm/hg): 74/min
Pulse: 120/80mmhg

Weight (kg): 93kg
Skin: Normal
Nails: Normal
Lymph Node: Not Palpable

Systems

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

IMPRESSION: *Normal*

ADVICE: *←*

CHIEF COMPLAINTS:

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No

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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
617)	Musculoskeletal System	No

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mix |
| 4) Medication | No |

*** End Of Report ***

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714
Dr.NITIN SONAVANE
PHYSICIAN

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Name : MR. KUMAR RAHUL
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 14-Jan-2023 / 09:04
Reported : 14-Jan-2023 / 11:08

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.00	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.7	40-50 %	Measured
MCV	93	80-100 fl	Calculated
MCH	29.4	27-32 pg	Calculated
MCHC	31.4	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6230	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	20.7	20-40 %	Calculated
Absolute Lymphocytes	1289.6	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	Calculated
Absolute Monocytes	523.3	200-1000 /cmm	Calculated
Neutrophils	61.0	40-80 %	Calculated
Absolute Neutrophils	3800.3	2000-7000 /cmm	Calculated
Eosinophils	9.3	1-6 %	Calculated
Absolute Eosinophils	579.4	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	Calculated
Absolute Basophils	37.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	188000	150000-400000 /cmm	Elect. Impedance
MPV	11.5	6-11 fl	Calculated
PDW	26.0	11-18 %	Calculated



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Collected : 14-Jan-2023 / 09:04
Reported : 14-Jan-2023 / 10:51

RBC MORPHOLOGY

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

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB, 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



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 Age / Gender : 48 Years / Male
 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)

Collected : 14-Jan-2023 / 09:04
 Reported : 14-Jan-2023 / 18:45

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	130.1	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	

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 *** End Of Report ***



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Reg. Location : Borivali West (Main Centre)

Collected : 14-Jan-2023 / 09:04
Reported : 14-Jan-2023 / 12:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	20.3	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	9.5	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.86	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	8.2	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	2.6	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	8.8	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	139	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			



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POTASSIUM, Serum	4.0	3.5-5.1 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			
CHLORIDE, Serum	105	98-107 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			

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



Namrata Raul
Dr.NAMRATA RAUL
 M.D (Biochem)
 Biochemist



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Collected : 14-Jan-2023 / 09:04
Reported : 14-Jan-2023 / 14:12

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



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



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Collected : 14-Jan-2023 / 09:04
 Reported : 14-Jan-2023 / 12:18

**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	2.171	<4.0 ng/ml	CLIA

Kindly note change in Ref range and method w.e.f.11-07-2022



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Clinical Significance:

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

Interpretation:

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction,
Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

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

Reference:

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

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



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



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Collected : 14-Jan-2023 / 09:04
Reported : 14-Jan-2023 / 14:16

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	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	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	
Crytals	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



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



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Collected : 14-Jan-2023 / 09:04
Reported : 14-Jan-2023 / 13:42

**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 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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Reported : 14-Jan-2023 / 12:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	145.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	94.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	37.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	107.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.5	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	18.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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



Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Collected : 14-Jan-2023 / 09:04
Reported : 14-Jan-2023 / 12:24

**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	5.4	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	15.7	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.523	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 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.

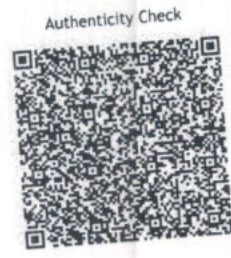
Reference:

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)

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*** End Of Report ***



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Reg. Location : Borivali West (Main Centre)

Collected : 14-Jan-2023 / 09:04
Reported : 14-Jan-2023 / 12:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.39	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.22	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	22.6	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	30.9	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	19.7	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	72.9	46-116 U/L	Modified IFCC

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



Namrata Raul
Dr. NAMRATA RAUL
M.D (Biochem)
Biochemist



Use a QR Code Scanner
Application To Scan the Code

CID : 2301421115
Name : MR.KUMAR RAHUL
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected :
Reported :

*** End Of Report ***

Date:- 14/01/23
Name:- Kumar Rahul

CID: 230141115
Sex / Age: 48 / M

EYE CHECK UP

Chief complaints: N12

Systemic Diseases:

Past history: N12

Unaided Vision: RT LT

Aided Vision: 6/9 6/9

Refraction: N16 N16

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

M
D

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.



CID : 2301421115
Name : Mr KUMAR RAHUL
Age / Sex : 48 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 14-Jan-2023
Reported : 14-Jan-2023 / 13:06

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. Few soft calculi are seen in gall bladder. No obvious wall thickening is noted.

PORTAL VEIN: Portal vein is normal (10.4 mm). **CBD:** CBD is normal (3 mm).

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 12.0 x 5.1 cm. Left kidney measures 12.4 x 5.2 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 enlarged in size and echotexture. Prostate measures 4.0 x 4.1 x 3.9 cm and prostatic weight is 34 gm. No evidence of any obvious focal lesion.
Prevoid volume -181cc , Post void volume- 77 cc.

No free fluid or size significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023011409001673>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2301421115
Name : Mr KUMAR RAHUL
Age / Sex : 48 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 14-Jan-2023
Reported : 14-Jan-2023 / 13:06

Opinion:

- Grade I fatty infiltration of liver.
- Cholelithiasis without cholecystitis.
- Mild prostatomegaly with significant post void residue.

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.

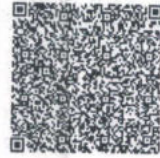
-----End of Report-----

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023011409001673>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2301421115
Name : Mr KUMAR RAHUL
Age / Sex : 48 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 14-Jan-2023
Reported : 14-Jan-2023 / 15:02

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-----

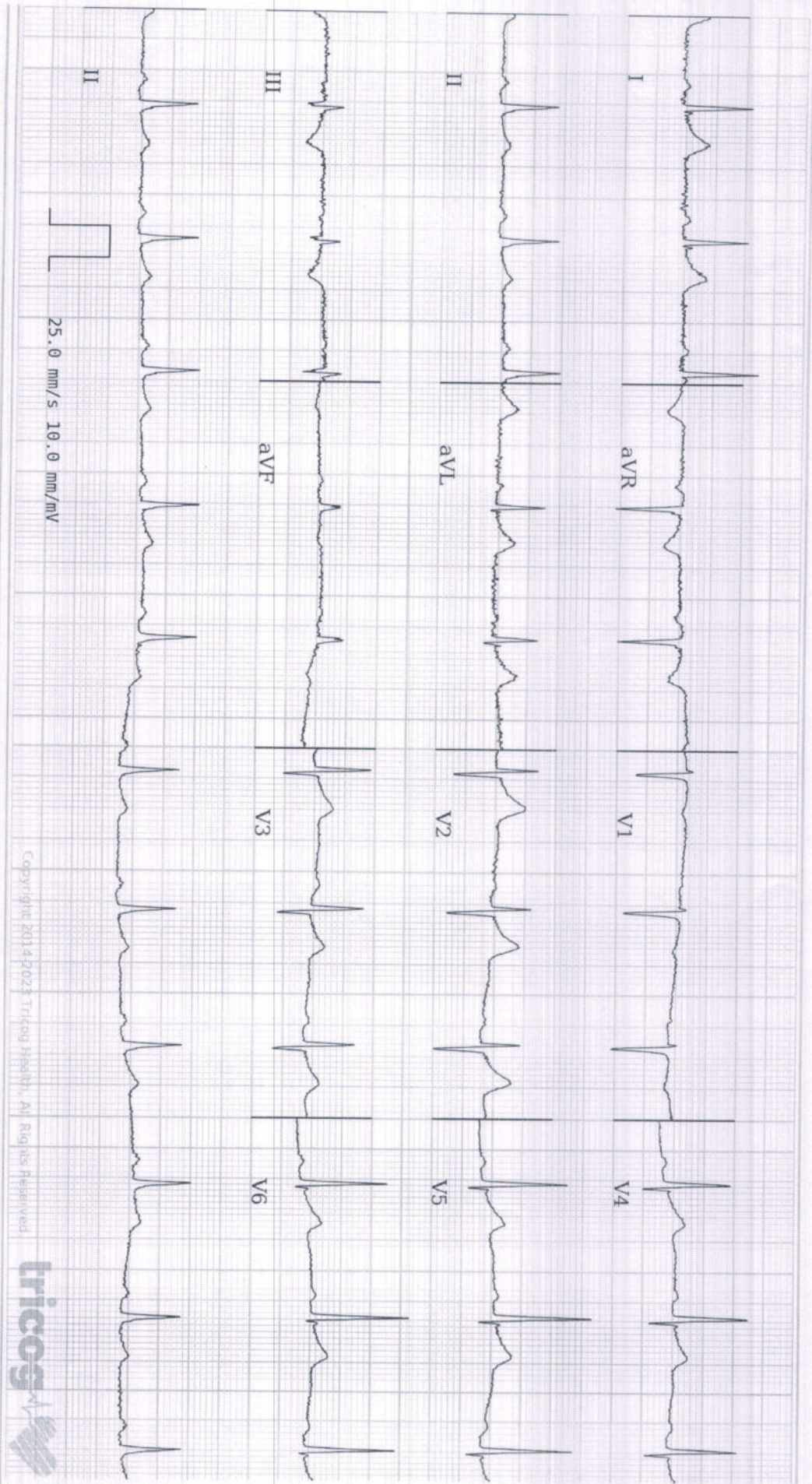
This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023011409001657>

Patient Name: KUMAR RAHUL
Patient ID: 2301421115

Date and Time: 14th Jan 23 11:13 AM



25.0 mm/s 10.0 mm/mV

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Age 48 2 2
years months da

Gender Male

Heart Rate 68bpm

Patient Vitals

BP: 110/70 mmHg

Weight: 93 kg

Height: 172 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 74ms

QT: 366ms

QTc: 389ms

PR: 168ms

P-R-T: 29° 27° -9°

REPORTED BY

[Signature]

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

SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Iktandwala Road, Andheri (West),
Mumbai-400063.

DR. NITIN SONAVANE
M.B.S.AFLH, D.DIAB, D.CARD,
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

Dr Nitin Sonavane
M.B.S.AFLH, D.DIAB,D.CARD
Consultant Cardiologist
87714

Disclaimer: 1) Analysis in 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. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: KUMAR RAHUL

Date: 14-01-2023 Time: 12:28

Age: 48

Gender: M

Height: 171 cms

Weight: 93 Kg

ID: 2301422247

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 172

Target HR: 146

Exercise Time: 0:06:51

Achieved Max HR: 153 (89% of Predicted MHR)

Max BP: 160/80

Max BP x HR: 24480

Max Mets: 7.7

Test Termination Criteria: TEST COMPLETE

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:08	1	0	0	77	120/80	9240	-0.8 aVR	2 aVR
Standing	00:28	1	0	0	100	120/80	12000	0.9 V2	1.6 aVR
HyperVentilation	00:24	1	0	0	85	120/80	10200	-0.8 aVR	2.2 aVR
PreTest	00:11	1	1.6	0	85	120/80	10200	0.8 I	2.4 aVR
Stage: 1	03:00	4.7	2.7	10	112	120/80	13440	-0.7 V3	2.3 V1
Stage: 2	03:00	7	4	12	137	140/80	19180	-3.2 V1	-1.8 V2
Peak Exercise	00:51	7.7	5.5	14	153	160/80	24480	1.3 V6	-1.6 II
Recovery1	01:00	1	0	0	113	160/80	18080	0.6 III	2 aVR
Recovery2	01:00	1	0	0	104	140/80	14560	-0.7 V2	2.2 aVR
Recovery3	01:00	1	0	0	89	120/80	10680	0.6 II	2.6 V1

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:51 achieving a work level of 7.7 METS.
Resting Heart Rate, initially 77 bpm rose to a max. heart rate of 153bpm (89% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg
Good Effort tolerance Normal HR & BP Response
No Angina or Arrhythmias No Significant ST-T Change Noted During Exercise
Stress test Negative for Stress inducible ischaemia.

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Mumbai-400053.

DR. NITIN SONAVANE
M.B.B.S. APLI, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714
Doctor: DR. NITIN SONAVANE

Ref. Doctor: ----

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)
Spandan CS-20 Version 2.14.0



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KUMAR RAHUL

Brice Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301422247

Date: 14-01-2023

Exec Time : 0:00:00

Stage Time: 00:08

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 146 bpm

HR: 77 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

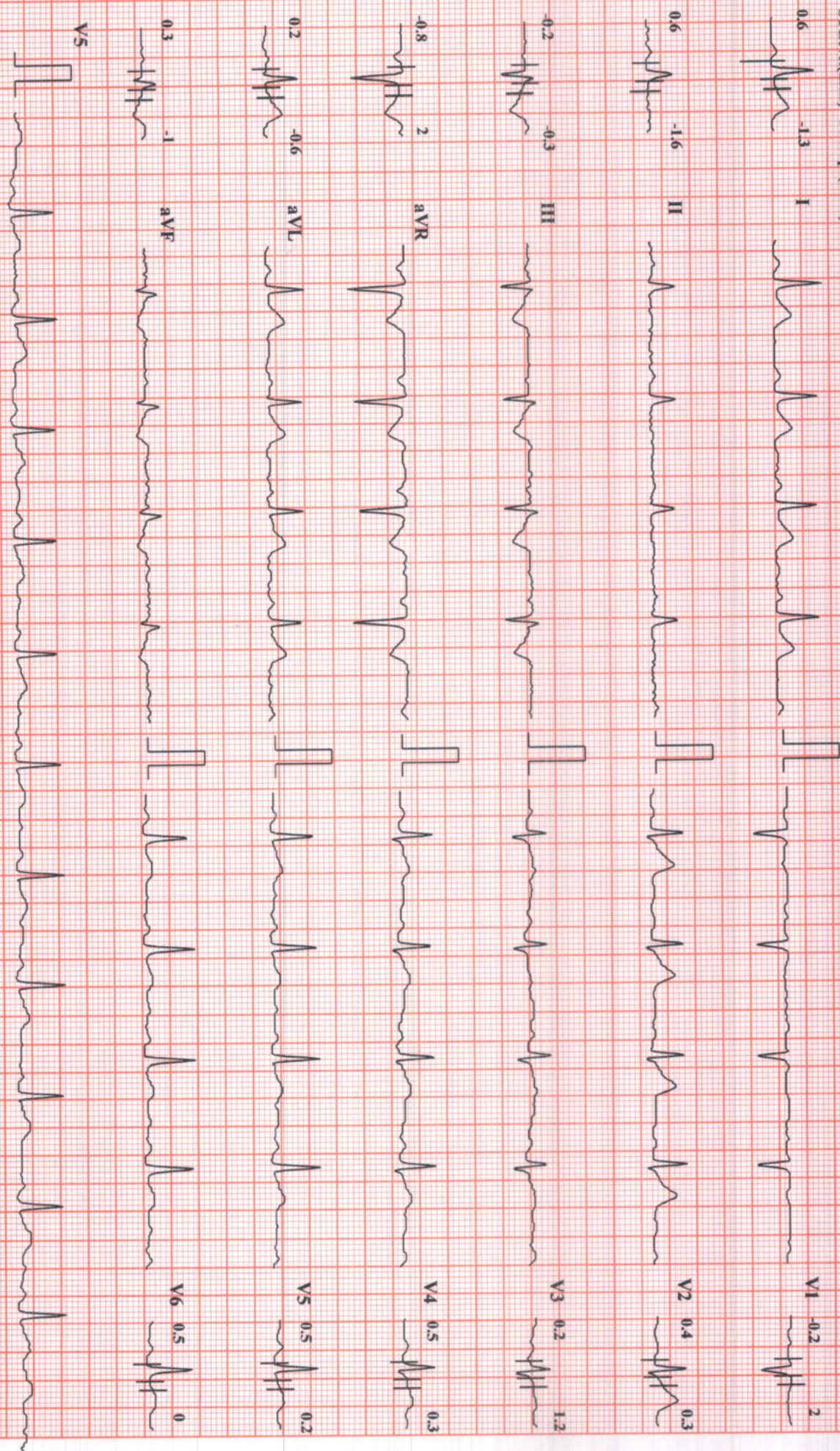


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms; J = R + 60 ms; Post J = J + 60 ms

Schiller Spandam CS-20 Version: 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KUMAR RAHUL

Brice Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301422247

Date: 14-01-2023

Exec Time : 0:00:00

Stage Time: 00:28

Stage: Standing

Speed: 0

Slope: 0 %

THR: 146 bpm

HR: 100 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

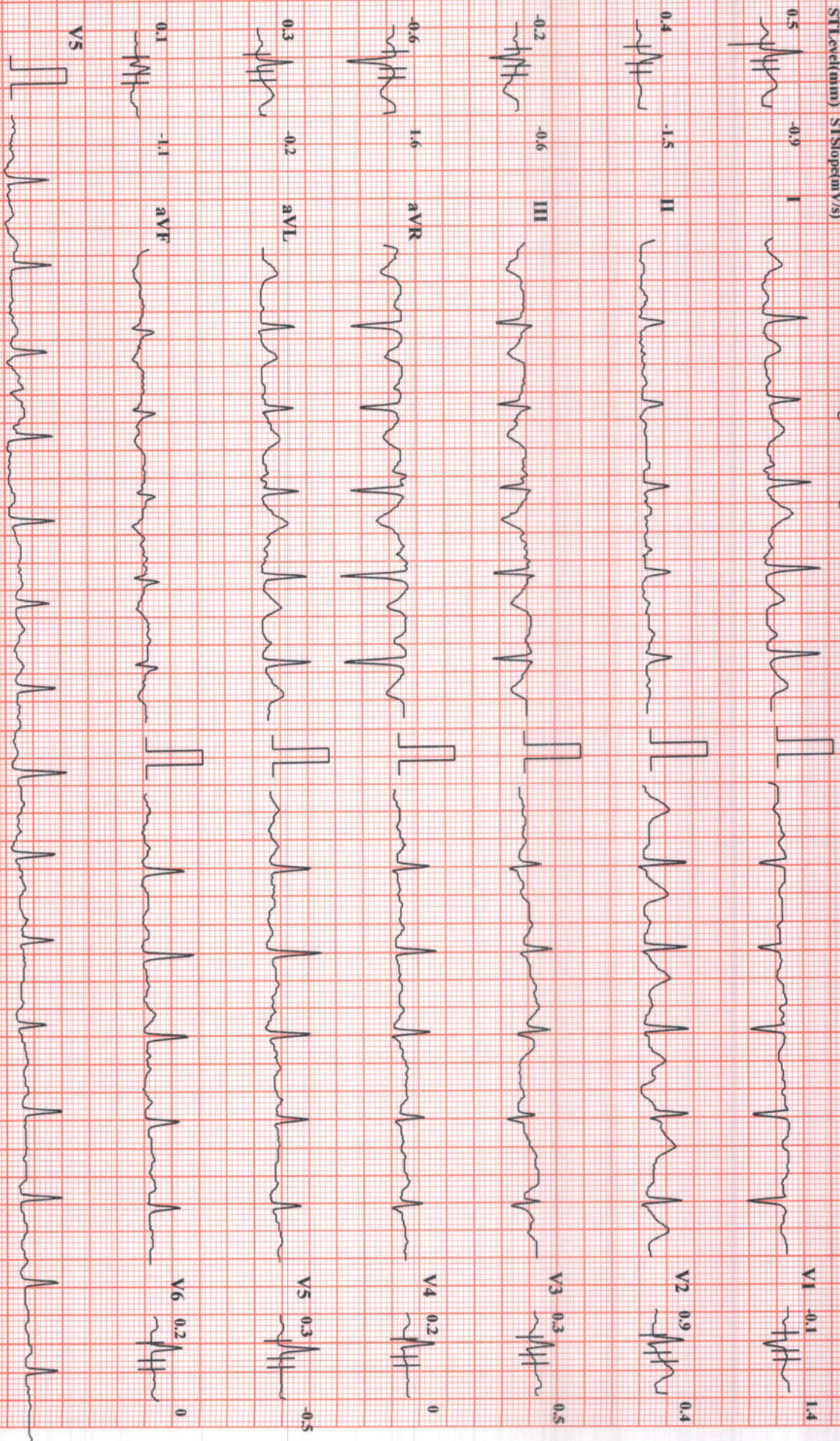


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R -60 ms, J = R + 60 ms, Post J = J + 60 ms



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KUMAR RAHUL

Bruce Protocol
STLevel(mm) STISlope(mV/s)

ID: 2301422247
Date: 14-01-2023
Stage: Hyper Ventilation
Speed: 0

Exec Time: 0:00:00
Slope: 0 %
Stage Time: 00:24
THR: 146 bpm

HR: 85 bpm
BP: 120/80 mmHg
STLevel(mm) STISlope(mV/s)

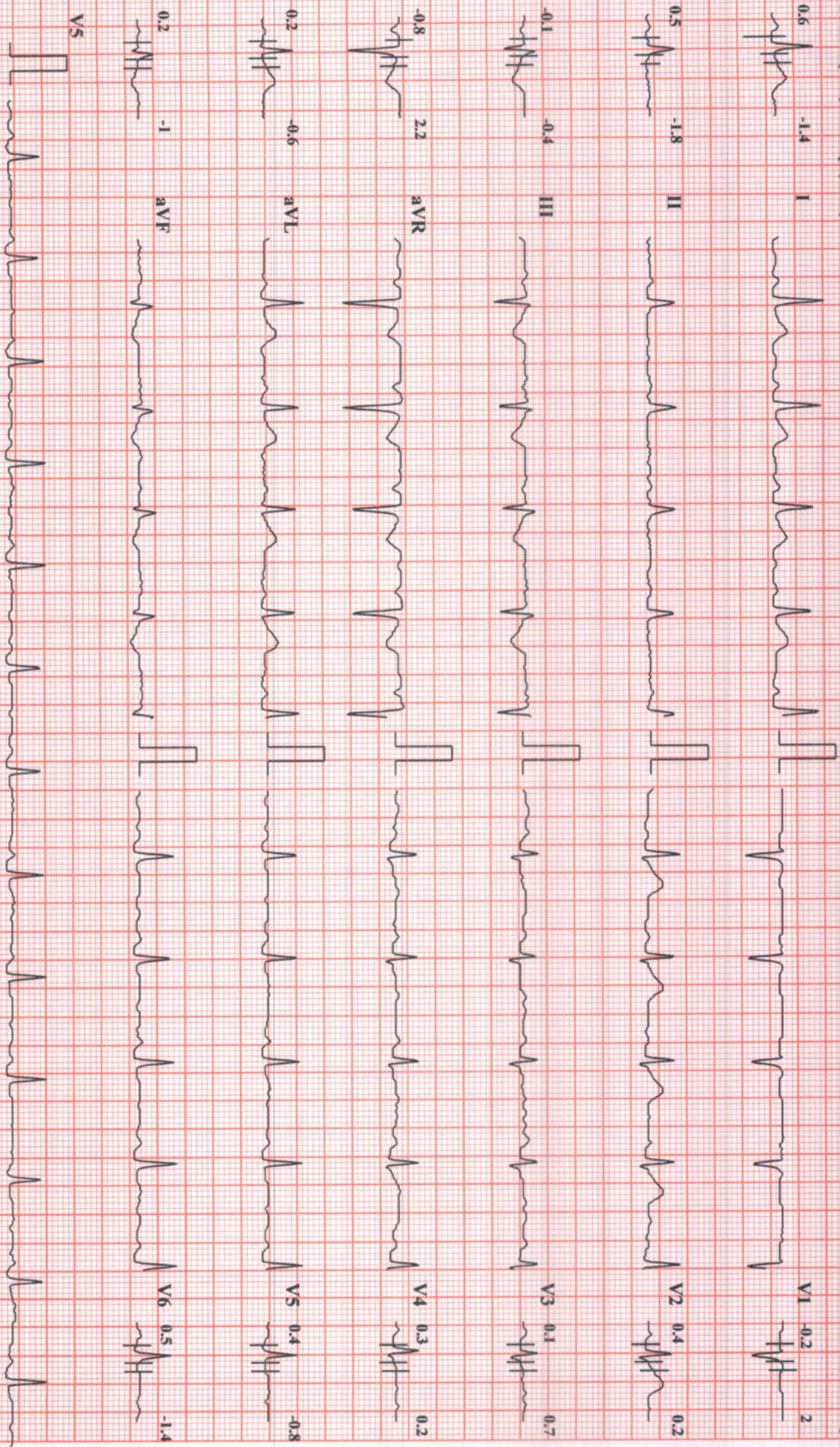


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandau CS-20 Version: 2.14



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KUMAR RAHUL

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301422247

Date: 14-01-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 112 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

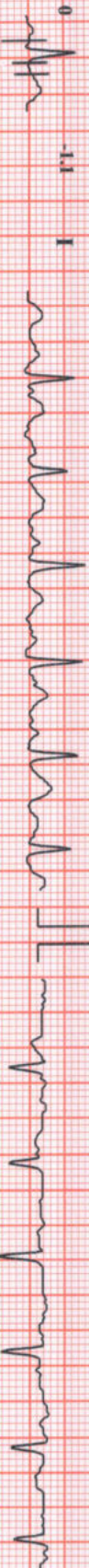
Stage: 1

Speed: 2.7 kmph

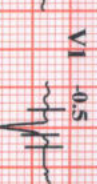
Slope: 10 %

THR: 146 bpm

0 -1.1 I



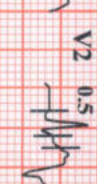
V1 -0.5 2.3



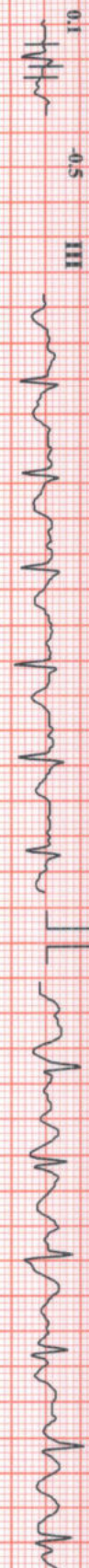
0.1 -1.6 II



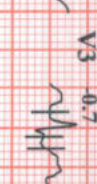
V2 0.5 0.5



0.1 -0.5 III



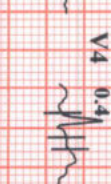
V3 -0.7 0.3



-0.1 1.8 aVR



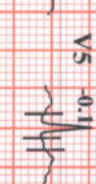
V4 0.4 0.2



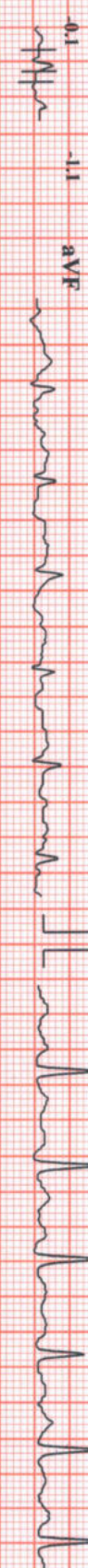
-0.1 -0.3 aVL



V5 -0.1 -0.4



-0.1 -1.1 aVF



V6 0.6 0.1



V5

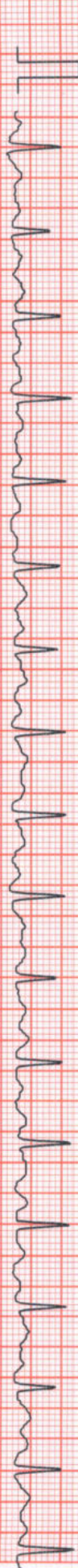


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandax CS-20 Version 2.14



SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

HR: 137 bpm

KUMAR RAHUL
Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301422247
Stage: 2

Date: 14-01-2023
Speed: 4 kmph

Exec Time: 0:06:00
Slope: 12%

Stage Time: 03:00
THR: 146 bpm

BP: 140/80 mmHg
STLevel(mm) STSlope(mV/s)

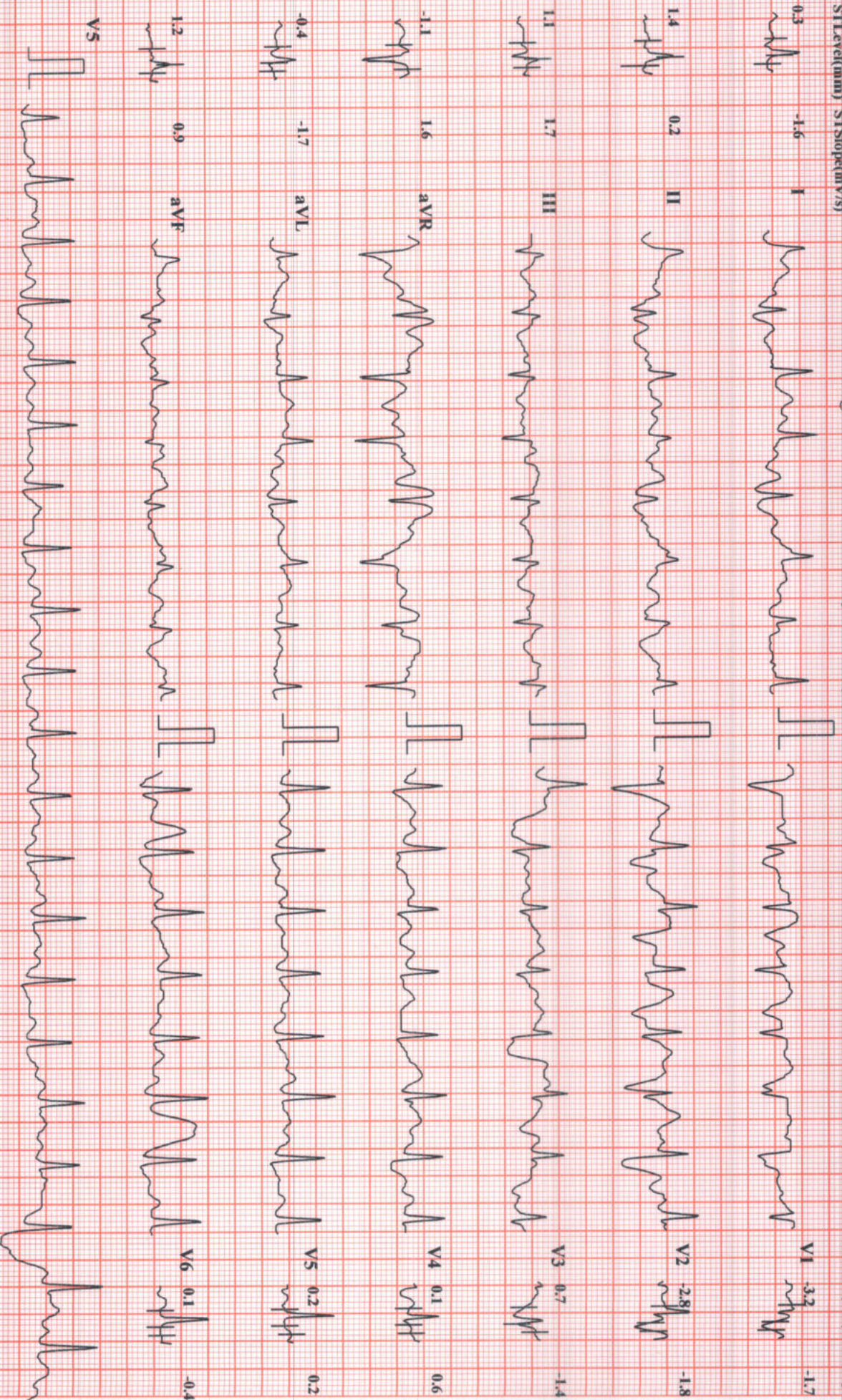


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-20 Version: 2.14

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KUMAR RAHUL

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301422247 Date: 14-01-2023
Stage: 3 Peak Exercise Speed: 5.5 kmph
Exec Time : 0:06:51 Slope: 14 %
Stage Time: 00:51 THR: 146 bpm

HR: 153 bpm
Bp: 160/80 mmHg
STLevel(mm) STSlope(mV/s)

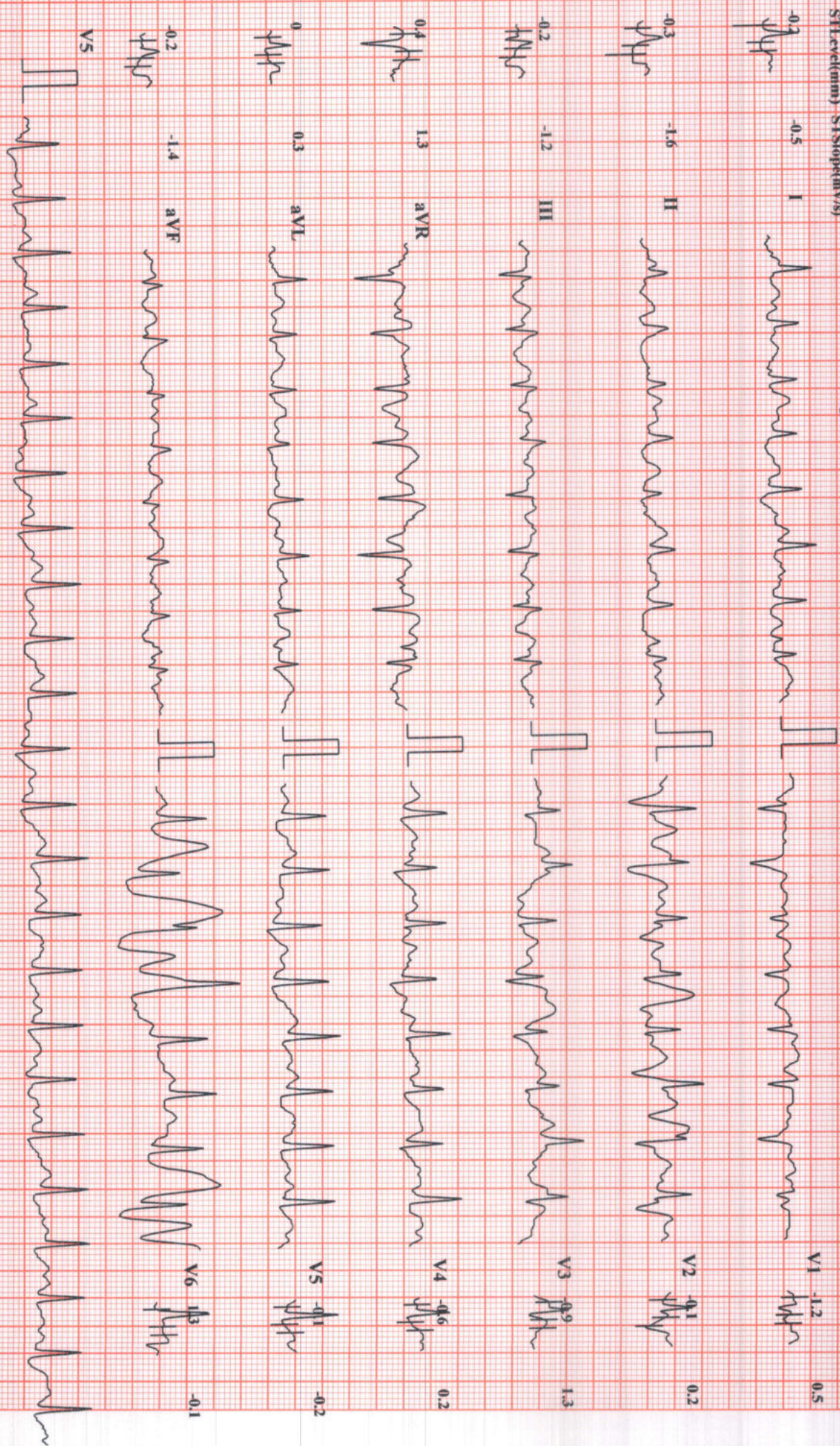


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = K - 60 ms, J = R + 60 ms, Post J = J + 60 ms



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KUMAR RAHUL

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301422247

Date: 14-01-2023

Exec Time : 00:00

Stage Time: 01:00

Stage: Recovery1

Speed: 0 kmph

Slope: 0%

THR: 146 bpm

HR: 113 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

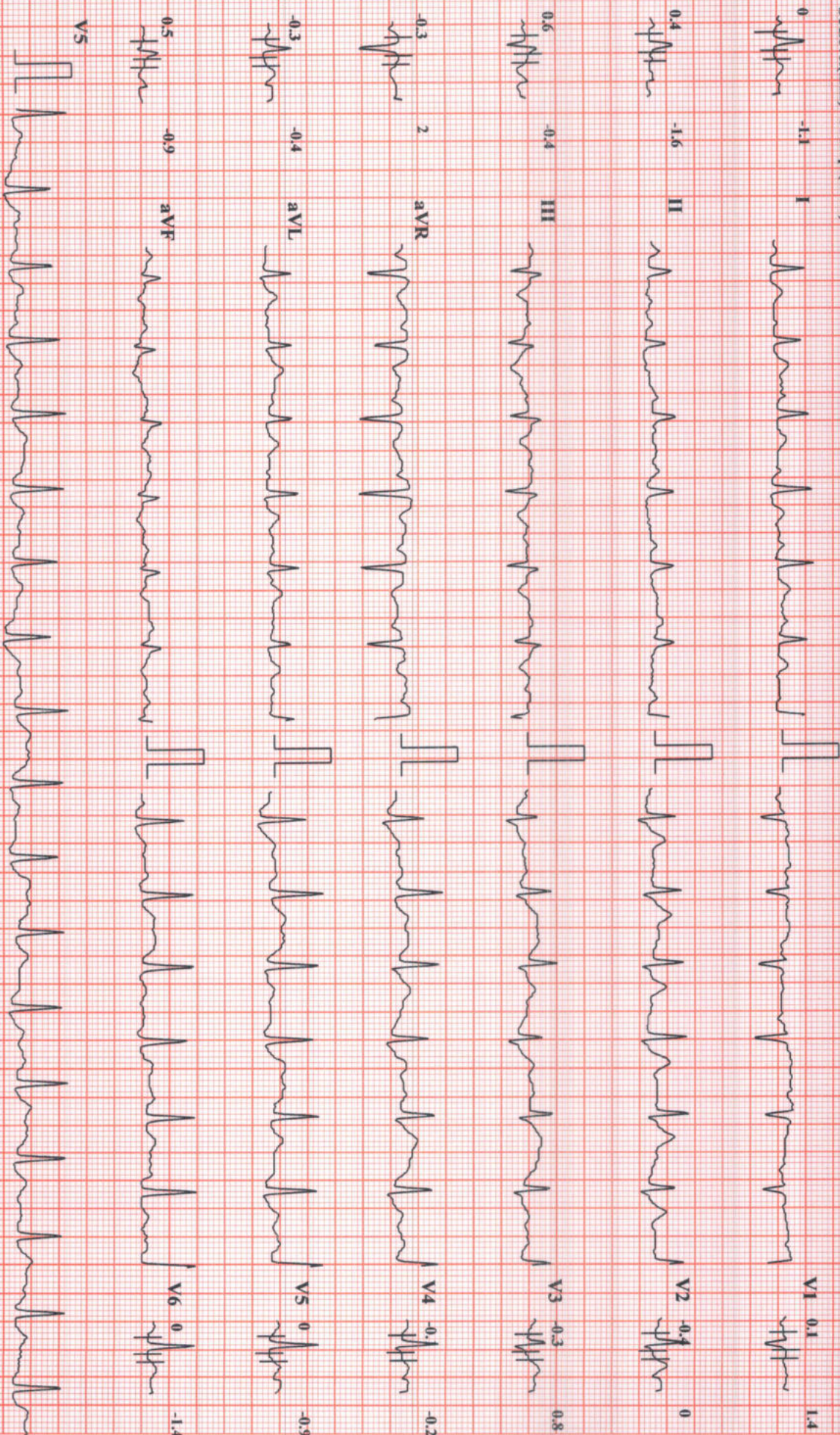


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO -R- 60 ms, J = R + 60 ms, Post J - J + 60 ms

Schiller Spardan CS-20 Version: 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KUMAR RAHUL

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301422247

Date: 14-01-2023

Exec Time: 00:00

Stage Time: 01:00

Stage: Recovery2

Speed: 0 kmph

Slope: 0%

THR: 146 bpm

HR: 104 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

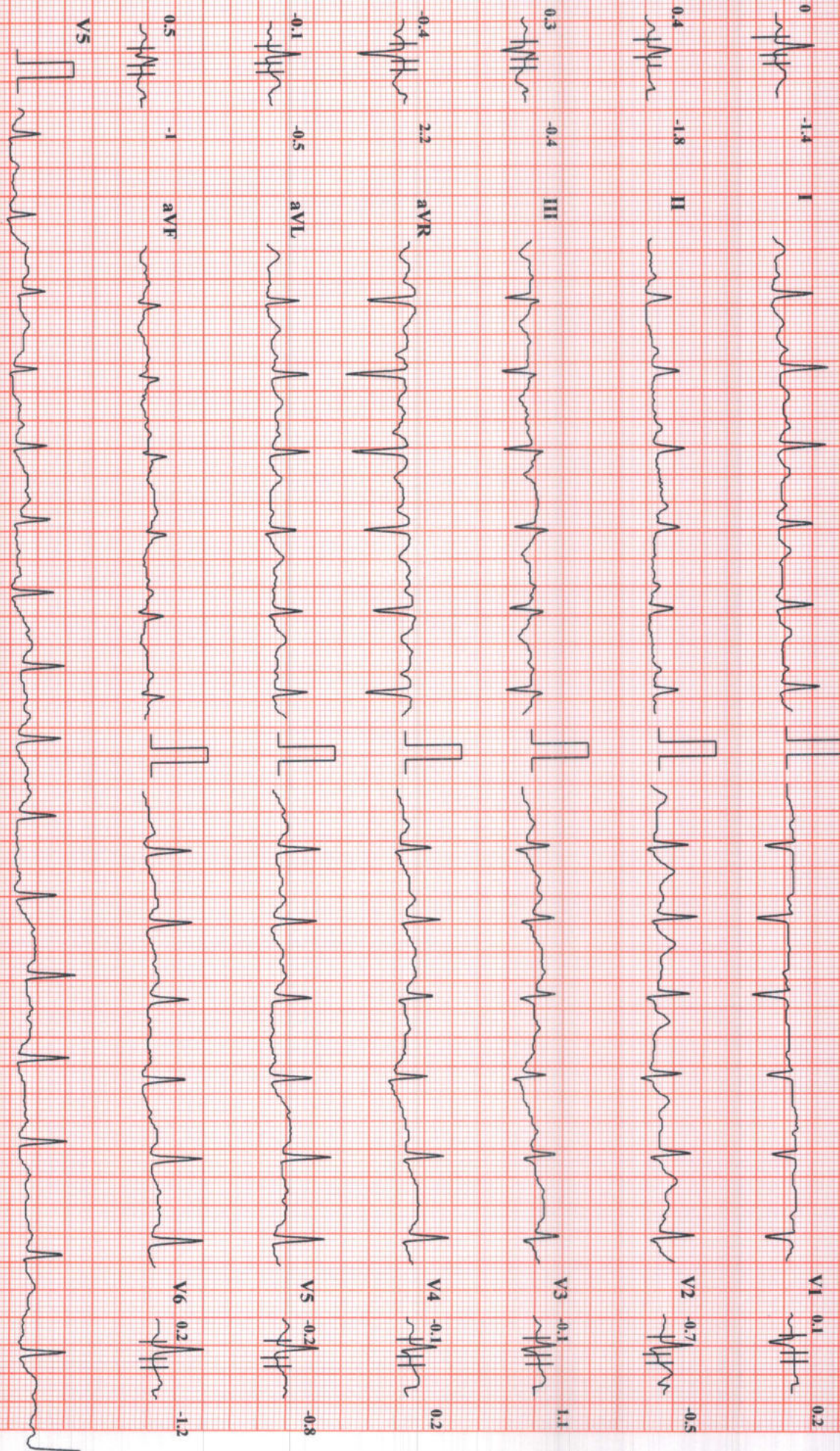


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KUMAR RAHUL

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301422247
Stage: Recovery3

Date: 14-01-2023
Speed: 0 kmph

Exec Time: 00:00
Slope: 0%

Stage Time: 01:00
THR: 146 bpm

HR: 89 bpm
BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

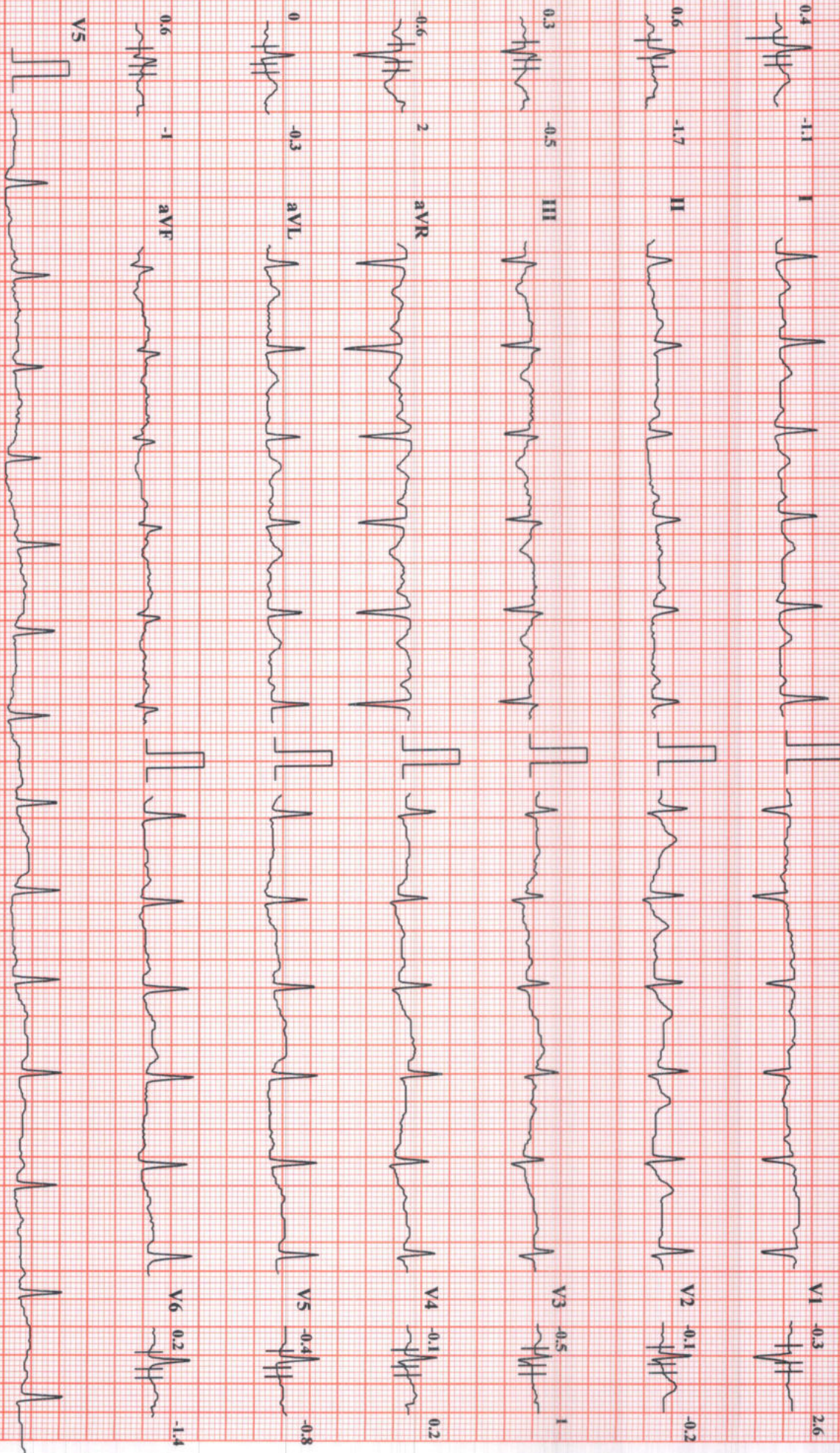


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms