

Name : Mr. RAJESH KUMAR GUPTA  
VID : 2331700096  
Ref By : Arcofemi Healthcare Limited

Reg Date : 13-Nov-2023 07:52  
Age/Gender : 59 Years  
Regn Centre : Kandivali East (Main Centre)

**History and Complaints:**

DM since 4-5 yrs

**EXAMINATION FINDINGS:**

Height (cms): 172 cms  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 140/80, 150/80  
Pulse: 72/min

Weight (kg): 81 kgs  
Skin: itching & rashes on LL  
Nails: Normal  
Lymph Node: Not Palpable

**Systems**

Cardiovascular: Normal  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

**IMPRESSION:**

*T ot sugar eff  
↑ hb 7.91.  
↑ Triglycerides  
- USG - fatty liver  
- Rt renal non obstructive  
Calculus*

**ADVICE:**

*Low fatty  
" cardio diet  
Diabetologist opinion  
urologist/surgeon "*

**CHIEF COMPLAINTS:**

- |                                 |     |
|---------------------------------|-----|
| 1) Hypertension:                | No  |
| 2) IHD                          | No  |
| 3) Arrhythmia                   | No  |
| 4) Diabetes Mellitus            | Yes |
| 5) Tuberculosis                 | No  |
| 6) Asthama                      | No  |
| 7) Pulmonary Disease            | No  |
| 8) Thyroid/ Endocrine disorders | No  |

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- |  |    |
|--|----|
| 9) Nervous disorders                     | No |
| 10) GI system                            | No |
| 11) Genital urinary disorder             | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder            | No |
| 14) Cancer/lump growth/cyst              | No |
| 15) Congenital disease                   | No |
| 16) Surgeries                            | No |
| 17) Musculoskeletal System               | No |

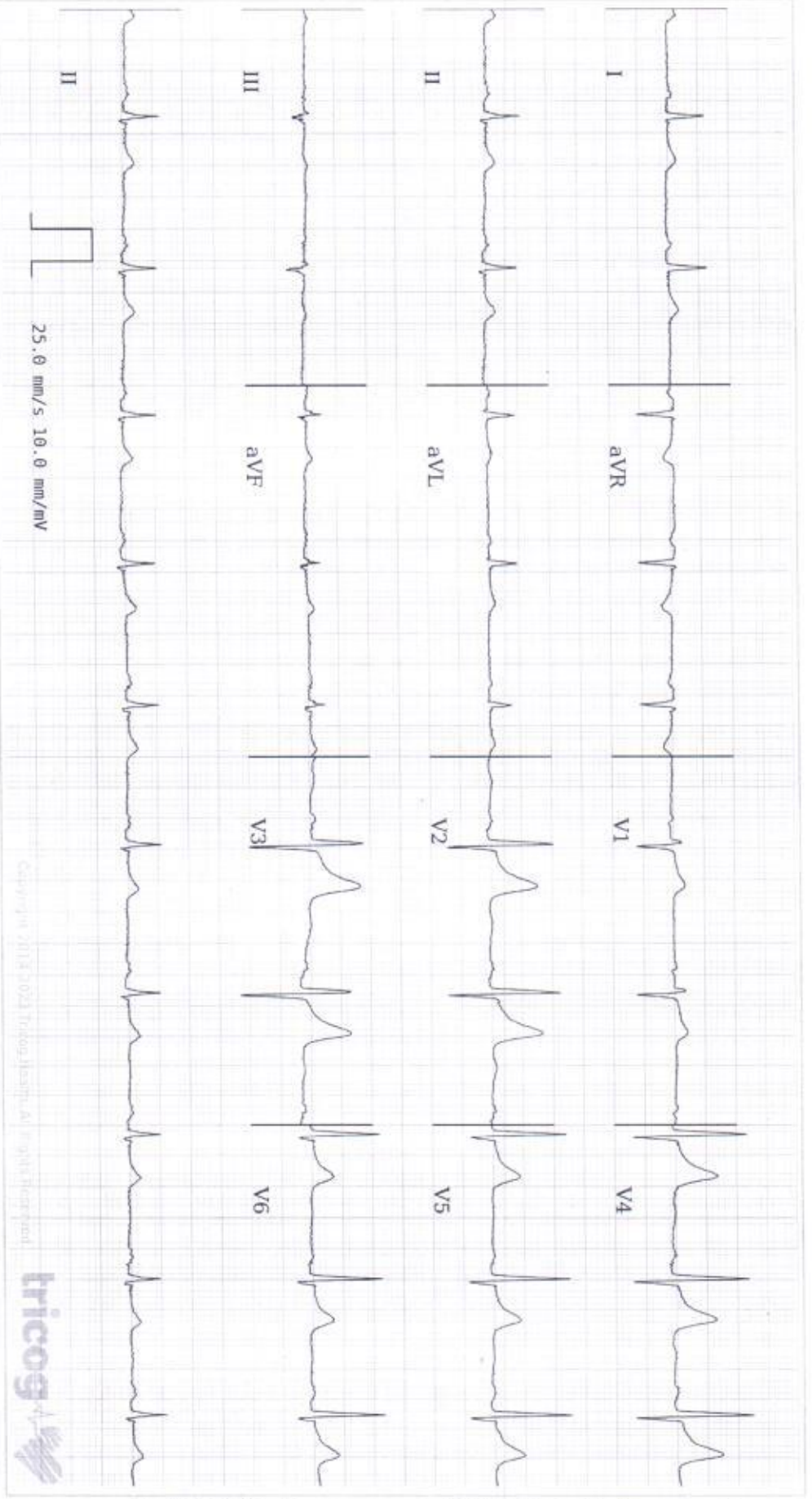
**PERSONAL HISTORY:**

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

*Dr. Jagruti Dhale*  
MBBS  
Consultant Physician  
Reg. No. 69548

  
Dr. Jagruti Dhale

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Row House No. 3, Aangen,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700000



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Age **59** NA  
years months

Gender **Male**

Heart Rate **64bpm**

Patient Vitals

BP: **140/80 mmHg**

Weight: **81 kg**

Height: **172 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **80ms**

QT: **394ms**

QTcB: **406ms**

PR: **168ms**

P-R-T: **36° 17° 39°**

REPORTED BY

DR AKHIL PARULKAR  
MBBS MD MEDICINE, DNB Cardiology/  
Cardiologist  
2012082483

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

Disclaimer: This analysis is based on ECG alone and should be read in conjunction with clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. All digital data are as entered by the clinician and not derived from the ECG.



Date: - 13/11/23

CID: 2331700096

Name: - Rajesh Gupta

Sex/Age: 59/M

**EYE CHECK UP**

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision: 6/6 6/6

Refraction: Nil Nil

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision:  Normal /  Abnormal

Remark: Normal

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Tel : 61700000

CID : 2331700096  
Name : Mr RAJESH KUMAR GUPTA  
Age / Sex : 59 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Use a QR Code Scanner  
Application To Scan the Code  
Reg. Date : 13-Nov-2023  
Reported : 13-Nov-2023 / 14:39

### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

#### IMPRESSION:

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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



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

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

CID : 2331700096  
Name : Mr RAJESH KUMAR GUPTA  
Age / Sex : 59 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 13-Nov-2023  
Reported : 13-Nov-2023 / 9:31

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Application To Scan the Code

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.8 cm) 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 measures 10 mm and CBD measures 3 mm .  
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 visualized and appears normal.No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 11.0 x 5.8 cm. Left kidney measures 11.1 x 5.3 cm.  
**Solitary 4.6 mm sized non obstructive calculus noted at upper pole of right kidney.**  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (10.2 cm) 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 3.5 x 3.3 cm and volume is 24 cc.

Click here to view images <<ImageLink>>

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Reported : 13-Nov-2023 / 9:31

**IMPRESSION:**

GRADE I FATTY LIVER.

RIGHT RENAL NON OBSTRUCTIVE CALCULUS AS DESCRIBED.

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



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

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





Email:

2348 / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg Date: 14 / 11 / 2023 11:59:54 AM Refd By : MEDIWHEEL

REPORT :

Heart Rate 151.0 bpm  
Systolic BP 190.0 mmHg Diastolic BP 90.0 mmHg  
Exercise Time 06:28 Mins. Ectopic Beats 0.0  
METS 7.61 est End Reason , Heart Rate Achieved Target Heart Rate 94% of 161

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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Mumbai - 400 101.  
Tel : 617000000

**Dr. Akhil P. Parulekar**  
MBBS. MD. Medicine  
DNB Cardiology  
Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

2348 (2331700096) / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg  
 Date: 14 / 11 / 2023 11:59:54 AM Refd By : MEDIWHEEL Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	073	45 %	150/80	109	00	
Standing	00:53	0:39	00.0	00.0	01.0	087	54 %	150/80	130	00	
HV	01:05	0:12	00.0	00.0	01.0	079	49 %	150/80	118	00	
ExStart	01:34	0:29	00.0	00.0	01.0	090	56 %	150/80	135	00	
BRUCE Stage 1	04:34	3:00	02.7	10.0	04.7	118	73 %	150/80	176	00	
BRUCE Stage 2	07:34	3:00	04.0	12.0	07.1	140	87 %	170/80	238	00	
PeakEx	08:02	0:28	05.5	14.0	07.6	151	94 %	190/90	286	00	
Recovery	09:02	1:00	00.0	00.0	01.1	123	76 %	190/90	233	00	
Recovery	09:11	1:10	00.0	00.0	01.0	116	72 %	190/90	220	00	

## FINDINGS :

Exercise Time : 06:28  
 Initial HR (ExStrt) : 90 bpm 56% of Target 161  
 Initial BP (ExStrt) : 150/80 (mm/Hg)  
 Max WorkLoad Attained : 7.6-Fair response to induced stress  
 Duke Treadmill Score : 07.7  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 151 bpm 94% of Target 161  
 Max BP Attained 190/90 (mm/Hg)

**Dr. Akhil P. Parulekar.**  
 MBBS. MD. Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

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 Mumbai - 400101.  
 Tel : 61700000

Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE ( 00:14 )



2348 (2331700096) / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg / HR : 73

Date: 14/11/2023 11:59:54 AM

METS: 1.0/73 bpm 45% of THR

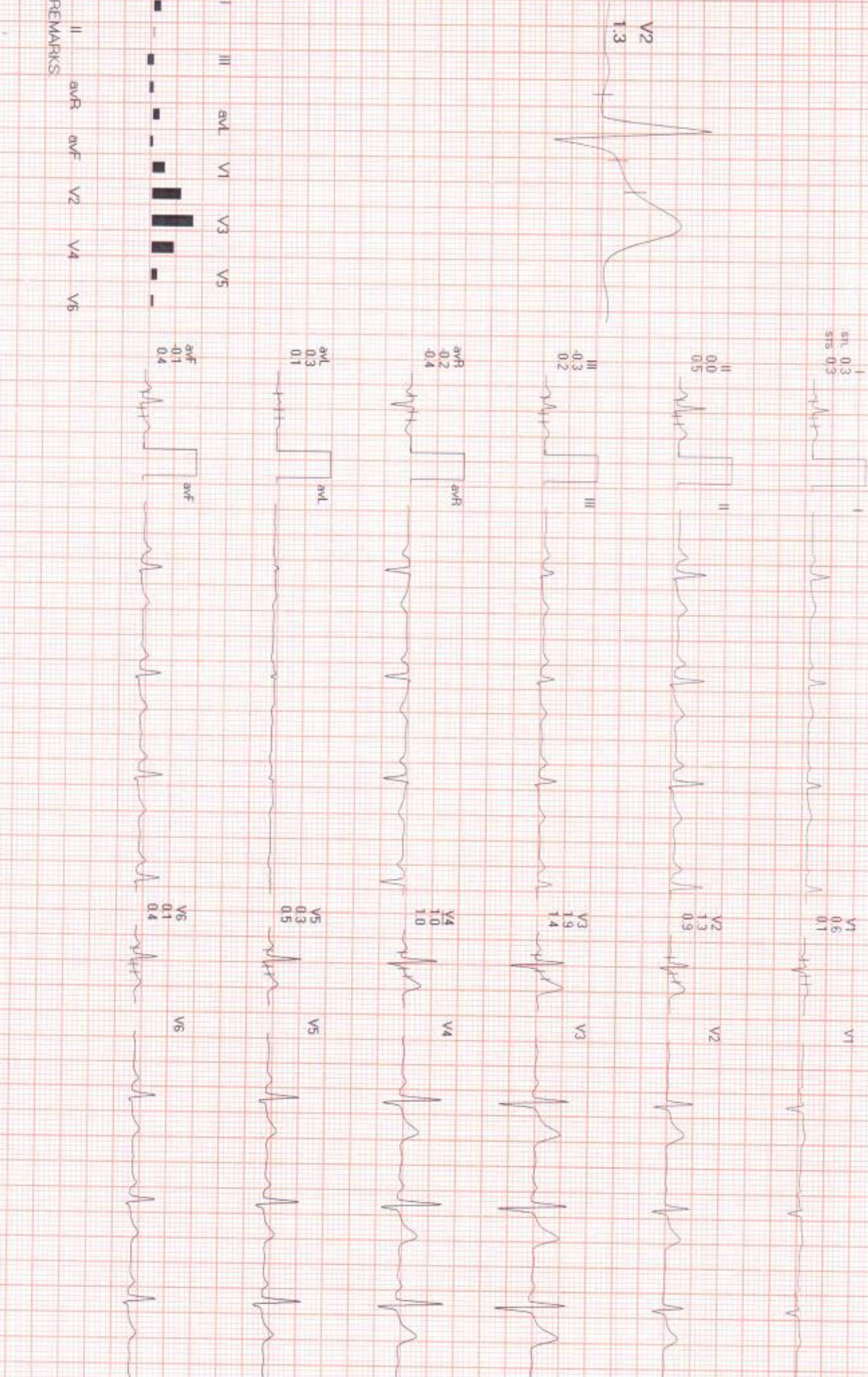
BP: 150/80 mmHg

Raw ECG/BLC On/Noch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 KmPh 0.0%

4X 80 mV Post J

25 mm/Sec 1.0 Cm/mV



REMARKS





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING ( 00:39 )

2348 (2331700096) / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg / HR : 87

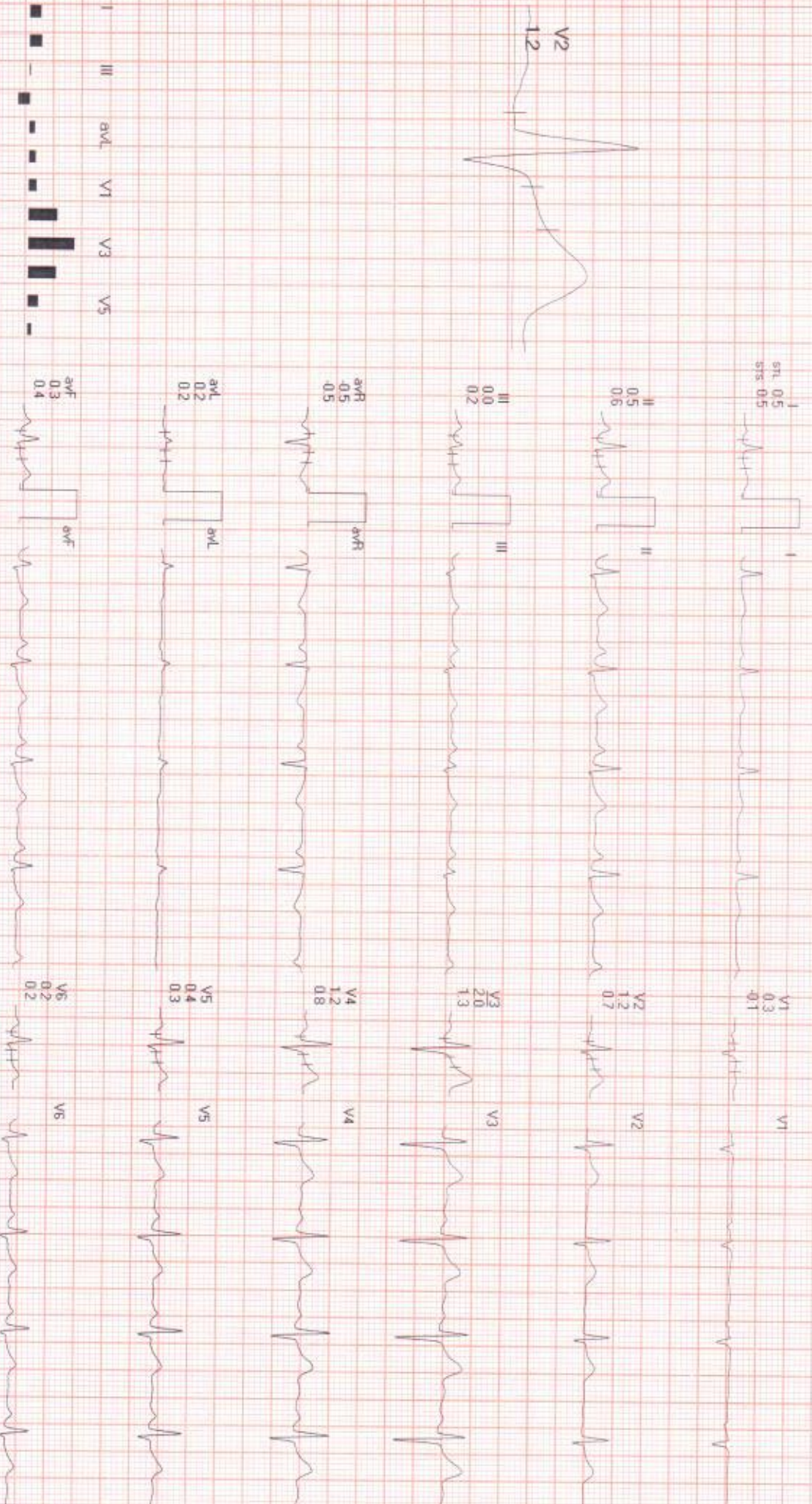


Date: 14 / 11 / 2023 11:59:54 AM  
8X 80 mS Paper J

METS: 1.0/87 bpm 54% of THR BP: 150/80 mmHg Row ECG/BLC On/Notch On/HF 0.05 HzALF 35 Hz

EXTime: 00:00 0.0 Kmph. 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

2348 (2331700096) / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg / HR : 79

HV ( 00:12 )



Date: 14/11/2023 11:59:54 AM

METS: 1.0/ 79 bpm 49% of THR

BP: 150/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X

80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit

2348 (2331700096) / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg / HR : 90

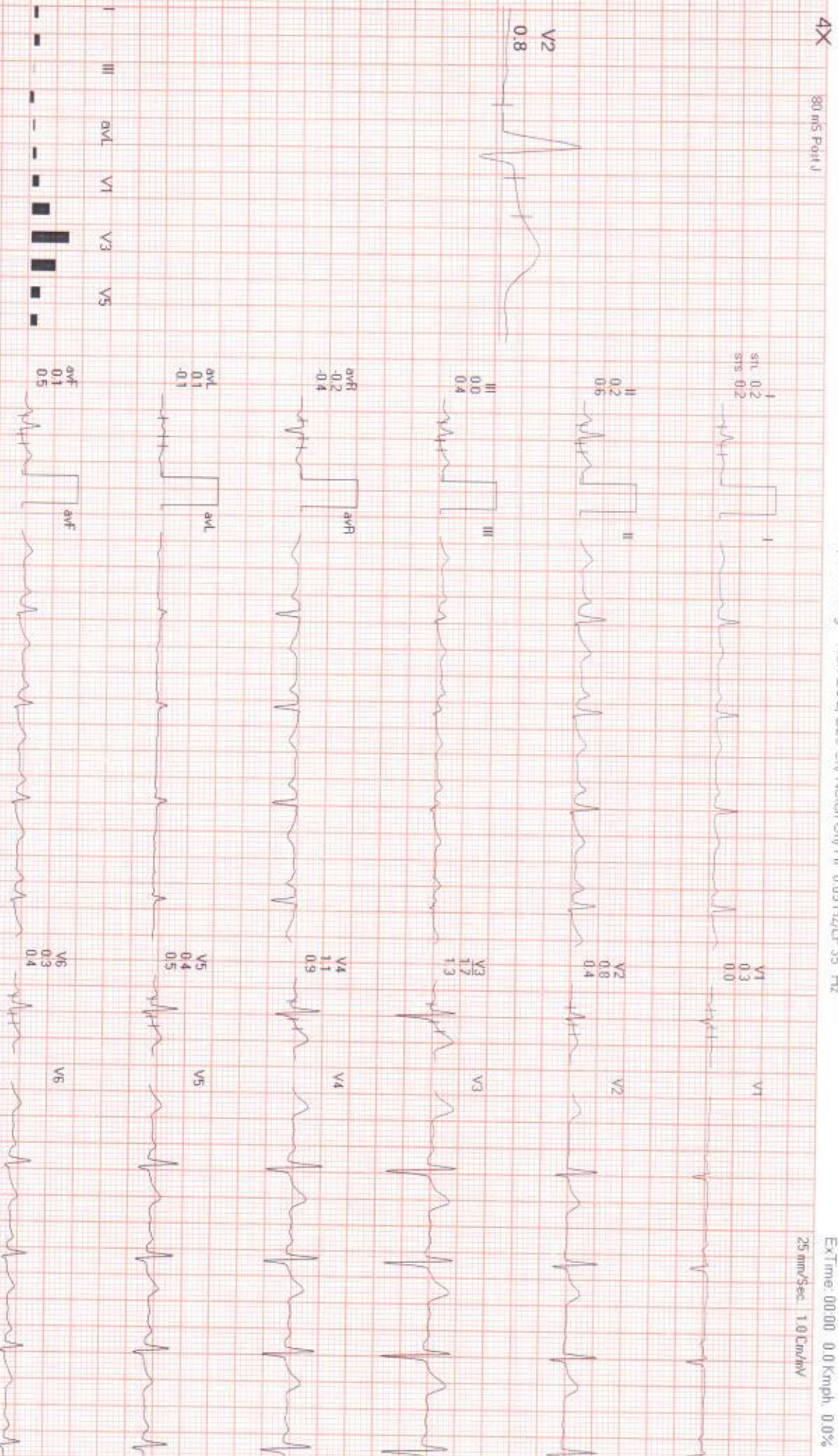


Date: 14/11/2023 11:59:54 AM

METS: 1.0/90 bpm 56% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Km/h 0.0%

25 mm/Sec 1.0 Cm/mV



REMARKS: aVR aVL aVF V1 V2 V3 V4 V5 V6





SUBURBAN DIAGNOSTICS KANDIVALI EAST

2348 (2331700096) / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg / HR : 118

BRUCE : Stage 1 ( 03:00 )



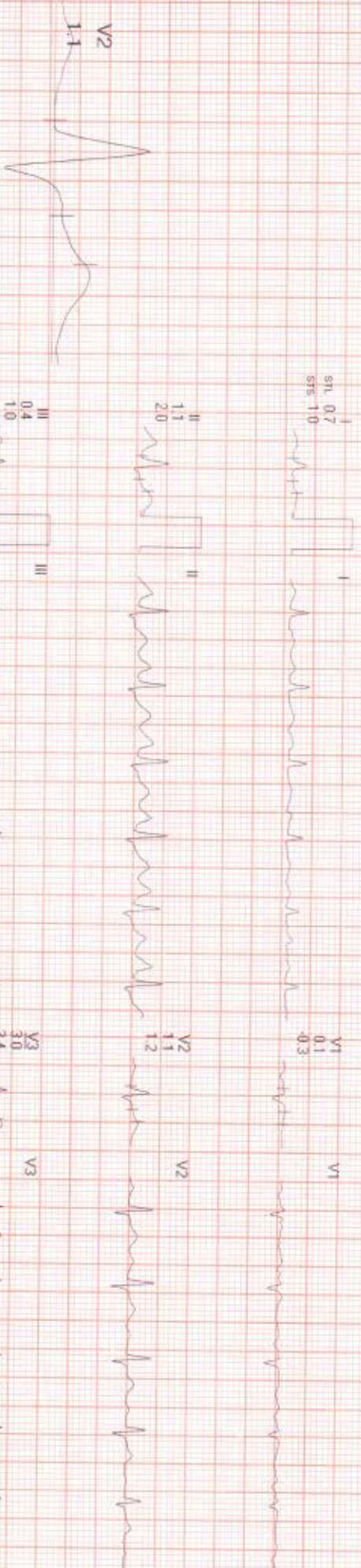
Date 14/11/2023 11:59:54 AM

METS 4.7/118 bpm 73% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/AF 35 Hz

EXTime: 03:00 2.7 Kmph 10.0%

25 mm/Sec 1.0 Cm/mV

4X 70 ms Paper J



REMARKS:





SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 ( 03:00 )

2348 (2331700096) / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg / HR : 140



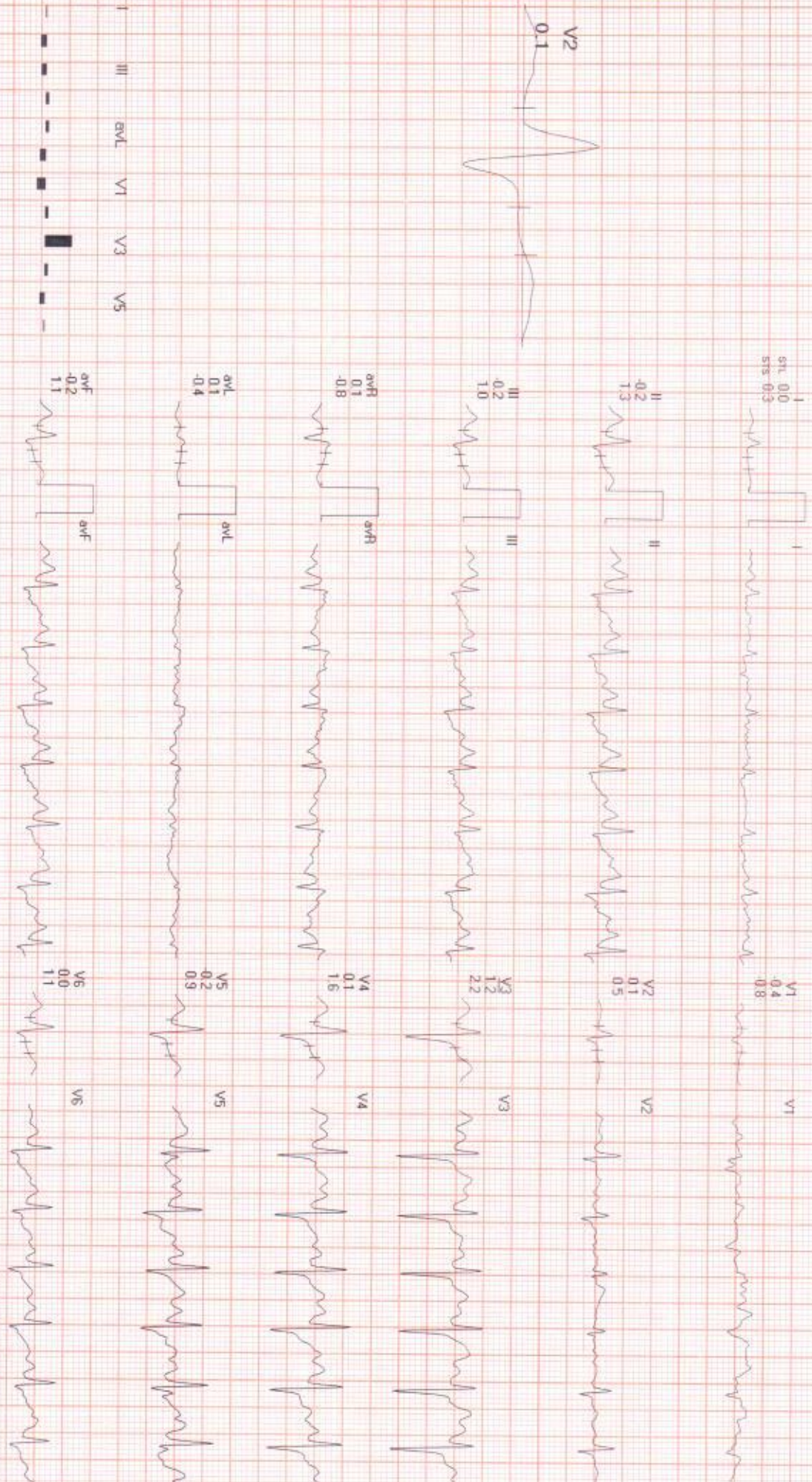
Date: 14 / 11 / 2023 11:59:54 AM

METS: 7.1 / 140 bpm 87% of THR BP: 18/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 4.0 Km/h 12.0%

4X 60 mS Paper J

25 mm/Sec 1.0 Cm/mV



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





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEx

2348 (2331700096) / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg / HR : 151



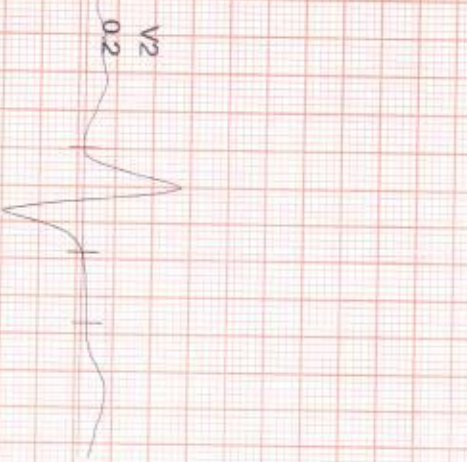
Date: 14/11/2023 11:59:54 AM

METS: 7.6/151 bpm 94% of THR BP: 190/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:28 5.5 Km/Ph. 14.0%

4X 50 ms Ppr/J

25 mm/Sec 1.0 Cm/mV



avr 0.1  
avR 0.1  
avs 0.1



v1 0.3  
v2 0.2  
v3 0.1



avr 0.8  
avR 0.9



v2 0.2  
v3 0.2



avr 0.7  
avR 0.7



v3 0.3  
v4 0.3  
v5 0.2



avr 0.4  
avR 0.4  
avS 0.5



v4 0.6  
v5 1.1



avr 0.2  
avL 0.2  
avS 0.3



v5 1.1  
v6 0.9



avr 0.7  
avF 0.8



v6 0.5  
v7 1.1



REMARKS





SUBURBAN DIAGNOSTICS KANDIVALI EAST

2348 (2331700096) / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg / HR : 123

Recovery : ( 01:00 )



Date: 14/11/2023 11:59:54 AM METS: 1.1/123 bpm 76% of THR BP: 190/90 mmHg Row ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 06:28 0.0 Km/ph 0.0%

4X

80 mS Paper J

25 mm/5 sec 1.0 Cm/mV

I 0.3  
II 0.3  
III 0.5

I

V1 0.0  
V2 0.0  
V3 0.2

V1

II 1.0  
III 2.0

II

V2 0.7  
V3 0.7  
V4 0.9

V2



III 0.7  
V3 1.5

III

V3 3.3  
V4 4.1

V3

aVR -0.6  
aVL -1.3

aVR

V4 2.4  
V5 3.4

V4

aVL -0.2  
aVF -0.5

aVL

V5 1.2  
V6 2.0

V5

aVF 0.8  
V6 1.8

aVF

V6 0.8  
V7 1.6

V6



REMARKS:





**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**Recovery : ( 01:09 )**

2348 (2331700096) / RAJESH GUPTA / 59 Yrs / M / 172 Cms / 81 Kg / HR 116



Date: 14/11/2023 11:59:54 AM METS: 1.0/116 bpm 72% of THR BP: 190/90 mmHg Row ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime 06:28 0.0 Kmph. 0.0%

4X 90 mS Ppr4 J

SI 0.2  
STI 0.4

V1 0.2  
V2 0.1

II 1.0  
III 1.8

V2 0.7  
V3 0.8

III 0.8  
IV 1.4

V3 3.2  
V4 3.6

aVR 0.6  
aVL 1.1

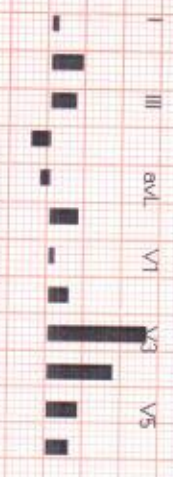
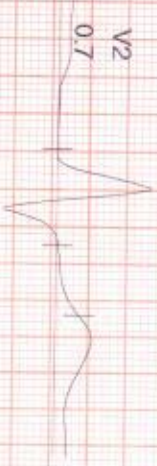
V4 2.1  
V5 2.8

aVL 0.3  
aVF 0.5

V5 1.0  
V6 1.7

aVF 0.9  
V6 1.6

V6 0.7  
V6 1.3



REMARKS







CID : 2304221498  
Name : MR.RAJESH KUMAR GUPTA  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:13  
Reported : 11-Feb-2023 / 11:40

Use a QR Code Scanner  
Application To Scan the Code

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

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.27	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.2	40-50 %	Measured
MCV	86	80-100 fl	Calculated
MCH	27.8	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4820	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	43.0	20-40 %	
Absolute Lymphocytes	2072.6	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	424.2	200-1000 /cmm	Calculated
Neutrophils	41.8	40-80 %	
Absolute Neutrophils	2014.8	2000-7000 /cmm	Calculated
Eosinophils	5.3	1-6 %	
Absolute Eosinophils	255.5	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	53.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	206000	150000-400000 /cmm	Elect. Impedance
MPV	11.0	6-11 fl	Calculated
PDW	20.1	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-









CID : 2304221498  
Name : MR.RAJESH KUMAR GUPTA  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 14:16  
Reported : 11-Feb-2023 / 20:30

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	130.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	127.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



MC-2111

*Bmhasakar*

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





CID : 2304221498  
Name : MR. RAJESH KUMAR GUPTA  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:13  
Reported : 11-Feb-2023 / 13:38

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	19.0	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.77	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.1	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.7	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.9	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	136	136-145 mmol/l	IMT
POTASSIUM, Serum	4.6	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	101	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**





CID : 2304221498  
Name : MR. RAJESH KUMAR GUPTA  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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**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	7.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	168.6	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 \*\*\*



*Anupa*

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





CID : 2304221498  
Name : MR.RAJESH KUMAR GUPTA  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.533	<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

\*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**





CID : 2304221498  
Name : MR. RAJESH KUMAR GUPTA  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (5.0)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
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	Absent

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MC-2111

*NR Jain*

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





CID : 2304221498  
Name : MR.RAJESH KUMAR GUPTA  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:13  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO  
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	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

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



MC-2111



*Bmhasakar*

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





CID : 2304221498  
Name : MR.RAJESH KUMAR GUPTA  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**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. Vrushi Shroff*

**Dr.VRUSHALI  
SHROFF  
M.D.(PATH)  
Pathologist**





CID : 2304221498  
Name : MR.RAJESH KUMAR GUPTA  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	173.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	161.8	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	41.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	132.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.7	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	32.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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*Anupa*

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.5	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.888	0.55-4.78 microIU/ml	CLIA

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal 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)



*Anupa*

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



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**Name** : MR.RAJESH KUMAR GUPTA  
**Age / Gender** : 58 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Kandivali East (Main Centre)

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Consulting Dr. : -  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.57	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.37	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	33.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	33.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	27.1	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	78.7	46-116 U/L	Modified IFCC

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MC-5460



*Anupa*

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