

Santosh



CID : 2230005088
Name : MR.DIXIT SANTOSH RAGHUNATH
Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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Collected : 27-Oct-2022 / 08:50
Reported : 27-Oct-2022 / 12:33

**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
CONSULTATION PHYSICIAN**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CONSULTATION PHYSICIAN	...		

*mild Hematuria & Ecu-ctg-r
& thick U-BL.*

*- Consult Family Physician -
- Ref to urologist -
- 2D - Echo (9-2)*

Dr. I U BAMB

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452



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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.62	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.5	40-50 %	Calculated
MCV	96	80-100 fl	Calculated
MCH	32.8	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6000	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	44.6	20-40 %	
Absolute Lymphocytes	2676.0	1000-3000 /cmm	Calculated
Monocytes	4.1	2-10 %	
Absolute Monocytes	246.0	200-1000 /cmm	Calculated
Neutrophils	50.1	40-80 %	
Absolute Neutrophils	3006.0	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	72.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	371000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated



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RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 5 2-15 mm at 1 hr. Westergren

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



Shruti Ramteke
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	129.2	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 ***



MC-2463

Dr. Shamla Kulkarni
Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	25.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet)
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
URIC ACID, Serum	4.3	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.2	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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**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	0.776	0.03-2.5 ng/ml	ECLIA



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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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	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	Trace	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	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	-		

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Reported : 27-Oct-2022 / 13:06

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	69.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	49.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	118.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	104.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	14.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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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	5.7	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	14.2	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	0.54	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 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 & heart failure, severe burns, trauma & surgery etc.



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.59	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	22.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	27.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	73.8	40-130 U/L	Colorimetric

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Pathologist

DENTAL CHECK - UP

Name:- Mr. Santosh Dixit

CID : 2230005088 Sex / Age : m /

Occupation:-

Date: 27/10/2022

Chief complaints:-

Routine checkup

Medical / dental history:-

GENERAL EXAMINATION:

1) Extra Oral Examination:

a) TMJ:

NAD

b) Facial Symmetry:

2) Intra Oral Examination:

a) Soft Tissue Examination:

NAD

b) Hard Tissue Examination:

c) Calculus:

Stains: ++

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
						Post shape	notch		Post shape						
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised:

Crowns for 12/22
Restoration for 42/41/31/32 for enhancing esthetics

Provisional Diagnosis:-



Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

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SID : 177805412793
Registered : 27-Oct-2022 / 08:47
Collected : 27-Oct-2022 / 08:47
Reported : 27-Oct-2022 / 11:04
Printed : 27-Oct-2022 / 11:05

USG WHOLE ABDOMEN (SCREENING-Only Corporates)

LIVER: Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Well distended. No calculi. Wall thickness is normal. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 9.6 x 4.1 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 9.3 x 4.5 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Paraaortic and paracaval region appears to be normal.
No evidence of lymphnodes noted.
No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. **Mildly thickened bladder wall.**

Pre void volume :- 315 cc

Post void volume 1 :- 115 cc

Post void volume 2 :- 49 cc (significant)

PROSTATE : Normal in size and shows normal echotexture.
It measures 3.5 x 3.1 x 3.3 cm (volume 19.5 cc)


IMPRESSION :

Mildly thickened urinary bladder wall.
Significant post void residue in urinary bladder.

Clinical correlation is indicated.

*** End Of Report ***




Dr.NIKHIL JOSHI
MBBS , DMRE
CONSULTANT RADIOLOGIST

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID : 2230005088
Name : MR.DIXIT SANTOSH RAGHUNATH
Age / Gender : 46 Years/Male
Ref. Dr : -
Reg.Location : Swargate, Pune (Main Centre)

SID : 177805412793
Registered : 27-Oct-2022 / 08:47
Collected : 27-Oct-2022 / 08:47
Reported : 28-Oct-2022 / 09:03
Printed : 28-Oct-2022 / 09:04

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.
The cardiothoracic ratio is maintained and the cardiac outline is normal.
The domes of the diaphragm are normal.
The cardio and costophrenic angles are clear.
Bony thorax is normal.

IMPRESSION : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

*** End Of Report ***

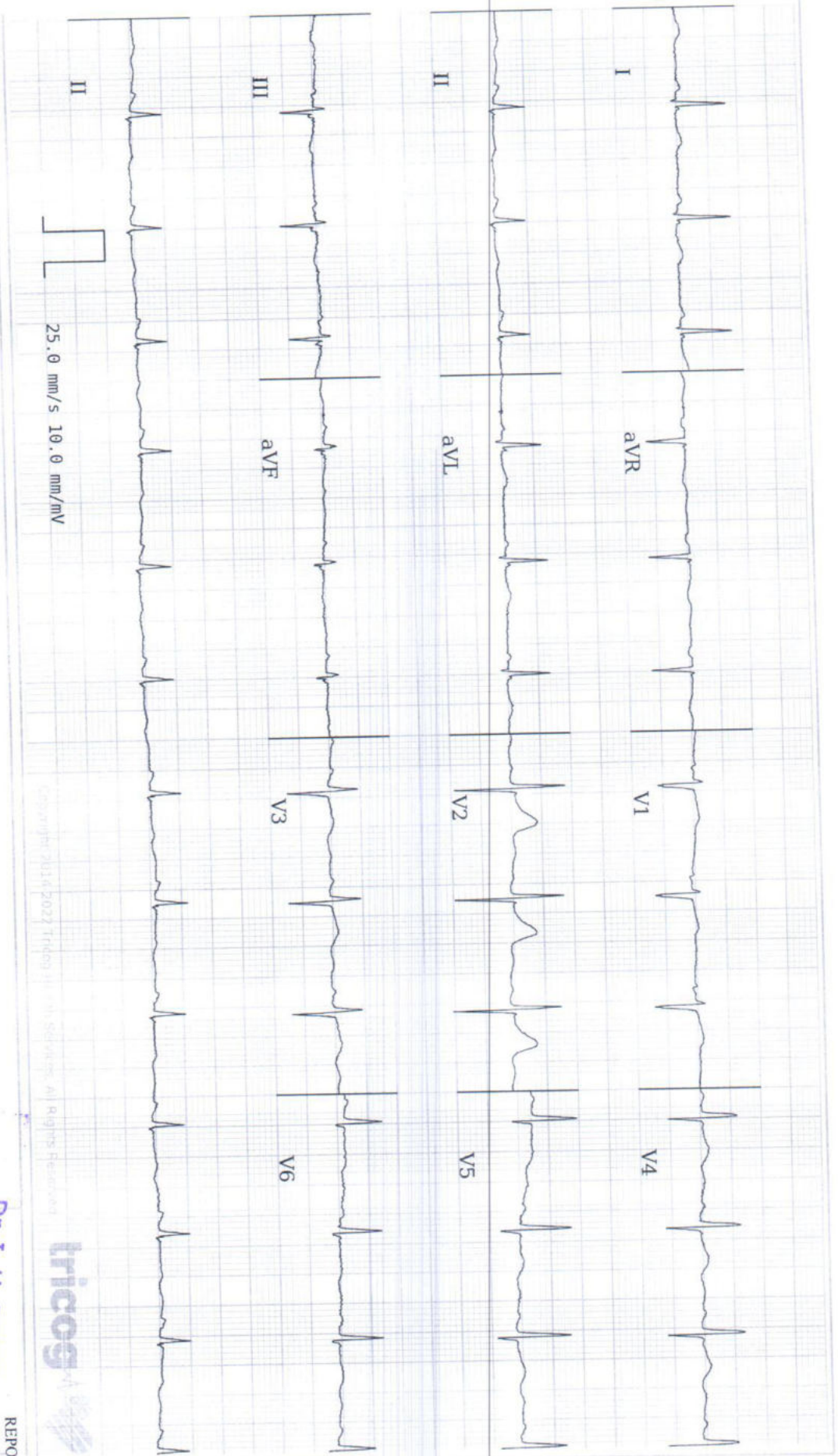


(Handwritten Signature)
Dr.NIKHIL JOSHI
MBBS , DMRE
CONSULTANT RADIOLOGIST

SUBURBAN DIAGNOSTICS - SWARGATE, PUNE

Patient Name: DIXIT SANTOSH RAGHUNATH Date and Time: 27th Oct 22 9:46 AM

Patient ID: 2230005088



Age **46** **0** **8**
years months days

Gender **Male**

Heart Rate **81bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 61 kg

Height: 160 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 68ms

QT: 356ms

QTc: 413ms

PR: 128ms

P-R-T: 30° 4° -16°

Sinus Rhythm, Normal Axis, Nonspecific T wave Abnormality. Please correlate clinically.

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

Suburbanly
DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall,
Near Panchami Hotel,
Shahu College Road, Pune-411 009.
Tel: 020-41094509

REPORTED BY

DR ISHWARIAL BAMB
M.B.B.S MID (MEDICINE)
cardiologist
39452

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 are derived from the ECG.

Suburban Diagnostics Center ,Pune

Patient Details **Date:** 27-Oct-22 **Time:** 10:20:58 AM
Name: SANTOSH DIXIT ID: 2230005088
Age: 46 y **Sex:** M **Height:** 160 cms **Weight:** 61 Kgs
Clinical History: NO

Medications: NO

Test Details

Protocol: Bruce **Pr.MHR:** 174 bpm **THR:** 156 (90 % of Pr.MHR) bpm
Total Exec. Time: 6 m 24 s **Max. HR:** 151 (87% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 162 / 82 mmHg **Max. BP x HR:** 24462 mmHg/min **Min. BP x HR:** 6640 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details


Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 29	1.0	0	0	83	130 / 80	-0.21 aVR	0.35 I
Standing	0 : 2	1.0	0	0	86	130 / 80	-0.21 II	0.35 I
Hyperventilation	0 : 2	1.0	0	0	86	130 / 80	-0.21 II	0.35 I
1	3 : 0	4.6	1.7	10	121	142 / 80	-0.85 II	2.12 V2
2	3 : 0	7.0	2.5	12	142	156 / 82	-1.49 II	2.48 V2
Peak Ex	0 : 24	10.2	3.4	14	151	162 / 82	-1.91 II	2.83 V2
Recovery(1)	1 : 0	1.8	1	0	118	162 / 82	-1.91 III	3.89 V2
Recovery(2)	1 : 0	1.0	0	0	111	162 / 82	-1.27 II	2.12 V2
Recovery(3)	1 : 0	1.0	0	0	103	162 / 82	-1.27 II	-1.42 III
Recovery(4)	1 : 0	1.0	0	0	103	162 / 82	-1.06 II	-1.06 III
Recovery(5)	0 : 0	1.0	0	0	104	162 / 82	-0.64 II	-0.71 III

Interpretation

Good Effort Tolerance.
 No Significant ST T Changes as compared to Baseline.
 No Chest Pain / Arrhythmias noted during the test.
 Stress Test is Negative For Stress Induced Ischemia

Disclaimer : Negative Stress test dose not rule out coronary artery Diseases
 Positive Stress Test is Suggestive but not confirmatory of Coronary Artery
 Disease.
 Hence Clinical Correlation is mandatory.

Ref. Doctor: ARCOFEMI
 (Summary Report edited by user)

Dr. I. U. BAMB
 M.B.B.S., M.D. (Medicine)
 Reg. No. 39452


Doctor: I U BAMB

(c) Schiller Healthcare India Pvt. Ltd. V 4.7

Suburban Diagnostics Center, Pune

Test Report

SANTOSH DIXIT (46 M)

ID: 2230005088

Date: 27-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 23 s

HR: 85 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

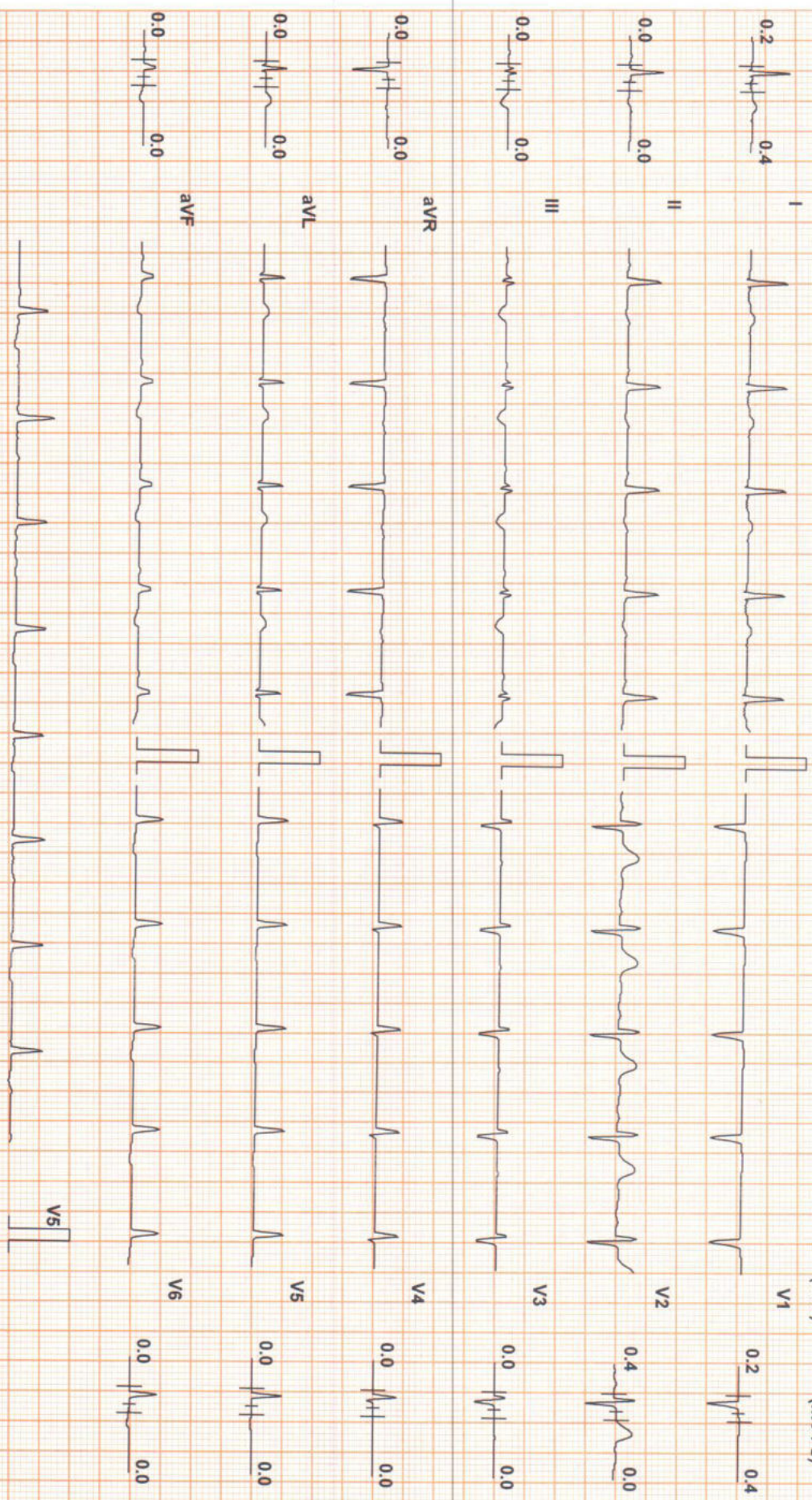


Chart Speed: 25 mm/sec
Schiller Spandian V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SANTOSH DIXIT (46 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2230005088

Date: 27-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 25 s

HR: 85 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

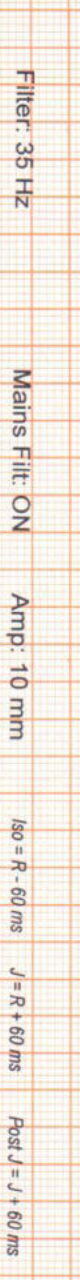
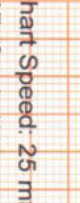
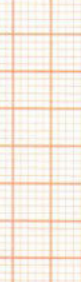
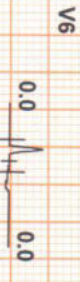
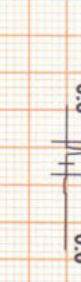
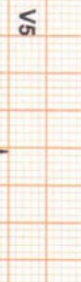
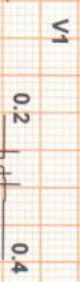


Chart Speed: 25 mm/sec
Schiller Spandam V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SANTOSH DIXIT (46 M)

Suburban Diagnostics Center, Pune

Test Report

ID: 2230005088

Date: 27-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 27 s

HR: 85 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

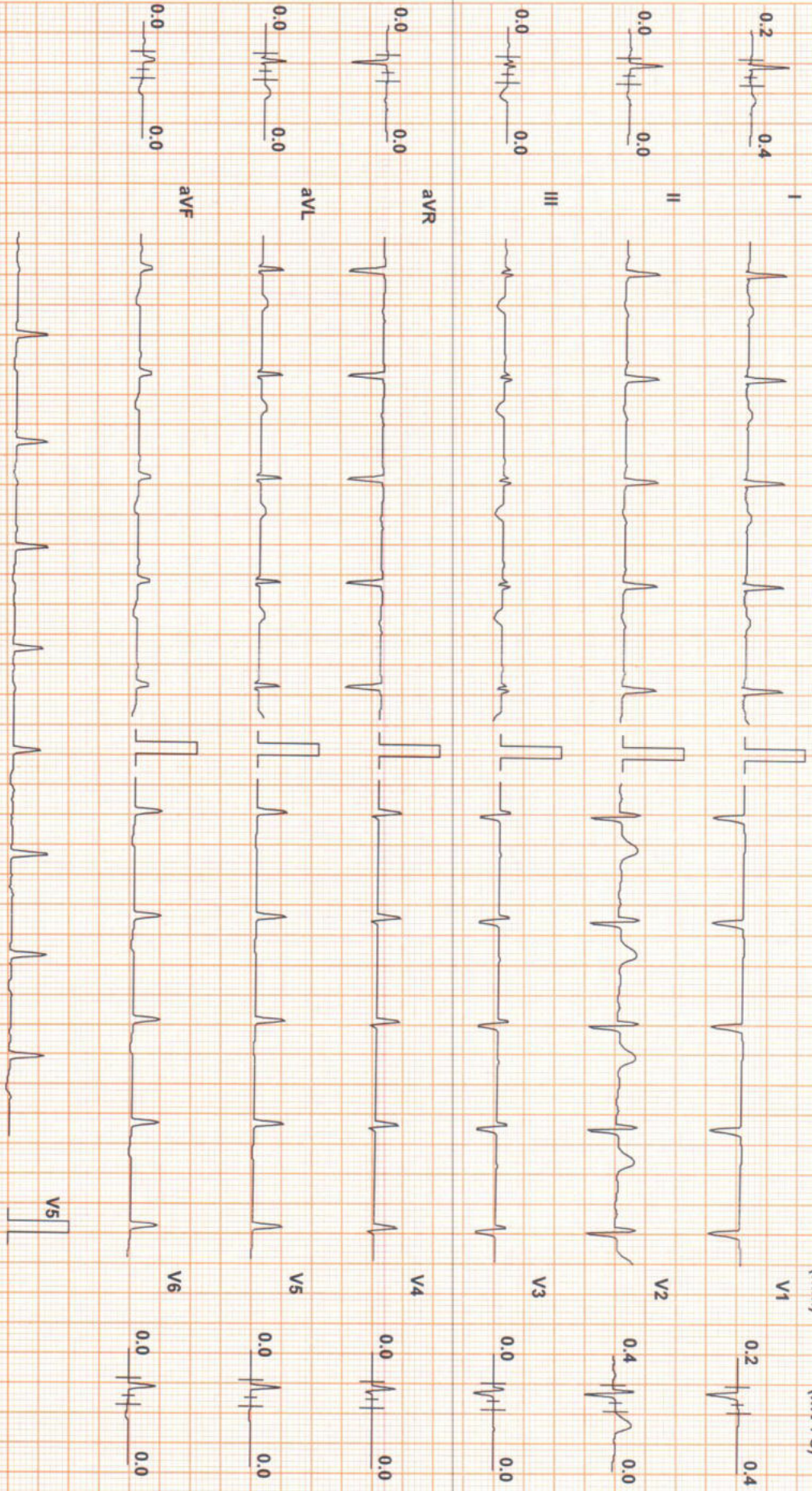


Chart Speed: 25 mm/sec
Schiller Spandau V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Center, Pune

Test Report

SANTOSH DIXIT (46 M)

ID: 2230005088

Date: 27-Oct-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 121 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 156 bpm)

B.P.: 142 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

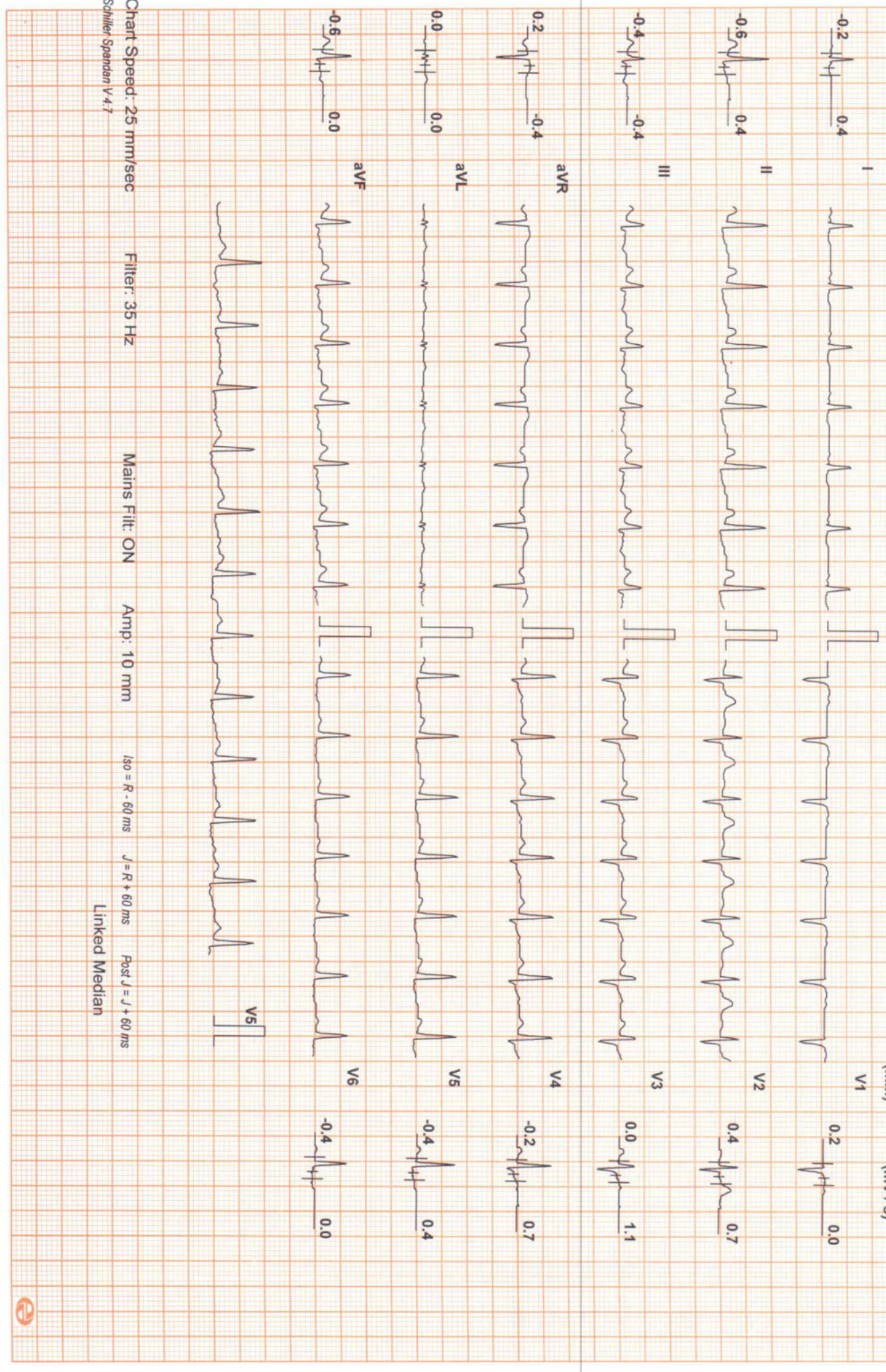


Chart Speed: 25 mm/sec
Schiller Spandau V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SANTOSH DIXIT (46 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2230005088

Date: 27-Oct-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s

HR: 142 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 156 bpm)

B.P: 156 / 82

ST Level (mm)

ST Level (mm)

ST Slope (mV/s)

ST Slope (mV/s)

1.1

0.6

0.4

0.7

1.3

2.5

-1.1

0.2

1.4

-0.8

-0.4

1.1

0.6

-0.4

1.1

0.2

-0.8

0.4

-1.1

-0.5

0.4

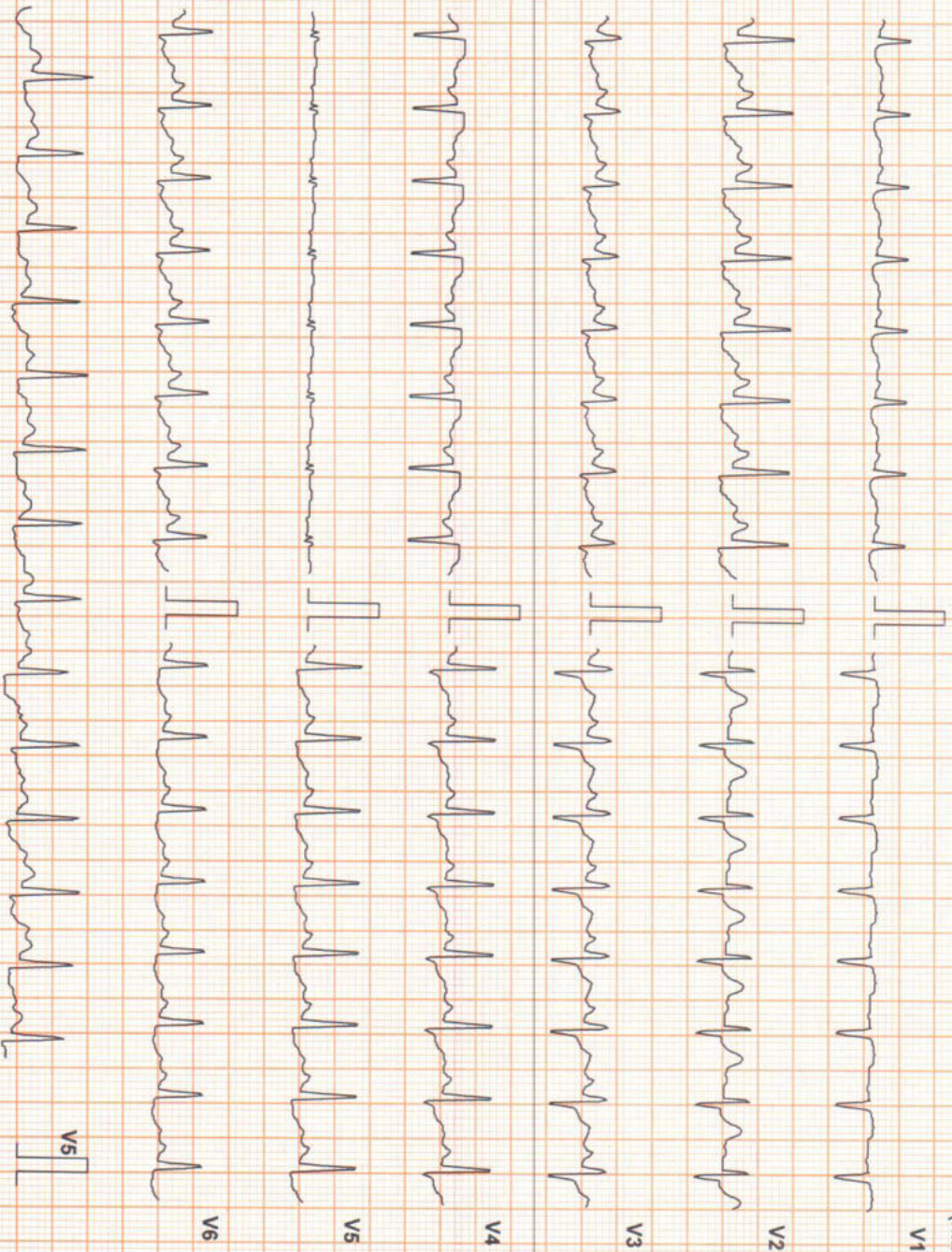


Chart Speed: 25 mm/sec
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Pos: J = J + 60 ms

Linked Median



SANTOSH DIXIT (46 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2230005088

Date: 27-Oct-22

Exec Time : 6 m 18 s Stage Time : 0 m 18 s

HR: 150 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P: 162 / 82

ST Level (mm) ST Slope (mV/s)

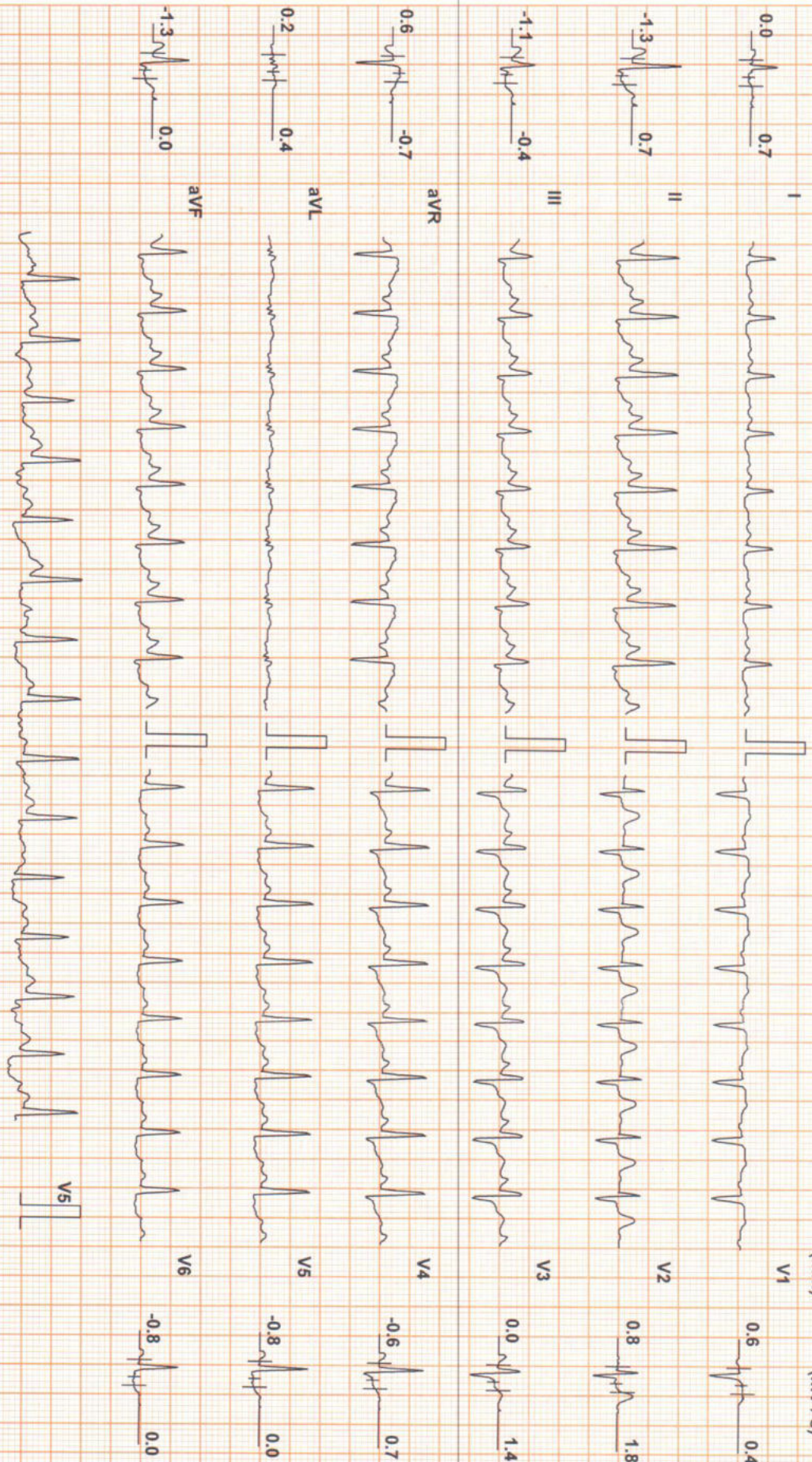


Chart Speed: 25 mm/sec
Schlter Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SANTOSH DIXIT (46 M)

Suburban Diagnostics Center, Pune

Test Report

ID: 2230005088

Date: 27-Oct-22

Exec Time : 6 m 24 s Stage Time : 0 m 54 s HR: 120 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 162 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

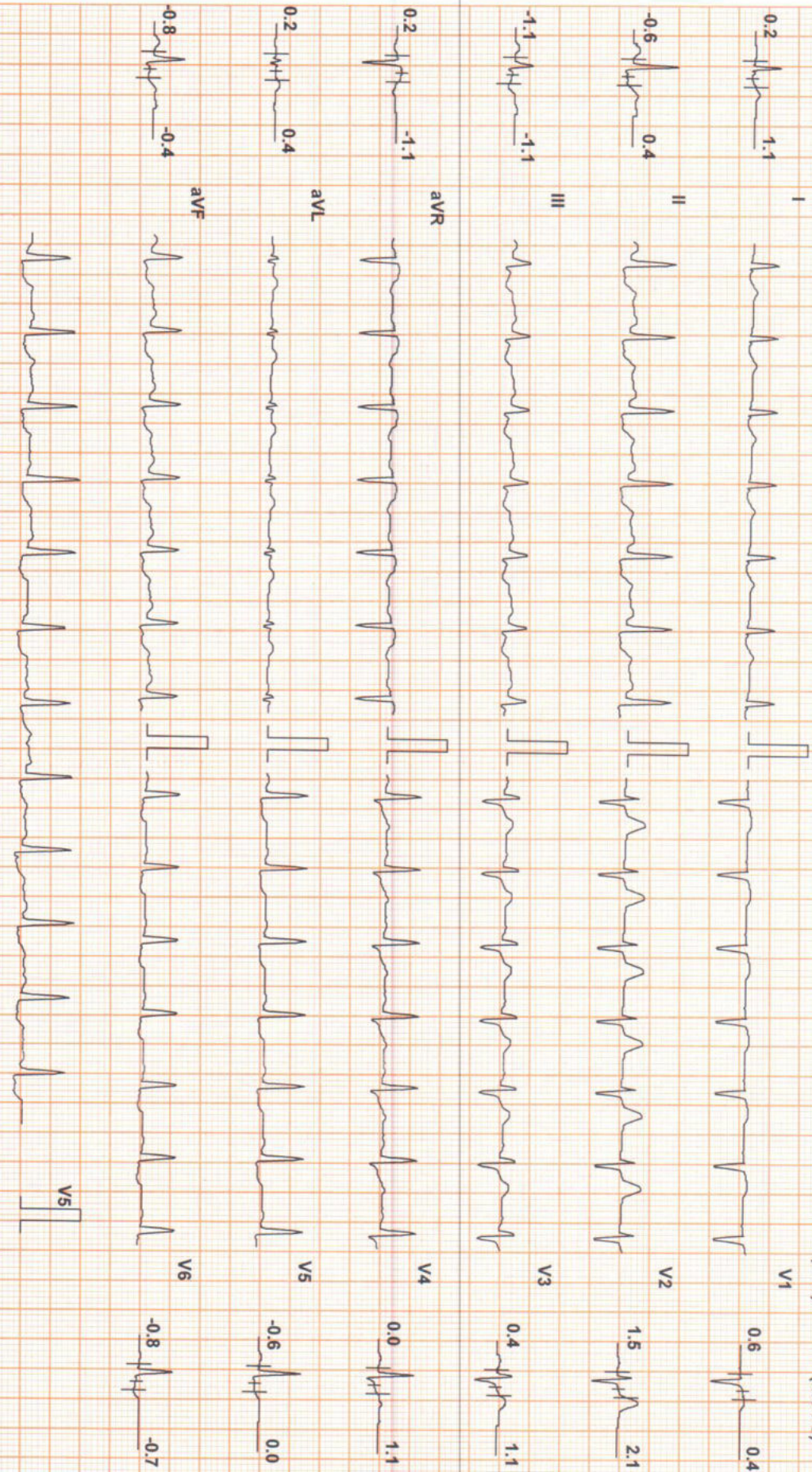


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V4.7

Linked Median



Suburban Diagnostics Center, Pune

Test Report

SANTOSH DIXIT (46 M)

ID: 2230005088

Date: 27-Oct-22

Exec Time : 6 m 24 s Stage Time : 0 m 54 s **HR: 109 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 162 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

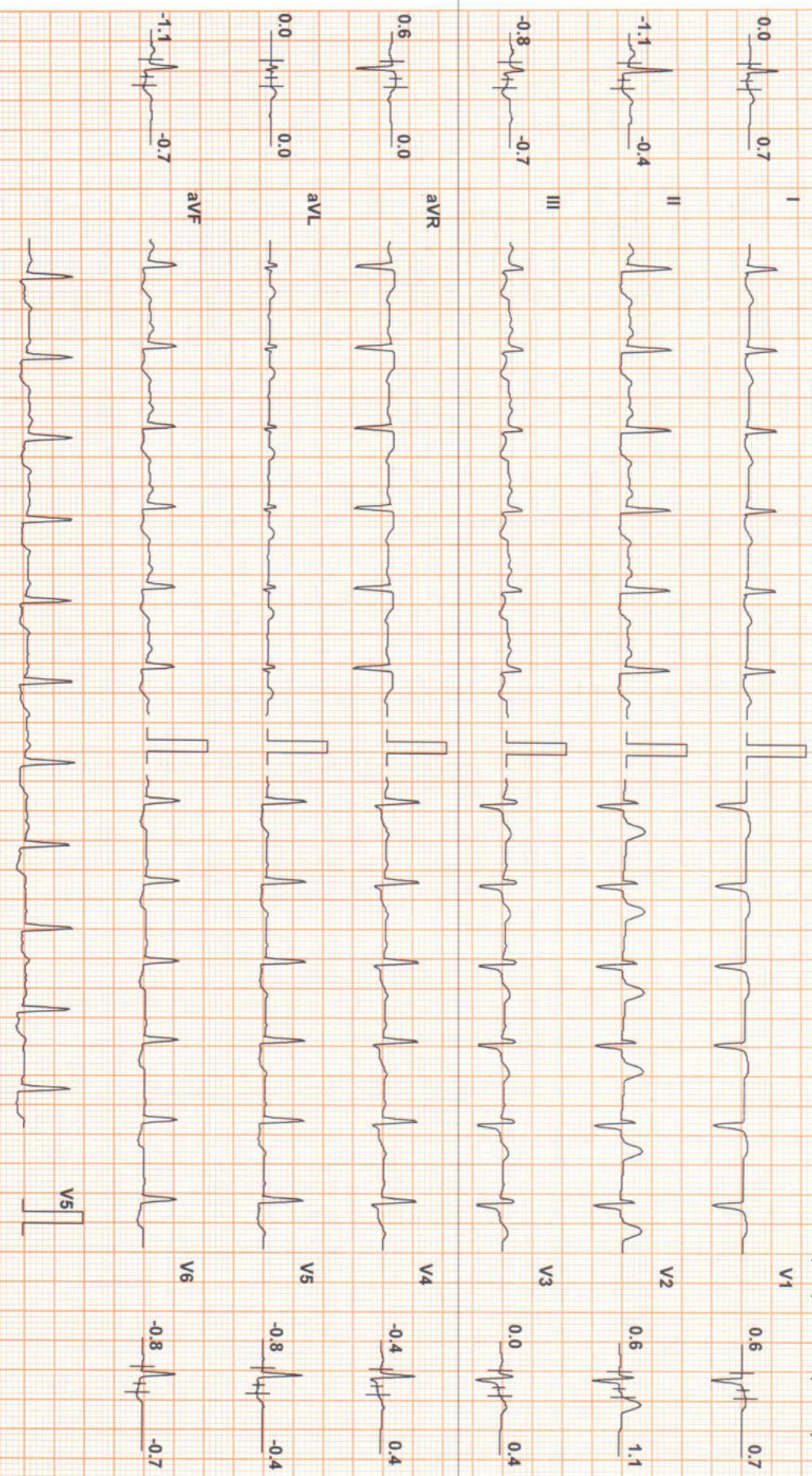


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SANTOSH DIXIT (46 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2230005088

Date: 27-Oct-22

Exec Time : 6 m 24 s Stage Time : 0 m 54 s HR: 104 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

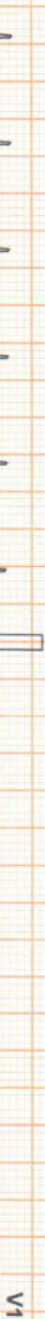
B.P.: 162 / 82

ST Level (mm)

ST Level (mm)

ST Slope (mV/s)

I 0.0 0.7



V1

0.4 0.4

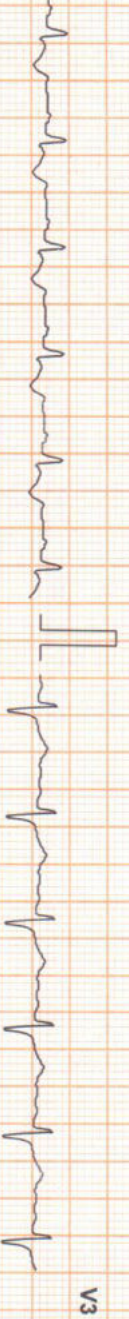
II -1.1 -0.4



V2

0.4 0.7

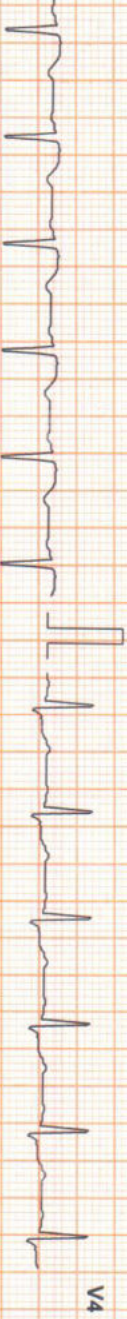
III -0.6 -0.7



V3

0.2 0.7

aVR 0.6 0.0



V4

-0.6 0.0

aVL 0.0 0.0



V5

-0.8 -0.4

aVF -0.8 -0.7



V6

-0.8 -0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7

Linked Median



SANTOSH DIXIT (46 M)

Suburban Diagnostics Center, Pune

Test Report

ID: 2230005088

Date: 27-Oct-22

Exec Time : 6 m 24 s Stage Time : 0 m 54 s HR: 101 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 162 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

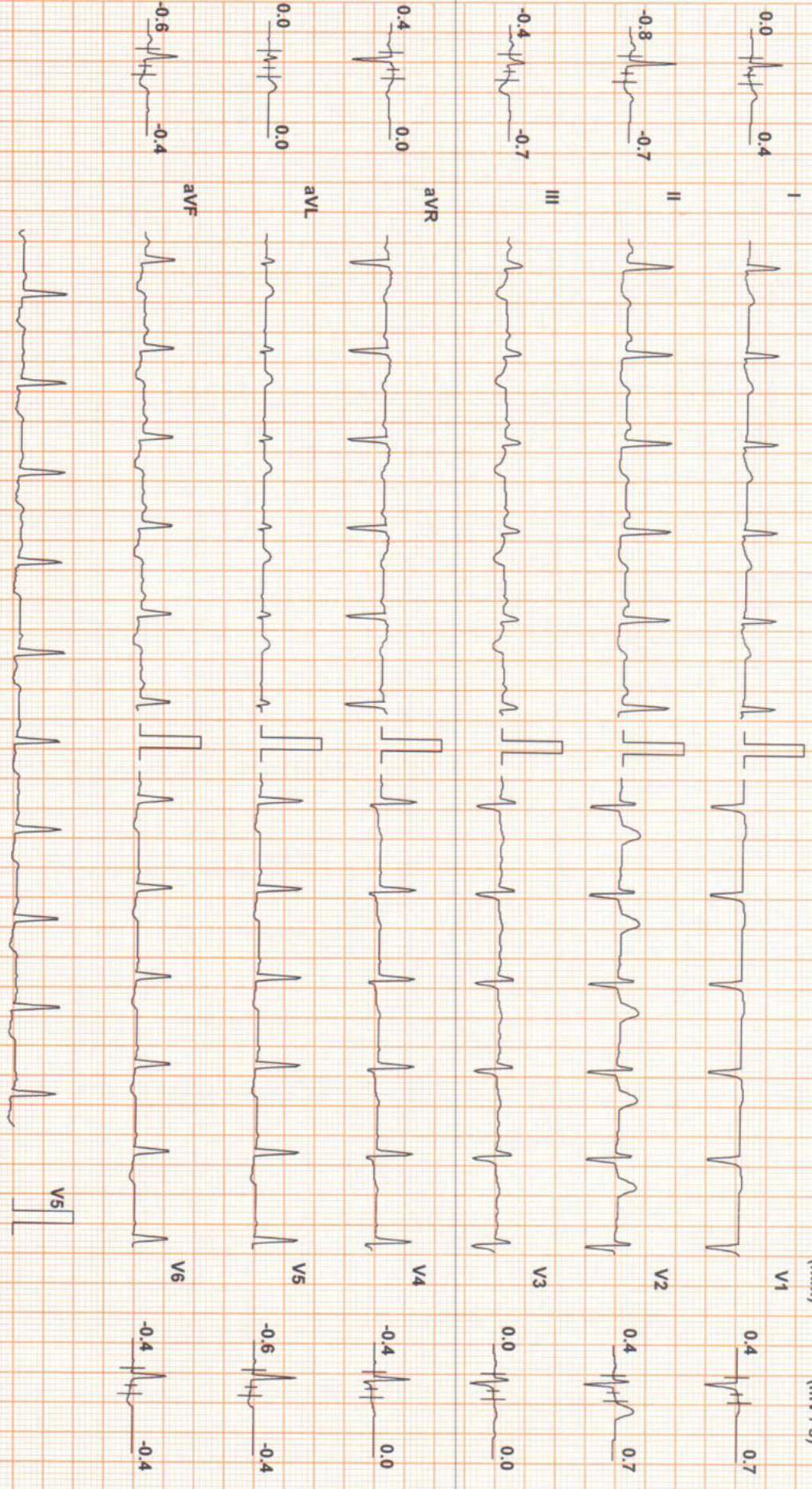


Chart Speed: 25 mm/sec
Schiller Standard V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SANTOSH DIXIT (46 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2230005088

Date: 27-Oct-22

Exec Time : 6 m 24 s Stage Time : 0 m 54 s HR: 101 bpm

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 162 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

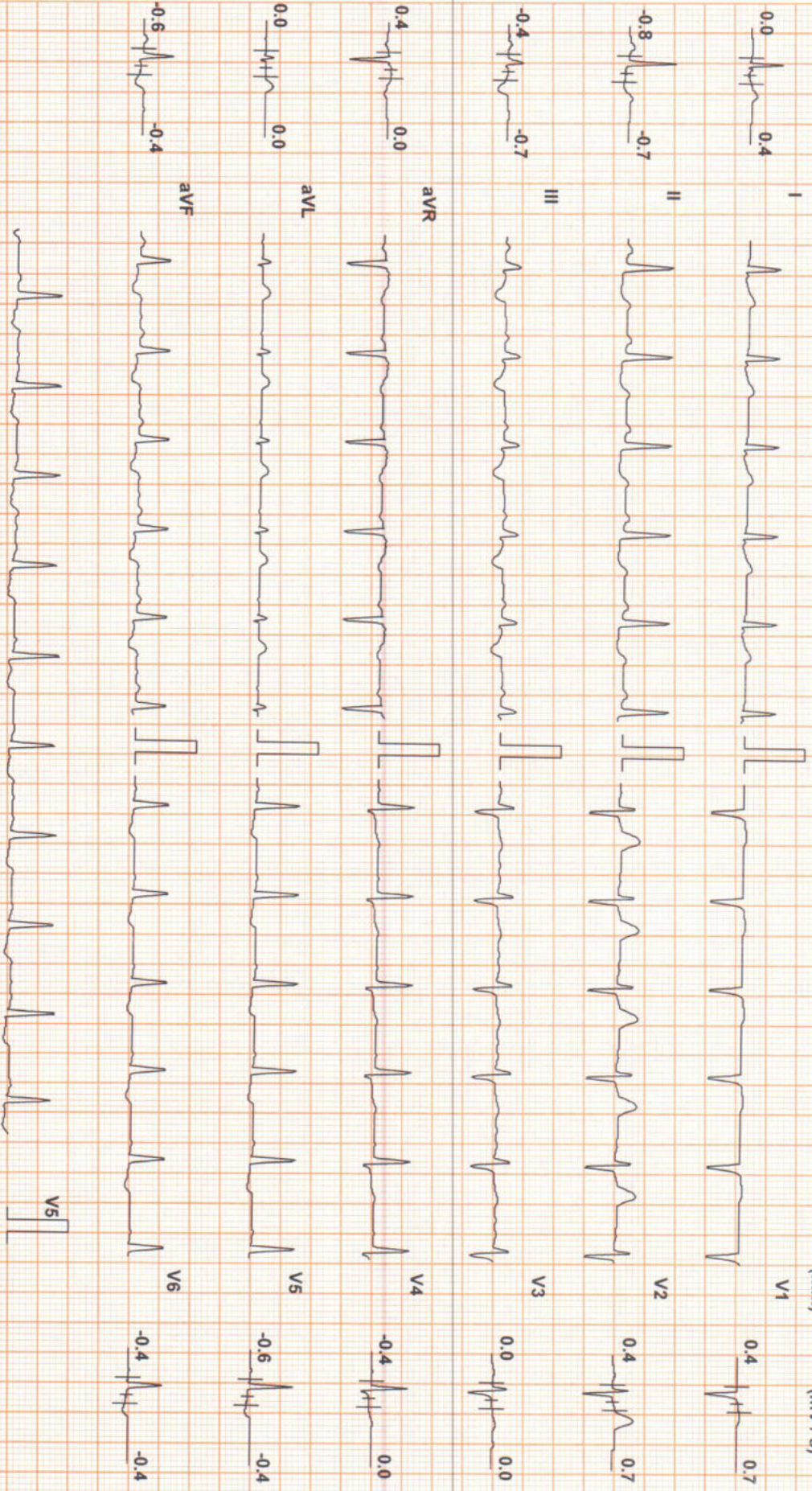


Chart Speed: 25 mm/sec
Schlier Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

