



CID : 2232113646  
Name : MR.ROHIT WAGHELA  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 17-Nov-2022 / 09:14  
Reported : 17-Nov-2022 / 14:22

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## MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.12	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.4	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.0	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7140	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	40.0	20-40 %	
Absolute Lymphocytes	2856.0	1000-3000 /cmm	Calculated
Monocytes	10.0	2-10 %	
Absolute Monocytes	714.0	200-1000 /cmm	Calculated
Neutrophils	43.3	40-80 %	
Absolute Neutrophils	3091.6	2000-7000 /cmm	Calculated
Eosinophils	6.2	1-6 %	
Absolute Eosinophils	442.7	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	35.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	241000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.1	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 3 2-15 mm at 1 hr. Westergren

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



*Bmhaskar*

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



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Reported : 17-Nov-2022 / 19:26

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	77.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



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Reported : 17-Nov-2022 / 17:39

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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	25.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.1	6-20 mg/dl	Calculated
CREATININE, Serum	<b>0.66</b>	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	151	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	4.6	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	143	135-148 mmol/l	ISE
POTASSIUM, Serum	3.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

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



MC-2111

*Bmhaskar*

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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	5.7	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 \*\*\*



*Bmhaskar*

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**M.D. (PATH)**  
**Pathologist**



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Reported : 17-Nov-2022 / 15:24

**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	0.46	<4.0 ng/ml	CLIA

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



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**Collected** : 17-Nov-2022 / 09:14  
**Reported** : 17-Nov-2022 / 15:24

**Clinical Significance:**

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

**Interpretation:**

**Increased In-** Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction,

**Decreased In-** Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- $\alpha$ -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**



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Name : MR.ROHIT WAGHELA  
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Reg. Location : Bhayander East (Main Centre)

Collected : 17-Nov-2022 / 12:36  
Reported : 17-Nov-2022 / 16:39

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**EXAMINATION OF FAECES**

**PARAMETER RESULTS BIOLOGICAL REF RANGE**

**PHYSICAL EXAMINATION**

Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent

**CHEMICAL EXAMINATION**

Reaction (pH)	Acidic (6.0)	-
Occult Blood	Present	Absent

**MICROSCOPIC EXAMINATION**

Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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

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



*Bmhaskar*

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





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Hazy	Clear	-
Volume (ml)	30	-	-
<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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Ca-oxalate +	Absent	
Amorphous debris	+	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	-		

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



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M.D. (PATH)  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**BLOOD GROUPING & Rh TYPING**

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
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.VRUSHALI SHROFF**  
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**Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	106.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	69.6	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	25.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	80.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	67.0	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	13.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



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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	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.762	0.35-5.5 microIU/ml	ECLIA





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**Reported** : 17-Nov-2022 / 16:15

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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase 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 \*\*\*



*Bmhaskar*

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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	0.19	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.10	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	16.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	90.1	40-130 U/L	Colorimetric

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



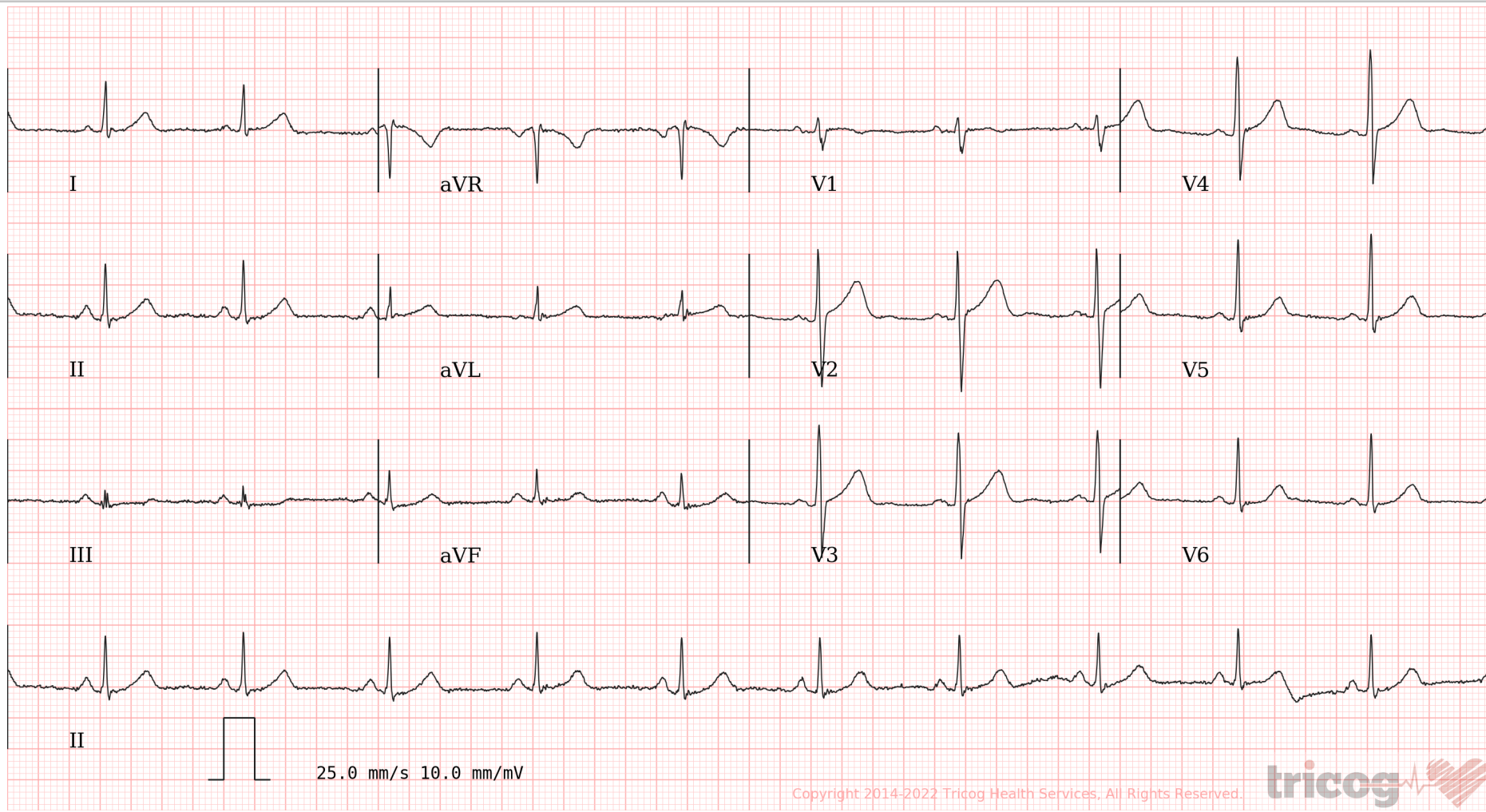
*Bmhasakar*

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

# SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: ROHIT WAGHELA  
Patient ID: 2234113646

Date and Time: 17th Nov 22 9:30 AM



Age **30** **NA** **NA**  
years months days

Gender **Male**

Heart Rate **66bpm**

### Patient Vitals

BP: 110/80 mmHg  
Weight: 53 kg  
Height: 164 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 92ms  
QT: 398ms  
QTc: 417ms  
PR: 142ms  
P-R-T: 65° 36° 30°

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ECG Within Normal Limits: Sinus Rhythm, Normal Axis. No significant ST-T changes. Please correlate clinically.




REPORTED BY

Dr. Smita Valani  
MBBS, D. Cardiology  
2011/03/0587

*R.K. Waghela*

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Phone No: 622 - 61700000

**DR. ANITA CHOUDHARY**  
CONSULTANT GYN & OBSTETRICIAN  
Reg. No. 017/12/5553

आयकर विभाग INCOME TAX DEPARTMENT		भारत सरकार GOVT. OF INDIA
ROHIT KISHOR WAGHELA		
KISHOR SHANKAR WAGHELA		
20/03/1992		
Permanent Account Number		
ABRPW9459M		
<i>R.K. Waghela</i> Signature		 19062012



**DENTAL CHECK - UP**

Name:- Rohit Waghela

CID :

Sex / Age : M / 30

Occupation:-

Date: 17/11/22

Chief complaints:- Routine check up

Medical / dental history:- No medical history reported by patient

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: No clicking and present
- b) Facial Symmetry: Bilateral Symmetrical

**2) Intra Oral Examination:**

- a) Soft Tissue Examination:
- b) Hard Tissue Examination:
- c) Calculus: +
- Stains: +

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

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

Advised: Scaling, Filling, OPG



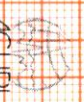
Provisional Diagnosis:-

Dr. Vikas V. Singh  
Dental Surgeon (B.D.S.)  
Reg. No. 14557



# SUBURBAN DIAGNOSTICS BHAYANDER

Report



Email:

12345491 (2232113646) / ROHIT WAGHELIA / 30 Yrs / M / 164 Cms / 53 Kg  
 Date: 17 / 11 / 2022 09:46:21 AM

Stage	Time	Duration	Speed (mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:16	0:16	00.0	00.0	01.0	082	43%	112/80	000	00	
Standing	00:22	0:06	00.0	00.0	01.0	076	40%	112/80	000	00	
HV	00:27	0:05	00.0	00.0	01.0	073	38%	110/80	000	00	
ExStart	00:50	0:23	00.0	00.0	01.0	073	38%	112/80	000	00	
BRUCE Stage 1	03:50	3:00	01.7	10.0	04.7	108	57%	110/80	118	00	
BRUCE Stage 2	06:50	3:00	02.5	12.0	07.1	131	69%	130/80	170	00	
BRUCE Stage 3	09:50	3:00	03.4	14.0	10.2	146	77%	140/80	204	00	
PeakEX	10:30	0:40	04.2	16.0	11.0	163	86%	140/80	228	00	
Recovery	11:30	1:00	01.1	00.0	04.3	128	67%	150/80	192	00	
Recovery	12:30	2:00	00.0	00.0	01.0	108	57%	150/80	162	00	
Recovery	14:30	4:00	00.0	00.0	01.0	087	46%	140/80	121	00	
Recovery	14:45	4:15	00.0	00.0	01.0	088	46%	130/80	114	00	

## FINDINGS :

Exercise Time : 09:40  
 Initial HR (ExStrt) : 73 bpm 38% of Target 190  
 Initial BP (ExStrt) : 0/0 (mm/Hg)  
 Max Workload Attained : 11 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value: V6 & -5.5 mm in PeakEX  
 Duke Treadmill Score : 09.2  
 Test End Reasons : Test Complete

Max HR Attained 163 bpm 86% of Target 190  
 Max BP Attained 150/80 (mm/Hg)

**DR. SMITA VALANI**  
**MBS, D. CARDIOLOGY**  
 2011/03/0587

**SUBURBAN DIAGNOSTICS (I) PVT. LTD**  
 Shop No. 101-A, 1st Floor, Kshitij Building  
 Above Raymond, Near Trunga Hospital  
 Mira - Bhayander Road, Bhayander (E)  
 Dist. Thane-401105.  
 Phone No : 022 - 617-00000

Doctor : *Dr. Smita Valani*  
**DR. SMITA VALANI**







EMail: 12345491 / ROHIT WAGHELA / 30 Yrs / M / 164 Cms / 53 Kg Date: 17 / 11 / 2022 09:46:21 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED  
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE  
EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT  
NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY  
HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE  
CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE  
FINAL IMPRESION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

DR. SMITA VALANI  
MBBS, D. CARDIOLOGY  
2011/03/0587

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phone No : 022 - 61700000

Doctor : DR. SMITA VALANI





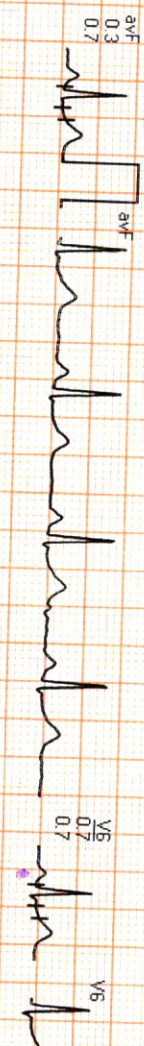
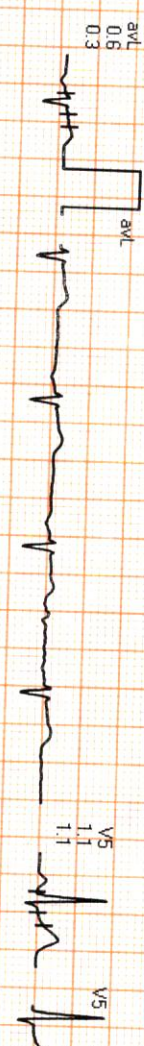
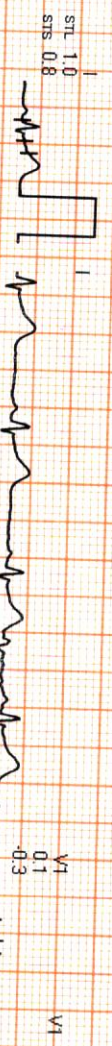
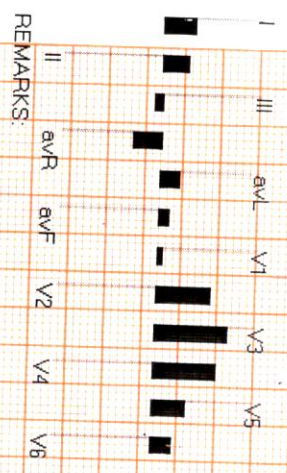
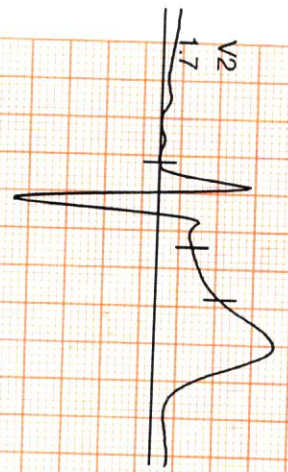
**SUBURBAN DIAGNOSTICS BHAYANDER**

12345491 (2232113646) / ROHIT WAGHELDA / 30 Yrs / M / 164 Cms / 53 Kg / HR : 82

Date: 12/11/2022 09:46:21 AM METS: 1.0/82 bpm 43% of THR BP: / mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec, 1.0 Cm/mV

**SUPINE ( 00:01 )**



REMARKS:





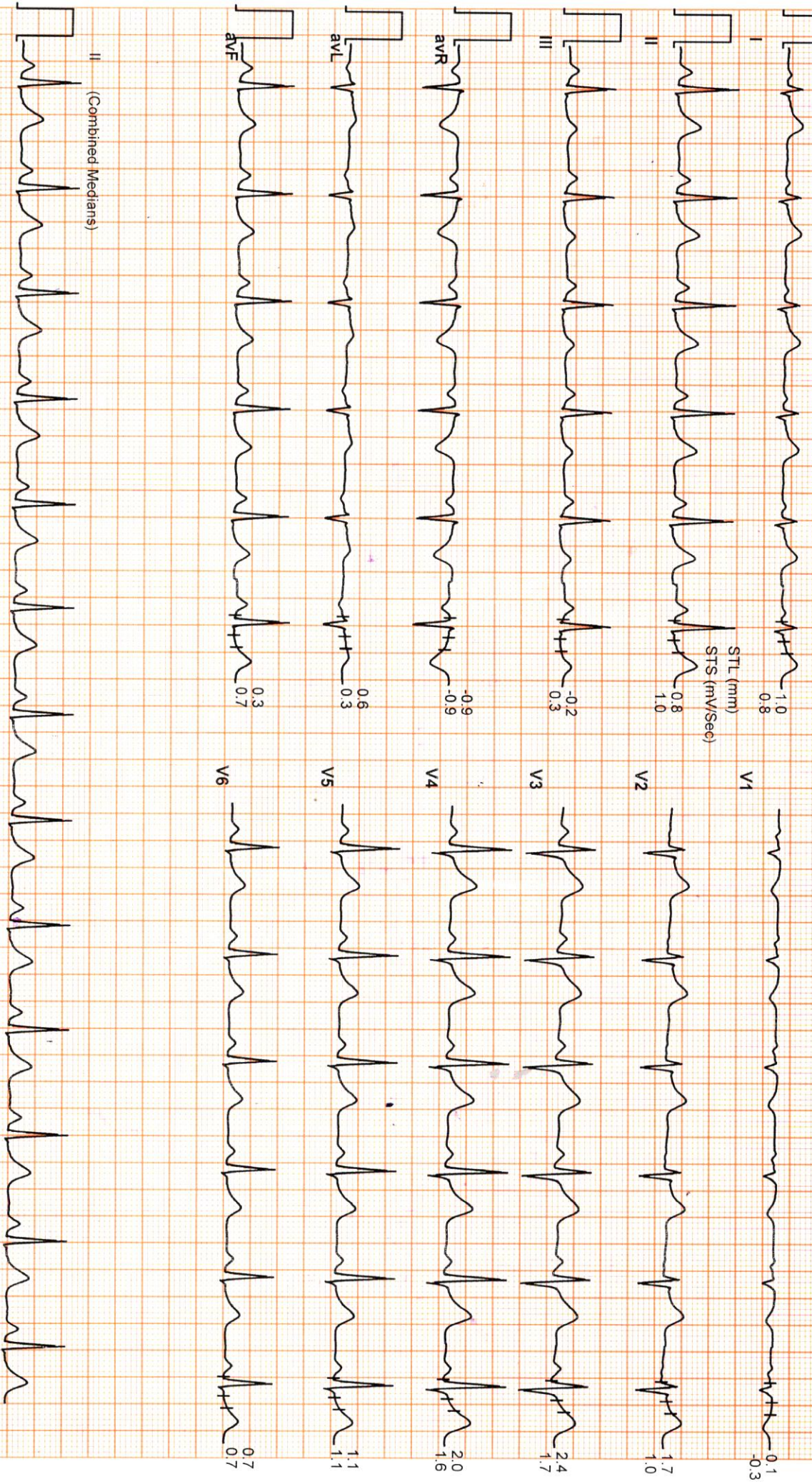
# SUBURBAN DIGNOSTICS BHAYANDER

12345491 / ROHIT WAGHELA / 30 Yrs / Male / 164 Cm / 53 Kg

Date: 17/11/2022 09:46:21 AM MEts : 1.0 HR : 76 Target HR : 40% of 190 BP : 0/0 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm STANDING ( 00:00 )

EXTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV





# SUBURBAN DIGNOSTICS BHAYANDER

12345491 / ROHIT WAGHELA / 30 Yrs / Male / 164 Cm / 53 Kg

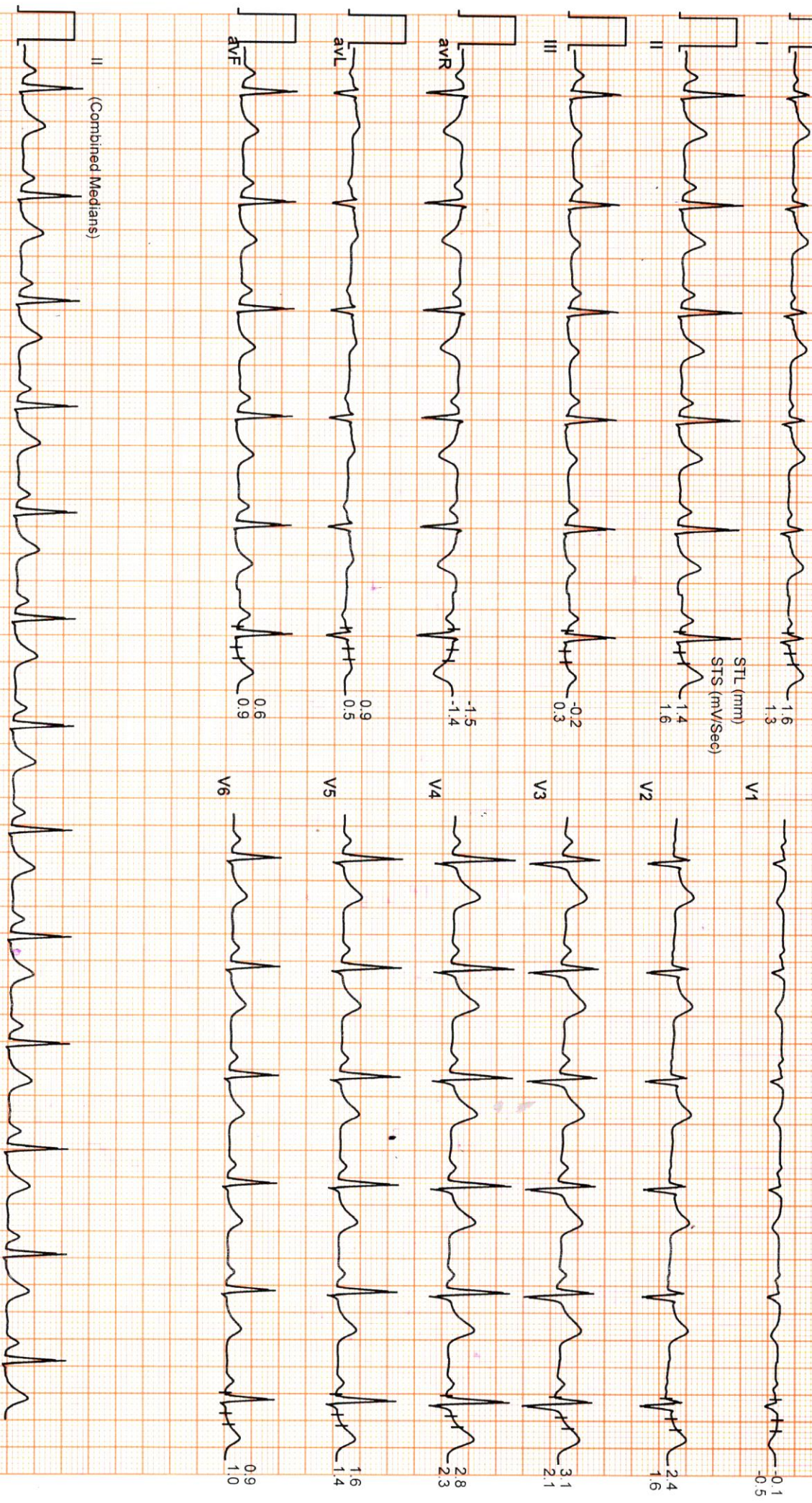
## 6X2 Combine Medians + 1 Rhythm

HV ( 00:00 )



Date: 17 / 11 / 2022 09:46:21 AM METs : 1.0 HR : 76 Target HR : 40% of 190 BP : 0/0 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



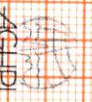


# SUBURBAN DIGNOSTICS BHAYANDER

12345491 / ROHIT WAGHELA / 30 Yrs / Male / 164 Cm / 53 Kg

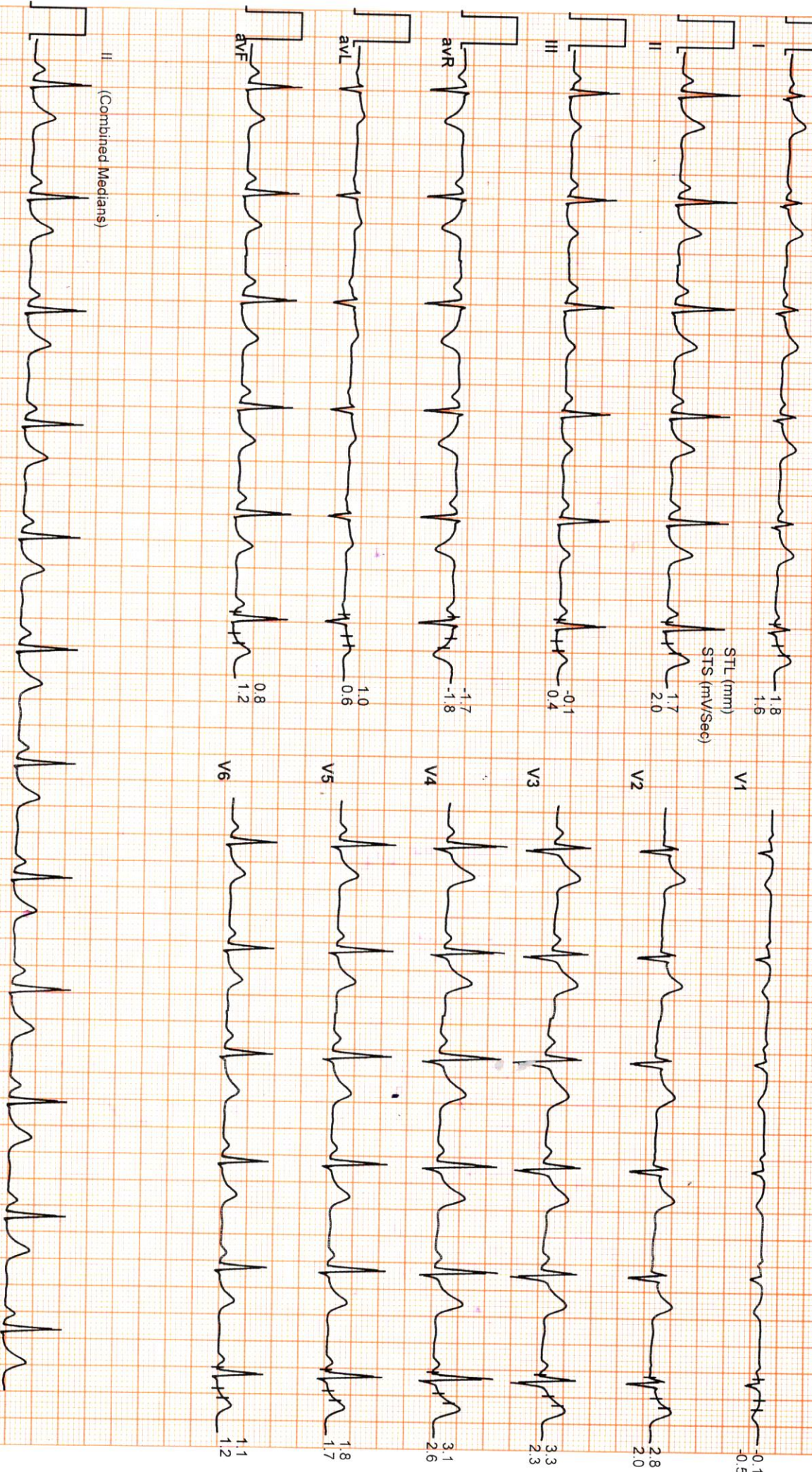
## 6X2 Combine Medians + 1 Rhythm

ExStrt



Date: 17 / 11 / 2022 09:46:21 AM METs : 1.0 HR : 73 Target HR : 38% of 190 BP : 0/0 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





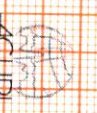
# SUBURBAN DIAGNOSTICS BHAYANDER

12345491 / ROHIT WAGHELA / 30 Yrs / Male / 164 Cm / 53 Kg

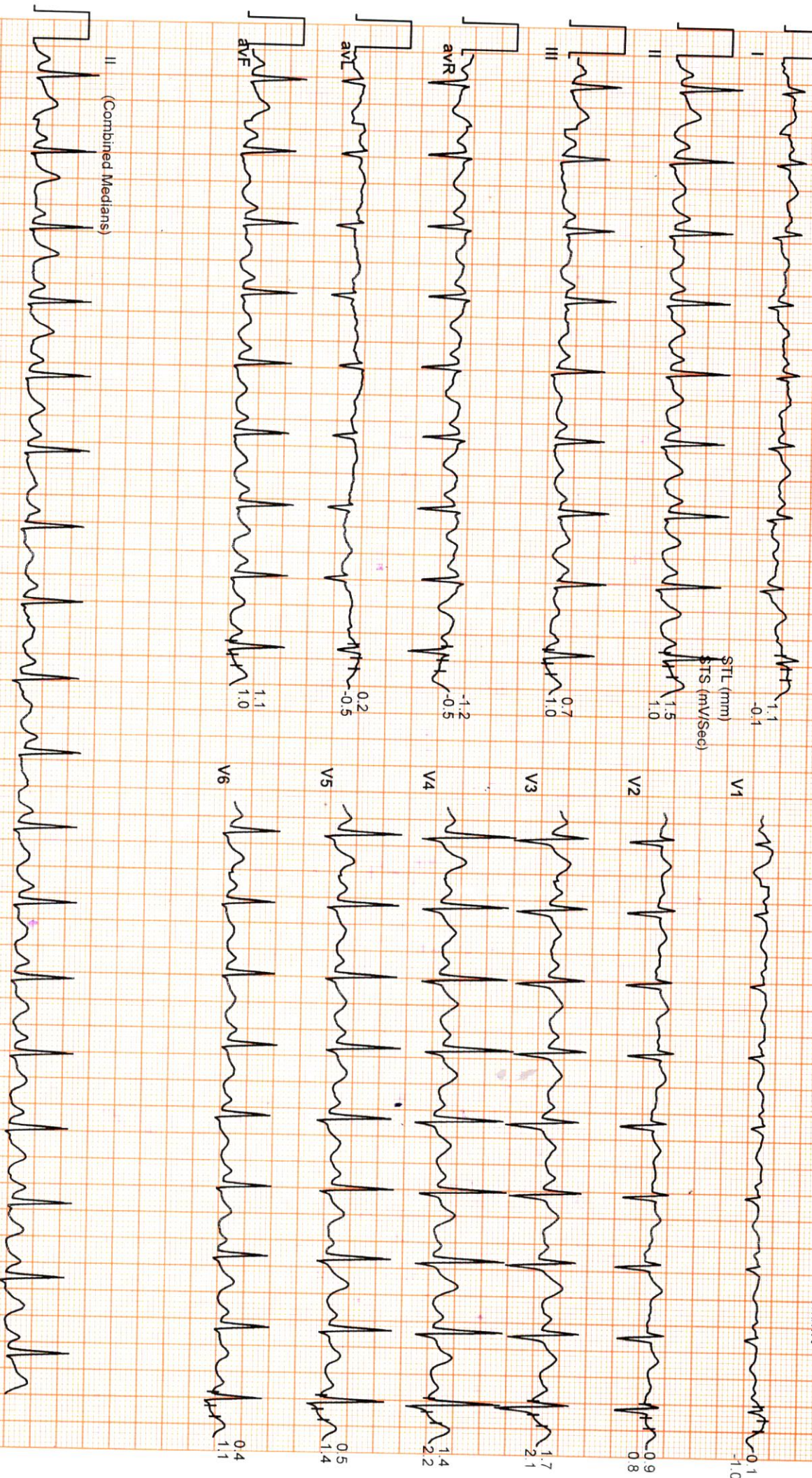
Date: 17 / 11 / 2022 09:46:21 AM METS : 4.7 HR : 108 Target HR : 57% of 190 BP : 110/80-Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 (03:00)



ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec: 1.0 Cm/mV





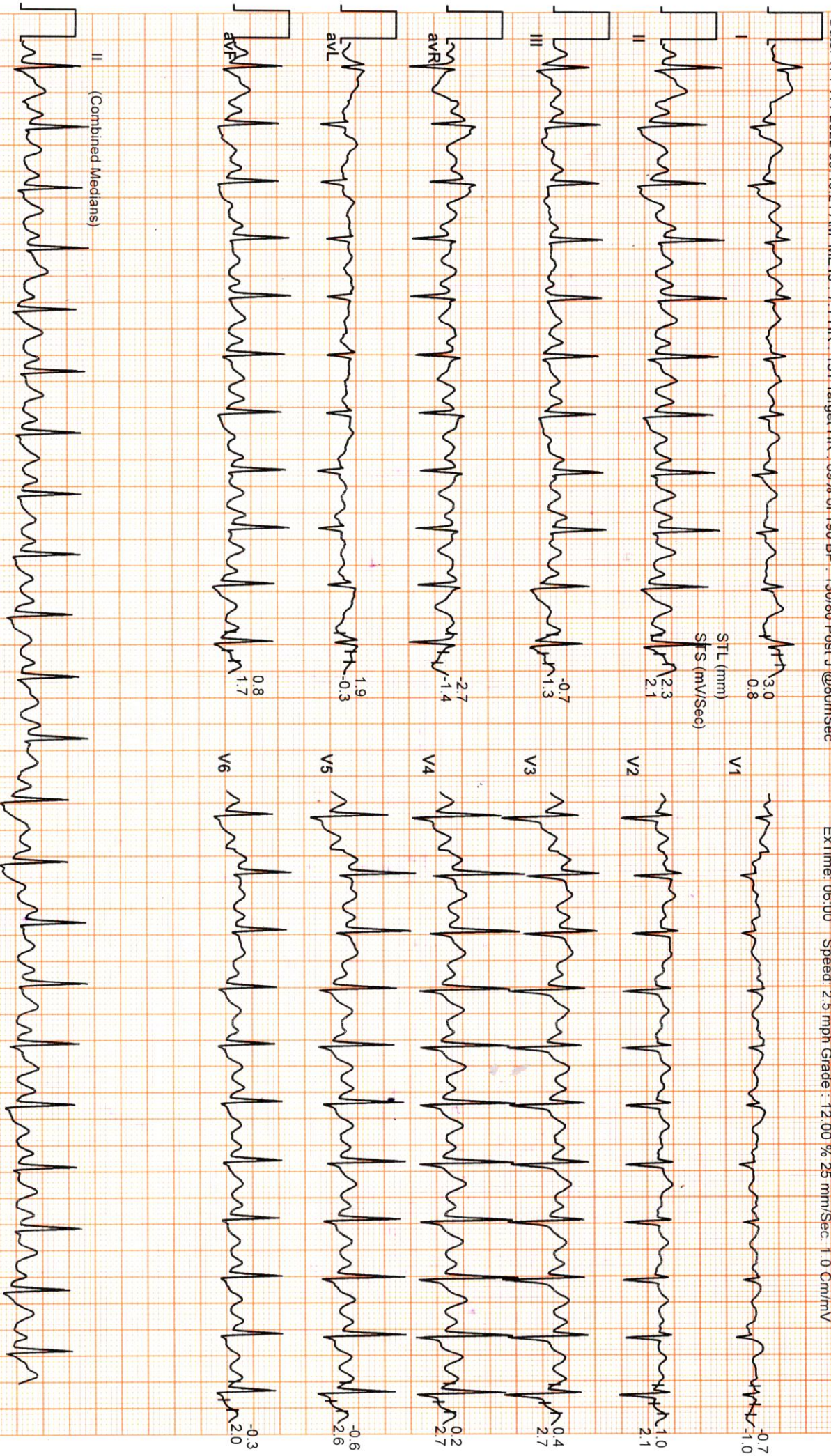
**SUBURBAN DIAGNOSTICS BHAYANDER**

12345491 / ROHIT WAGHELA / 30 Yrs / Male / 164 Cm / 53 Kg

Date: 17 / 11 / 2022 09:46:21 AM METs : 7.1 HR : 131 Target HR : 69% of 190 BP : 130/80 Post J @90mSec

**6X2 Combine Medians + 1 Rhythm**  
BRUCE : Stage 2 (03:00)

ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS BHAYANDER

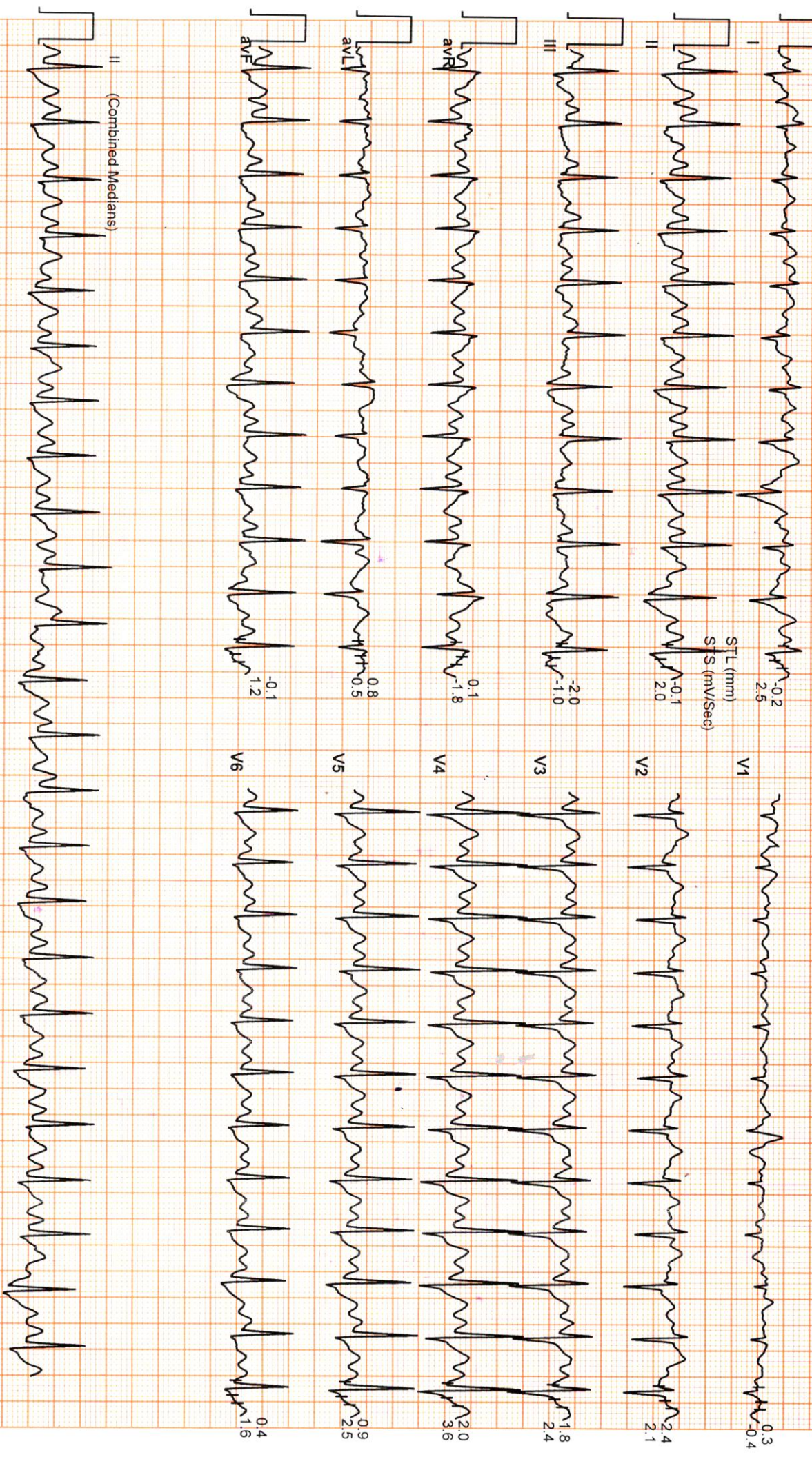
12345491 / ROHIT WAGHELIA / 30 Yrs / Male / 164 Cm / 53 Kg

Date: 17/11/2022 09:46:21 AM METS : 10.2 HR : 146 Target HR : 77% of 190 BP : 140/80 Post J @60mSec

ExTime: 09:00 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 3 ( 03:00 )





# SUBURBAN DIGNOSTICS BHAYANDER

12345491 / ROHIT WAGHELAA / 30 Yrs / Male / 164 Cm / 53 Kg

Date: 17 / 11 / 2022 09:46:21 AM METS : 11.0 HR : 163 Target HR : 86% of 190 BP : 140/80 Post J @60mSec

## 6X2 Combine Medians + 1 Rhythm

PeakEx



ExTime : 09:40 Speed : 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV





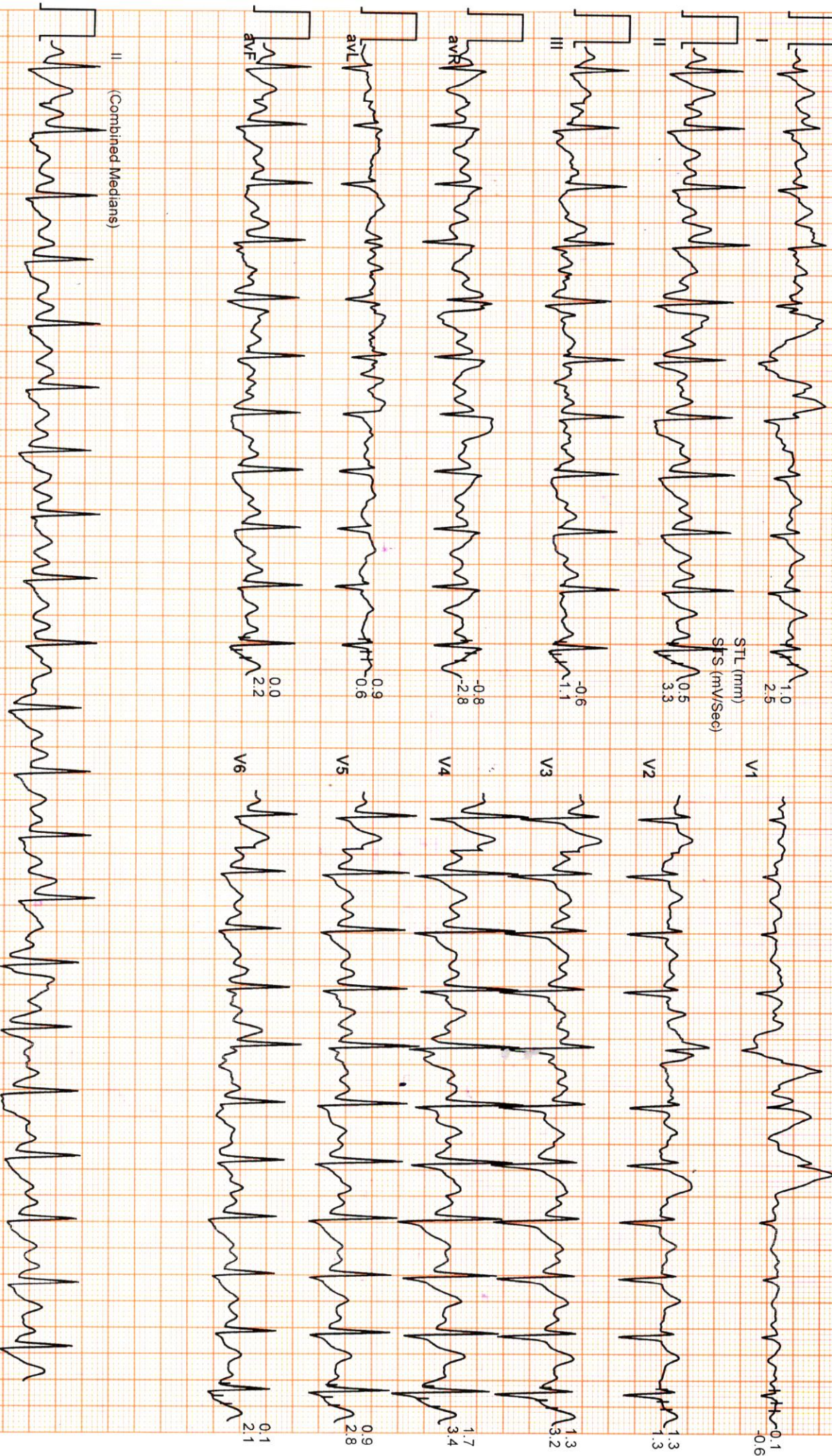
# SUBURBAN DIGNOSTICS BHAYANDER

12345491 / ROHIT WAGHELIA / 30 Yrs / Male / 164 Cm / 53 Kg

Date: 17 / 11 / 2022 09:46:21 AM METs : 4.2 HR : 128 Target HR : 67% of 190 BP : 150/80 Post J @60mSec

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 01:00 )

EXTime: 09:40 Speed: 1.1 mph Grade: .00 0.0 % 25 mm/Sec 1.0 Cm/mV





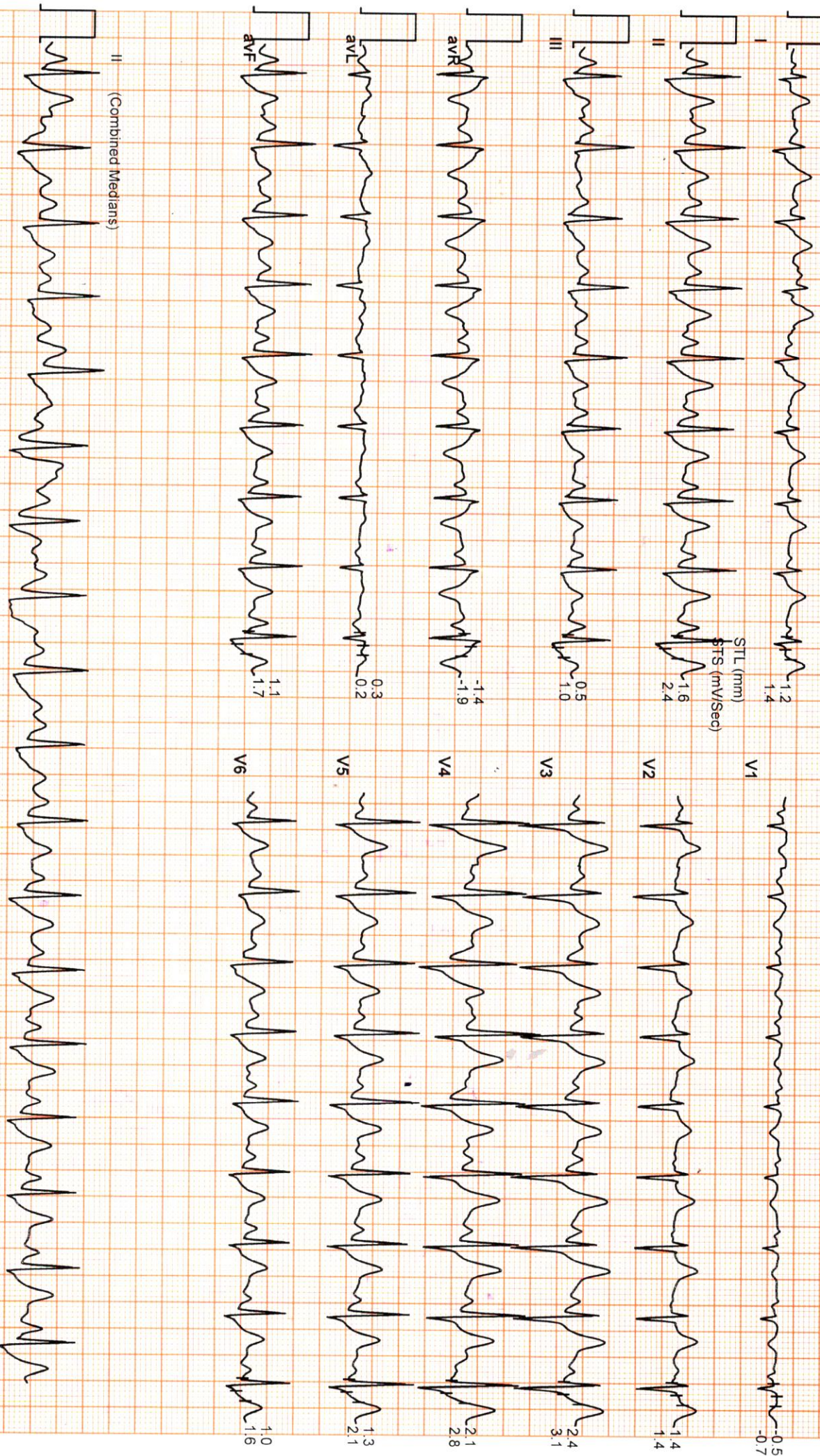
**SUBURBAN DIAGNOSTICS BHAYANDER**

12345491 / ROHIT WAGHELA / 30 Yrs / Male / 164 Cm / 53 Kg

Date: 17/11/2022 09:46:21 AM METs : 1.0 HR : 108 Target HR : 57% of 190 BP - 150/80 Post J @80mSec

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 02:00 )

EXTime: 09:40 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS BHAYANDER

12345491 / ROHIT WAGHELA / 30 Yrs / Male / 164 Cm / 53 Kg

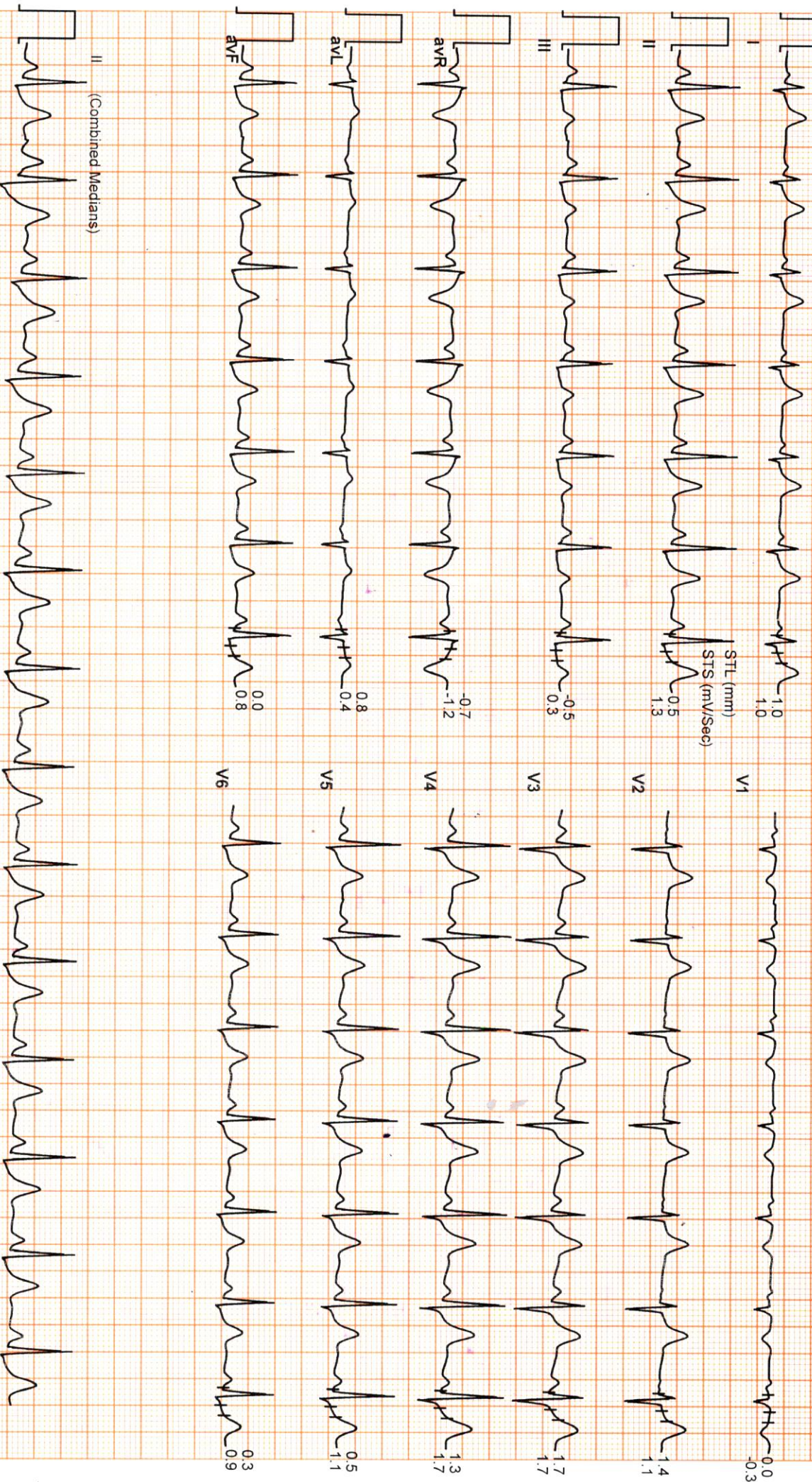
Date: 17 / 11 / 2022 09:46:21 AM METs : 1.0 HR : 87 Target HR : 46% of 190 BP : 140/80 Post-J @80mSec

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )

AGHPD

ExTime: 09:40 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV





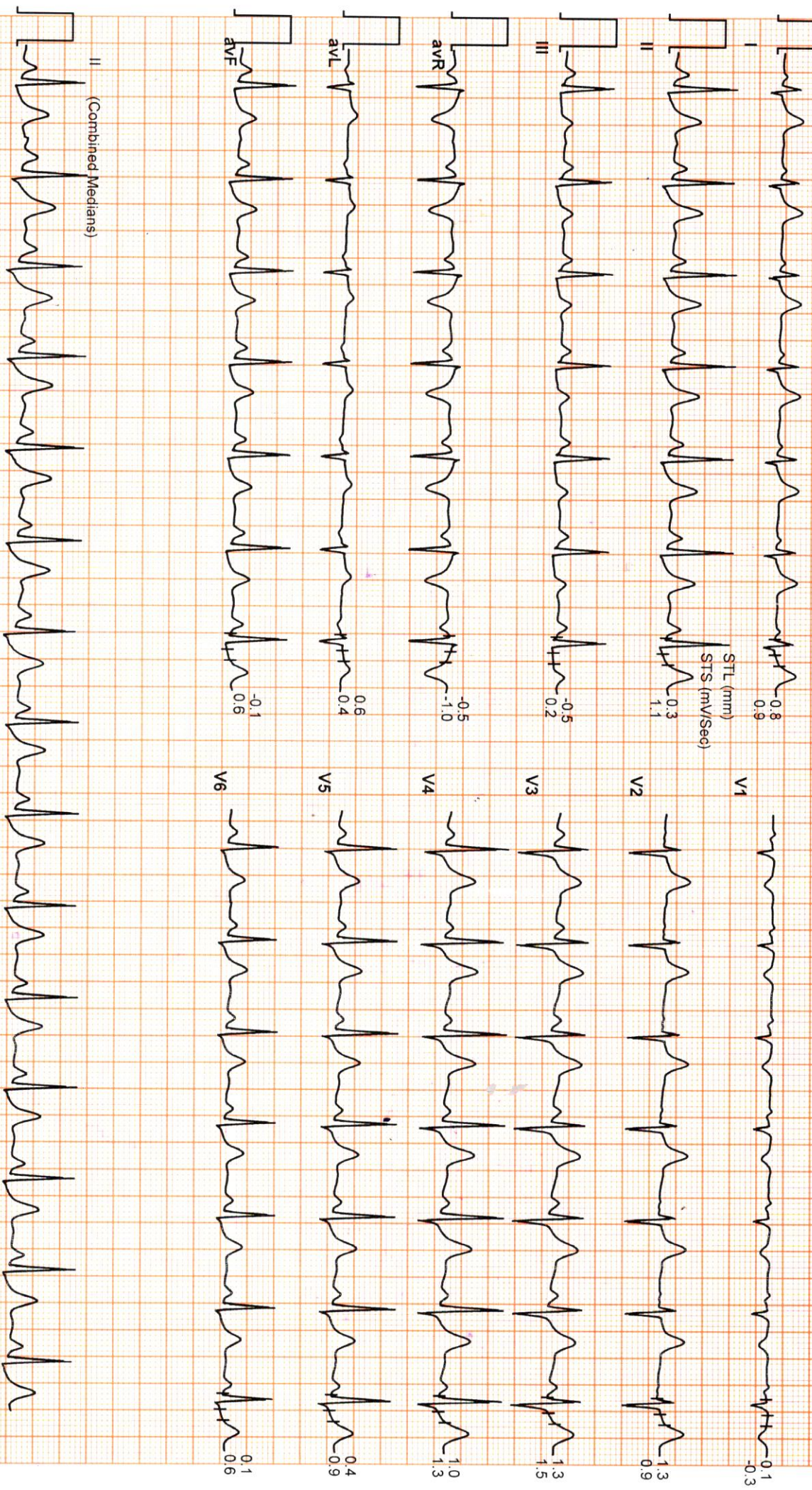
# SUBURBAN DIAGNOSTICS BHAYANDER

12345491 / ROHIT WAGHELA / 30 Yrs / Male / 164 Cm / 53 Kg

Date: 17 / 11 / 2022 09:46:21 AM METs : 1.0 HR : 88 Target HR : 46% of 190 BP : 130/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 04:15 )

ExTime: 09:40 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV





Date:- 17/11/22  
Name:- Rahit Waghela

CID: 22-3213779  
Sex / Age: 30/m

**EYE CHECK UP**

**Chief complaints:**

**Systemic Diseases:**

**Past history:**

**Unaided Vision:**

**Aided Vision:**

**Refraction:**

} NO  
RE CE  
6/6 6/6  
N/G N/G

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

**Colour Vision:** Normal / Abnormal

**Remark:**

**SUBURBAN DIAGNOSTICS (I) PVT. LTD**  
Shop No. 101-A, 1st Floor, Kshitij Building  
Above Raymond, Near K. J. Somaiya Hospital,  
Vandri - Bhayander Road, Bhayander (E)  
Dist. Thane-401105.  
Phone No : 022 - 61700000





**CID** : 2232113646  
**Name** : Mr ROHIT WAGHELA  
**Age / Sex** : 30 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 17-Nov-2022  
**Reported** : 17-Nov-2022/11:36

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.5 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. No evidence of any intra hepatic cystic or solid lesion seen. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

### GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

### COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

### PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

### KIDNEYS:

Right kidney measures 9.7 x 4.0 cm. Left kidney measures 9.9 x 4.3 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

### SPLEEN:

The spleen is normal in size (10.9 cm) and echotexture. No evidence of focal lesion is noted.

### URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

### PROSTATE:

The prostate is normal in size, measures 3.0 x 3.0 x 3.2 cms and weighs 15.5 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2232113646  
**Name** : Mr ROHIT WAGHELA  
**Age / Sex** : 30 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 17-Nov-2022  
**Reported** : 17-Nov-2022/11:36

**IMPRESSION:**

- **No significant abnormality is made out.**

**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

**This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.**

**DR.VIBHA S KAMBLE**  
**MBBS ,DMRD**  
**Reg No -65470**  
**Consultant Radiologist**





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**Name** : Mr ROHIT WAGHELA  
**Age / Sex** : 30 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 17-Nov-2022  
**Reported** : 17-Nov-2022/11:36





**CID** : 2232113646  
**Name** : Mr ROHIT WAGHELA  
**Age / Sex** : 30 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 17-Nov-2022  
**Reported** : 17-Nov-2022/10:24

**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 VIBHA S KAMBLE before dispatch.**

**DR.VIBHA S KAMBLE**  
**MBBS ,DMRD**  
**Reg No -65470**  
**Consultant Radiologist**





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**CID** : 2232113646  
**Name** : Mr ROHIT WAGHELA  
**Age / Sex** : 30 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 17-Nov-2022  
**Reported** : 17-Nov-2022/10:24