

CID# : 2309120481
Name : MR.SANTOSH HARISHCHANDRA
MANGAONKAR
Age / Gender : 51 Years/Male
Consulting Dr. : Collected : 01-Apr-2023 / 08:33
Reg.Location : Andheri West (Main Centre) Reported : 03-Apr-2023 / 11:04

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic
K/C/O DM & HTN on medication since 4 years.

EXAMINATION FINDINGS:

Height (cms):	179 cms	Weight (kg):	85 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	150/100 mm of Hg	Nails:	Normal
Pulse:	76/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

K/C/O Hypertension and Diabetes Mellitus on medication,
USG shows simple renal cortical cysts, Grade I fatty liver,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your treating physician with all your report,
Optimal control of blood pressure,
Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

1) **Hypertension:** Yes, on medication since 6-7 months

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- | | |
|--|---|
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | Yes, on medication since 4 years |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| Surgeries | H/O Repair of umbilical hernia 2009,Repair of right |
| 16) | Ingunial hernia in 2009 |
| | Surgery for I & D of right fore arm 6-7 years |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|--|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Veg (Eggitarian) |
| 4) Medication | Yes, Tab. Telma 40 mg,Tab. Gimer F2,Tab. udapa |

History and Complaints:

Asymptomayic
 K/C/O DM & HTN on medication since 4 years.

EXAMINATION FINDINGS:

Height (cms): 179 cms **Weight (kg):** 85 kgs

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PERSONAL HISTORY:

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| 1) Alcohol | NO |
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*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083

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Age / Gender : 51 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Apr-2023 / 08:47
Reported : 01-Apr-2023 / 11:07

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.75	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.8	40-50 %	Calculated
MCV	88.0	80-100 fl	Measured
MCH	29.0	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4850	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.5	20-40 %	
Absolute Lymphocytes	1720	1000-3000 /cmm	Calculated
Monocytes	9.6	2-10 %	
Absolute Monocytes	460	200-1000 /cmm	Calculated
Neutrophils	48.8	40-80 %	
Absolute Neutrophils	2360	2000-7000 /cmm	Calculated
Eosinophils	5.9	1-6 %	
Absolute Eosinophils	280	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	200000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Measured
PDW	15.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Reported : 01-Apr-2023 / 10:46

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-20 mm at 1 hr. Sedimentation

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



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)

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Reg. Location : Andheri West (Main Centre)

Collected : 01-Apr-2023 / 08:47
Reported : 01-Apr-2023 / 15:07

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	111.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	+++	Absent	
Urine Ketones (PP)	Absent	Absent	

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MC-2111

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Consultant Pathologist & Lab Director

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Collected : 01-Apr-2023 / 08:47
Reported : 01-Apr-2023 / 13:57

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	147.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	54.4	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	35.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	112.6	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	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	10.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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Reported : 01-Apr-2023 / 13:57

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	28.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.97	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	87	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	3.7	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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Collected : 01-Apr-2023 / 08:47
Reported : 01-Apr-2023 / 12:01

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	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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**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	0.42	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	13.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	94.6	40-130 U/L	Colorimetric

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Collected : 01-Apr-2023 / 08:47
Reported : 01-Apr-2023 / 14:10

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.235	0.03-3.5 ng/ml	ECLIA

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- 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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Collected : 01-Apr-2023 / 08:47
Reported : 01-Apr-2023 / 11:34

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.
Note: This sample is not tested for Bombay blood group.

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 CPL, Andheri West
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.29	0.35-5.5 microIU/ml	ECLIA

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Collected : 01-Apr-2023 / 08:47
Reported : 01-Apr-2023 / 14:56

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
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

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*** End Of Report ***



MC-2111

M. Jain

Dr. MILLU JAIN
M.D.(PATH)
Pathologist

Authenticity Check



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Application To Scan the Code

CID : 2309120481
Name : MR. SANTOSH HARISHCHANDRA MANGAONKAR
Age / Gender : 51 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Apr-2023 / 08:47
Reported : 01-Apr-2023 / 11:34

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
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 CPL, Andheri West



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)

Date:- 1-4-23

CID: 2309120481

Name:- SAMTOSH MANGAONKAR

Sex / Age: M / 57

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: DM & HTN

Past history: on medication

Unaided Vision: -

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N5	—	—	—	N5

Colour Vision: Normal / Abnormal

Remark: Normal vision

Authenticity Check



CID : 2309120481
Name : Mr Santosh Harishchandra
Mangaonkar
Age / Sex : 51 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 01-Apr-2023
Reported : 01-Apr-2023 / 11:36

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2023040108341933

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

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

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144



CID : 2309120481
Name : Mr SANTOSH HARISHCHANDRA
MANGAONKAR
Age / Sex : 51 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 01-Apr-2023
Reported : 01-Apr-2023 / 12:54

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.5cm) and shows **bright echotexture**. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. 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 lesions seen

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis seen.

Right kidney measures 10.5 x 4.3cm. Left kidney measures 10.6 x 4.9cm.

Two simple cortical cysts are noted in the mid pole of the left kidney measuring 5.0 x 4.7cm and 2.9 x 2.5cm.

SPLEEN:

The spleen is normal in size (9.8cm) 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 measuring 3.7 x 3.6 x 3.4cm and volume is 25.2cc.

IMPRESSION:

Left simple renal cortical cysts as described above.

Grade I fatty liver.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No - 2014/11/4764
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040108341949>

Patient's Name :SANTOSH H MANGAONKAR

Age : 51 YRS / MALE

Requesting Doctor : ---

Date : 01.04.2023

CID. No : 2309120481

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation
Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.
PASP by TRjet vel.method = 20 mm Hg.

LV / LA / RA / RV - Normal in dimension.
IAS / IVS is Intact.

Left Ventricular Diastolic Dysfunction [LVDD] is Grade I / IV.
No doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.
Normal RV systolic function (by TAPSE)

Impression:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,
NO RWMA, NO PAH, GRADE I LVDD,
NO LV HYPERTROPHY.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.6	m/s
LVIDd	44	mm	Mitral Valve A velocity	0.8	m/s
LVPWd	10	mm	E/A Ratio	0.8	-
IVSs	15	mm	Mitral Valve Deceleration Time	190	ms
LVIDs	26	mm	E/E'	8	-
LVPWs	15	mm	TAPSE	22	
			Aortic valve		
IVRT	-	ms	AVmax	1.1	m/s
			AV Peak Gradient	5	mmHg
2D STUDY			LVOT Vmax	0.8	m/s
LVOT	20	mm	LVOT gradient	3	mmHg
LA	36	mm	Pulmonary Valve		
RA	30	mm	PVmax	0.6	m/s
RV [RVID]	24	mm	PV Peak Gradient	1.8	mmHg
IVC	12	mm	Tricuspid Valve		
			TR jet vel.	2	m/s
			PASP	20	mmHg

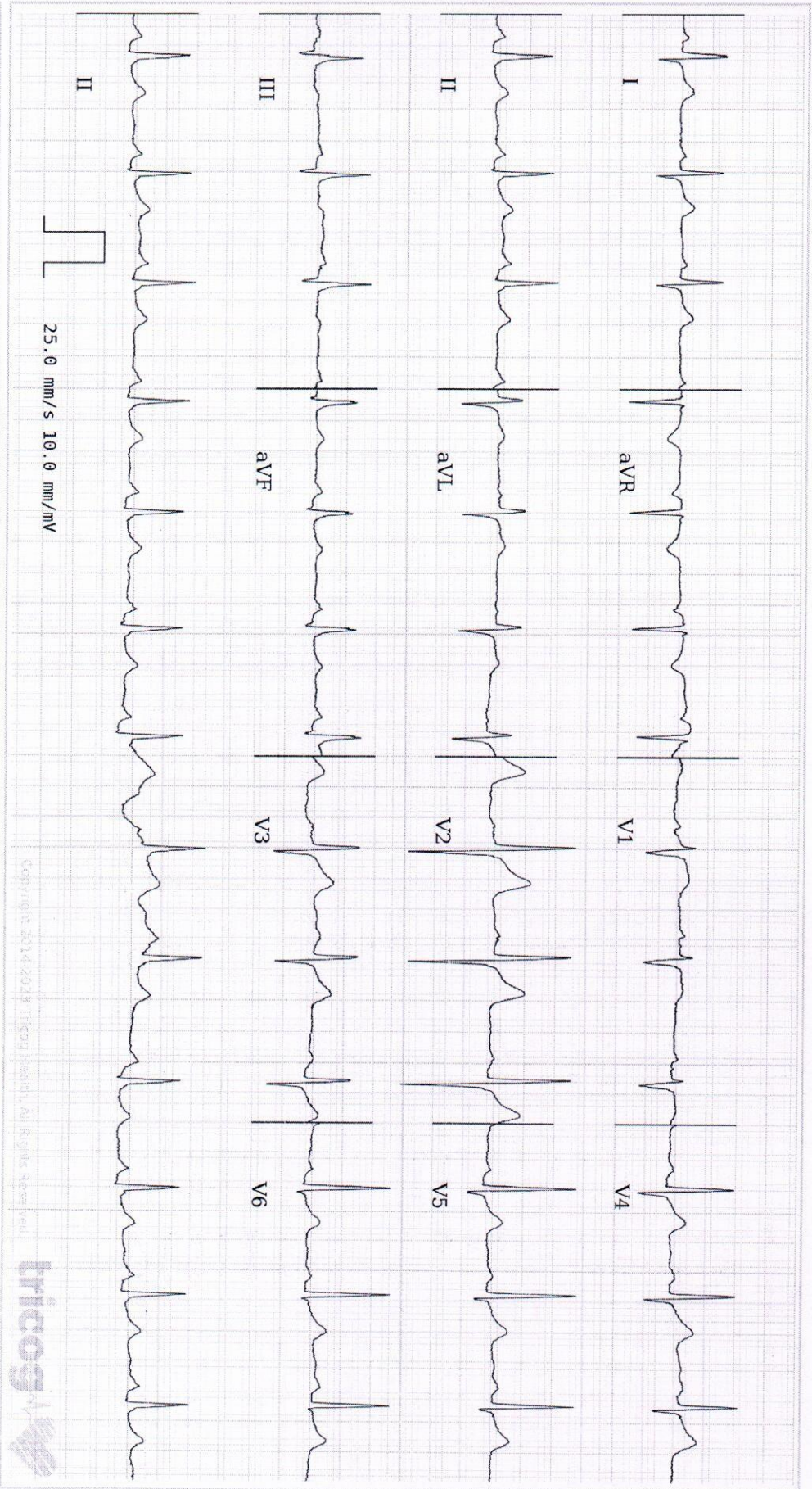
*** End of Report ***

DR RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

Patient Name: SANTOSH HARISHCHANDRA
MANGAONKAR
Patient ID: 2309120481
Date and Time: 1st Apr 23 9:29 AM



25.0 mm/s 10.0 mm/mV

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Age **51** 10 26
years months days

Gender **Male**

Heart Rate **82bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 94ms
QT: 356ms
QTcB: 41.5ms
PR: 160ms
P-R-T: 62° 70° 47°

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

REPORTED BY

[Signature]

DR RAVI CHAVAN
MD, D. CARD, D. DIABETES
Cardiologist & Diabetologist
2004062468

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG. 3) ECG, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified