



भारत सरकार  
Government of India

प्रमोद श्रीनिवास शानभाग  
Pramod Shrinivas Shanbhag  
जन्म तारीख / DOB : 04/11/1976  
पुरुष / Male



7809 8834 7234

माझे आधार, माझी ओळख

**PHYSICAL EXAMINATION REPORT**

|              |                 |          |        |
|--------------|-----------------|----------|--------|
| Patient Name | Pramod shambhag | Sex/Age  | m / 45 |
| Date         | 23/2/22         | Location | Thane  |

**History and Complaints**

DM since 8 yrs → C  
HTN → C

**EXAMINATION FINDINGS:**

|                |        |             |              |
|----------------|--------|-------------|--------------|
| Height (cms):  | 169    | Temp (0c):  | 36.6         |
| Weight (kg):   | 66.5   | Skin:       | MAD          |
| Blood Pressure | 120/80 | Nails:      | IL           |
| Pulse          | 70/min | Lymph Node: | not palpable |

**Systems :**

|                 |       |     |
|-----------------|-------|-----|
| Cardiovascular: | clean |     |
| Respiratory:    |       |     |
| Genitourinary:  |       | MAD |
| GI System:      |       |     |
| CNS:            |       |     |

**Impression:** Eosinophilia, ↑ Free T4, B/L Renal Calculi

Need to change R/E glass  
- BSL - Fp. (Diabetic) - HbA1c - Diabetic  
- Urine sugar (+F) - ↑ Cholesterol, ↑ LDL

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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- Eye check-up .

- Treatment of Eosinophilia .

- Low Fat, Low sugar Diet .

- Drink Plenty of Liquids .

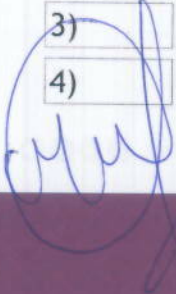
- Physician's consultation, treatment of Renal calculi .

- Repeat thyroid Profile after 6 months .

|     |                                      |           |
|-----|--------------------------------------|-----------|
| 1)  | Hypertension:                        | Yes → +ve |
| 2)  | IHD                                  | NO        |
| 3)  | Arrhythmia                           |           |
| 4)  | Diabetes Mellitus                    | Yes - +ve |
| 5)  | Tuberculosis                         |           |
| 6)  | Asthama                              |           |
| 7)  | Pulmonary Disease                    |           |
| 8)  | Thyroid/ Endocrine disorders         | NO        |
| 9)  | Nervous disorders                    |           |
| 10) | GI system                            | NAD       |
| 11) | Genital urinary disorder             |           |
| 12) | Rheumatic joint diseases or symptoms |           |
| 13) | Blood disease or disorder            |           |
| 14) | Cancer/lump growth/cyst              |           |
| 15) | Congenital disease                   | NO        |
| 16) | Surgeries                            |           |
| 17) | Musculoskeletal System               | NAD       |

**PERSONAL HISTORY:**

|    |            |                    |
|----|------------|--------------------|
| 1) | Alcohol    | NO                 |
| 2) | Smoking    | NO                 |
| 3) | Diet       | Mixed              |
| 4) | Medication | Antidote, Anti HTN |



**Dr. Manasee Kulkarni**

MBBS

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NAME: Pramad Shaubag


DATE: 23/7/2022

**ENT EXAMINATION**

HISTORY: Irritation in Both Ears

Sore-throat (+)

EXAMINATION :

EXTERNAL EAR : 

MIDDLE EAR : TM - Intact

(Tympanic Membrane Eustachean Tube, Mastoid)

RINNES WEBERS :- 

NOSE AND PARANASAL SINUSES :-

THROAT :- NAD.

SPEECH :- 

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CID : 2220424274  
Name : MR. PRAMOD SHANBHAG  
Age / Gender : 45 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Jul-2022 / 08:46  
Reported : 23-Jul-2022 / 12:21

**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>      |
|---|----------------|-----------------------------|--------------------|
| <b><u>RBC PARAMETERS</u></b>  |                |                             |                    |
| Haemoglobin   | 16.4           | 13.0-17.0 g/dL              | Spectrophotometric |
| RBC   | 5.51           | 4.5-5.5 mil/cmm             | Elect. Impedance   |
| PCV   | 48.8           | 40-50 %                     | Measured           |
| MCV   | 88             | 80-100 fl                   | Calculated         |
| MCH   | 29.7           | 27-32 pg                    | Calculated         |
| MCHC  | 33.6           | 31.5-34.5 g/dL              | Calculated         |
| RDW   | 12.3           | 11.6-14.0 %                 | Calculated         |
| <b><u>WBC PARAMETERS</u></b>  |                |                             |                    |
| WBC Total Count   | 10300          | 4000-10000 /cmm             | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>                  |                |                             |                    |
| Lymphocytes   | 21.3           | 20-40 %                     |                    |
| Absolute Lymphocytes  | 2193.9         | 1000-3000 /cmm              | Calculated         |
| Monocytes   | 5.8            | 2-10 %                      |                    |
| Absolute Monocytes  | 597.4          | 200-1000 /cmm               | Calculated         |
| Neutrophils   | 63.6           | 40-80 %                     |                    |
| Absolute Neutrophils  | 6550.8         | 2000-7000 /cmm              | Calculated         |
| Eosinophils   | 9.3            | 1-6 %                       |                    |
| Absolute Eosinophils  | 957.9          | 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. |                |                             |                    |
| <b><u>PLATELET PARAMETERS</u></b>                                   |                |                             |                    |
| Platelet Count  | 274000         | 150000-400000 /cmm          | Elect. Impedance   |
| MPV   | 8.7            | 6-11 fl                     | Calculated         |
| PDW   | 16.0           | 11-18 %                     | Calculated         |
| <b><u>RBC MORPHOLOGY</u></b>  |                |                             |                    |
| Hypochromia   | -              |                             |                    |
| Microcytosis  | -              |                             |                    |

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Reported : 23-Jul-2022 / 11:03

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 11 2-15 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

Dr. AMIT TAORI  
M.D ( 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 | 154.7   | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl   | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 299.6   | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase |
| Urine Sugar (Fasting)                    | ++      | Absent  |            |
| Urine Ketones (Fasting)                  | Absent  | Absent  |            |

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Reported : 23-Jul-2022 / 12:21

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

| PARAMETER             | RESULTS | BIOLOGICAL REF RANGE | METHOD             |
|-----------------------|---------|----------------------|--------------------|
| BLOOD UREA, Serum     | 16.3    | 12.8-42.8 mg/dl      | Urease & GLDH      |
| BUN, Serum            | 7.6     | 6-20 mg/dl           | Calculated         |
| CREATININE, Serum     | 0.80    | 0.67-1.17 mg/dl      | Enzymatic          |
| eGFR, Serum           | 111     | >60 ml/min/1.73sqm   | Calculated         |
| TOTAL PROTEINS, Serum | 6.8     | 6.4-8.3 g/dL         | Biuret             |
| ALBUMIN, Serum        | 4.7     | 3.5-5.2 g/dL         | BCG                |
| GLOBULIN, Serum       | 2.1     | 2.3-3.5 g/dL         | Calculated         |
| A/G RATIO, Serum      | 2.2     | 1 - 2                | Calculated         |
| URIC ACID, Serum      | 6.2     | 3.5-7.2 mg/dl        | Uricase            |
| PHOSPHORUS, Serum     | 3.4     | 2.7-4.5 mg/dl        | Ammonium molybdate |
| CALCIUM, Serum        | 9.0     | 8.6-10.0 mg/dl       | N-BAPTA            |
| SODIUM, Serum         | 141     | 135-148 mmol/l       | ISE                |
| POTASSIUM, Serum      | 4.8     | 3.5-5.3 mmol/l       | ISE                |
| CHLORIDE, Serum       | 102     | 98-107 mmol/l        | ISE                |

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*Amit Taori*

**Dr. AMIT TAORI**  
M.D ( Path )  
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Reported : 23-Jul-2022 / 16:32

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

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

| PARAMETER                                     | RESULTS | BIOLOGICAL REF RANGE   | METHOD     |
|---|---------|--|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 8.7     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >/= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 203.0   | mg/dl  | Calculated |

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
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*Dr. Leena Salunkhe*  
**Dr. LEENA SALUNKHE**  
M.B.B.S, DPB (PATH)  
Pathologist

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Collected : 23-Jul-2022 / 08:46  
Reported : 23-Jul-2022 / 12:45

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP        | O              |
| Rh TYPING        | Positive       |

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

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti-H lectin.

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 G B Road Lab, Thane West  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

**LIPID PROFILE**

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                                   |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum               | 209.3   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD                                 |
| TRIGLYCERIDES, Serum             | 125.3   | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 43.6    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 165.7   | Desirable: <130 mg/dl<br>Borderline-high: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                 | Calculated                               |
| LDL CHOLESTEROL, Serum           | 141.0   | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                               |
| VLDL CHOLESTEROL, Serum          | 24.7    | < /= 30 mg/dl   | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 4.8     | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 3.2     | 0-3.5 Ratio   | Calculated                               |

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Reported : 23-Jul-2022 / 11:40

**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      | 4.2            | 3.5-6.5 pmol/L              | ECLIA         |
| Free T4, Serum      | 23.2           | 11.5-22.7 pmol/L            | ECLIA         |
| sensitiveTSH, Serum | 2.18           | 0.35-5.5 microlU/ml         | ECLIA         |

Kindly correlate clinically.

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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)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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



*Amit Taori*

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

| <u>PARAMETER</u>            | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u>                               |
|-----------------------------|----------------|-----------------------------|---|
| BILIRUBIN (TOTAL), Serum    | 0.53           | 0.1-1.2 mg/dl               | Diazo                                       |
| BILIRUBIN (DIRECT), Serum   | 0.21           | 0-0.3 mg/dl                 | Diazo                                       |
| BILIRUBIN (INDIRECT), Serum | 0.32           | 0.1-1.0 mg/dl               | Calculated                                  |
| TOTAL PROTEINS, Serum       | 6.8            | 6.4-8.3 g/dL                | Biuret                                      |
| ALBUMIN, Serum              | 4.7            | 3.5-5.2 g/dL                | BCG   |
| GLOBULIN, Serum             | 2.1            | 2.3-3.5 g/dL                | Calculated                                  |
| A/G RATIO, Serum            | 2.2            | 1 - 2                       | Calculated                                  |
| SGOT (AST), Serum           | 16.6           | 5-40 U/L                    | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum           | 25.3           | 5-45 U/L                    | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum             | 25.5           | 3-60 U/L                    | IFCC  |
| ALKALINE PHOSPHATASE, Serum | 69.1           | 40-130 U/L                  | PNPP  |

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Name : MR. PRAMOD SHANBHAG  
Age / Gender : 45 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Jul-2022 / 08:46  
Reported : 23-Jul-2022 / 18:18

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

| PARAMETER        | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|------------------|---------|----------------------|--------|
| TOTAL PSA, Serum | 0.485   | 0.03-2.5 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- $\alpha$ ;-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 CPL, Andheri West

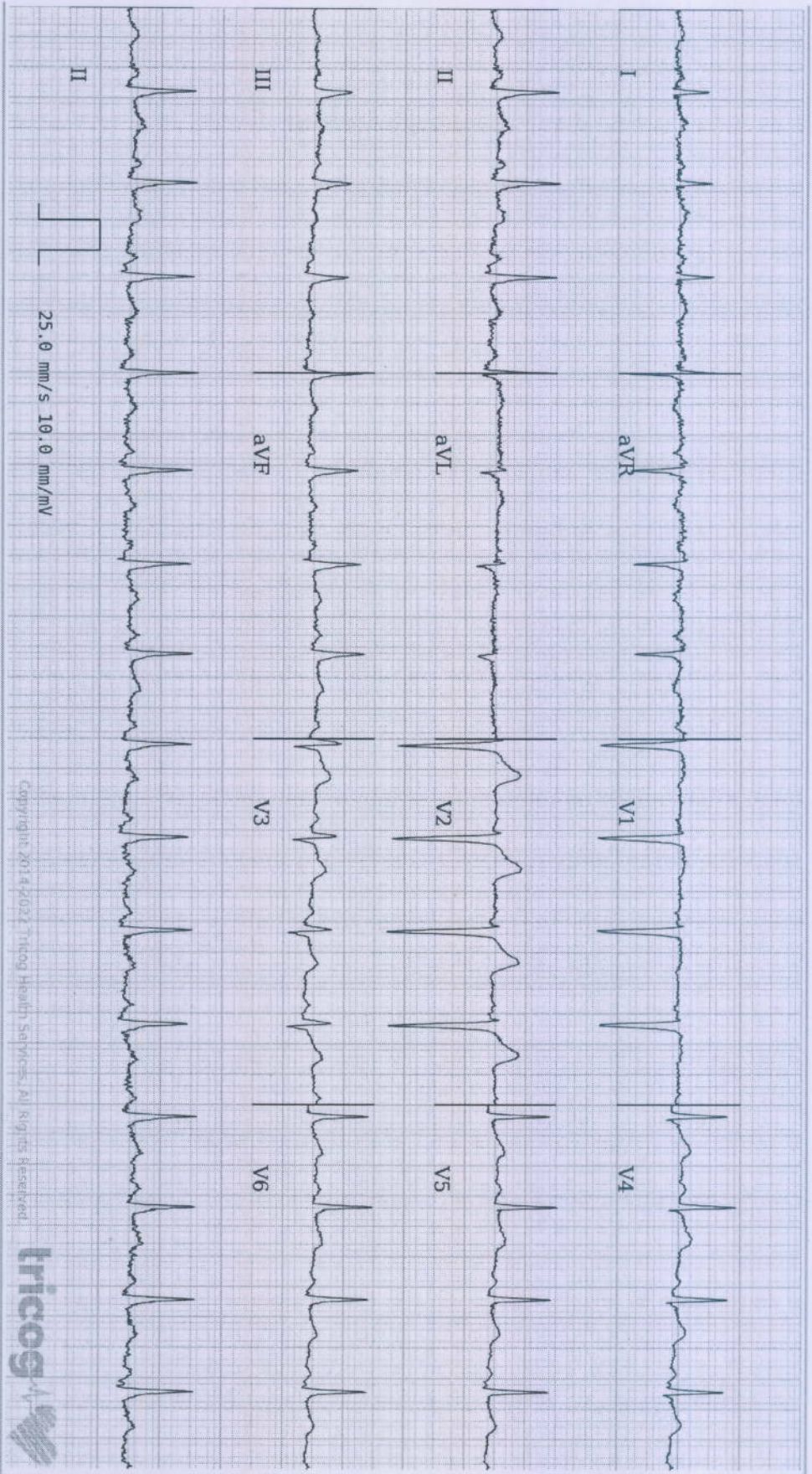
\*\*\* End Of Report \*\*\*



MC-2111

*Anupa*

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



25.0 mm/s 10.0 mm/mV

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Age **45** 8 19  
years months days

Gender **Male**

Heart Rate **98bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 66 kg

Height: 169 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms

QT: 342ms

QTc: 436ms

PR: 120ms

P-R-T: 45° 62° 55°

REPORTED BY

DR SHAIKHA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

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

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





637 (2220424274) / PRAMOD SHANBHAG / 45 Yrs / M / 169 Cms / 66 Kg Date: 23-Jul-2022

| Stage    | Time  | Duration | Speed(mph) | Elevation | METs | Rate | %THR | BP     | RPP | PVC | Comments |
|----------|-------|----------|------------|-----------|------|------|------|--------|-----|-----|----------|
| Supine   | 00:14 | 0:14     | 00.0       | 00.0      | 01.0 | 100  | 57%  | 120/80 | 120 | 00  |          |
| Standing | 00:24 | 0:10     | 00.0       | 00.0      | 01.0 | 106  | 61%  | 120/80 | 127 | 00  |          |
| HV       | 00:33 | 0:09     | 00.0       | 00.0      | 01.0 | 097  | 55%  | 120/80 | 116 | 00  |          |
| ExStart  | 00:39 | 0:06     | 01.7       | 10.0      | 01.1 | 084  | 48%  | 120/80 | 100 | 00  |          |
| PeakEX   | 02:14 | 1:35     | 01.7       | 10.0      | 03.0 | 157  | 90%  | 150/80 | 235 | 00  |          |
| Recovery | 03:14 | 1:00     | 00.0       | 00.0      | 03.0 | 119  | 68%  | 150/80 | 178 | 00  |          |
| Recovery | 04:14 | 2:00     | 00.0       | 00.0      | 03.0 | 115  | 66%  | 150/80 | 172 | 00  |          |
| Recovery | 06:14 | 4:00     | 00.0       | 00.0      | 03.0 | 116  | 66%  | 130/80 | 150 | 00  |          |
| Recovery | 06:36 | 4:23     | 00.0       | 00.0      | 03.0 | 111  | 63%  | 130/80 | 144 | 00  |          |

**FINDINGS :**

Exercise Time : 01:35  
 Max HR Attained : 157 bpm 90% of Target 175  
 Max BP Attained : 150/80  
 Max Workload Attained : 3 Poor response to induced stress  
 Test End Reasons : Fatigue, Heart Rate Achieved

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 48972

Doctor : DR SHAILAJA PILLAI





**REPORT :**

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The Initial HR was recorded as 106.0 bpm, and the maximum predicted Target Heart Rate 175.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test.  
The Test was completed because of Fatigue, Heart Rate Achieved.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Accelerated chronotropic and Normal Inotropic response.
3. No significant ST T changes seen.

**Dr. SHAILAJA PILLAI**  
**M.D. (GEN.MED)**

**R.NO. 49972**

**Doctor : DR SHAILAJA PILLAI**

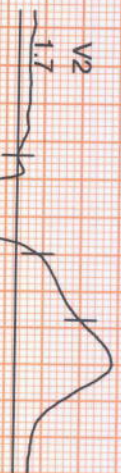


637 (2220424274) / PRAMOD SHANBHAG / 45 Yrs / M / 169 Cms / 66 Kg / HR : 100

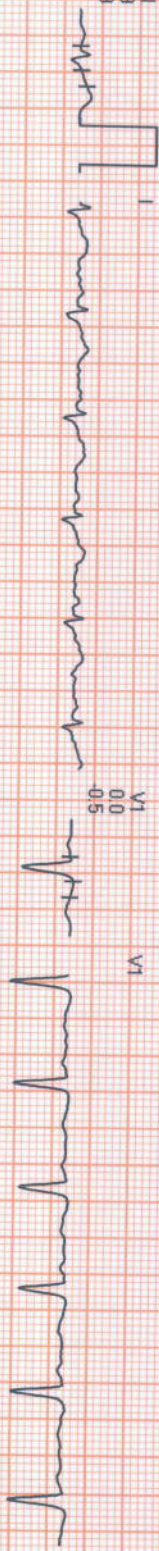
Date: 23-Jul-2022 11:56:11 AM  
4X 80 mS Post J

METS: 1.0/100 bpm 57% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

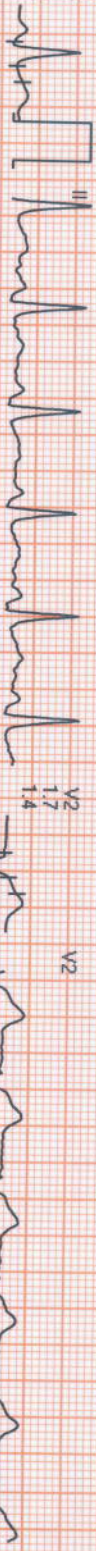
ExTime: 00:00 0.0 mph 0.0%  
25 mm/Sec 1.0 Cm/mV



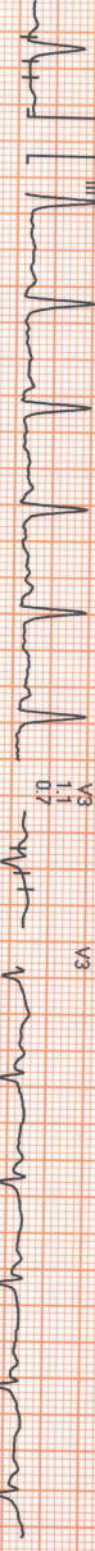
STL 0.9  
STB 0.9



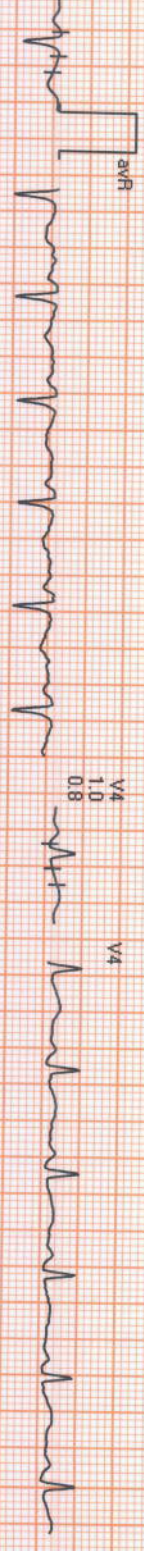
II 1.1  
III 0.9



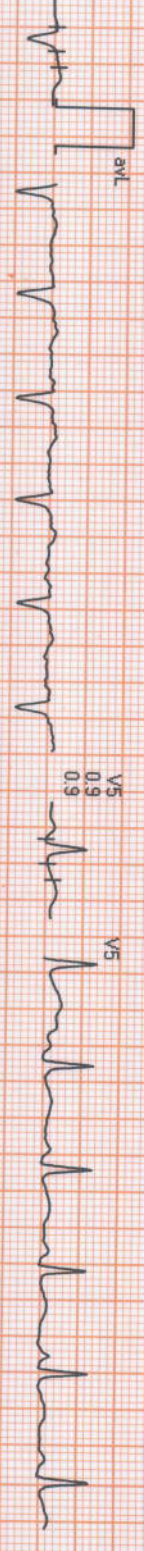
III 0.3  
0.0



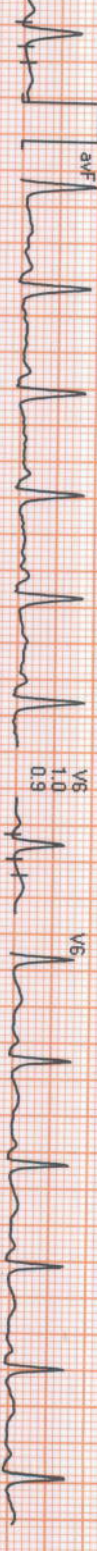
avR -1.0  
-0.9



avL 0.3  
0.4



avF 0.7  
0.5



REMARKS:

# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

637 / PRAMOD SHANBHAG / 45 Yrs / Male / 169 Cm / 66 Kg

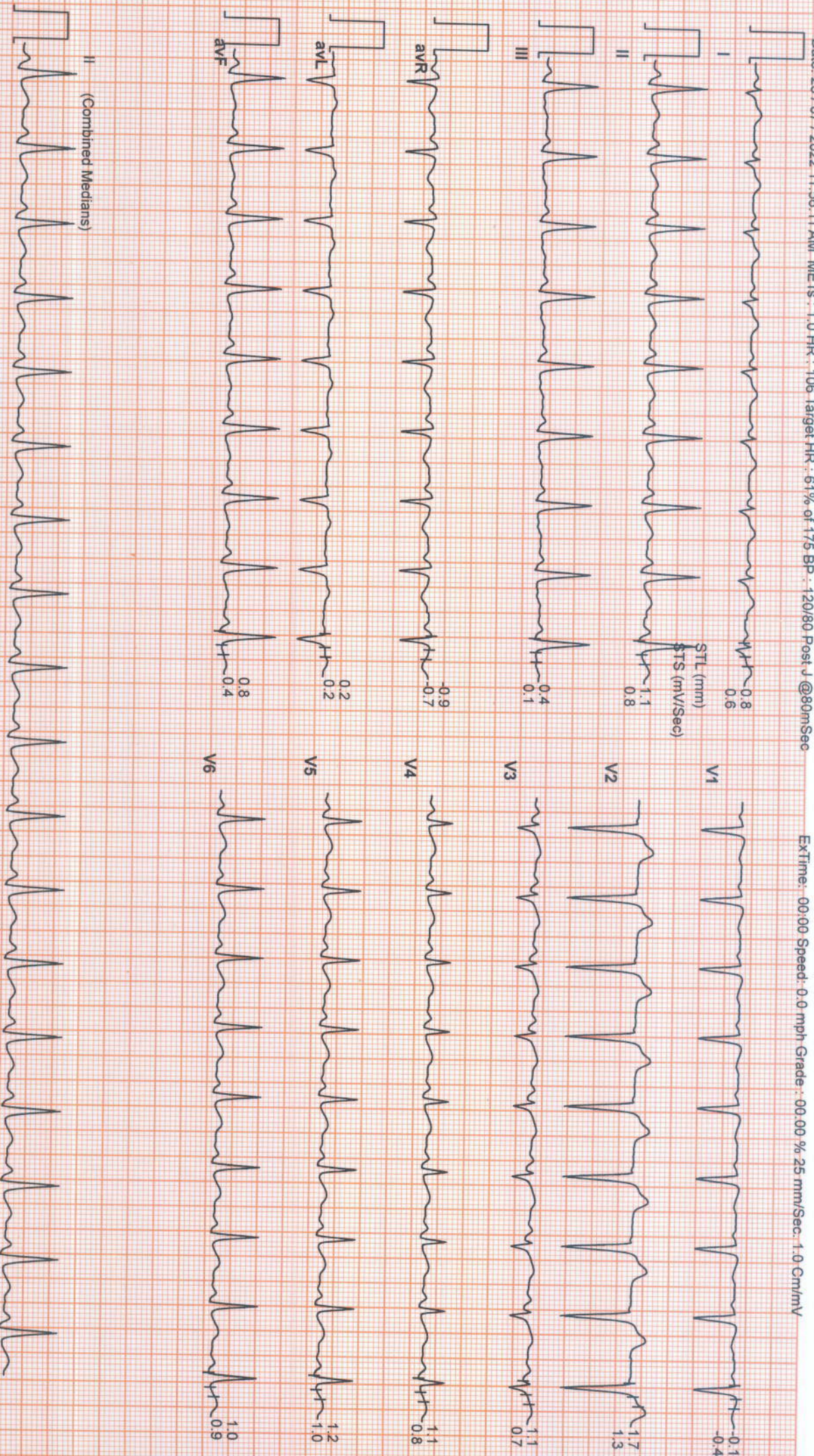
## 6X2 Combine Medians + 1 Rhythm

STANDING ( 00:00 )



Date: 23 / 07 / 2022 11:56:11 AM METs : 1.0 HR : 106 Target HR : 61% of 175 BP : 120/80 Post J @80mSec

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



II (Combined Medians)

# SUBURBAN DIAGNOSTICS THANE GB

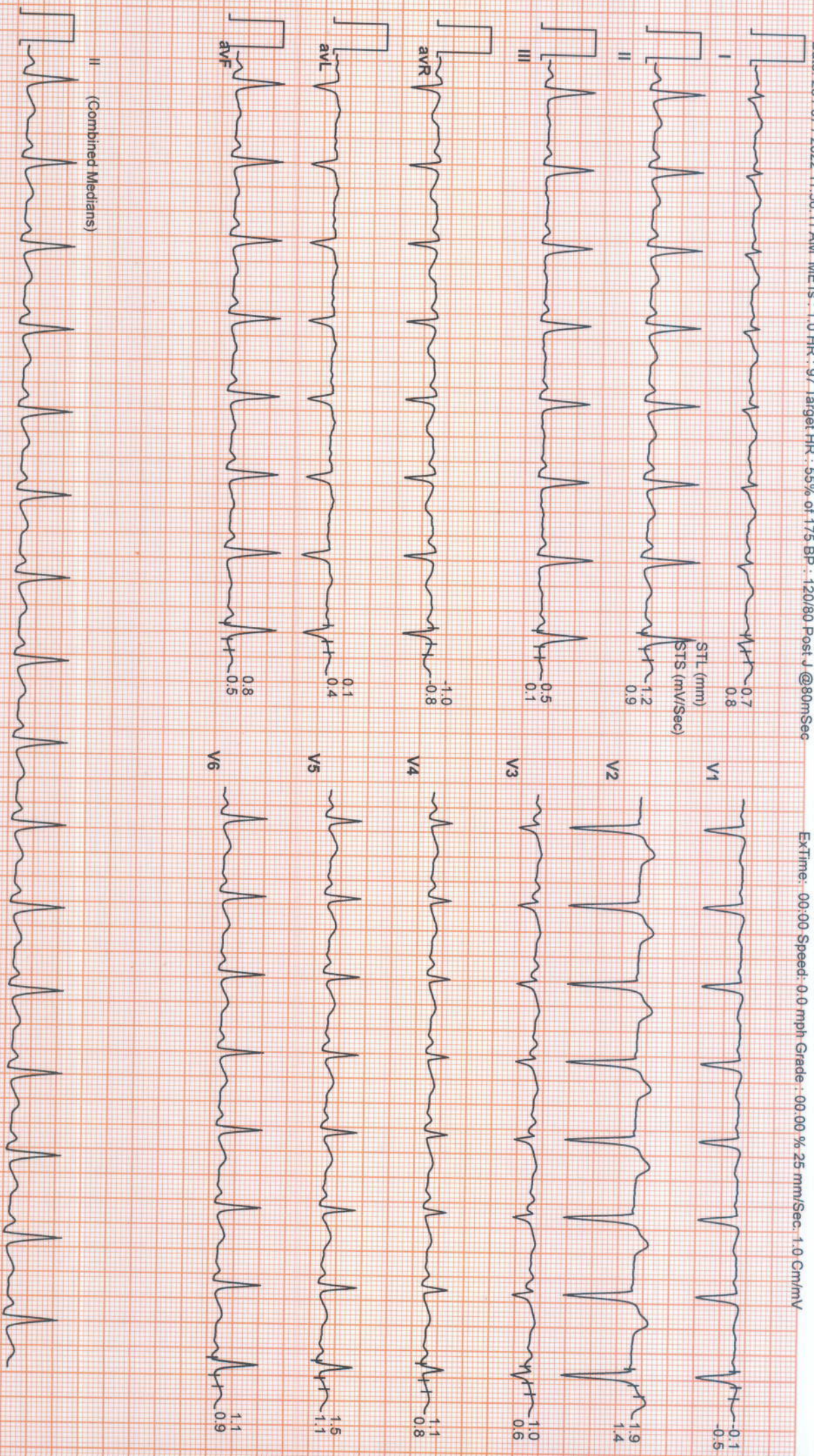
THANE GB  
637 / PRAMOD SHANBHAG / 45 Yrs / Male / 169 Cm / 66 Kg

6X2 Combine Medians + 1 Rhythm  
HV ( 00:00 )



Date: 23 / 07 / 2022 11:56:11 AM METs : 1.0 HR : 97 Target HR : 55% of 175 BP : 120/80 Post J @80mSec

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



II (Combined Medians)

# SUBURBAN DIAGNOSTICS THANE GB

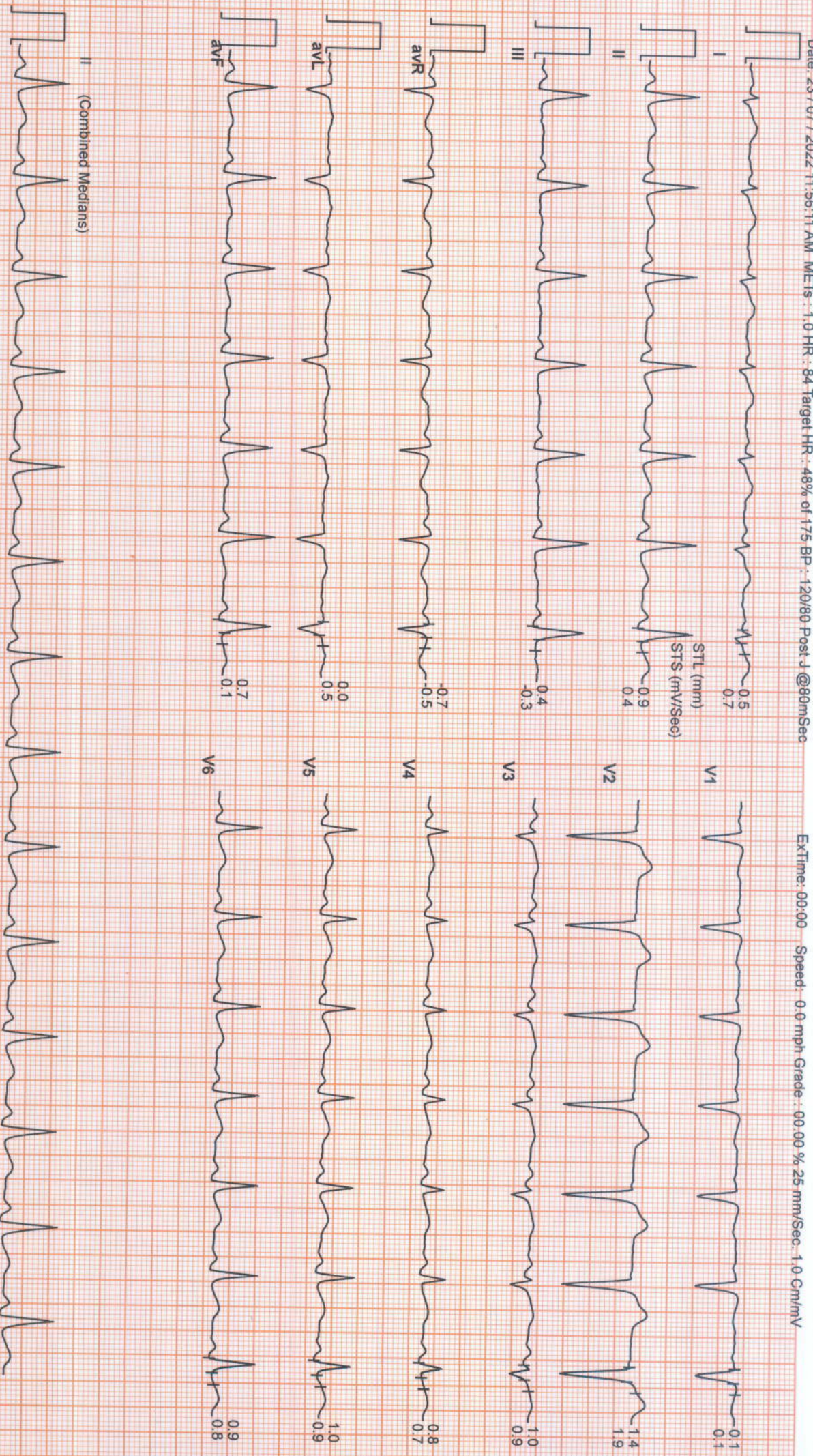
THANE GB  
637 / PRAMOD SHANBHAG / 45 Yrs / Male / 169 Cm / 66 Kg

6X2 Combine Medians + 1 Rhythm  
ExStt



Date: 23 / 07 / 2022 11:56:11 AM MEts : 1.0 HR : 84 Target HR : 48% of 175 BP : 120/80 Post J @90mSec

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



II  
(Combined Medians)



# SUBURBAN DIAGNOSTICS THANE GB

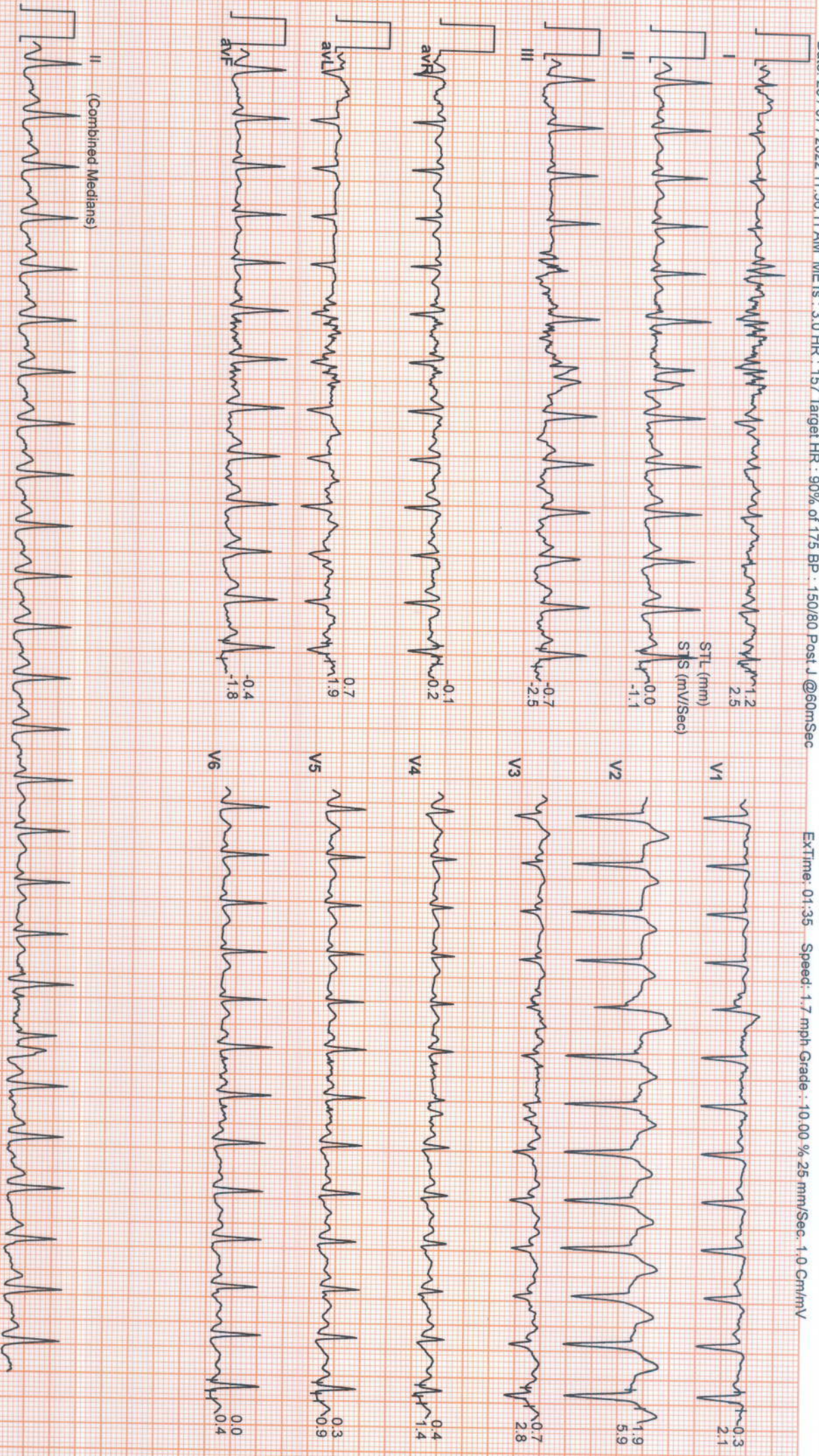
THANE GB

637 / PRAMOD SHANBHAG / 45 Yrs / Male / 169 Cm / 66 Kg

Date: 23 / 07 / 2022 11:56:11 AM METs : 3.0 HR : 157 Target HR : 90% of 175 BP : 150/80 Post J @60mSec

ExTime: 01:35 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec: 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm PeakEx



# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

637 / PRAMOD SHANBHAG / 45 Yrs / Male / 169 Cm / 66 Kg

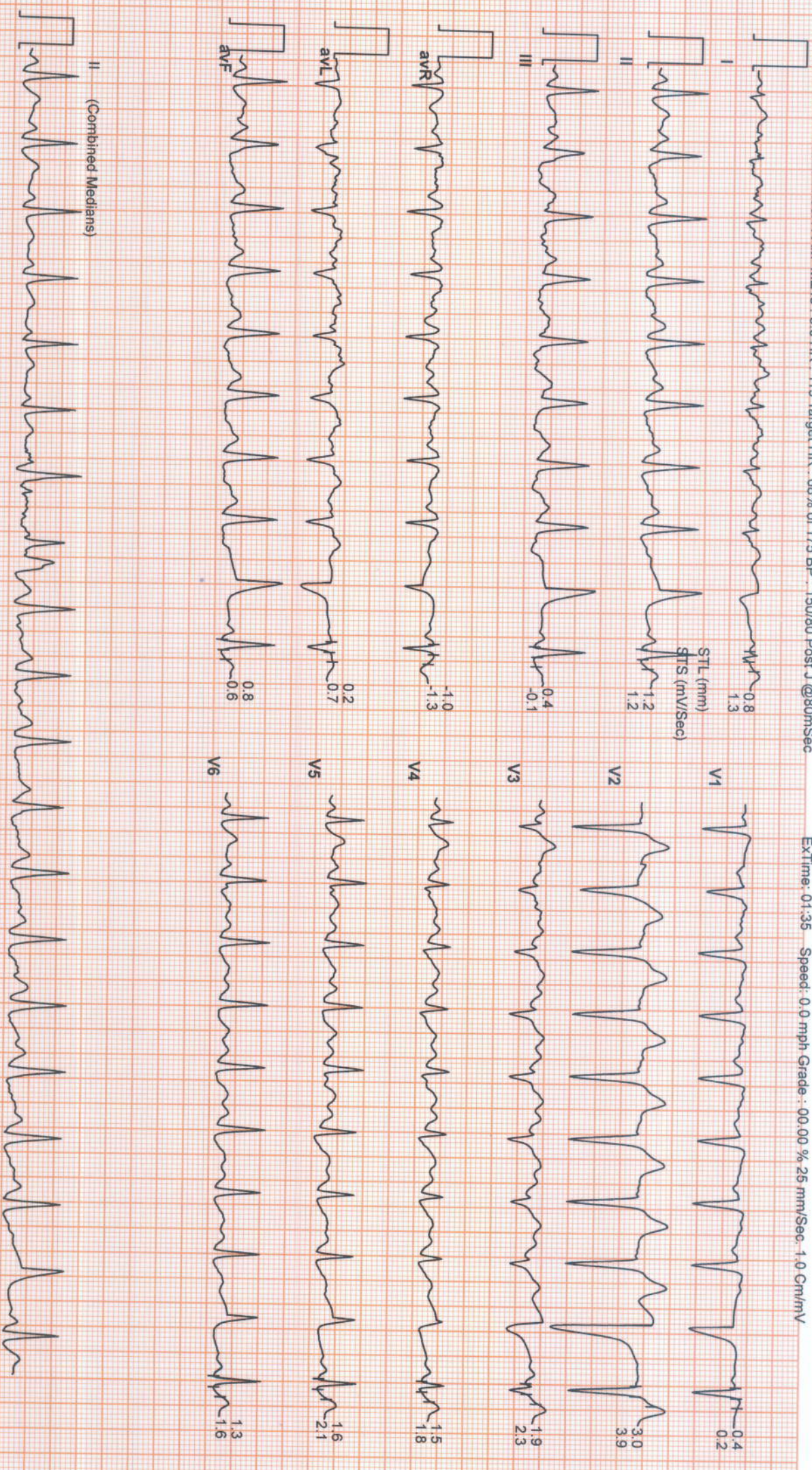
## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



Date: 23 / 07 / 2022 11:56:11 AM METs : 3.0 HR : 119 Target HR : 68% of 175 BP : 150/80 Post J @80mSec

ExTime: 01:35 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

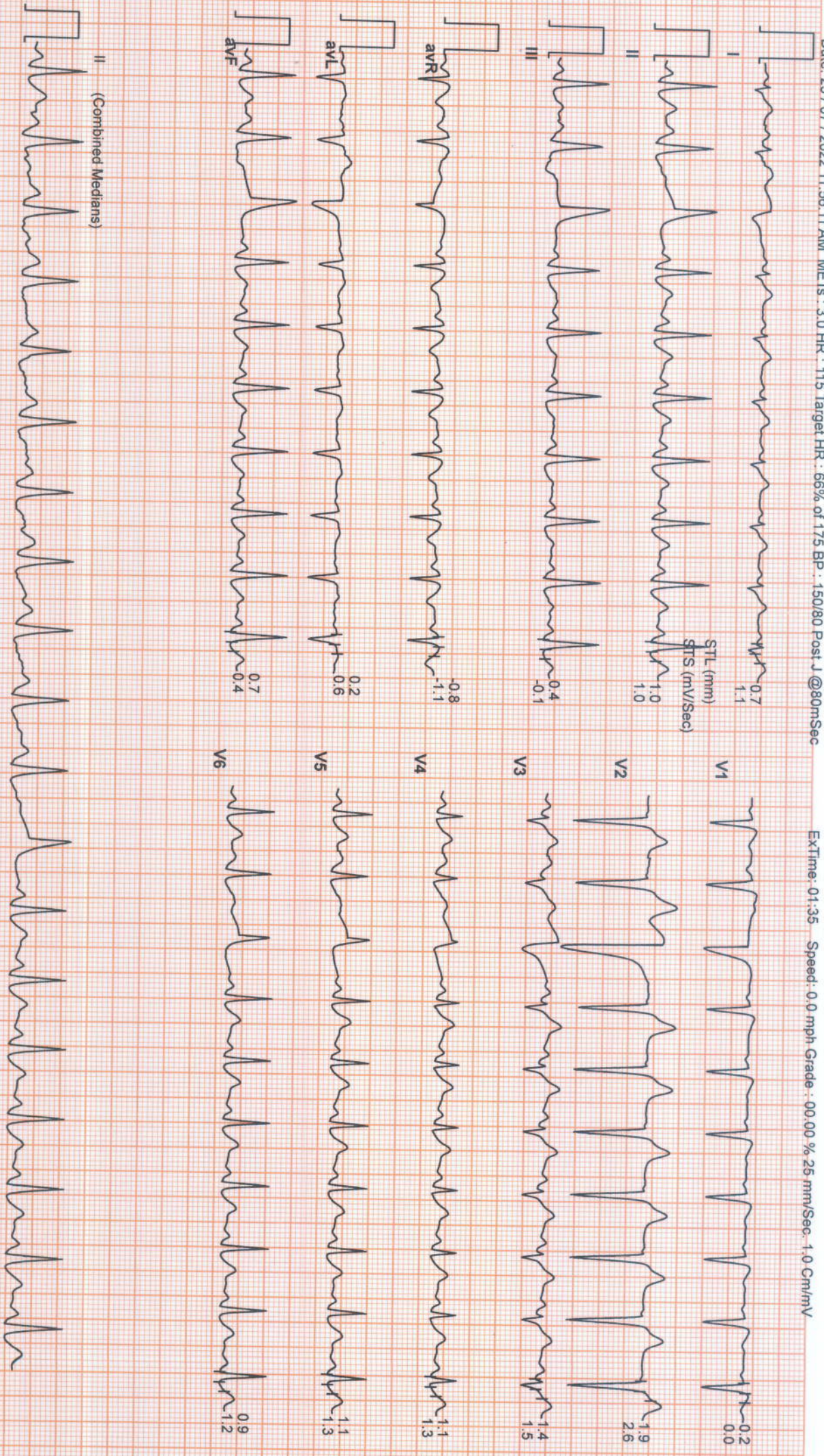
637 / PRAMOD SHANBHAG / 45 Yrs / Male / 169 Cm / 66 Kg

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



Date: 23 / 07 / 2022 11:56:11 AM METs : 3.0 HR : 115 Target HR : 66% of 175 BP : 150/80 Post J @80mSec

ExTime: 01:35 Speed: 0.0 mph Grade: 00:00 % 25 mm/Sec: 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

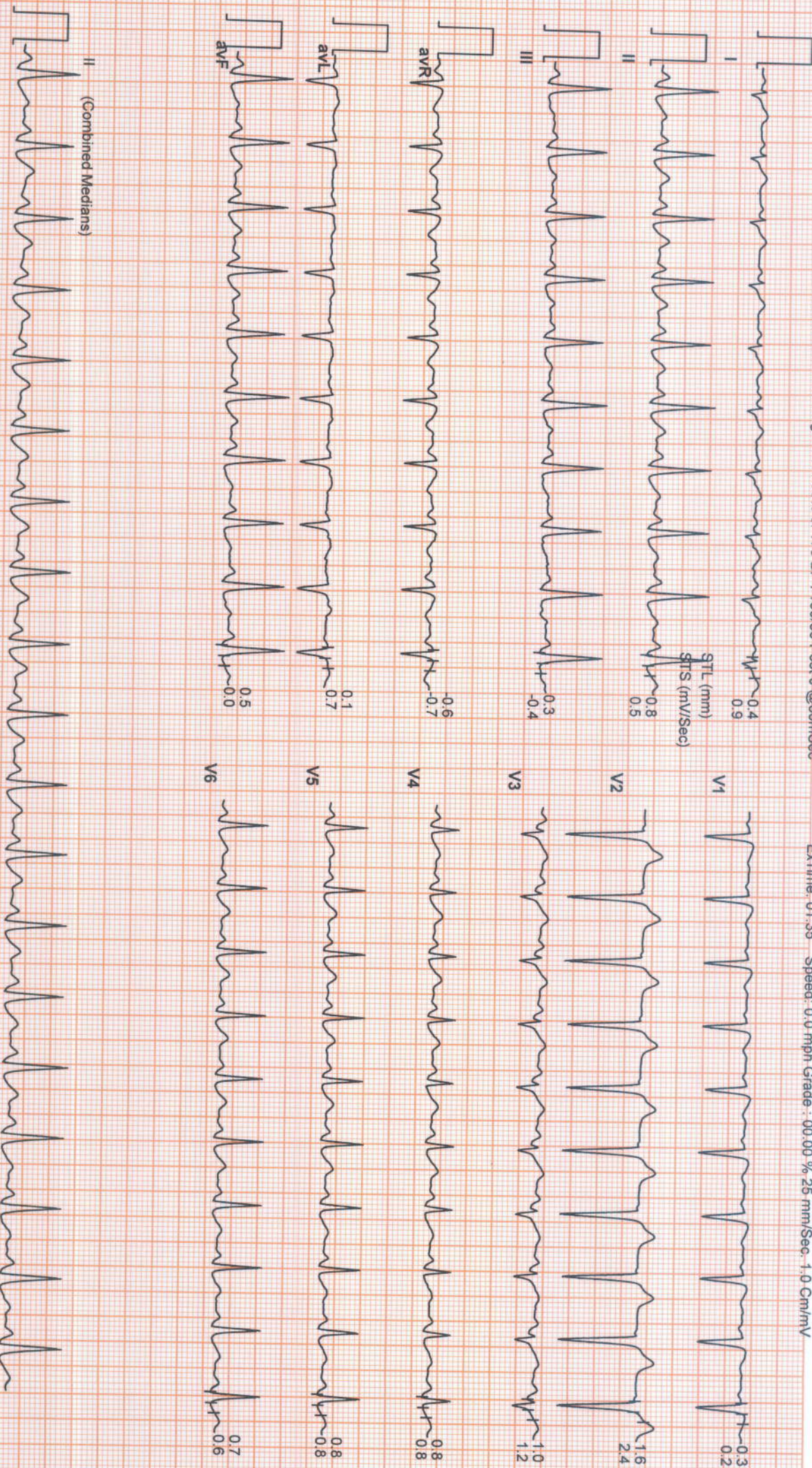
637 / PRAMOD SHANBHAG / 45 Yrs / Male / 169 Cm / 66 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 04:00 )



Date: 23 / 07 / 2022 11:56:11 AM METs : 3.0 HR : 116 Target HR : 66% of 175 BP : 130/80 Post J @80mSec

ExTime: 01:35 Speed: 0.0 mph Grade: 00:00 % 25 mm/Sec: 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

637 / PRAMOD SHANBHAG / 45 Yrs / Male / 169 Cm / 66 Kg

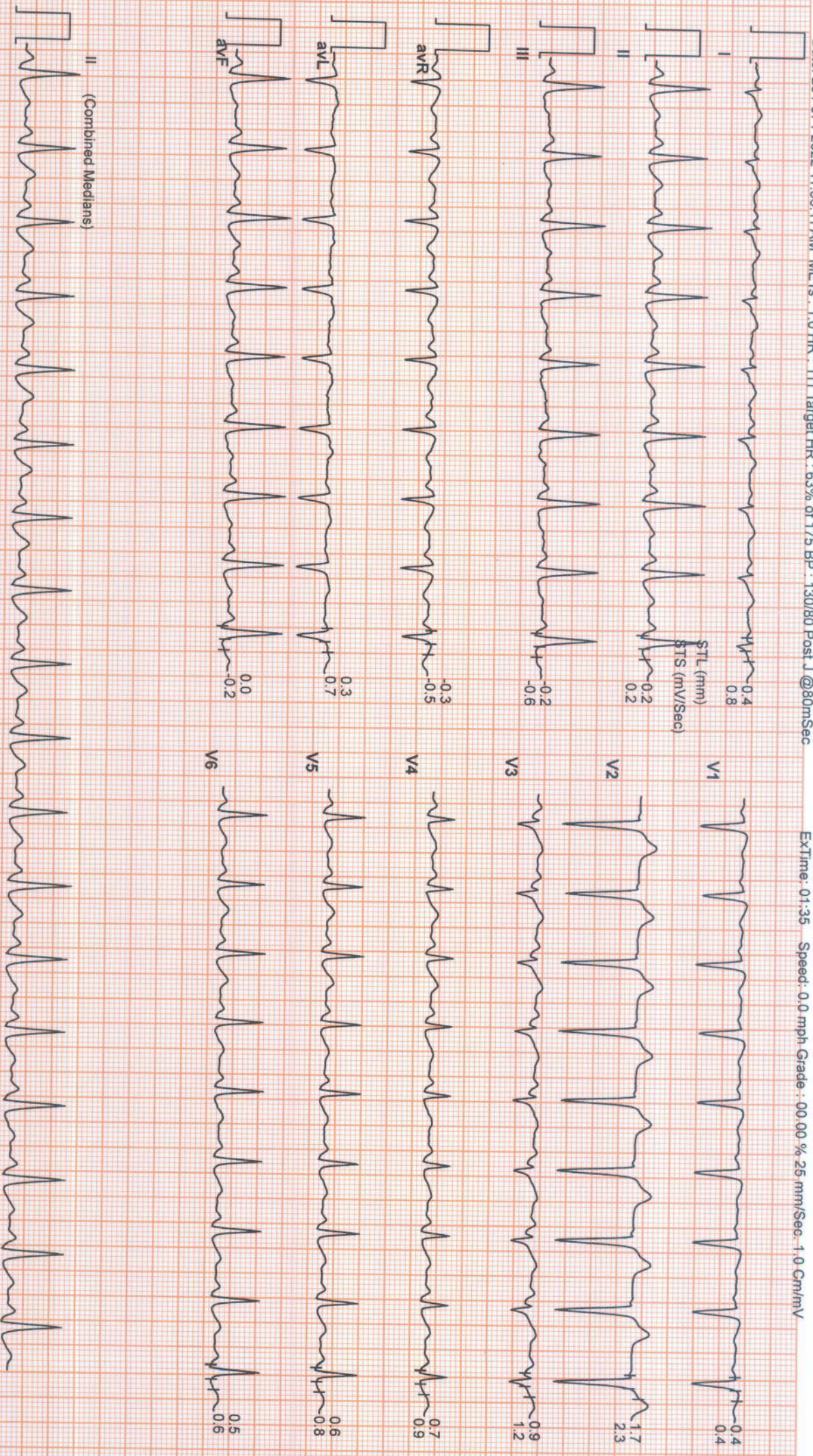
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:22 )



Date: 23 / 07 / 2022 11:56:11 AM METs : 1.0 HR : 111 Target HR : 63% of 175 BP : 130/80 Post J @80mSec

ExTime: 01:35 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



Authenticity Check



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CID : 2220424274  
Name : Mr Pramod Shanbhag  
Age / Sex : 45 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 23-Jul-2022  
Reported : 23-Jul-2022 / 10:36

**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. Devendra Patil before dispatch.**

*D Patil*

Dr. Devendra Patil  
MBBS, MD (Radio-Diagnosis)  
Consultant Radiologist  
MMC - 2013/02/0165

Click here to view images <http://3.111.232.119/CRISViewus/NeuroViews?AccessionNo=2022072308651057>

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Name : Mr Pramod Shanbhag  
Age / Sex : 45 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 23-Jul-2022  
Reported : 23-Jul-2022 / 12:48

## USG WHOLE ABDOMEN

**LIVER:** Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is contracted. (Not evaluated)

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Visualised head of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

**KIDNEYS:** Right kidney measures 9.3 x 4.8 cm. *Few calculi are noted each measuring 4 to 8.8 mm largest at the upper pole.*

Left kidney measures 10.1 x 4.9 cm. *Few calculi are noted each measuring 4 to 10 mm largest at the mid pole.*

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter .

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture and measures 2.5 x 3.4 x 2.8 cm in dimension and 12.8 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

**Bowel gas++**

Click here to view images <http://115.232.119.106/View/Report/2220424274/2022072300451065>

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CID : 2220424274  
Name : Mr Pramod Shanbhag  
Age / Sex : 45 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 23-Jul-2022  
Reported : 23-Jul-2022 / 12:48

**IMPRESSION:**

- **BILATERAL RENAL CALCULI.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

Advice: Clinical co-relation and further evaluation.

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

This report is prepared and physically checked by Dr. Devendra Patil before dispatch.

*D Patil*

Dr. Devendra Patil  
MBBS, MD (Radio-Diagnosis)  
Consultant Radiologist  
MMC - 2013/02/0165

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Date: - 23/7/22  
 Name: - Pranshu / Shanbhay  
 CID: \_\_\_\_\_  
 Sex / Age: M - 45

**EYE CHECK UP**

Chief complaints: R.C.U

Systemic Diseases: None

Past history: None

Unaided Vision: BR 6/12 NVB 6/12

Aided Vision: BR 6/12 NVBL 6

**Refraction:**

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

Colour Vision: Normal / Abnormal  
 Remark: Needs to change Rx of glasses

**MR. PRAKASH KUDVA**  
 SR. OPTOMETRIST

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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