



CID : 2231622566  
Name : MR.ANIL MONTEIRO  
Age / Gender : 46 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 12-Nov-2022 / 09:22  
Reported : 12-Nov-2022 / 13:34

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

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.74	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.5	40-50 %	Measured
MCV	96	80-100 fl	Calculated
MCH	32.1	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6220	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	41.5	20-40 %	
Absolute Lymphocytes	2581.3	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	547.4	200-1000 /cmm	Calculated
Neutrophils	45.1	40-80 %	
Absolute Neutrophils	2805.2	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	217.7	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	68.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	264000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	15.0	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 16 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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	297.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	331.9	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	

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*Bmhaskar*

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	21.1	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	9.9	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.77	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	116	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	7.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	3.6	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	9.9	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	135	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			



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POTASSIUM, Serum	3.8	3.5-5.1 mmol/l	IMT
------------------	-----	----------------	-----

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

CHLORIDE, Serum	98	98-107 mmol/l	IMT
-----------------	----	---------------	-----

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

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



*J. Thakker*

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	9.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	234.6	mg/dl	Calculated

Kindly correlate clinically.



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**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 \*\*\*



*Bmhasakar*

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.53	<4.0 ng/ml	CLIA

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





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Reg. Location : Bhayander East (Main Centre)

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Reported : 12-Nov-2022 / 15:09

**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 parallelmeasurements 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 \*\*\*



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



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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 (5.5)	-
Occult Blood	Absent	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

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



*Bmhaskar*

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



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Collected : 12-Nov-2022 / 09:22  
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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Trace	Absent	pH Indicator
Glucose	3+	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	10-12	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Result rechecked.

Kindly correlate clinically.



*Bmhaskar*

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



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



*J. Thakker*

**Dr.JYOT THAKKER**  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	252.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	731.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	30.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	222.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	135.1	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	Colorimetric
VLDL CHOLESTEROL, Serum	87.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	8.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.4	0-3.5 Ratio	Calculated

Sample is lipaemic.  
Note : Result rechecked.  
Kindly correlate clinically.

\*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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**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	4.8	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	12.7	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.218	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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



*J. Thakker*

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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	0.79	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.59	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	22.8	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	<b>49.5</b>	10-49 U/L	Modified IFCC
<b>Kindly note change in Ref range and method w.e.f.11-07-2022</b>			
GAMMA GT, Serum	<b>105.2</b>	<73 U/L	Modified IFCC
<b>Kindly note change in Ref range and method w.e.f.11-07-2022</b>			
ALKALINE PHOSPHATASE, Serum	67.9	46-116 U/L	Modified IFCC

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab



*J. Thakker*

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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2231622566  
Name : MR.ANIL MONTEIRO  
Age / Gender : 46 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected :  
Reported :

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

Patient Name: ANIL MONTEIRO

Date and Time: 14th Nov 22 8:25 AM

Patient ID: 2231622566

Age **46** **11** **19**  
years months days

Gender **Male**

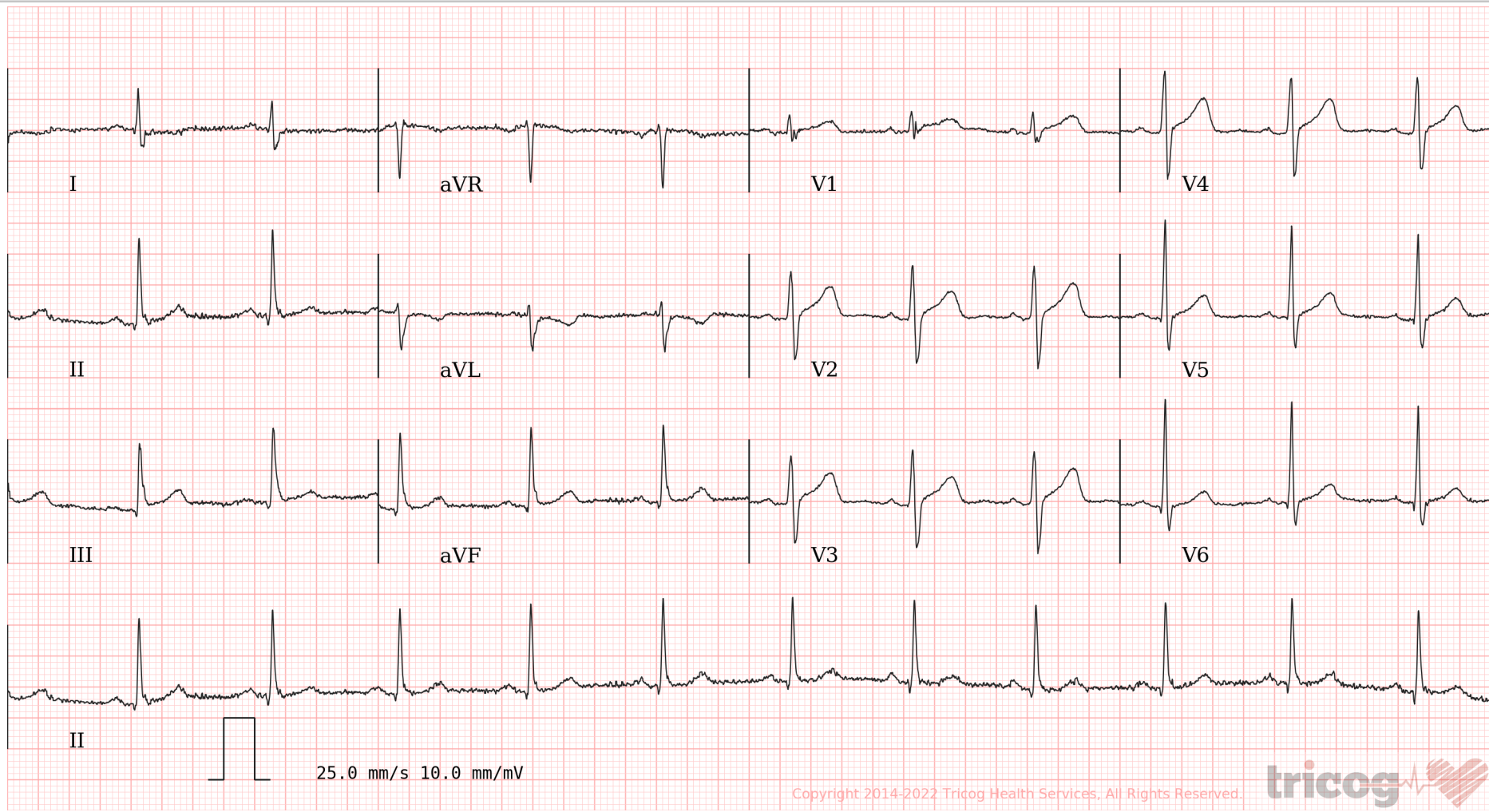
Heart Rate **73bpm**

**Patient Vitals**

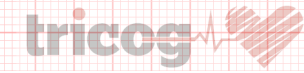
BP: 120/80 mmHg  
Weight: 85 kg  
Height: 170 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

**Measurements**

QRSD: 94ms  
QT: 380ms  
QTc: 418ms  
PR: 156ms  
P-R-T: 47° 82° 106°



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

REPORTED BY

*Smita Valani*

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

Age **46** **11**  
years months d

Gender **Male**

Heart Rate **73bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 85 kg

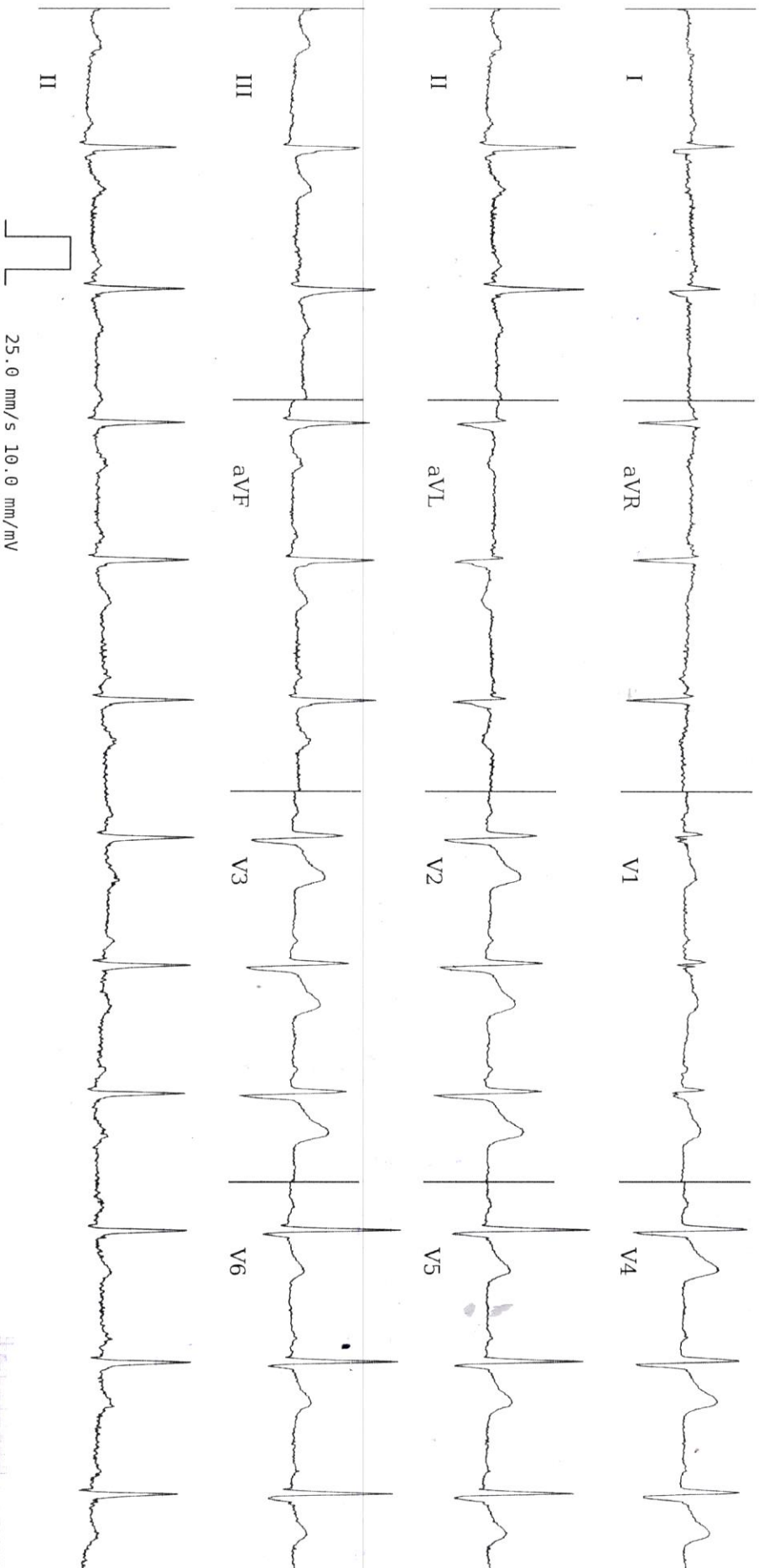
Height: 170 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:



**Measurements**

QRSD: 94ms

QT: 380ms

QTc: 418ms

PR: 156ms

P-R-T: 47° 82° 106°

REPORTED BY

*[Signature]*

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



भारत सरकार

Government of India



अनिल मॅटिरो

Anil Montelro

जन्म तिथि/DOB: 24/11/1975

पुरुष/ MALE

Mobile No: 8554867755

**8216 6173 4108**



मेरा आधार, मेरी पहचान

*Anil Montelro*

SUBURBAN DIAGNOSTICS (I) PVT. LTD  
Shop No. 101-A, 1st Floor, Kshiti Building  
Above Raymond, Near Thunga Hospital,  
Mira - Bhayander Road, Bhaynader (E)  
Dist. Thane-401105.  
Phone No : 022 - 61700000

**DENTAL CHECK - UP**

Name:- Anil Monteiro

CID :

Sex / Age : M / 46

Occupation:-

Date: 12/11/22

Chief complaints:- Routine checkup

Medical / dental history:- RCT, Filling etc

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: No clicking sound 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
	car	car										car		car	
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

Provisional Diagnosis:-

*[Signature]*  
Dr. Vikas V. Singh  
Dental Surgeon (D.D.S.)  
Reg No 14557

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

Date:- 12/11/22  
Name:- Anil Monteiro

CID: 2231622566  
Sex / Age: 46 / m

**EYE CHECK UP**

**Chief complaints:**

**Systemic Diseases:**

**Past history:**

**Unaided Vision:**

RE LE

**Aided Vision:**

6/6 6/6

**Refraction:**

N/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

DR. ANITA SUNDHARY

**Colour Vision:** Normal / Abnormal

CONSULTANT

Reg. No. 2017/12/5353

**Remark:**

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD**  
Shop No. 101A, 101B, 101C, Skyline Wealth Space Building,  
Above Dmart, Premier Road, Vidyavihar Hospital,  
Vidya Nagar, Andheri West, Mumbai - 400086.  
E-MAIL: info@suburbandiagnosics.com (E)  
Phone No: 022 - 61700000



# SUBURBAN DIGNOSTICS BHAYANDER

E-Mail: [info@suburban.in](mailto:info@suburban.in)

12345474 (2231622566) / ANIL MONTEIRO / 46 Yrs / M / 170 Cms / 85 Kg  
Date: 12 / 11 / 2022 10:05:16 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	062	36 %	150/80	093	00	
Standing	00:07	0:03	00.0	00.0	01.0	064	37 %	150/80	096	00	
HV	00:10	0:03	00.0	00.0	01.0	066	38 %	150/80	099	00	
ExStart	00:19	0:09	00.0	00.0	01.0	066	38 %	150/80	099	00	
BRUCE Stage 1	03:19	3:00	01.7	10.0	04.7	126	72 %	160/80	201	00	
BRUCE Stage 2	06:19	3:00	02.5	12.0	07.1	151	87 %	170/80	256	00	
PeakEx	06:41	0:22	03.4	14.0	07.5	152	87 %	170/80	258	00	
Recovery	07:41	1:00	01.1	00.0	01.1	140	80 %	190/80	266	00	
Recovery	08:41	2:00	00.0	00.0	01.0	101	58 %	180/80	181	00	
Recovery	10:41	4:00	00.0	00.0	01.0	090	52 %	160/80	144	00	
Recovery	10:53				00.0	000	0 %	---/--	000	00	

## FINDINGS :

Exercise Time : 06:22  
 Initial HR (ExStrt) : 66 bpm 38% of Target 174  
 Initial BP (ExStrt) : 150/80 (mm/Hg)  
 Max WorkLoad Attained : 7.5 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -1.4 mm in Stage 2  
 Duke Treadmill Score : 04.9  
 Test End Reasons : Test Complete , , , Test Complete

Max HR Attained 152 bpm 87% of Target 174  
 Max BP Attained 190/80 (mm/Hg)

**DR. SMITA VALANI**  
**M.B.B.S, D. CARDIOLOGY**  
**2011/03/0587**

SUBURBAN DIGNOSTICS (I) PVT. LMBBS,  
 Shop No. 101-A, 1st Floor, Kshiti Building,  
 Above Poyimad, Near Thurga Hospital,  
 Mira - Bhayander Road, Bhayander (E)  
 Dist. Thana-401105.  
 Phone No : 022 - 61760000

Doctor: DR SMITA VALANI

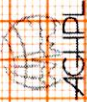




# SUBURBAN DIGNOSTICS BHAYANDER

**Email:** 12345474 / ANIL MONTEIRO / 46 Yrs / M / 170 Cms / 85 Kg Date: 12 / 11 / 2022 10:05:16 AM

# REPORT



## 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

SUBURBAN DIGNOSTICS (I) PVT. LTD

Shop No. 101/A, 1st Floor, Kshiti Building

Around Sector 2, Near Thufja Hospital,

Thane - 401105.

Phone No. 022 - 61700000

**DR. SMITA VALANI**

**MBBS, D. CARDIOLOGY**

**2011/03/0587**

Doctor / **DR SMITA VALANI**



# SUBURBAN DIGNOSTICS BHAYANDER

12345474 (2231622566) / ANIL MONTEIRO / 46 Yrs / M / 170 Cms / 85 Kg / HR : 64

Date: 12/11/2022 10:05:16 AM

METS: 1.0/ 64 bpm 37% of THR BP: 150/80 mmHg Raw ECG/ BLC-Orn/ Natch-Orn/ HF 0.05 Hz/LF 35 Hz

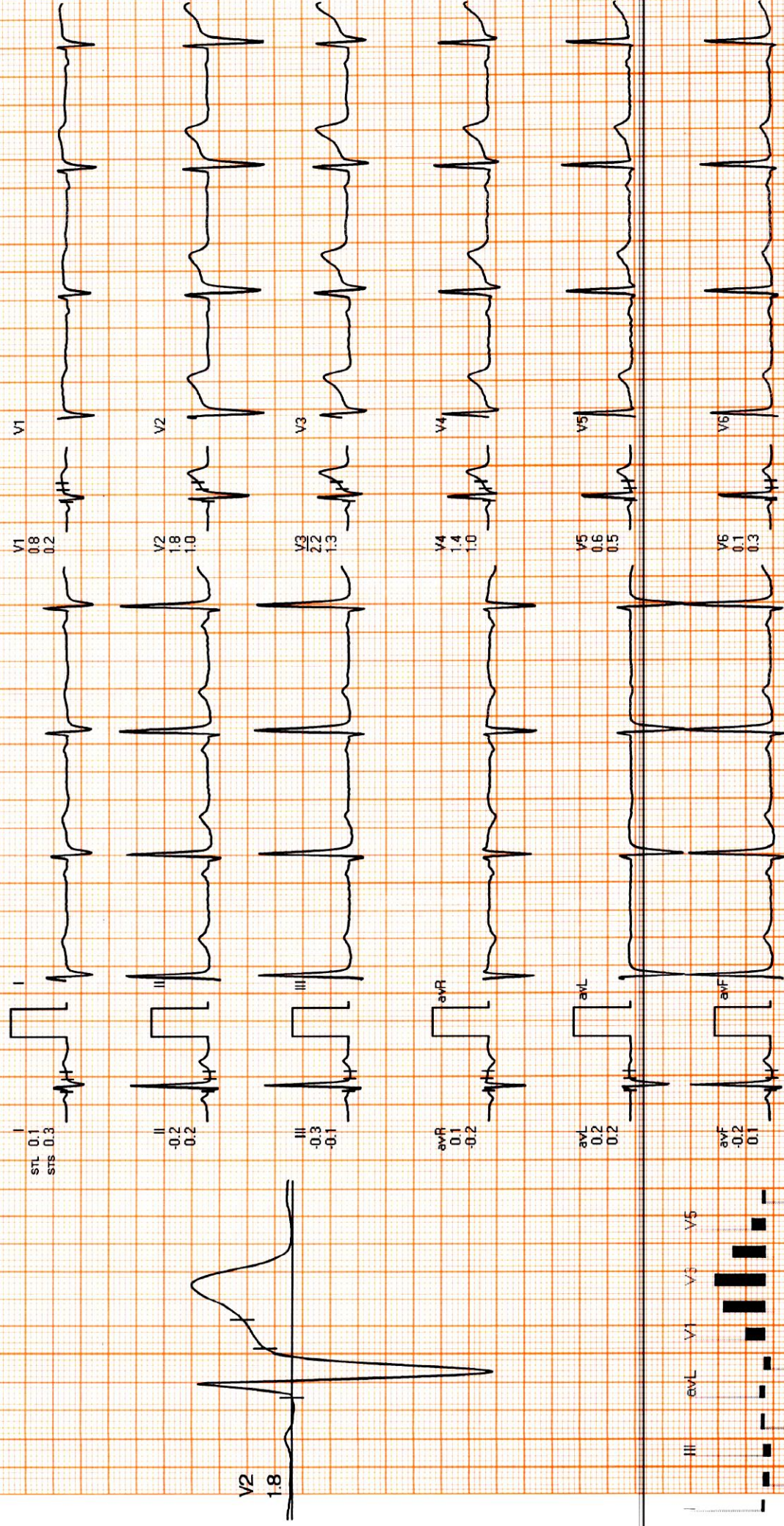
4X 80 ms Post J

SUPINE ( 00:01 )



ExTime: 00:00 0.0 mph: 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS: II avR avF V1 V4 V6



# SUBURBAN DIGNOSTICS BHAYANDER

12345474 (2231622566) / ANIL MONTEIRO / 46 Yrs / M / 170 Cms / 85 Kg / HR : 64

Date: 12/11/2022 10:05:16 AM

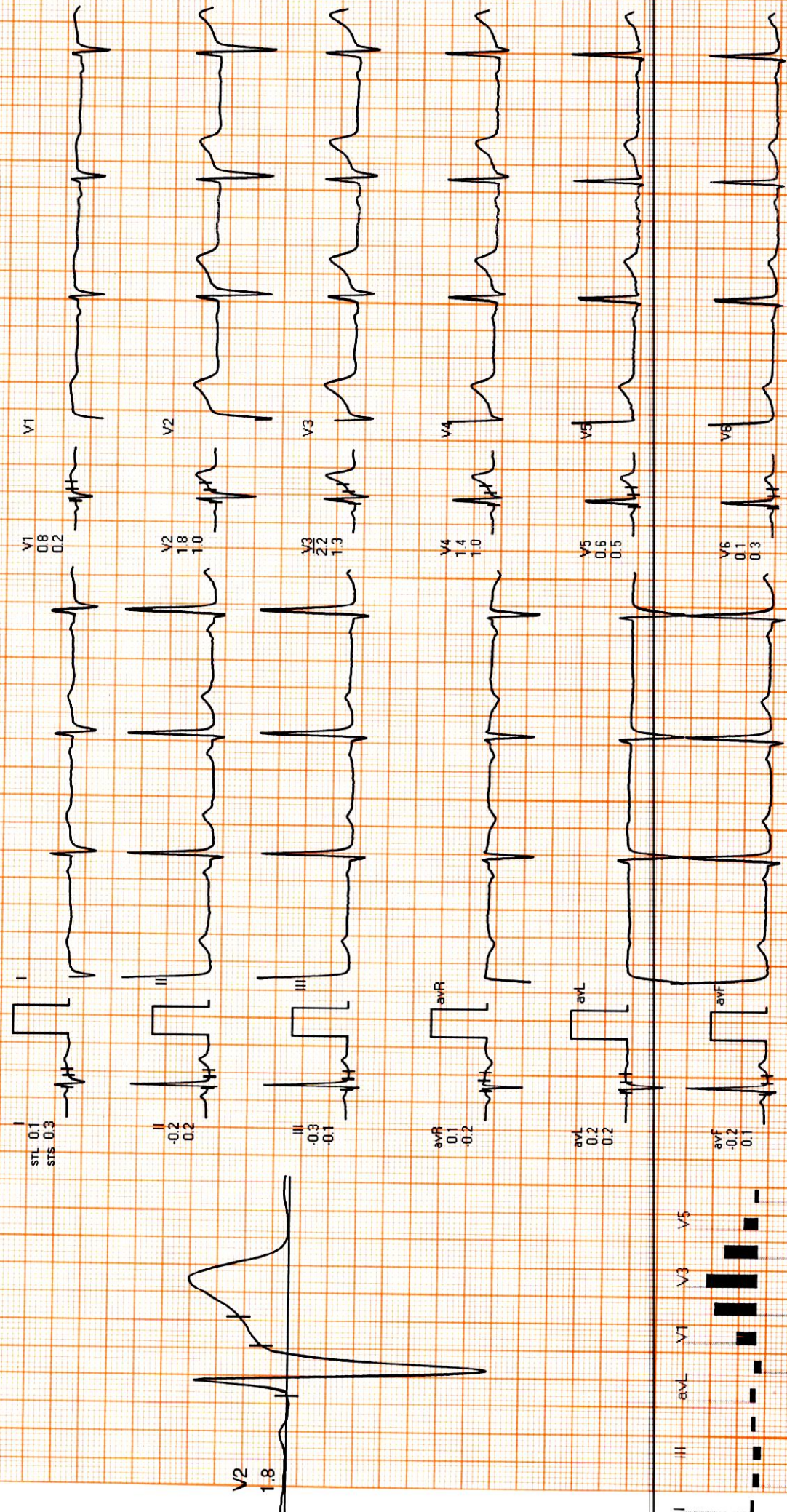
METS: 1.0/64 bpm 37% of THIR BP: 150/80 mmHg Raw ECG/BLC-Only Notch-Only HF 0.05 Hz/LF 35 Hz

4X 80ms Post J

STANDING ( 00:00 )



Ex Time: 00:00 0.0 mph, 0.0%  
25 mmxSec, 1.0 Cm/mV



REMARKS



# SUBURBAN DIGNOSTICS BHAYANDER

12345474 (2231622566) / ANIL MONTEIRO / 46 Yrs / M / 170 Cms / 85 Kg / HR : 64

Date: 12/11/2022 10:05:16 AM

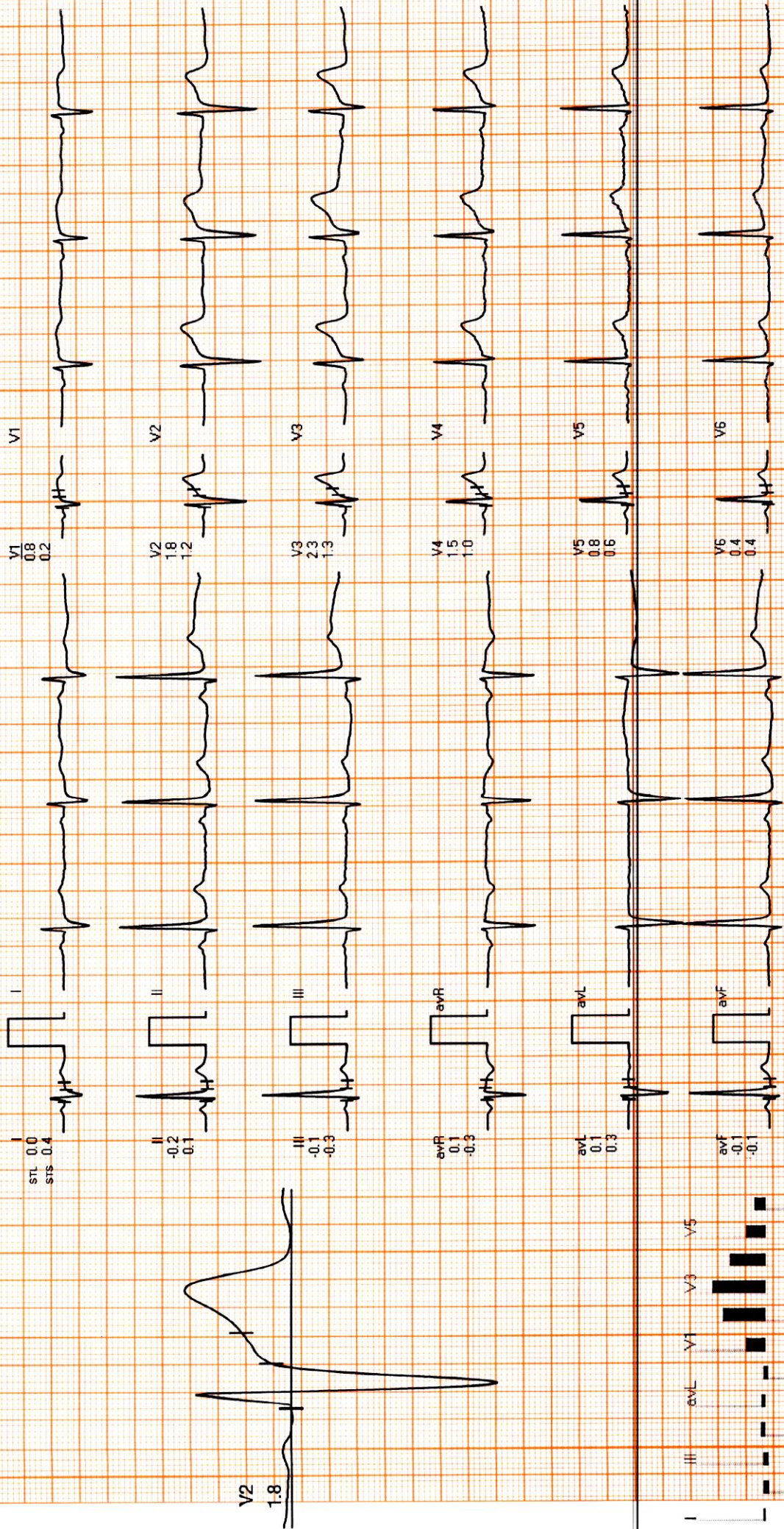
METS: 1.0/64 bpm 37% of THR BP: 150/80 mmHg Raw ECG/BLC Dry/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

HV ( 00:00 )



ExTime: 00:00.0 0.0mph. 0.0%  
25 mm/Sec. 1.0 Cm/mV

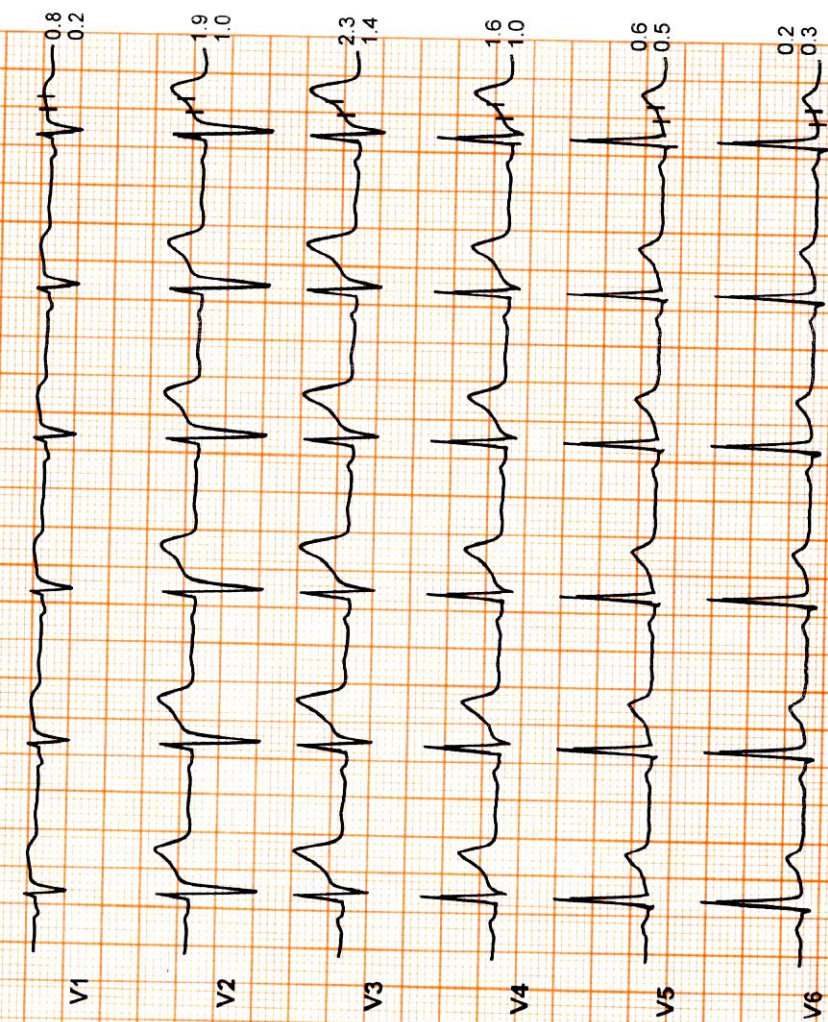
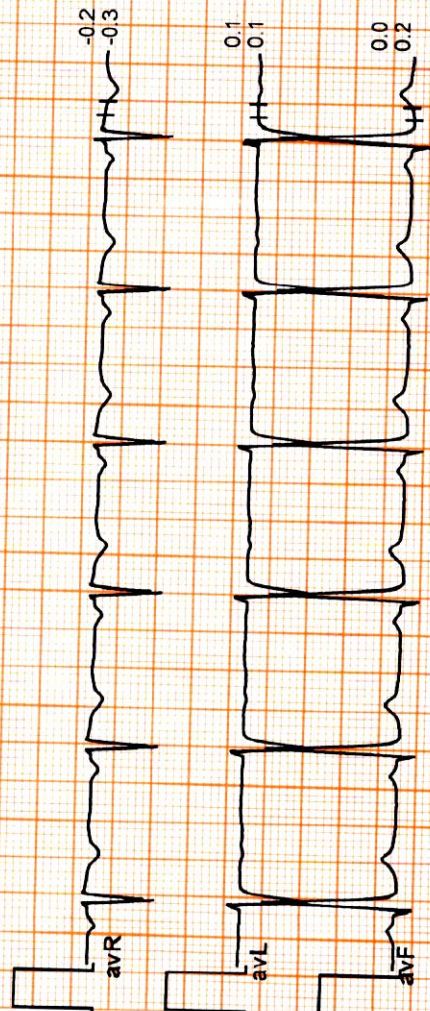
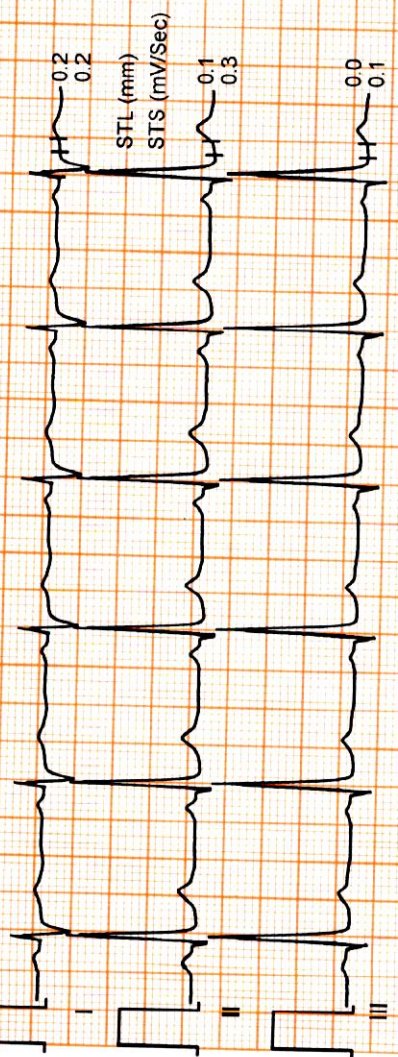


REMARKS:

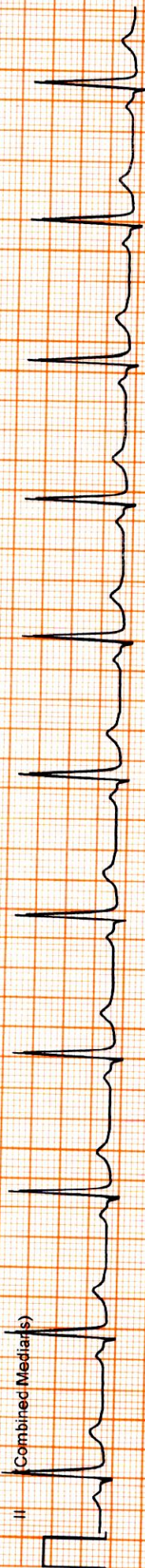
# SUBURBAN DIGNOSTICS BHAYANDER

12345474 / ANIL MONTEIRO / 46 Yrs / Male / 170 Cm / 85 Kg

Date: 12 / 11 / 2022 10:05:16 AM METs : 1.0 HR : 66 Target HR : 38% of 174 BP : 150/80 Post J @80mSec



II (Combined Mediar(s))



# 6X2 Combine Medians + 1 Rhythm

ExStrt

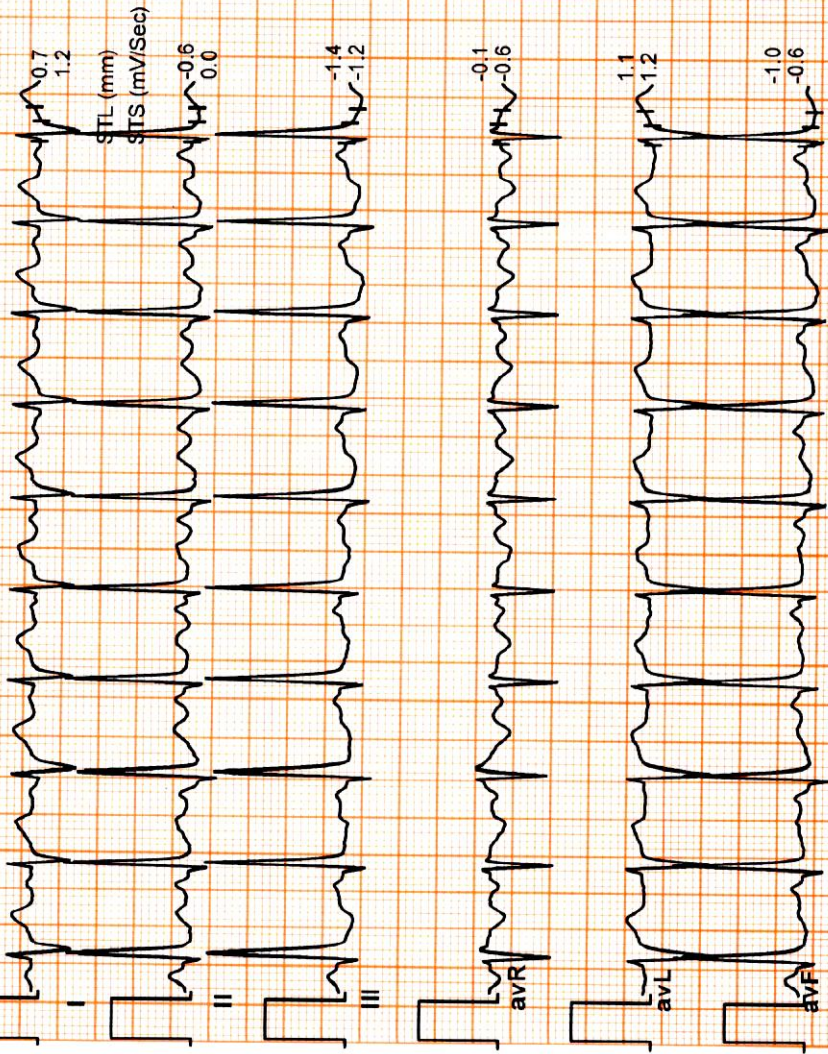
ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



# SUBURBAN DIGNOSTICS BHAYANDER

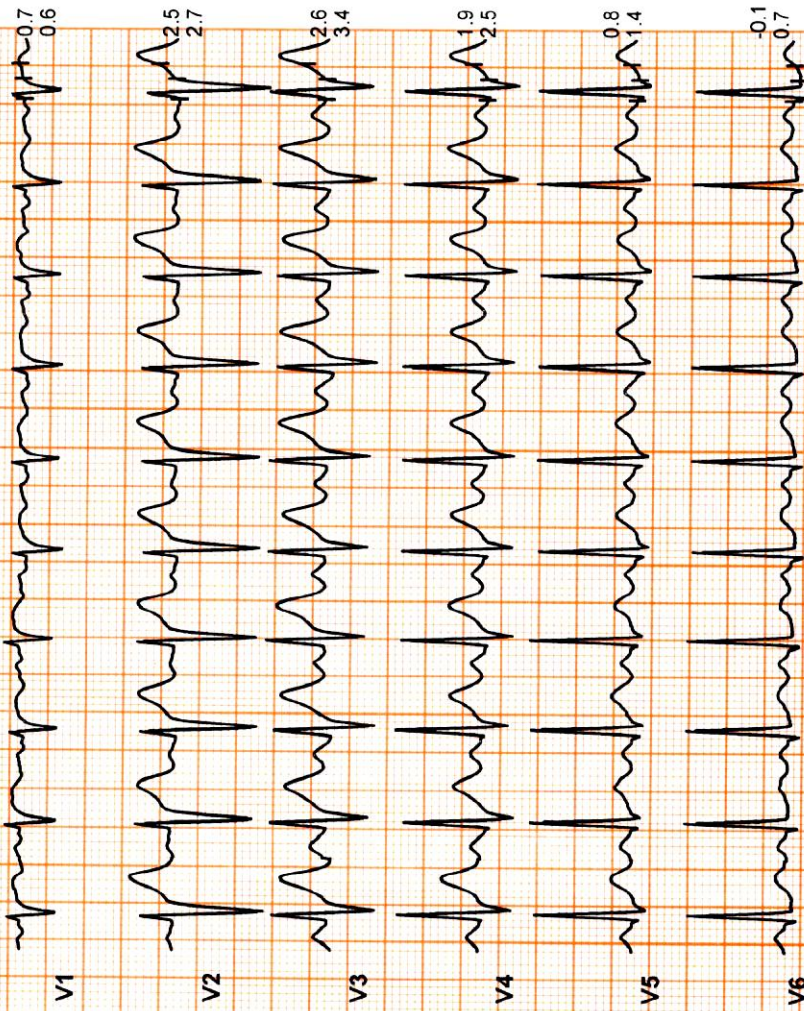
12345474 / ANIL MONTEIRO / 46 Yrs / Male / 170 Cm / 85 Kg

Date: 12 / 11 / 2022 10:05:16 AM MEIs: 4.7 HR: 126 Target HR: 72% of 174 BP: 160/80 Post J @80mSec

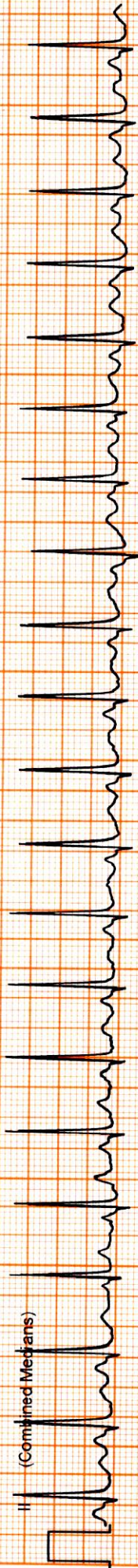


# 6X2 Combine Medians + 1 Rhythm BRUCE : Stage 1 ( 03:00 )

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



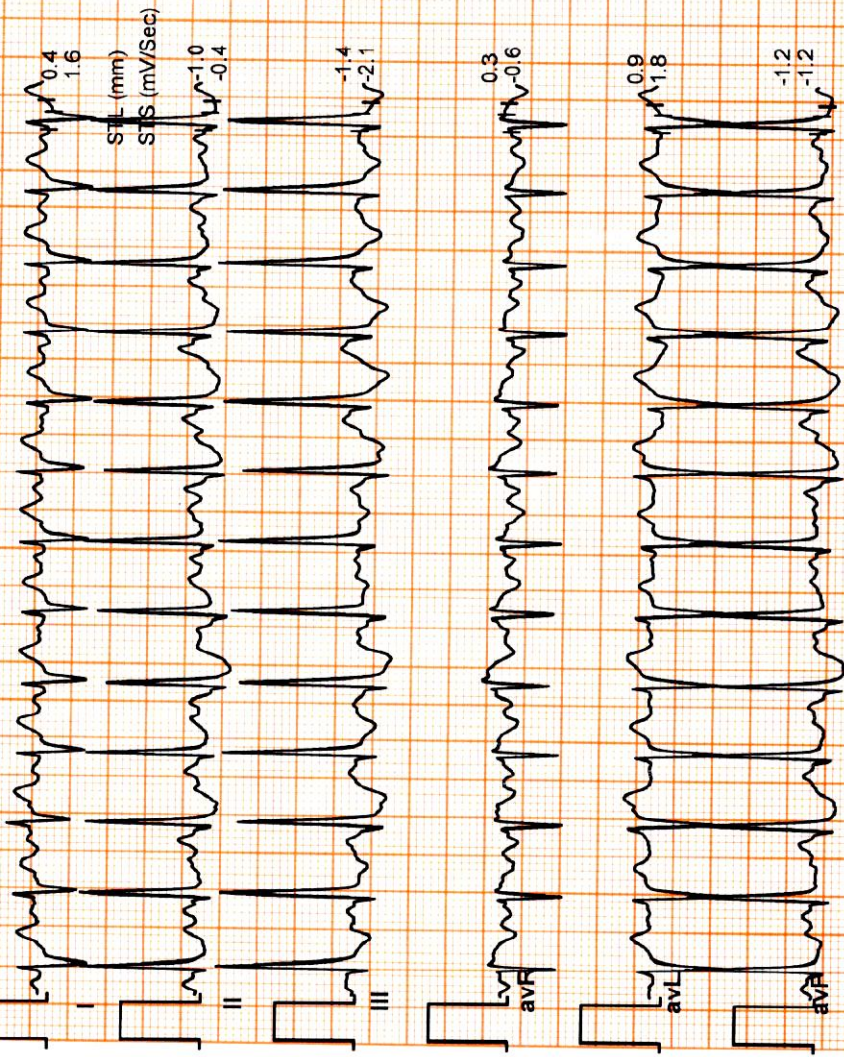
II (Combined Medians)



**SUBURBAN DIGNOSTICS BHAYANDER**

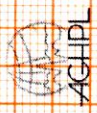
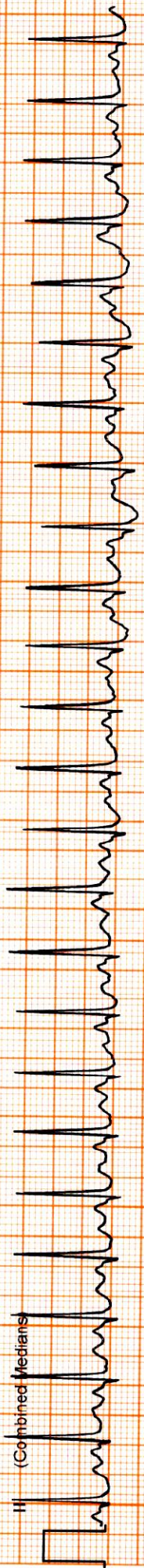
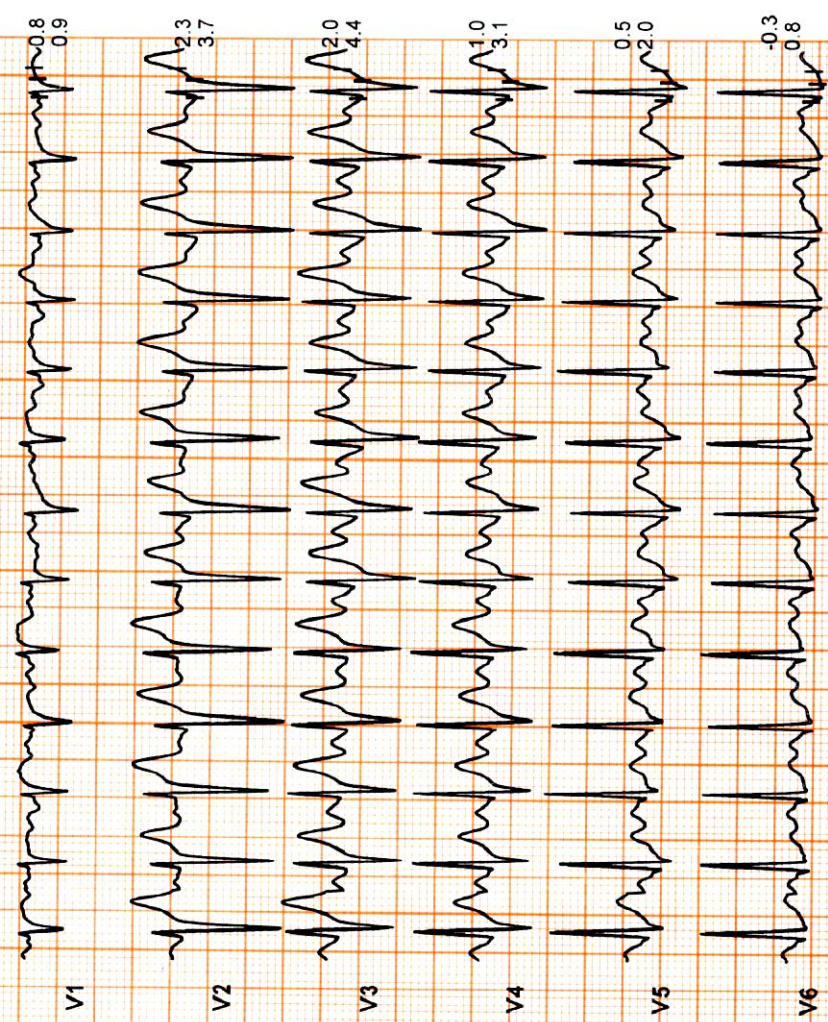
12345474 / ANIL MONTEIRO / 46 Yrs / Male / 170 Cm / 85 Kg

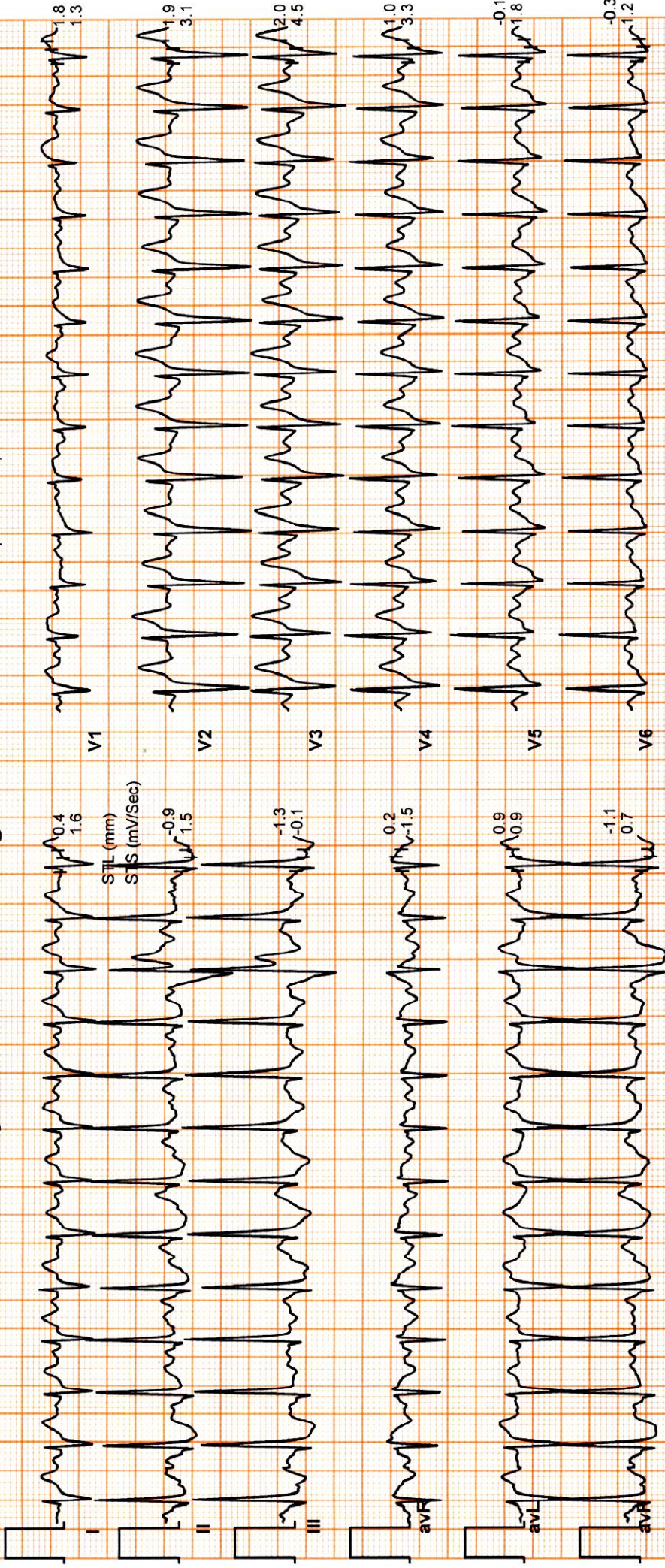
Date: 12 / 11 / 2022 10:05:16 AM METs: 7.1 HR: 151 Target HR: 87% of 174 BP: 170/80 Post J @60mSec



**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





I (Combined Medians)





# SUBURBAN DIGNOSTICS BHAYANDER

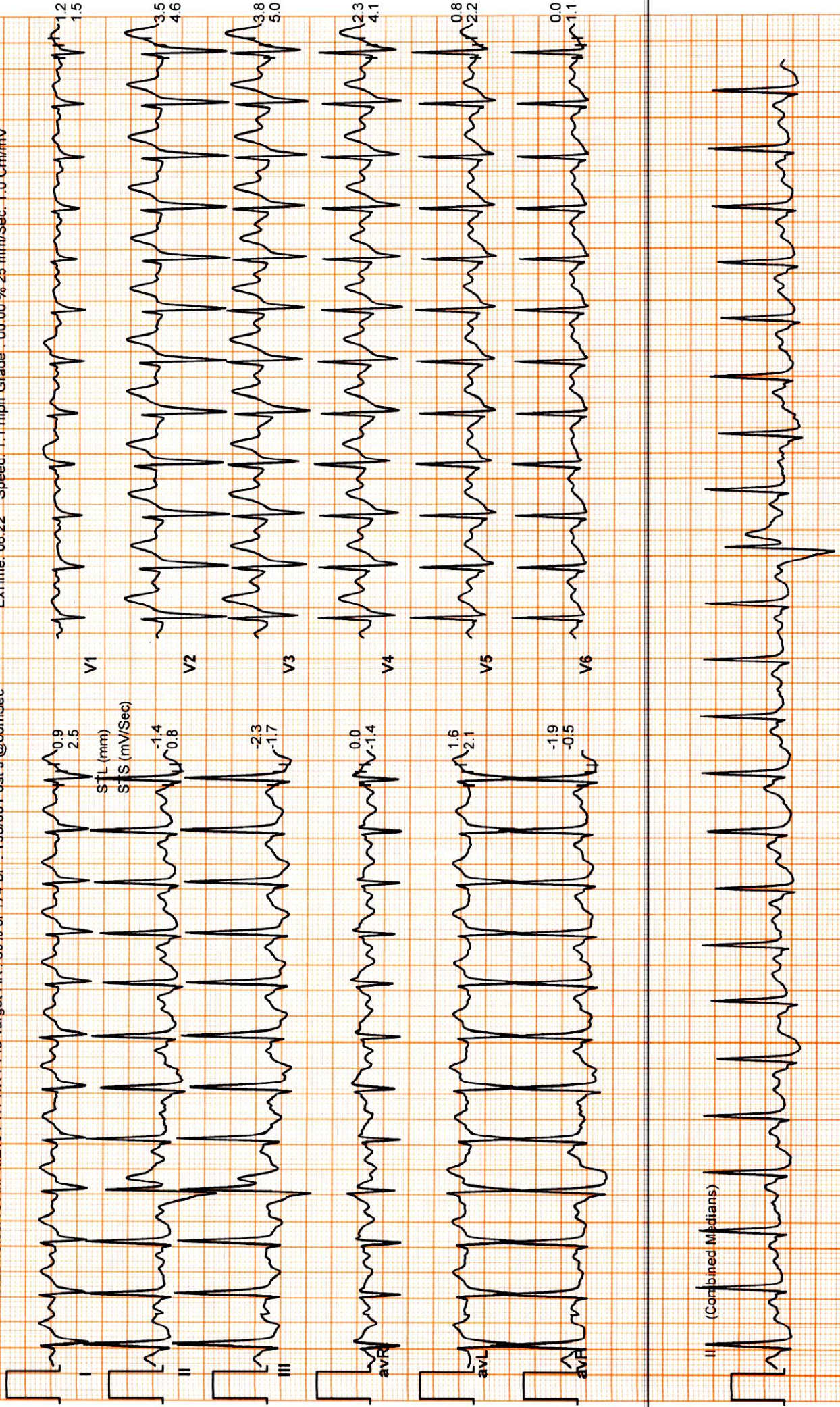
12345474 / ANIL MONTEIRO / 46 Yrs / Male / 170 Cm / 85 Kg

Date: 12 / 11 / 2022 10:05:16 AM METs : 1.1 HR : 140 Target HR : 80% of 174 BP : 190/80 Post J @60mSec

ExTime: 06:22 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )

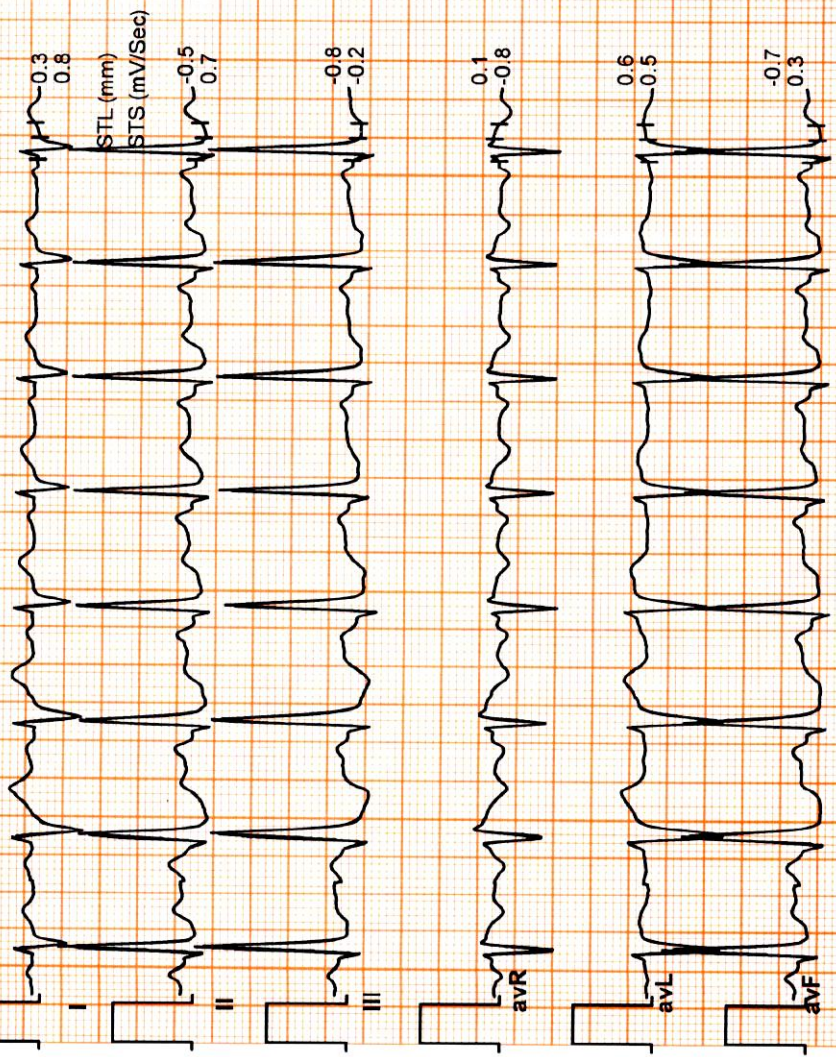


II (Combined Medians)

# SUBURBAN DIGNOSTICS BHAYANDER

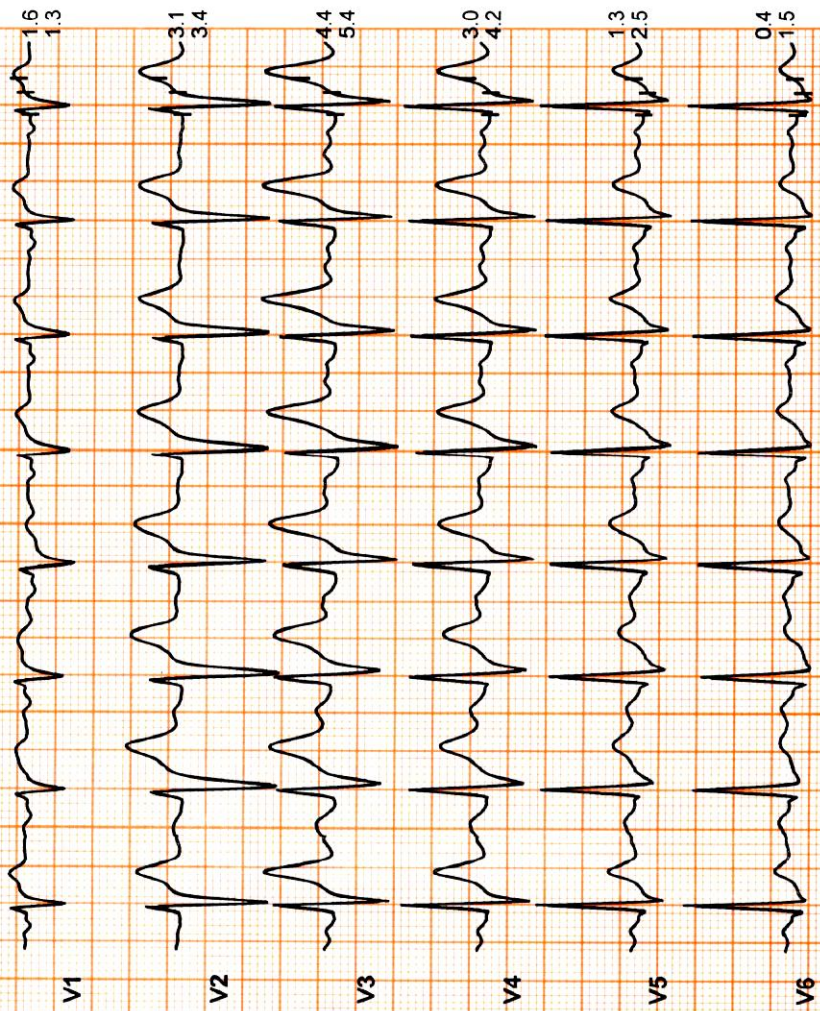
1234-5474 / ANIL MONTEIRO / 46 Yrs / Male / 170 Cm / 85 Kg

Date: 12 / 11 / 2022 10:05:16 AM METs : 1.0 HR : 101 Target HR : 58% of 174 BP : 180/80 Post J @70mSec

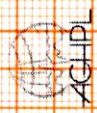


# 6X2 Combine Medians + 1 Rhythm Recovery : ( 02:00 )

ExTime: 06:22 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



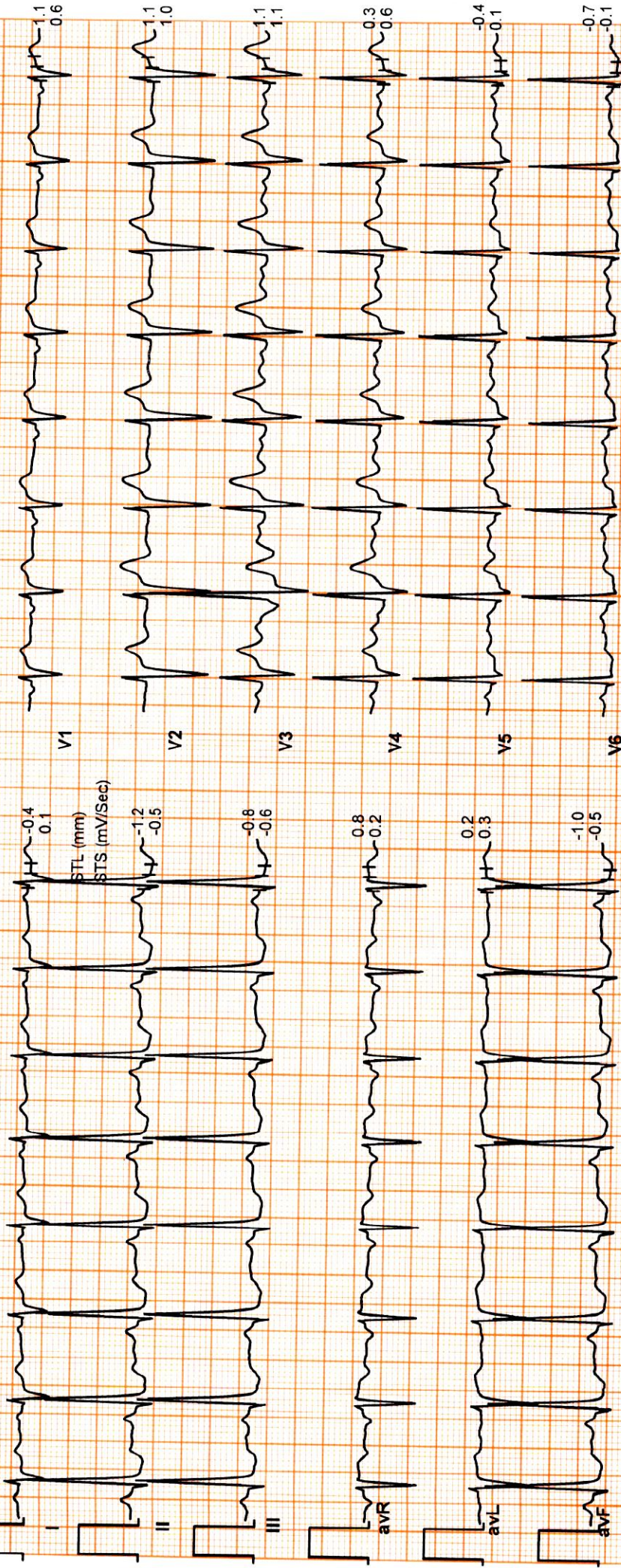
# SUBURBAN DIGNOSTICS BHAYANDER

12345474 / ANIL MONTEIRO / 46 Yrs / Male / 170 Cm / 85 Kg

Date: 12 / 11 / 2022 10:05:16 AM METs : 1.0 HR : 90 Target HR : 52% of 174 BP : 160/80 Post J @80mSec

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

ExTime: 06:22 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



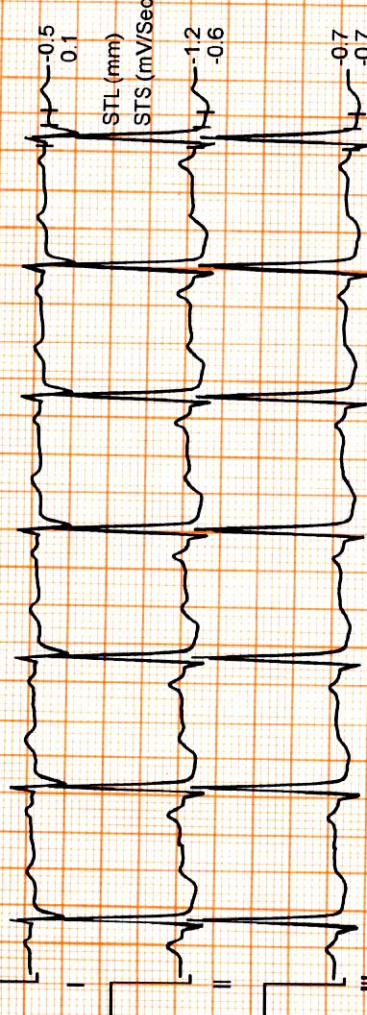
II (Combined Medians)



# SUBURBAN DIGNOSTICS BHAYANDER

12345474 / ANIL MONTEIRO / 46 Yrs / Male / 170 Cm / 85 Kg

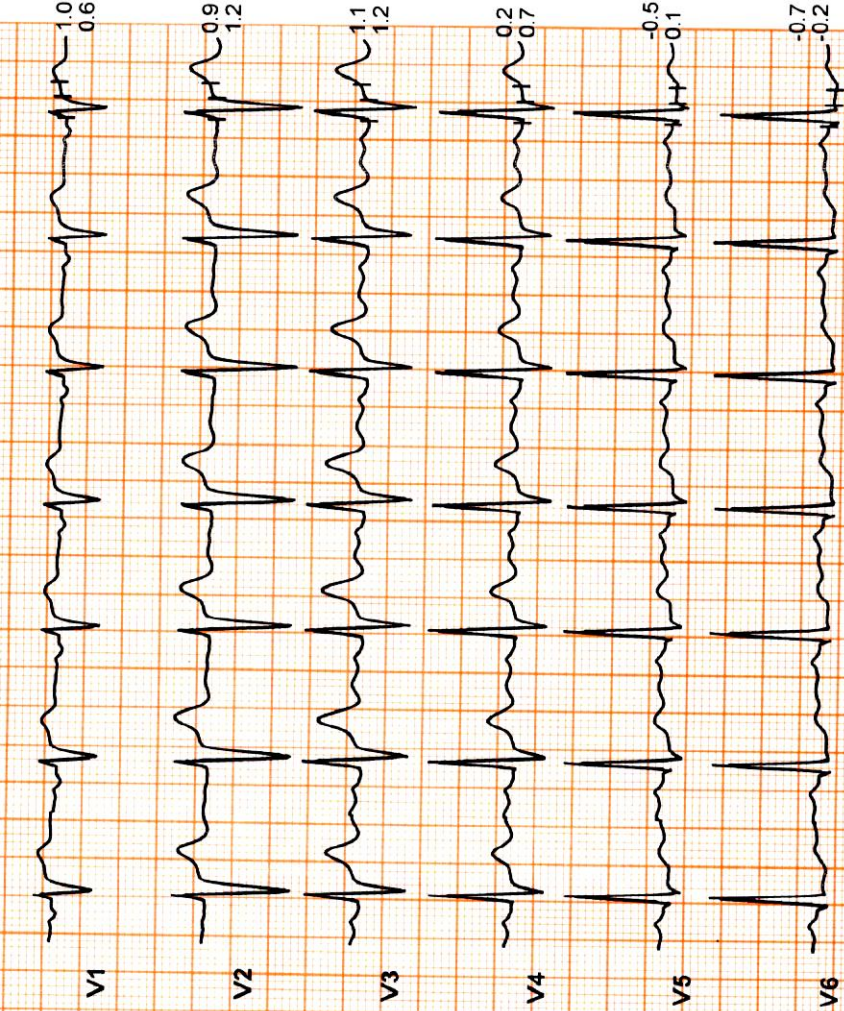
Date: 12 / 11 / 2022 10:05:16 AM METs: 1.0 HR: 89 Target HR: 51% of 174 BP: 160/80 Post J @80mSec



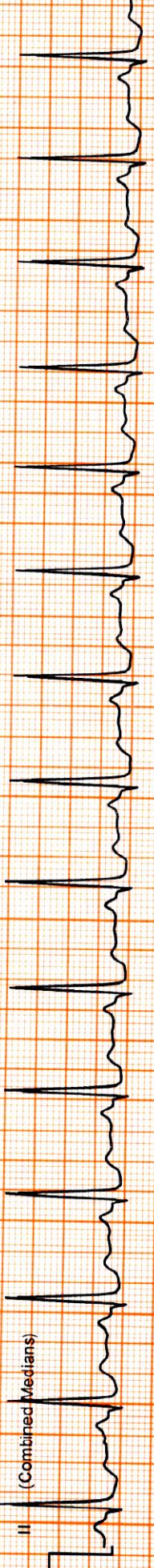
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:12 )

ExTime: 06:22 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)





**CID** : 2231622566  
**Name** : Mr ANIL MONTEIRO  
**Age / Sex** : 46 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 12-Nov-2022  
**Reported** : 12-Nov-2022/13:10

## USG WHOLE ABDOMEN

### LIVER:

The liver is enlarged in size (17.6 cm), normal in shape and shows smooth margins. It shows increased 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 10.3 x 5.1 cm. Left kidney measures 11.5 x 5.5 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 (10.1 cm) and echotexture. No evidence of focal lesion is noted.

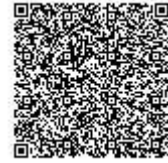
### URINARY BLADDER:

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 3.7 x 2.7 x 3.1 cms and weighs 16.5 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** : 2231622566  
**Name** : Mr ANIL MONTEIRO  
**Age / Sex** : 46 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 12-Nov-2022  
**Reported** : 12-Nov-2022/13:10

**IMPRESSION:**

- **Hepatomegaly with grade II fatty infiltration.**
- **No other significant abnormality made out.**

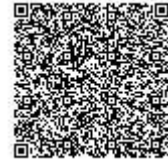
**Kindly correlate clinically.**

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**



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2231622566  
**Name** : Mr ANIL MONTEIRO  
**Age / Sex** : 46 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 12-Nov-2022  
**Reported** : 12-Nov-2022/13:10



**CID** : 2231622566  
**Name** : Mr ANIL MONTEIRO  
**Age / Sex** : 46 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 12-Nov-2022  
**Reported** : 12-Nov-2022/15:14

**X-RAY CHEST PA VIEW**

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

Unfolded aorta.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

**IMPRESSION:**

**No significant abnormality detected.**

**Kindly correlate clinically.**

-----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**





Use a QR Code Scanner  
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