मारत सरकार GOVT. OF INDIA BABAJI RAMCHANDRA PARAB PARAB VINAYAK BABAJI आयकर विमाज INCOME TAX DEPARTMENT 11/08/1953 Permanent Account Number AINPP1522F

SUBURBAN DIAGNOSTICS INDIA PVT. LTD. 2nd Floor, Asten, Sundervan Complex, Lokhandwala Road, Andheri (West), Mumbai-400053.

Regd. Office:-

M.B.B.S.AFLH, D.DKR, D.CARD. CONSULTANT-CARMOLOGIST DR. NITIN SONAVANE

REGD. NO.: 87714



CID#

: 2230921443

Name

: MR.VINAYAK PARAB

Age / Gender : 69 Years/Male

Consulting Dr. :-

Reg.Location : Borivali West (Main Centre)

Collected

: 05-Nov-2022 / 09:03

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Reported

: 05-Nov-2022 / 15:29

# PHYSICAL EXAMINATION REPORT

# **History and Complaints:**

Asymptomatic

# **EXAMINATION FINDINGS:**

Height (cms):

171 cms

Weight (kg):

72 kg

Temp (0c):

Afebrile

Skin:

NAD

Blood Pressure (mm/hg): 160/100 mmhg

Nails:

NAD

Pulse:

74/ min

Lymph Node:

Not palpable

### Systems

Cardiovascular: S1S2

Respiratory:

AEBE

Genitourinary:

NAD

GI System:

Liver & Spleen not palpable

CNS:

NAD

IMPRESSION:

ADVICE:

BP unclosion refu BI-sused | physician Lam

# CHIEF COMPLAINTS:

1) Hypertension:

since htn 15 yrs

2) IHD

No

3) Arrhythmia

Dm 15 yrs

4) Diabetes Mellitus

No

**Tuberculosis** 

No



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	A disamp	No
6)	Asthama	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	
,	Nervous disorders	No
9)		No
10)	GI system	No
11)	Genital urinary disorder	
12	Rheumatic joint diseases or symptoms	NO
12	) Blood disease or disorder	No
13	Blood discuss growth/cvst	No
14	Cancer/lump growth/cyst	No
15	Congenital disease	No
16	S) Surgeries	
17	Musculoskeletal System	No

# PERSONAL HISTORY:

4.	Machal	No
	Alcohol	No
2)	Smoking	veq
3)	Diet	Dm Htn ,Rx
4)	Medication	Dill ridt ii de

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

Regd. Office:-SUBURBAN DIAGNOSTICS INDIA PVT. LTD. 2nd Floor, Aston, Sundervan Complex, Lokhandwala Road, Andheri (West), Mumbai-400053.

Dr.NITIN SONAVANE **PHYSICIAN** 

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST REGD. NO.: 87714



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Collected Reported

:05-Nov-2022 / 09:30 :05-Nov-2022 / 11:57

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

PARAMETER	CBC (Complete RESULTS	Blood Count), Blood BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS Haemoglobin RBC PCV MCV MCH MCHC RDW	13.1 4.56 39.0 86 28.7 33.5	13.0-17.0 g/dL 4.5-5.5 mil/cmm 40-50 % 80-100 fl 27-32 pg 31.5-34.5 g/dL 11.6-14.0 %	Spectrophotometric Elect. Impedance Measured Calculated Calculated Calculated Calculated
WBC PARAMETERS WBC Total Count	5930	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A Lymphocytes Absolute Lymphocytes Monocytes Absolute Monocytes Neutrophils Absolute Neutrophils Eosinophils Absolute Eosinophils Basophils Absolute Basophils	25.6 1518.1 8.6 510.0 63.5 3765.6 2.2 130.5 0.1 5.9	20-40 % 1000-3000 /cmm 2-10 % 200-1000 /cmm 40-80 % 2000-7000 /cmm 1-6 % 20-500 /cmm 0.1-2 % 20-100 /cmm	Calculated  Calculated  Calculated  Calculated  Calculated
Immature Leukocytes			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PAR	<b>AMETERS</b>
--------------	----------------

PLATELET PARAMETER		150000-400000 /cmm	Elect. Impedance
Platelet Count	231000		Calculated
A CAMPION WAS DESCRIBED	7.3	6-11 fl	
MPV	11.9	11-18 %	Calculated
PDW	11.7		

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:

: Borivali West (Main Centre)

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

WEDIWHEEL FO			
DARAMETER	CBC (Complete RESULTS	BIOLOGICAL REF RANGE	METHOD
PARAMETER RBC PARAMETERS Haemoglobin RBC PCV MCV MCH MCHC RDW	13.1 4.56 39.0 86 28.7 33.5	13.0-17.0 g/dL 4.5-5.5 mil/cmm 40-50 % 80-100 fl 27-32 pg 31.5-34.5 g/dL 11.6-14.0 %	Spectrophotometric Elect. Impedance Measured Calculated Calculated Calculated Calculated
WBC Total Count	5930	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND AB Lymphocytes Absolute Lymphocytes Monocytes Absolute Monocytes	25.6 1518.1 8.6 510.0	20-40 % 1000-3000 /cmm 2-10 % 200-1000 /cmm	Calculated
Neutrophils	63.5 3765.6	40-80 % 2000-7000 /cmm	Calculated
Absolute Neutrophils Eosinophils	2.2	1-6 % 20-500 /cmm	Calculated
Absolute Eosinophils Basophils Absolute Basophils	0.1 <b>5.9</b>	0.1-2 % 20-100 /cmm	Calculated
Immature Leukocytes	(*)	Lux	
WBC Differential Count by Abso	rbance & Impedance meth	od/Microscopy.	
PLATELET PARAMETERS	231000	150000-400000 /cmm	Elect. Impedance Calculated

PLATELET PARAMETERS Platelet Count	231000 7.3	150000-400000 /cmm 6-11 fl	Elect. Impedance Calculated Calculated
MPV PDW	11.9	11-18 %	Calculated



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:05-Nov-2022 / 12:18

# 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

2-20 mm at 1 hr.

Collected

Reported

Westergren

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







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

Above Mercedes Showroom, Andheri West, Mumbai - 400053.

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Consulting Dr.

GLUCOSE (SUGAR) FASTING,

GLUCOSE (SUGAR) PP, Fluoride 258.6

Reg. Location

: Borivali West (Main Centre)

Authenticity Check

Use a QR Code Scanner

Application To Scan the Code

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

PARAMETER

Fluoride Plasma

RESULTS

108.2

Non-Diabetic: < 100 mg/dl

Impaired Fasting Glucose:

Collected

Reported

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Hexokinase

Hexokinase

Plasma PP/R

Urine Sugar (Fasting) Urine Ketones (Fasting) Absent

Absent

Urine Ketones (PP)

Urine Sugar (PP)

+++ Absent Absent

Absent

Absent

Absent

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





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

Page 3 of 1



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: -

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Collected

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: 05-Nov-2022 / 09:30 : 05-Nov-2022 / 15:37

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO KIDNEY FUNCTION TESTS BIOLOGICAL REF RANGE METHOD

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	Calculated
BLOOD UREA, Serum	15.9	19.29-49.28 mg/dl	i
Kindly note change in Ref range an BUN, Serum	7.4	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range as CREATININE, Serum	0.87	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and eGFR, Serum TOTAL PROTEINS, Serum	7.2	>60 ml/min/1.73sqm 5.7-8.2 g/dL	Calculated Biuret
Kindly note change in Ref range ar ALBUMIN, Serum GLOBULIN, Serum A/G RATIO, Serum URIC ACID, Serum	4.6 2.6 1.8 4.5	3.2-4.8 g/dL 2.3-3.5 g/dL 1 - 2 3.7-9.2 mg/dl	BCG Calculated Calculated Uricase/ Peroxidase
Kindly note change in Ref range a	2.0	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range CALCIUM, Serum	9.3	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range SODIUM, Serum	140	136-145 mmol/l	IMT
Kindly note change in Ref range	and method w.e.f.11-07-2022		

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Collected

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POTASSIUM, Serum

4.5

3.5-5.1 mmol/l

IMT

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

CHLORIDE, Serum

105

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

M.D.(PATH) Consultant Pathologist & Lab Director



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:05-Nov-2022 / 09:30

:05-Nov-2022 / 13:53

# 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

7.8

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 %

Collected

Reported

HPLC

Diabetic Level: >/= 6.5 %

mg/dl

Estimated Average Glucose (eAG), EDTA WB - CC

177.2

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.

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Test Interpretation: 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.

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

Binhaskar Dr.KETAKI MHASKAR

M.D. (PATH) Pathologist

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

**RESULTS** 

BIOLOGICAL REF RANGE

Collected

Reported

METHOD

**PARAMETER** 

1.41

<4.0 ng/ml

CLIA

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



: 2230921443 CID

: MR. VINAYAK PARAB Name

: 69 Years / Male Age / Gender

Consulting Dr.

: Borivali West (Main Centre) Reg. Location

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- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue. Clinical Significance:
  - 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.

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

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5-α reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

### Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by 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
- 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

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

Director



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: 69 Years / Male

Consulting Dr.

: -

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Reported

: 05-Nov-2022 / 11:45 : 05-Nov-2022 / 18:00

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

	LAMINATIO	TOUCH DEE DANGE
PARAMETER	RESULTS	BIOLOGICAL REF RANGE
PHYSICAL EXAMINATION Colour Form and Consistency Mucus Blood	Brown Semi Solid Present Absent	Brown Semi Solid Absent Absent
CHEMICAL EXAMINATION Reaction (pH) Occult Blood	Acidic (5.0) Absent	Absent
MICROSCOPIC EXAMINATION Protozoa Flagellates Ciliates Parasites Macrophages Mucus Strands Fat Globules RBC/hpf WBC/hpf Yeast Cells Undigested Particles Concentration Method (for ova)	Absent Absent Absent Absent Absent Flakes + Absent Occasional Absent Present + No ova detected	Absent









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



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Age / Gender

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

MEDITIO	URINE EXAMINAT	BIOLOGICAL REF RANGE	METHOD
PARAMETER	RESULTS	BIOLOGICAL	
PHYSICAL EXAMINATION  Color  Reaction (pH)  Specific Gravity  Transparency  Volume (ml)	Pale yellow 5.0 1.010 Clear 50	Pale Yellow 4.5 - 8.0 1.001-1.030 Clear	Chemical Indicator Chemical Indicator
CHEMICAL EXAMINATION  Proteins Glucose Ketones Blood Bilirubin Urobilinogen Nitrite	Absent Absent Absent Absent Absent Absent Normal Absent	Absent Absent Absent Absent Absent Normal Absent	GOD-POD Legals Test Peroxidase Diazonium Salt Diazonium Salt Griess Test
MICROSCOPIC EXAMINATION Leukocytes(Pus cells)/hpf Red Blood Cells / hpf	1-2 Absent 0-1	0-5/hpf 0-2/hpf	
Epithelial Cells / hpf Casts Crystals Amorphous debris Bacteria / hpf	Absent Absent 2-3	Absent Absent Absent Less than 20/hpf	
Others	U DIAGNOSTICS (INDIA) PVT. LTD	Borivali Lab, Borivali West	

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







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

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

### PARAMETER

### RESULTS

ABO GROUP

A

Positive

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

Specimen: EDTA Whole Blood and/or serum

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
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4
- 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.

### Refernces:

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

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

Dr. VRUSHALI SHROFF

M.D.(PATH) Pathologist

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: 2230921443

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Age / Gender

:69 Years / Male

Consulting Dr.

:

Reg. Location

: Borivali West (Main Centre)

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:05-Nov-2022 / 15:22

# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIPID PROFILE DIG COLCAL REF RANGE METHOD

		LIFID TRO	BIOLOGICAL REF RANGE	METHOD
PARAMETER	RESULTS		a imple: <200 mg/dl	CHOD-POD
CHOLESTEROL, Serum	109.9		Borderline High: 200-239mg/dl High: >/=240 mg/dl	
TRIGLYCERIDES, Serum	120.9		Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	33.2		Very high:>/=500 mg/dl Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	76.7		Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	
LDL CHOLESTEROL, Serum	52.5		Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/d Borderline High: 130 - 159	Calculated I
VLDL CHOLESTEROL, Serum	24.2		mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl < /= 30 mg/dl 0-4.5 Ratio	Calculated Calculated
CHOL / HDL CHOL RATIO,	3.3		0-3.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO Serum	DIACNOSTICS	INDIA) PVT. LTD	SDRL, Vidyavihar Lab	

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



Dr.VRUSHALI SHROFF M.D.(PATH) Pathologist



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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO THYROID FUNCTION TESTS

METHOD BIOLOGICAL REF RANGE RESULTS PARAMETER CLIA 3.5-6.5 pmol/L 5.2 Free T3, Serum

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

Free T4, Serum

15.2

11.5-22.7 pmol/L

CLIA

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

sensitiveTSH, Serum

1.722

0.55-4.78 microIU/ml

Collected

Reported

CLIA

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



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:05-Nov-2022 / 15:37

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

1)TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns,

trauma	and surgery	etc.	Interpretation
SH	FT4/T4	FT3/T3	
High	Normal	Normal	Subclinical hypothyroidism, poor compliance thyroidal illness, TSH Resistance.  Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine intake
High	Low	Low	thyroidal illness, TSH Resistance.  Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid diags, yellow the provided form of the provided deposits in thyroid, thyroid tumors & congenital hypothyroidism. Kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.  Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular golder, toxic pregnancy related (hyperemesis gravidarum, hydatiform mole) pregnancy related (hyperemesis gravidarum, hydatiform mole) Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal
Low	Normal	Normal	Subclinical Hyperthyroidism, recent RX 101 Hyperthyroidism.
Low	Low	Low	illness.  Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.  Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.  Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti-
High	High	High	Interfering anti TPO antibodies, Drug interferences of the epileptics.  Interfering anti TPO antibodies, Drug interferences of the epileptics.  Interfering anti TPO antibodies, Drug interferences of the epileptics.  Interfering anti TPO antibodies, Drug interferences of the epileptics.  Interfering anti TPO antibodies, Drug interferences of the epileptics.  Interfering anti TPO antibodies, Drug interferences of the epileptics.  Interfering anti TPO antibodies, Drug interferences of the epileptics.  Interfering anti TPO antibodies, Drug interferences of the 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

- 1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours Limitations:
- 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.

- 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 SDRL, Vidyavihar Lab

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





: 2230921443

Name

: MR. VINAYAK PARAB

Age / Gender

: 69 Years / Male

Consulting Dr. Reg. Location

: Borivali West (Main Centre)

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: 05-Nov-2022 / 09:30

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIVER FUNCTION TESTS BIOLOGICAL REF RANGE METHOD

		RESULTS	BIOLOGICAL REF RANGE	METHOD	
	PARAMETER  BILIRUBIN (TOTAL), Serum	0.79	0.2-1.1 mg/dl	Vanadate oxidation	
	Kindly note change in Ref range and BILIRUBIN (DIRECT), Serum	0.33	0-0.3 mg/dl	Vanadate oxidation	
Kindly note change in Ref range BILIRUBIN (INDIRECT), Serum TOTAL PROTEINS, Serum		nd method w.e.f.11-07-2022 0.46	<1.1 mg/dl	Calculated Biuret	
		7.2	5.7-8.2 g/dL	Blutet	
	Kindly note change in Ref range and ALBUMIN, Serum	d method w.e.f.11-07-2022 4.6	3.2-4.8 g/dL	BCG Calculated	
	GLOBULIN, Serum	2.6	2.3-3.5 g/dL 1 - 2	Calculated	
	A/G RATIO, Serum SGOT (AST), Serum	1.8 40.2	<34 U/L	Modified IFCC	
	Kindly note change in Ref range SGPT (ALT), Serum	and method w.e.f.11-07-2022 50.7	10-49 U/L	Modified IFCC	
	Kindly note change in Ref range GAMMA GT, Serum	22.8	<73 U/L	Modified IFCC	
	Kindly note change in Ref range a ALKALINE PHOSPHATASE, Serum	and method w.e.f.11-07-2022 59.9	46-116 U/L	Modified IFCC	
	Kindly note change in Ref range	and method w.e.f.11-07-2022	soor Vidyayihar Lah		

Kindly note change in Ref range and method

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



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



: 2230921443

Name

: MR. VINAYAK PARAB

Age / Gender

:69 Years / Male

Consulting Dr.

: -

Reg. Location

: Borivali West (Main Centre)

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



R E 0 R T

Date:- 5/11/2022

CID: 2230921443 Sex/Age: 69/4

Name: Vinagale

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance		i i						
Near								

Colour Vision: Normal / Abnormal

Remark:

Regd. Office:-

SUBURBAN DIAGNOSTICS INDIA PVT. LTD. 2nd Floor, Aston, Sundervan Complex, Lokhandwala Road, Andheri (West), Mumbai-400053.



: 2230921443

Name

: Mr VINAYAK PARAB

Age / Sex

Reg. Location

: 69 Years/Male

Ref. Dr

25

: Borivali West

Reg. Date

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: 05-Nov-2022 / 14:40

### 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 SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.



CID NO: 2230921443	
PATIENT'S NAME: MR.VINAYAK PARAB	AGE/SEX: 69 Y/M
REF BY:	DATE: 05/11/2022

### 2-D ECHOCARDIOGRAPHY

- 1. RA, LA RV is Normal Size.
- 2. No LV Hypertrophy.
- 3. Normal LV systolic function. LVEF 60 % by bi-plane
- 4. No RWMA at rest.
- 5. Aortic, Pulmonary, Mitral valves normal, Trivial TR.
- 6. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
- 7. Inter-ventricular septum is intact and normal.
- 8. Intra Atrial Septum intact.
- 9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11. No Pericardial Effusion
- 12. No Diastolic disfunction. No Doppler evidence of raised LVEDP.



PATIENT'S NAME: MR.VINAYAK PARAB

AGE/SEX: 69 Y/M

DATE: 05/11/2022

REF	BY:	DATE: 05/11/2022			
1.	AO root diameter	3.0 cm			
2.	IVSd	1.3 cm			
3.	LVIDd	4.5 cm			
4.	LVIDs	2.4 cm			
5.	LVPWd	1.3 cm			
6.	LA dimension	3.7 cm			
7.	RA dimension	3.6 cm			
8.	RV dimension	3.0 cm			
9.	Pulmonary flow vel:	0.8 m/s			
10	. Pulmonary Gradient	3.4 m/s			
11	. Tricuspid flow vel	1.9 m/s			
12	. Tricuspid Gradient	14 m/s			
	. PASP by TR Jet	24 mm Hg			
	. TAPSE	3.0 cm			
15	. Aortic flow vel	1.1 m/s			
	. Aortic Gradient	5.0 m/s			
	. MV:E	0.9 m/s			
18	. A vel	0.8 m/s			
	. IVC	17 mm			
	). E/E'	10			

# **Impression:**

Normal 2d echo study.

### Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

DR. S. NITIN Consultant Cardiologist Reg. No. 87714 R

R



: 2230921443

Name

: Mr VINAYAK PARAB

Age / Sex

: 69 Years/Male

Ref. Dr

Reg. Location

: Borivali West

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: 05-Nov-2022

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: 05-Nov-2022 / 10:38

# USG WHOLE ABDOMEN

LIVER: Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra -hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

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

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.6 x 4.0 cm. Left kidney measures 9.4 x 5.0 cm.

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

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. Pre void volume-180 cc, Post void volume- 76 cc (significant)

PROSTATE: Prostate is enlarged in size and echotexture. Prostate measures 5.1 x 3.7 x 3.8 cm and prostatic weight is 38 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

les Showroom, Andres West, Mumbai - 400053.



: 2230921443

Name

: Mr VINAYAK PARAB

Age / Sex

Reg. Location

: 69 Years/Male

Ref. Dr

: Borivali West

Reg. Date

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: 05-Nov-2022

: 05-Nov-2022 / 10:38

### Opinion:

- Grade I fatty infiltration of liver.
- Mild prostatomegaly with significant post void residue.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

> DR.SUDHANSHU SAXENA **Consultant Radiologist** M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

# SUBUKBAN DIAGNOSTICS - BUKIVALI WEST

Patient Name: VINAYAK PARAB

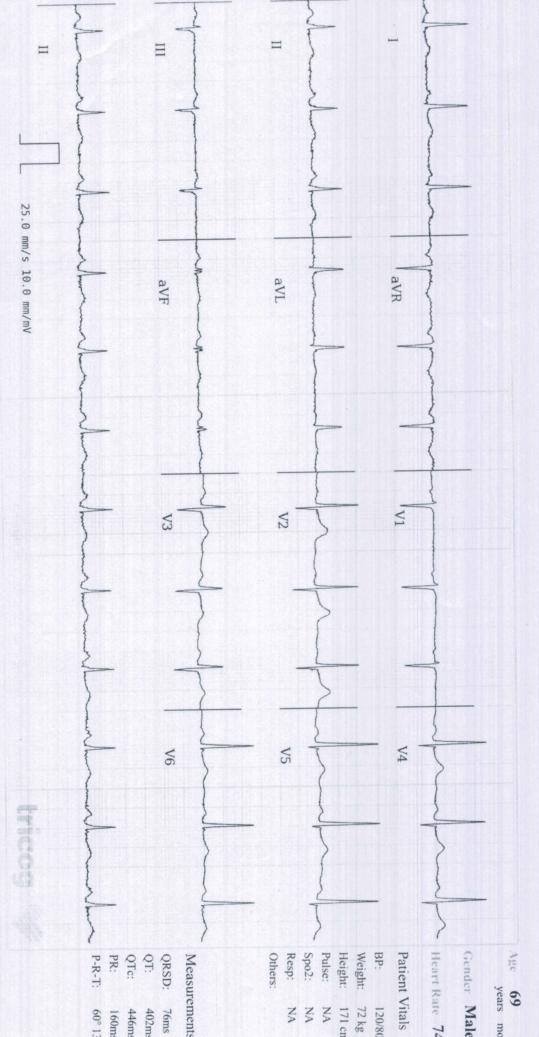
Patient ID: 2230921443

Date and Time: 5th Nov 22 11:07 AM

years mo 69

120/80

171 cn 72 kg



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

SUBURBAN DIAGNOSTICS INDIA PVT. LTD. 2nd Floor, Asten, Sundervan Complex, Lekhandwala Road, Andheri (West), Mumbai-400053.

> CONSULTANT-CARDIOLOGIST M.B.B.S.AFLH, D.DIAB, D.CARD DR. NITIN SONAVANE REGD. NO.: 87714

> > REPORTED BY

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Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB.D.CARD Consultant Cardiologist 87714