



CID : 2308600221  
Name : MR.RAJAN PS  
Age / Gender : 63 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 27-Mar-2023 / 08:09  
Reported : 27-Mar-2023 / 12:23

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.30	4.5-5.5 mil/cmm	Elect. Impedance
PCV	38.9	40-50 %	Measured
MCV	91	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6330	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.7	20-40 %	
Absolute Lymphocytes	2449.7	1000-3000 /cmm	Calculated
Monocytes	8.5	2-10 %	
Absolute Monocytes	538.0	200-1000 /cmm	Calculated
Neutrophils	48.6	40-80 %	
Absolute Neutrophils	3076.4	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	234.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	31.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	242000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated
PDW	13.0	11-18 %	Calculated

**RBC MORPHOLOGY**





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

*Bmhaskar*

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	14.6	17.1-49.3 mg/dl	Kinetic
BUN, Serum	6.8	8-23 mg/dl	Calculated
CREATININE, Serum	0.78	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	107	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	6.0	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.1	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	145	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	105	98-107 mmol/l	ISE

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**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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**PROSTATE SPECIFIC ANTIGEN (PSA)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.615	<4.0 ng/ml	CLIA

**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, Artifactual (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

*Anupa*

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





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Black	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (5.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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

*Bmhasakar*

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







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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

**Reference:** Pack insert

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

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



MC-2111



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

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

**Dr.VRUSHALI SHROFF**  
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**Pathologist**





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	162.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	142.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	45.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	117.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	89.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	28.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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MC-2111





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.502	0.35-5.5 microIU/ml	ECLIA



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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 \*\*\*

*Bmhasakar*

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	10.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	58.2	40-130 U/L	Colorimetric

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*Bmhaskar*

**Dr.KETAKI MHASKAR**  
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Pathologist





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 Reg. Location : Kandivali East (Main Centre)  
 Collected : 27-Mar-2023 / 08:04  
 Reported : 28-Mar-2023 / 08:39

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

HTN since 5 yrs, prostatomegaly since 2 yr, knee pain off & on

**EXAMINATION FINDINGS:**

Height (cms):	165 cms	Weight (kg):	70 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: Normal  
 Respiratory: Normal  
 Genitourinary: Normal  
 GI System: Normal  
 CNS: Normal

**IMPRESSION:**

*TSH 0.502  
 poor "R" wave progression in sub leads  
 - Baseline wandering  
 - mild fatty liver  
 - mild prostatomegaly  
 - Umbilical Hernia*

**ADVICE:**

*- 2 D-Dimer  
 Cardiologist / Surgeon / Opines*

**CHIEF COMPLAINTS:**

1) Hypertension: No

*Repeat - 3mths  
 TSH 15M*



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Reported : 28-Mar-2023 / 08:39

- |  |                            |
|--|----------------------------|
| 2) IHD                                   | No                         |
| 3) Arrhythmia                            | No                         |
| 4) Diabetes Mellitus                     | No                         |
| 5) Tuberculosis                          | No                         |
| 6) Asthama                               | No                         |
| 7) Pulmonary Disease                     | No                         |
| 8) Thyroid/ Endocrine disorders          | No                         |
| 9) Nervous disorders                     | No                         |
| 10) GI system                            | No                         |
| 11) Genital urinary disorder             | Yes                        |
| 12) Rheumatic joint diseases or symptoms | No                         |
| 13) Blood disease or disorder            | No                         |
| 14) Cancer/lump growth/cyst              | No                         |
| 15) Congenital disease                   | for pituitary adenoma-2022 |
| 16) Surgeries                            | No                         |
| 17) Musculoskeletal System               |                            |

**PERSONAL HISTORY:**

- |               |     |
|---------------|-----|
| 1) Alcohol    | No  |
| 2) Smoking    | No  |
| 3) Diet       | Veg |
| 4) Medication | Yes |

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

*Dr. Jagruti Dhale*  
MBBS

Consultant Physician

Reg. No. 60548

Dr.JAGRUTI DHALE

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700800

Authenticity Check



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Application To Scan the Code

**CID** : 2308600221  
**Name** : Mr Rajan ps  
**Age / Sex** : 63 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 27-Mar-2023  
**Reported** : 27-Mar-2023 / 9:49

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

### PANCREAS:

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

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 11.0 x 4.8 cm. Left kidney measures 11.5 x 5.4 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.  
Prevoid volume - 210 cc, Postvoid residue - Nil.

### PROSTATE:

The prostate is mildly enlarged in size and volume is 25 cc.

**Umbilical hernia is seen. Defect measuring 2 cm.**

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032708050631>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.  
CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) | WEBSITE: [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)

Corporate Identity Number (CIN): U85110MH2002PTC136144



Authenticity Check



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Application To Scan the Code

CID : 2308600221  
Name : Mr Rajan ps  
Age / Sex : 63 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 27-Mar-2023  
Reported : 27-Mar-2023 / 9:49

**IMPRESSION:**

Grade I fatty liver.  
Mild prostatomegaly.  
Umbilical hernia as described above

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

*Khilji Faizur*

**Dr. FAIZUR KHILJI**  
**MBBS, RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032708050631>

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Corporate Identity Number (CIN): U85110MH2002PTC136144

• PATIENT NAME : MR .RAJAN PS	• SEX : MALE
• REFERRED BY : ARCOFEMI HEALTHCARE LIMITED	• AGE : 63 YEARS
• CID NO : 2308600221	DATE : 27/03/2023

**2D & M-MODE ECHOCARDIOGRAM REPORT**  
**COLOR FLOW DOPPLER REPORT**

**ECHO & DOPPLER FINDINGS :**

- Grade I diastolic dysfunction seen at present.
- Aortic valve leaflets appear mildly sclerosed with associated trivial aortic regurgitation seen
- Mild mitral regurgitation present
- No regional wall motion abnormality seen at rest at present
- No left ventricular hypertrophy seen.
- All cardiac chambers are normal in size.
- RA and RV are normal in dimensions. LA and LV are normal in dimensions.
- All other cardiac valves show normal structure and physiological function.
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion.
- TAPSE and MAPSE measured to 18 mm and 16 mm respectively.
- PASP by TR jet measured to 32 mm Hg. [Inadequate TR for optimal PASP estimation]
- Visual LVEF of 60 %.

**MEASUREMENTS:**

IVS d (mm)	08	EDV (ml)	107	Ao (mm)	38
IVS s (mm)	13	ESV (ml)	40	LA (mm)	31
LVIDd (mm)	55	SV (ml)	67	EPSS (mm)	02
LVIDs ( mm)	34	FS (mm)	30	EF SLOPE (ml/s)	60
Pwd (mm)	09	EF (%)	60	MV (mm)	20
Pws (mm)	13				

Conti....2



• PATIENT NAME : MR .RAJAN PS	• SEX : MALE
• REFERRED BY : ARCOFEMI HEALTHCARE LIMITED	• AGE : 63 YEARS
• CID NO : 2308600221	DATE : 27/03/2023

**DOPPLER: Mitral E / A**

Mitral (m/s)	0.6	Aortic (m/s)	0.9
Tricuspid (m/s)	0.7	Pulmonary (m/s)	0.8

**TDI**

Septal e' = 0.06 m/s

Lateral e' = 0.06 m/s

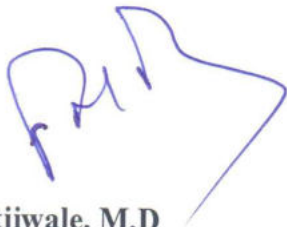
Septal a' = 0.08 m/s

Lateral a' = 0.09 m/s

Septal s' = 0.05 m/s

Lateral s' = 0.06 m/s

Septal E/e' = 10



**Dr. P. Bhatjiwale, M.D**

**PG cert in Clinical Cardiology,**

**Fellowship in 2 D Echo & Doppler Studies**

**Reg. No 68857**

**NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris.**

**Adv: Please correlate clinically. CAG/ Further cardiac evaluation as clinically indicated.**

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

Date:- 27/3/23

CID: 230860021

Name:- Mr. Rajan PS

Sex/Age: m/62

**EYE CHECK UP**

Chief complaints: Routine ch-up

Systemic Diseases: HT 08 5<sup>+</sup> yrs

Past history: NO H/O Ocular sx/Injury

H/O NUGT  
KAD-75

Unaided Vision:                      6/9                      6/9

Aided Vision:                        N/A blur                      N/A blur

Refraction:

COMS: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	+0.75	—	—	6/6	+0.75	—	—	6/6
Near	+3.25	—	—	N/A	+3.25	—	—	N/A

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit  
Adv. Bifocal / progressive gl.

*Kajal H*  
**KAJAL NAGRECHA**  
OPTOMETRIST

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Row House No. 3, Aangan,  
Thakur Village, Kandivall (east),  
Mumbai - 400101.  
Tel : 61700000

**DENTAL CHECK - UP**

Name:- *Rajan PS*

CID : *2308600221* Sex / Age : *M / 63*

Occupation:-

Date: *27 / 3 / 2023*

Chief complaints:- *No complaints*

Medical / dental history:- *Filling, Crown,*

GENERAL EXAMINATION: *Hypertension & medication  
Prostate*

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Bridge in lower arch*
- b) Hard Tissue Examination: *→ +3 Erosion of labially placed tooth*
- c) Calculus: *-*
- Stains: *+*

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

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

Advised: a) *scaling & polishing once in a year.*

Provisional Diagnosis:-

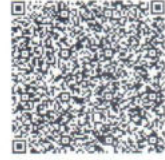
*- Nil -*

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Mumbai - 400101.  
Tel : 61700600

**DR. BHUMIK PATEL**  
**(B.D.S) A - 23378**

*Dr Bhumik Patel*  
*RP*





**CID** : 2308600221  
**Name** : Mr Rajan ps  
**Age / Sex** : 63 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 27-Mar-2023  
**Reported** : 27-Mar-2023 / 13:43

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**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
The cardiac size and shape are within normal limits.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

Khilji FA

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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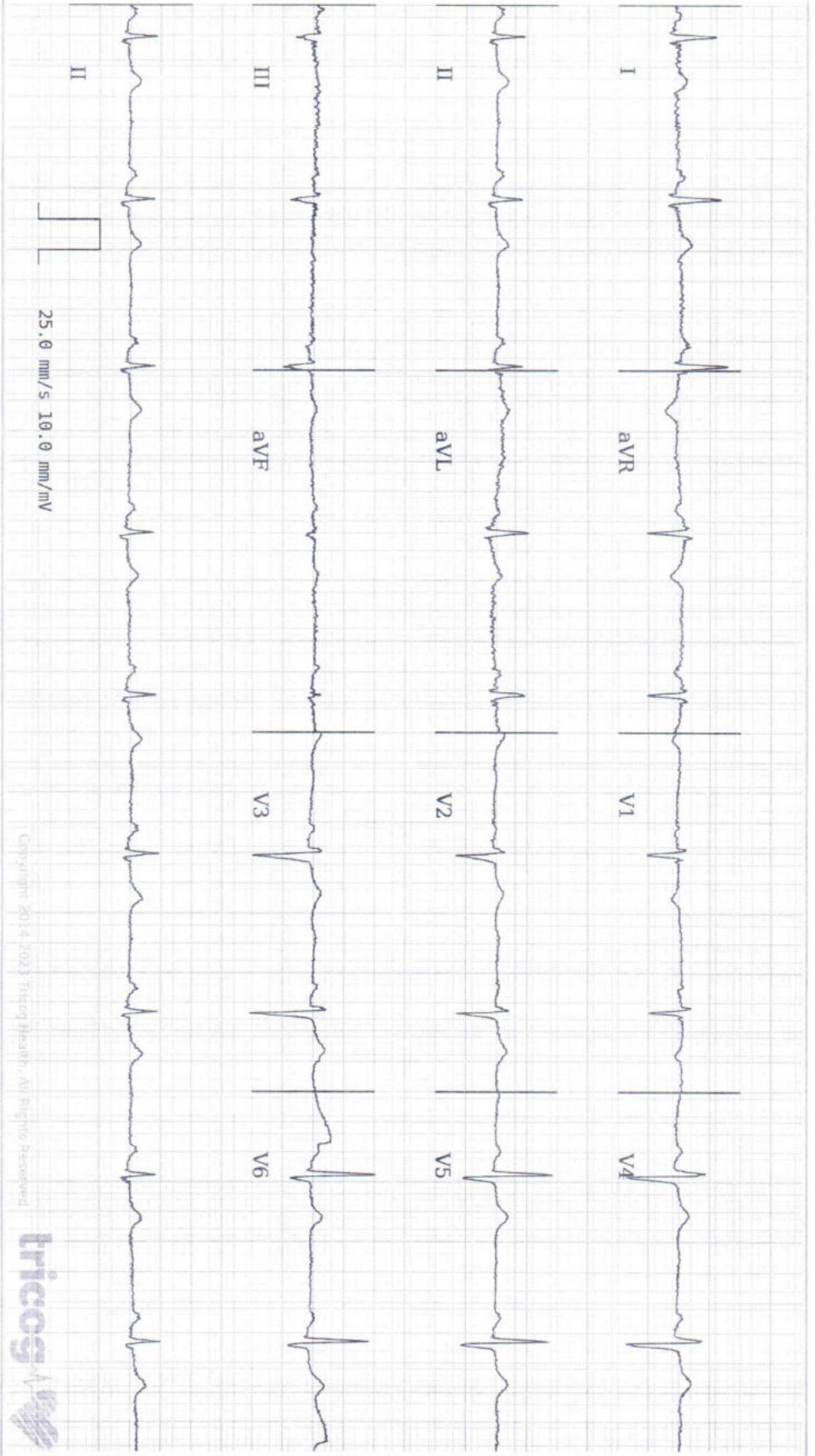
Page no 1 of 1



Patient Name: RAJAN PS  
Patient ID: 2308600221

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**

Date and Time: 27th Mar 23 8:57 AM



Sinus Bradycardia. Poor "R" wave progression in anterior leads. Baseline wandering. Please correlate clinically.

Age 63 11 30  
years months days

Gender Male

Heart Rate 55bpm

Patient Vitals

BP: 130/80 mmHg

Weight: 70 kg

Height: 165 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 100ms

QT: 434ms

QTc: 415ms

PR: 156ms

P-R-T: 44° 9° 28°

REPORTED BY

DR. AKHIL PARULEKAR  
MHHS, MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012082483