

PATIENT NAME : MR. SUNIL JADHAV	SEX : MALE
REFERRED DR : -	AGE : 58 YEARS
CID NO : 2308421048	DATE : 25.03.2023

Height: 165.5 cm	Weight: 58.7 Kg	BSA: 1.65 m <sup>2</sup>
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Indication: Annual health check up

Image quality: Fair

ECG: Sinus Rhythm

**TRANSTHORACIC ECHOCARDIOGRAPHY REPORT:**

**Summary :**

- LV and RV are normal in size and function.
- No significant valvular pathology.
- IVC is normal in size with good collapse. No echocardiographic evidence of PAH.

**LV assessment:** Size and thickness: Normal.

RWMA: None.

Function: Normal.

LVEF(estimated): 55-60%

Mass/Thrombus: Nil.

**RV assessment:**

Size: Normal.

Function. Normal.

Mass/Thrombus: Nil.

**Atria:**

Size: Normal.

Mass/Thrombus: Nil.

**Mitral Valve:**

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

**Tricuspid Valve:**

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

NAME: MR. SUNIL JADHAV

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**Aortic Valve:**

Structure: Normal.  
Cusp separation: Normal.  
Regurgitation: Nil.

**Pulmonary Valve:**

Structure: Normal.  
Cusp separation: Normal.  
Regurgitation: Nil.

Subcostal view: IVC- Normal.

Suprasternal view: Aortic arch: Normal.

Pericardium: No evidence of pericardial effusion.

LA(cm)	3	E's(cm/s)		E'L	
AoA(cm)	2	E/E's		E/E'L	
IVSd(cm)	1	Evel(m/s)	0.6	E'TV	
LVIDD(cm)	3.9	Avel(m/s)	0.4	STV	
PWd(cm)	0.9	MVDT	145	TR Vmax	
LA vol(ml)		E/A	1.3	TR max(mmHg)	
RA vol(ml)		MAPSE(cm)		LVEDP(mmHg)	
IVC(cm)	1	TAPSE(cm)		MPA	
LVOTd(cm)	2	PHAD(WU)		SPAP(mmHg)	

	Max vel m/s	Max PG mmHg	Mean PG mmHg	VTI	Valve area(cm <sup>2</sup> )
AV	0.9	3			
PV	0.7	2			
MV					
TV					
LVOT	0.7	2	1.6	16	
RVOT					



**DR. AJITA BHOSALE.**

**M.B.B.S/P.G.D.C.C (DIP.CARDIOLOGY).**

*Disclaimer:* 2d echocardiography is an observer dependent investigation. Minor variation in reports are possible when done by two different examiners or even by same examiner done on two different occasions. These variations may not necessarily indicate change in the underlying cardiac condition. Previous reports must be provided to improve clinical correlation.

**NAME: MR. SUNIL JADHAV**

**CID NO: 2308421048**

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



CID : 2308421048  
Name : MR.JADHAV SUNIL M  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 25-Mar-2023 / 08:54  
Reported : 25-Mar-2023 / 15:09

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

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.22	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.2	40-50 %	Calculated
MCV	90.4	81-101 fl	Measured
MCH	30.3	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5370	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	37.1	20-40 %	
Absolute Lymphocytes	1980	1000-3000 /cmm	Calculated
Monocytes	8.9	2-10 %	
Absolute Monocytes	480	200-1000 /cmm	Calculated
Neutrophils	50.7	40-80 %	
Absolute Neutrophils	2720	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	130	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	40	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	225000	150000-410000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Measured
PDW	15.7	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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

Specimen: EDTA Whole Blood

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

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



  
Dr. TRUPTI SHETTY  
M. D. (PATH)  
Pathologist



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Age / Gender : 58 Years / Male  
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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 25-Mar-2023 / 11:10  
Reported : 25-Mar-2023 / 18:16

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	83.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*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 40/2D ECHO**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	22.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.88	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	6.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 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	6.1	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.7	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.7	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	4.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	98-107 mmol/l	IMT

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

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





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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	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 SDRL, Vidyavihar Lab

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



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Name : MR.JADHAV SUNIL M

Age / Gender : 58 Years / Male

Consulting Dr. : -

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 25-Mar-2023 / 08:54

Reported : 25-Mar-2023 / 14:12

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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	0.637	<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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**Collected** : 25-Mar-2023 / 08:54  
**Reported** : 25-Mar-2023 / 14:12

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



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Name : MR.JADHAV SUNIL M  
Age / Gender : 58 Years / Male  
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Reported : 25-Mar-2023 / 18:41

**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	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.0)	-
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 \*\*\*

*NR Jain*

**Dr.VIPUL JAIN**  
**M.D. (PATH)**  
**Pathologist**





CID : 2308421048  
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Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 25-Mar-2023 / 08:54  
Reported : 25-Mar-2023 / 15:32

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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	1.025	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	<b>Trace</b>	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	<b>6-8</b>	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	-		

**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

*Bmhaskar*

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



MC-2111



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Collected :  
Reported :

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



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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 25-Mar-2023 / 08:54  
Reported : 25-Mar-2023 / 19:58

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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	A
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	189.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	112.7	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	60.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	128.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.3	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	22.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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

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





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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	5.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.181	0.55-4.78 microIU/ml	CLIA



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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)

\*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







CID : 2308421048  
Name : MR.JADHAV SUNIL M  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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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	1.47	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.44	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	1.03	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 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	18.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	16.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	33.3	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	73.5	46-116 U/L	Modified IFCC

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



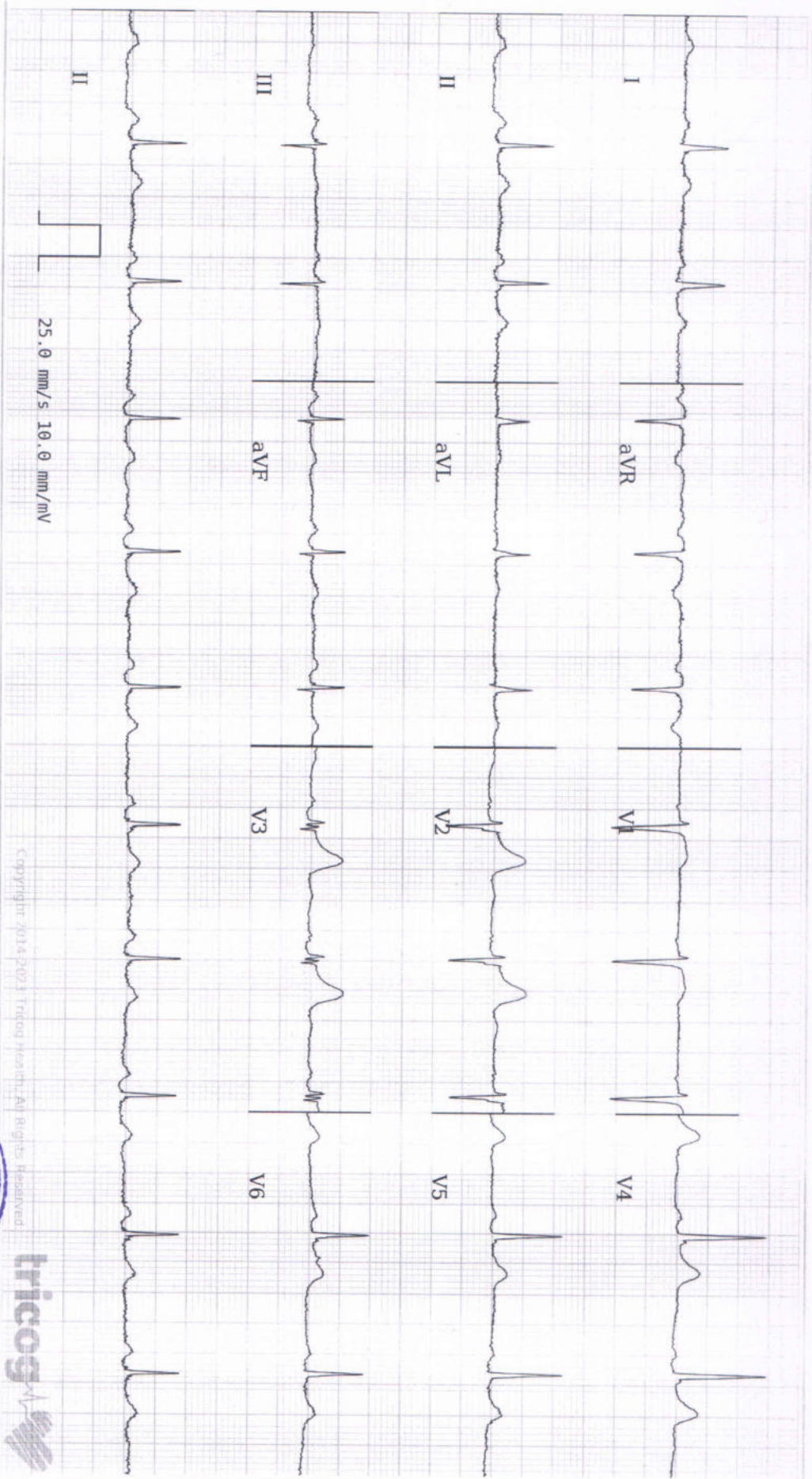
*Dr. Vrushi Shroff*

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

Patient Name: JADHAV SUNIL M  
Patient ID: 2308421048

Date and Time: 25th Mar 23 9:38 AM

**SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST**



Age **58** 3 13  
years months days

Gender **Male**

Heart Rate **67bpm**

**Patient Vitals**

BP: 140/80 mmHg  
Weight: 58 kg  
Height: 165 cm  
Pulse: 66 bpm  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 78ms  
QT: 376ms  
QTc: 397ms  
PR: 156ms  
P-R-T: 52° 19' 38°

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



REPORTED BY

*[Signature]*

Dr. Ajin Bhoosle  
M.B.B.S.P.G.D.C.C (DIP Cardiology)  
2013062200

Date: ~~14/8~~ 25/3/23

CID: 230842048

Name: Mr. Sunil Jadhav

Sex / Age: M / 58 yrs

**EYE CHECK UP**

Chief complaints: — NO

Systemic Diseases: — No

Past history: — RDL surgery done

Unaided Vision: — No

Aided Vision: — Yes Spects.

Refraction:  $\odot$  6/6       $\odot$  6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	/			6/6	/			6/6
Near	/			N/G	/			N/G

Colour Vision: Normal / Abnormal

Remark: Normal vision -



CID# : 2308421048  
Name : MR.JADHAV SUNIL M  
Age / Gender : 58 Years/Male  
Consulting Dr. : Collected : 25-Mar-2023 / 08:34  
Reg.Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 27-Mar-2023 / 12:17

## PHYSICAL EXAMINATION REPORT

History and Complaints: NIL

### EXAMINATION FINDINGS:

Height (cms):	165.5	Weight (kg):	58.7
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	140/80	Nails:	Healthy
Pulse:	66/MIN	Lymph Node:	Not Palpable

### Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: NAD

GI System: Soft non tender No Organomegaly

CNS: NAD

IMPRESSION: HELTHY DIET

ADVICE: REGULAR EXERCISE, HEALTHY DIET.

### CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD:	NO
3) Arrhythmia:	NO
4) Diabetes Mellitus :	NO
5) Tuberculosis :	NO
6) Asthama:	NO

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- |  |    |
|--|----|
| 7) Pulmonary Disease :                     | NO |
| 8) Thyroid/ Endocrine disorders :          | NO |
| 9) Nervous disorders :                     | NO |
| 10) GI system :                            | NO |
| 11) Genital urinary disorder :             | NO |
| 12) Rheumatic joint diseases or symptoms : | NO |
| 13) Blood disease or disorder :            | NO |
| 14) Cancer/lump growth/cyst :              | NO |
| 15) Congenital disease :                   | NO |
| 16) Surgeries :                            | NO |

**PERSONAL HISTORY:**

- |               |            |
|---------------|------------|
| 1) Alcohol    | OCCASIONAL |
| 2) Smoking    | NO         |
| 3) Diet       | VEG        |
| 4) Medication | NIL        |

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



  
Dr. Ajita Bhosale  
PHYSICIAN

**Dr. AJITA BHOSALE**  
Reg. No. 2013/062200  
MBBS/D. Cardiology

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

AEJPJ3076L

नाम / Name  
SUNIL MANOHAR JADHAV

पिता का नाम / Father's Name  
MANOHAR JADHAV

जन्म की तारीख / Date of Birth  
12/12/1964

हस्ताक्षर / Signature

12062017



*Sunil Manohar Jadhav*

Patient Name : SUNIL JADHAV  
Ref Dr. :-  
CID. No : 2308421048

Age : 58 Years / MALE  
Date : 25.03.2023

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.1 cm), echotexture, shape and smooth margins. It shows bright echogenicity. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein (10mm) and CBD appears normal.

**Simple Cyst seen in left lobe of liver measuring 2.3 x 3.4 cm**

### 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 visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 8.4 x 3.9 cm. Left kidney measures 8.6 x <sup>4.3</sup> cm.

### SPLEEN:

The spleen is normal in size (9 cm) and echotexture. No evidence of focal lesion is noted.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### PROSTATE:

The prostate is normal measuring cm, volume 3.0 x 3.9 x 3.7 cc.vol-23 gm

### ADDITIONAL COMMENTS:

Visualized bowel loops appears unremarkable.


There is no evidence of any lymphadenopathy or ascites.

### IMPRESSION:-

- **Grade 1 fatty liver with hepatic cyst in left lobe.**

### ADVICE: Clinical correlation

(Above USG report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico - legal purposes)

  
**Dr. RAVI KUMAR**  
MBBS, MD  
Regn. 2008041721



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**Name** : Mr JADHAV SUNIL M  
**Age / Sex** : 58 Years/Male  
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**Reg. Location** : Mahavir Nagar, Kandivali West Main Centre  
**Reg. Date** : 25-Mar-2023  
**Reported** : 27-Mar-2023/13:03

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

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





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**CID** : 2308421048  
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Centre

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**Reported** : 27-Mar-2023/13:03

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