



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

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

CID# : 2235820332  
Name : MR. RAJENDRANATH PATANGE  
Age / Gender : 52 Years/Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 24-Dec-2022 / 09:10  
Reported : 26-Dec-2022 / 08:32

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Asymptomatic

### EXAMINATION FINDINGS:

Height (cms): 173cm  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 130/90mmhg  
Pulse: 74/min

Weight (kg): 86kg  
Skin: Normal  
Nails: Normal  
Lymph Node: Not palpable

### Systems

Cardiovascular: S1S2 audible  
Respiratory: AEBE  
Genitourinary: NAD  
GI System: Liver & Spleen not palpable  
CNS: NAD

IMPRESSION: H/o Blindness :- 21 Yrs

### ADVICE:

### CHIEF COMPLAINTS:

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis

HTN :- 3 Yrs  
No  
No  
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No

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- |  |                        |
|--|------------------------|
| 6) Asthama                               | No                     |
| 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                            | Piles Sx & Cataract Sx |
| 17) Musculoskeletal System               | No                     |

**PERSONAL HISTORY:**

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

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

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**Dr.NITIN SONAVANE**  
PHYSICIAN

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Reported : 24-Dec-2022 / 11:55

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.74	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.9	40-50 %	Measured
MCV	83	80-100 fl	Calculated
MCH	27.5	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5410	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.9	20-40 %	Calculated
Absolute Lymphocytes	1617.6	1000-3000 /cmm	Calculated
Monocytes	9.9	2-10 %	Calculated
Absolute Monocytes	535.6	200-1000 /cmm	Calculated
Neutrophils	58.3	40-80 %	Calculated
Absolute Neutrophils	3154.0	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	Calculated
Absolute Eosinophils	86.6	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	Calculated
Absolute Basophils	16.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	202000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	20.9	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, EDTA WB-ESR 5  
2-20 mm at 1 hr. Sedimentation  
\*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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Reported : 24-Dec-2022 / 15:39

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	187.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	239.1	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	

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



*B. Mhaskar*  
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	26.3	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	12.3	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	0.87	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	5.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	4.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	2.6	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	11.0	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	138	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 4.3 3.5-5.1 mmol/l IMT


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CHLORIDE, Serum 101 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 \*\*\*



  
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	7.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	174.3	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 \*\*\*



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



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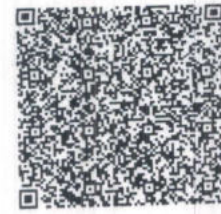
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**PROSTATE SPECIFIC ANTIGEN (PSA)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.577	<4.0 ng/ml	CLIA

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



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**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.  $FPSA/TPSA \times 100$ ), 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:**

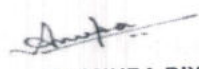
- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing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

\*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 40/2D ECHO  
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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	2+	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	4-5	Less than 20/hpf	
Others	-		

Result rechecked.

Kindly correlate clinically.



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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

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

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	149.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	125.5	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	38.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	110.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.6	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	25.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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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	5.4	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	16.8	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.049	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 upto 15 microlU/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 : 2235820332  
Name : MR. RAJENDRANATH PATANGE  
Age / Gender : 52 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 24-Dec-2022 / 09:16  
Reported : 24-Dec-2022 / 15:29

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Application To Scan the Code

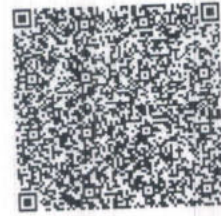
**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.59	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	0.52	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	1.07	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	5.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	22.0	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	28.4	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	32.6	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	103.2	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



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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2235820332  
Name : MR. RAJENDRANATH PATANGE  
Age / Gender : 52 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected :  
Reported :

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

Date:- 24/12/22

CID: 2235820332

Name:- Rajendranath Patange

Sex / Age: S2 / M

**EYE CHECK UP**

Chief complaints: No Blindness

Systemic Diseases: HTN, DM - 3rd

Past history:

Unaided Vision:

NO VISION

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

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

CID NO: 22358020332	
PATIENT'S NAME: MR. RAJENDRANATH PATANGE	AGE/SEX: 52 Y/ M
REF BY: -----	DATE: 24/12/2022

**2-D ECHOCARDIOGRAPHY**

1. RA, LA RV is Normal Size.
2. Concentric LVH, No SAM.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
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 dysfunction. No Doppler evidence of raised LVEDP.

PATIENT'S NAME: MR. RAJENDRANATH PATANGE	AGE/SEX: 52 Y/ M
REF BY: -----	DATE: 24/12/2022

1. AO root diameter	3.3 cm
2. IVSd	1.7 cm
3. LVIDd	4.9 cm
4. LVIDs	2.6 cm
5. LVPWd	1.7 cm
6. LA dimension	3.7 cm
7. RA dimension	3.6 cm
8. RV dimension	3.0 cm
9. Pulmonary flow vel:	0.9 m/s
10. Pulmonary Gradient	3.4 m/s
11. Tricuspid flow vel	1.4 m/s
12. Tricuspid Gradient	9 m/s
13. PASP by TR Jet	19 mm Hg
14. TAPSE	3.1 cm
15. Aortic flow vel	1.1 m/s
16. Aortic Gradient	5 m/s
17. MV:E	0.7 m/s
18. A vel	0.6 m/s
19. IVC	16 mm


**Impression:**

Concentric LVH.  
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

CID NO: 2235820332		
NAME: MR. RAJENDRANATH PATANGE	AGE: 52 YRS	SEX: MALE
REF. BY : ----	DATE: 24/12/2022	

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size 13.2 cm with mild generalized increase in bright 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 8.1 mm 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 11.6 x 5.1 cm. Left kidney measures 11.7 x 5.1 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 9.3 cm, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended. **Mild diffuse wall thickening and measures 6 mm. Pre void volume-183 cc, Post void volume- 17 cc.**

**PROSTATE:** Prostate is enlarged in size indenting base of bladder and normal echotexture. Prostate measures 4.1x 3.2 x4.6 cm and prostatic weight is 32 gm. No free fluid or size significant lymphadenopathy is seen.

#### Opinion:

- Grade I fatty infiltration of liver.
- Changes of cystitis, Advice urine routine correlation.
- Mild prostatomegaly with insignificant post void residue.

*For clinical correlation and follow up.*



**Dr. Ravi Kumar, MD**  
**Consultant Radiologist**  
**Reg no.2008041721**

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

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2235820332  
Name : Mr RAJENDRANATH PATANGE  
Age / Sex : 52 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 24-Dec-2022  
Reported : 24-Dec-2022 / 18:40

**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 Rohit before dispatch.**

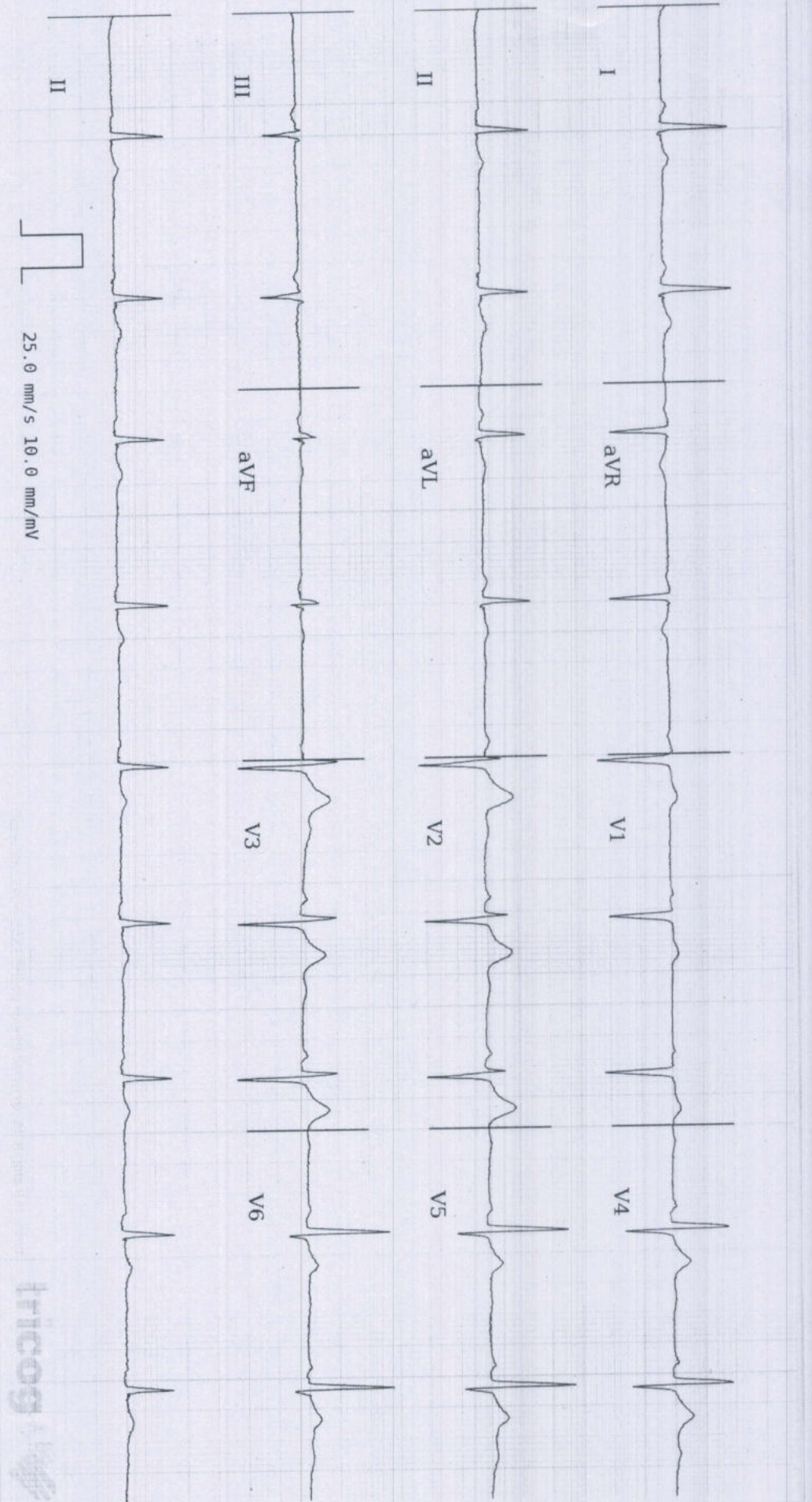
**DR. ROHIT MALIK**  
DNB, DMRD, DMRE (MUM)  
RADIO DIAGNOSIS  
REG. No. 82356

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022122409111898>



Patient Name: RAJENDRANATH PATANGE  
Patient ID: 2235820332

Date and Time: 24th Dec 22 10:10 AM



Age **52** 11 23  
years months days

Gender **Male**

Heart Rate **59bpm**

Patient Vitals

BP: 130/90 mmHg

Weight: 86 kg

Height: 173 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 92ms

QT: 382ms

QTc: 378ms

PR: 144ms

P-R-T: -16° 10° 20°

ECG Within Normal Limits: Sinus Bradycardia Please correlate clinically.

Regd. Office:-

SUBURBAN DIAGNOSTICS INDIA PVT. LTD.

2nd Floor, Aston, Sundarvan Complex,

Lokhandwala Road, Andheri (West),

Mumbai-400053.

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

REPORTED BY

*[Signature]*

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

Disclaimer: This report is based on ECG alone. It should be used in conjunction with history, symptoms, and results of other tests, and must be interpreted by a qualified physician. Software and hardware used for this report are as follows: ECG