



CID : 2233719268
Name : MR.AKHILESHKUMAR S SHARMA
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 03-Dec-2022 / 08:26
Reported : 03-Dec-2022 / 12:46

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.32	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.5	40-50 %	Measured
MCV	98	80-100 fl	Calculated
MCH	32.0	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7020	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.1	20-40 %	
Absolute Lymphocytes	2534.2	1000-3000 /cmm	Calculated
Monocytes	11.0	2-10 %	
Absolute Monocytes	772.2	200-1000 /cmm	Calculated
Neutrophils	42.9	40-80 %	
Absolute Neutrophils	3011.6	2000-7000 /cmm	Calculated
Eosinophils	9.4	1-6 %	
Absolute Eosinophils	659.9	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	42.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	212000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	22.9	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 Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB 11 2-15 mm at 1 hr. Westergren

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

*** End Of Report ***



Bmhaskar

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	109.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.0	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	

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MC-2111



Bmhaskar

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M.D. (PATH)
Pathologist



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Reg. Location : Bhayander East (Main Centre)

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Reported : 03-Dec-2022 / 14:32

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	18.8	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	8.8	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	0.81	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.8	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	7.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	2.7	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	9.4	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	136	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 4.4 3.5-5.1 mmol/l IMT

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

CHLORIDE, Serum 103 98-107 mmol/l IMT

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

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*** End Of Report ***



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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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.

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*** End Of Report ***



Bmhaskar

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



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 Reported : 03-Dec-2022 / 13:57

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.63	<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 x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases,Cancer,Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection,Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5- 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 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 ***



Anupa

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



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Collected : 03-Dec-2022 / 08:26
Reported : 03-Dec-2022 / 15:19

**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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



MC-2111

Bmhaskar

Dr.KETAKI MHASKAR
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Pathologist



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

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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*** End Of Report ***



Dr. Vrushi Shroff

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	144.6	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	44.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	123.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.5	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	28.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



Dr. Vrushi Shroff
Dr.VRUSHALI SHROFF
M.D.(PATH)
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.6	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.1	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	6.041	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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Reported : 03-Dec-2022 / 14:32

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 ***



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	1.99	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	0.66	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	1.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	63.1	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	75.7	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	52.1	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	86.8	46-116 U/L	Modified IFCC

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

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



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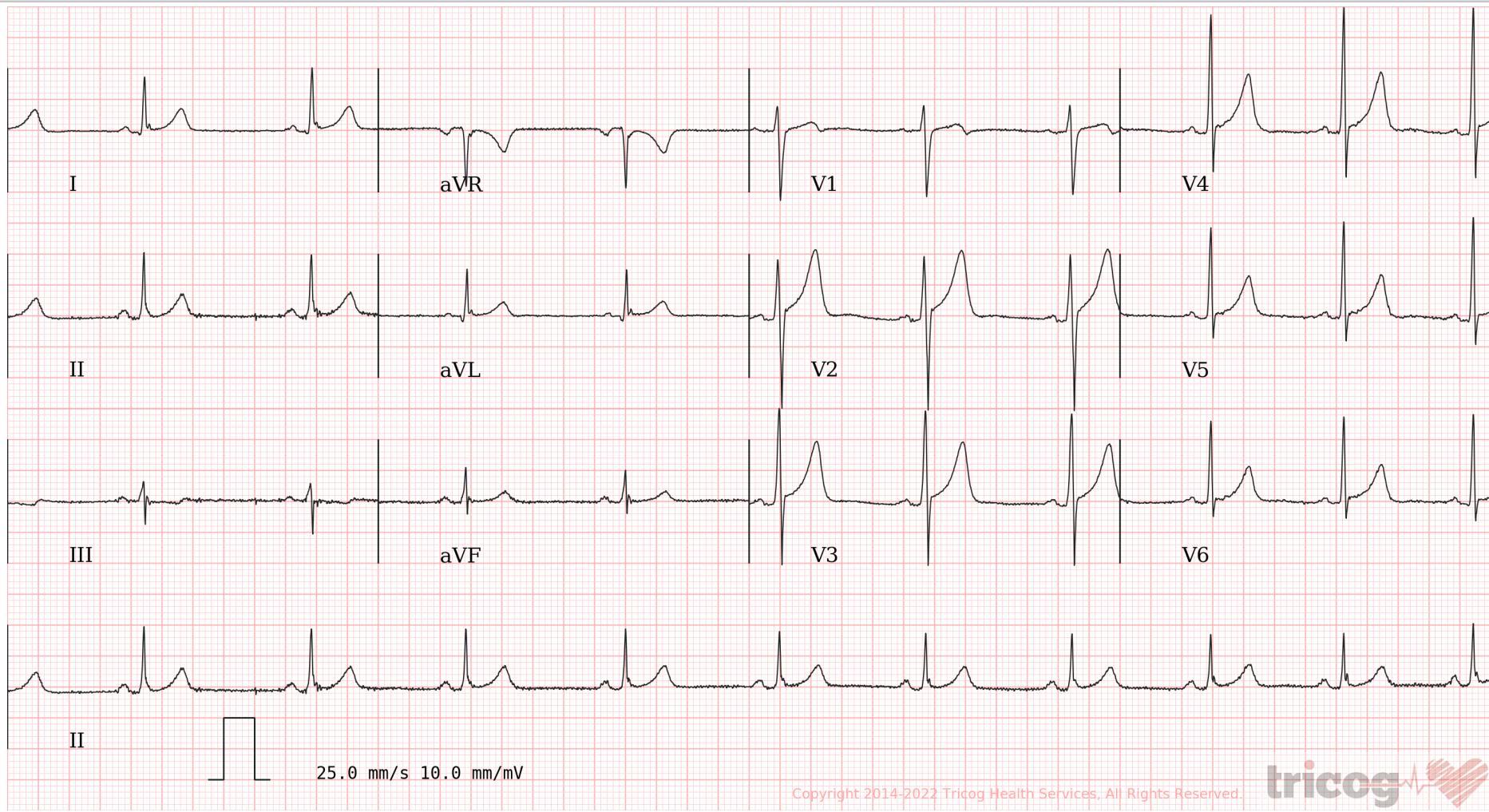
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Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected :
Reported :

*** End Of Report ***

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: AKHILESHKUMAR S SHARMA Date and Time: 3rd Dec 22 11:21 AM
Patient ID: 2233719268



Age **44** NA **14**
years months days

Gender **Male**

Heart Rate **63bpm**

Patient Vitals

BP: 130/80 mmHg
Weight: 80 kg
Height: 177 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 78ms
QT: 372ms
QTc: 380ms
PR: 138ms
P-R-T: 47° 15° 26°

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

REPORTED BY

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

DENTAL CHECK - UP

Name:- Akhilesh Kumar CID : Sex / Age : M / 44

Occupation:- Date: 3 / 12 / 22

Chief complaints:- Routine checkup

Medical / dental history:- No medical history reported by patient

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: No clicking sound present
- b) Facial Symmetry: Bilateral symmetrical


2) Intra Oral Examination:

- a) Soft Tissue Examination:
- b) Hard Tissue Examination:
- c) Calculus: + +
Stains: + +

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

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

Advised: OPG, Scaling, RCT 7/12/22


Dr. Vikas V. Singh
Dental Surgeon (B.D.S.)
Reg. No. 14557

Provisional Diagnosis:-

Brief Disclaimer: (1) Suburban Diagnostics ensures that the tests are conducted with utmost care and safety and are performed on samples received as per the sample collection guide of Suburban Diagnostics. (2) Sample may be rejected if unacceptable for the requested tests. (3) Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient. (4) Report must not be copied in part, only in full. (5) This report is not valid for medico-legal purposes. (6) Patient information or data will not be communicated to a third party except in the case of a notifiable disease to a Public Care Unit. (7) Suburban Diagnostics reserves the right to subcontract samples to other laboratories as required. (8) Suburban Diagnostics is not liable for any penalties or liabilities arising out of or relating in any way to these services and/or content or information provided herein. (9) For the elaborated disclaimer, please turn over the page or visit our website.

Date:- 3/12/22
Name:- Akhilesh Kumar

CID: 22 33719268
Sex / Age: 44 / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO.

RE LE
6/6 6/6

N/G N/G

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Bank of Baroda



नाम अखिलेशकुमार एस. शर्मा
Name AKHILESHMUKAR S. SHARMA

कर्मचारी कूट क्र.
E. C. No. 126836

Sanjay Mudaliar

(Sanjay Mudaliar)
General Manager (MMNR)
अधीक्षक प्राधिकारी
Resolving Authority

Akhilesh

धारक के हस्ताक्षर
Signature of Holder



भारत सरकार
GOVERNMENT OF INDIA



अखिलेशकुमार एस. शर्मा
Akhileshkumar S. Sharma
जन्म तारीख / DOB : 20/11/1978
पुल्लिंगी / MALE

2252 6461 5176



आधार - सामान्य माणसाचा अधिकार

DR. ANITA CHOUDHARY
M.B.B.S.

CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

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Wing - Bhayander Road, Bhayander (E)
Dist. Thane-401105.

Phone No : 022 - 61700000



Email:

12345546 (2233719268) / AKHILESHKUMAR SHARMA / 44 Yrs / M / 177 Cms / 80 Kg

Date: 03 / 12 / 2022 08:54:13 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	076	43 %	130/80	098	00	
Standing	00:12	0:06	00.0	00.0	01.0	076	43 %	130/80	098	00	
HV	00:18	0:06	00.0	00.0	01.0	074	42 %	130/80	096	00	
ExStart	00:20	0:02	01.7	10.0	01.1	074	42 %	130/80	096	00	
BRUCE Stage 1	03:20	3:00	01.7	10.0	04.7	112	64 %	140/80	156	00	
BRUCE Stage 2	06:20	3:00	02.5	12.0	07.1	138	78 %	150/80	207	00	
PeakEx	07:28	1:08	03.4	14.0	08.3	155	88 %	160/80	248	00	
Recovery	08:28	1:00	01.1	00.0	01.1	132	75 %	170/80	224	00	
Recovery	09:28	2:00	00.0	00.0	01.0	097	55 %	160/80	155	00	
Recovery	11:28	4:00	00.0	00.0	01.0	094	53 %	140/80	131	00	
Recovery	11:30				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 07:08
 Initial HR (ExStrt) : 74 bpm 42% of Target 176
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max WorkLoad Attained : 8.3 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -3.8 mm in Stage 1
 Duke Treadmill Score : 06.0
 Test End Reasons : Test Complete

Max HR Attained 155 bpm 88% of Target 176
 Max BP Attained 170/80 (mm/Hg)

DR. ASHISH MISHRA
 D.M. (Cardiology), M.B.B.S. (Medicine), M.B.A.S.
 Consultant Interventional Cardiologist
 MIMC Reg. No. 1201003/0511

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 Phone No : 022 - 61700000

Doctor : DR ASHISH MISHRA





EMaji: 12345546 / AKHILESHKUMAR SHARMA / 44 Yrs / M / 177 Cms / 80 Kg Date: 03 / 12 / 2022 08:54:13 AM

REPORT :

REASON FOR TERMINATION	: TARGET HR ACHIEVED
EXERCISE TOLERANCE	: GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS	: NO ANGINA AND ANGINA EQUIVALENT
HAEMODYNAMIC RESPONSE	: NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
CHRONOTROPIC RESPONSE	: GOOD INOTROPIC RESPONSE
FINAL IMPRESION	: GOOD CHRONOTROPIC RESPONSE
	: NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

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Dr. ASHISH MISHRA
 M.D. (Medicine), M.B.B.S.
 Consultant Interventional Cardiologist

D.M. (Cardiology) - M.D. (Medicine), M.B.B.S.
 Consultant Interventional Cardiologist
 MNC Reg. No.: 201010310511

Doctor : DR ASHISH MISHRA





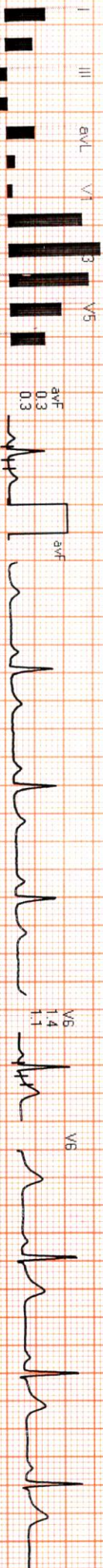
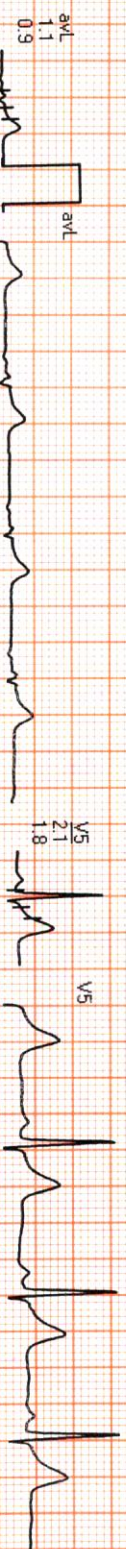
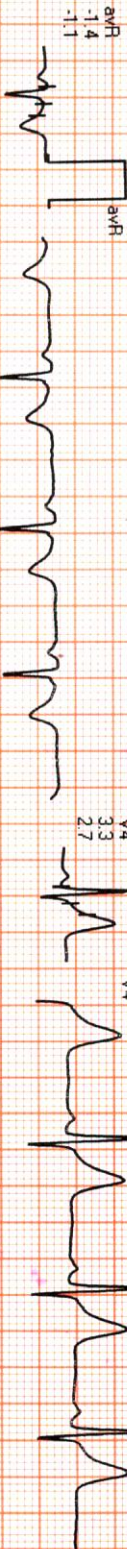
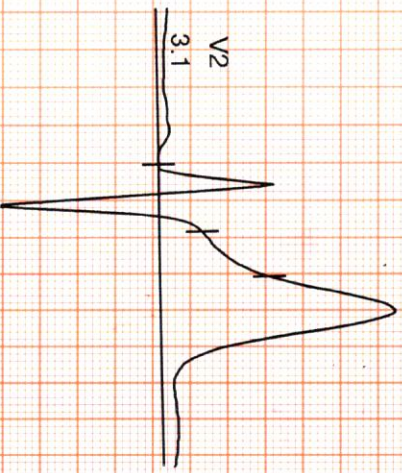
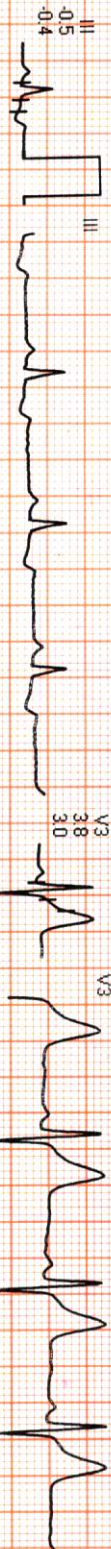
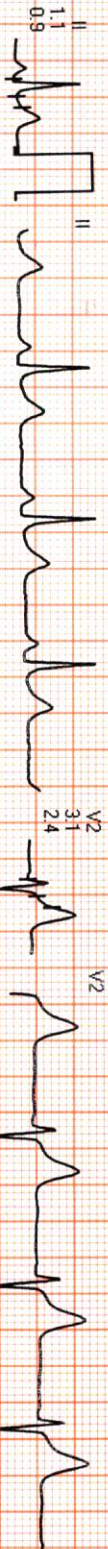
12345546 (2233719268) // AKHILESHKUMAR SHARMA / 44 Yrs / M / 177 Cms / 80 Kg / HR : 76

Date: 03/12/2022 08:54:13 AM
4X 80 mS Post J

METS: 1.07 76 bpm 43% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Naich On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 mph 0.0%
25 mm/5 sec 1.0 Cm/mV

STL 1.7
STS 1.3



REMARKS:



SUBURBAN DIGNOSTICS BHAYANDER

12345546 (2233719289) / AKHILESHKUMAR SHARMA / 44 Yrs / M / 177 Cms / 80 Kg / HR : 76

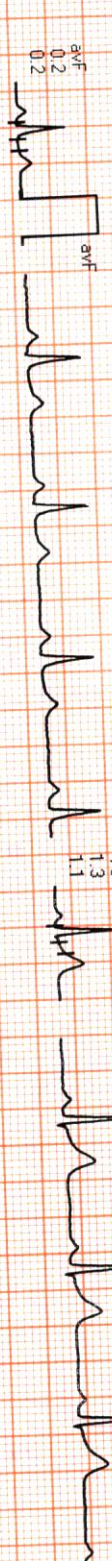
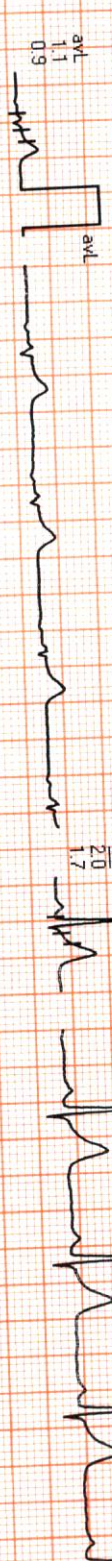
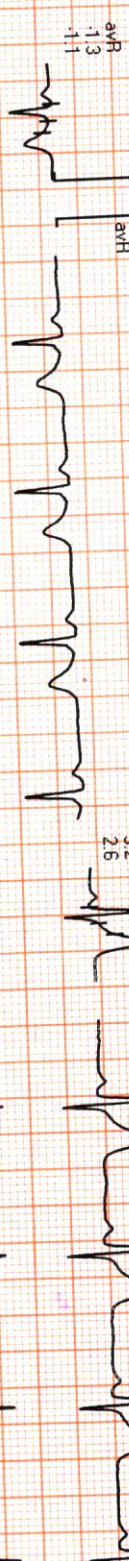
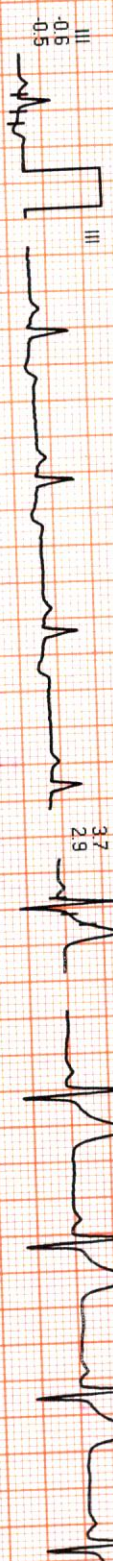
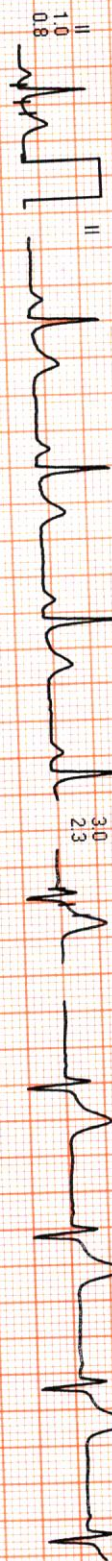
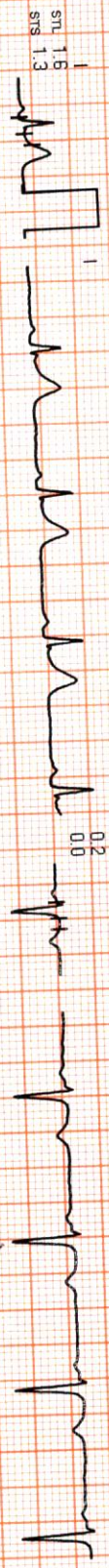
Date: 03 / 12 / 2022 08:54:13 AM METS: 1.0/ 76 bpm 43% of THR BP: 130/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
4X 80 mS Post J

STANDING (00:00)

ACHP/L

EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



V1 0.2
V2 0.0

V2 3.0
V3 2.3

V3 3.7
V4 2.9

V4 3.2
V5 2.6

V5 2.0
V6 1.7

V6 1.3
V7 1.1



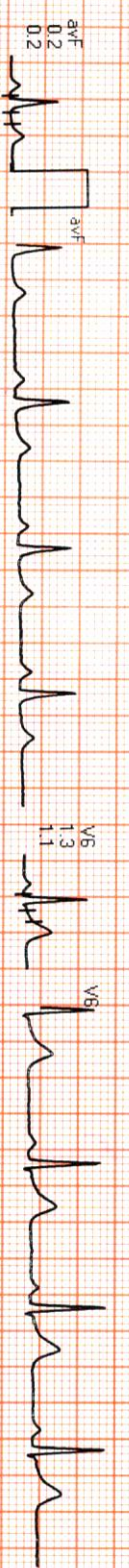
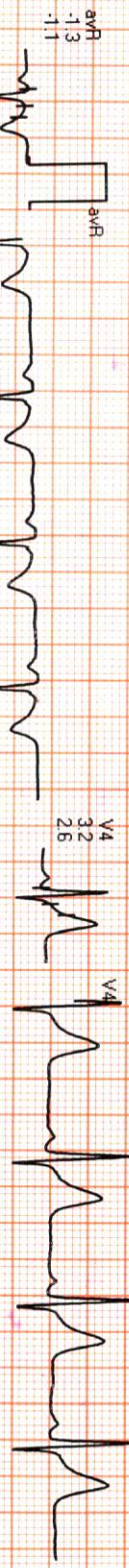
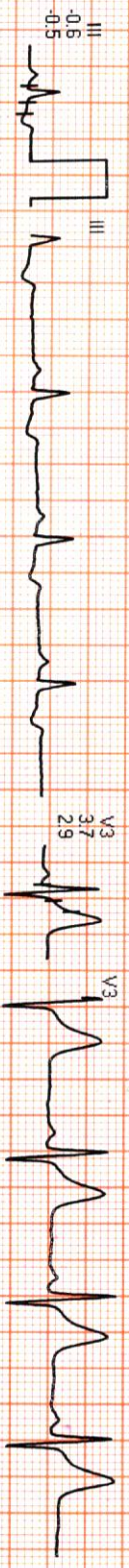
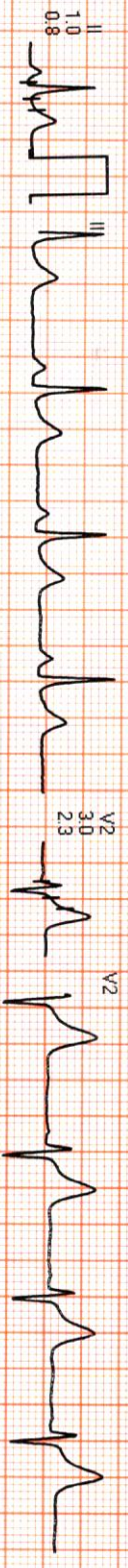
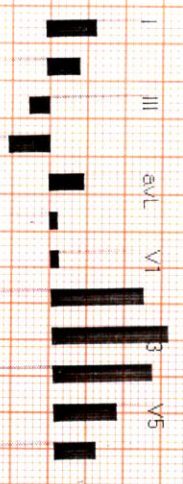
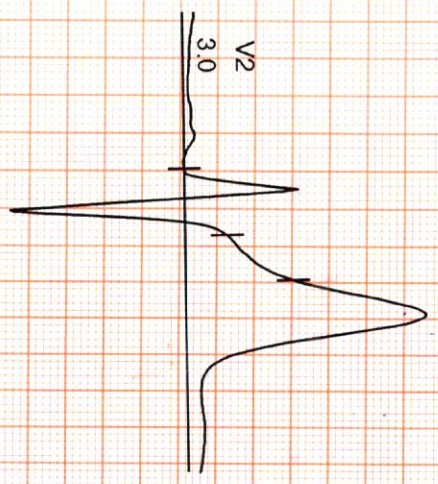
REMARKS:



Date: 03/12/2022 08:54:13 AM
4X 80 ms PostJ

METS: 1.07 74 bpm 42% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



I
STL 1.6
STs 1.3
V1 0.2
V1 0.0

II 1.0
0.8
V2 3.0
2.3

III -0.6
-0.5
V3 3.7
2.9

aVR 1.0
1.3
-1.1
V4 3.2
2.6

aVL 1.1
0.9
V5 2.0
1.7

aVF 0.2
0.2
V6 1.3
1.1



REMARKS:

HV (00:00)



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12345546 / AKHILESHKUMAR SHARMA / 44 Yrs / Male / 177 Cm / 80 Kg

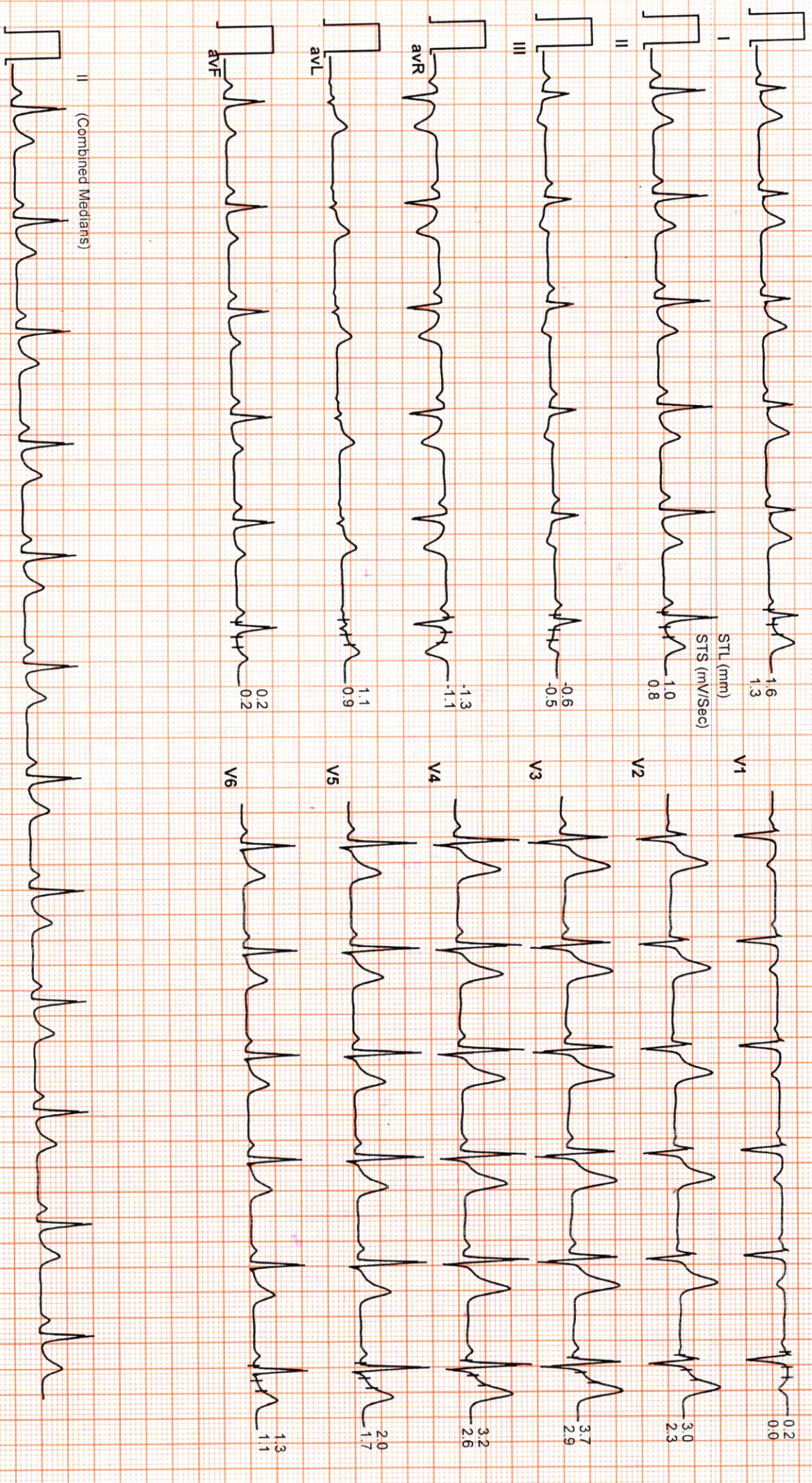
6X2 Combine Medians + 1 Rhythm

ExStt



Date: 03 / 12 / 2022 08:54:13 AM METs : 1.0 HR : 74 Target HR : 42% of 176 BP : 130/80 Post J @80mSec

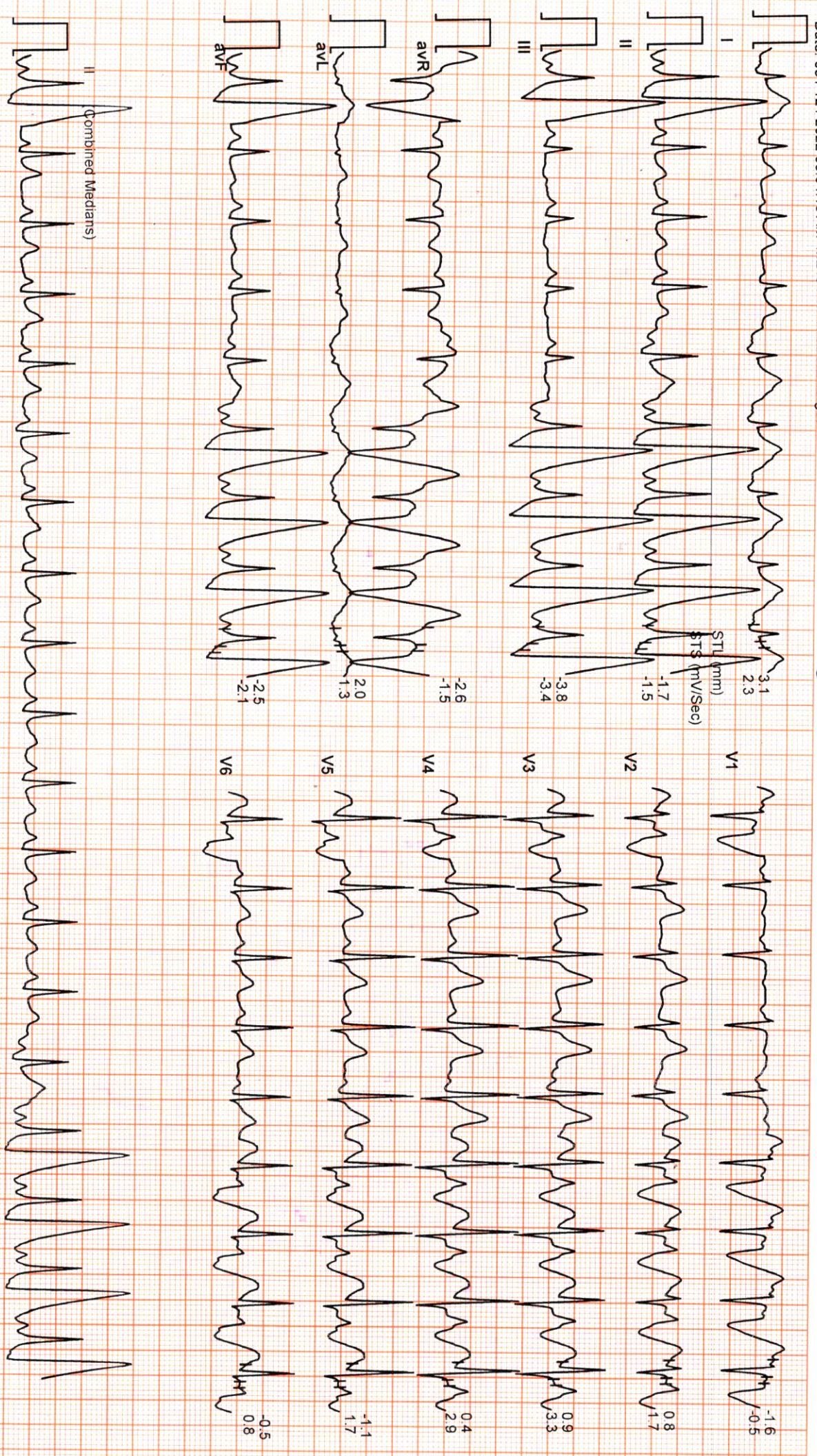
ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 03 / 12 / 2022 08:54:13 AM METS : 4.7 HR : 112 Target HR : 64% of 176 BP : 140/80 Post J @50mSec

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



SUBURBAN DIGNOSTICS BHAYANDER

12345546 / AKHILESHKUMAR SHARMA / 44 Yrs / Male / 177 Cm / 80 Kg

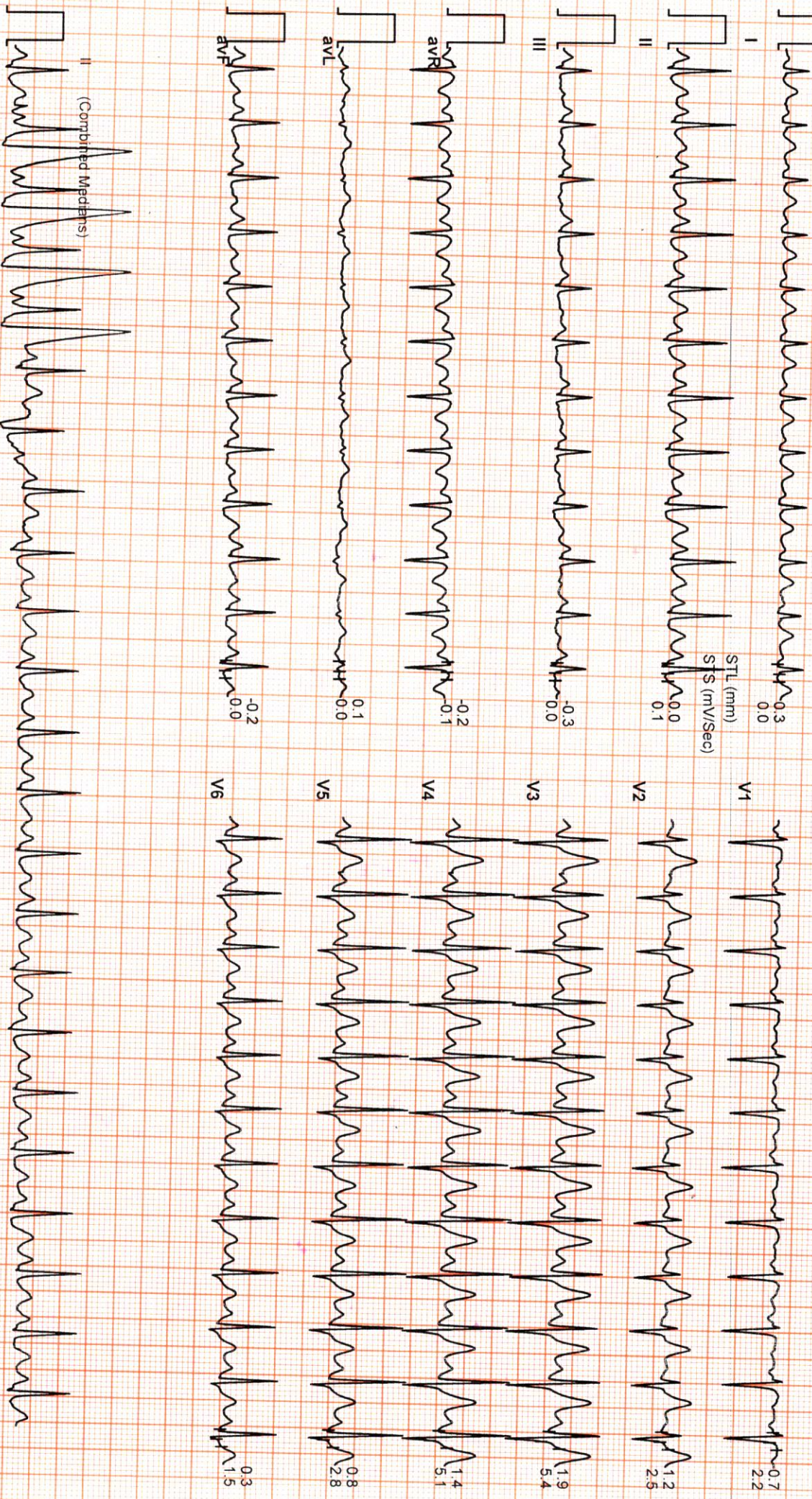
6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)



Date: 03 / 12 / 2022 08:54:13 AM METs : 7.1 HR : 138 Target HR : 78% of 176 BP : 150/80 Post J @60mSec

EXTime: 06:00

Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

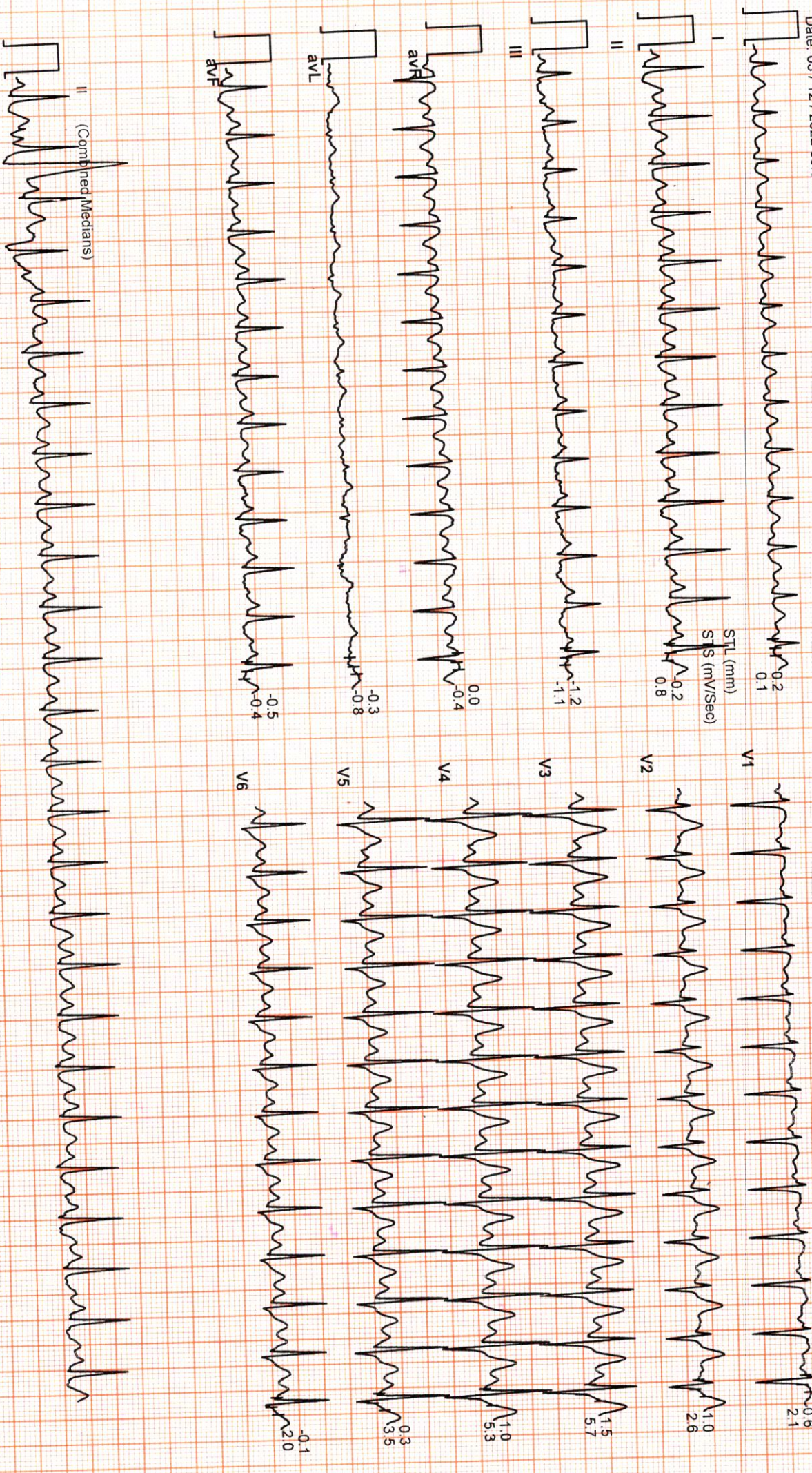
6X2 Combine Medians + 1 Rhythm PeakEx



12345546 / AKHILESHKUMAR SHARMA / 44 Yrs / Male / 177 Cm / 80 Kg

Date: 03 / 12 / 2022 08:54:13 AM ME1s : 8.3 HR : 155 Target HR : 88% of 176 BP : 160/80 Post J @60mSec

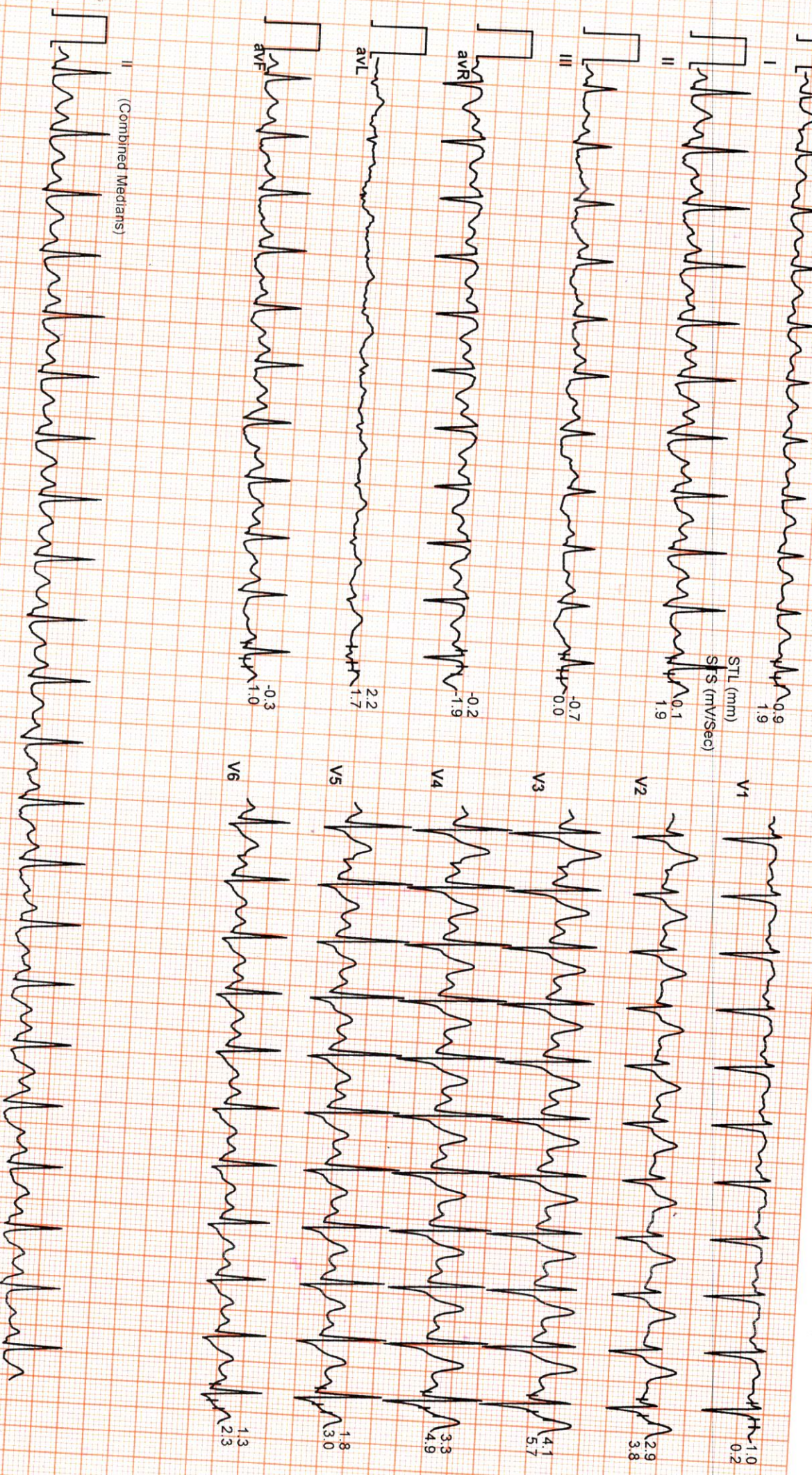
EXTime: 07:08 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/mV





Date: 03 / 12 / 2022 08:54:13 AM METS : 1.1 HR : 132 Target HR : 75% of 176 BP : 170/80 Post J @60mSec

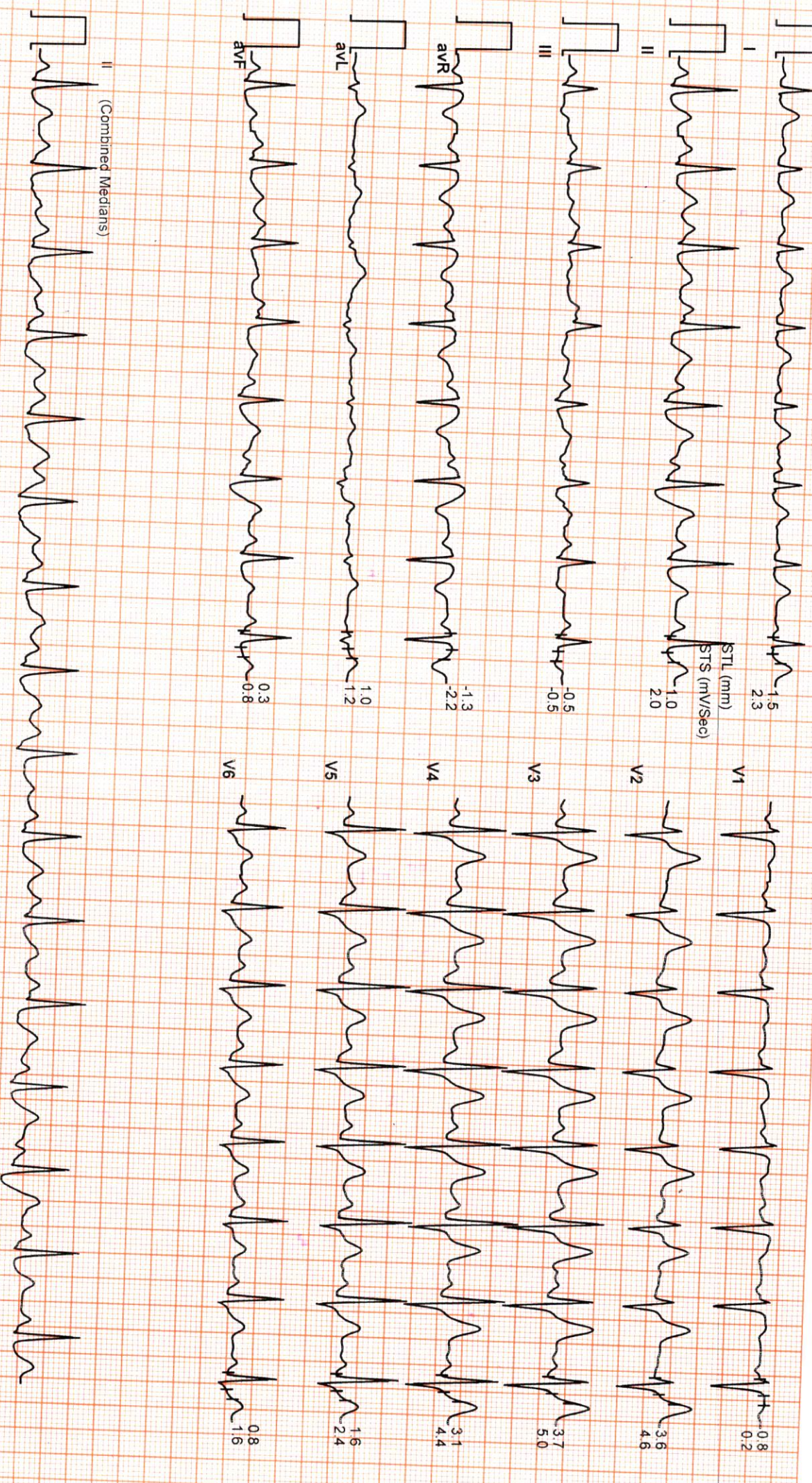
ExTime: 07:08 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





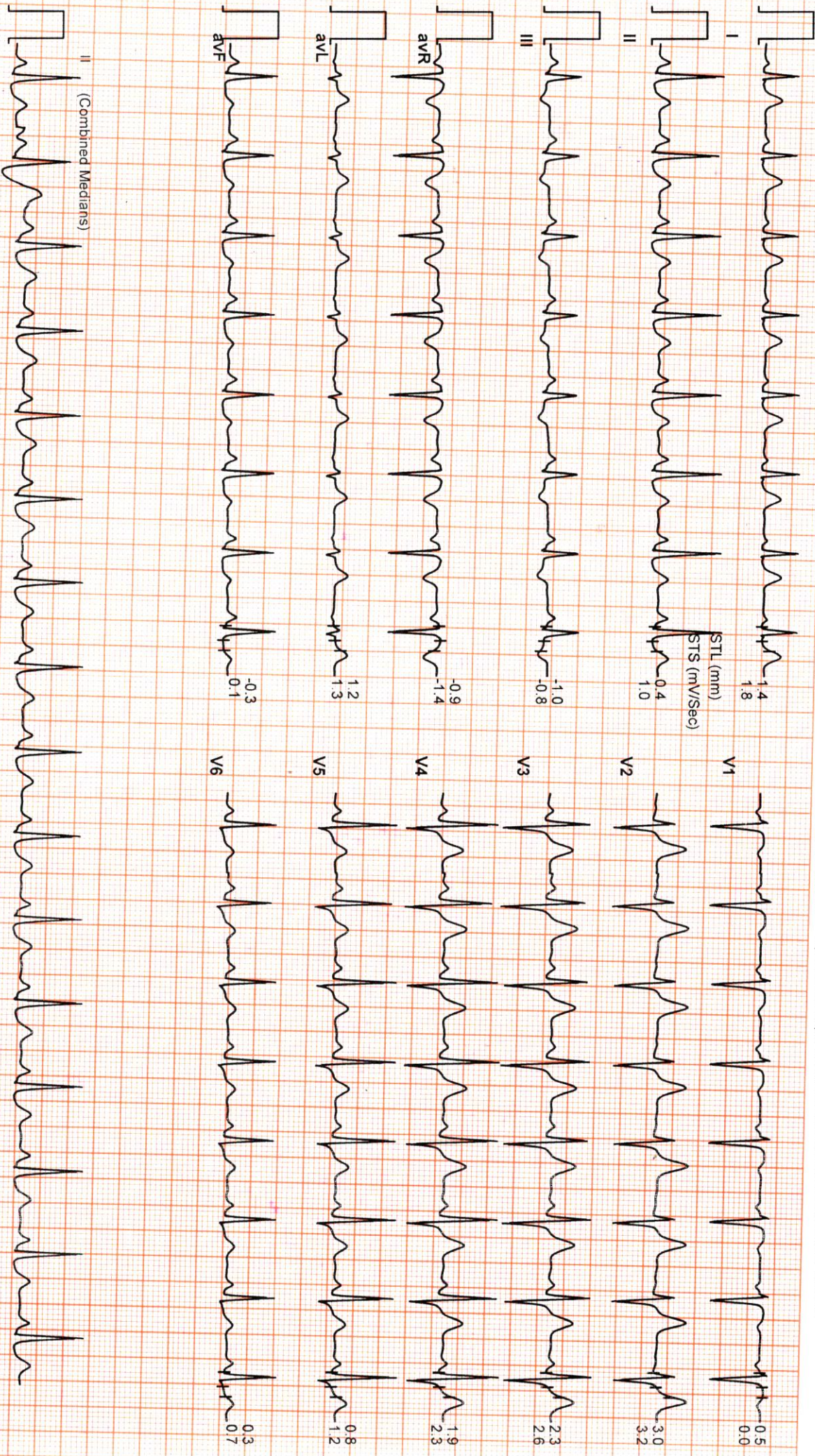
Date: 03 / 12 / 2022 08:54:13 AM METs - 1.0 HR : 97 Target HR : 55% of 176 BP : 160/80 Post J @70mSec

ExTime: 07:08 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



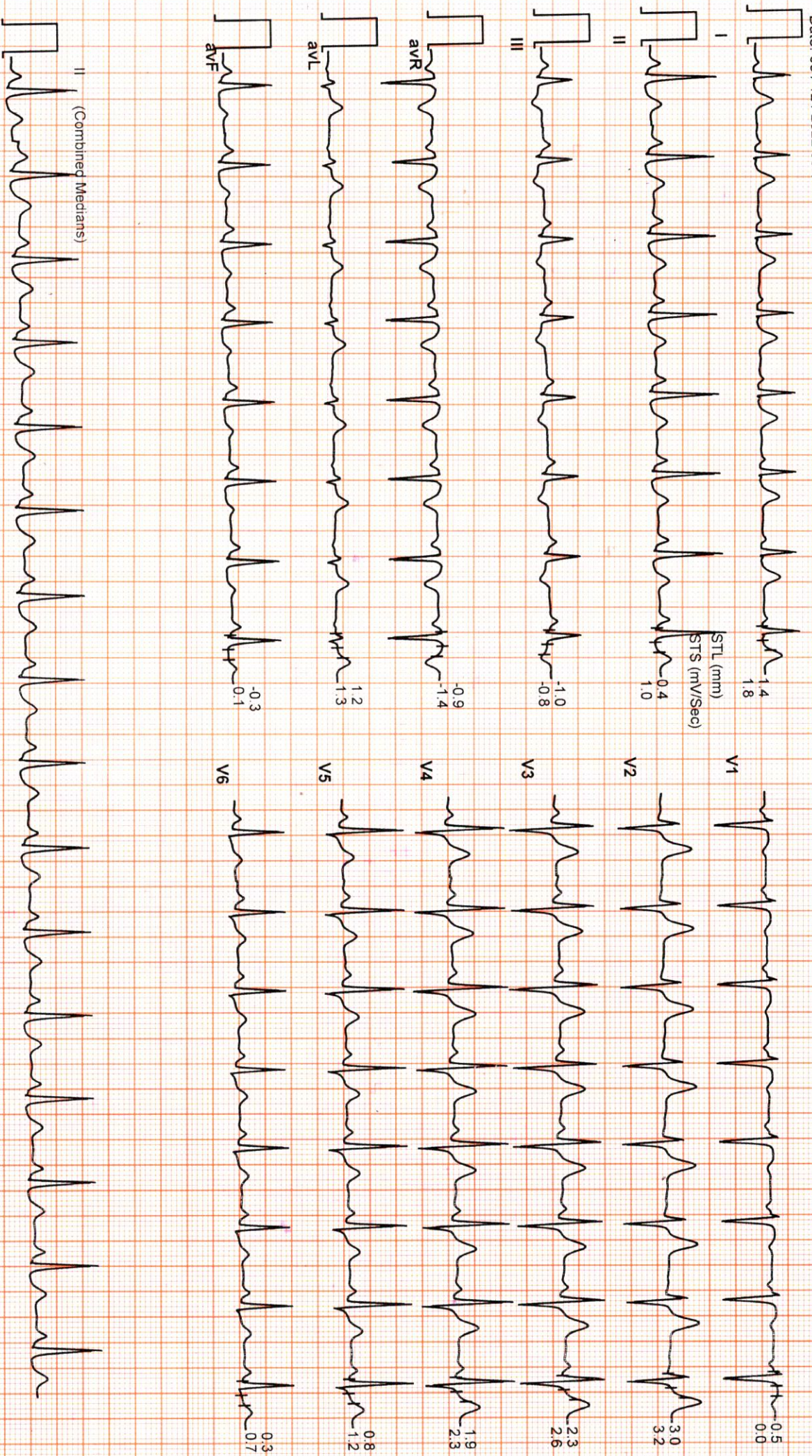
Date: 03 / 12 / 2022 08:54:13 AM METs : 1.0 HR : 94 Target HR : 53% of 176 BP : 140/80 Post J @80mSec

ExTime: 07:08 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



Date: 03 / 12 / 2022 08:54:13 AM METs : 1.0 HR : 94 Target HR : 53% of 176 BP : 140/80 Post J @80mSec

ExTime: 07:08 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





CID : 2233719268
Name : Mr AKHILESHKUMAR S
SHARMA
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

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Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022/16:23

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.4 cm), shape and shows smooth margins. It shows increased and coarse parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:

Right kidney measures 10.2 x 4.1 cm. Left kidney measures 9.8 x 5.4 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (9.9 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

PROSTATE:

The prostate is normal in size, measures 3.3 x 3.3 x 2.9 cms and weighs 16.5 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.

A 22.6 x 21.5 x 44.3 mm well defined cystic lesion is seen in the subumbilical region slightly towards the left side. It appears to be connected with the umbilicus. No obvious internal echoes or septations seen. No obvious abnormal vascularity made out - ? Urachal cyst.



CID : 2233719268
Name : Mr AKHILESHKUMAR S
SHARMA
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

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Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022/16:23

IMPRESSION:

- **Grade II fatty and coarse infiltration of liver.**
- **A well defined cystic lesion is seen in the subumbilical region as described above - ? Urachal cyst.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

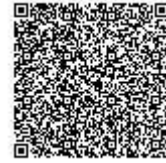
This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



CID : 2233719268
Name : Mr AKHILESHKUMAR S
SHARMA
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

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Reported : 03-Dec-2022/16:23



CID : 2233719268
Name : Mr AKHILESHKUMAR S
SHARMA
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

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Reported : 03-Dec-2022/12:32

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

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

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal

IMPRESSION:

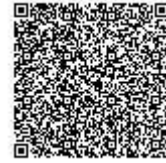
NO SIGNIFICANT ABNORMALITY IS DETECTED.

kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



CID : 2233719268
Name : Mr AKHILESHKUMAR S
SHARMA
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022/12:32