

CID# : 2231102659
Name : MR.PRAVEEN PRANAY
Age / Gender : 54 Years/Male
Consulting Dr. :-
Reg.Location : Khar West (Main Centre)

Collected : 07-Nov-2022 / 14:00
Reported : 08-Nov-2022 / 10:46

PHYSICAL EXAMINATION REPORT

History and Complaints: Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	170cms	Weight (kg):	85Kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	100/60mmHg	Nails:	Normal
Pulse:	78/min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible, No murmurs
Respiratory: AEBE, No added sound
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION: HBA1C- 5.9 , URINE ROUTINE - PUS CELLS 8- 10 , HDL CHOLESTEROL - 27.8 , FREE T4 - 11.1 TSH- 6.24 , USG ABD - ABNORMAL FINDINGS ARE NOTED (REPORT ATTACHED) , 2D ECHO REPORT IS PENDING, ALL OTHER ATTACHED REPORTS ARE WNL.

ADVICE: CONSULT FAMILY PHYSICIAN IN VIEW OF ABOVE FINDINGS.

CHIEF COMPLAINTS:

- 1) **Hypertension:** HTN since 2017 on medication
- 2) **IHD** CABG done in 2017

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- | | |
|--|---|
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | 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 | Yes CABG done in 2017 & Prostate Gland operated 1yrs back |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|------------------------------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | Tab Ecosprine 75mg & Revelol xl 25 |

*** End Of Report ***

Rafat

Dr.RAFAT PARKAR
MBBS
CONSULTANT PHYSICIAN

Date:- 07/11/2022

CID: 2231162659

Name:- Praveen Proray

Sex / Age 54 / Male

EYE CHECK UP

Chief complaints: HTN Since 2017

Systemic Diseases: — CABG Done in 2017

Past history: —

Unaided Vision: N-10 with a — NS DV - 6/6

Aided Vision: N-12
N-10
RNG
RNS
R6/9
R6/9

Refraction: —

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/9	—————			6/9
Near	—————			NS	—————			NS

Colour Vision: Normal / Abnormal

Remark: Needs Glasses for Distance Vision

Dr. Rajendra Karkar
M.B.B.S.
Regn. No. 072366

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Name:- Mr. Praveen Praney Sex / Age:-

ENT BASIC CHECK UP

HISTORY: Nil

EXAMINATION: RIGHT: (N) LEFT: (N)

EXTERNAL EAR: (N)

MIDDLE EARS: —
(Tympanic membrane, Eustachean Tube, Mastoid)

RINNES , WEBERS : —

NOSE AND PARANASAL SINUSES – (Airway, Septum, Polyp) NAD

THROAT: NAD

SPEECH: (N)

AUDIOMETRY (WHEN DONE): NA done
Dr. Ravi M. Parkar
M.B.B.S.

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

DENTAL CHECK - UP

Name:- Praveen Praway

CID: 223102659 Sex / Age: 54 / Male

Occupation:- Banker

Date: 07/11/2022

Chief complaints:- Nil

Medical / dental history:- CABG, H.T

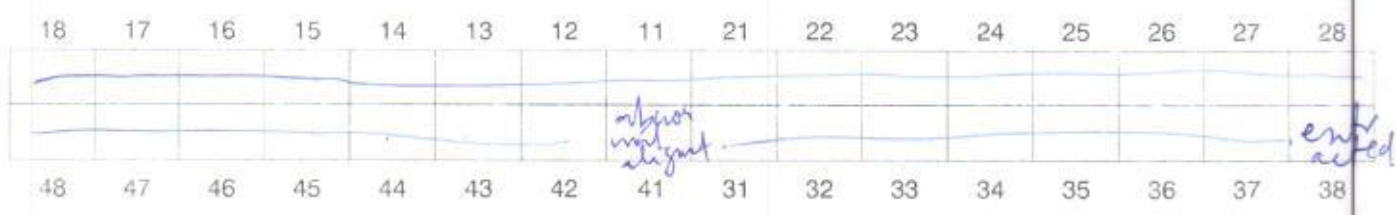
GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: (N)
- b) Facial Symmetry: (N)

2) Intra Oral Examination:

- a) Soft Tissue Examination: (N)
- b) Hard Tissue Examination: (N)
- c) Calculus: No
- Stains: No



	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: ~~At~~ consult Dentist for abnormal alignment.

Provisional Diagnosis:-

Dr. Rafat M. Barkar
M.B.B.S.

(Signature)

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X-RAY CHEST PA VIEW

Sternal sutures and para-cardiac metallic clips are intact (post CABG status)
Both lung fields are clear.
Both costo-phrenic angles are clear.
No hilar abnormality is seen.
The cardiac size and shape are within normal limits.
The trachea is central.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

Suggest: clinical correlation.



Dr. Manisha Munde
D.M.R.E.
REG No : 2005/09/3673
Consultant Radiologist

Click here to view images <<ImageLink>>

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USG WHOLE ABDOMEN

LIVER: Liver is normal in size (measures 14.1 cm). **Liver shows bright echotexture suggestive of grade I fatty infiltration** There is no intra-hepatic biliary radical dilatation. **Focal areas of fat sparing are noted in right lobe of liver.**

GALL BLADDER: Gall bladder is distended. **Few small calculi are noted within gallbladder lumen with largest measuring approx. 4.6 mm. Echogenic sludge is noted within gallbladder lumen.** Wall thickness is within normal limits.

PORTAL VEIN: Portal vein is normal .

CBD: CBD measures 4.8 mm at porta(prominent). **Distal CBD is obscured by bowel gases.**

PANCREAS: Part of body of pancreas is visualized, appears normal in echotexture. Rest of pancreas is obscured by bowel gases.

KIDNEYS: Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained.

Right kidney measures 12.0 x 4.6 cm.

Approx. 3 x 3 mm small hypoechoic cyst with wall calcification is noted at mid pole of right kidney.

Left kidney measures 11.8 x 5.8 cm.

Approx. 3.2 mm calculus is noted at mid pole of left kidney.

Approx. 5 x 4 mm small hypoechoic cyst with wall calcification is noted at upper pole of left kidney.

SPLEEN:Spleen is normal in size (measures 9.2 cm) and echotexture. No focal lesion is noted at present scan.

URINARY BLADDER: Urinary bladder is distended.

There is mildly diffuse thickening of urinary bladder wall of 4 mm thickness.

Prevoid volume - 192 cc, Post void residue - 10 cc. (insignificant).

PROSTATE: (Post TURP status).

TURP defect is noted. Residual prostate measures 4.3 x 3.6 x 1.6 cm and prostatic volume is 12.8 cc.

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No free fluid or significant abdominal lymphadenopathy is noted at present scan.

IMPRESSION:

- Fatty liver(grade I).
- Few small calculi are noted within gallbladder lumen
- Echogenic sludge is noted within gallbladder lumen.
- CBD measures 4.8 mm at porta(mildly prominent). Distal CBD is obscured by bowel gases.
- Approx. 3 x 3 mm small hypoechoic cyst with wall calcification is noted at mid pole of right kidney.
- Approx. 5 x 4 mm small hypoechoic cyst with wall calcification is noted at upper pole of left kidney.
- Small left renal non-obstructive calculus.
- Mildly diffuse thickening of urinary bladder wall.
- Insignificant post void residue.

Suggest clinical and lab correlation to rule out UTI(urinary tract infection).

Suggest clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis .They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/Follow-up imaging may be needed in some cases for confirmation/exclusion of diagnosis. Patient was explain in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report , patient is requested to immediately contact the center for rectification. Please interpret accordingly. of diagnosis. Patient was explain in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report , patient is requested to immediately contact the center for rectification. Please interpret accordingly.

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

Click here to view images <<ImageLink>>

Patient's Name : Mr.PRAVEEN PRANAY

Age : 54 Yrs / Male

Requesting Doctor : -----

Date : 07/11/2022

Indication : Routine check up.

CID No : 2231102659

2D-ECHOCARDIOGRAPHY REPORT

RWMA-Distal septal, Apical hypokinesia
Fair LV systolic function. LVEF = 50%.
Good RV function.

Structurally Normal MV/ TV / PV./AV

LV / LA / RA / RV Normal in dimension.
IAS / IVS is Intact.

Type 1 Left Ventricular Diastolic Dysfunction [LVDD].

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

IMPRESSION:IHD-CABG

**FAIR LV SYSTOLIC FUNCTION, LVEF= 50 %
RWMA+, ALL VALVES NORMAL
NO PAH, TYPE 1 LVDD.
IVC NORMAL**

LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.5	cm/s
LVIDd	48	mm	Mitral Valve A velocity	0.75	cm/s
LVPWd	10	mm	E/A Ratio	<1	-
IVSs	15	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	24	mm	Med E' vel	--	cm/s
LVPWs	18	mm	E/E'	14	-
LA/AO	N	--	Aortic valve		
			AVmax	1.4	cm/s
			AV Peak Gradient	6	mmHg
2D STUDY			LVOT Vmax	1.2	cm/s
LVOT	20	mm	LVOT gradient	4	mmHg
LA	34	mm	Pulmonary Valve		
RA	28	mm	PVmax	--	cm/s
RV [RVID]	24	mm	PV Peak Gradient	--	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.6	cm/s
			PASP	28	mmHg

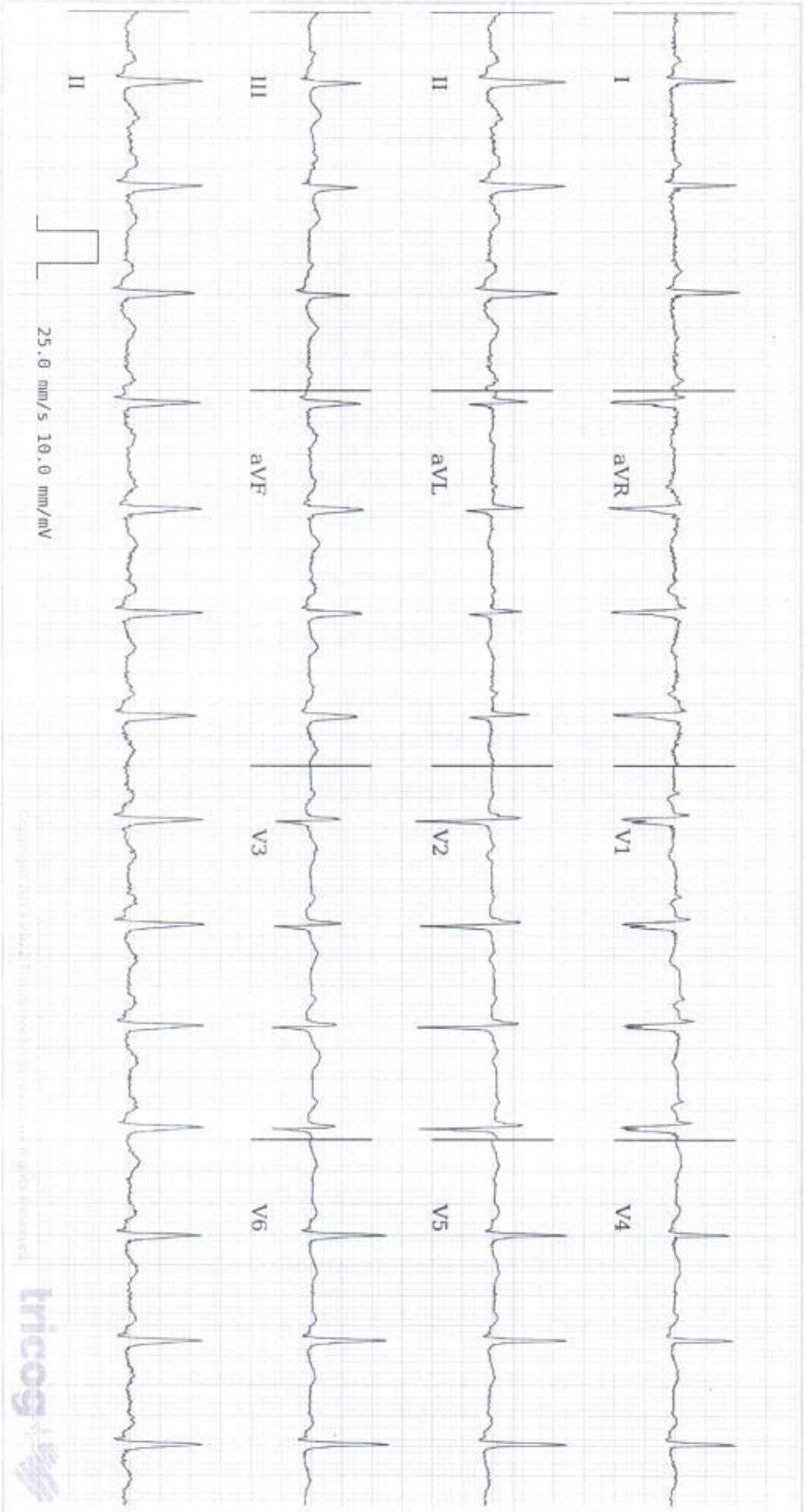
End Of Report


DR. DINESH ROHIRA
ECHOCARDIOLOGIST

***Disclaimer:** 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.*

Patient Name: **PRAVEEN PRANAY**
Patient ID: **2231102659**

Date and Time: **7th Nov 22 12:50 PM**



25.0 mm/s 10.0 mm/mV

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Age **54** NA NA
years months days

Gender **Male**

Heart Rate **89bpm**

Patient Vitals

BP: **100/60 mmHg**
Weight: **85 kg**
Height: **170 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **96ms**
QT: **360ms**
QTc: **438ms**
PR: **158ms**
P-R-T: **57° 55° 83°**

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

REPORTED BY

Dr. Girish Agrawal
MD Medicine
2002/02/478

Disclaimer: This analysis of the ECG is based on ECG alone and should be used in conjunction with clinical history, symptoms, and results of other tests and investigations performed by a qualified physician. All Patient Vitals are as reported by the clinician and not derived from the ECG.



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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	16.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.71	4.5-5.5 mil/cmm	Elect. Impedance
PCV	51.6	40-50 %	Calculated
MCV	90.2	80-100 fl	Measured
MCH	29.7	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8280	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	18.4	20-40 %	
Absolute Lymphocytes	1523.5	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	563.0	200-1000 /cmm	Calculated
Neutrophils	70.2	40-80 %	
Absolute Neutrophils	5812.6	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	356.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	24.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	139000	150000-400000 /cmm	Elect. Impedance
MPV	11.5	6-11 fl	Measured
PDW	20.2	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 Platelets reduced on smear.

COMMENT -

Result rechecked.
Kindly correlate clinically.

Specimen: EDTA Whole Blood

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	115.9	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 CPL, Andheri West
*** 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	16.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	100	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	4.8	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.8	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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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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	1.82	0.03-3.5 ng/ml	ECLIA



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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 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 CPL, Andheri West
*** End Of Report ***



Anupa

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



CID : 2231102659
Name : MR.PRAVEEN PRANAY
Age / Gender : 54 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 07-Nov-2022 / 14:03
Reported : 07-Nov-2022 / 18:34

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
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 CPL, Andheri West

*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical
Services)



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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<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	8-10	0-5/hpf	
Red Blood Cells / hpf	Absent	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	-		

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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

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

NOTE: Test performed by automated 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.

Refernces:

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 ***



M Jain

Dr.MILLU JAIN
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	117.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	131.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	27.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	90.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	64.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	26.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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*** End Of Report ***



J. Thakker

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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	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	6.24	0.35-5.5 microIU/ml	ECLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	19.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	97.4	40-130 U/L	Colorimetric

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*** End Of Report ***



Anupa

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