



CID : 2406923279
 Name : MR.YUGANTRA GHADAI
 Age / Gender : 41 Years / Male
 Consulting Dr. : -
 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 09-Mar-2024 / 11:01
 Reported : 09-Mar-2024 / 14:58

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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	12.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.85	4.5-5.5 mil/cmm	Elect. Impedance
PCV	38.6	40-50 %	Measured
MCV	80	80-100 fl	Calculated
MCH	26.5	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	15.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8240	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.6	20-40 %	
Absolute Lymphocytes	2274.2	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	634.5	200-1000 /cmm	Calculated
Neutrophils	51.1	40-80 %	
Absolute Neutrophils	4210.6	2000-7000 /cmm	Calculated
Eosinophils	13.1	1-6 %	
Absolute Eosinophils	1079.4	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	41.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	230000	150000-400000 /cmm	Elect. Impedance
MPV	12.0	6-11 fl	Calculated
PDW	23.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional



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Macrocytosis -
 Anisocytosis -
 Poikilocytosis -
 Polychromasia -
 Target Cells -
 Basophilic Stippling -
 Normoblasts -
 Others -
 WBC MORPHOLOGY -
 PLATELET MORPHOLOGY -
 COMMENT Eosinophilia

Advice:1) Stool examination for parasites
 2) Allergy testing

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 8 2-15 mm at 1 hr. Sedimentation



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Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



Bmhasakar

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.4	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	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
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	0.95	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	103	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	8.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
URIC ACID, Serum	4.4	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.9	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	5.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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



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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	6.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	145.6	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/TMT
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.764	<4.0 ng/ml	CLIA

Kindly note change in platform w.e.f. 24-01-2024



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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.

Note : The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

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 ***



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Consultant Pathologist & Lab Director



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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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	2-3		
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 inert

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

*** End Of Report ***



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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

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	170.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	109.0	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	41.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	128.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	107.0	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	21.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



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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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.25	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 trasiently altered becuae 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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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	0.81	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.39	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	24.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	36.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	29.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	131.0	40-130 U/L	Colorimetric

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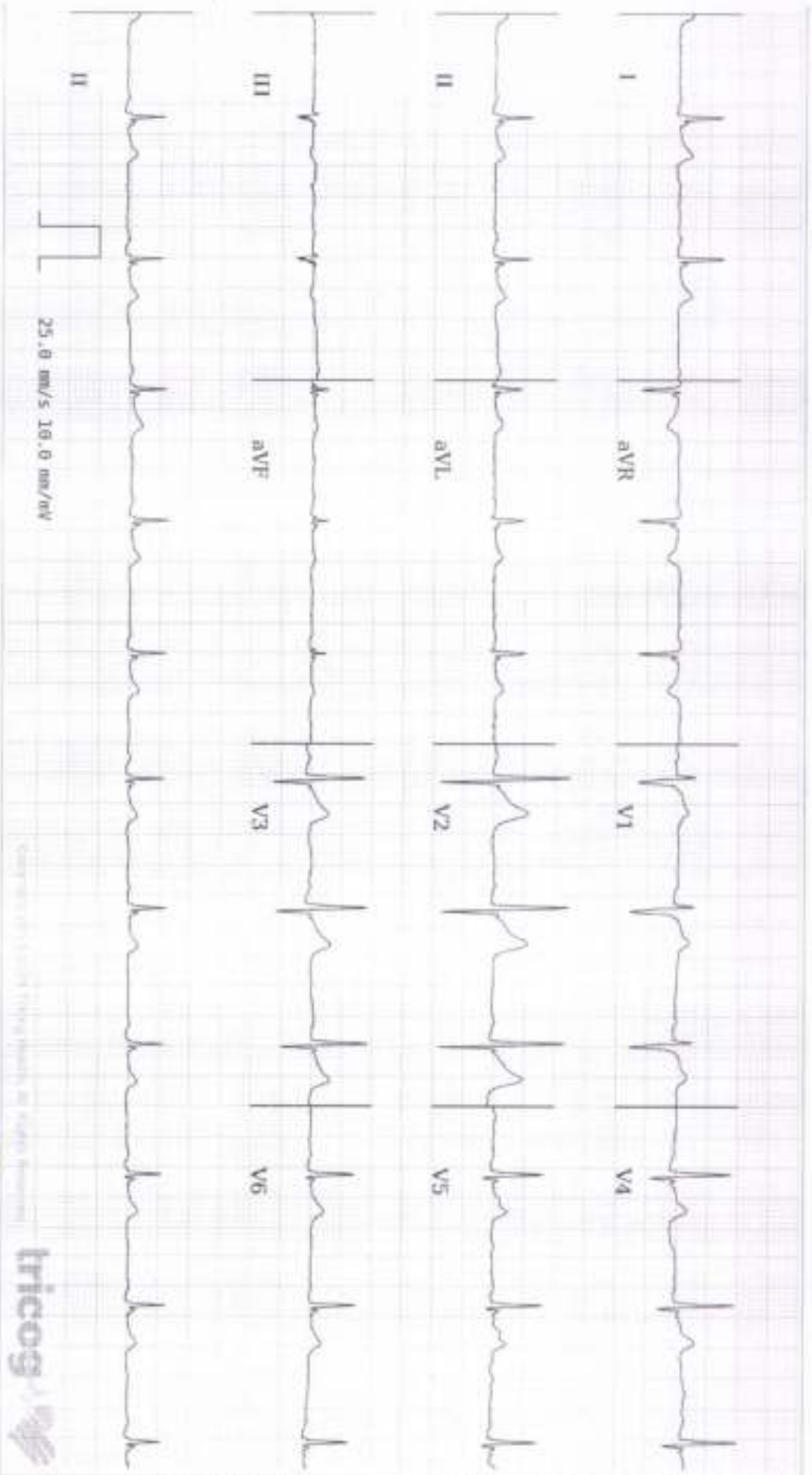


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Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

Patient Name: YUGANTAR GHADAI
Patient ID: 2406923279

Date and Time: 9th Mar 24 11:16 AM



25.0 mm/s 10.0 mm/mV

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Age 41 NA NA
years months days

Gender Male

Heart Rate 69bpm

Patient Vitals

BP: 130/70 mmHg

Weight: 66 kg

Height: 167 cm

Pulse: 62 bpm

Spo2: NA

Resp: NA

Other:

Measurements

QRSD: 102ms

QT: 356ms

QTcB: 381ms

PR: 160ms
P-R-T: 42° 16° 14°

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

REPORTED BY

Dr. Nitesh Soman
M.B.B.S., M.D., D.I.B., D.C.C.A.R.D.
Consultant Cardiologist
8714



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भारत सरकार



युगंतर घडाई

Yugantar Ghadai

जन्म तिथि/ DOB: 02/08/1982

पुरुष / MALE



5879 1228 2700

आधार - मेरा आधार, मेरी पहचान

Ghadai

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details Date: 09-Mar-24 Time: 2:43:46 PM
Name: YUGANTRA GHADAI ID: 2406923279
Age: 41 y Sex: M Height: 162 cms. Weight: 66 Kg.
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 179 bpm THR: 161 (90% of Pr.MHR) bpm
Total Exec. Time: 8 m 37 s Max. HR: 154 (86% of Pr.MHR) bpm Max. Mets: 10.20
Max. BP: 150 / 70 mmHg Max. BP x HR: 23100 mmHg/min Min. BP x HR: 5040 mmHg/min
Test Termination Criteria: TARGET HR ACHIEVED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 20	1.0	0	0	74	110 / 70	-1.06 III	-1.42 III
Standing	0 : 8	1.0	0	0	72	110 / 70	-0.85 III	1.42 V2
Hyperventilation	0 : 35	1.0	0	0	98	110 / 70	-1.27 III	2.48 V8
1	3 : 0	4.6	1.7	10	111	120 / 70	-1.49 III	2.48 V2
2	3 : 0	7.0	2.5	12	130	130 / 70	-2.12 III	2.83 V2
Peak Ex	2 : 37	10.2	3.4	14	154	150 / 70	-1.91 III	3.89 V2
Recovery(1)	3 : 0	1.8	1	0	103	130 / 70	-1.49 III	4.25 V2
Recovery(2)	3 : 0	1.0	0	0	97	120 / 70	-0.64 II	1.06 V3
Recovery(3)	0 : 6	1.0	0	0	97	120 / 70	-0.42 II	-0.71 III

Interpretation

GOOD EFFORT TOLERANCE.
 TARGET WORKLOAD ACHIEVED.
 APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY.
 NO ANGINA/ARRYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.

Disclaimer: Negative stress test does not rule out coronary Artery Disease. Positive test is suggestive but not confirmatory of Coronary artery Disease. Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI
 (Summary Report edited by user)




 Doctor: DR. SMITA VALANI

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YUGANTRA GHADAI (41 M)

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

ID: 2406923279
Stage: Supine

Date: 09-Mar-24 Exec Time: 0 m 0 s Stage Time: 0 m 14 s HR: 72 bpm
Speed: 0 mph Grade: 0% (THR: 161 bpm) B.P: 110/70

ST Level (mm) ST Slope (mV/s)

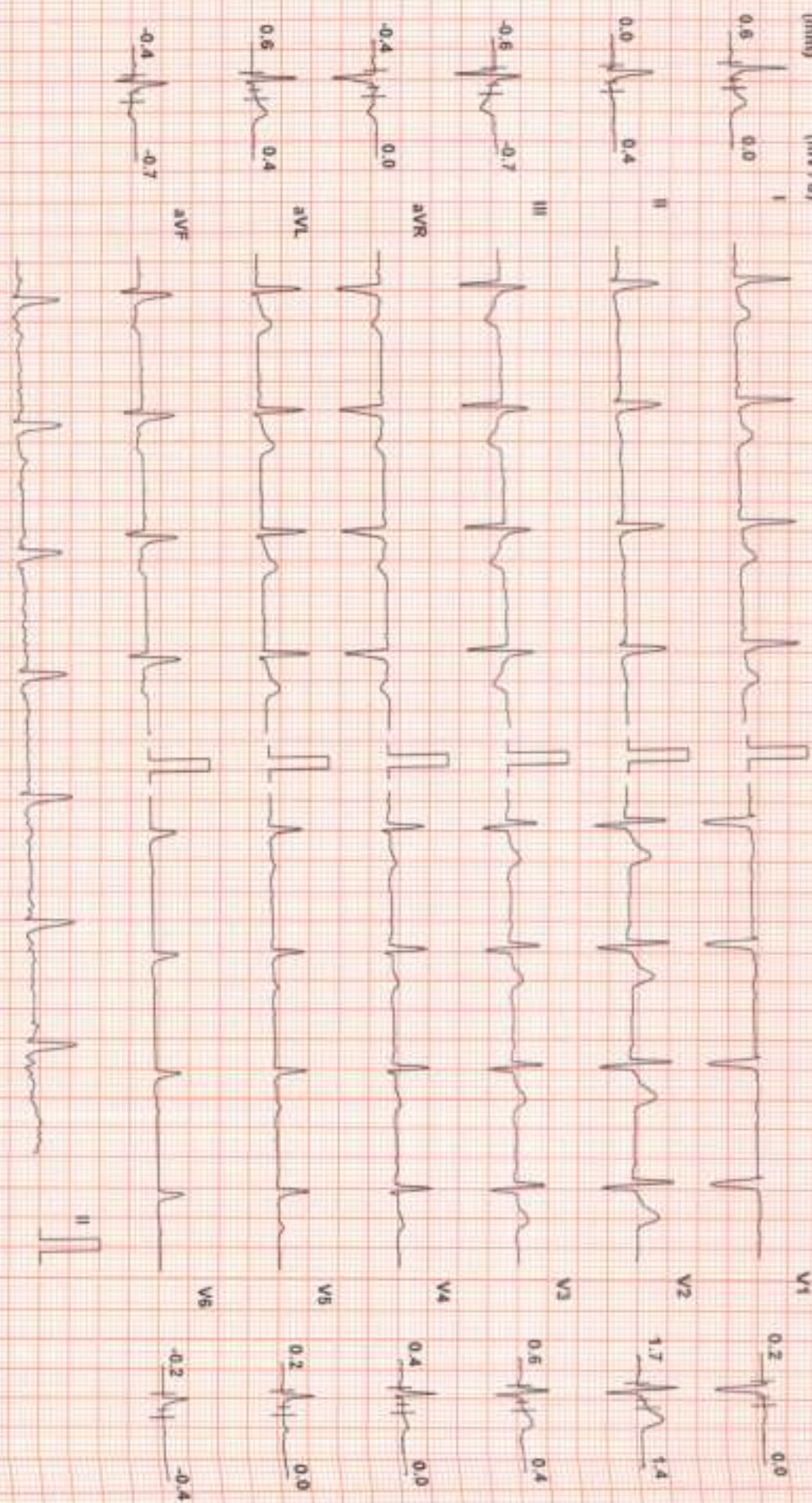


Chart Speed: 25 mm/sec
Scale: Standard V & S

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

WV x R: 50 ms

J = R + 50 ms

Post J = I + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

YUGANTRA GHADAI (41 M)

ID: 2406923279

Date: 09-Mar-24

Exec Time: 10 m 0 s

Stage Time: 0 m 2 s

HR: 76 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 110/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

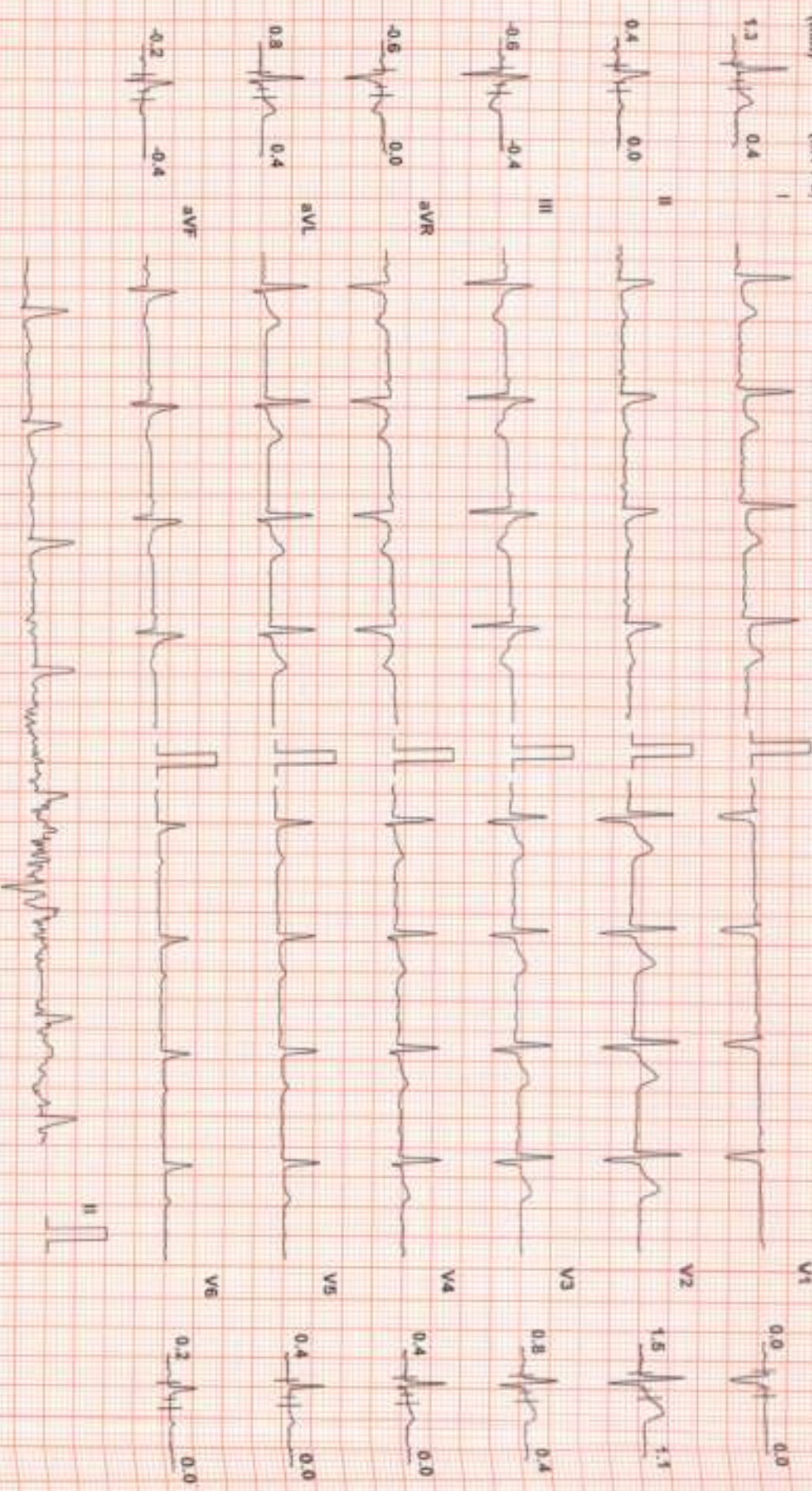


Chart Speed: 25 mm/sec
Scale: Standard V/4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

RR: 80 ms

J: 80 ms

Post J: 60 ms

Linked Median



SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

YUGANTRA GHADAI (41 M)

ID: 2406923279

Date: 09-Mar-24

Exec Time: 0 m 0 s

Sage Time: 0 m 29 s **HR: 81 bpm**

Protocol: Exercise

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

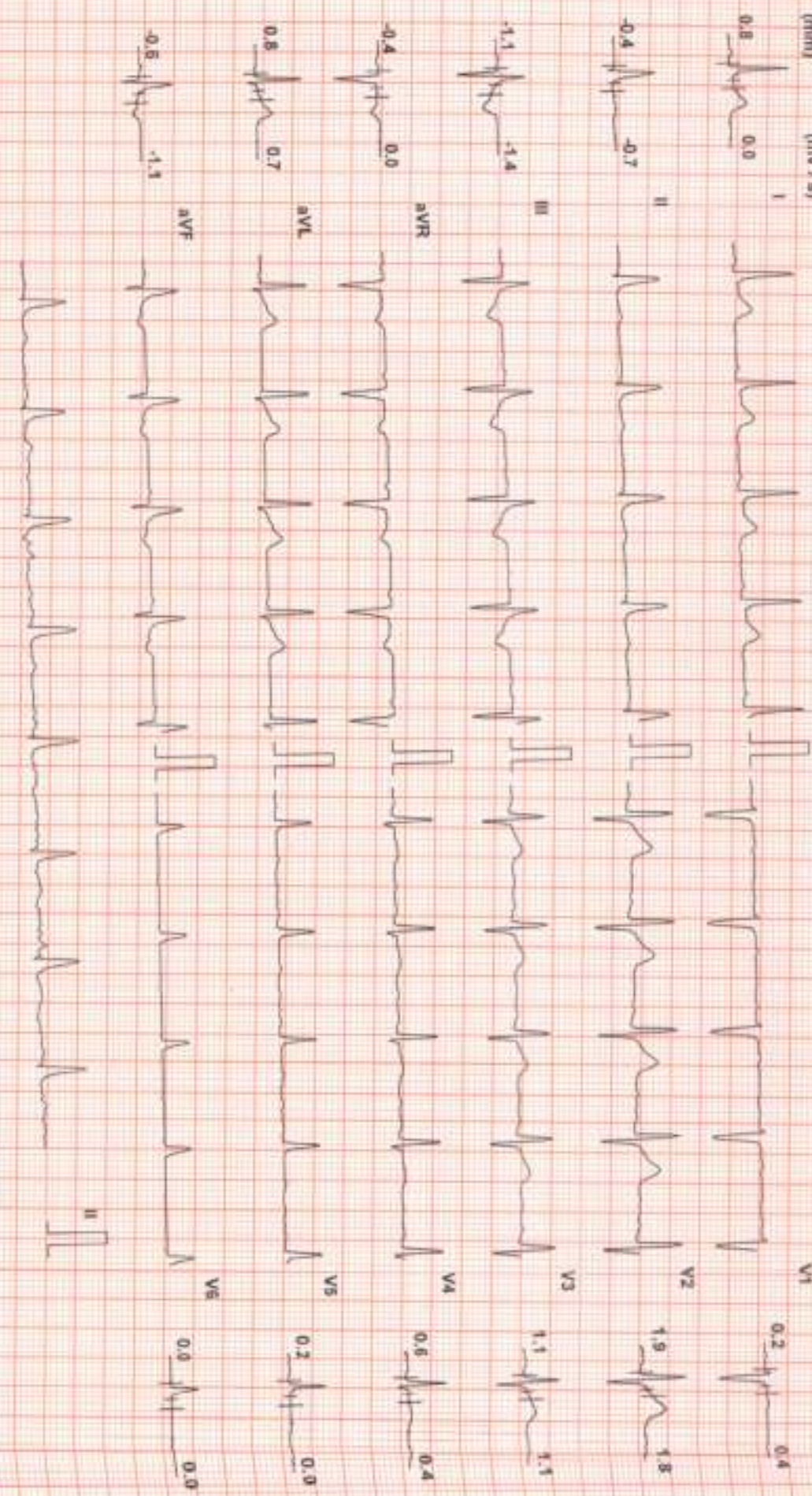


Chart Speed: 25 mm/sec
Scale: Standard V4.52

Paper: 35 Hz

Mains: Filter ON

Amp: 10 mm

90° + R - 50 mm

J - R + 60 mm

Post J = J + 60 mm

Linked Median



YUGANTRA GHADAL (41 M)

ID: 2406923279

Date: 09-Mar-24

Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 109 bpm

Test Report

SUBURBAN DIAGNOSTICS PVT LTD.

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 161 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

0.8 0.4



0.4 0.4

0.0 0.0



2.5 2.1

-1.3 -1.4



1.5 1.1

-0.6 -0.4



1.1 0.7

1.1 0.7

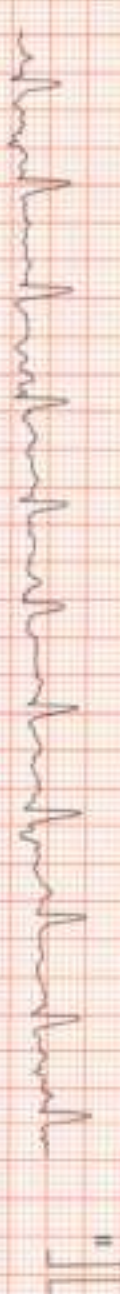


0.4 0.4

-0.6 -0.7



0.2 0.4



0.4 0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Main: Filter ON

Amp: 10 mm

100 = R - 60 ms

J = R - 60 ms

Post J = J + 60 ms

Spalter Spausan V 4.02

Linked Median

YUGANTRA GHADAI (41 M)

ID: 2406923279

Date: 09-Mar-24 Exec Time: 5 m 54 s Stage Time: 2 m 54 s HR: 129 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 % (THR 161 bpm) R.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

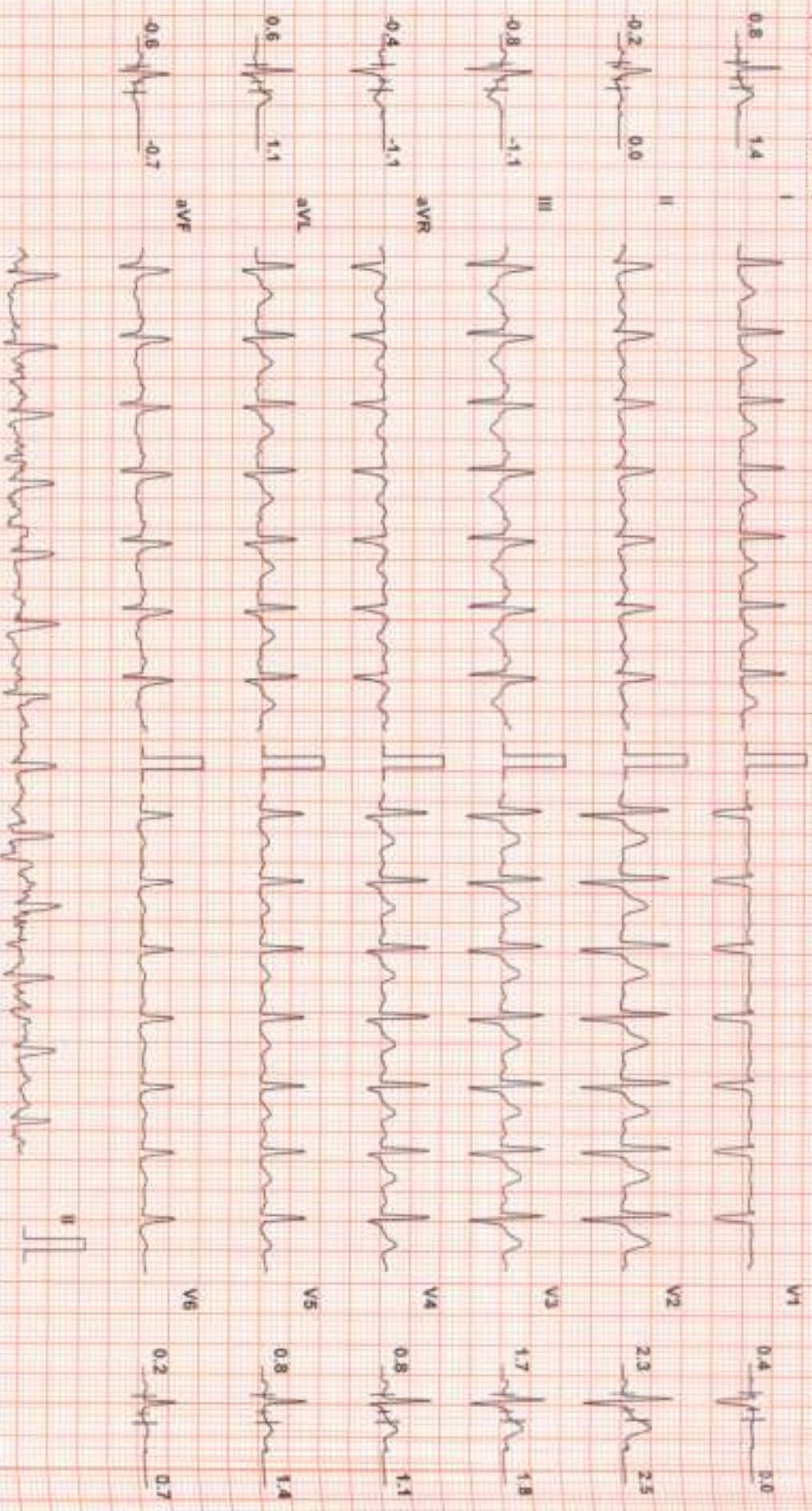


Chart Speed: 25 mm/sec
Scale: Standard V & S

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

RR: R - 60 mm

J - R - 60 mm

Lead II - J - 60 mm

Linked Median

YUGANTRA GHADAI (41 M)

ID: 2406923279

Date: 09-Mar-24 Exec Time: 8 m 31 s Stage Time: 2 m 31 s HR: 153 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph Grade: 14 % (THR: 161 bpm) B.P: 150 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

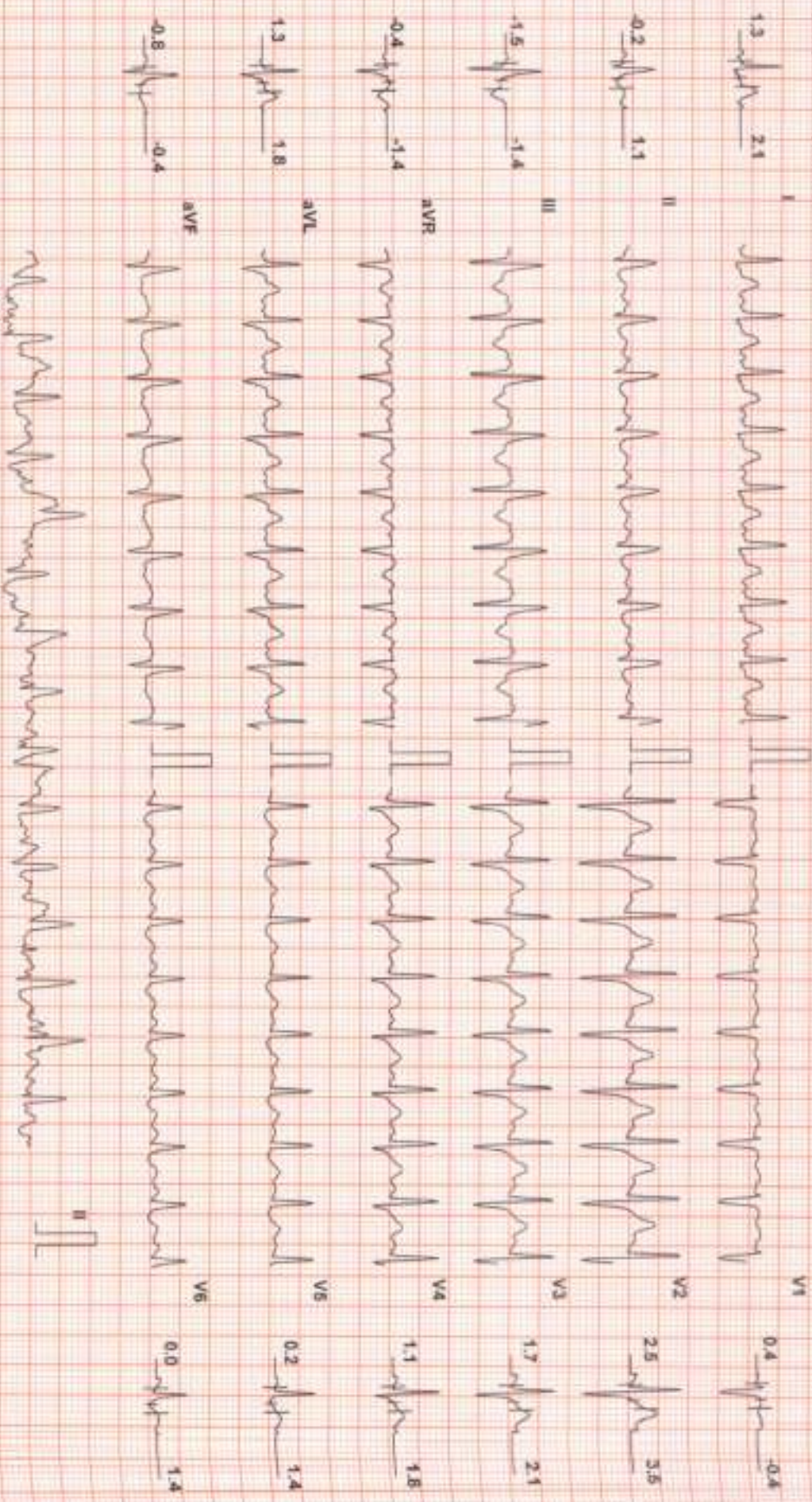


Chart Speed: 25 mm/sec
Schw. Standard V4.52

Filter: 35 Hz

Main: Fill ON

Ampl: 10 mm

60 - P - 50 ms

J - R - 50 ms

Post J - R - 50 ms

Linked Median



YUGANTRA GHADAI (41 M)

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

ID: 2406923279

Date: 09-Mar-24 Exec Time: 8 m 37 s Stage Time: 2 m 54 s HR: 107 bpm

Stage: Recovery(1)

Speed: 1 mph Grade: 0%

(THR: 161 bpm)

B.P.: 130 / 70

ST Level (mm) ST Slope (mV/s)

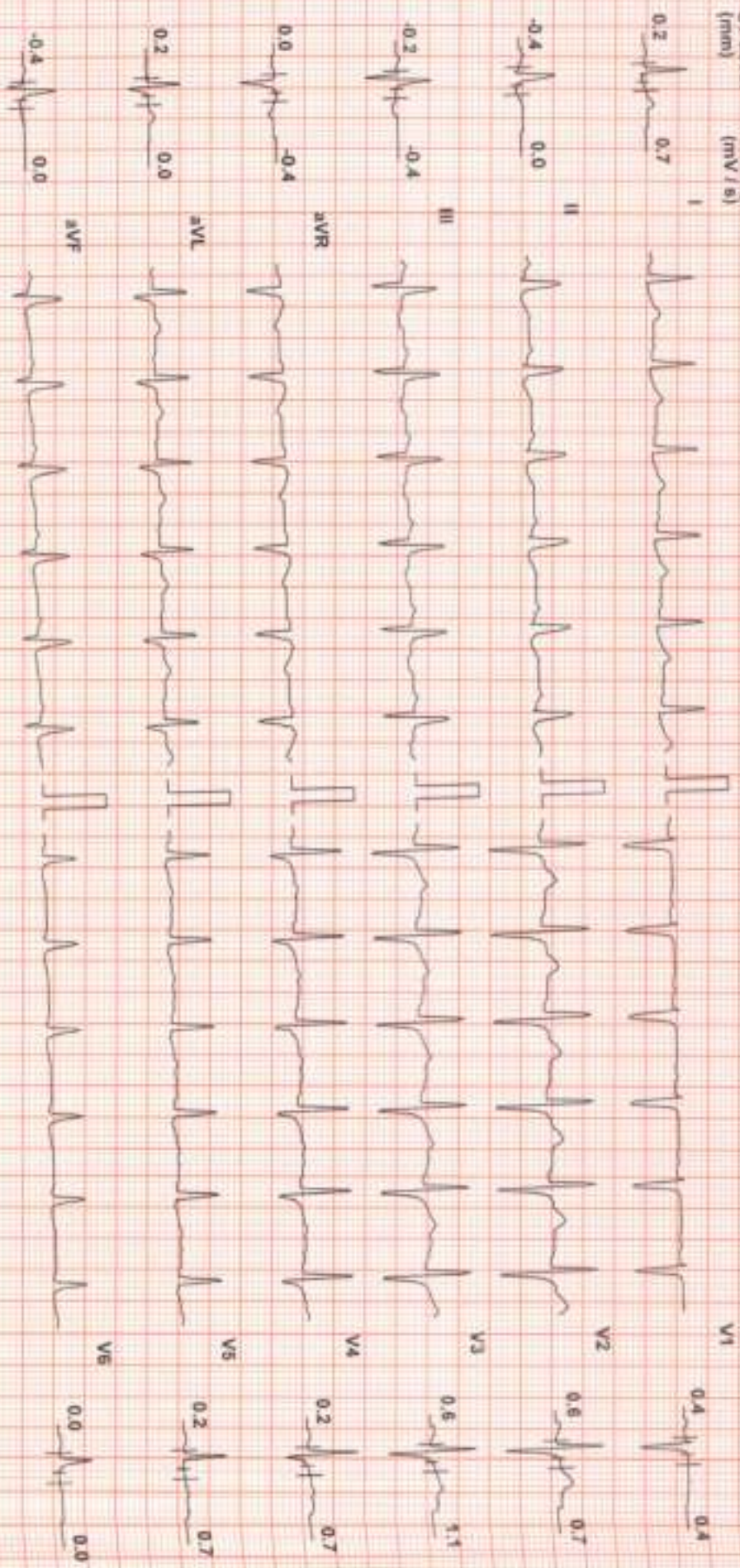


Chart Speed: 25 mm/sec
Scale: Standard V4.52

Filter: 35 Hz

Magins Fil: ON

Amp: 10 mm

100 x R = 60 ms

J = R = 60 ms

Post J = J + 60 ms

Linked Median

YUGANTRA GHADAI (41 M)

ID: 2406923279

Date: 09-Mar-24

Exec Time: 8 m 37 s Stage Time: 2 m 54 s HR: 97 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

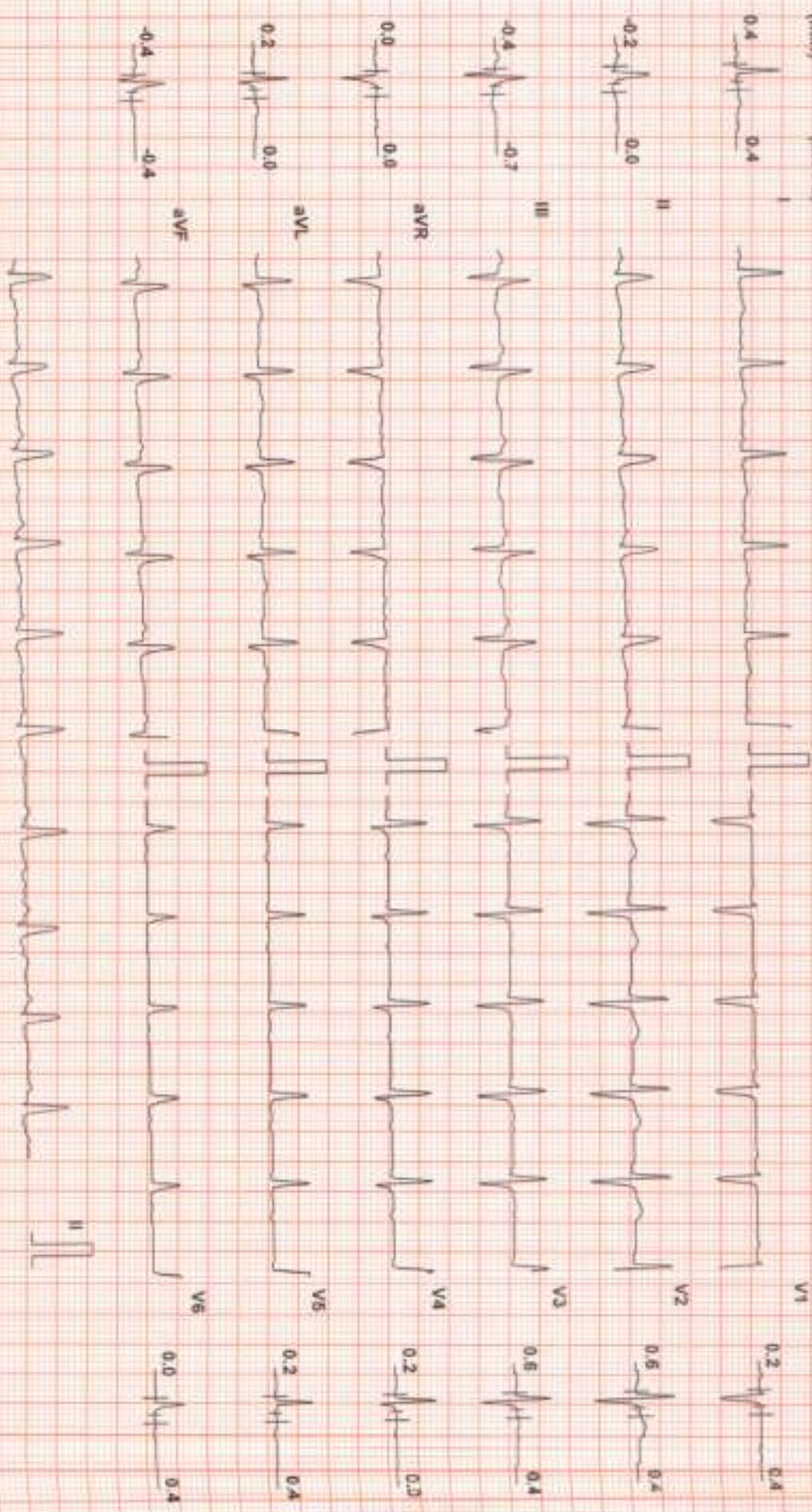


Chart Speed: 25 mm/sec
Scale: Standard V4.5I

Filter: 35 Hz

Main: Fil. ON

Amp: 10 mm

30 = R - 60 ms

J = R + 60 ms

Post = 4 + 60 ms

Linked Median

YUGANTRA GHADAI (41 M)

ID: 2406923279

Date: 09-Mar-24

Exec Time: 8 m 37 s

Stage Time: 0 m 0 s

HR: 96 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

R-P: 120 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

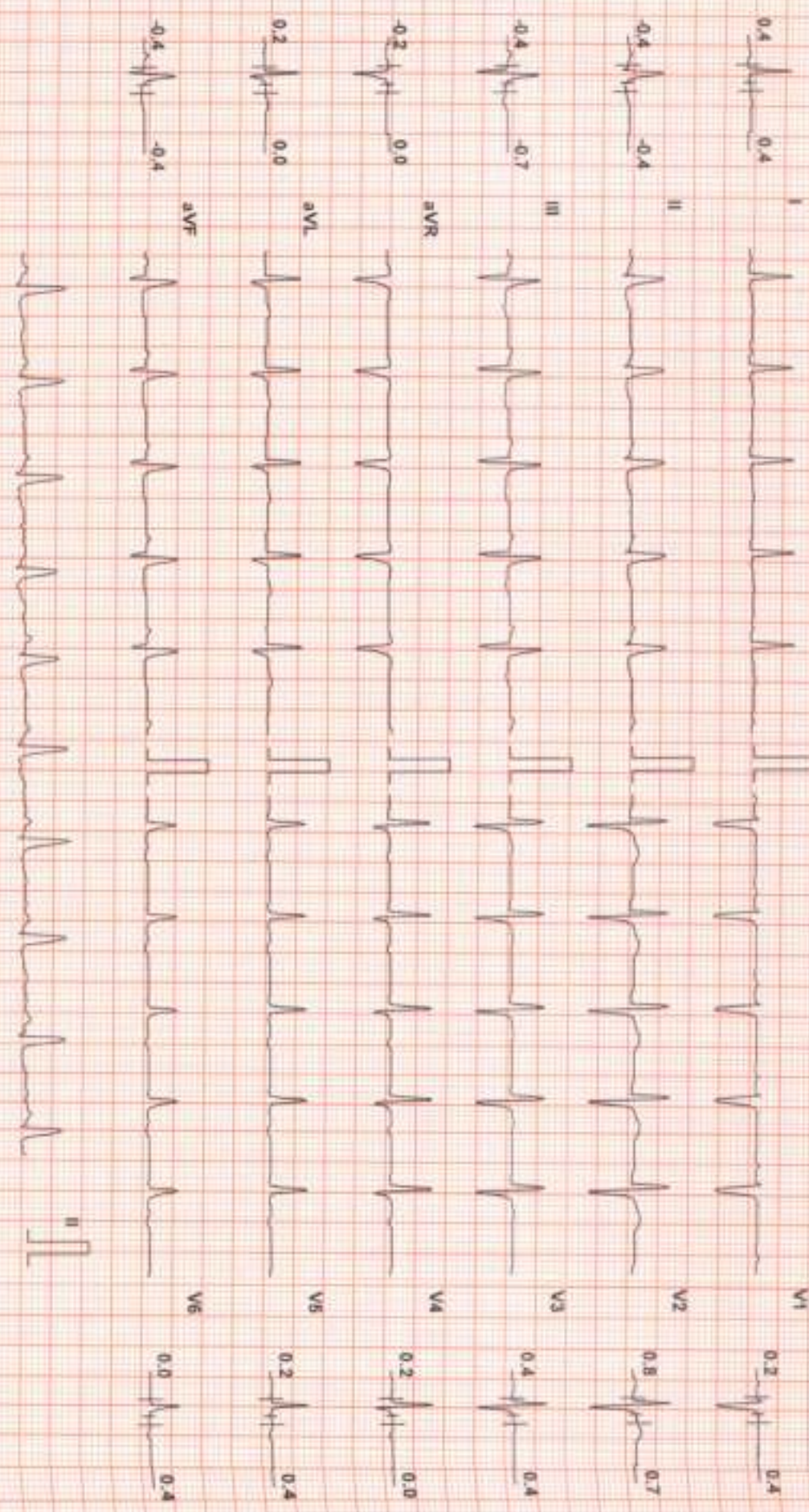


Chart Speed: 25 mm/sec
Scale: Standard V x 5

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Imp + R: 60 mm

J + R: 60 mm

Post J + R: 60 mm

Linked Median



CID : 2406923279
Name : Mr Yugantra Ghadai
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/11:25

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.2 cm), echotexture, shape and smooth margins. **It shows raised echogenicity.** The intra hepatic biliary and portal radical appear normal. **Well-defined anechoic cyst without internal septation is noted in the right lobe of liver, measuring approx. 1.4 x 1.2 cm-likely s/o Simple Hepatic cyst.**

The main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Right kidney measures 9.8 x 4.3 cm. Left kidney measures 9.3 x 5.5cm.

Both the kidneys are normal in size shape and echotexture.

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

SPLEEN:

The spleen is normal in size (6.6 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

PROSTATE:

The prostate is normal measuring 4.7 x 3.6 x 3.2 cm, volume 16.7 cc.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.

There is no evidence of any lymphadenopathy or ascites.



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IMPRESSION:-

- **Grade I fatty Liver**
- **Simple Hepatic cyst as described.**

ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319



Use a QR Code Scanner
Application To Scan the Code

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Reported : 09-Mar-2024/12:58

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-----

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