

SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: DEEPAK MANKI

Date and Time: 9th Feb 24 9:43 AM

Patient ID: 2404017716

Age **53** **NA** **NA**
years months days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

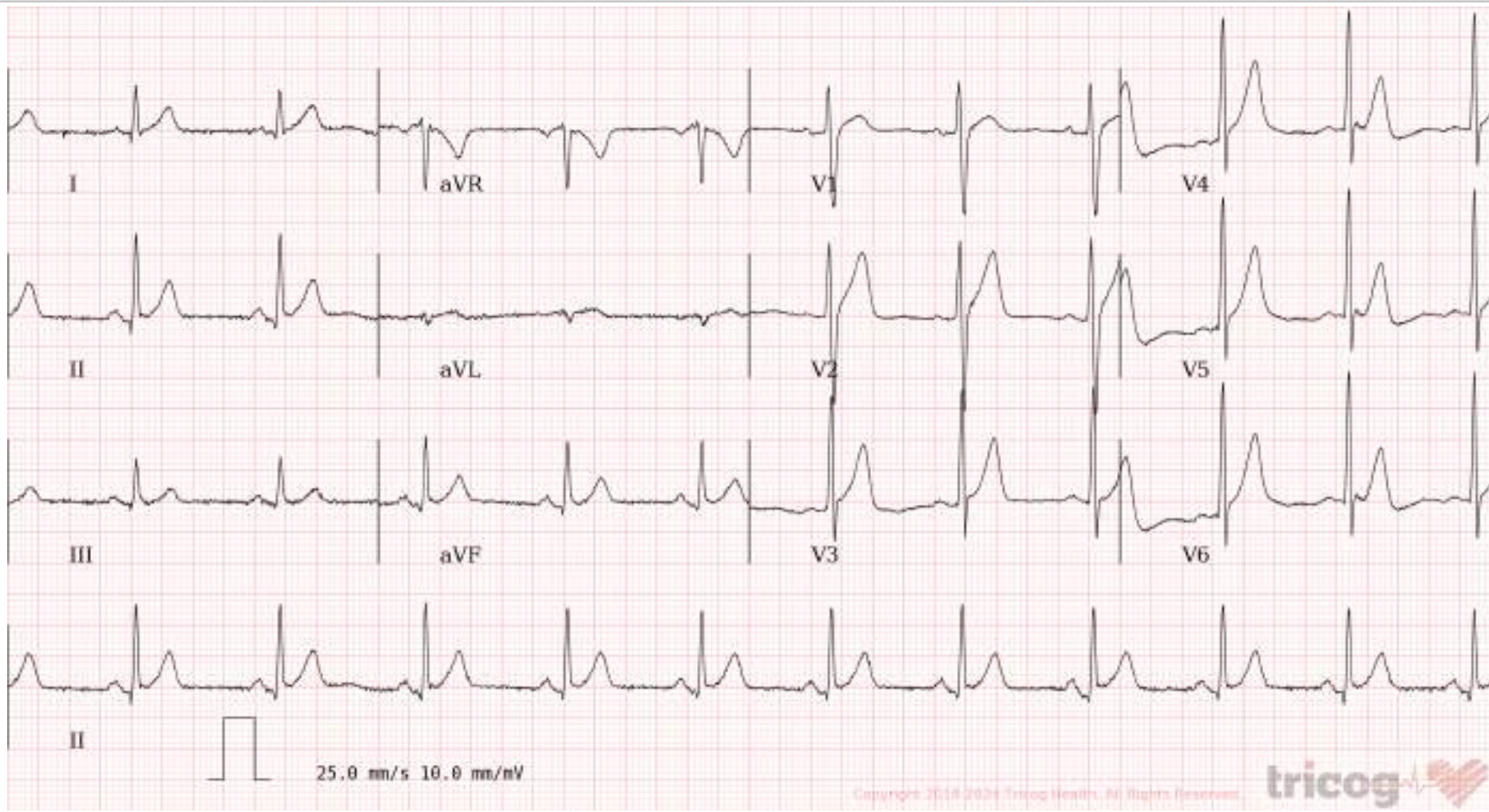
QRSD: 84ms

QT: 350ms

QTcB: 375ms

PR: 142ms

P-R-T: 70° 65° 57°



Sinus Rhythm Borderline Left Ventricular Hypertrophy Adv 2d echo. Please correlate clinically.

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694

PATIENT'S NAME : MR. DEEPAK MANKI

AGE :53 /YRS

REQUESTING DOCTOR :HC

SEX: M

CID NO : 2404017716

DATE : 09/02/2024

2D-ECHOCARDIOGRAPHY REPORT

No thinning / scarring / dyskinesia of LV wall noted.
Normal LV systolic function. LVEF = 55-60 %.
Good RV function.

Structurally Normal MV/ AV / TV / PV.
No valvular pathology.

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

NO 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: -

NORMAL LV SYSTOLIC FUNCTION, LVEF= 55-60 %
NO RWMA, NO VALVULAR PATHOLOGY.
NO PAH, NO LVDD.
IVC NORMAL

LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	11	mm	Mitral Valve E velocity	0.8	cm/s
LVIDd	46	mm	Mitral Valve A velocity	0.5	cm/s
LVPWd	11	mm	E/A Ratio	>1	-
IVSs	17	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	26	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	4	-
LA/AO	N	--	Aortic valve		
			AVmax	1.2	cm/s
			AV Peak Gradient	6	mmHg
2D STUDY			LVOT Vmax	1.1	cm/s
LVOT	20	mm	LVOT gradient	4	mmHg
LA	26	mm	Pulmonary Valve		
RA	30	mm	PVmax	--	cm/s
RV [RVID]	28	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
M.B.B.S, DNB
Reg no : 2008/04/0837

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.



CID : 2404017716
Name : MR.DEEPAK MANKI
Age / Gender : 53 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 09-Feb-2024 / 09:06
Reported : 09-Feb-2024 / 15:25

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Application To Scan the Code

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.24	4.5-5.5 mil/cmm	Elect. Impedance
PCV	37.6	40-50 %	Calculated
MCV	71.8	81-101 fl	Measured
MCH	23.1	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	15.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	3070	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.8	20-40 %	
Absolute Lymphocytes	945.6	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	227.2	200-1000 /cmm	Calculated
Neutrophils	59.7	40-80 %	
Absolute Neutrophils	1832.8	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	39.9	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	24.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	79000	150000-410000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Measured
PDW	16.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	+		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	Bicytopenia

Note: Collected sample received.

Result rechecked & Kindly correlate clinically

Advice: In view of low platelet count , repeat estimation with a fresh sample for confirmation , if clinically indicated before taking clinical and therapeutic decision.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-20 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 SDRL, Vidyavihar Lab

*** End Of Report ***



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



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Age / Gender : 53 Years / Male
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Reported : 09-Feb-2024 / 19:52

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.9	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 SDRL, Vidyavihar Lab
*** End Of Report ***



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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	17.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.65	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

eGFR, Serum	113	(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
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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	6.5	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.3	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.0	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	134	136-145 mmol/l	IMT
POTASSIUM, Serum	4.3	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	100	98-107 mmol/l	IMT

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



[Signature]

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Reported : 09-Feb-2024 / 13:14

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	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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 ***



Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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 Reported : 09-Feb-2024 / 14:07

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.39	<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 ***



Dr. NAMRATA RAUL
M.D (Biochem)
Biochemist



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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>METHOD</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)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<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	Benedicts

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*** End Of Report ***



Dr. Vrushi Shroff

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



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Reported : 09-Feb-2024 / 16:09

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
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	3-4	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

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*** End Of Report ***



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Dr.VRUSHALI SHROFF
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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*** End Of Report ***



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Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	132.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	59.0	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	41.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	91.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	79.2	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	11.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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*** End Of Report ***



Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	17.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.728	0.55-4.78 microIU/ml mIU/ml	CLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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)

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



Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2404017716
Name : MR.DEEPAK MANKI
Age / Gender : 53 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

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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	1.08	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.41	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.67	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	18.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	21.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	13.8	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	92.0	46-116 U/L	Modified IFCC

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



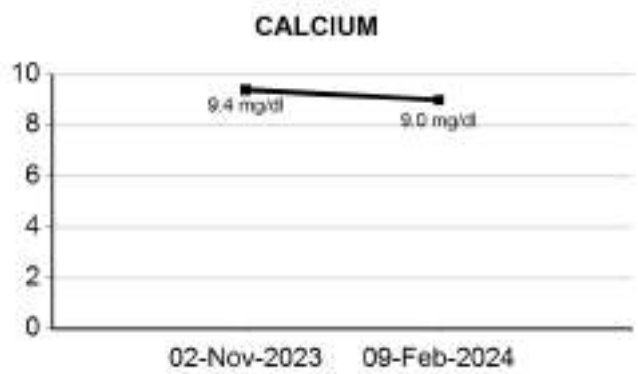
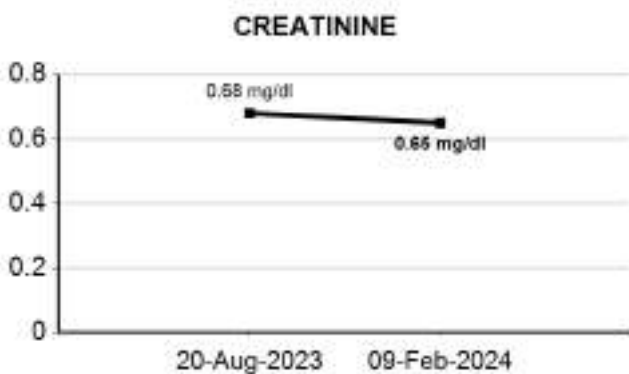
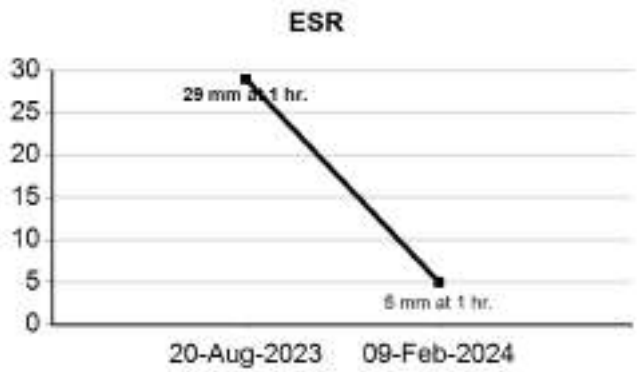
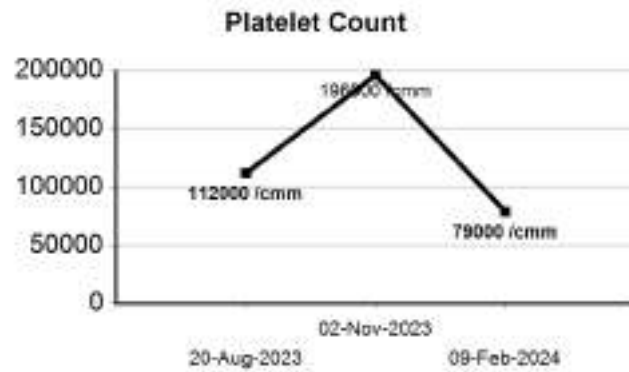
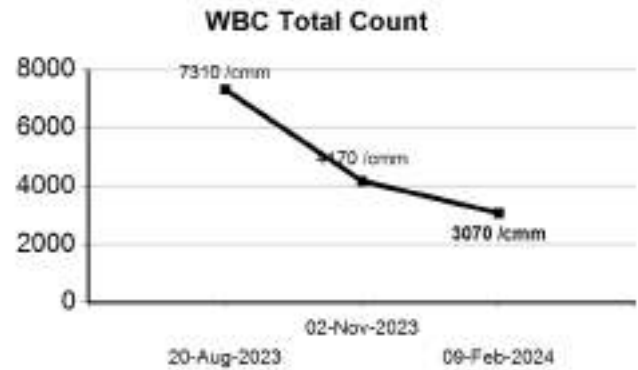
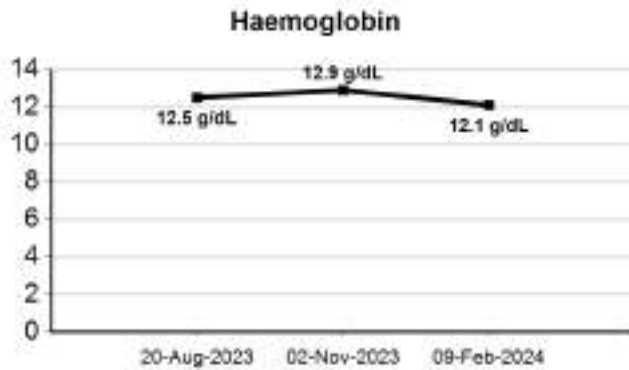
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Dr.NAMRATA RAUL
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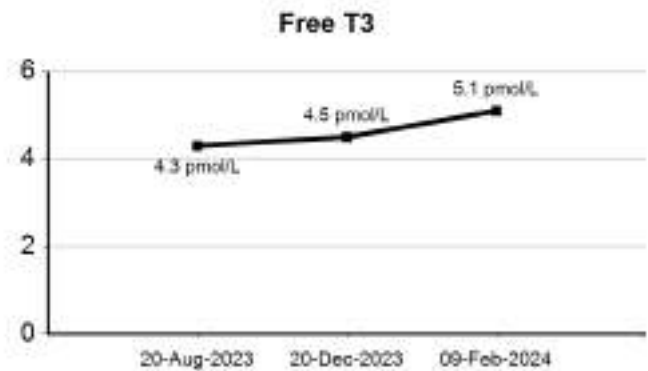
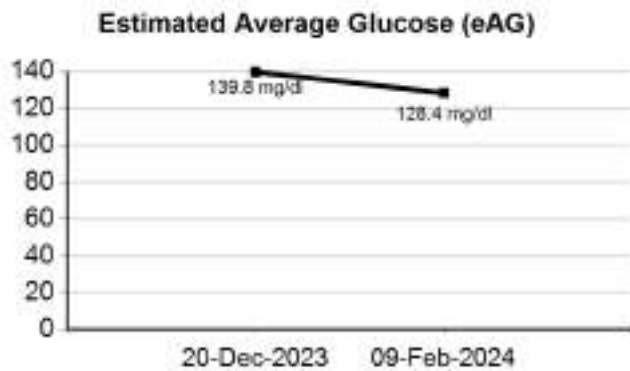
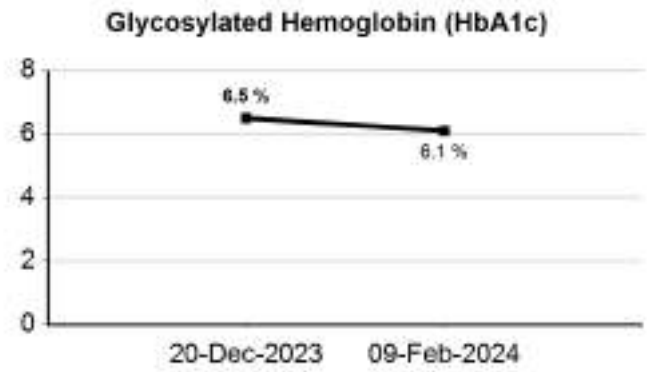
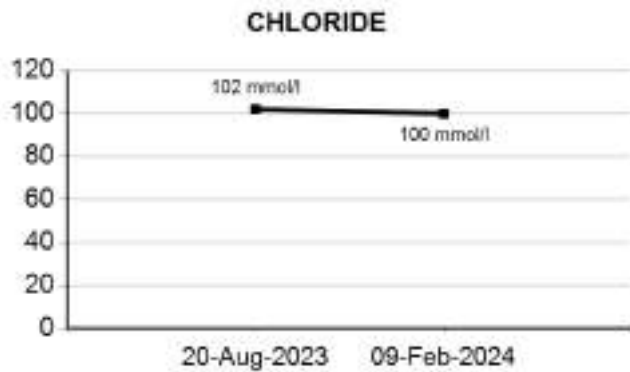
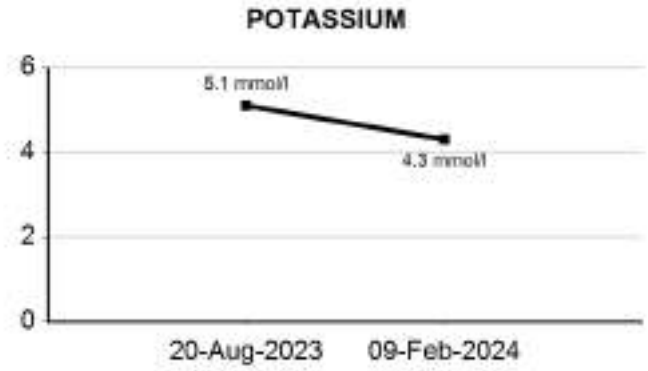
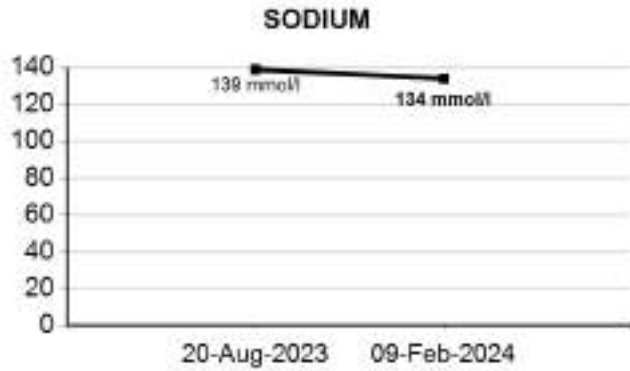
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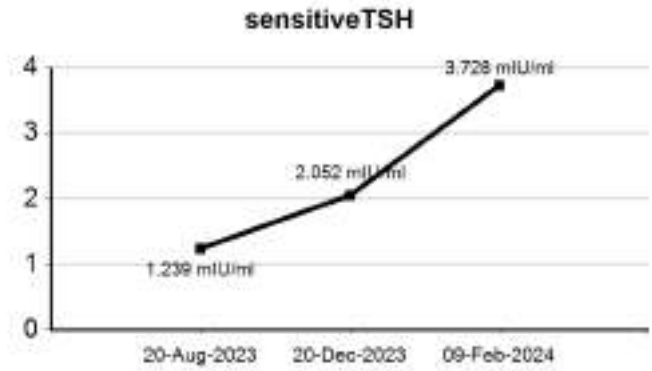
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 Consulting Dr. : -
 Reg. Location : Kalina, Santacruz East (Main Centre)



Date:- 09.02.2024.

CID: 2404017716.

Name:- Mr. Deepak Mantri

Sex / Age: 153yrs / Male

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: -

Aided Vision: $\left. \begin{matrix} \text{R.V.} \\ \text{L.V.} \\ \text{S.V.} \end{matrix} \right\} \text{NLS}$

$\left. \begin{matrix} \text{R.V.} \\ \text{L.V.} \\ \text{S.V.} \end{matrix} \right\} 6/6$

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			NLS	—————			NLS

Colour Vision: Normal / Abnormal

Remark: Wker

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Karbhari, Above HDFC Bank,
Opp. Nala Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000

D. G. Hatakhar
Dr. D.G. HATAKAR
R.No. 61067 M.D. (Ob.Gy)

Signature
8084943297

Signature

INDIAN UNION DRIVING LICENCE
JHARKHAND STATE

DL No. JH09 2018000204

Name: BABU DEEPAK MANKU
S/O of: SITARAM MANKU
Sex: Male
Date of Birth: 17-Jun-2018

Issue Dt: 17-Jun-2018
Validity (T): 21-Aug-2026
DOB: 22-Aug-1975
Blood group: O+

Address: SECTOR 5/A, DDA HO, AREA 5, CITY: BOKARO, JHARKHAND

Class: LHM
Issued On: 17-Jun-2018
Recvd On: 17-Jun-2018

Ex. Valid To: Nil
Nil Valid To: Nil
Inv. Dig. No: Nil

Edge No: JH09DLA000190000
Endorsement: Nil

Issuing Authority: DTD-BOKARO

Sign of Card Holder: *Signature*
Sign of Issuing Authority: *Signature*



Dr. D.G. HATAKAR
R.No. 61067 M.D. (Ob.Gy)

Suburban Diagnostics (I) Pvt. Ltd.
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Name : Mr Deepak Manki
Age / Sex : 53 Years/Male
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 09-Feb-2024
Reported : 09-Feb-2024/11:54

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. **It shows bright parenchymal echo pattern.**The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen.The main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus,hydronephrosis or mass lesion seen.
Right kidney measures 9.5 x 4.0 cm. Left kidney measures 11.4 x 5.6 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is mild enlarge l in size and measures 3.8 x 3.4 x 3.2 cm and volume is 22.2 cc.

IMPRESSION:

Mild fatty Liver.
Boderline prostatomegaly .

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

Ashvan
DR.ASHA DHAVAN
MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST



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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR.ASHA DHAVAN
MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST



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