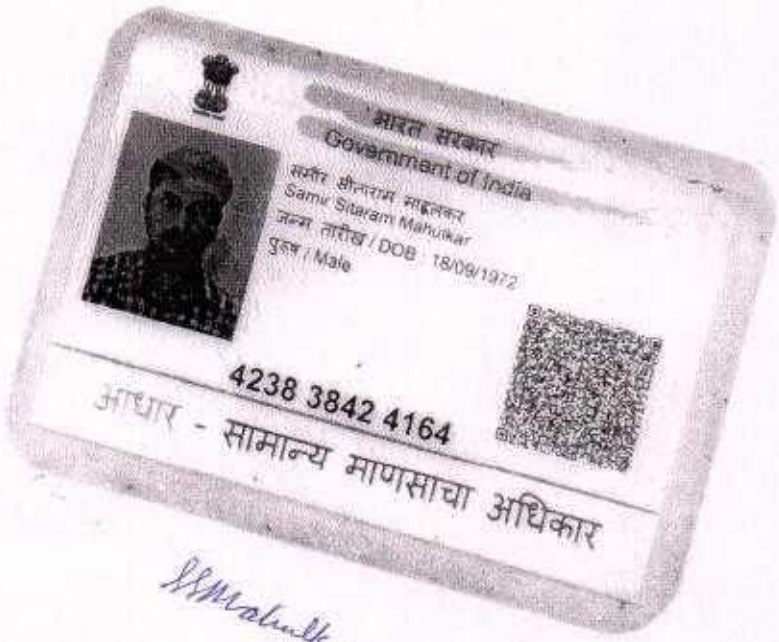

S.S.Mahulkar

SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS
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Authenticity Check
<<QRCode>>

REPORT

CID	**: 2233021660**		
Name	**: Mr SAMIR MAHULKAR**		
Age / Sex	**: 50 Years/Male**		
Ref. Dr	**:**	**Reg. Date**	**: 26-Nov-2022**
Reg. Location	**: Malad West Main Centre**	**Reported**	**: 26-Nov-2022 / 14:49**

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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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. FThey only help in diagnosing the disease in correlation to clinical symptoms and other related tests.urther / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <<ImageLink>>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | **E-MAIL:** customerservice@suburbandiagnostics.com | **WEBSITE:** www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS - MALAD WEST

SUBURBAN DIAGNOSTICS
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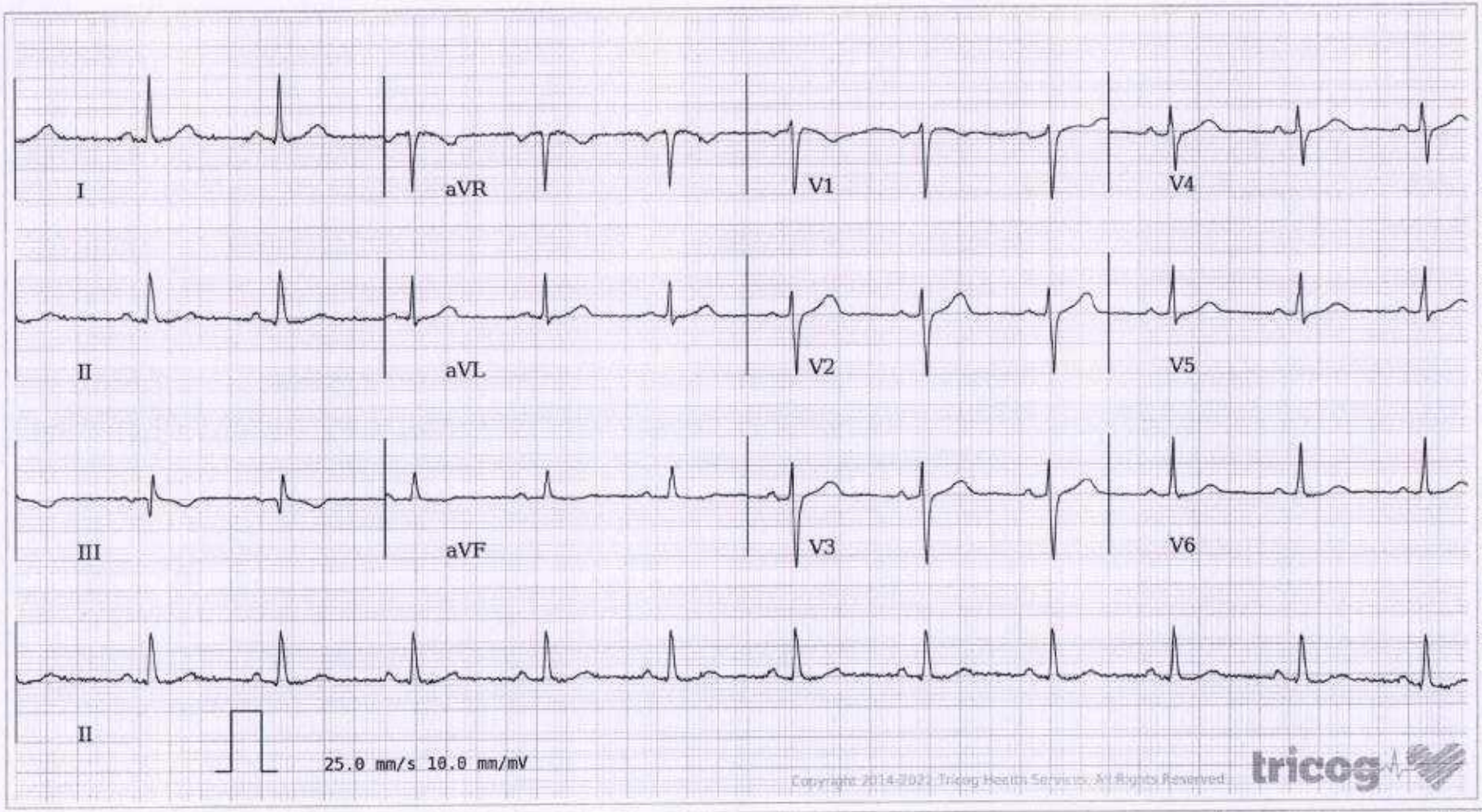
Patient Name: SAMIR MAHULKAR
Patient ID: 2233021660

Date and Time: 26th Nov 22 11:57 AM



tricog

Age 50 years 2 months 8 days

Gender **Male**

Heart Rate **71bpm**

Patient Vitals

BP:	140/90 mmHg
Weight:	87 kg
Height:	176 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	90ms
QT:	384ms
QTc:	417ms
PR:	144ms
P-R-T:	22° 28° -9°

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

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

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REPORT

CID	: 2233021660		
Name	: MR.SAMIR MAHULKAR		
Age / Gender	: 50 Years / Male		
Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 15:31

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.62	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.9	40-50 %	Calculated
MCV	90.7	80-100 fl	Measured
MCH	30.0	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	**14.6**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6870	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	**40.8**	20-40 %	
Absolute Lymphocytes	2803.0	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	439.7	200-1000 /cmm	Calculated
Neutrophils	44.9	40-80 %	
Absolute Neutrophils	3084.6	2000-7000 /cmm	Calculated
Eosinophils	**7.7**	1-6 %	
Absolute Eosinophils	**529.0**	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	**13.7**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	215000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Measured
PDW	14.7	11-18 %	Calculated

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Name	: MR.SAMIR MAHULKAR		
Age / Gender	: 50 Years / Male		
Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 14:39

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 CPL, Andheri West

*** End Of Report ***

MC-2111

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

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REPORT

CID	: 2233021660		
Name	: MR.SAMIR MAHULKAR		
Age / Gender	: 50 Years / Male		
Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 16:30
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 19:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	79.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	116.6	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 ***

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MC-2111

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

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CID	: 2233021660		
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Age / Gender	: 50 Years / Male		
Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 14:21

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

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.2	6-20 mg/dl	Calculated
CREATININE, Serum	1.15	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	72	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.6	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

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Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 16:06

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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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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MC-2111

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REPORT

CID	: 2233021660		
Name	: MR.SAMIR MAHULKAR		
Age / Gender	: 50 Years / Male		
Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 14:21

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

PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.572	0.03-3.5 ng/ml	ECLIA

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Age / Gender	: 50 Years / Male		
Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 14:21

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, Artifactual (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

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*** End Of Report ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

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Consultant Pathologist & Lab Director

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CID	: 2233021660		
Name	: MR.SAMIR MAHULKAR		
Age / Gender	: 50 Years / Male		
Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 15:40

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

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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 insert

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REPORT

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Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 15:40

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Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 14:01

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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 ***

MC-2111

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Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 15:56

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	172.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	103.9	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	**39.0**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	**133.8**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**113.0**	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	20.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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*** End Of Report ***

MC-2111

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Name	: MR.SAMIR MAHULKAR		
Age / Gender	: 50 Years / Male		
Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 14:21

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.31	0.35-5.5 microIU/ml	ECLIA

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Name	: MR.SAMIR MAHULKAR		
Age / Gender	: 50 Years / Male		
Consulting Dr.	: -	**Collected**	: 26-Nov-2022 / 11:16
Reg. Location	: Malad West (Main Centre)	**Reported**	: 26-Nov-2022 / 14:21

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 becuase 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 ***

MC-2111

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

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SUBURBAN DIAGNOSTICS
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REPORT

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	18.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	29.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	64.8	40-130 U/L	Colorimetric

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*** End Of Report ***

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Name	: MR.SAMIR MAHULKAR		
Age / Gender	: 50 Years/Male		
Consulting Dr.	: -	Collected	: 26-Nov-2022 / 11:07
Reg.Location	: Malad West (Main Centre)	Reported	: 26-Nov-2022 / 15:30

PHYSICAL EXAMINATION REPORT

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):	176 CMS	**Weight (kg):**	87.3 KGS
Temp (0c):	AFEBRILE	**Skin:**	NAD
Blood Pressure (mm/hg):	140/90	**Nails:**	NAD
Pulse:	70/MIN	**Lymph Node:**	NOT PALPABLE

Systems

Cardiovascular:	NAD
Respiratory:	NAD
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

IMPRESSION: Eosinophilia Impaired glycemic. Mild dyslipidemia
Renal calculi.

ADVICE: Lifestyle modification. BP monitory.
Drink plenty of liquids. USG KUB after 3 mths.
Urologist opinion & USG report.

CHIEF COMPLAINTS:

1)	**Hypertension:**	NO
2)	**IHD**	NO
3)	**Arrhythmia**	NO
4)	**Diabetes Mellitus**	NO
5)	**Tuberculosis**	NO

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6)	**Asthama**	NO
7)	**Pulmonary Disease**	NO
8)	**Thyroid/ Endocrine disorders**	NO
9)	**Nervous disorders**	NO
10)	**GI system**	NO
11)	**Genital urinary disorder**	KIDNY STONE SINCE 3 MONTHS.
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**	NO
17)	**Musculoskeletal System**	NO

PERSONAL HISTORY:

1)	**Alcohol**	NO
2)	**Smoking**	NO
3)	**Diet**	NON VEG
4)	**Medication**	NO

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

Sonali P.

Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

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USG WHOLE ABDOMEN

LIVER:
The liver is normal in size (14.5 cm), 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 (10 mm) and CBD (2.8 mm) appears normal.

GALL BLADDER:
The gall bladder is physiologically distended. No evidence of gall stones seen.
Multiple gall bladder polyps are noted , largest measuring 4.8 mm.

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

KIDNEYS:

Right kidney measures 11.2 x 5.0 cm. Left kidney measures 11.3 x 5.0 cm.

Two non-obstructive calculi are noted measuring 4.0 mm at midpole and 5.1 mm at lowerpole of left kidney.

Bilateral renal concretions noted.

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 (8.7 cm), 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.
Pre-void volume - 152 cc, Post-void residue - 18 cc Insignificant .

PROSTATE:
The prostate is enlarged in size and measures 4.3 x 4.0 x 4.0 cm and volume is 37.0 cc.
Prostatic calcifications noted.

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IMPRESSION:

GRADE II FATTY INFILTRATION OF LIVER.

GALL BLADDER POLYPS.

LEFT NON-OBSTRUCTIVE RENAL CALCULI.

BILATERAL RENAL CONCRETIONS NOTED.

PROSTATOMEGALY SHOWING PROSTATIC CALCIFICATIONS WITH INSIGNIFICANT POST-VOID RESIDUE.

Suggestion: 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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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