

Name: : Mr. PRAKASH NARAYAN PRASAD  
 VID : 2333100296  
 Ref By : Arcofemi Healthcare Limited

Reg Date : 27-Nov-2023 08:22  
 Age/Gender : 43 Years  
 Regn Centre : Bhayander East (Main Centre)

**History and Complaints:**

No Complaint

**EXAMINATION FINDINGS:**

Height (cms):	167	Weight (kg):	65
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80	Nails:	NAD
Pulse:	86/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1S2-Normal  
 Respiratory: Chest-Clear  
 Genitourinary: NAD  
 GI System: NAD  
 CNS: NAD

IMPRESSION: *CBC, Bio chemistry, CXR and NNL*

**ADVICE:**

**CHIEF COMPLAINTS:**

- |                                          |    |
|------------------------------------------|----|
| 1) Hypertension:                         | No |
| 2) IHD                                   | No |
| 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                            | No |
| 17) Musculoskeletal System               | No |

*Yes, Yes, plating done for Rt. Clavicle in May 2023.*

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 Regn Centre : **Bhayander East (Main Centre)**

**PERSONAL HISTORY:**

- |               |       |
|---------------|-------|
| 1) Alcohol    | No    |
| 2) Smoking    | No    |
| 3) Diet       | Mixed |
| 4) Medication | No    |

*Dr. Anand*

**DR. ANAND K. SHARMA**  
 GENERAL PHYSICIAN  
 Reg. No. 2017/112/5553

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
 Plot No. 9, 101 to 105, Skyline Wealth Space Building,  
 Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086  
 Phone: 022-61700000



**भारत सरकार**  
**Government of India**

**भारतीय विशिष्ट ओळख प्राधिकरण**  
**Unique Identification Authority of India**

नोंदणी क्रमांक / Enrollment No.: 1249/60027/00022

To  
 प्रकाश नारायण कामरुप प्रसाद  
 Prakash Narayan Kamru Prasad  
 SO: Kamru Prasad  
 B-207, Rupakmi Chs L11 Narana Compound  
 Near Monica Lawn Cross Garden, Bhayander (W)  
 VTC, Thane  
 PO: Bhayander West,  
 Sub District: Thane, District: Thane  
 State: Maharashtra  
 PIN Code: 401101  
 Mobile: 9323149074  
 UAI0792498578



आपला आधार क्रमांक / Your Aadhaar No.:

**3005 8890 2557**

माझे आधार, माझी ओळख

*Prakash*



प्रकाश नारायण कामरुप प्रसाद  
 Prakash Narayan Kamru Prasad



Issue Date: 11/07/2013



प्रकाश नारायण कामरुप प्रसाद  
 Prakash Narayan Kamru Prasad  
 जन्म तारीख / DOB: 12/12/1979  
 लिंग / GENDER: MALE

**3005 8890 2557**

माझे आधार, माझी ओळख

SUBBU... LTD.  
 Ksh...  
 Near Thane...  
 Mira Road (East), Thane - 401 105  
 Phone: 022 - 61700000

**DR. ANITA...**  
**...**  
**...**  
 Reg. No. 2017/12/5553

• PATIENT NAME : Mr PRAKASH NARAYAN PRASAD	• SEX : MALE
• REFERRED BY : DR. -----	• AGE : 43 YEARS
• CID NO : 2333100296	• DATE : 27/11/2023

## 2D-Echocardiogram & Doppler Report

### Cardiac Evaluation:

#### DIMENSIONS:

IVSd	10.8	mm
IVSs	13.9	mm
LVIDd	45.1	mm
LVIDs	32.1	mm
LVPWd	10.4	mm
LVPWS	12.6	mm
LVEF	55	%
AO	29.9	mm
LA	35.6	mm
AVC	14.9	mm

#### MORPHOLOGICAL DATA

Mitral Valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
IAS / IVS	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
Pericardium	Normal
LV Studies	Normal


**DOPPLER DATA:**

Mitral E velocity	0.93	cm/s	
Mitral A velocity	0.60	cm/s	
Mitral E/A	1.55		
AV max	0.96	cm/s	PG 3.7 mmhg
PV max	0.80	cm/s	PG 2.6 mmhg
TR max	1.77	cm/s	PG 25 mmhg

**IMPRESSION:**

- Normal dimensions of all cardiac chambers.
- No RWMA.
- Good LV systolic Function. LVEF = 55 %.
- No clot/vegetation/effusion.
- No PH. (PASP by TR jet 25 mm Hg).

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

  
**DR. SMITA VALANI**  
**M.B.B.S., D. Cardiology**  
**Reg. No. 2011/03/0587**  
**CONSULTANT CARDIOLOGIST**

Date:- 27/11/23  
 Name:- Prakash Narayan Prasad  
 Sex / Age: 43 / M  
 CID: 2333/00296

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO

	RE	LE
	6/6	6/6
	N/G	N/G

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision:  Normal /  Abnormal

Remark:

SUBURBAN DIAGNOSTICS PRIVATE LIMITED.  
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 Phone: 022-6170-0000



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Consulting Dr. : -  
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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
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.70	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.9	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6110	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	46.8	20-40 %	
Absolute Lymphocytes	2859.5	1000-3000 /cmm	Calculated
Monocytes	4.1	2-10 %	
Absolute Monocytes	250.5	200-1000 /cmm	Calculated
Neutrophils	47.1	40-80 %	
Absolute Neutrophils	2877.8	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	79.4	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	42.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	150000 (In Aggregates)	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	19.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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**Reg. Location** : Bhayander East (Main Centre)

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**Reported** : 27-Nov-2023 / 13:18

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Platelet count may not be representative due to presence of platelet aggregates
COMMENT	-

Advice : Repeat estimation with EDTA and Citrate whole blood sample for accurate platelet count if clinically indicated.

Result rechecked  
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      21                      2-15 mm at 1 hr.                      Sedimentation

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



*J. Thakker*

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





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Age / Gender : 43 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

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Reported : 27-Nov-2023 / 18:31

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	83.9	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

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



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Reg. Location : Bhayander East (Main Centre)

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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	25.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.94	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	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	4.1	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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



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**Pathologist & AVP( Medical Services)**



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Collected : 27-Nov-2023 / 08:30  
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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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.

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

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



*Thakker*

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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	0.827	<4.0 ng/ml	CLIA

**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- $\alpha$ -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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*

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



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Collected : 27-Nov-2023 / 08:30  
Reported : 27-Nov-2023 / 17:06

**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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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

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



*J. Thakker*

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	219.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	234.0	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	28.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	190.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	144.4	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	45.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.0	0-3.5 Ratio	Calculated

Result rechecked.  
Kindly correlate clinically.

Note: LDL test is performed by direct measurement.

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



*Thakker*

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Reported : 27-Nov-2023 / 13:28

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	5.48	0.35-5.5 microIU/ml	ECLIA

**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)



*Bmhasakar*

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



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2333100296  
**Name** : MR.PRAKASH NARAYAN PRASAD  
**Age / Gender** : 43 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Bhayander East (Main Centre)

**Collected** : 27-Nov-2023 / 08:30  
**Reported** : 27-Nov-2023 / 13:28

\*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 40/2D ECHO**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	28.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	31.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	69.5	40-130 U/L	Colorimetric

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



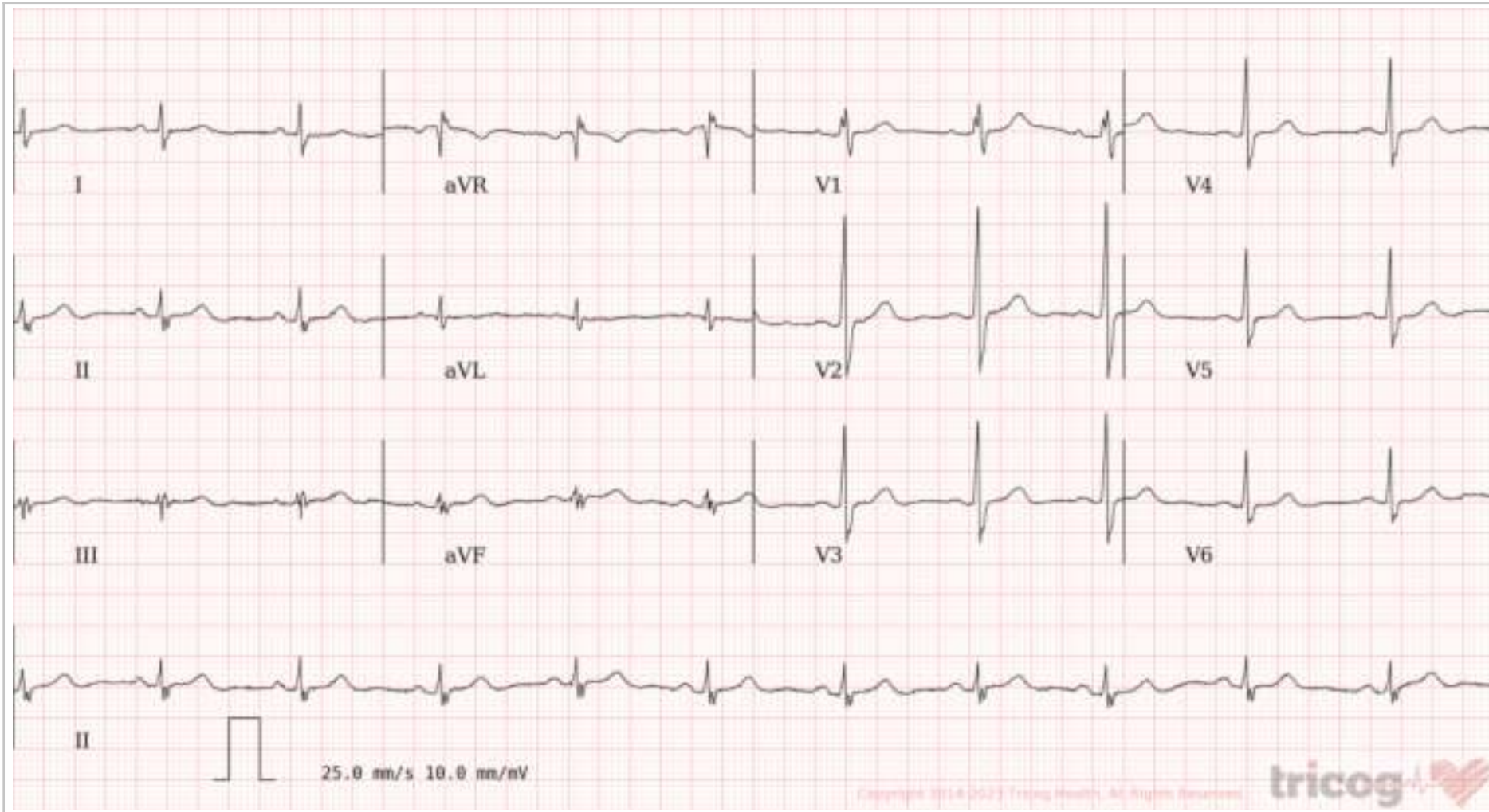
*Bmhasakar*

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

# SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: PRAKASH NARAYAN PRASAD    Date and Time: 27th Nov 23 10:11 AM  
Patient ID: 2333100296



Age **43**    **NA**    **NA**  
          years    months    days

Gender **Male**

Heart Rate **68bpm**

### Patient Vitals

BP:        NA  
Weight:    NA  
Height:    NA  
Pulse:     NA  
Spo2:     NA  
Resp:     NA  
Others:    \_\_\_\_\_

### Measurements

QRSD:    102ms  
QT:       402ms  
QTcB:    427ms  
PR:      172ms  
P-R-T:    49° 30° 70°

ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Prominent R wave in V1-V3. Please correlate clinically.

REPORTED BY

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



**CID** : 2333100296  
**Name** : Mr PRAKASH NARAYAN PRASAD  
**Age / Sex** : 43 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 27-Nov-2023  
**Reported** : 27-Nov-2023/12:53

**X-RAY CHEST PA VIEW**

Orthopedic implant seen in situ in right clavicle.

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.

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

**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.



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Application To Scan the Code

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