



CID : 2330119345
Name : Mr SANDIP SINHA
Age / Sex : 55 Years/Male
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 28-Oct-2023
Reported : 28-Oct-2023/17:34

X-RAY CHEST PA VIEW

Evidence of mild bilateral bronchovascular prominence noted.

Rest of the bilateral lung fields appear normal.

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:

Mild bilateral bronchovascular prominence noted.

ADVICE : Clinical correlation.

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

Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297




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Download Date: 22/12/2022





भारत सरकार
GOVERNMENT OF INDIA

श्री/श्रीमती
Sandip Sinha
जन्म तिथि/DOB: 11/01/1968
पुरुष/ MALE
Mobile No: 9167125665
7060 8234 1855
VID : 9199 9052 9946 4172

भारत सरकार
भारतीय पहचान

Issue Date: 11/02/2017



Dr. Aika Patnaik
M.B.B.S., C.G.O. Nagpur Reg. No. 73367
Dr. Postgraduate - U.K. Reg. No. 01-355

SUBURBAN DIAGNOSTICS (I) PVT LTD
FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI - 400703

PHYSICAL EXAMINATION REPORT

Patient Name	Sandip Sinha	Sex/Age	55 year / male
Date	28/10/23	CID	2330119345

History and Complaints

No symptoms.

EXAMINATION FINDINGS:

Height (cms):	168	Temp (0c):	Afebrile
Weight (kg):	92	Skin:	No discoloration
Blood Pressure	120/70	Nails:	No clubbing
Pulse	70/min	Lymph Node:	No lymphadenopathy
BMI	32.6		

Systems :

Cardiovascular:	Sn & P
Respiratory:	A&S
Genitourinary:	NAD
GI System:	Ⓢ
CNS:	EMGVS

Impression: Chest X Ray → Evidence of mild bronchovascular prominence.
 Bilateral renal cysts.
 USG Abdomen → Grade 7 Fatty Liver, Bilateral renal non-obstructive Lt renal cortical cyst, mild prostatic megaly with significant jet voids.
Advice: 2D Echo → Grade 7 Prostate Dysfunction.
 Prediabetic blood sugar levels.

Adv
 → Referral to physician for further opinion & management
 - Referral to Urologist for prostatic megaly


CHIEF COMPLAINTS:

1)	Hypertension:	YES
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	Operated for renal calculi.
17)	Musculoskeletal System	NO

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	VEG, NON VEG.
4)	Medication	TAB. METOPROLOL + CILINIDIPINE 50mg TAB. ATORVA STATIN 10mg

SUBURBAN DIAGNOSTICS (I) PVT LTD
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SECTOR 17 VASHI
NAVI MUMBAI :- 400703


Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 73107
Dip. Psychotherapy-U.K. Reg. No. OF 555

Date:- 28/10/23
Name:- Sandeep Sinha
CID: 2330119345
Sex / Age: 55 years / male

EYE CHECK UP

Chief complaints: No symptoms
Systemic Diseases: NAD
Past history: Hypertension, Dyslipidemia

Unaided Vision:
Aided Vision: Aided
Refraction:


R	6/6	NG
L	6/6	NG

	(Right Eye)				(Left Eye)				
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn	
Distance	_____				6/6	_____			6/6
Near	_____				NG	_____			NG

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT LTD
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ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI :- 400703


Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 7
Dip. Physiotherapy-U.K. Reg. No. 01500

55 NA NA
years months days

Gender: Male

Heart Rate: 68bpm

Patient Vitals

BP: 120/70 mmHg

Weight: 92 kg

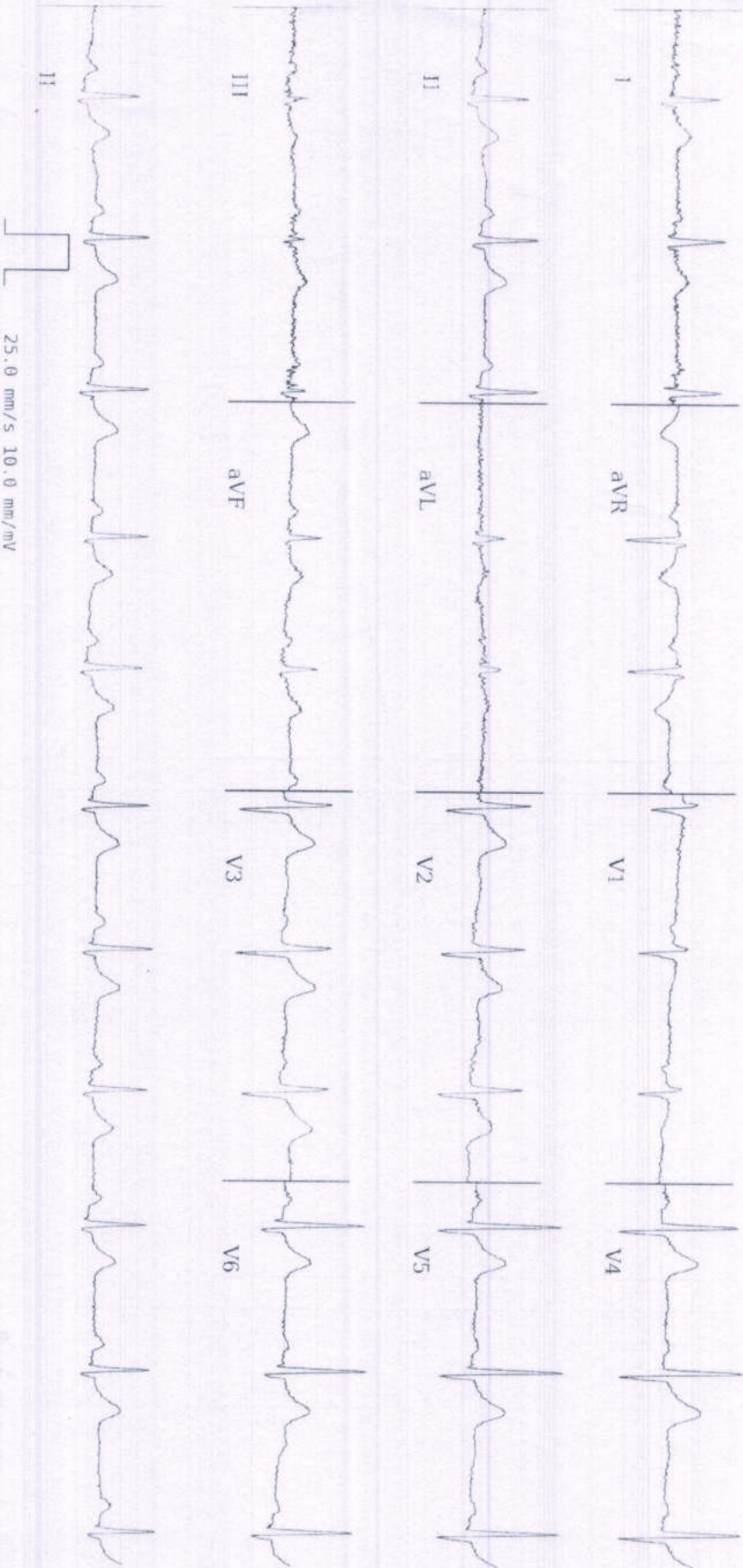
Height: 168 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:



Measurements

QRSD: 92ms
QT: 380ms
QTcB: 40+ms
PR: 160ms
P-R-T: 65 37-53°

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

REPORTED BY

Dr. Anshul Dasgupta
VIBHS DNB
Reg. 2008 02 0930

-NAME :-MR.SANDIP SINHA	AGE :- 55 YRS
SEX :- MALE	DATE :-28/10/2023
CID NO :-2330119345	

2D Echo and Colour doppler report

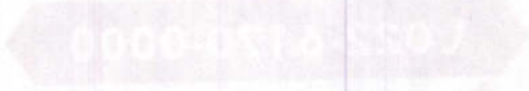
All cardiac chambers are normal in dimension
 No obvious resting regional wall motion abnormalities (RWMA)
 Interatrial and Interventricular septum – Appears Normal
 Valves –Appears Structurally normal
 Good biventricular function.
 IVC is normal.
 Pericardium is normal.
 Great vessels - Origin and visualized proximal part are normal.
 No coarctation of aorta.

Doppler study

Normal flow across all the valves.
 No pulmonary hypertension.
 Grade I diastolic dysfunction.

Measurements

Aorta annulus	18 mm
Left Atrium	28 mm
LVID(Systole)	16 mm
LVID(Diastole)	40 mm
IVS(Diastole)	10 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%



Conclusion

Good biventricular function

No RWMA

Valves – Structurally normal

Grade I diastolic dysfunction

No PAH

*** END OF THE REPORT ***

Dasgupta **Dr. Anirban Dasgupta**
MBBS DNB
Reg. No. 2005/02/0920
Suburban Diagnostics (Vashi)

Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).



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Reg. Date : 28-Oct-2023
Reported : 30-Oct-2023 / 11:51

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. The right kidney shows upper pole calculus of size 4.1 mm, mid pole calculi of sizes 3.6 mm and 2.5 mm and lower pole calculus of size 3.4 mm. The left kidney shows upper pole calculus of size 7.9 mm, lower pole calculus of size 4.6 mm. The Left kidney shows a tiny exophytic simple cyst of size 5 mm. No evidence of hydronephrosis or mass lesion seen.

Right kidney measures 9.7 x 4.3 cm.

Left kidney measures 10.5 x 4.2 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.

Prevoid volume - 283 cc,

Postvoid residue -52 cc (significant).

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102808521680>

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PROSTATE:

The prostate is enlarged in size. It measures 4.8 x 3.1 x 3.8 cm and volume is 30 cc. Prostatic calcification is noted.

IMPRESSION:

Grade I fatty infiltration of the live
Bilateral renal non obstructive calculi .
Left renal simple cortical cyst
Mild prostatomegaly with significant postvoid residual urine.

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist

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Reported : 28-Oct-2023 / 14:36

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	15.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.76	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.0	40-50 %	Measured
MCV	83	80-100 fl	Calculated
MCH	26.8	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5700	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.1	20-40 %	
Absolute Lymphocytes	1829.7	1000-3000 /cmm	Calculated
Monocytes	10.3	2-10 %	
Absolute Monocytes	587.1	200-1000 /cmm	Calculated
Neutrophils	54.4	40-80 %	
Absolute Neutrophils	3100.8	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	136.8	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	45.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	175000	150000-400000 /cmm	Elect. Impedance
MPV	12.4	6-11 fl	Calculated
PDW	25.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

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

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



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Reported : 28-Oct-2023 / 17:07

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	114.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	170.5	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 Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.95	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	95	(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	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	6.2	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.0	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

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



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M.D (Path)
Pathologist



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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	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 28-Oct-2023 / 08:58
Reported : 28-Oct-2023 / 15:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	1.410	<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- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

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



Anupa

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Neutral (7.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

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



J. Mujawar

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Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	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	2-3	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	8-10	Less than 20/hpf	

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 Panvel Lab, Panvel East

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

PARAMETER	RESULTS
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 ***



Dr. Vrushi Shroff

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



CID : 2330119345
Name : MR.SANDIP SINHA
Age / Gender : 55 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	130.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	211.6	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	32.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	98.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	72.7	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	25.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

Note : LDL measurement is done by Direct method.

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



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.94	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)



J. Mujawar

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Pathologist



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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	0.73	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.31	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	14.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	71.6	40-130 U/L	Colorimetric

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



J. Mujawar

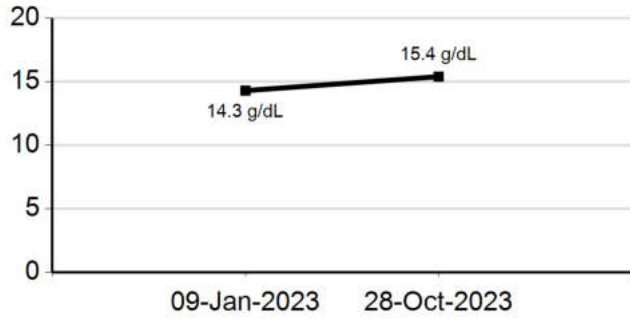
Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



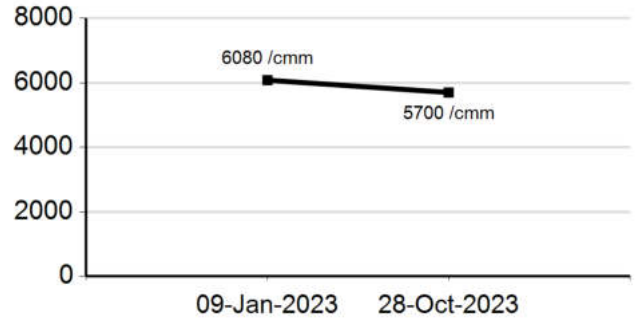
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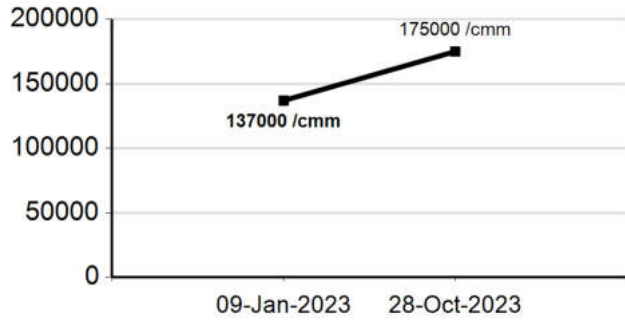
Haemoglobin



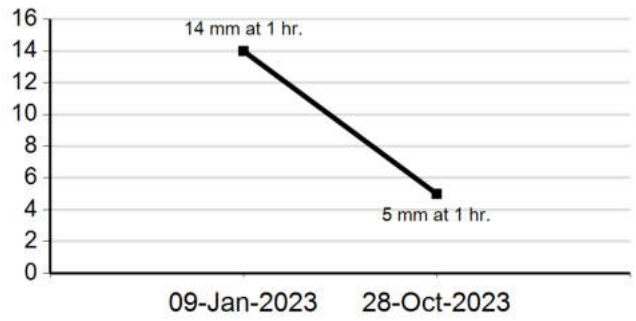
WBC Total Count



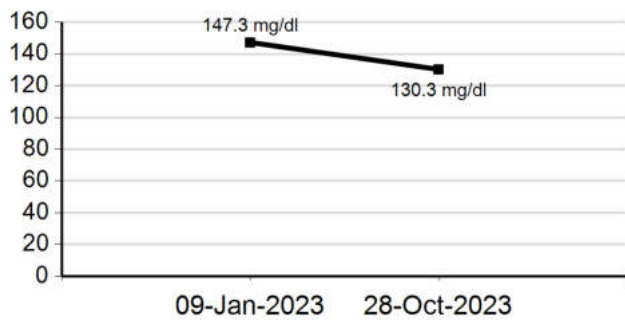
Platelet Count



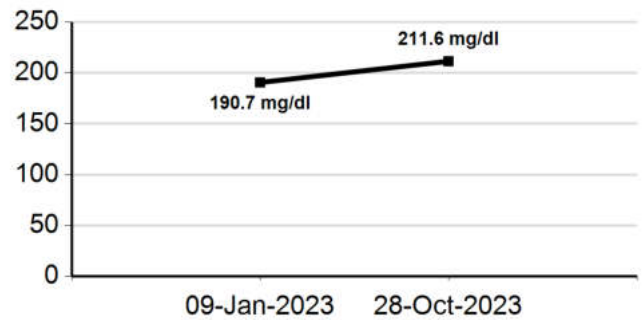
ESR



CHOLESTEROL



TRIGLYCERIDES

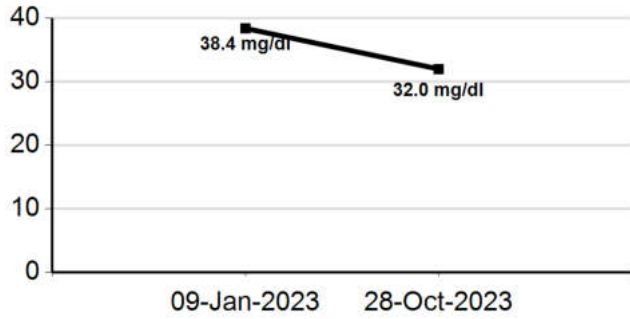




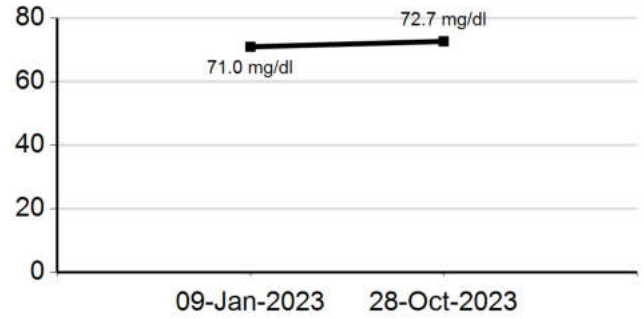
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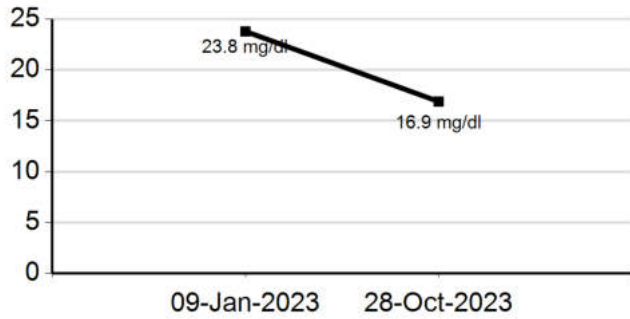
HDL CHOLESTEROL



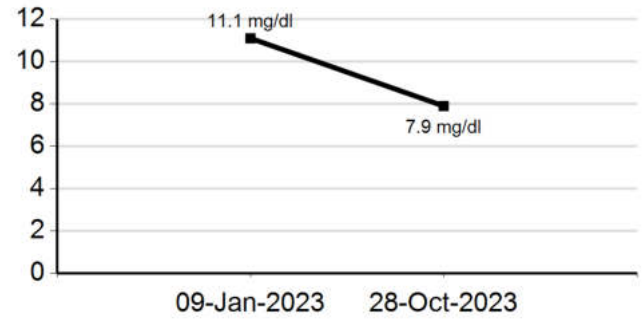
LDL CHOLESTEROL



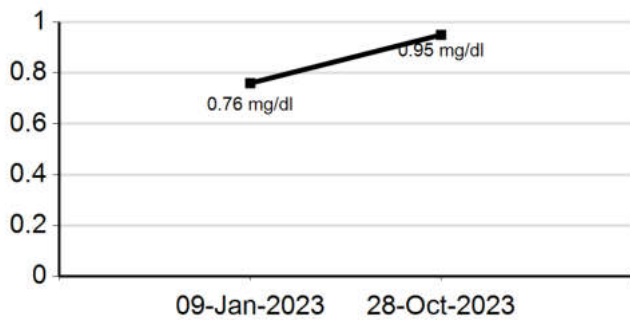
BLOOD UREA



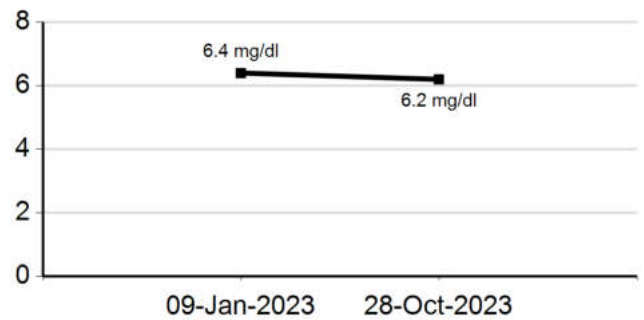
BUN



CREATININE



URIC ACID

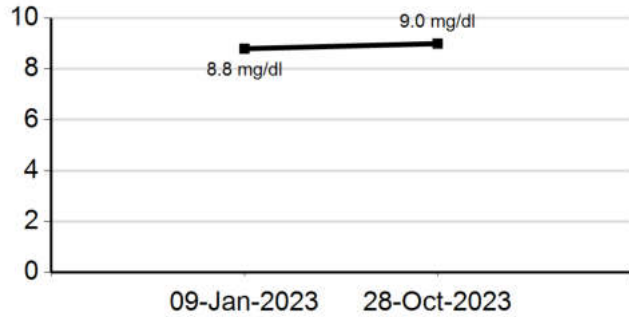




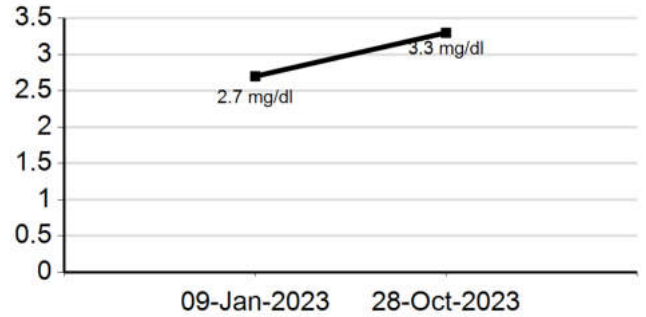
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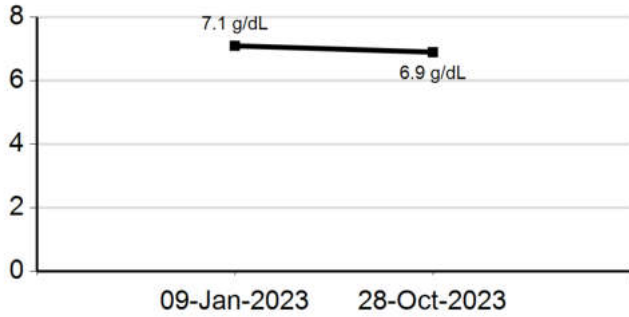
CALCIUM



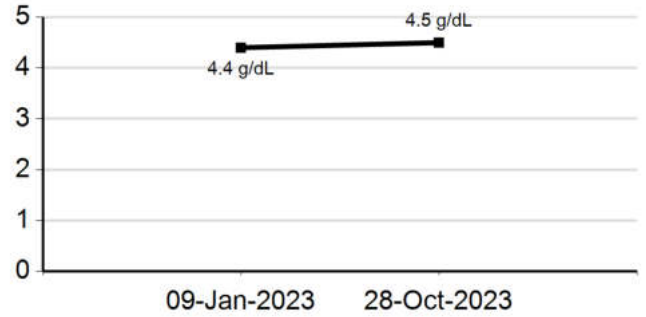
PHOSPHORUS



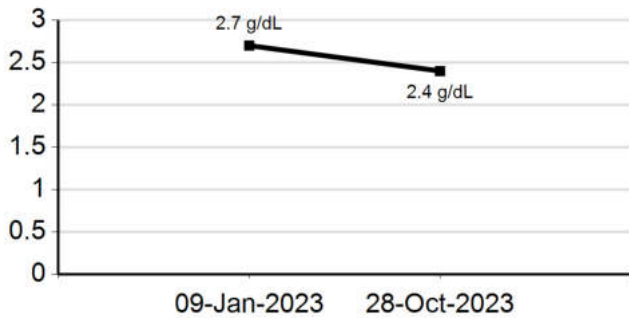
TOTAL PROTEINS



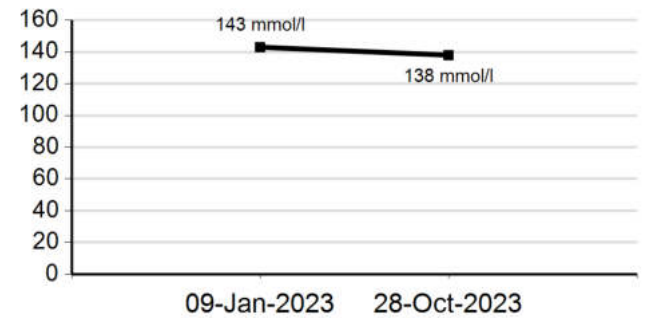
ALBUMIN



GLOBULIN



SODIUM

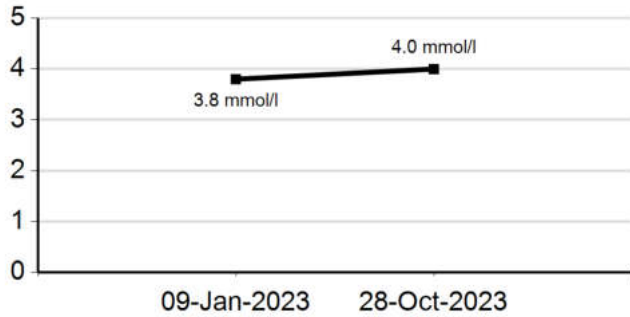




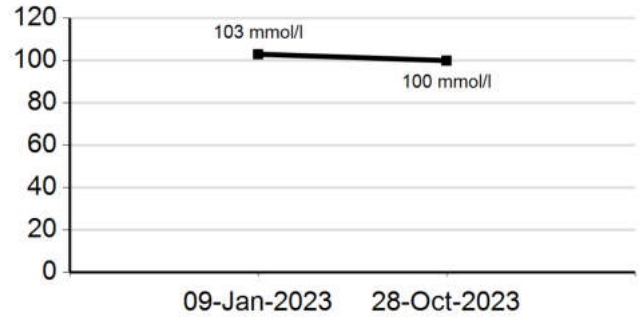
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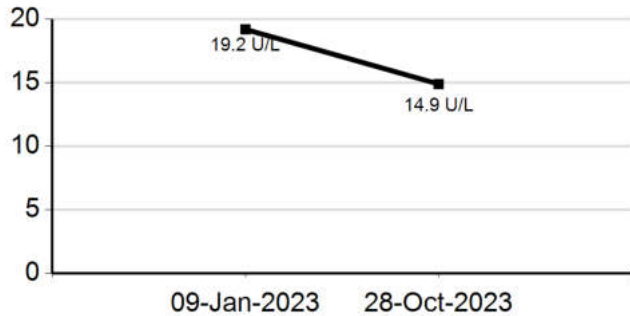
POTASSIUM



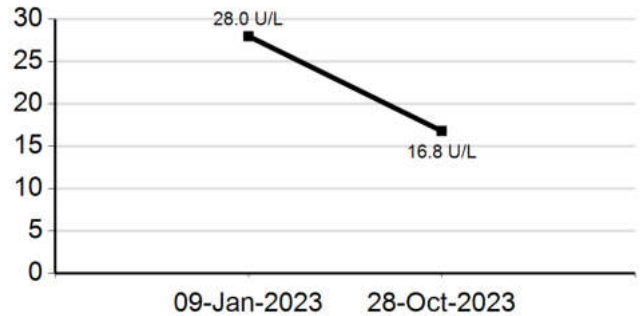
CHLORIDE



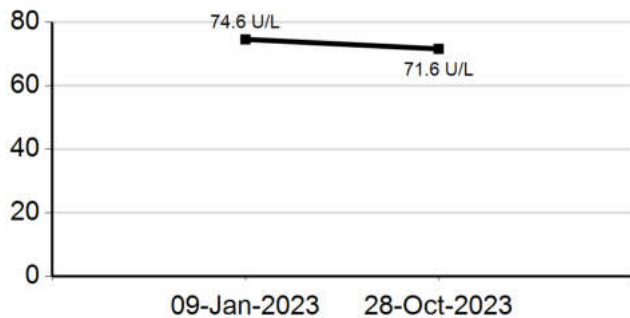
SGOT (AST)



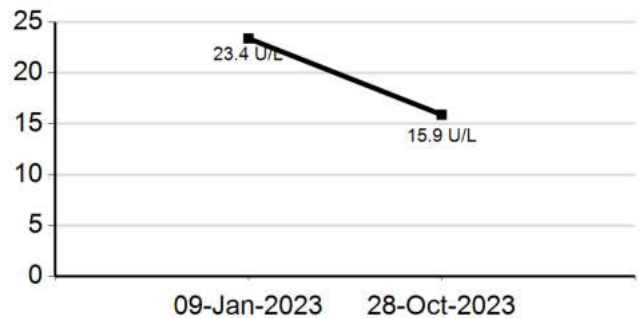
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

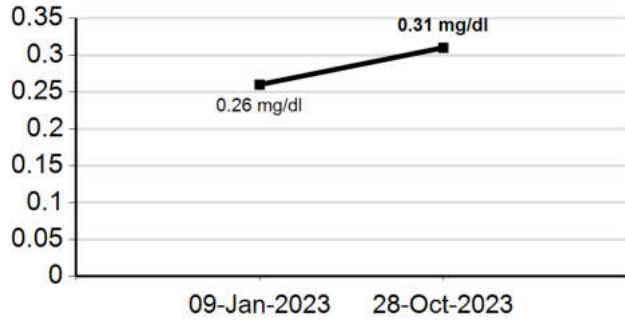




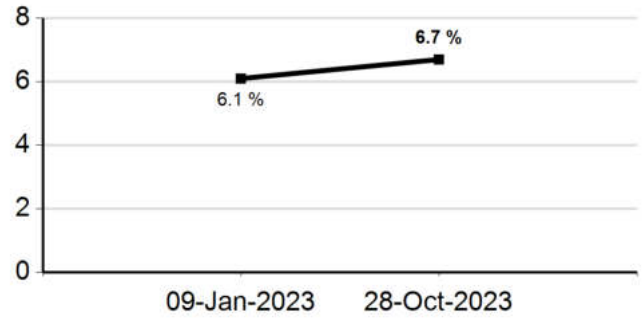
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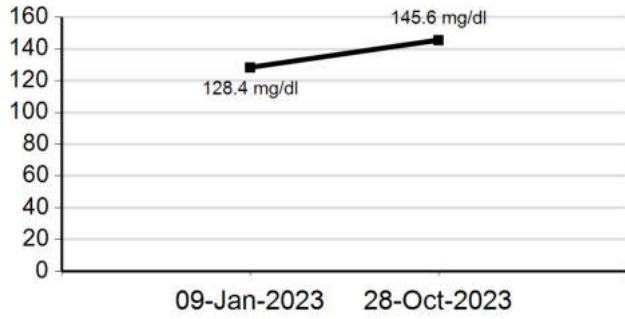
BILIRUBIN (DIRECT)



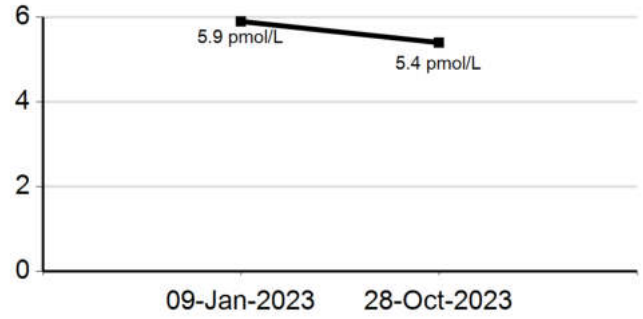
Glycosylated Hemoglobin (HbA1c)



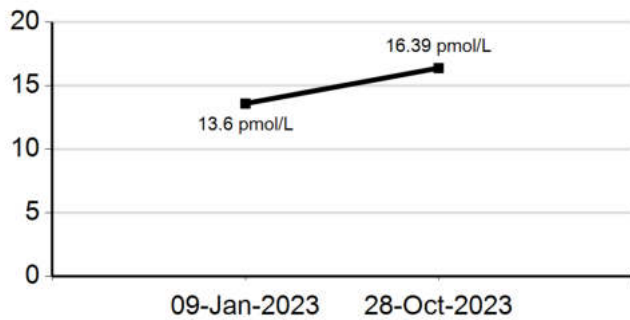
Estimated Average Glucose (eAG)



Free T3



Free T4



sensitiveTSH

