

PHYSICAL EXAMINATION REPORT

Patient Name	Himanshu Maharana	Sex/Age	M/41
Date	14/4/23	Location	Thane

History and Complaints

No-HTN

EXAMINATION FINDINGS:

Height (cms):	175	Temp (0c):	37.0
Weight (kg):	75.6	Skin:	NAD.
Blood Pressure	150/100	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

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

Impression:

↑ B.P.
USG - Fatty Liver with Hepatic Cysts.
HbA_{1c} - Prediabetic.
↓ HDL, Chol., TG's, Non HDL.

Advice:

- Physician's Consultation for
- Low Fat, Low sugar Diet ↑ B.P.
- Reg. Exercise.
- Repeat Lipid Profile, Sugar Profile after 6 Months.

1)	Hypertension:	Since 4-5 yrs.
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	Nil
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	Nil
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	- mixed
4)	Medication	- Tab. Amloras-At on & off.



Dr. Manasee Kulkarni
M.B.B.S.
2005/09/3439

Date:- 14/4/23 CID:
Name:- Himanshu Maheswar Sex / Age: M - 47

EYE CHECK UP

Chief complaints: 20/20

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 20/20 20/20

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
SF OPTOMETRIST



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CID : 2310417875
Name : MR.HIMANSU KUMAR MAHARANA
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:37
Reported : 14-Apr-2023 / 13:50

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.64	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.2	40-50 %	Measured
MCV	88.8	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6910	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	40.0	20-40 %	
Absolute Lymphocytes	2764.0	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	552.8	200-1000 /cmm	Calculated
Neutrophils	49.7	40-80 %	
Absolute Neutrophils	3434.3	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	158.9	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	281000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	13.2	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 12 2-15 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported : 14-Apr-2023 / 16:10

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	99.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.6	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	

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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	22.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.91	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	143	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.266	<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

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



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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)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	10	-	-
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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 insert

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Pathologist

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Reported : 14-Apr-2023 / 13:14

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 Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	201.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	179.9	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	37.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	163.9	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.0	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	35.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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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	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.19	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)



Imjawar

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Pathologist

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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	0.52	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	18.3	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	27.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	17.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	84.2	40-130 U/L	PNPP

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*** End Of Report ***



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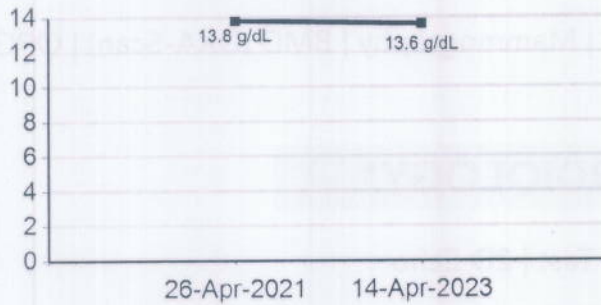
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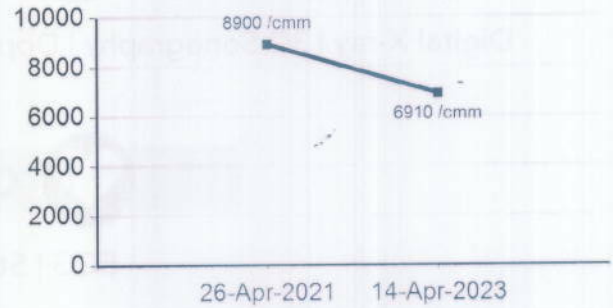
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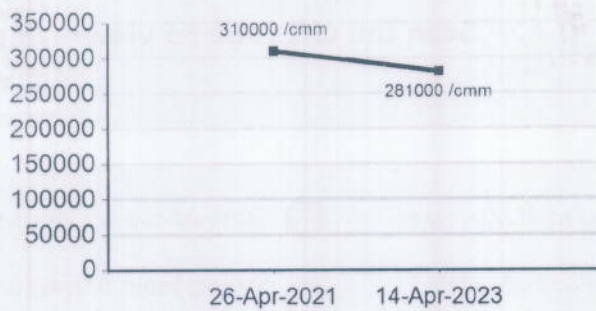
Haemoglobin



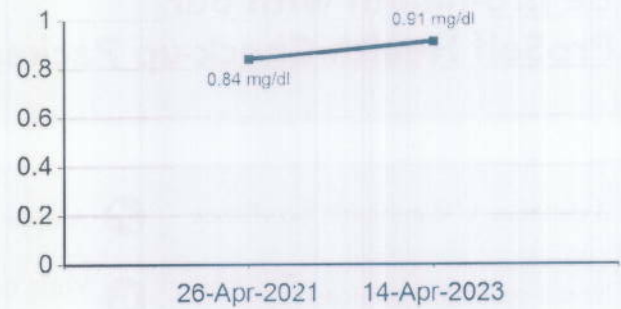
WBC Total Count



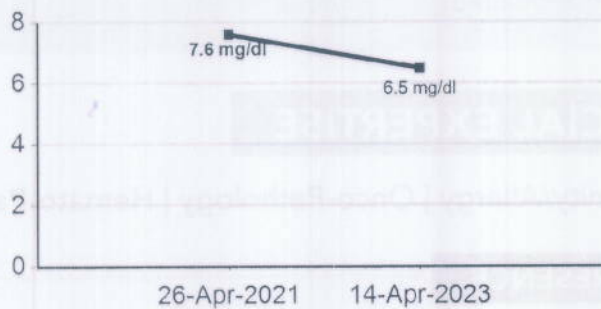
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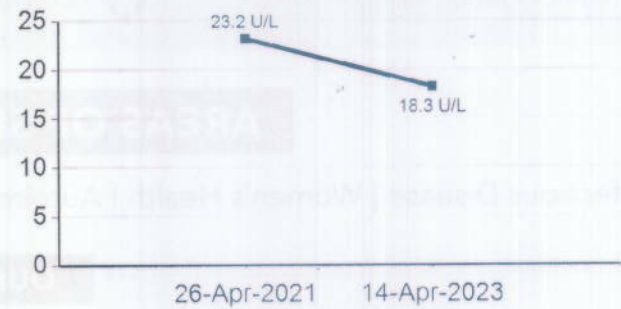
CREATININE



URIC ACID



SGOT (AST)



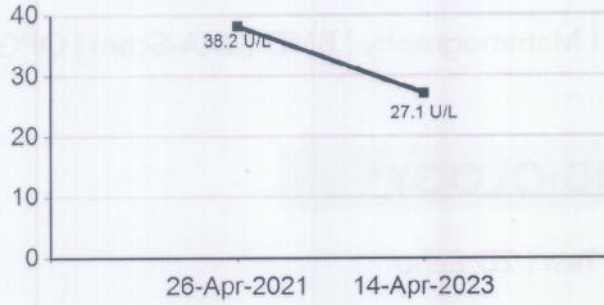
Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2310417875
 Name : MR.HIMANSU KUMAR MAHARANA
 Age / Gender : 41 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

SGPT (ALT)



11.1

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000



CID : 2310417875
Name : Mr HIMANSU KUMAR MAHARANA
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 14-Apr-2023
Reported : 14-Apr-2023 / 12:14

Use a QR Code Scanner
Application To Scan the Code

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 Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041410340646>

Page no 1 of 1

CID : 2310417875
Name : Mr HIMANSU KUMAR MAHARANA
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 14-Apr-2023
Reported : 14-Apr-2023 / 13:47

Use a QR Code Scanner
Application To Scan the Code

USG ABDOMEN AND PELVIS

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size and *shows increased echoreflexivity.. Few cysts are noted largest measuring 1.9 cm in left lobe of liver.* There is no intra-hepatic biliary radical dilatation

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 11.0 x 4.5 cm. Left kidney measures 10.1 x 5.1 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture . No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

[Click here to view images <<ImageLink>>](#)

Page no 1 of 2

CID : 2310417875
Name : Mr HIMANSU KUMAR MAHARANA
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 14-Apr-2023
Reported : 14-Apr-2023 / 13:47

Use a QR Code Scanner
Application To Scan the Code

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER WITH HEPATIC CYSTS.

Advice: Clinical co-relation sos further evaluation and follow up.

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 cases for confirmation / exclusion of diagnosis.

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



Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <<ImageLink>>

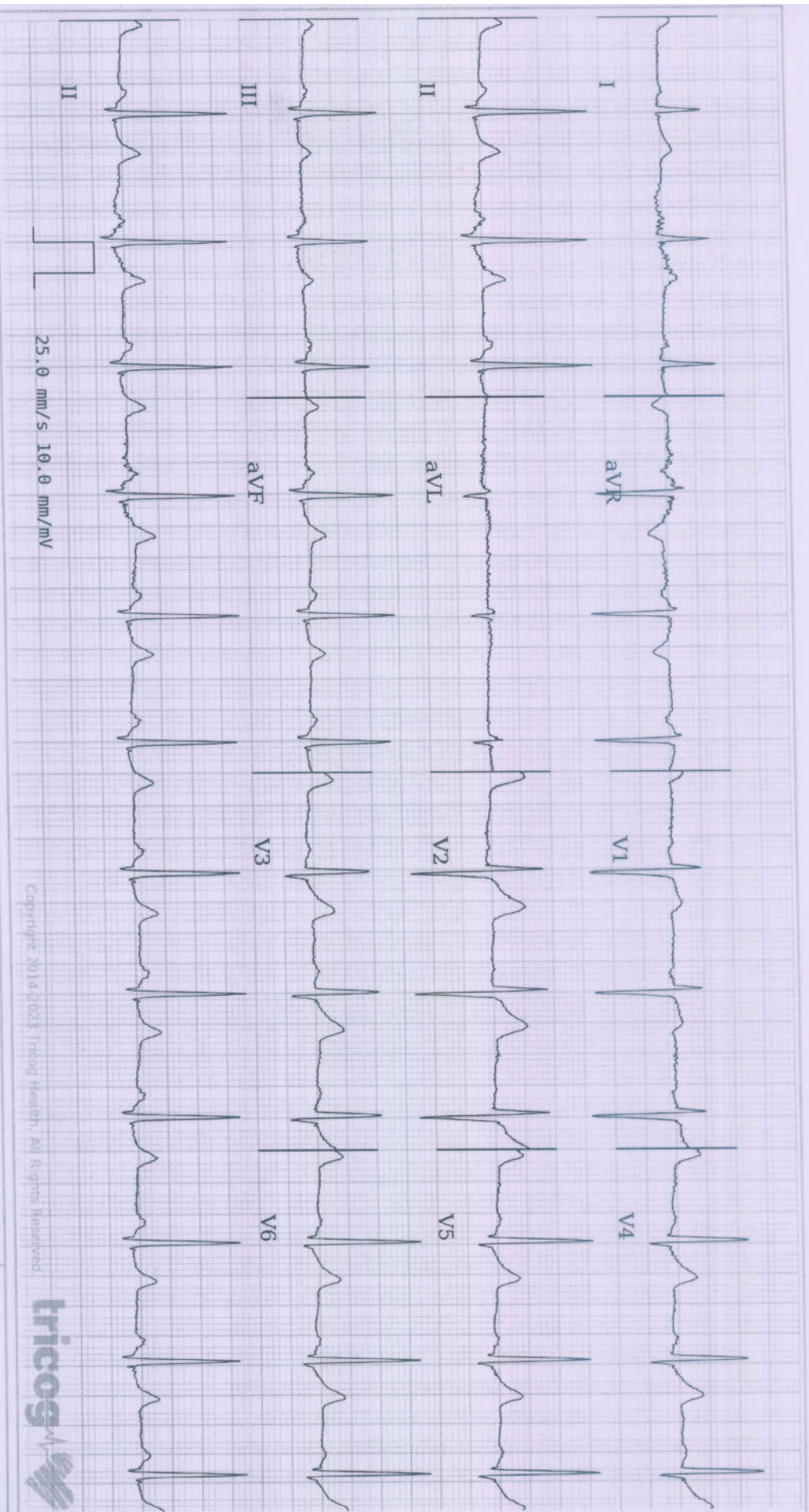
Page no 2 of 2



SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: HIMANSU KUMAR MAHARANA Date and Time: 14th Apr 23 12:14 PM

Patient ID: 2310417875



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Age **41** **8** **27**
years months days

Gender **Male**

Heart Rate **75bpm**

Patient Vitals

BP: 150/100 mmHg

Weight: 75 kg

Height: 175 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 88ms

QT: 372ms

QTcB: 415ms

PR: 146ms

P-R-T: 64° 61° 48°

REPORTED BY

DR. SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

896 (2310417875) / HIMANSHU MAHARANA / 41 Yrs / M / 175 Cms / 75 Kg
 Date: 14 / 04 / 2023 01:01:50 PM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	079	44 %	140/100	110	00	
Standing	00:25	0:11	00.0	00.0	01.0	079	44 %	140/100	110	00	
HV	00:35	0:10	00.0	00.0	01.0	080	45 %	140/100	112	00	
ExStart	00:45	0:10	00.0	00.0	01.0	080	45 %	140/100	112	00	
BRUCE Stage 1	03:45	3:00	01.7	10.0	04.7	112	63 %	150/100	168	00	
BRUCE Stage 2	06:45	3:00	02.5	12.0	07.1	125	70 %	160/100	200	00	
BRUCE Stage 3	09:45	3:00	03.4	14.0	10.2	154	86 %	170/100	261	00	
PeakEX	09:54	0:09	04.2	16.0	10.4	156	87 %	170/100	265	00	
Recovery	10:54	1:00	00.0	00.0	04.2	130	73 %	170/100	220	00	
Recovery	11:54	2:00	00.0	00.0	01.0	121	68 %	170/100	205	00	
Recovery	13:54	4:00	00.0	10.0	01.0	105	59 %	150/100	157	00	
Recovery	14:06	4:13	00.0	10.0	01.0	106	59 %	150/100	158	00	

FINDINGS :

Exercise Time : 09:09
 Initial HR (ExStrt) : 80 bpm 45% of Target 179
 Initial BP (ExStrt) : 140/100 (mm/Hg)
 Max Workload Attained : 10.4 Good response to induced stress
 Max ST Dep Lead & Avg ST Value: II & -3.7 mm in PeakEX
 Test End Reasons : , Fatigue ,heart Rate Achieved

Max HR Attained 156 bpm 87% of Target 179
 Max BP Attained 170/100 (mm/Hg)

Doctor : DR SHAILAJA PILLAI

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

REPORT



EMail: 856 / HIMANSHU MAHARANA / 41 Yrs / M / 175 Cms / 75 Kg Date: 14 / 04 / 2023 01:01:50 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 79.0 bpm, and the maximum predicted Target Heart Rate 179.0. The BP increased at the time of generating report as 170.0/100.0 mmHg. The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

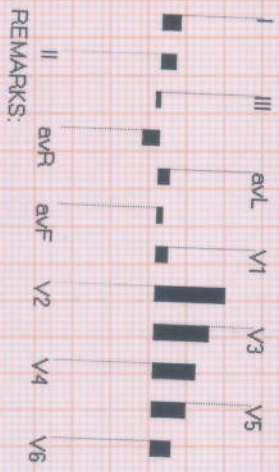
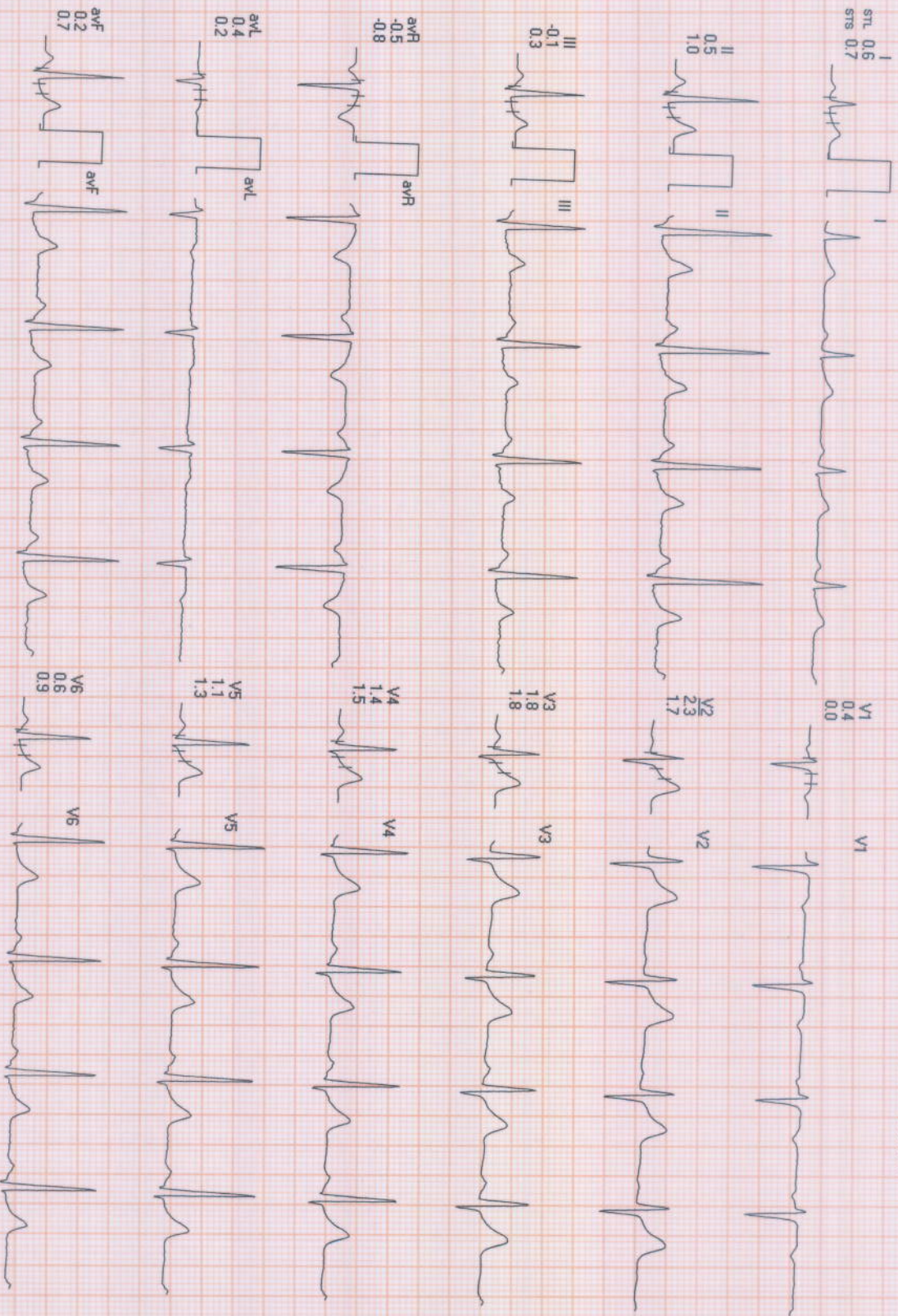
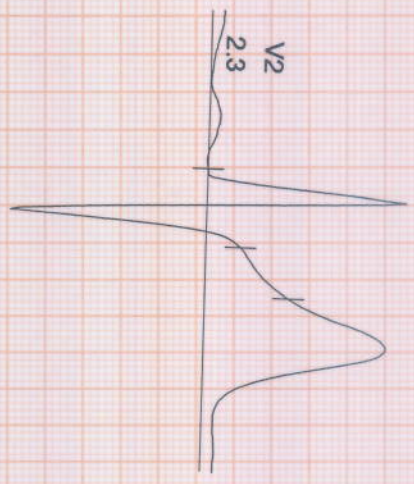
CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Doctor : DR SHAILAJA PILLAI

DR. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

4X 80 mS Post J



REMARKS:

SUPINE (00:01)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

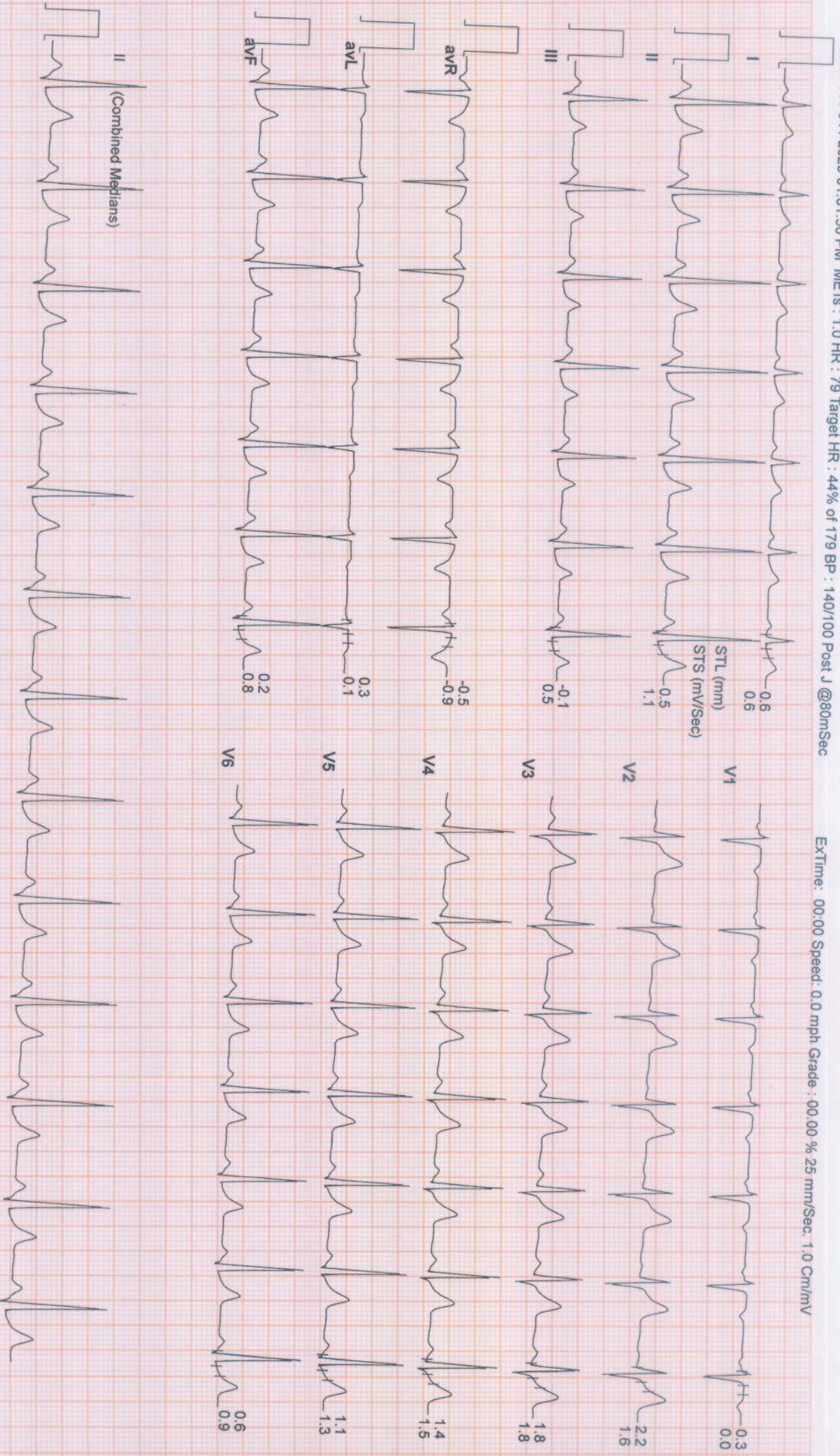
896 / HIMANSHU MAHARANA / 41 Yrs / Male / 175 Cm / 75 Kg

Date: 14 / 04 / 2023 01:01:50 PM METs : 1.0 HR : 79 Target HR : 44% of 179 BP : 140/100 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
STANDING (00:00)



ExTime : 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

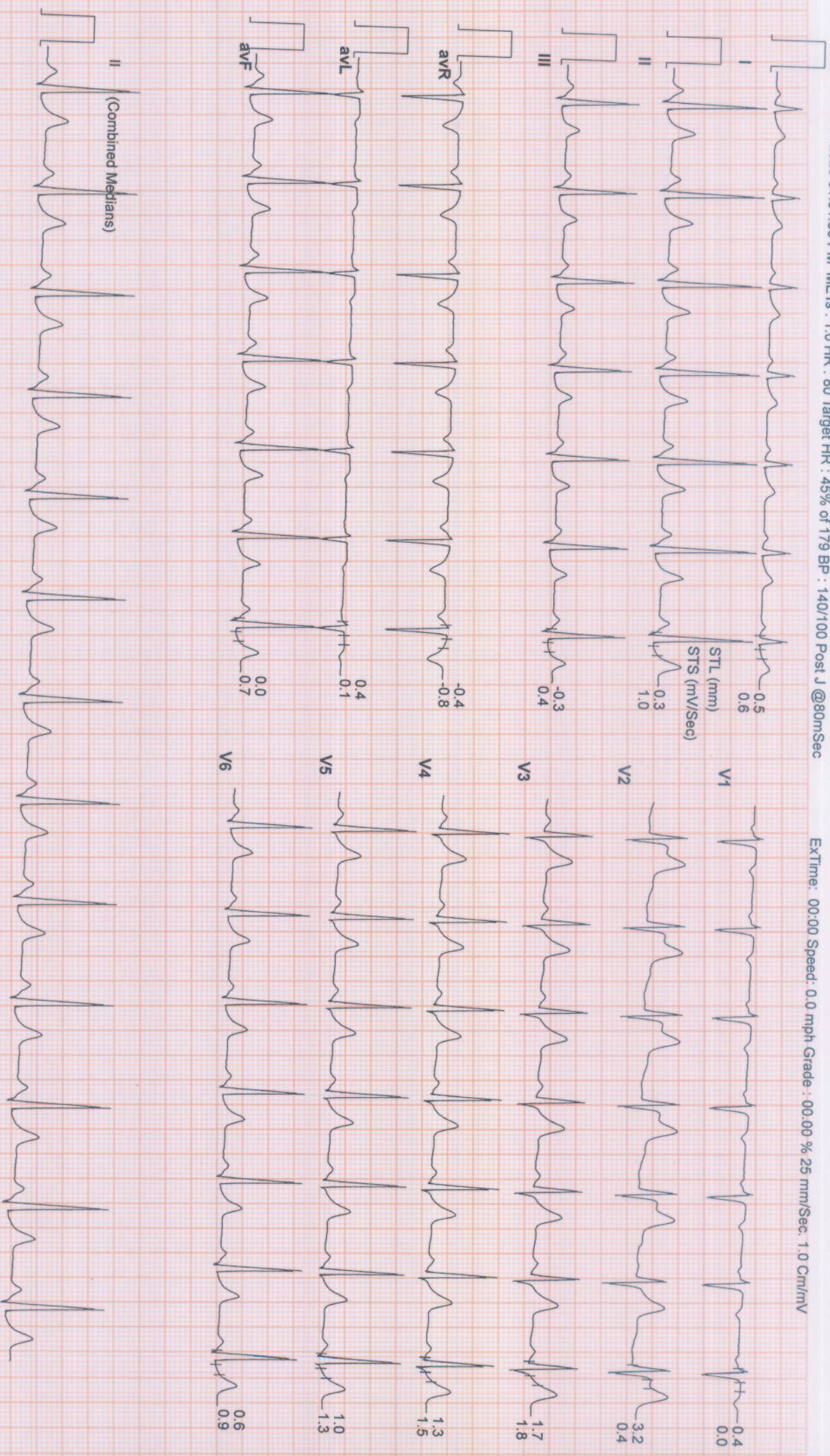
896 / HIMANSHU MAHARANA / 41 Yrs / Male / 175 Cm / 75 Kg

Date: 14 / 04 / 2023 01:01:50 PM METs : 1.0 HR : 80 Target HR : 45% of 179 BP : 140/100 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

HV (00:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

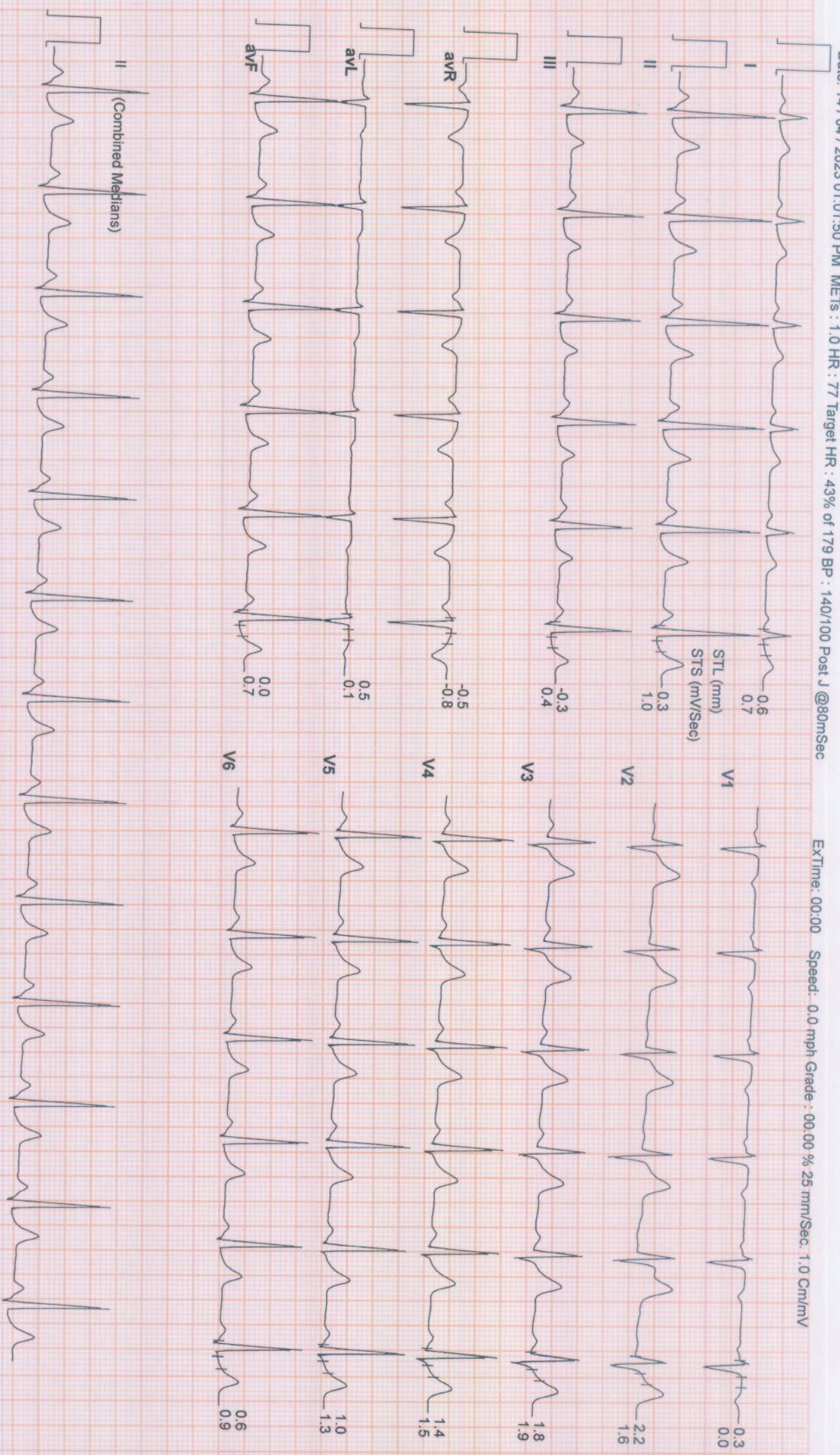
896 / HIMANSHU MAHARANA / 41 Yrs / Male / 175 Cm / 75 Kg

Date: 14 / 04 / 2023 01:01:50 PM METS : 1.0 HR : 77 Target HR : 43% of 179 BP : 140/100 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

EXStIt



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

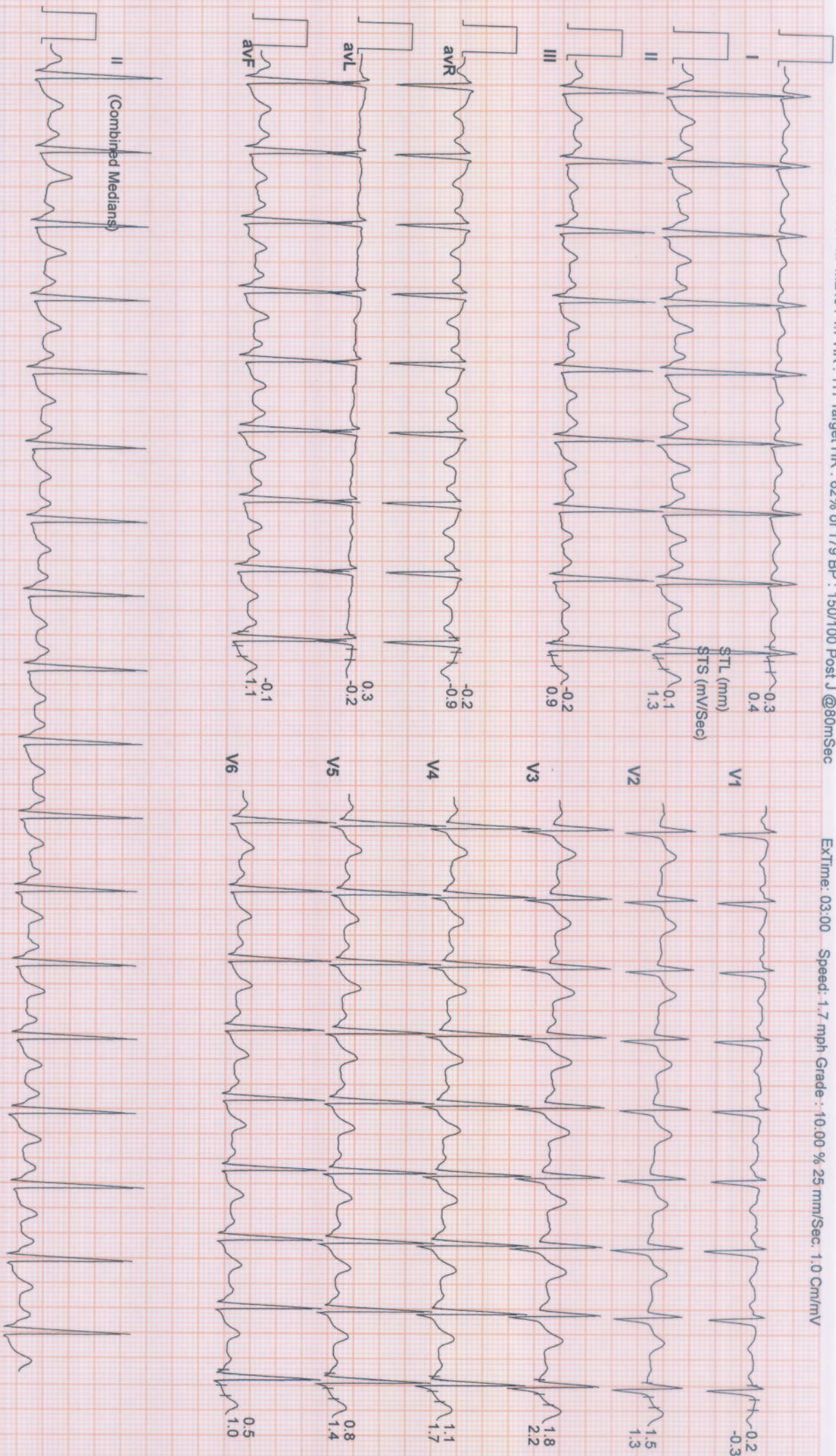
896 / HIMANSHU MAHARANA / 41 Yrs / Male / 175 Cm / 75 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 14 / 04 / 2023 01:01:50 PM METs : 4.7 HR : 111 Target HR : 62% of 179 BP : 150/100 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

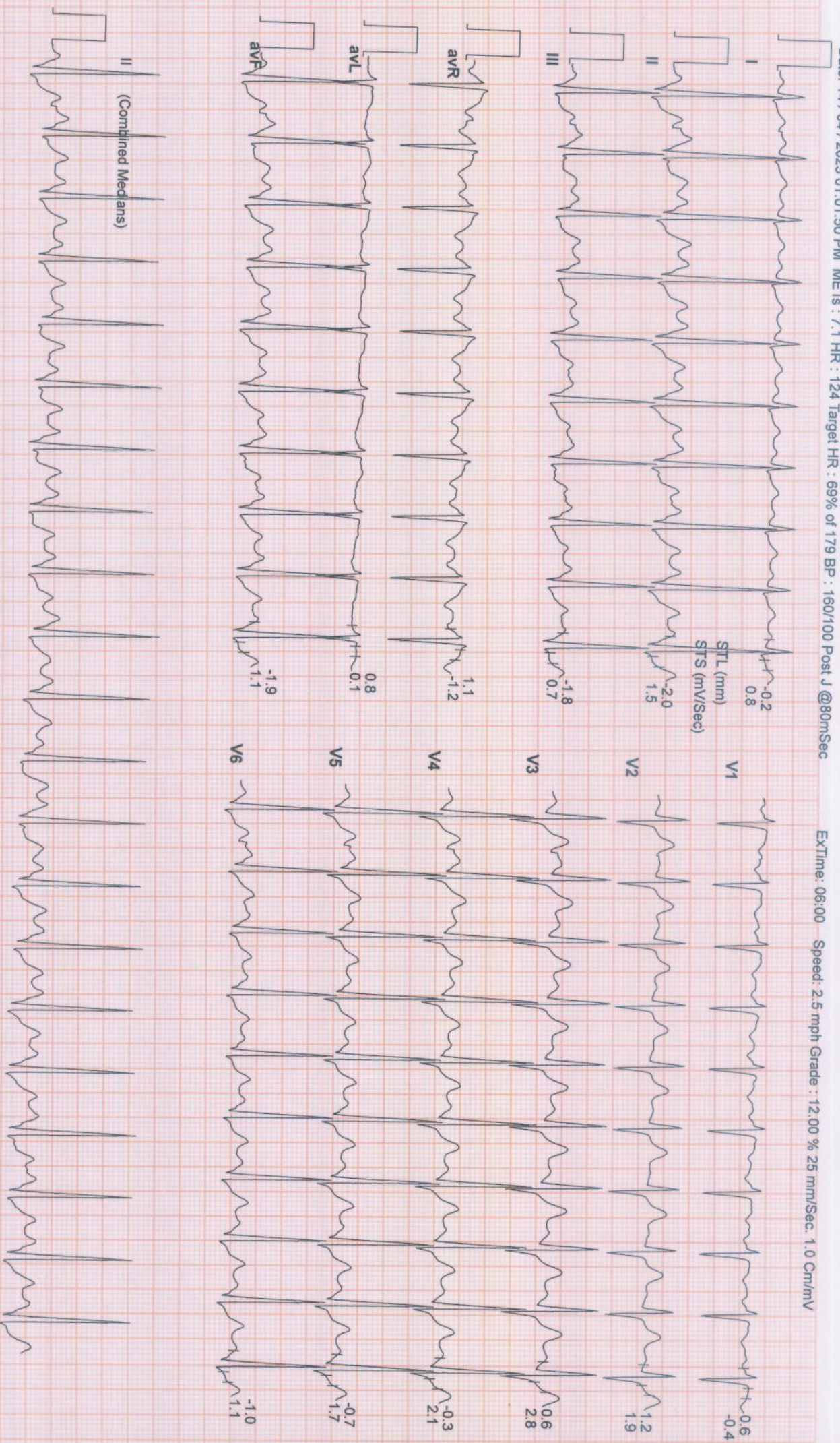
896 / HIMANSHU MAHARANA / 41 Yrs / Male / 175 Cm / 75 Kg

Date: 14 / 04 / 2023 01:01:50 PM METs : 7.1 HR : 124 Target HR : 69% of 179 BP : 160/100 Post J @80mSec

EXTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



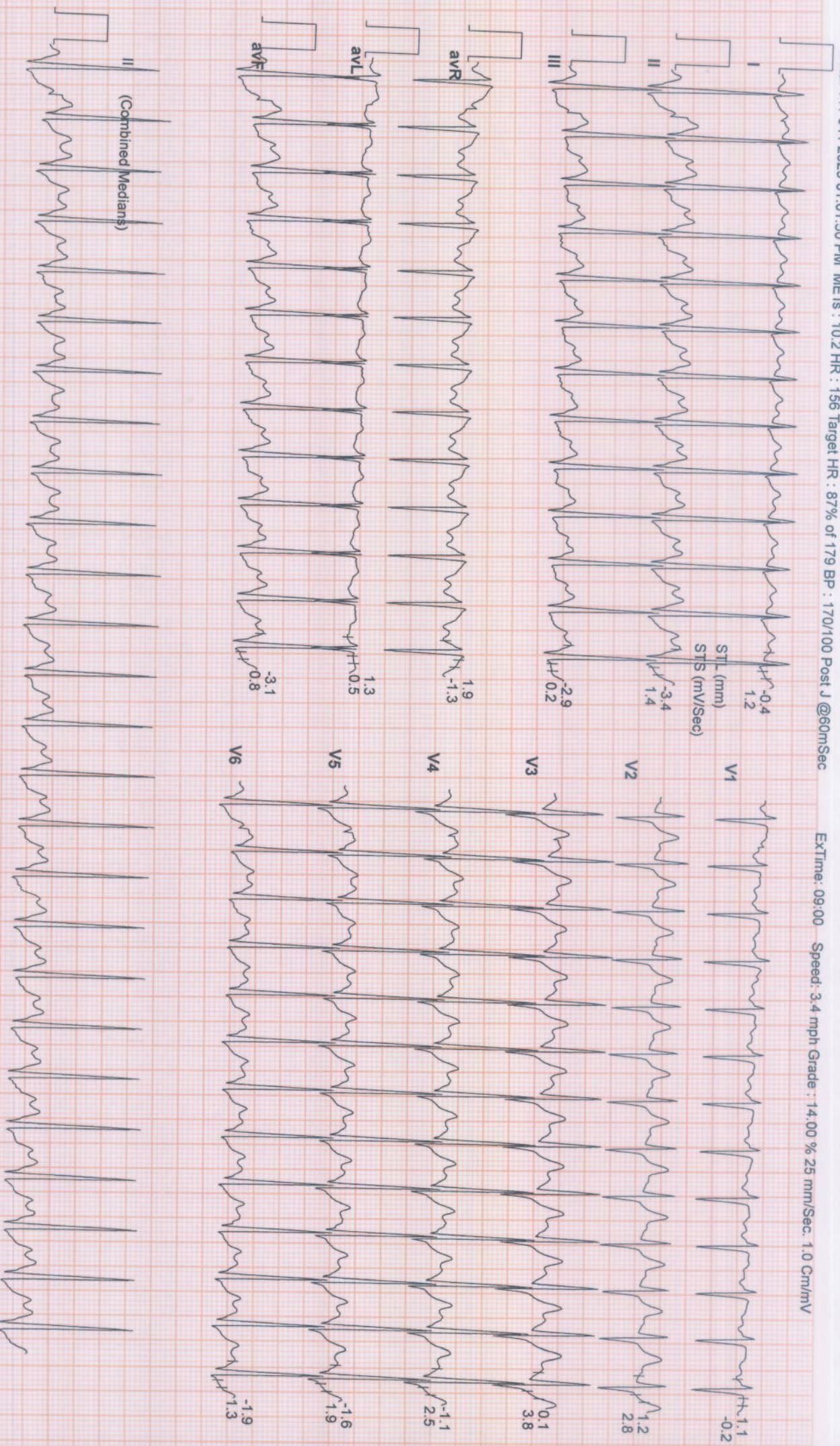
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

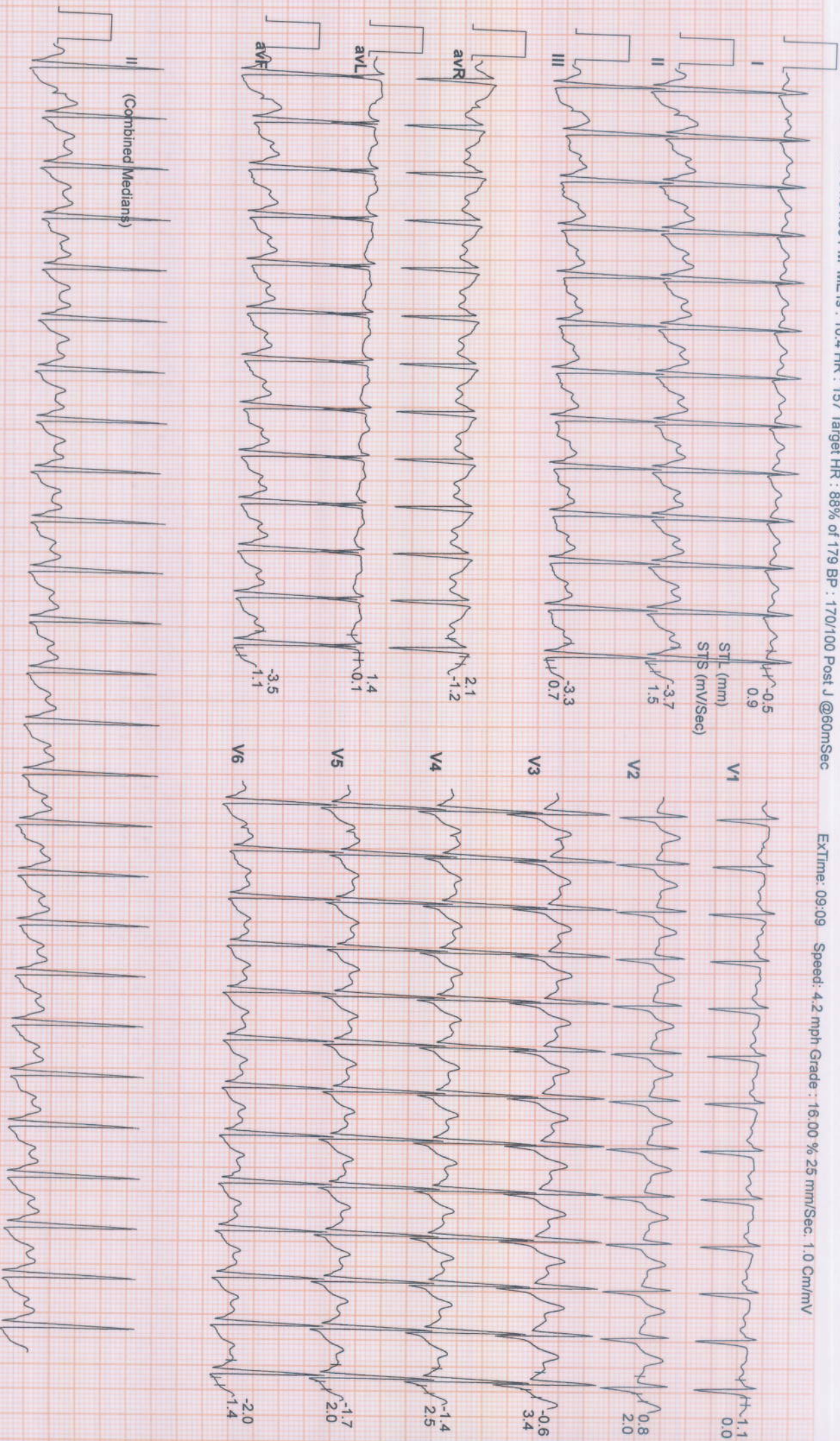
896 / HIMANSHU MAHARANA / 41 Yrs / Male / 175 Cm / 75 Kg

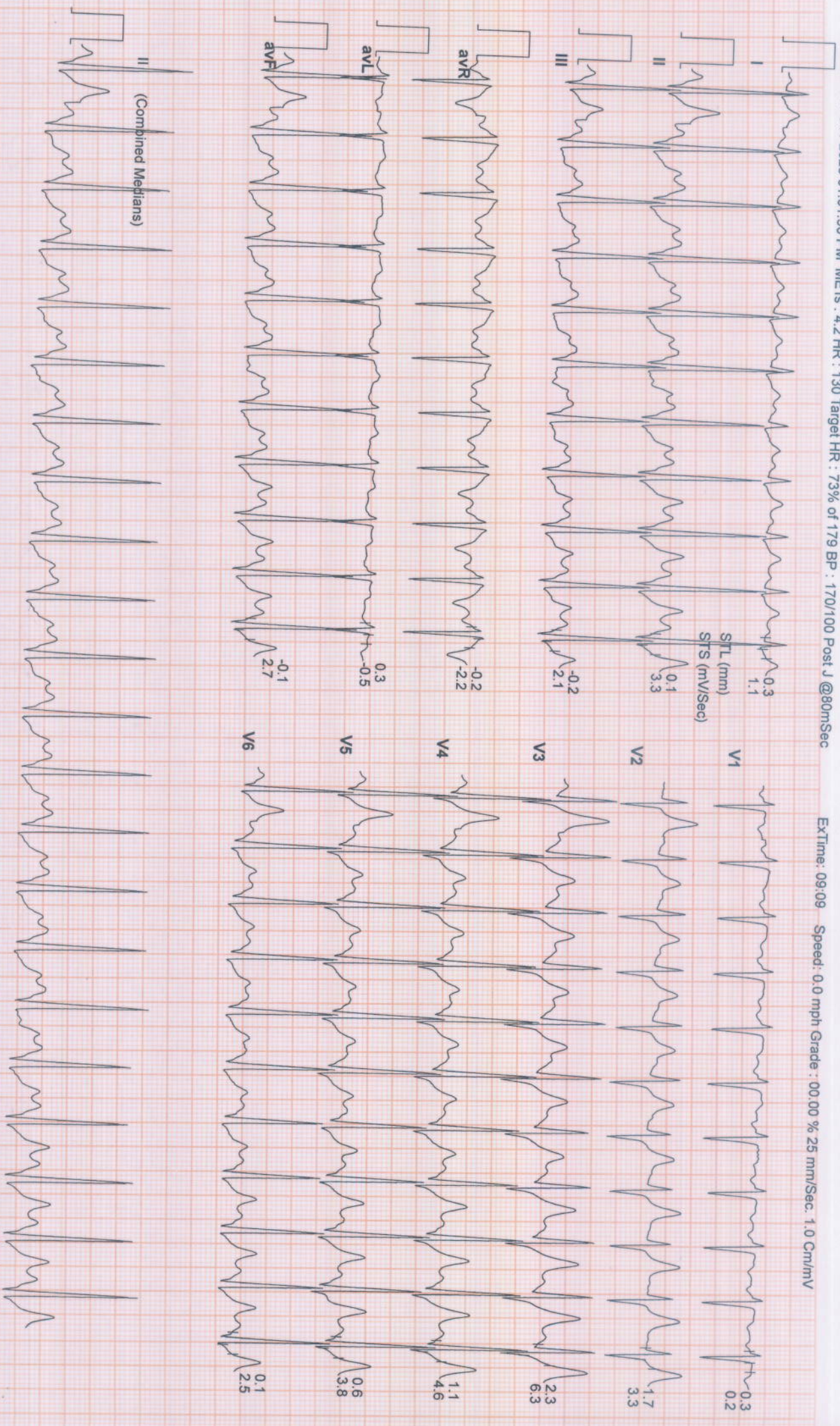
Date: 14 / 04 / 2023 01:01:50 PM METs : 10.2 HR : 156 Target HR : 87% of 179 BP : 170/100 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 3 (03:00)

ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV







SUBURBAN DIAGNOSTICS (THANE GB ROAD)

896 / HIMANSHU MAHARANA / 41 Yrs / Male / 175 Cm / 75 Kg

Date: 14 / 04 / 2023 01:01:50 PM METs : 1.0 HR : 121 Target HR : 68% of 179 BP : 170/100 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



EXTime: 09:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

