



CID : 2326618367
Name : MR.UDARAM VISHNOI
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	17.8	13.0-17.0 g/dL	Spectrophotometric
RBC	6.07	4.5-5.5 mil/cmm	Elect. Impedance
PCV	54.0	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5250	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.6	20-40 %	
Absolute Lymphocytes	1501.5	1000-3000 /cmm	Calculated
Monocytes	10.6	2-10 %	
Absolute Monocytes	556.5	200-1000 /cmm	Calculated
Neutrophils	54.2	40-80 %	
Absolute Neutrophils	2845.5	2000-7000 /cmm	Calculated
Eosinophils	6.2	1-6 %	
Absolute Eosinophils	325.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	21.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	227000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	13.9	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 -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation

*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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Reported : 23-Sep-2023 / 14:20

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	103.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.7	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
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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	12.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.98	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	98	(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	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	6.2	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	107	98-107 mmol/l	ISE

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*** End Of Report ***



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Reported : 23-Sep-2023 / 14:53

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	6.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	137.0	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 ***



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Dr.KETAKI MHASKAR
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Pathologist



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Reported : 23-Sep-2023 / 14:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.238	<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 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

*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 : 23-Sep-2023 / 10:15
Reported : 23-Sep-2023 / 13:39

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)	Acidic (6.0)	-
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
Reducing Substances	-	Absent

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



MC-2111

Bmhasakar

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



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Name : MR.UDARAM VISHNOI
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Collected : 23-Sep-2023 / 08:59
Reported : 23-Sep-2023 / 14:31

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)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Pale yellow	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	2-3	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 ***



MC-2111

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Collected : 23-Sep-2023 / 08:59
Reported : 23-Sep-2023 / 14:57

**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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	161.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	221.8	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	30.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	131.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	107.0	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	24.6	< /= 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

Note : LDL test is performed by direct measurement.

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*** End Of Report ***



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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	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.39	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)



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	1.19	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.41	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.78	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	21.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	25.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.6	40-130 U/L	Colorimetric

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



MC-2111



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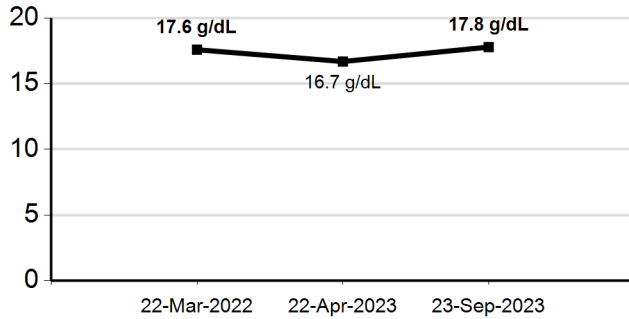
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



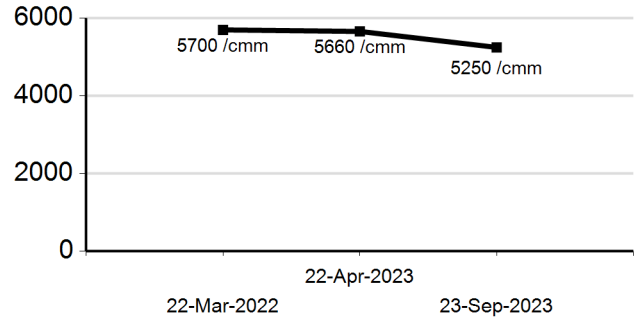
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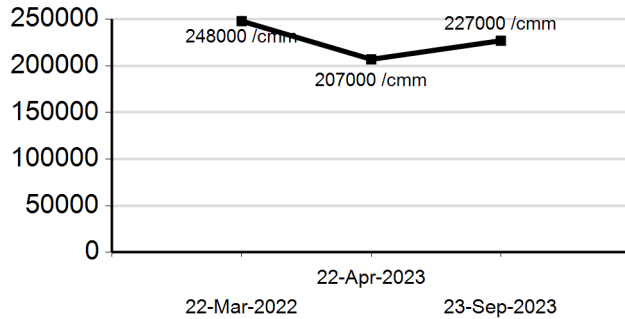
Haemoglobin



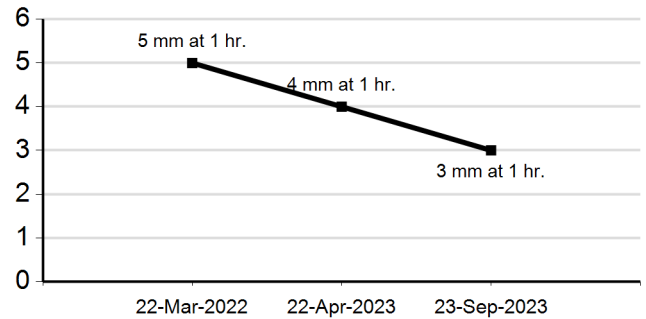
WBC Total Count



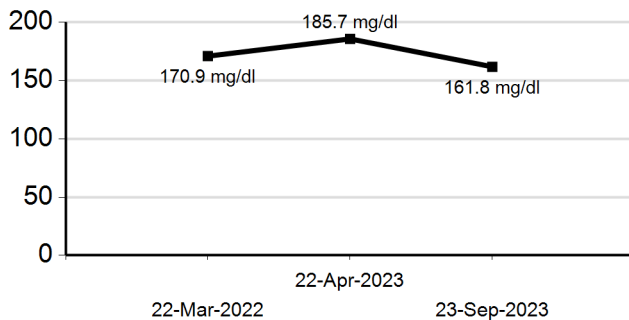
Platelet Count



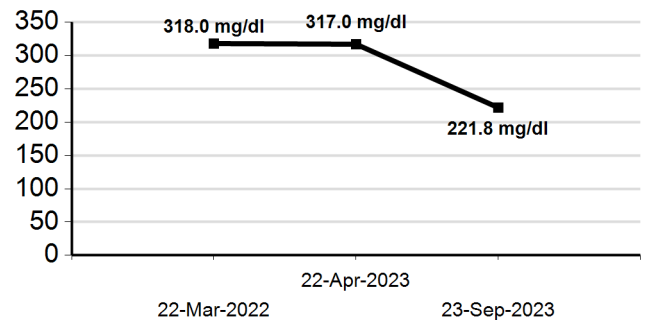
ESR



CHOLESTEROL



TRIGLYCERIDES

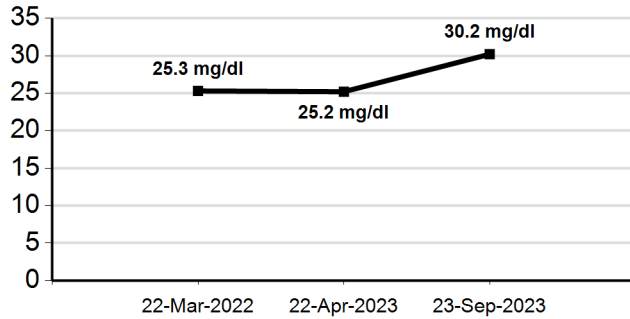




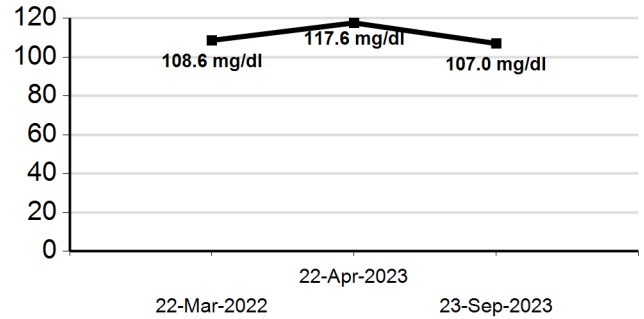
Use a QR Code Scanner Application To Scan the Code

CID : 2326618367
Name : MR.UDARAM VISHNOI
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

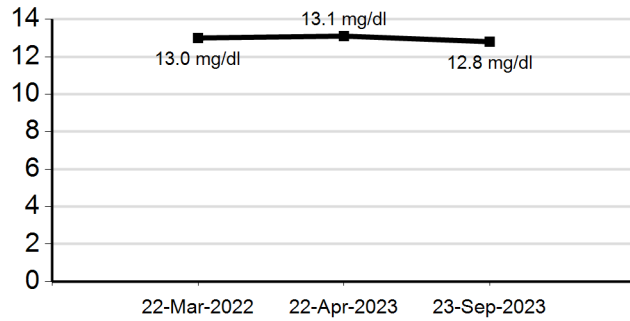
HDL CHOLESTEROL



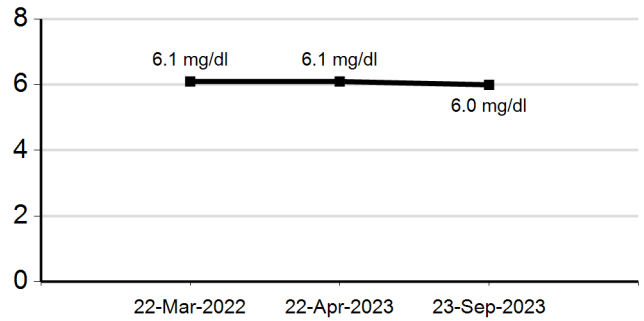
LDL CHOLESTEROL



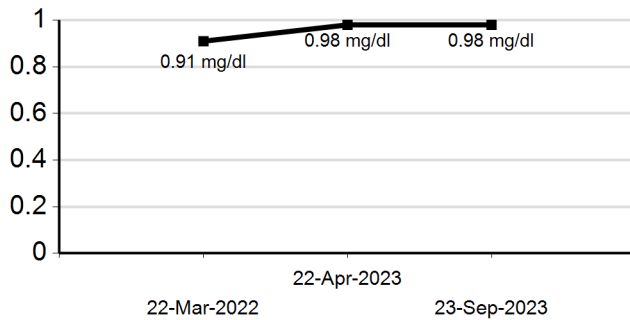
BLOOD UREA



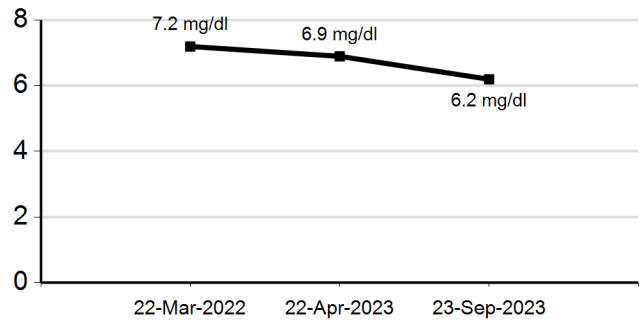
BUN



CREATININE



URIC ACID

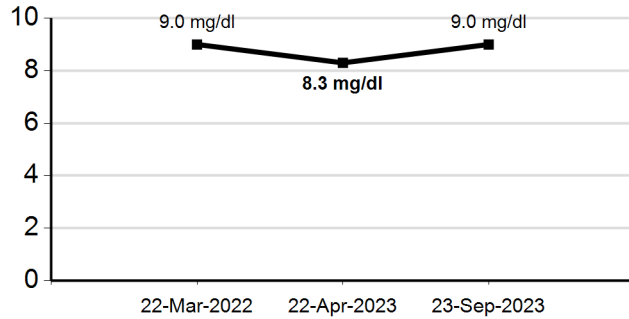




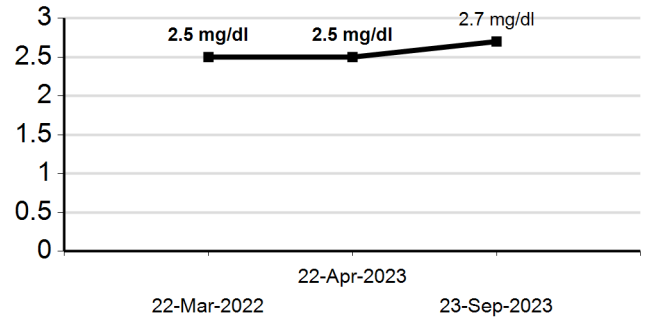
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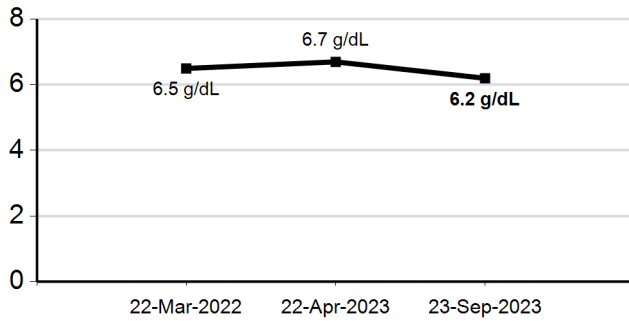
CALCIUM



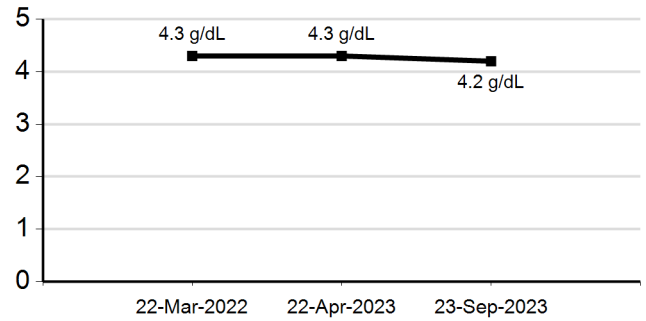
PHOSPHORUS



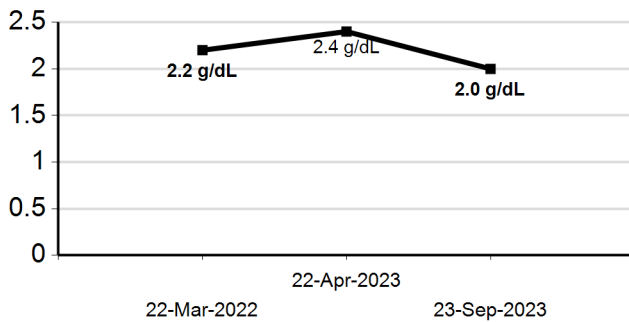
TOTAL PROTEINS



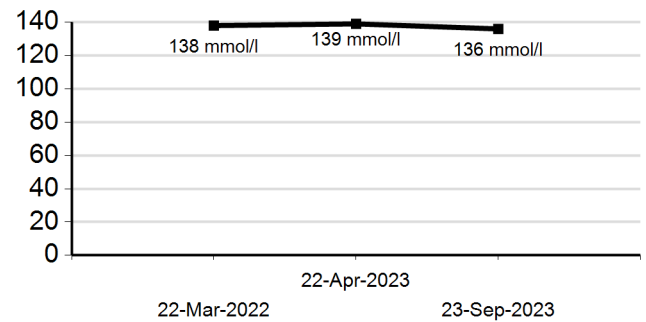
ALBUMIN



GLOBULIN



SODIUM

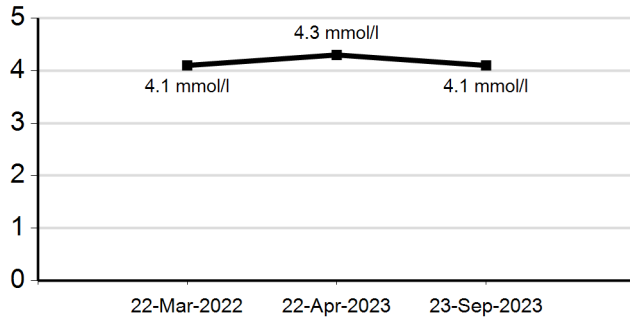




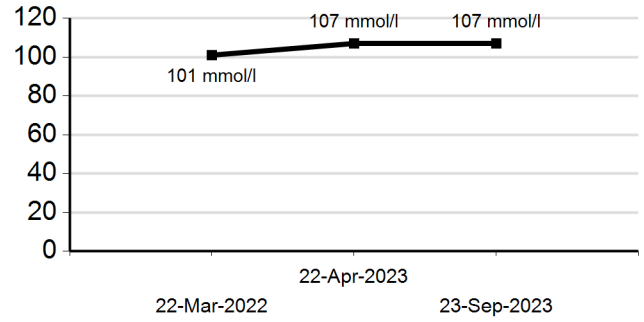
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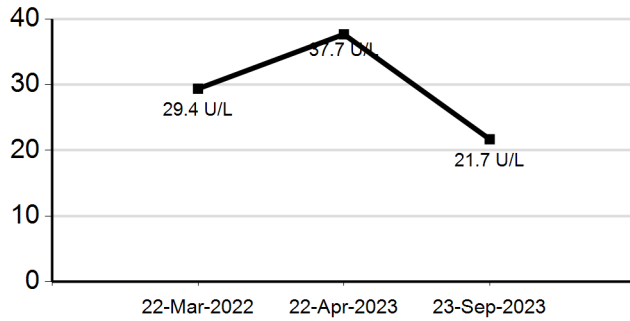
POTASSIUM



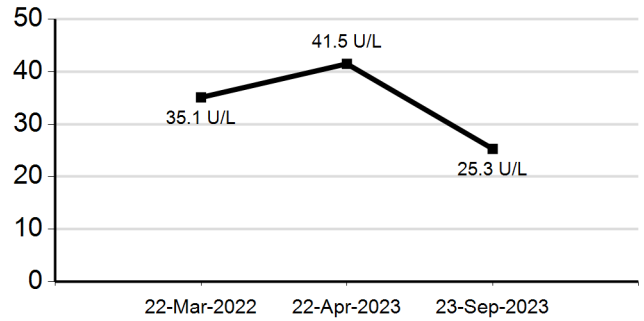
CHLORIDE



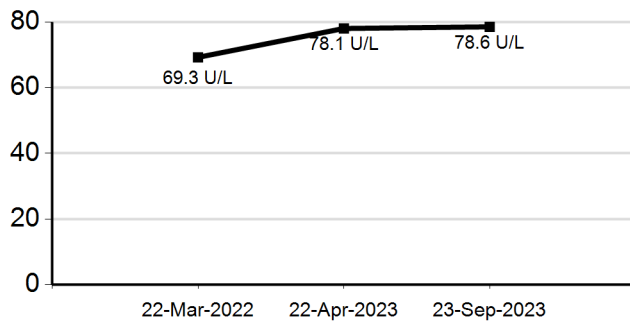
SGOT (AST)



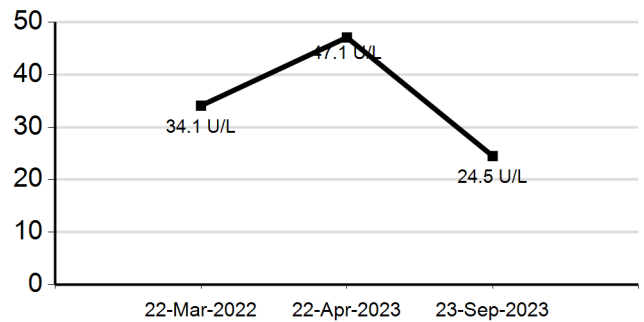
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

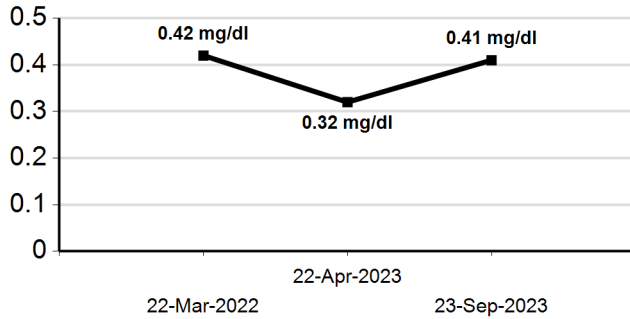




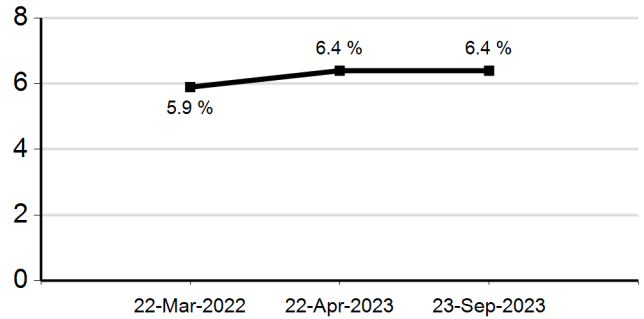
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 Name : MR.UDARAM VISHNOI
 Age / Gender : 44 Years / Male
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 Reg. Location : Borivali West (Main Centre)

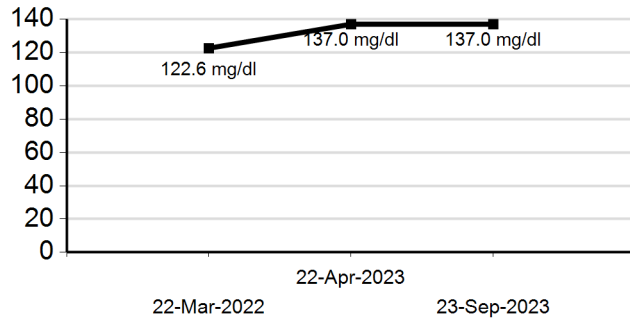
BILIRUBIN (DIRECT)



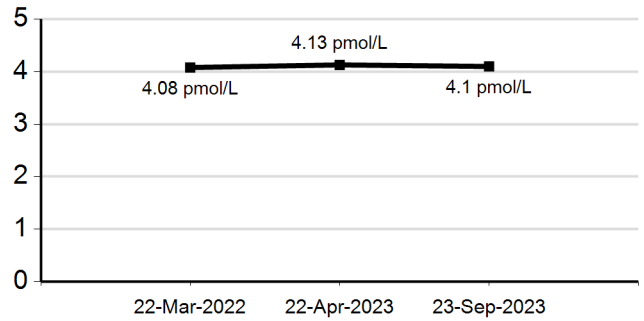
Glycosylated Hemoglobin (HbA1c)



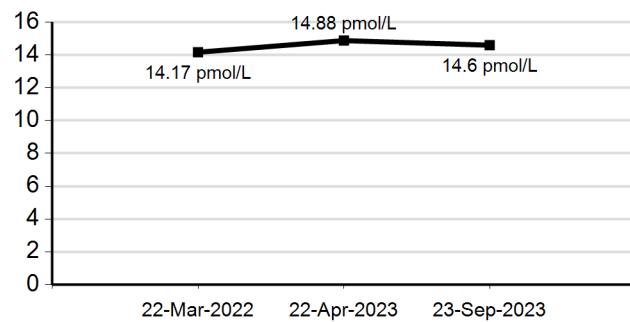
Estimated Average Glucose (eAG)



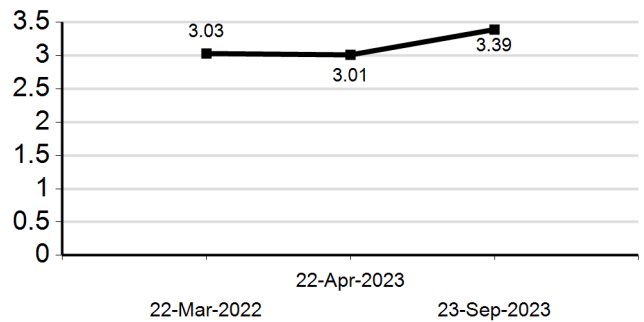
Free T3



Free T4



sensitiveTSH



CID NO: 2326618367	
PATIENT'S NAME: MR UDARAM VISHOI	AGE/SEX: 44 Y/M
REF BY: -----	DATE: 23/9/2023

2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. Mild concentric LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
 - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic dysfunction. No Doppler evidence of raised LVEDP.

PATIENT'S NAME: MR UDARAM VISHOI	AGE/SEX: 44 Y/M
REF BY:	DATE: 23/9/2023

1. AO root diameter	3.2 cm
2. IVSd	1.4 cm
3. LVIDd	4.1 cm
4. LVIDs	1.9 cm
5. LVPWd	1.4 cm
6. LA dimension	3.5 cm
7. RA dimension	3.7 cm
8. RV dimension	2.9 cm
9. Pulmonary flow vel:	0.9 m/s
10. Pulmonary Gradient	3.4 m/s
11. Tricuspid flow vel	1.4 m/s
12. Tricuspid Gradient	9 m/s
13. PASP by TR Jet	19 mm Hg
14. TAPSE	3.0 cm
15. Aortic flow vel	1.2 m/s
16. Aortic Gradient	6 m/s
17. MV:E	0.7 m/s
18. A vel	0.6 m/s
19. IVC	16 mm
20. E/E'	10

Impression:

Mild concentric LV Hypertrophy

Normal 2d echo study.

Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

End of Report

DR. S. NITIN
Consultant Cardiologist
Reg. No. 87714



Use a QR Code Scanner
Application To Scan the Code

CID : 2326618367
Name : Mr VISHNOI UDARAM
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 23-Sep-2023
Reported : 23-Sept-2023 / 10:39

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (16.6cms), shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.5x4.3cm. Left kidney measures 11.4x5.5cm.

SPLEEN:

The spleen is normal in size (11.4cms) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size (3.7x2.9x3.2cms) and volume is 20.3cc.

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023092308412201>



CID : 2326618367
Name : Mr VISHNOI UDARAM
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 23-Sep-2023
Reported : 23-Sept-2023 / 10:39

IMPRESSION:

- MILD HEPATOMEGALY WITH GRADE I FATTY LIVER.

For clinical correlation 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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023092308412201>

Date:-

CID:

Name:-

yd aram

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

RE LE

Unaided Vision:

6/6 6/6

Aided Vision:

4/6 4/6

Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (India) Pvt. Ltd.
307A 308 - 1st Floor, Sun Elegance
Above Tera 1 Computer & IT Road,
Borivali (West), Mumbai - 400 082.

Name : Mr . UDARAM VISHNOI
VID : 2326618367
Ref By : Arcofemi Healthcare Limited

Reg Date : 23-Sep-2023 08:40
Age/Gender : 44 Years
Regn Centre : Borivali West (Main Centre)

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	170	Weight (kg):	83
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	130/90	Nails:	NAD
Pulse:	82/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

VSK
Hb
Lipid profile

| physician reqⁿ.

ADVICE:

CHIEF COMPLAINTS:


- | | | |
|--|----|----------|
| 1) Hypertension: | No | ∴ 2 mth. |
| 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 | |

Name : Mr. UDARAM VISHNOI
VID : 2326618367
Ref By : Arcofemi Healthcare Limited

Reg Date : 23-Sep-2023 08:40
Age/Gender : 44 Years
Regn Centre : Borivali West (Main Centre)

PERSONAL HISTORY:

- | | |
|---------------|------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mix |
| 4) Medication | Net. |


Dr. Nitin Sonavane
PHYSICIAN

DR. NITIN SONAVANE
M.B.S. S. APLH, D. DIAB, D. CARD.
CONSULTANT CARDIOLOGIST
REGD. NO.: 67714

Suburban Diagnostics (I) Pvt. Ltd.
307A-202, 2nd Floor, Vini Elegance
Above 1st Floor, Vini Elegance Road,
Borivali West, Mumbai - 400092