SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Name	: **Mr . ULHAS PATOLE**	Reg Date	: 03-Apr-2023 08:39
VID	: **2309300462**	Age/Gender	: **63 Years**
Ref By	: Arcofemi Healthcare Limited	Regn Centre	: Andheri West (Main Centre)

History and Complaints:
C/O Discomfort in chest while walking on & off since 2019 K/C/O HTN & DM on medication, S/P PTCA om 2011

EXAMINATION FINDINGS:			
Height (cms):	173 cms	**Weight (kg):**	91 kgs
Temp (0c):	Afebrile	**Skin:**	Healthy scar noted over anterior abdominal wall
Blood Pressure (mm/hg):	170/100 mm of Hg	**Nails:**	Normal
Pulse:	72/min	**Lymph Node:**	Not palpable

Systems	
Cardiovascular:	S1S2 audible
Respiratory:	AEBE
Genitourinary:	NAD
GI System:	Liver & Spleen not palpable
CNS:	NAD

IMPRESSION:
K/C/O DM(poor control) and HTN on medication,HbA1C=8.6%, Serum creatinine=1.18 mg/dl(elevated), USG shows Moderate prostatomegaly with significant post void residue,Grade I fatty liver, 2-D Echo shows Mild concentric LVH.

ADVICE:
Kindly consult your treating physician with all your reports for the optimal control of sugar, Consult Urologist in view of USG report and symptoms, Thearpeutic life style modification is advised.

CHIEF COMPLAINTS:		
1)	**Hypertension:**	Yes, on medication
2)	**IHD**	NO
3)	**Arrhythmia**	NO
4)	**Diabetes Mellitus**	Yes, on medication
5)	**Tuberculosis**	Yes, H/O Pulmonary koch's in 1983 had taken AKT for 1-1/2 years.

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

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6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
10)	GI system	NO
11)	Genital urinary disorder	H/O increase frequency of micturition at night
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	H/O Repair of umbilical hernia in 2021
17)	Musculoskeletal system	NO

PERSONAL HISTORY:		
1)	Alcohol	Noccasional
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	YES, HTN & DM, Tab. Gimer P,Tab. Deparyl,Inj. Tauzei S/C 16 units /day,Tab. Cilnimet 10 mg,Tab. LN Beta,Tab. Crevas 20 mg

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2309300462		
Name	: MR.ULHAS PATOLE		
Age / Gender	: 63 Years / Male	Collected	: 03-Apr-2023 / 08:42
Consulting Dr.	: -	Reported	: 03-Apr-2023 / 11:23
Reg. Location	: Andheri West (Main Centre)		

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.01	4.5-5.5 mil/cmm	Elect. Impedance
PCV	37.7	40-50 %	Calculated
MCV	75.3	80-100 fl	Measured
MCH	24.6	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	18.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	10630	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	36.4	20-40 %	Calculated
Absolute Lymphocytes	3869.3	1000-3000 /cmm	
Monocytes	11.3	2-10 %	Calculated
Absolute Monocytes	1201.2	200-1000 /cmm	
Neutrophils	48.6	40-80 %	Calculated
Absolute Neutrophils	5166.2	2000-7000 /cmm	
Eosinophils	3.7	1-6 %	Calculated
Absolute Eosinophils	393.3	20-500 /cmm	
Basophils	0.0	0.1-2 %	Calculated
Absolute Basophils	0.0	20-100 /cmm	
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	312000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Measured
PDW	14.7	11-18 %	Calculated

RBC MORPHOLOGY

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Name	: MR.ULHAS PATOLE		
Age / Gender	: 63 Years / Male	Collected	: 03-Apr-2023 / 08:42
Consulting Dr.	: -	Reported	: 03-Apr-2023 / 10:58
Reg. Location	: Andheri West (Main Centre)		

Hypochromia	Mild
Microcytosis	Mild
Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
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 CPL, Andheri West

*** End Of Report ***

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MC-2111

Dr.ANUPA DIXIT
M.D.(PATH)
Pathologist

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REPORT

CID	: 2309300462
Name	: MR.ULHAS PATOLE
Age / Gender	: 63 Years / Male
Consulting Dr.	: -
Reg. Location	: Andheri West (Main Centre)
Collected	: 03-Apr-2023 / 08:42
Reported	: 03-Apr-2023 / 15:25

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	107.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	**257.7**	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	+++	Absent	
Urine Ketones (PP)	Absent	Absent	

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Dr.ANUPA DIXIT
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REPORT

CID	: 2309300462		
Name	: MR.ULHAS PATOLE		
Age / Gender	: 63 Years / Male	Collected	: 03-Apr-2023 / 08:42
Consulting Dr.	: -	Reported	: 03-Apr-2023 / 12:06
Reg. Location	: Andheri West (Main Centre)		

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

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	38.5	17.1-49.3 mg/dl	Kinetic
BUN, Serum	18.0	8-23 mg/dl	Calculated
CREATININE, Serum	**1.18**	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	66	>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	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.6	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.7	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	142	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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J Thakker

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

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Consulting Dr.	: -	Reported	: 03-Apr-2023 / 13:07
Reg. Location	: Andheri West (Main Centre)		

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	8.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	200.1	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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*** End Of Report ***

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M Jain

Dr.MILLU JAIN
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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	0.502	0.03-4.5 ng/ml	ECLIA

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5.Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases,Cancer,Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection,Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5-α-reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

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

Reference:

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

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Reg. Location	: Andheri West (Main Centre)		

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Reg. Location	: Andheri West (Main Centre)
Collected	: 03-Apr-2023 / 08:42
Reported	: 03-Apr-2023 / 14:05

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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Trace	Absent	pH Indicator
Glucose	3+	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 insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

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Age / Gender	: 63 Years / Male		
Consulting Dr.	: -	Collected	:
Reg. Location	: Andheri West (Main Centre)	Reported	:

*** End Of Report ***

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Reg. Location	: Andheri West (Main Centre)	Reported	: 03-Apr-2023 / 11:23

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

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2309300462
Name	: MR.ULHAS PATOLE
Age / Gender	: 63 Years / Male
Consulting Dr.	: -
Reg. Location	: Andheri West (Main Centre)
Collected	: 03-Apr-2023 / 08:42
Reported	: 03-Apr-2023 / 12:06

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	99.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	95.3	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	**37.9**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	61.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	43.0	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	18.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.1	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***

ilac-MRA

MC-2111

J Thakker

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

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CID	: 2309300462		
Name	: MR.ULHAS PATOLE		
Age / Gender	: 63 Years / Male		
Consulting Dr.	: -	Collected	: 03-Apr-2023 / 08:42
Reg. Location	: Andheri West (Main Centre)	Reported	: 03-Apr-2023 / 11:58

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.24	0.35-5.5 microIU/ml	ECLIA

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Name	: MR.ULHAS PATOLE		
Age / Gender	: 63 Years / Male		
Consulting Dr.	: -	Collected	: 03-Apr-2023 / 08:42
Reg. Location	: Andheri West (Main Centre)	Reported	: 03-Apr-2023 / 11:58

Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***

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MC-2111

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

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REPORT

CID	: 2309300462		
Name	: MR.ULHAS PATOLE		
Age / Gender	: 63 Years / Male		
Consulting Dr.	: -	Collected	: 03-Apr-2023 / 08:42
Reg. Location	: Andheri West (Main Centre)	Reported	: 03-Apr-2023 / 12:06

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.07	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.40	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.67	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	24.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	56.9	40-130 U/L	Colorimetric

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***

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MC-2111

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

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 03/4/2023 CID: 230930046 2

Name:- Ulhas Patole Sex / Age: 63/ male

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: DM & HTN

Past history: On medication

Unaided Vision: –

Aided Vision: –

Refraction: –

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—			6/9	—			6/24
Near	—			N10	—			N10

Colour Vision: Normal / Abnormal

Remark: Needs glasses for distant & near vision

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID	**: 2309300462**		
Name	**: Mr ULHAS PATOLE**		
Age / Sex	**: 63 Years/Male**		
Ref. Dr	**:**		
Reg. Location	**: Andheri West (Main Center)**	**Reg. Date**	**: 03-Apr-2023**
		Reported	**: 03-Apr-2023 / 14:04**

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size (13.6cm) and **shows bright echotexture.** 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 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 10.1 x 4.7cm. Left kidney measures 10.0 x 4.6cm.

SPLEEN:
The spleen is normal in size (8.8cm) 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 = 290cc. **Postvoid volume = 79cc.**

PROSTATE:
Prostate is moderately enlarged measuring 4.7 x 4.1 x 4.0cm. and prostatic weight is 42.3g.

IMPRESSION:
Moderate prostatomegaly with significant post void residue.
Grade I fatty liver.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist

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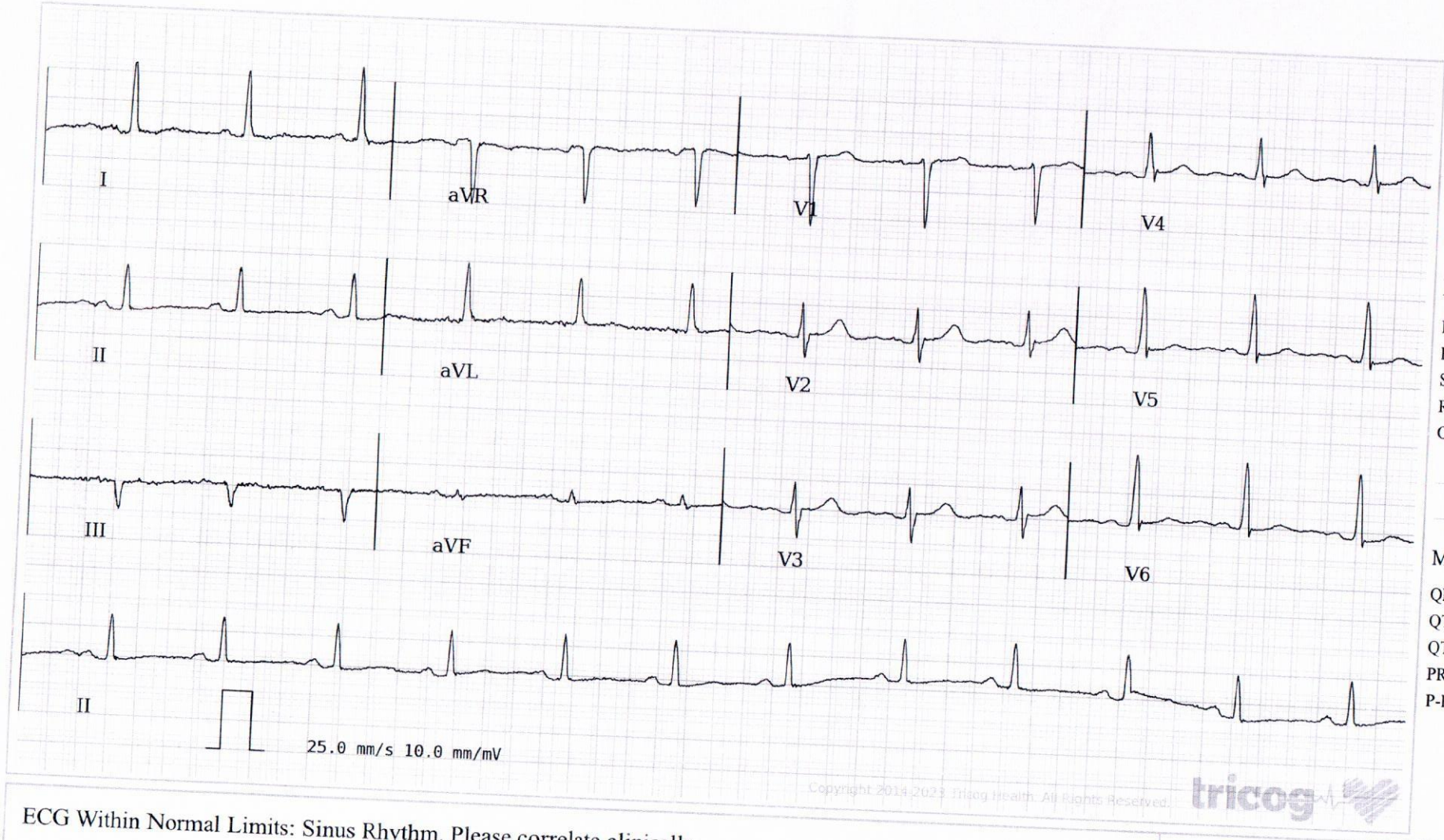
SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - ANDHERI WEST

Patient Name: ULHAS PATOLE
Patient ID: 2309300462

Date and Time: 3rd Apr 23 9:03 AM



Age 63 years 8 months 18 days

Gender **Male**

Heart Rate **77bpm**

Patient Vitals

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

Measurements

QRSD:	86ms
QT:	390ms
QTcB:	441ms
PR:	168ms
P-R-T:	42° 6° 38°

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

REPORTED BY

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Patient's Name :ULHAS PATOLE
Requesting Doctor :---
CID. No : 2309300462

Age : 63 YRS / MALE
Date : 03.04.2023

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation
Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.
PASP by TR jet vel. method = 34 mm Hg.

LV / LA / RA / RV - Normal in dimension.
IAS / IVS is Intact.

Mild concentric Left Ventricular Hypertrophy.(IVSd= 12 mm)

Left Ventricular Diastolic Dysfunction [LVDD] is Grade I / IV.
No doppler evidence of raised LVEDP

No regional wall abnormality. No thinning / scarring / dyskinesia of LV wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.
Normal RV Systolic function (by TAPSE)

Impression: S/P PTCA (2011)

NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,
NO RWMA, NO PAH, GRADE I LVDD,
MILD CONCENTRIC LVH.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

M-MODE STUDY	Value	Unit
IVSd	12	mm
LVIDd	46	mm
LVPWd	12	mm
IVSs	17	mm
LVIDs	26	mm
LVPWs	17	mm
IVRT	-	ms
2D STUDY		
LVOT	20	mm
LA	38	mm
RA	30	mm
RV [RVID]	24	mm
IVC	14	mm

COLOUR DOPPLER STUDY	Value	Unit
Mitral Valve E velocity	0.7	m/s
Mitral Valve A velocity	0.9	m/s
E/A Ratio	0.8	-
Mitral Valve Deceleration Time	190	ms
E/E'	30	-
TAPSE		
Aortic valve		
AVmax	1.6	m/s
AV Peak Gradient	10	mmHg
LVOT Vmax	0.6	m/s
LVOT gradient	1.4	mmHg
Pulmonary Valve		
PVmax	0.9	m/s
PV Peak Gradient	3	mmHg
Tricuspid Valve		
TR jet vel.	2.6	m/s
PASP	34	mmHg

*** End of Report ***

DR RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.