भारत सरकार Governmen Denoral होंडीवा जनावा पादील DHONDIBA JANABA PATIL जन्म तिथि/ DOB: 02/04/1967 पुरुष / MALE

9573 2763 6481

मेरा आधार, मेरी पहचान

DR. ANAND N. MOTWANI M.D. (GENERAL MEDICINE) Reg. No. 39329 (M.M.C)

SUBURBAN DIAGNOSTICS (I) PVT. LTD: Shop No 22, Ground Floor, Raikar Bnavan, Sector-17, Vashi, Navi Mumbai - 400 703 Tel 27884547 / 27864548.

Sifferent



Date: 18 | 06 | 2022

CID: 22/6924568

Name: Mr. Dhondiba Patil

Sex / Age: m / 55

EYE CHECK UP

Chief complaints: 10

Systemic Diseases: 10.

Past history:

No.

Unaided Vision:

Aided Vision:

with Gloss
Both Eye- elg
Right Eye- elg
Left Eye- 6lg

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	6			619				6/9
Near				NG				Ne

Colour Vision: Normal / Abnormal

Remark:

M.D. (GENERAL MEDICINE)

Reg. No. 39329 (M.M.C)

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PRECISE TESTING . HEALTHIER LIVING

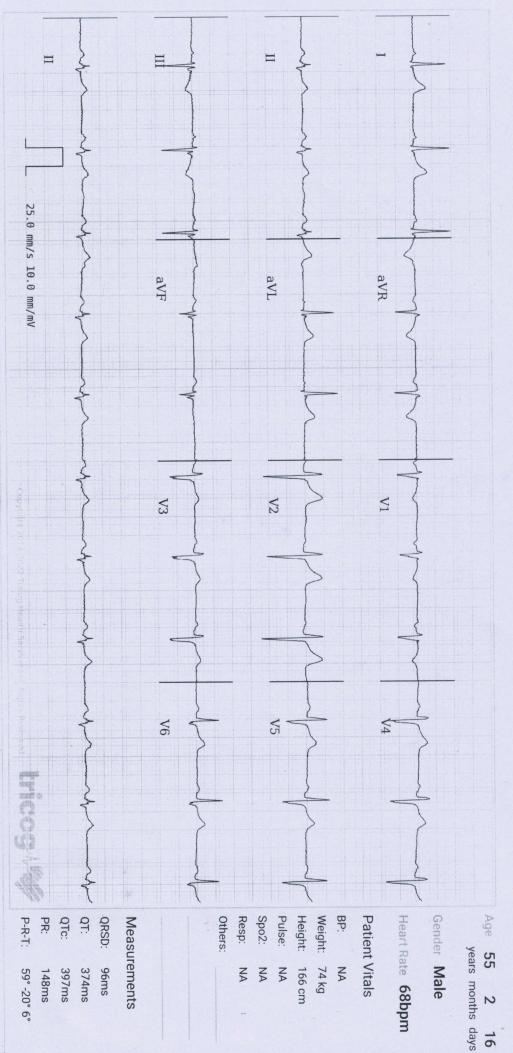
SUBURBAN DIAGNOSTICS - VASHI

Patient Name: DHONDIBA PATIL Patient ID: 2216924568

Date and Time: 18th Jun 22 9:36 AM

2

16



166 cm 74 kg

REPORTED BY

374ms 96ms

397ms 148ms 59° -20° 6°

Auns

M.D (General Medicine) Dr. Anand N Motwani Reg No 39329 M.M.C

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

Disclaimer, 1) Analysis in this report is based on EQS alone and should be used as an adjunct to clinical history, symptoms, and results interpreted by a qualified physician. 2) Patient vitals are as enlared by the clinician and not derived from the EUG.



NAME	:- Mr. DHONDIBA PATIL	AGE :- 55 YRS	P
SEX	:- MALE	DATE :- 18/06/2022	0
CID NO : - 2128027051			R

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 – 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.

No diastolic dysfunction.

Measurements

Aorta annulus	19 mm
Left Atrium	21 mm
LVID(Systole)	20 mm
LVID(Diastole)	31 mm
IVS(Diastole)	10 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

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Conclusion

Good biventricular function

No RWMA

Valves - Structurally normal

No diastolic dysfunction

No PAH

Performed by: Dr. Anirban Dasgupta

D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

Dr. Anirban Dasgupta

MBBS DNB

Reg. No. 2005/02/0920

Sularban Diagnostics (Vashi)



Name : MR.DHONDIBA PATIL

Age / Gender : 55 Years / Male

Consulting Dr. :

Reg. Location

: Vashi (Main Centre)

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Collected : 18-Jun-2022 / 08:44

Reported :18-Jun-2022 / 12:18

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

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	14.2	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.71	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	43.2	40-50 %	Calculated	
MCV	91.7	80-100 fl	Measured	
MCH	30.3	27-32 pg	Calculated	
MCHC	33.0	31.5-34.5 g/dL	Calculated	
RDW	16.3	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	4600	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS			
Lymphocytes	35.3	20-40 %		
Absolute Lymphocytes	1620	1000-3000 /cmm	Calculated	
Monocytes	8.3	2-10 %		
Absolute Monocytes	380	200-1000 /cmm	Calculated	
Neutrophils	51.0	40-80 %		
Absolute Neutrophils	2350	2000-7000 /cmm	Calculated	
Eosinophils	4.8	1-6 %		
Absolute Eosinophils	220	20-500 /cmm	Calculated	
Basophils	0.6	0.1-2 %		
Absolute Basophils	30	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	159000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Measured
PDW	15.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia Microcytosis -

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:55 Years / Male Age / Gender

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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 2-20 mm at 1 hr. Westergren

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



Dr.TRUPTI SHETTY M. D. (PATH) **Pathologist**

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Age / Gender :55 Years / Male

Consulting Dr.

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Hexokinase

Hexokinase

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Reported :18-Jun-2022 / 16:39

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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

GLUCOSE (SUGAR) FASTING. 94.2 Non-Diabetic: < 100 mg/dl Fluoride Plasma Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 101.7 Non-Diabetic: < 140 mg/dl

Plasma PP/R Impaired Glucose Tolerance:

140-199 mg/dl

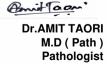
Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) Absent Absent

Urine Sugar (PP) Absent Absent Urine Ketones (PP) Absent Absent

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Name : MR. DHONDIBA PATIL

Age / Gender : 55 Years / Male

Consulting Dr. :

Reg. Location

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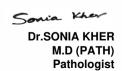
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.09	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	75	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	6.1	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.8	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	98	98-107 mmol/l	ISE

^{*}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 **GLYCOSYLATED HEMOGLOBIN (HbA1c)**

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

Glycosylated Hemoglobin **HPLC** 5.0 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

Estimated Average Glucose 96.8 mg/dl Calculated

(eAG), EDTA WB - CC

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:

over the page or visit our website.

- 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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Sonia Kher Dr.SONIA KHER M.D (PATH) **Pathologist**

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Age / Gender : 55 Years / Male

Consulting Dr. : -

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ECLIA

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Collected

 $0.03-3.5 \, \text{ng/ml}$

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

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

Clinical Significance:

TOTAL PSA, Serum

• PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

0.937

- 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 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.

Reference

- · Wallach's Interpretation of diagnostic tests, 10th Edition
- Pack insert

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

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Name : MR.DHONDIBA PATIL

:55 Years / Male Age / Gender

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Reported :18-Jun-2022 / 15:58

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

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20 ml	-	-
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	<u> 1</u>		
Leukocytes(Pus cells)/hpf	0-1	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 5-6 Less than 20/hpf





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Name : MR.DHONDIBA PATIL

Age / Gender : 55 Years / Male

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

PARAMETER RESULTS

ABO GROUP 0

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.

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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Dr.TRUPTI SHETTY
M. D. (PATH)
Pathologist

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Name : MR.DHONDIBA PATIL

Age / Gender :55 Years / Male

Consulting Dr.

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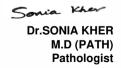
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	149.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	147.5	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	39.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	110.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	81.0	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	29.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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Name : MR. DHONDIBA PATIL

Age / Gender : 55 Years / Male

Consulting Dr. : - Collected : 18-Jun-2

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO THYROID FUNCTION TESTS PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

IANAMETER	KESOLIS	DIOLOGICAL ILLI IVAITOL	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.34	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 5.5 to 15 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

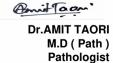
Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

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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Name : MR. DHONDIBA PATIL

Age / Gender : 55 Years / Male

Consulting Dr. :

Reg. Location

: Vashi (Main Centre)

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Reported :18-Jun-2022 / 14:04

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

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.69	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.41	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	19.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	39.2	40-130 U/L	Colorimetric

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





ADDRESS: 2" Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343



Name : Mr DHONDIBA PATIL

Age / Sex : 55 Years/Male

Ref. Dr Reg. Date : 18-Jun-2022

: 18-Jun-2022/13:25 Reg. Location : Vashi Main Centre Reported



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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. Right kidney shows lower pole simple cortical cyst of size 12 mm. No evidence of any calculus, hydronephrosis or mass lesion seen. Mild fullness of pelvicalyceal system is noted in both the kidneys.

Right kidney measures 10.2 x 4.0 cm. Left kidney measures 9.9 x 3.7cm.

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 - 411 cc

Postvoid residue 1st- 309 cc (significant).

Postvoid residue 2nd -119cc (significant).

PROSTATE:

The prostate is enlarged in size. Its measures 4.8 x 3.2 x 3.0 cm and volume is 25.5 cc.



Name : Mr DHONDIBA PATIL

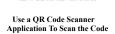
Age / Sex : 55 Years/Male

Ref. Dr :

Reg. Location: Vashi Main Centre

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Reg. Date : 18-Jun-2022

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IMPRESSION:

Grade I fatty infiltration of liver.

Right renal simple cortical cyst.

Mild fullness of pelvicalyceal system is noted in both the kidneys.

Mild prostatomegaly with significant postvoid residual urine.

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

Dr Shilpa Beri MBBS DMRE

Reg No 2002/05/2302 Consultant Radiologist



Name : Mr DHONDIBA PATIL

Age / Sex : 55 Years/Male

Ref. Dr

Reg. Location: Vashi Main Centre

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Name : Mr DHONDIBA PATIL

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Reg. Location: Vashi Main Centre



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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 Shilpa Beri MBBS DMRE

Reg No 2002/05/2302 Consultant Radiologist



Name : Mr DHONDIBA PATIL

Age / Sex : 55 Years/Male

Ref. Dr :

Reg. Location: Vashi Main Centre

Authenticity Check

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