



CID : 2325224377
Name : MR.GAURAV SOBTI
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Sep-2023 / 08:54
Reported : 09-Sep-2023 / 17:51

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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 | 14.9 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 5.12 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 45.3 | 40-50 % | Measured |
| MCV | 88 | 80-100 fl | Calculated |
| MCH | 29.1 | 27-32 pg | Calculated |
| MCHC | 32.9 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.1 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 7080 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 21.5 | 20-40 % | |
| Absolute Lymphocytes | 1522.2 | 1000-3000 /cmm | Calculated |
| Monocytes | 7.1 | 2-10 % | |
| Absolute Monocytes | 502.7 | 200-1000 /cmm | Calculated |
| Neutrophils | 59.4 | 40-80 % | |
| Absolute Neutrophils | 4205.5 | 2000-7000 /cmm | Calculated |
| Eosinophils | 11.7 | 1-6 % | |
| Absolute Eosinophils | 828.4 | 20-500 /cmm | Calculated |
| Basophils | 0.3 | 0.1-2 % | |
| Absolute Basophils | 21.2 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 260000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.9 | 6-11 fl | Calculated |
| PDW | 18.4 | 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 | Eosinophilia |

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|---------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 95.0 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 101.9 | 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
*** End Of Report ***



MC-2111

Bmhasakar

Dr.KETAKI MHASKAR
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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 | 26.3 | 19.29-49.28 mg/dl | Calculated |
| BUN, Serum | 12.3 | 9.0-23.0 mg/dl | Urease with GLDH |
| CREATININE, Serum | 1.22 | 0.73-1.18 mg/dl | Enzymatic |
| Note: Kindly note in change in reference range w.e.f. 07-09-2023 | | | |
| eGFR, Serum | 76 | (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 | 7.4 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.7 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 2.7 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.7 | 1 - 2 | Calculated |
| URIC ACID, Serum | 5.3 | 3.7-9.2 mg/dl | Uricase/ Peroxidase |
| PHOSPHORUS, Serum | 3.0 | 2.4-5.1 mg/dl | Phosphomolybdate |
| CALCIUM, Serum | 9.7 | 8.7-10.4 mg/dl | Arsenazo |
| SODIUM, Serum | 141 | 136-145 mmol/l | IMT |
| POTASSIUM, Serum | 4.7 | 3.5-5.1 mmol/l | IMT |
| CHLORIDE, Serum | 105 | 98-107 mmol/l | IMT |

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



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Consultant Pathologist & Lab Director



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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 | 5.7 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 116.9 | 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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|------------------|---------|----------------------|--------|
| TOTAL PSA, Serum | 0.969 | <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

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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) | 5.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.015 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 50 | - | - |
| 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 | 3-4 | 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

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*** End Of Report ***



MC-2111

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

| PARAMETER | RESULTS |
|-----------|----------|
| ABO GROUP | AB |
| 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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*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|------------------------|
| CHOLESTEROL, Serum | 185.6 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 68.0 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | Enzymatic colorimetric |
| HDL CHOLESTEROL, Serum | 54.1 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Elimination/ Catalase |
| NON HDL CHOLESTEROL, Serum | 131.5 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 117.9 | 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 | 13.6 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.4 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.2 | 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 | 5.3 | 3.5-6.5 pmol/L | CLIA |
| Free T4, Serum | 14.5 | 11.5-22.7 pmol/L | CLIA |
| sensitiveTSH, Serum | 4.784 | 0.55-4.78 microIU/ml | CLIA |

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-----------------------------|---------|----------------------|--------------------|
| BILIRUBIN (TOTAL), Serum | 0.57 | 0.3-1.2 mg/dl | Vanadate oxidation |
| BILIRUBIN (DIRECT), Serum | 0.19 | 0-0.3 mg/dl | Vanadate oxidation |
| BILIRUBIN (INDIRECT), Serum | 0.38 | <1.2 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.4 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.7 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 2.7 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.7 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 24.4 | <34 U/L | Modified IFCC |
| SGPT (ALT), Serum | 35.3 | 10-49 U/L | Modified IFCC |
| GAMMA GT, Serum | 16.3 | <73 U/L | Modified IFCC |
| ALKALINE PHOSPHATASE, Serum | 90.1 | 46-116 U/L | Modified IFCC |

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*** End Of Report ***



Anupa

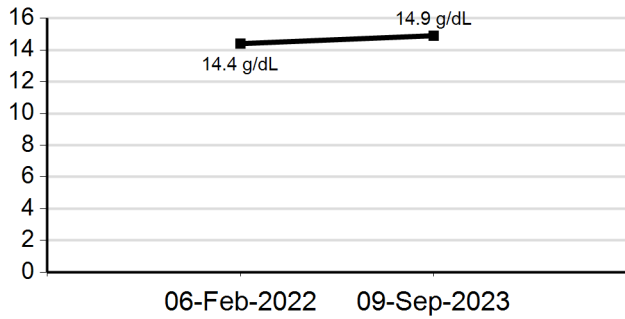
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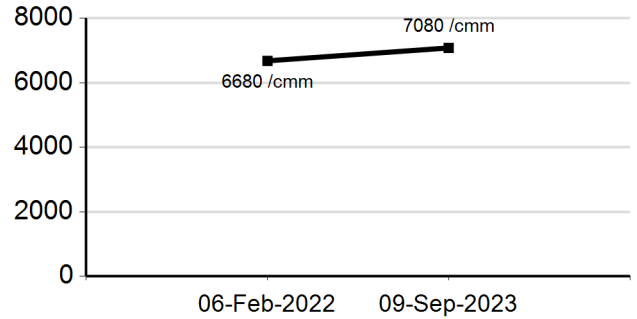
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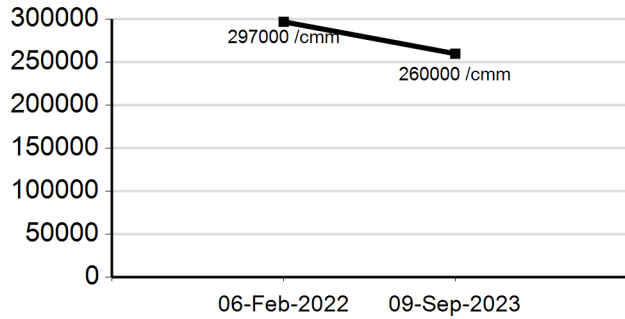
Haemoglobin



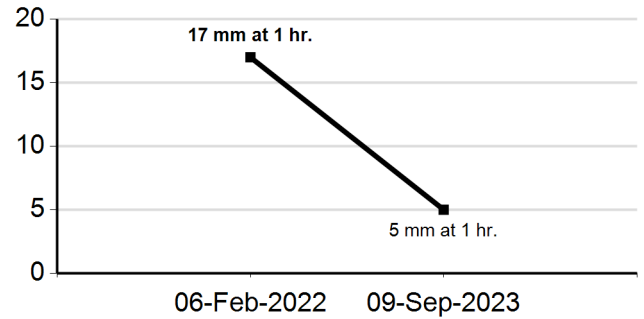
WBC Total Count



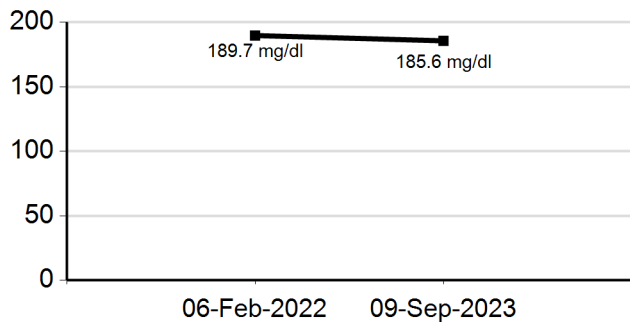
Platelet Count



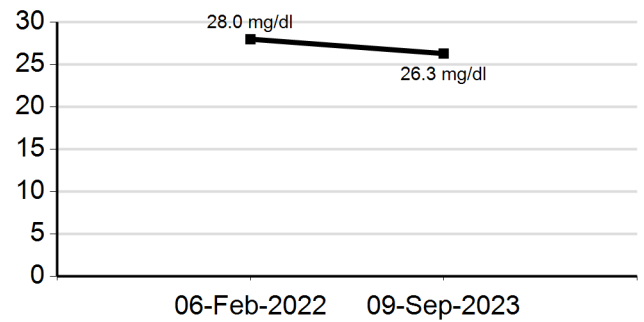
ESR



CHOLESTEROL



BLOOD UREA

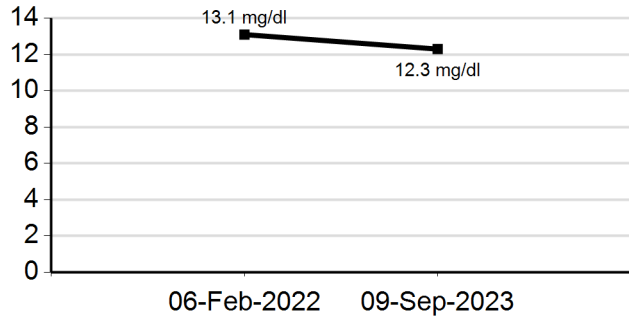




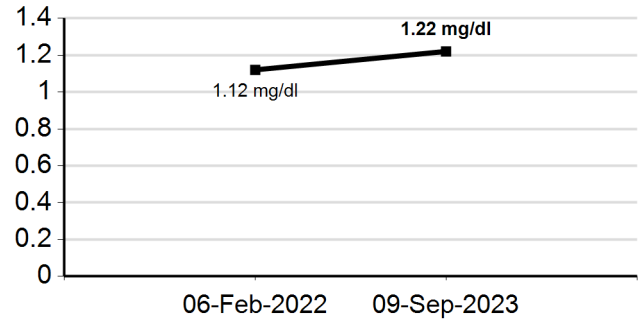
Use a QR Code Scanner Application To Scan the Code

CID : 2325224377
 Name : MR.GAURAV SOBTI
 Age / Gender : 41 Years / Male
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

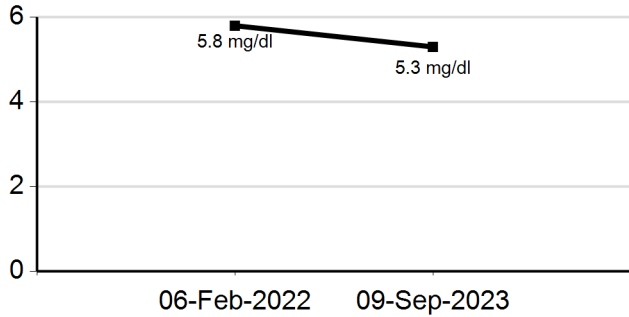
BUN



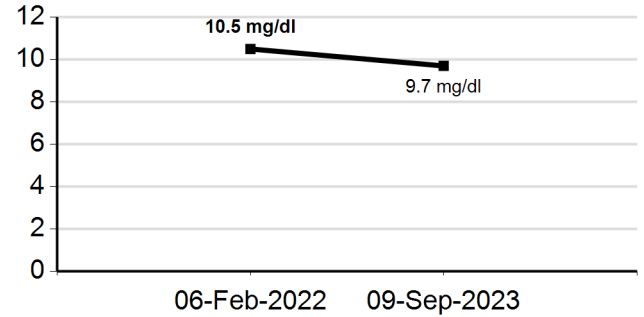
CREATININE



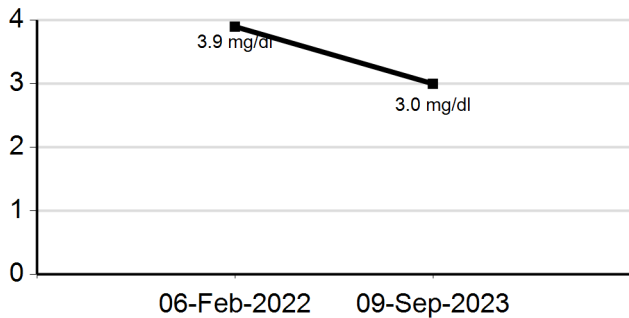
URIC ACID



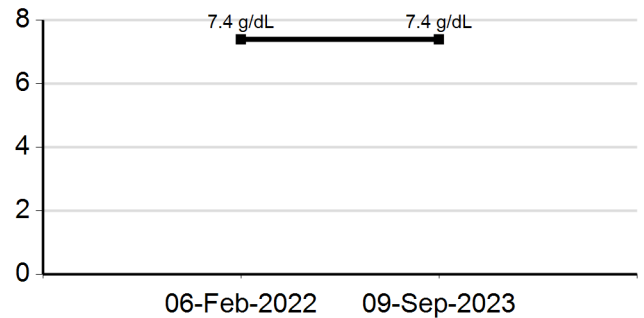
CALCIUM



PHOSPHORUS



TOTAL PROTEINS

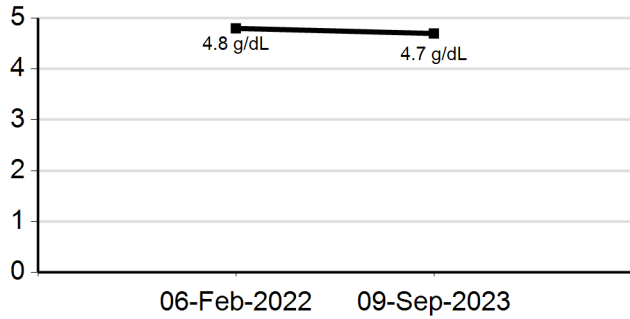




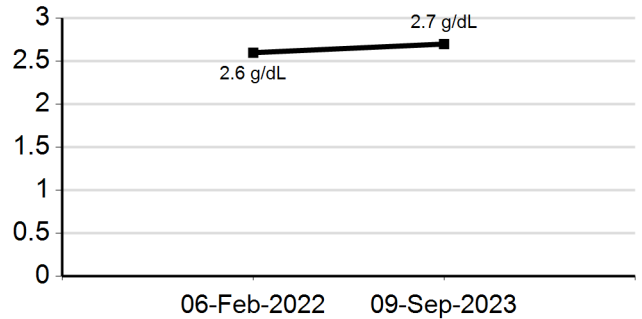
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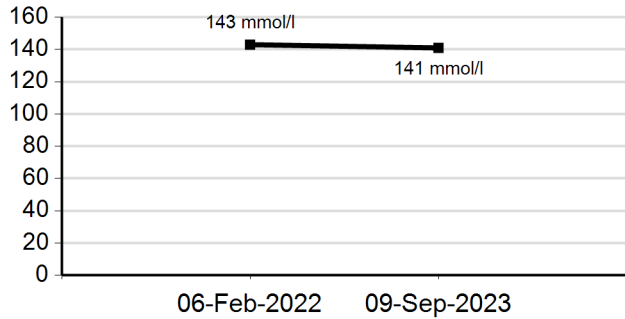
ALBUMIN



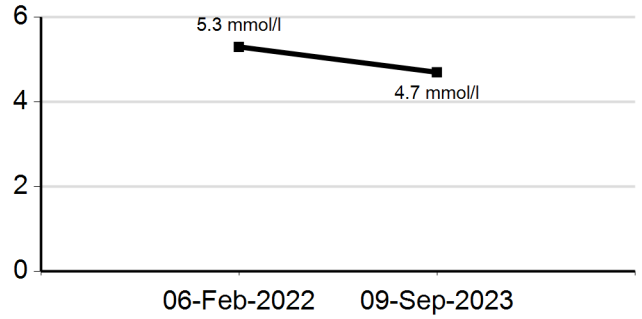
GLOBULIN



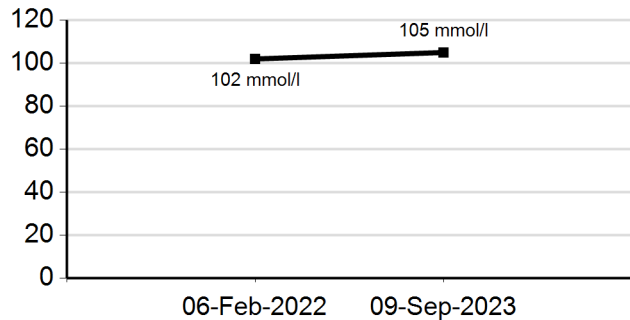
SODIUM



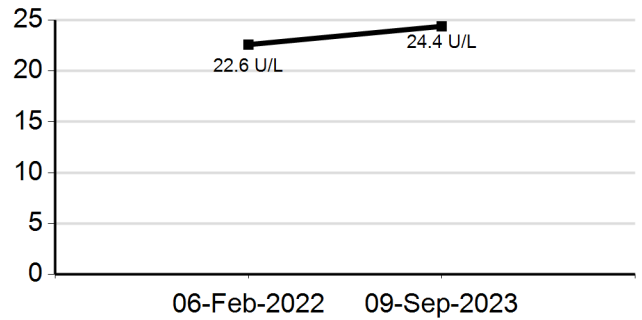
POTASSIUM



CHLORIDE



SGOT (AST)

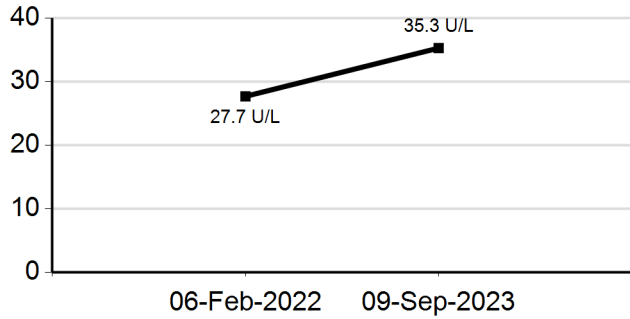




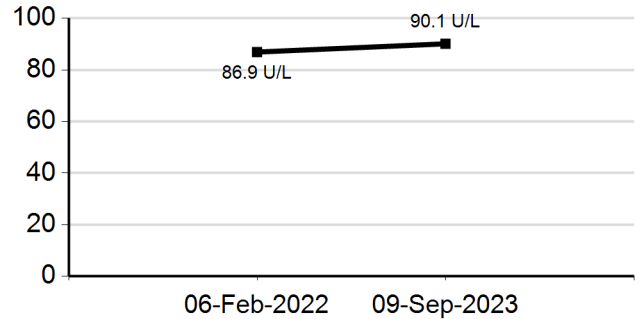
Use a QR Code Scanner Application To Scan the Code

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 Name : MR.GAURAV SOBTI
 Age / Gender : 41 Years / Male
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

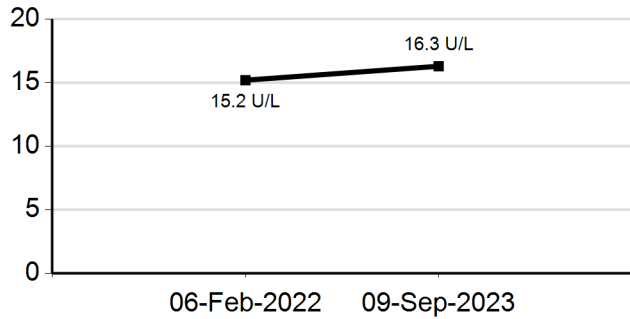
SGPT (ALT)



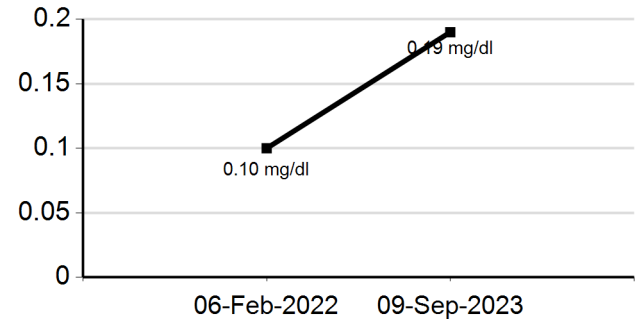
ALKALINE PHOSPHATASE



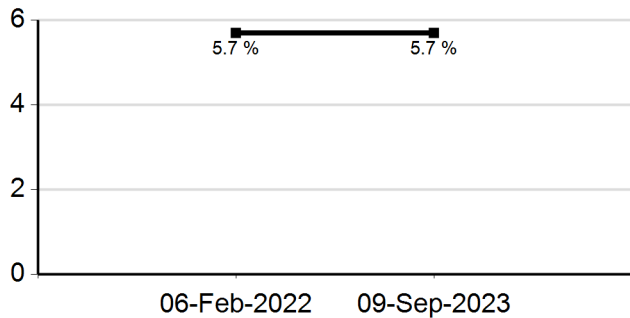
GAMMA GT



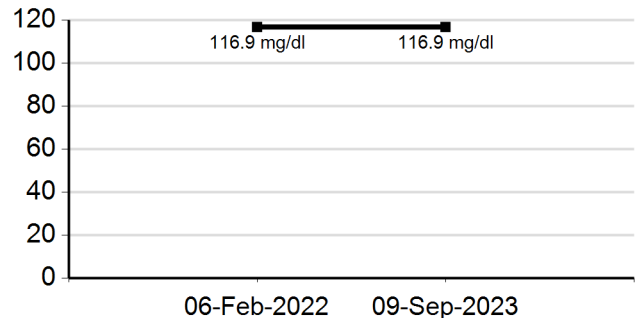
BILIRUBIN (DIRECT)



Glycosylated Hemoglobin (HbA1c)



Estimated Average Glucose (eAG)

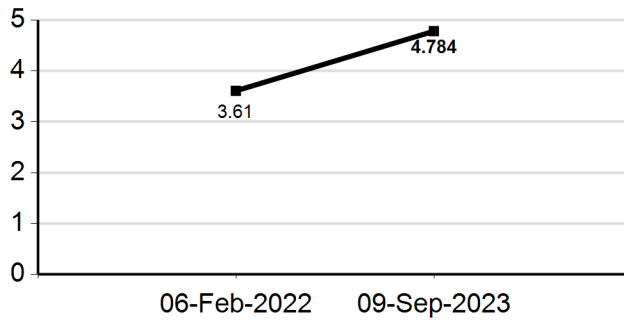




Use a QR Code Scanner
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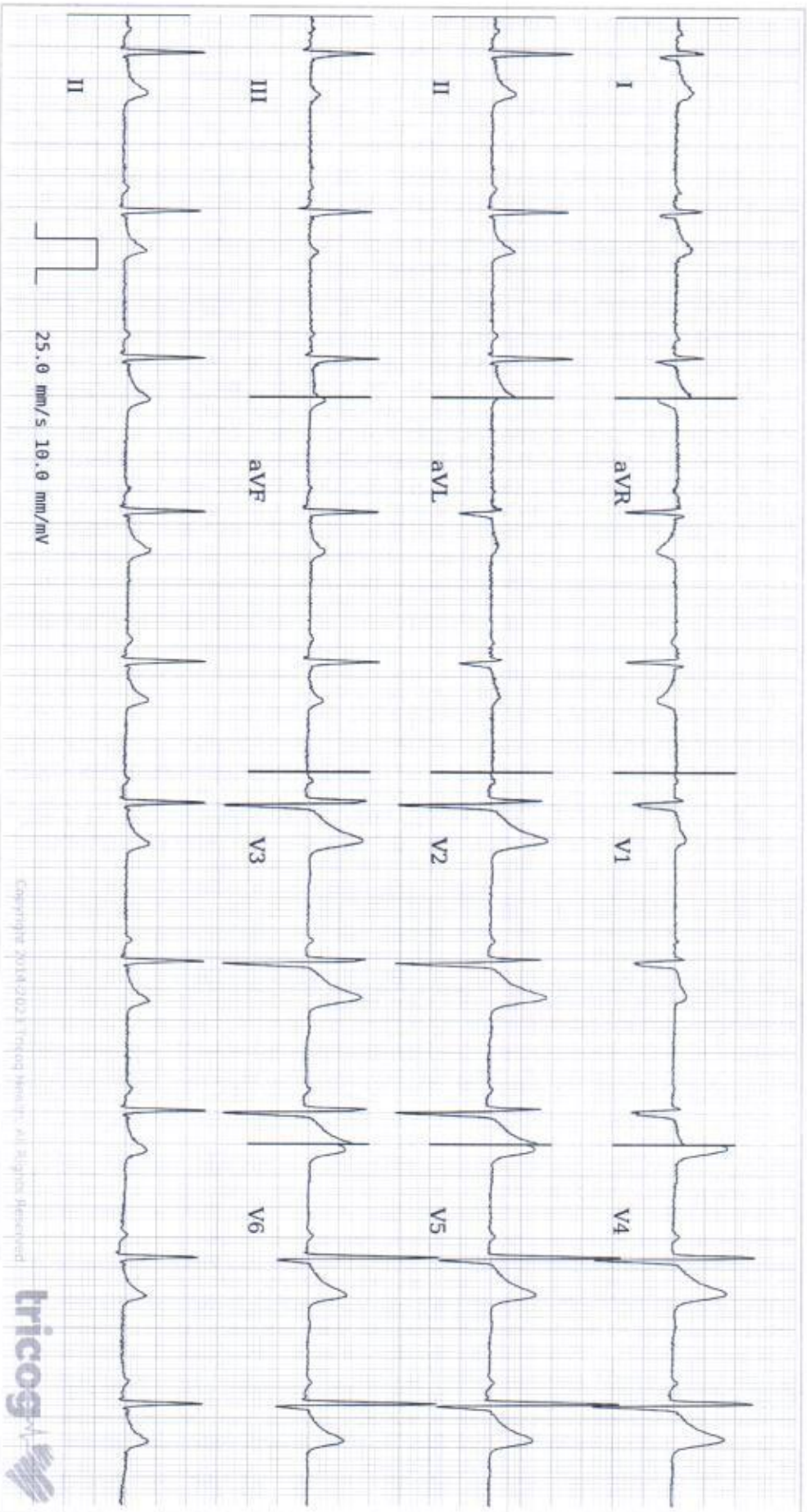
CID : 2325224377
Name : MR.GAURAV SOBTI
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

sensitiveTSH



Patient Name: GAURAV SOBTI
Patient ID: 2325224377

SUBURBAN DIAGNOSTICS - KANDIVALI EAST
Date and Time: 9th Sep 23 9:38 AM



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Age **41** 9 years months

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 77 kg

Height: 167 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 86ms

QT: 374ms

QTcB: 379ms

PR: 138ms

P-R-T: 41° 79° 49°

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

REPORTED BY

[Signature]

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082463

Disclaimer: This 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. All Patient values are as entered by the clinician and not derived from this file. PG-53

Authenticity Check



Use a QR Code Scanner
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CID : 2325224377
Name : Mr GAURAV SOBTI
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 09-Sep-2023
Reported : 09-Sept-2023 / 10:18

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 & mass lesions.

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.

3.5mm calculus is seen in the lower pole of left kidney.

No evidence of any mass lesion seen.

Right kidney measures 9.6 x 4.6 cm. Left kidney measures 10.8 x 4.2 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size and measures 3.1 x 3.3 x 2.7 cm and volume is 15.5 cc.

IMPRESSION:

Left renal calculus.

Grade I fatty liver.

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

Dr Sarojini Karande
MBBS., DMRD
Reg no -77726

| | |
|---|---------------------|
| • PATIENT NAME : MR .GAURAV SOBTI | • SEX : MALE |
| • REFERRED BY : Arcofemi Healthcare Limited | • AGE : 41 YEARS |
| • CID NO : 2325224377 | • DATE : 09/09/2023 |

2D & M-MODE ECHOCARDIOGRAM REPORT
COLOR FLOW DOPPLER REPORT

ECHO & DOPPLER FINDINGS :

- No diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present
- No left ventricular hypertrophy seen.
- All cardiac chambers appear normal in size.
- All cardiac valves show normal structure and physiological function
- No significant stenosis nor regurgitation seen
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion seen.
- TAPSE and MAPSE measured to 20 mm and 17 mm respectively.
- Mild TR jet. PASP by TR jet measured to 20 mm Hg
- Visual estimation of LVEF of 65 %.

MEASUREMENTS:

| | | | | | |
|-------------|----|----------|----|--------------------|----|
| IVS d (mm) | 08 | EDV (ml) | 90 | Ao (mm) | 31 |
| IVS s (mm) | 14 | ESV (ml) | 25 | LA (mm) | 36 |
| LVIDd (mm) | 41 | SV (ml) | 65 | EPSS (mm) | 01 |
| LVIDs (mm) | 25 | FS (mm) | 33 | EF SLOPE (ml/s) | 60 |
| Pwd (mm) | 09 | EF (%) | 65 | MV (mm) | 16 |
| Pws (mm) | 15 | | | | |

Conti...2

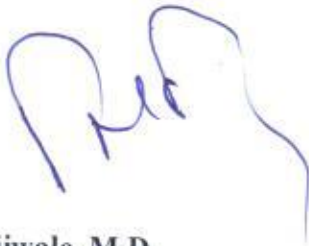
| | |
|---|---------------------|
| • PATIENT NAME : MR .GAURAV SOBTI | • SEX : MALE |
| • REFERRED BY : Arcofemi Healthcare Limited | • AGE : 41 YEARS |
| • CID NO : 2325224377 | • DATE : 09/09/2023 |

DOPPLER: Mitral E / A

| | | | |
|-----------------|-----|-----------------|------|
| Mitral (m/s) | 0.6 | Aortic (m/s) | 1.30 |
| Tricuspid (m/s) | 0.7 | Pulmonary (m/s) | 0.9 |

TDI

| | |
|----------------------|-----------------------|
| Septal e' = 0.1 m/s | Lateral e' = 0.09 m/s |
| Septal a' = 0.09 m/s | Lateral a' = 0.09 m/s |
| Septal s' = 0.07 m/s | Lateral s' = 0.06 m/s |
| Septal E/e' = 06 | |



Dr. P. Bhatjiwale, M.D
PG cert in Clinical Cardiology,
Fellowship in 2 D Echo & Doppler Studies
Reg. No 68857

NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris and does not rule out CAD

Adv: Please correlate clinically. CMR/ CAG/ Further cardiac evaluation as indicated.

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2325224377
Name : Mr GAURAV SOBTI
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 09-Sep-2023
Reported : 09-Sept-2023 / 12:40

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. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Name : Mr . GAURAV SOBTI
VID : 2325224377
Ref By : Arcofemi Healthcare Limited

Reg Date : 09-Sep-2023 08:47
Age/Gender : 41 Years
Regn Centre : Kandivali East (Main Centre)

History and Complaints:

Anxiety since 1 yrs

EXAMINATION FINDINGS:

| | | | |
|-------------------------|----------|--------------|--------------|
| Height (cms): | 167 cms | Weight (kg): | 77 kgs |
| Temp (0c): | Afebrile | Skin: | Normal |
| Blood Pressure (mm/hg): | 120/80 | Nails: | Normal |
| Pulse: | 72/min | Lymph Node: | Not Palpable |

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

- | | |
|--|----------------|
| 1) Hypertension: | No |
| 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 | Sinusitis-2008 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

Print Date : 10-Sep-2023 10:59

Page: 1 of 2

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Name : Mr. GAURAV SOBTI
VID : 2325224377
Ref By : Arcofemi Healthcare Limited

Reg Date : 09-Sep-2023 08:47
Age/Gender : 41 Years
Regn Centre : Kandivali East (Main Centre)

- | | |
|---------------|-------------|
| 1) Alcohol | Occasioanly |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | Yes |

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Jagruti Dhale
Dr. Jagruti Dhale

Impression : Eosinophilia
USG - @ renal Calculus
- Grade I fatty liver

Advice : low fatty diet
Surgeon / urologist opinion