



भारतीय विशिष्ट ओळख प्राधिकरण  
**भारत सरकार**  
 Unique Identification Authority of India  
 Government of India

नोंदणी क्रमांक/Enrolment No.: 1218/17655/02455

To: Arvind Babu Solanki  
 (अरविंद बाबू सोलंकी)  
 TAPUBHAI CHAWL  
 DATTAPADA ROAD  
 NEAR ZHUNKA BHAKAR  
 RAJENDRA NAGAR  
 Borivali East S.O  
 Mumbai  
 Maharashtra - 400066

Date: 06/08/2015

Ref. No : 00006373-00044090-00028299-



UA 03293966 4 IN

Regd. Office:-  
 SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
 2nd Floor, Aston, Sundervan Complex,  
 Lokhandwala Road, Andheri (West),  
 Mumbai-400053.

**DR. NITIN SONAVANE**  
 M.B.B.S.AFLH, D.DIAB, D.CARD.  
 CONSULTANT-CARDIOLOGIST  
 REGD. NO.: 87714

आधार क्रमांक / Your Aadhaar No. :  
**9832 0431 1729**

आधार - सामान्य माणसाचा अधिकार



भारत सरकार  
 GOVERNMENT OF INDIA



अरविंद बाबू सोलंकी  
 Arvind Babu Solanki

जन्म वर्ष / Year of Birth : 1961  
 पुरुष / Male

9832 0431 1729



आधार - सामान्य माणसाचा अधिकार

ABSolanki



CID : 2302818824  
Name : MR.ARVIND SOLANKI  
Age / Gender : 62 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 28-Jan-2023 / 08:47  
Reported : 28-Jan-2023 / 11:37

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>CBC (Complete Blood Count), Blood</b>			
<b>RBC PARAMETERS</b>			
Haemoglobin	12.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.40	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.0	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	28.5	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	5330	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	28.2	20-40 %	
Absolute Lymphocytes	1503.1	1000-3000 /cmm	Calculated
Monocytes	9.4	2-10 %	
Absolute Monocytes	501.0	200-1000 /cmm	Calculated
Neutrophils	56.5	40-80 %	
Absolute Neutrophils	3011.5	2000-7000 /cmm	Calculated
Eosinophils	5.5	1-6 %	
Absolute Eosinophils	293.2	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	21.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	246000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	14.9	11-18 %	Calculated



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**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 13 2-20 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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MC-2111

*Bm haskar*

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	129.8	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	

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	43.8	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	20.5	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	1.14	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	69	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	5.8	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	3.6	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	142	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			



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POTASSIUM, Serum	4.5	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	108	98-107 mmol/l	IMT

Kindly note change in Ref range and method w.e.f.11-07-2022  
 Kindly note change in Ref range and method w.e.f.11-07-2022  
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*Namrata Raul*  
 Dr.NAMRATA RAUL  
 M.D (Biochem)  
 Biochemist



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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*Bmhasakar*  
**Dr. KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**PROSTATE SPECIFIC ANTIGEN (PSA)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.344	<4.0 ng/ml	CLIA

Kindly note change in Ref range and method w.e.f.11-07-2022





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**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- $\alpha$ -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

**Reflex Tests:** % FREE PSA , USG Prostate

**Limitations:**

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

**Reference:**

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

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



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



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Reported : 28-Jan-2023 / 14:49

**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
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



*B. M. Haskar*  
**Dr. KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	O
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

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	165.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	74.8	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	37.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	127.3	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.3	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	15.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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*Namrata Raul*  
Dr. NAMRATA RAUL  
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Biochemist



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	11.9	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.516	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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**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 upto 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 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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\*\*\* End Of Report \*\*\*



*Anupa*

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.41	0.2-1.1 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.25	<1.1 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	22.8	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	25.2	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	23.1	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	58.3	46-116 U/L	Modified IFCC

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



*Namrata Raul*  
**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist





Authenticity Check  
Use a QR Code Scanner  
Application To Scan the Code

CID : 2302818824  
Name : MR.ARVIND SOLANKI  
Age / Gender : 62 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected :  
Reported :

\*\*\* End Of Report \*\*\*

Date:- 28/01/23

Name:- Arvind Salanki

CID: 2302818824

Sex / Age: M / 62

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NIL  
NIL

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

Colour Vision: Normal / Abnormal

Remark: R-E y

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714

Regd. Office:-  
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
2nd Floor, Aston, Sundervan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.



CID : 2302818824  
Name : Mr ARVIND SOLANKI  
Age / Sex : 62 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 12:22

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

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

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 8.5 x 4.3 cm. Left kidney measures 10.8 x 4.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

**PROSTATE:** Prostate is normal in size and echotexture. Prostate measures 3.5 x 2.9 x 3.5 cm and prostatic weight is 19 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012808441729>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2302818824  
Name : Mr ARVIND SOLANKI  
Age / Sex : 62 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 12:22

**Opinion:**

- No significant abnormality is detected.

*For clinical correlation and follow up.*

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

**This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.**

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=2023012808441729>



CID : 2302818824  
Name : Mr ARVIND SOLANKI  
Age / Sex : 62 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 14:47

**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-----

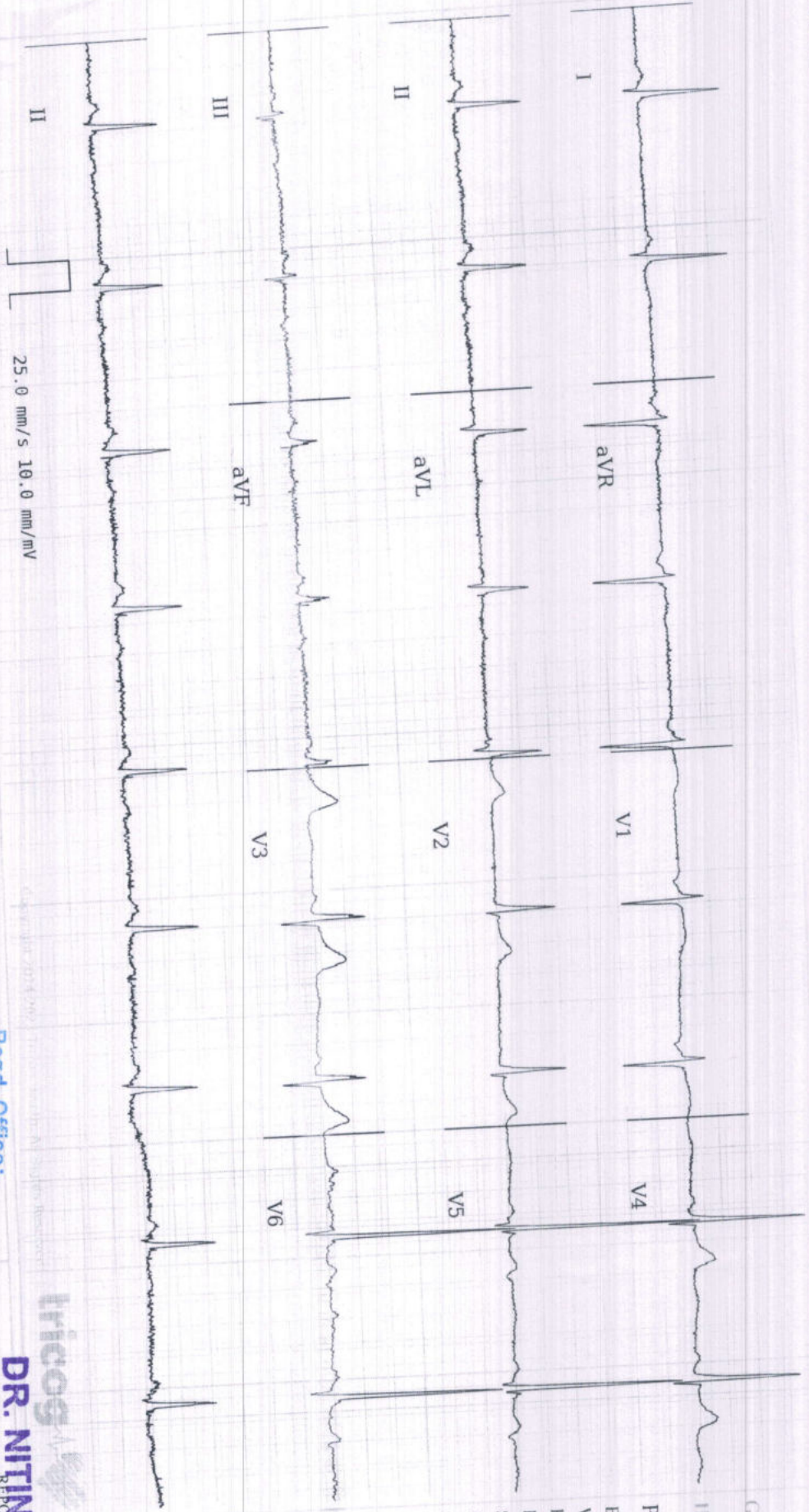
**This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.**

**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=2023012808441716>

Patient Name: ARVIND SOLANKI  
Patient ID: 2302818824

**SUBURBAN DIAGNOSTICS - BORIVALI WEST**  
Date and Time: 28th Jan 23 9:53 AM



25.0 mm/s 10.0 mm/mV

Age: 62 NA 27  
years months days

Gender: Male

Heart Rate: 58bpm

**Patient Vitals**

BP: 130/90 mmHg  
Weight: 51 kg  
Height: 165 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 78ms  
QT: 406ms  
QTc: 398ms  
PR: 130ms  
P-R-T: 42° 25° 6°

**Regd. Office:-**  
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
2nd Floor, Aston, Sundervan Complex,  
Lokhandwala Road, Anandheri (West),  
Mumbai-400023

**DR. NITIN SONAWANE**  
REPORTED BY  
M.B.B.S.AFLH, D.DIAB, D.CAI  
CONSULTANT CARDIOLOGIST  
REGD. NO.: 87714  
Dr. Nitin Sonawane  
M.B.B.S.AFLH, D.DIAB, D.CAI  
Consultant Cardiologist  
87714

Disclaimer: The X-ray report is based on ECG done and should be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Reason: studies are not derived from the ECG.

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Date: 28-01-2023 Time: 11:50

Name: ARVIND SOLANKI

Age: 62

Gender: M

Height: 165 cms

Weight: 51 Kg

ID: 2302818824

Clinical History: NIL

Medications: NIL

**Test Details:**

Protocol: Bruce

Predicted Max HR: 158

Target HR: 134

Exercise Time: 0:09:09

Achieved Max HR: 134 (85% of Predicted MHR)

Max BP: 170/90

Max BP x HR: 22780

Max Mets: 10.3

Test Termination Criteria: TEST COMPLET

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:09	1	0	0	62	130/90	8060	0.6 aVR	3 aVR
Standing	00:28	1	0	0	78	130/90	10140	0.9 V5	2.6 aVR
HyperVentilation	00:20	1	0	0	65	130/90	8450	-0.4 II	2.4 aVR
PreTest	00:16	1	1.6	0	74	130/90	9620	2.3 aVR	-0.5 V2
Stage: 1	03:00	4.7	2.7	10	101	150/90	15150	-1.6 II	-2.4 V6
Stage: 2	03:00	7	4	12	119	150/90	17850	1.8 aVR	-2 V6
Stage: 3	03:00	10.1	5.5	14	134	170/90	22780	-3.2 V6	-3 V6
Peak Exercise	00:09	10.3	6.8	16	134	170/90	22780	1.8 V2	-1.3 I
Recovery1	01:00	1	0	0	116	150/90	17400	0.7 aVR	0.2 V3

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:09:09 achieving a work level of 10.3 METS.  
Resting Heart Rate, initially 62 bpm rose to a max. heart rate of 134bpm (85% of Predicted Maximum Heart Rate).  
Resting Blood Pressure of 130/90 mmHg, rose to a maximum Blood Pressure of 170/90 mmHg  
Good Effort tolerance Normal HR & BP Response No Angina or Arrhymias  
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714

Doctor: DR. NITIN SONAVANE

Ref. Doctor: ----

**SCHILLER**  
The Art of Diagnostics

Regd. Office:-  
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
2nd Floor, Aston, Sunarvan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.

(Summary Report edited by User)  
Spandan CS-20 Version:2.14.0



**ARVIND SOLANKI**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**HR: 62 bpm**

Bruce Protocol

ID: 2302818824

Date: 28-01-2023

Exec Time: 0:00:00

Stage Time: 00:09

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 134 bpm

STLevel(mm) STSlope(mV/s)

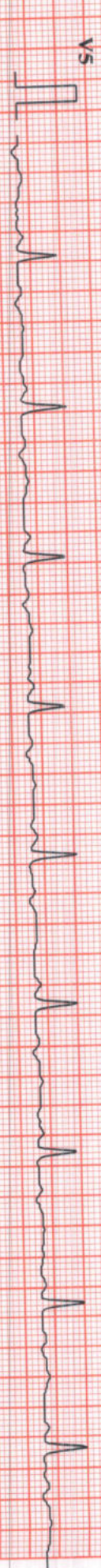
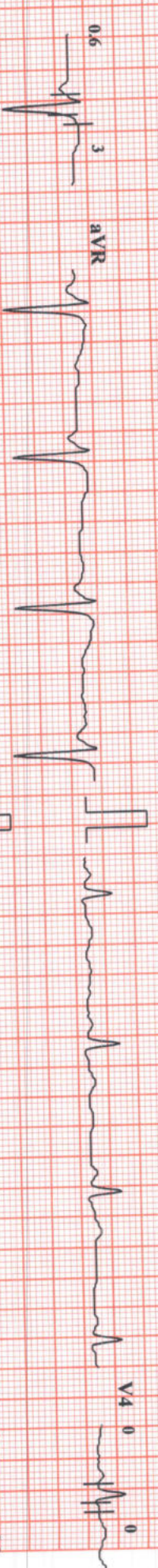
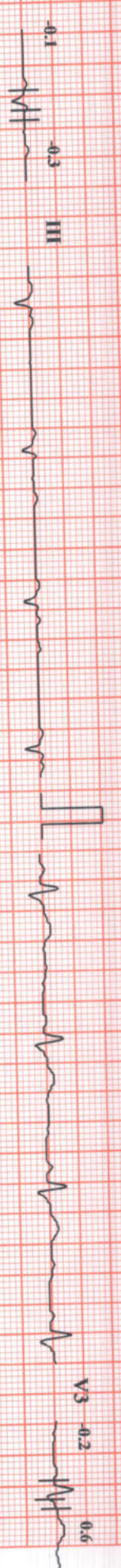
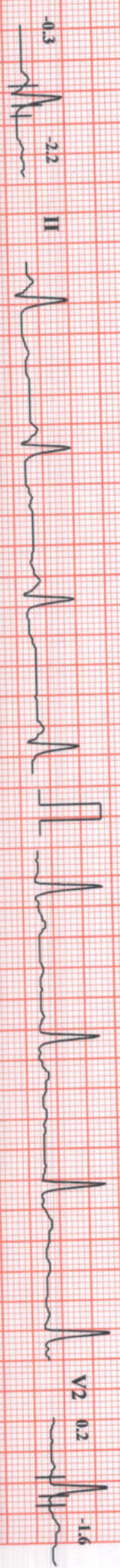
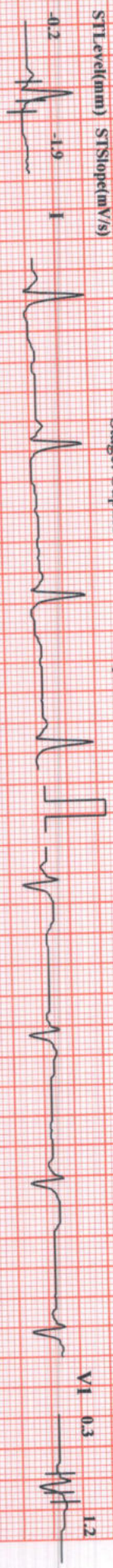


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Schiller Spandax CS-20 Version: 2.14





**ARVIND SOLANKI**

Bruce Protocol

STLevel(mm) STISlope(mV/s)

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

ID: 2302818824

Stage: Standing

Date: 28-01-2023

Speed: 0

Exec Time: 0:00:00

Slope: 0%

Stage Time: 00:28

THR: 134 bpm

**HR: 78 bpm**

BP: 130/90 mmHg

STLevel(mm) STISlope(mV/s)

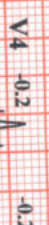
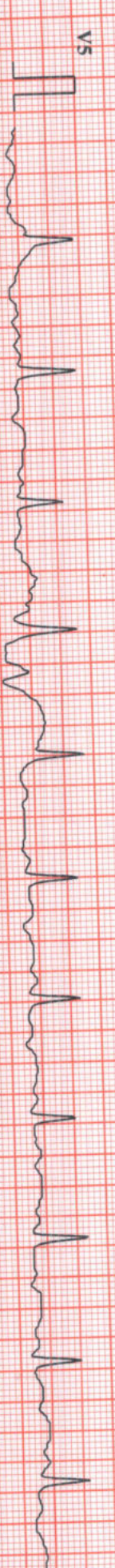
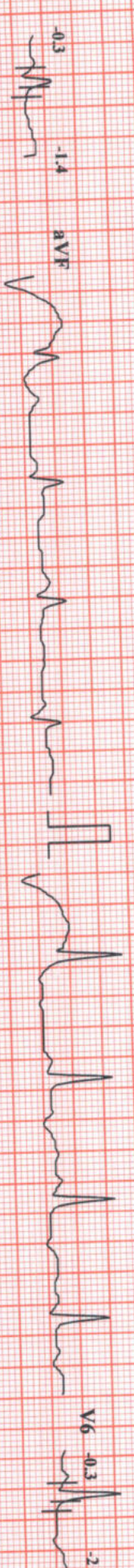
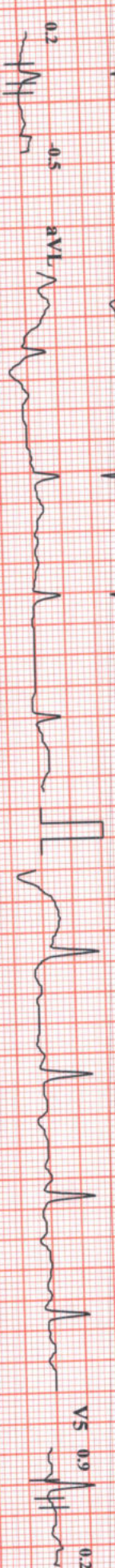
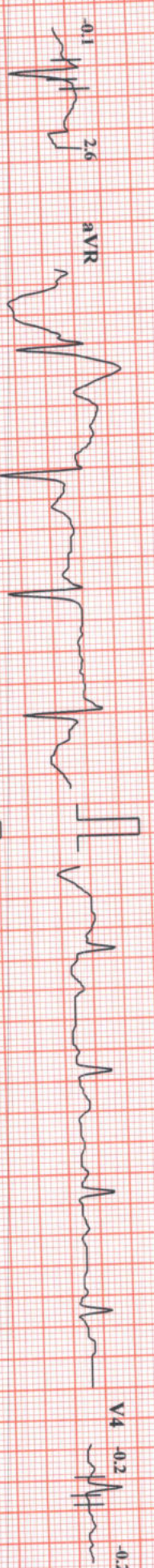
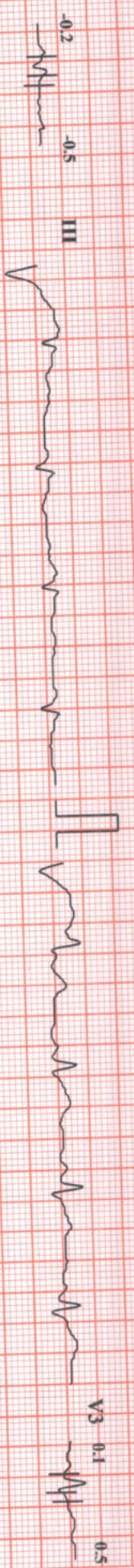
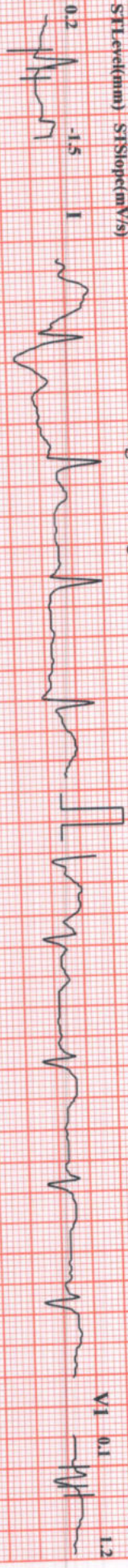


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-29 Version: 2.14



# SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

**ARVIND SOLANKI**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2302818824

Date: 28-01-2023

Exec Time: 0:00:00

Stage Time: 00:20

**HR: 65 bpm**

Bp: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Hyper Ventilation

Speed: 0

Slope: 0%

THR: 134 bpm

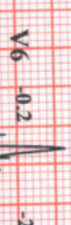
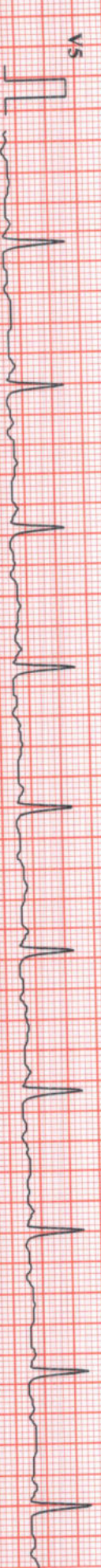
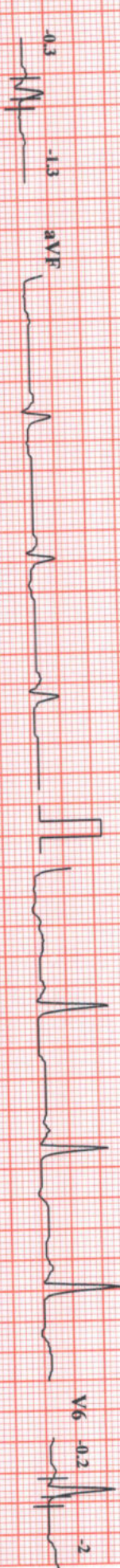
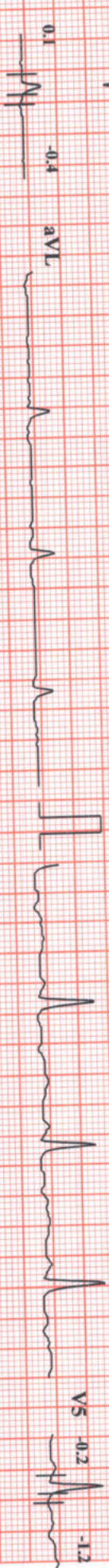
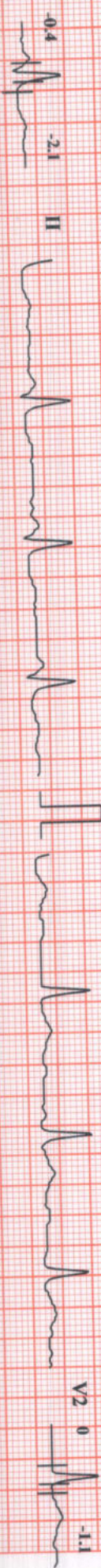


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Schiller Spandau CS-20 Version: 2.14



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**HR: 101 bpm**

**ARVIND SOLANKI**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2302818824

Stage: 1

Date: 28-01-2023

Speed: 2.7 kmph

Exec Time : 0:03:00

Slope: 10 %

Stage Time: 03:00

THR: 134 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

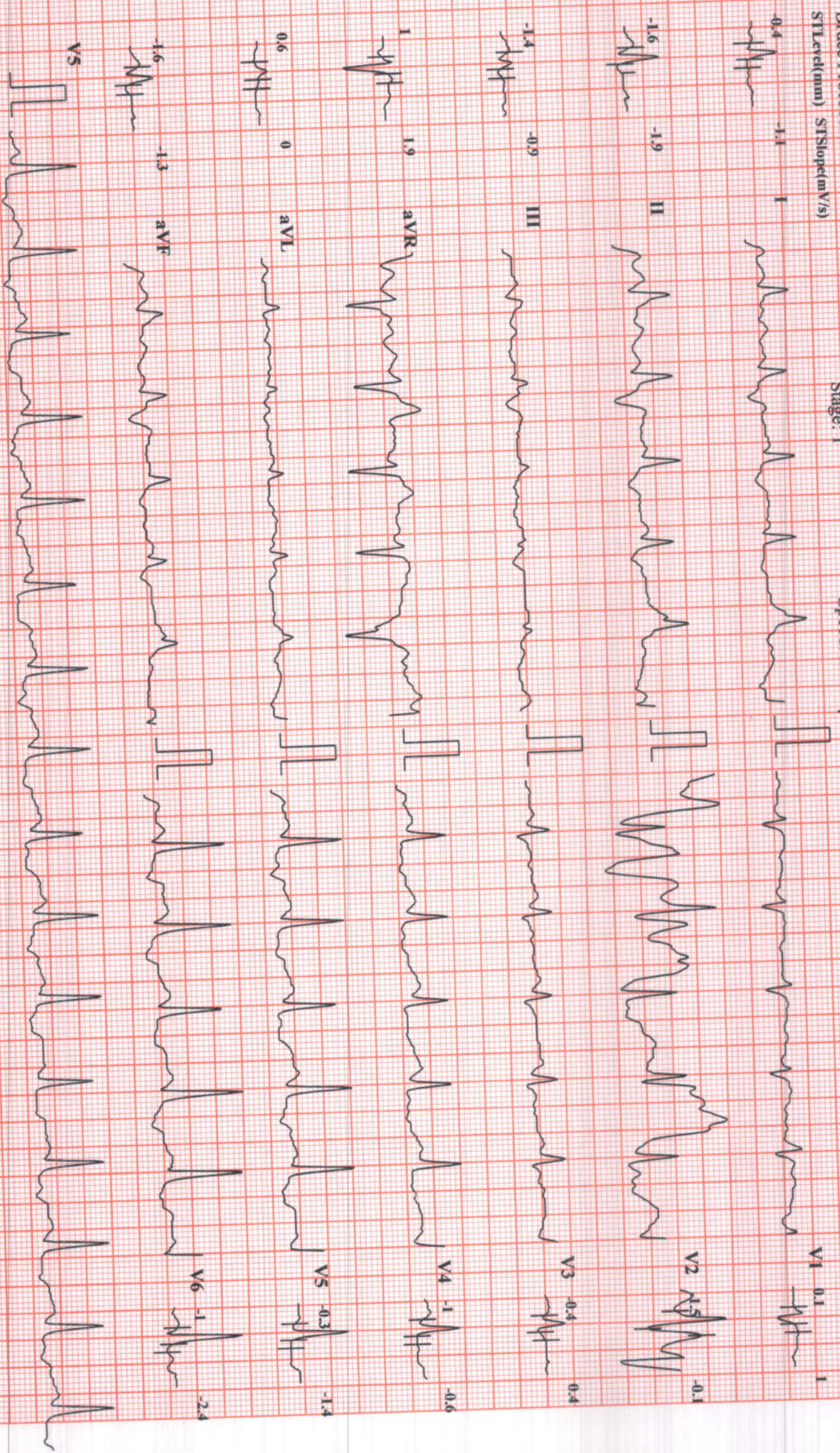


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ARVIND SOLANKI**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2302818824

Stage: 2

Date: 28-01-2023

Speed: 4 kmph

Exec Time: 0:06:00

Slope: 12 %

Stage Time: 03:00

THR: 134 bpm

**HR: 119 bpm**

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

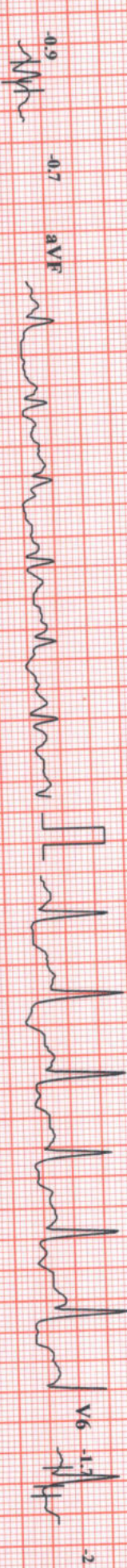
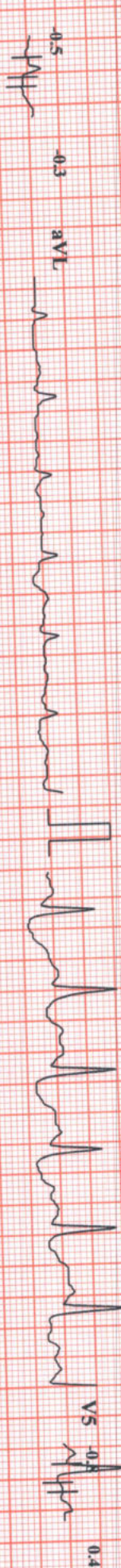
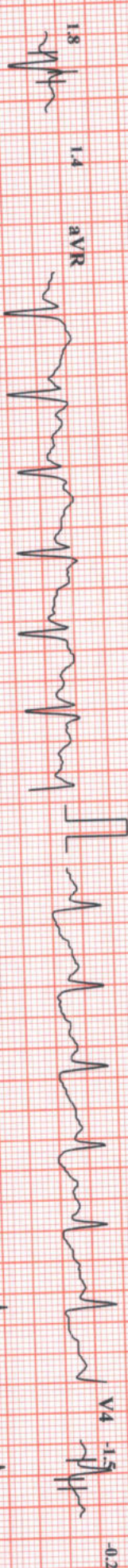
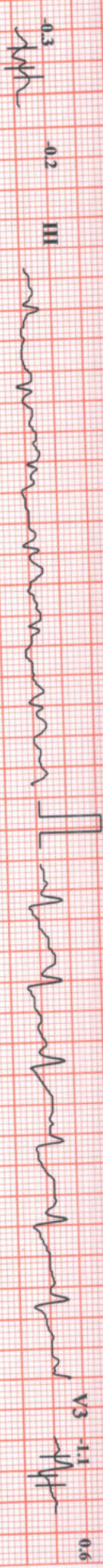
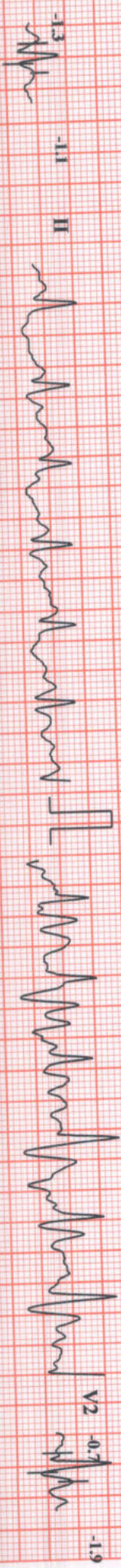


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R . 60 ms, J = R + 60 ms, Post J = J + 60 ms



**ARVIND SOLANKI**

Bruce Protocol

STLevel(mm) STISlope(mV/s)

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

ID: 2302818824

Date: 28-01-2023

Exec Time: 0:09:00

Stage Time: 03:00

**HR: 134 bpm**

BP: 170/90 mmHg

STLevel(mm) STISlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14%

THR: 134 bpm



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Schiller Spandax CS-20 Version 2.14



**ARVIND SOLANKI**

**SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI**

**HR: 134 bpm**

Bruce Protocol

ID: 2302818824

Date: 28-01-2023

Exec Time: 0:09:09

Stage Time: 00:09

BP: 170/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16%

THR: 134 bpm

STLevel(mm) STSlope(mV/s)

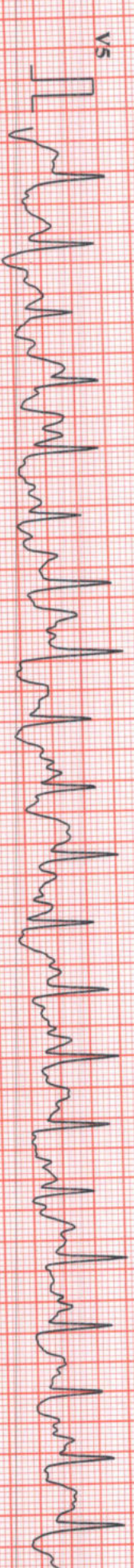
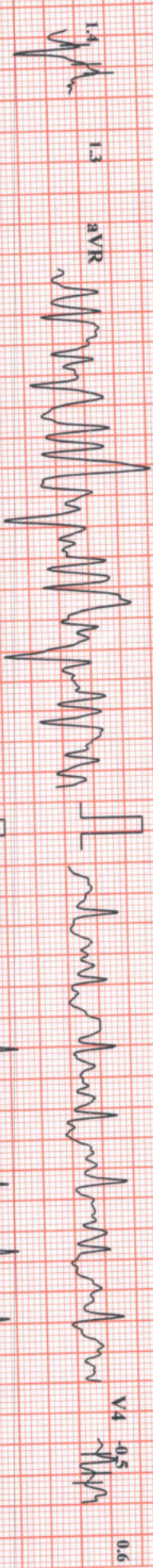
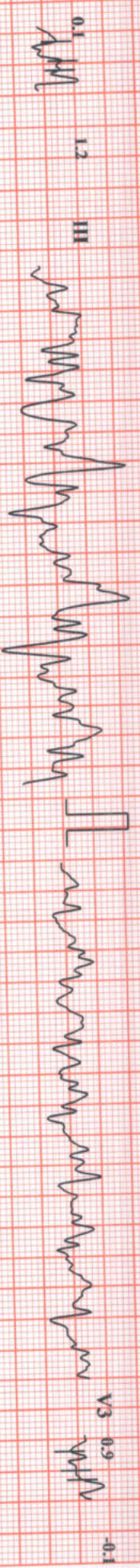
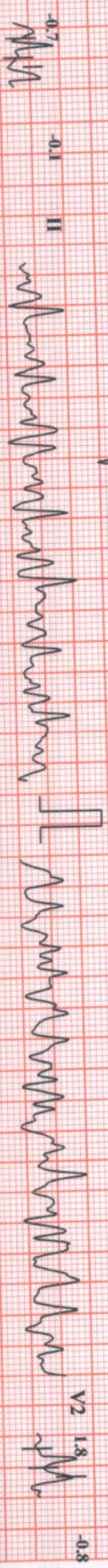
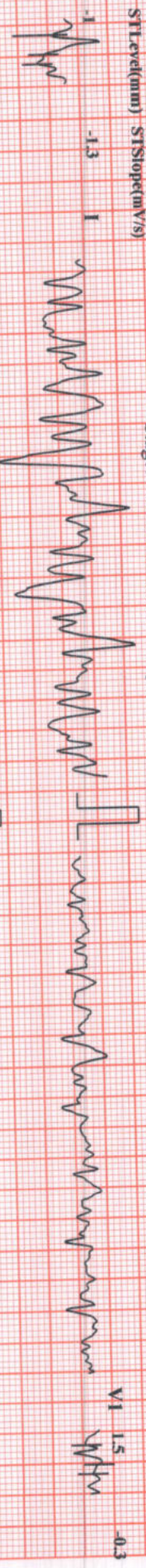


Chart Speed: 25 mm/sec  
 Amplitude: 10mm/mV  
 Filter: 25 Hz Mains Filter: ON  
 ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



**ARVIND SOLANKI**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

ID: 2302818824  
Stage: Recovery1

Date: 28-01-2023  
Speed: 0 kmph

Exec Time : 00:00  
Slope: 0 %

Stage Time: 00:35  
THR: 134 bpm

**HR: 130 bpm**

BP: 180/90 mmHg  
STLevel(mm) STSlope(mV/s)

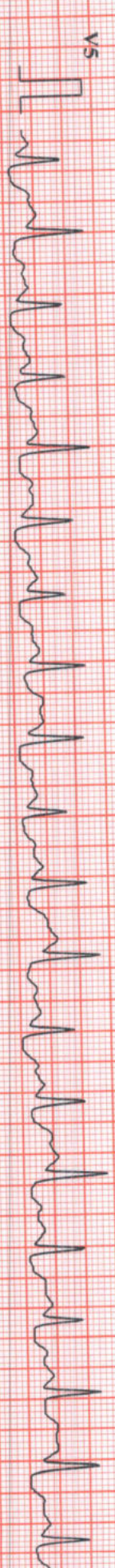
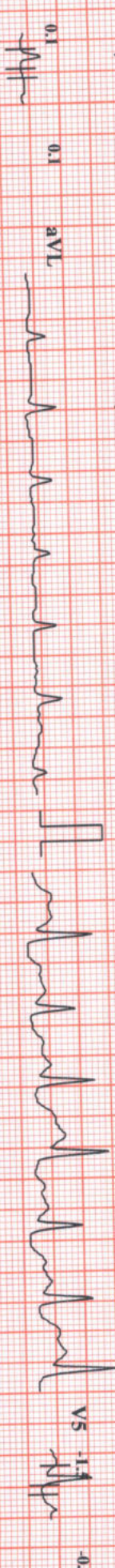
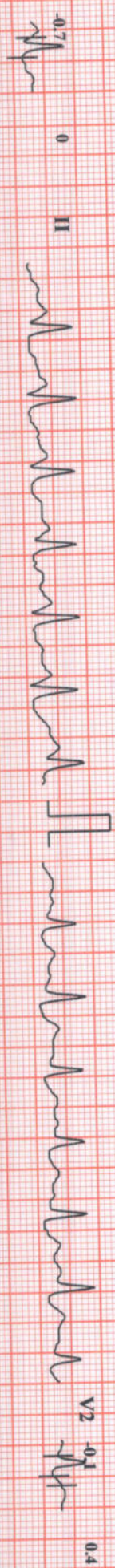
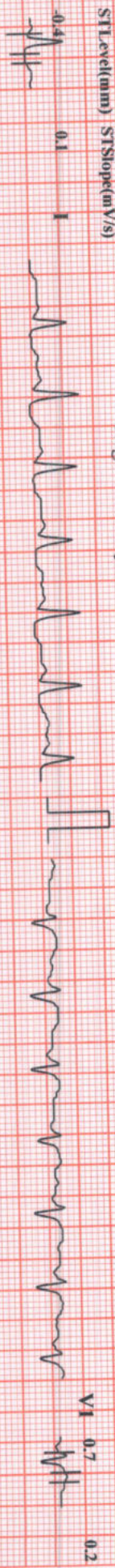


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 116 bpm

**ARVIND SOLANKI**

ID: 2302818824

Date: 28-01-2023

Exec Time: 00:00

Stage Time: 01:00

BP: 150/90 mmHg

Bruce Protocol

Stage: Recovery 1

Speed: 0 kmph

Slope: 0%

STLevel(mV) STSlope(mV/s)

STLevel(mV) STSlope(mV/s)

STLevel(mV) STSlope(mV/s)

STLevel(mV) STSlope(mV/s)

STLevel(mV) STSlope(mV/s)

STLevel(mV) STSlope(mV/s)

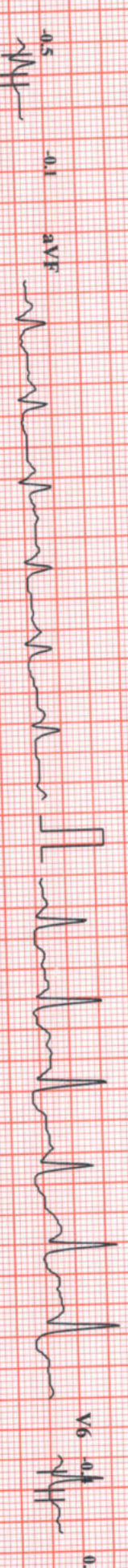
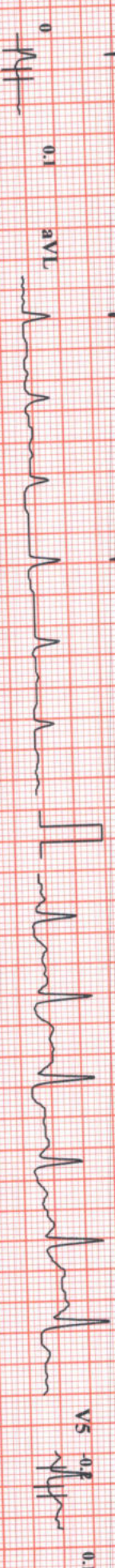
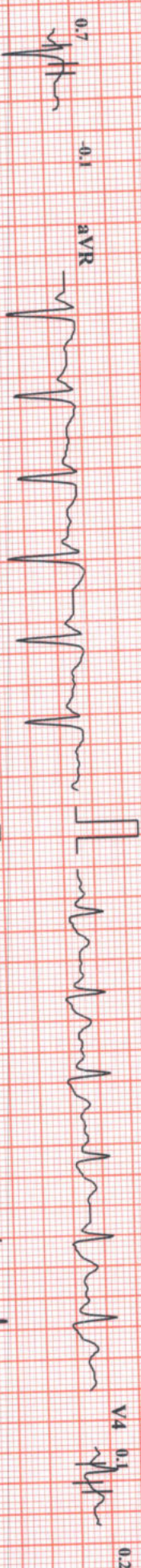


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J - R + 60 ms, Post J = J + 60 ms

Schiller Spandau CS-20 Version: 2.14





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**HR: 98 bpm**

**ARVIND SOLANKI**

ID: 2302818824

Date: 28-01-2023

Exec Time: 00:00

Stage Time: 00:33

BP: 130/90 mmHg

Bruce Protocol

Stage: Recovery2

Speed: 0 kmph

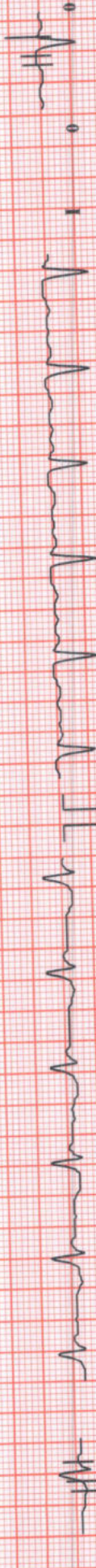
Slope: 0%

THR: 134 bpm

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

V1 0.5 1.4



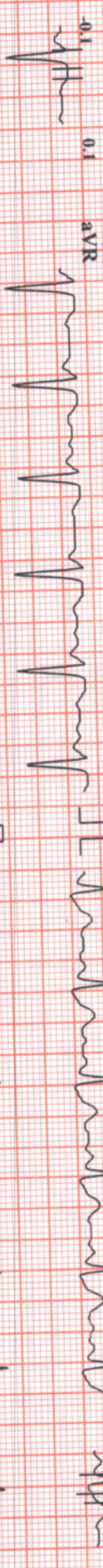
V2 -0.9 0.2



V3 -0.8 0.6



V4 -0.1 0.3



V5 -0.8 -1.9



V6 0 0



VS



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Schiller Spardan CS-20 Version: 2.14