

Date:

To,  
**Suburban Diagnostics (India) Private Limited**  
Shop No.6, Fenkin Belleza, Ghodbunder Rd,  
opp. M.K. Plaza, Kasarvadavali,  
Thane, Maharashtra 400607

**SUBJECT- TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Sunil Advani  
don't want to performed the following tests:

- 1) Stool-R
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

CID No. & Date : 2408321047 / 23.03.24

Corporate/ TPA/ Insurance Client Name : SUNIL ADVANI

Thanking you.

Yours sincerely,

Advani  
(Mr/Ms/Ms. Sunil Advani)

**PHYSICAL EXAMINATION REPORT**

Patient Name	Mr. Sunil Advani	Sex/Age	male / 48 yrs
Date	23.03.24	Location	KASARVADAVALI

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height	160 cm	Temp (0c):	Notable
Weight	65 kg	Skin:	Notable
Blood Pressure	110/70	Nails:	Notable
Pulse	72/2	Lymph Node:	Notable

**Systems :**

Cardiovascular:	Notable
Respiratory:	Notable
Genitourinary:	Notable
GI System:	Notable
CNS:	Notable

**Impression:**

1) Overweight 2) FBS ↑ HbA1c ↑ 3) Dyslipidemia + Fatty Liver

**ADVICE :**

To Reduce weight, to take low fat diet & diabetic diet & to monitor blood sugar & lipid profile and follow up with physician & diabetologist

**CHIEF COMPLAINTS :**

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

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	NO? PRESENT? CASE YES
5)	Tuberculosis	No
6)	Asthma	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 symptom	NO? BACK PAIN some times
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No



**PERSONAL HISTORY:**

1)	Alcohol	Occasionally
2)	Smoking	No
3)	Diet	Mixed.
4)	Medication	Nil

Date : 23.03.24

CID : 2408321047

Name : ~~Mr.~~ Mr. Sumil Advani

Sex/Age : 48yrs / male

**EYE CHECK UP**

Chief Complaints : Nil

Systemic Diseases : Nil

Past History : Nil

Unaided Vision : -

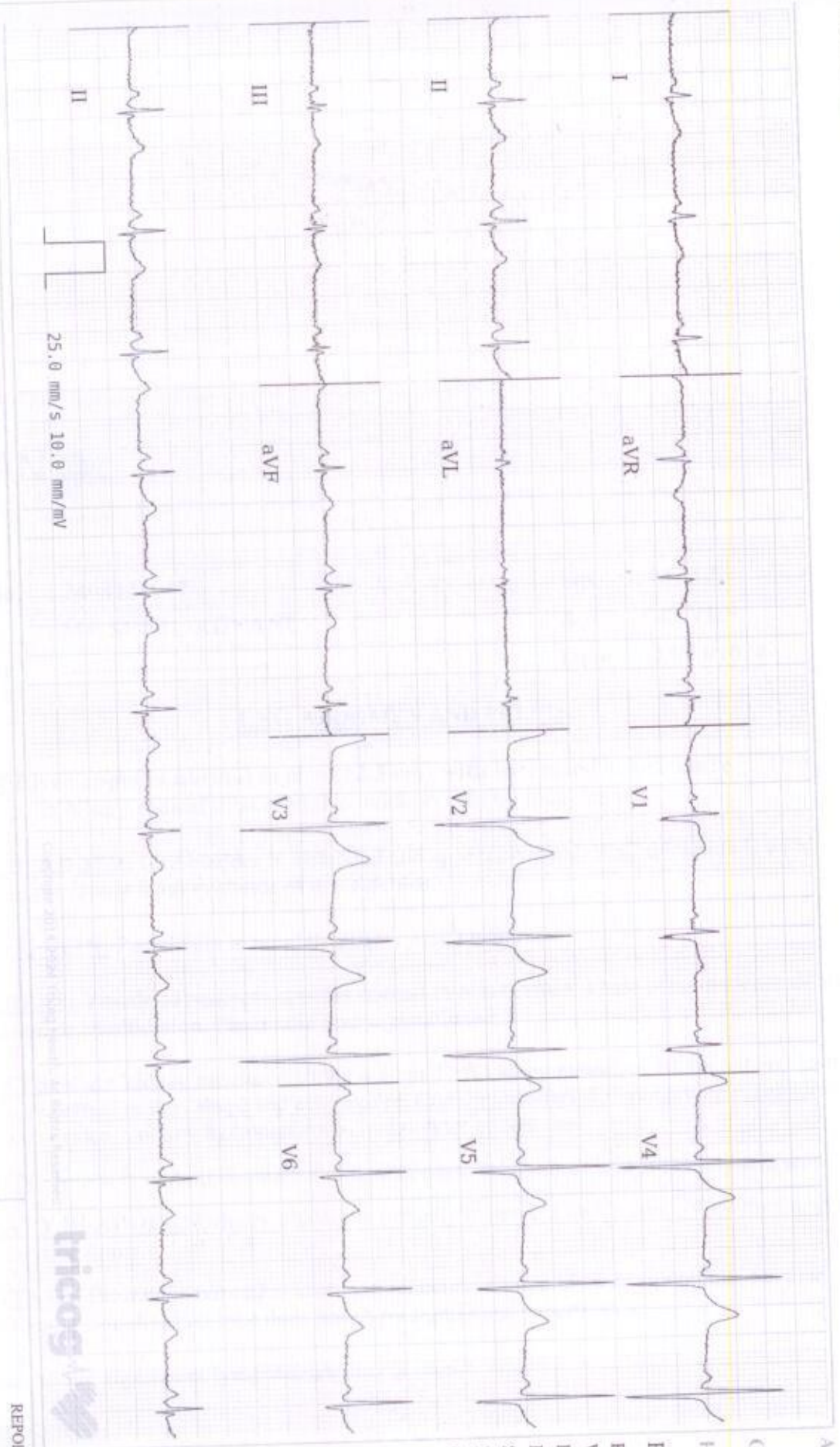
Aided Vision : RT - 6/6 , NG  
LT - 6/6 , NG

Refraction : -

Colour Vision : Normal

Remarks : -

**SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALLI**  
Patient Name: SUNIL ADVANI  
Patient ID: 2408321047  
Date and Time: 23rd Mar 24 9:33 AM



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

Disclaimer: This report is based on ECG data and should be used as an adjunct to clinical history, symptoms, and results of other studies and not replace them. All rights reserved. © 2014 Philips Medical Systems. All rights reserved.

Age 48 NA  
years months

Gender Male

Heart Rate 75bpm

BP: 110/70 mm

Weight: 65 kg

Height: 160 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**  
QRSD: 86ms  
QT: 368ms  
QTcB: 410ms  
PR: 126ms  
P-R-T: 55° 49° 5°

REPORTED BY

*Aravind*

Dr. Aravind N. Aravind  
M.D. (General Medicine)  
Reg No 39529 M.M.C.



CID No. : 2408321047	Sex : MALE
Name : Mr. SUNIL ADVANI	Age : 48 YRS
Ref. By : -----	Date : 23/03/2024

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size (12.3 cm) with increased echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

**PANCREAS:** Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 10.9 x 4.1 cm. Left kidney measures 10.5 x 5.2 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size(9.4 cm), shape and echotexture. No focal lesion is seen.

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

**PROSTATE:** Prostate is normal in size, normal echotexture and 14 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

**IMPRESSION:**  
**GRADE I FATTY LIVER.**

**NO OTHER SIGNIFICANT ABNORMALITY IS DETECTED.**

Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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



**DR. SHIVANGINI INGOLE**  
**MBBS, DMRE**  
**REG NO. 2018126130**

CID : 2408321047  
Name : Mr SUNIL ADVANI  
Age / Sex : 48 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre  
Reg. Date : 23-Mar-2024  
Reported : 23-Mar-2024 / 16:04

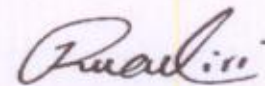
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**X-RAY CHEST PA VIEW**

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. JITENDRA GIRI  
DMRD, FELLOWSHIP IN USG &  
COLOUR DOPPLER (MUHS)  
Reg No - 2011/06/2160  
CONSULTANT RADIOLOGIST

Click here to view images <<ImageLink>>



CID : 2408321047  
Name : MR.SUNIL ADVANI  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 09:04  
Reported : 23-Mar-2024 / 13:05

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

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.24	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.9	40-50 %	Measured
MCV	87.6	80-100 fl	Calculated
MCH	27.6	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6610	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	16.1	20-40 %	
Absolute Lymphocytes	1064.2	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	416.4	200-1000 /cmm	Calculated
Neutrophils	75.4	40-80 %	
Absolute Neutrophils	4983.9	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	119.0	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	26.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	264000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	10.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		





CID : 2408321047  
Name : MR.SUNIL ADVANI  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

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Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



CID : 2408321047  
Name : MR.SUNIL ADVANI  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

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Reported : 23-Mar-2024 / 17:43

**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	119.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	129.1	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	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



CID : 2408321047  
Name : MR.SUNIL ADVANI  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 09:04  
Reported : 23-Mar-2024 / 15:44

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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	24.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	11.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	109	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	5.4	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	8.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



CID : 2408321047  
Name : MR.SUNIL ADVANI  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 09:04  
Reported : 23-Mar-2024 / 18:21

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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	6.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	139.8	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 SDRL, Vidyavihar Lab

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



*Anupa*

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



CID : 2408321047  
 Name : MR.SUNIL ADVANI  
 Age / Gender : 48 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Thane Kasarvadavali (Main Centre)

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 Reported : 23-Mar-2024 / 15:26

**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>
TOTAL PSA, Serum	0.256	<4.0 ng/ml	CLIA

Kindly note change in platform w.e.f. 24-01-2024



CID : 2408321047  
Name : MR.SUNIL ADVANI  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 09:04  
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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.

**Note :** The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

**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 \*\*\*



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



CID : 2408321047  
Name : MR.SUNIL ADVANI  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 09:04  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO  
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></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><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



CID : 2408321047  
Name : MR.SUNIL ADVANI  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 09:04  
Reported : 23-Mar-2024 / 13:49

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

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
ABO GROUP	A
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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

**Dr.IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**





CID : 2408321047  
Name : MR.SUNIL ADVANI  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	204.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	100.4	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	41.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	163.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	143.0	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	20.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



CID : 2408321047  
 Name : MR.SUNIL ADVANI  
 Age / Gender : 48 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 09:04  
 Reported : 23-Mar-2024 / 13:30

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.52	0.35-5.5 microIU/ml	ECLIA



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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 upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae 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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Collected : 23-Mar-2024 / 09:04  
Reported : 23-Mar-2024 / 15:36

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.79	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.49	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	16.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	24.4	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	29.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	88.9	40-130 U/L	PNPP

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