

| | | | |
|--------------|---------------------------------|----------|---------|
| Patient Name | Mr. SACHIN CONTINUED LEADERS | Date | 29/3/24 |
| Age | | UHID No | |
| Sex | M | Ref By | |
| Occupation | RETAIL | Phone No | |
| | | Email | |

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS

PAST HISTORY

MEDICAL HISTORY

SUP DTC - 20 YRS BACK (PAIN IN
BACK AND OPA) ALLERGIC RHINITIS

| | | | | |
|---------------|---------|-----------------|------------------|----------------|
| Hypertension | Asthama | Heart Disease | Thyroid Disorder | Allergy |
| NO | NO | NO | NO | NO |
| Diabetes | Stroke | Kidney Disorder | Tuberculosis | Liver Disorder |
| NO | NO | NO | NO | NO |
| Other History | | | | |

SURGICAL HISTORY

| | | | | |
|-------|----------|---------|--------|--------------------|
| Piles | Fissures | Fistula | Hernia | Gall Bladder Stone |
| NO | NO | NO | NO | NO |
| | | | | |

CURRENT MEDICATIONS

| Sr. No | Complaints | Dosage | Duration |
|--------|---------------|--------|----------|
| | NO | | |
| | | | |
| | | | |

| | | | |
|-------------|--------------------|-------------------|---------|
| NAME | Mr. SPETHIO CONDOR | Weight | 95.1 |
| BP | 130/90 | Height | 1.72 |
| Pulse | 81/min | SPO2 | 97% |
| Temperature | 37.5 | Peripheral Pulses | PRESENT |
| Oedema | NO | Breath Sound | CLEAR |
| Heart Sound | S1, S2 (N) | | |

B - SYSTEMIC EXAMINATION

FILL YES/NO

| CONSTITUTIONAL | | GENITOURINARY SYSTEM | |
|-------------------------------|----------------|-----------------------------|------------------|
| Fever | / NO | Frequency of urine | / NO |
| Chills | / NO | Blood in urine | / NO |
| Recent weight gain | / NO | Incomplete empty of bladder | / NO |
| EYES | | Nycturia | / NO |
| Eye pain | / NO | Dysuria | / NO |
| Spots before eyes | / NO | Urge Incontinence | / NO |
| Dry eyes | / NO | OBS/GYNE. | |
| Wearing glasses | DISTANT VISION | Abnormal bleed | / NO |
| Vision changes | / NO | Vaginal Discharge | / NO |
| Itchy eyes | / NO | Irregular menses | / NO |
| EAR/NOSE/THROAT | | Midcycle bleeding | / NO |
| Earaches | / NO | MUSCULOSKELETAL | |
| Nose bleeds | / NO | Joint swelling | / NO |
| Sore throat | / NO | Joint pain | / NO |
| Loss of hearing | / NO | Limb swelling | / NO |
| Sinus problems | / NO | Joint stiffness | / NO |
| Dental problems | / NO | INTEGUMENTARY(SKIN) | |
| CARDIOVASCULAR | | Acne | / NO |
| Chest pain | / NO | Breast pain | / NO |
| Heart rate is fast/slow | / NO | Change in mole | / NO |
| Palpitations | / NO | Breast | / NO |
| Leg swelling | / NO | NEUROLOGICAL | |
| RESPIRATORY | | Confused | / NO |
| Shortness of breath | / NO | Sensation in limbs | / NO |
| Cough | / NO | Migraines | / NO |
| Orthopnoea | / NO | Difficulty walking | / NO |
| Wheezing | / NO | PSYCHIATRIC | |
| Dyspnoea | / NO | Suicidal | / NO |
| Respiratory distress in sleep | / NO | Change in personality | / NO |
| GASTROINTESTINAL | | Anxiety | / NO |
| Abdominal pain | DIARRHOEA & 7 | Sleep Disturbances | YES OCCASIONALLY |
| Constipation | / NO | Depression | / NO |
| Heartburn | OCCASIONALLY | Emotional | / NO |
| Vomiting | NO | | |
| Diarrhoea | / NO | | |
| Melena | / NO | | |

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ABFPW4473P



नाम/Name
SACHIN WADIKAR

पिता का नाम/ Father's Name
GOVIND WADIKAR

जन्म की तारीख/
Date of Birth
18/10/1983

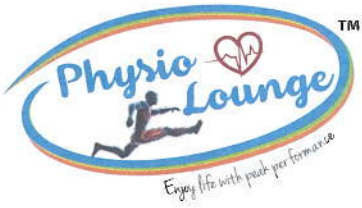
हस्ताक्षर/Signature

05012021

[Handwritten signature]
Dr. HANISH DEVADIGA
CONSULTANT ECHOCARDIOLOGIST
Reg. No. 2003/09/3427

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VRX HEALTHCARE PVT. LTD.
(Physio Lounge & Diagnolounge)
104-105, 1st Floor, Asmi Dreamz,
-At Junction Of S.V. Road, & M. G. Road,
Goregaon (West), Mumbai- 400104.



Report

VRX HEALTH CARE PVT. LTD.

| | | | |
|-------------|------------------------|----------------|--------------------|
| Name | : MR. SACHIN WADIKAR | Id | : VRX-38674 |
| Age/Gender | : 40 Years 5 Months /M | Registered On | : 29/03/2024 09:27 |
| Referred By | : MEDIWHEEL | Collected Time | : 29/03/2024 09:49 |
| | | Reported On | : 29/03/2024 16:39 |

| Investigations | Observed Value | Bio. Ref. Interval | METHOD |
|---------------------------------|----------------------------|------------------------|--------|
| CBC-COMplete BLOOD COUNT | | | |
| HAEMOGLOBIN | 15.5 | 13.0 - 17.0 gm/dl | |
| RBC COUNT | 4.95 | 4.5 - 5.5 Millions/Cmm | |
| PACKED CELL VOLUME | 46.5 | 40.0 - 50.0 % | |
| MEAN CORP VOL (MCV) | 93.94 | 83.0 - 101.0 fL | |
| MEAN CORP HB (MCH) | 31.31 | 27 - 32 pg | |
| MEAN CORP HB CONC (MCHC) | 33.33 | 31.5 - 34.5 g/dl | |
| RDW | 12.5 | 11.6 - 14.0 % | |
| WBC COUNT | 8.0 | 4.0 - 10.0 *1000/cmm | |
| NEUTROPHILS | 44.4 | 40 - 80 % | |
| LYMPHOCYTES | 43.0 | 20 - 40 % | |
| EOSINOPHILS | 5.6 | 1 - 6 % | |
| MONOCYTES | 6.4 | 2 - 10 % | |
| BASOPHILS | 0.6 | | |
| PLATELETS COUNT | 245 | 150 - 410 *1000/Cmm | |
| PLATELETS ON SMEAR | Adequate | | |
| MPV | 5.9 | 6.78 - 13.46 % | |
| PDW | 18.0 | 9 - 17 % | |
| RBC MORPHOLOGY | NORMOCYTIC NORMOCHROMIC | | |

REMARKS

EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated) All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

INTERPRETATION

--- End of the Report ---

VRX

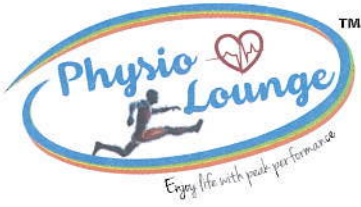
Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





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|---|----------------|----------------------------|--|
| MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40 | | | |
| ESR | 12 | < 20 mm at the end of 1Hr. | WESTERGREN |
| INTERPRETATION <i>ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i> | | | |
| BLOOD GROUP | B POSITIVE | | SLIDE AGGLUTINATION - FORWARD GROUPING |

--- End of the Report ---

N. Jain

Dr. Vipul Jain
M.D.(PATH)

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CHECKED BY - SNEHA G





Report

VRX HEALTH CARE PVT. LTD.

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| Investigations | Observed Value | Bio. Ref. Interval | METHOD |
|---|----------------|--------------------|--------|
| FASTING BLOOD SUGAR | | | |
| FBS | 84.3 | < 100 mg/dl | GODPOD |
| URINE SUGAR | ABSENT | | GODPOD |
| URINE KETONE | ABSENT | | GODPOD |
| INTERPRETATION SAMPLE : FLUORIDE, PLASMA Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl Diabetic : \geq 126 mg/dl Pre-Diabetic : 100 – 125 mg/dl Plasma Glucose Post Lunch : Non-Diabetic : < 140 Diabetic : \geq 200 mg/dl Pre-Diabetic : 140- 199 mg/dl. Random Blood Glucose : Diabetic : \geq 200 mg/dl References : ADA(American Diabetic Association Guidelines 2016) Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser . **All Test Results are subjected to stringent international External and Internal Quality Control Protocols | | | |
| PPBS | | | |
| PPBS | 105.8 | < 140 mg/dl | GODPOD |
| URINE SUGAR | ABSENT | | GODPOD |
| URINE KETONE | ABSENT | | GODPOD |
| INTERPRETATION SAMPLE : FLUORIDE, PLASMA Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl Diabetic : \geq 126 mg/dl Pre-Diabetic : 100 – 125 mg/dl Plasma Glucose Post Lunch : Non-Diabetic : < 140 Diabetic : \geq 200 mg/dl Pre-Diabetic : 140- 199 mg/dl. Random Blood Glucose : Diabetic : \geq 200 mg/dl References : ADA(American Diabetic Association Guidelines 2016) Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser . **All Test Results are subjected to stringent international External and Internal Quality Control Protocols | | | |

--- End of the Report ---

N. Jain

Dr. Vipul Jain
M.D.(PATH)

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CHECKED BY - SNEHA G





Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001
 Patient Name : MR. SACHIN WADIKAR
 Age : 40 Yrs 5 Month
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A037904
 Registered On : 29/03/2024,11:18 AM
 Collected On : 29/03/2024,11:26 AM
 Reported On : 29/03/2024,07:01 PM
 SampleID :

REPORT

Biochemistry

| Test Name | Result | Unit | Biological Reference Interval |
|---|--------|------|---|
| HbA1c (Glycylated Haemoglobin) WB-EDTA | | | |
| HbA1c (Glycylated Haemoglobin) | 5.5 | % | Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013. |

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 111.1 mg/dL

Method : Calculated

Correlation of A1C with average glucose

| A1C (%) | Mean Blood Glucose (mg/dl) |
|---------|----------------------------|
| 6 | 126 |
| 7 | 154 |
| 8 | 183 |
| 9 | 212 |
| 10 | 240 |
| 11 | 269 |
| 12 | 298 |

Interpretation :

1.The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.

2.It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daiibetics.

3.Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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Entered By

Verified By

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385

Aparna
 Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"





| | | | |
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| Investigations | Observed Value | Bio. Ref. Interval | METHOD |
|----------------|----------------|--------------------|--------|
|----------------|----------------|--------------------|--------|

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40

Lipid Test

| | | | |
|--------------------------|-------|-----------------|--|
| TOTAL CHOLESTEROL | 214.9 | 130 - 200 mg/dl | |
| TRIGLYCERIDES | 165.0 | 25 - 160 mg/dl | |
| HDL CHOLESTEROL | 28.6 | 35 - 80 mg/dl | |
| LDL CHOLESTEROL | 153.3 | < 100 mg/dl | |
| VLDL CHOLESTEROL | 33.0 | 7 - 35 mg/dl | |
| LDL-HDL RATIO | 5.36 | < 3.5 mg/dl | |
| TC-HDL CHOLESTEROL RATIO | 7.51 | 2.5 - 4.0 mg/dl | |

INTERPRETATION

SAMPLE : SERUM, PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics, Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---

N. Jain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





| | | | |
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| Investigations | Observed Value | Bio. Ref. Interval | METHOD |
|---|----------------|---|--------|
| MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40 | | | |
| LIVER FUNCTION TEST | | | |
| SGOT | 17.9 | 5 - 40 U/L | |
| SGPT | 22.2 | 5 - 45 U/L | |
| TOTAL BILIRUBIN | 0.48 | 0.1 - 1.2 mg/dl | |
| DIRECT BILIRUBIN | 0.29 | Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl | |
| INDIRECT BILIRUBIN | 0.19 | 0.1 - 1.0 mg/dl | |
| TOTAL PROTEINS | 6.98 | 6.0 - 8.3 g/dl | |
| ALBUMIN | 4.41 | 3.5 - 5.2 g/dl | |
| GLOBULIN | 2.57 | 2.0 - 3.5 g/dl | |
| A/G RATIO | 1.72 | 1.0 - 2.0 mg/dl | |
| ALKALINE PHOSPHATASE | 68.9 | 53 - 128 U/L | |
| GGT | 56.1 | 3 - 60 U/L | |
| REMARKS SAMPLE : SERUM, PLAIN PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER. | | | |

--- End of the Report ---

N. Jain

Dr. Vipul Jain
M.D.(PATH)

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CHECKED BY - SNEHA G





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|-------------|------------------------|----------------|--------------------|
| Name | : MR. SACHIN WADIKAR | Id | : VRX-38674 |
| Age/Gender | : 40 Years 5 Months /M | Registered On | : 29/03/2024 09:32 |
| Referred By | : MEDIWHEEL | Collected Time | : 29/03/2024 09:49 |
| | | Reported On | : 29/03/2024 16:39 |

| Investigations | Observed Value | Bio. Ref. Interval | METHOD |
|---|----------------|--------------------|------------------------|
| MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40 | | | |
| BUN | | | |
| UREA | 18.2 | 19 - 44 mg/dl | |
| BLOOD UREA NITROGEN | 8.5 | 9.0 - 20.5 mg/dl | |
| CREATININE | 0.92 | 0.5 - 1.4 mg/dl | Jaffe/Alkaline Picrate |
| URIC ACID | 5.42 | 3.5 - 7.2 mg/dl | URICASE |
| BUN / CREAT RATIO | | | |
| BUN (Blood Urea Nitrogen) | 8.50 | 7.9 - 21.1 mg/dL | |
| Creatinine | 0.92 | 0.5 - 1.4 mg/dL | |
| BUN/Creatinine Ratio | 9.24 | 5.0 - 23.5 | |

--- End of the Report ---

NRS Jain

Dr. Vipul Jain
M.D.(PATH)

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CHECKED BY - SNEHA G





Report

VRX HEALTH CARE PVT. LTD.

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| | | Reported On | : 29/03/2024 16:39 |

| Investigations | Observed Value | Bio. Ref. Interval | METHOD |
|---|----------------|--------------------|--------|
| MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40 | | | |
| TOTAL PROTEINS | | | |
| TOTAL PROTEINS | 6.98 | 6.0 - 7.8 g/dl | BIURET |
| ALBUMIN | 4.41 | 3.5 - 5.2 g/dl | BIURET |
| GLOBULIN | 2.57 | 2.0 - 3.5 g/dl | BIURET |
| AG RATIO | 1.72 | 1.0 - 2.0 g/dl | BIURET |

--- End of the Report ---

NRS Jain

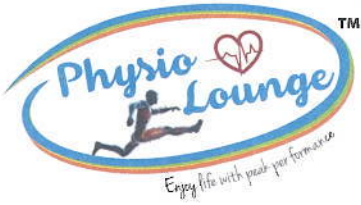
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|--|----------------|--------------------|--------|
| <u>MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40</u> | | | |
| URINE ROUTINE | | | |
| COLOUR | PALE YELLOW | | |
| APPEARANCE | CLEAR | | |
| SPECIFIC GRAVITY | 1.020 | | |
| REACTION (PH) | 6.5 | | |
| PROTEIN | Absent | | |
| SUGAR | Absent | | |
| KETONE | Absent | | |
| BILE SALT | Absent | | |
| BILIRUBIN | Absent | | |
| OCCULT BLOOD | Absent | | |
| PUS CELLS | 1-2 | < 6 hpf | |
| EPITHELIAL CELLS | 1-2 | < 5 hpf | |
| RBC | NIL | < 2 hpf | |
| CASTS | NIL | | |
| CRYSTALS | NIL | | |
| AMORPHOUS DEBRIS | Absent | | |
| YEAST CELLS | Absent | | |
| SPERMATOOZA | Absent | | |

--- End of the Report ---

N. Jain

Dr. Vipul Jain
M.D.(PATH)

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CHECKED BY - SNEHA G





Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001
 Patient Name : MR. SACHIN WADIKAR
 Age : 40 Yrs 5 Month
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A037904
 Registered On : 29/03/2024,11:18 AM
 Collected On : 29/03/2024,11:26 AM
 Reported On : 29/03/2024,07:01 PM
 SampleID :

REPORT

Immunology

| Test Name | Result | Unit | Biological Reference Interval |
|---|--|--------|-------------------------------|
| Total T3 Method : ECLIA | 98.9 | ng/dL | 58-159 |
| Total T4 Method : ECLIA | 8.4 | mcg/dl | 4.2-11.2 |
| TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay | 1.705 | uIU/ml | 0.2-5.7 |
| Trimester Ranges | T3- 1st Trimester - 138-278 ng.dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml | | |

Scan to Validate



APARNA-JAIRAM
 Entered By

Verified By

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385

Aparna
 Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





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| Test Name | Result | Unit | Biological Reference Interval |
|--|--------|------|-------------------------------|
| <p>1.Total T3(Total Tri- ido- thyronine) is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightly regulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver),and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.</p> <p>2.Total T4 (Total tetra- iodo-thyronine or total thyroxine)is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionsS.</p> <p>3.TSH (Thyroid stimulating hormone or Thyrotropin)is produced by anterior pituitary in response to its stimulation by TRH (Thyrotropin releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hyperthyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation is consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.</p> | | | |

Scan to Validate



APARNA-JAIRAM

Entered By

Verified By

Dr Suvarna Deshpande

MD (Path)

Reg.No.83385

Dr Aparna Jairam

MD (Path)

Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001
 Patient Name : MR. SACHIN WADIKAR
 Age : 40 Yrs 5 Month
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A037904
 Registered On : 29/03/2024,11:18 AM
 Collected On : 29/03/2024,11:26 AM
 Reported On : 29/03/2024,07:01 PM
 SampleID :

REPORT

Immunology

| Test Name | Result | Unit | Biological Reference Interval |
|-----------|--------|-------|-------------------------------|
| Total PSA | 0.516 | ng/mL | 0.03 - 3.5 |

Method : ECLIA

Interpretation :

Serum PSA is a useful diagnostic tool for diagnosis of prostatic cancer. PSA levels should always be assessed in conjunction with the patient's medical history, clinical examination, prostatic acid phosphatase and radiological findings. Elevated levels are indicative of pathologic conditions of prostatitis, Benign hyperplasia or Prostatic adenocarcinoma. Rate of the fall of PSA levels to non detectable levels can occur following radiotherapy, hormonal therapy or radical surgical removal of the prostate & provides information of the success of treatment. Inflammation or trauma of prostate can lead to elevated PSA levels of varying magnitude and duration.

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

Results are to be correlated clinically

Scan to Validate



APARNA-JAIRAM

Entered By

Verified By

Dr Suvarna Deshpande

MD (Path)

Reg.No.83385

Aparna

Dr Aparna Jairam

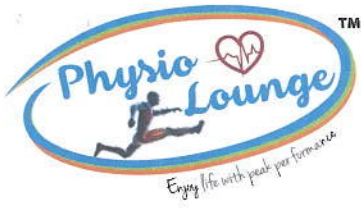
MD (Path)

Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





| | |
|-----------------------------------|-------------------|
| PATIENT NAME : MR. SACHIN WADIKAR | AGE : 40YEARS |
| LAB NO : | SEX : MALE |
| REF DR NAME : MEDIWHEEL | DATE : 29/03/2024 |

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 partially distended and normal. No gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized and normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus or hydronephrosis is seen.

Right kidney measures 10.5 x 4.1 cm. Left kidney measures 10.3 x 4.3 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 distended and reveal no intraluminal abnormality.

PROSTATE:

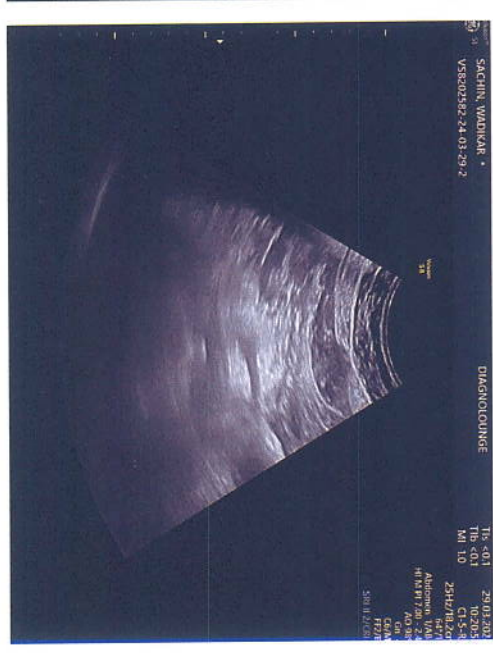
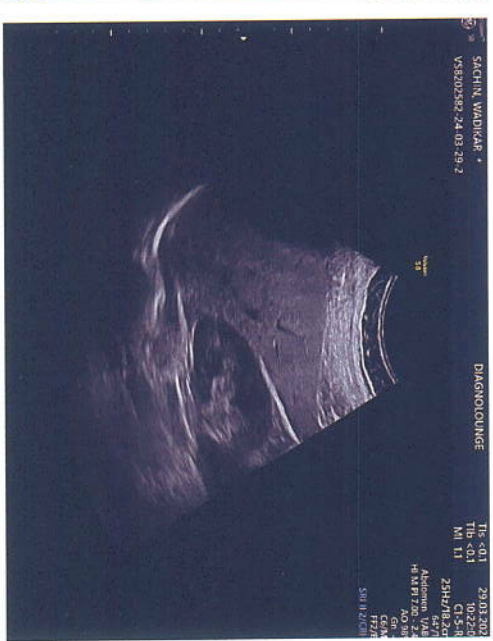
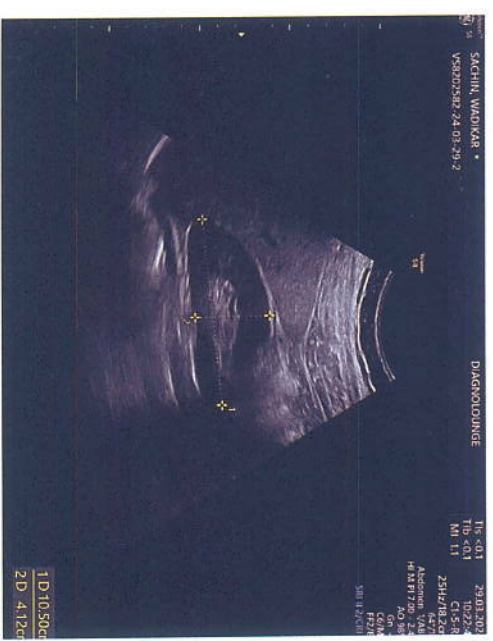
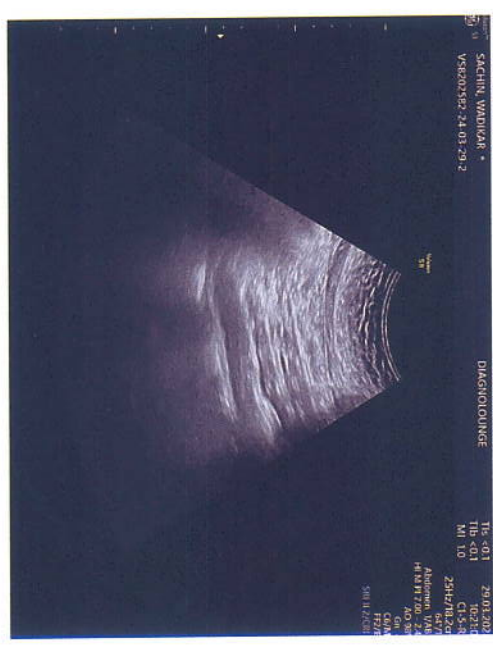
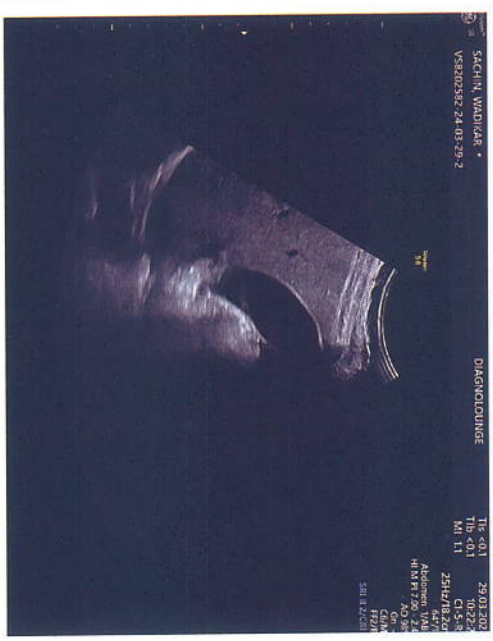
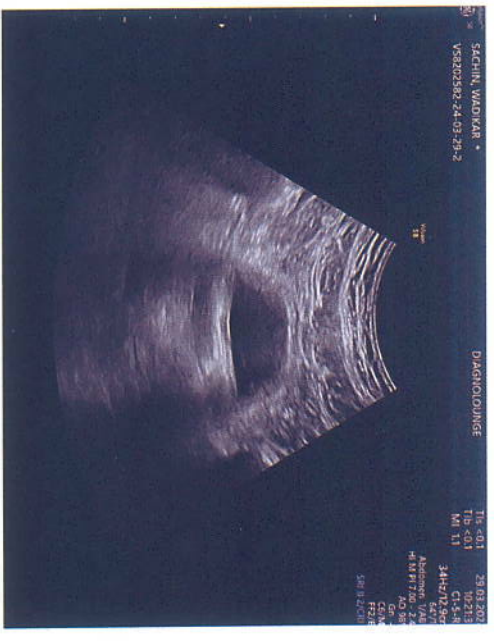
The prostate is normal in size and volume is 18 cc.

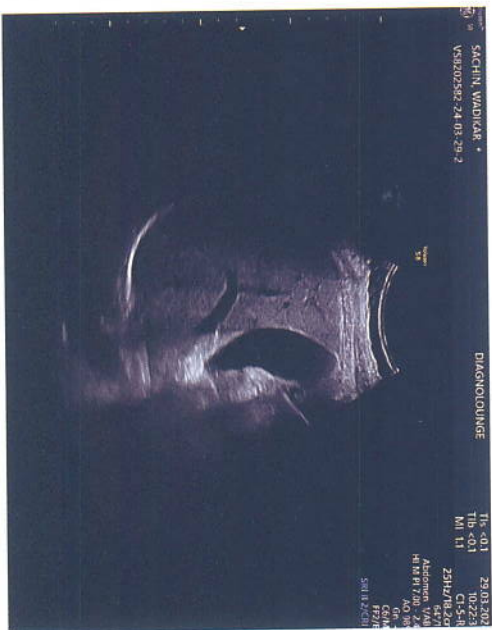
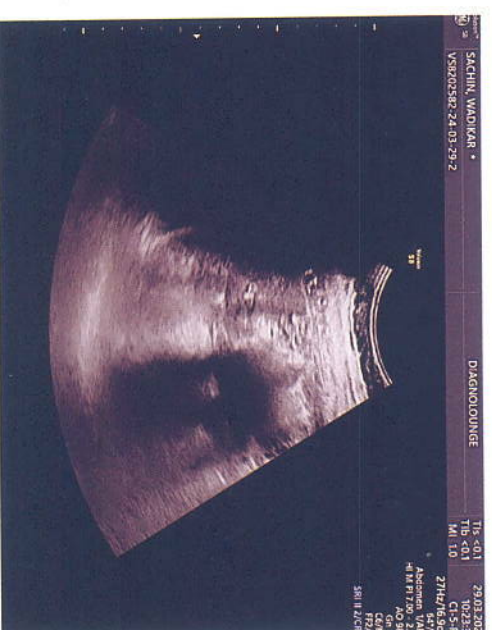
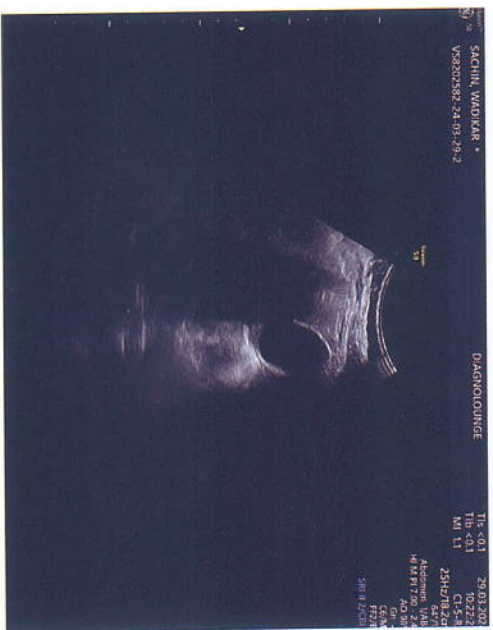
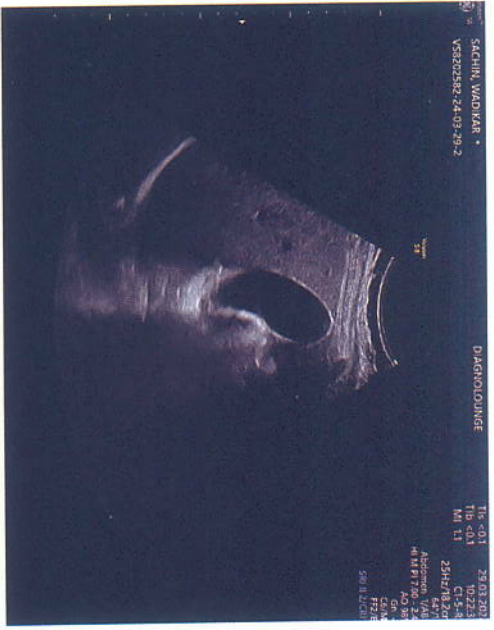
IMPRESSION:

Grade I fatty liver.

DR
DR. SHRINKANT BODKE (CONSULTANT RADIOLOGIST)

Note: 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 case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.





VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

Name: SACHIN WADIKAR **Date:** 29-03-2024 **Time:** 10:35
Age: 40 **Gender:** M **ID:** 2031
Height: 172 cms **Weight:** 95 Kg

Clinical History: NIL
Medications: NONE

Test Details:

Protocol: Bruce **Target HR:** 153 (85% of Pr. MHR)
Exercise Time: 0:10:01 **Predicted Max HR:** 180
Max BP: 160/100 **Achieved Max HR:** 157 (87% of Pr. MHR)
Max BP x HR: 25120
Test Termination Criteria: **Max Mets:** 11.3

Protocol Details:

| Stage Name | Stage Time | METS | Speed kmph | Grade % | Heart Rate bpm | BP mmHg | RPP | ST Level mm | ST Slope mV/S |
|------------------|------------|------|------------|---------|----------------|---------|-------|-------------|---------------|
| Supine | 00:13 | 1 | 0 | 0 | 82 | 130/90 | 10660 | -0.5 aVR | 0.2 I |
| Standing | 00:07 | 1 | 0 | 0 | 86 | 130/90 | 11180 | 0.7 II | 0.3 II |
| HyperVentilation | 00:26 | 1 | 0 | 0 | 84 | 130/90 | 10920 | 0.6 II | 0.2 II |
| PreTest | 00:23 | 1 | 1.6 | 0 | 79 | 130/90 | 10270 | 0.5 I | 0.2 I |
| Stage: 1 | 03:00 | 4.7 | 2.7 | 10 | 98 | 130/90 | 12740 | 0.6 II | 0.4 II |
| Stage: 2 | 03:00 | 7 | 4 | 12 | 119 | 140/90 | 16660 | -0.8 aVR | 0.5 II |
| Stage: 3 | 03:00 | 10.1 | 5.5 | 14 | 140 | 150/100 | 21000 | -0.4 V1 | 0.6 V6 |
| Peak Exercise | 01:01 | 11.3 | 6.8 | 16 | 157 | 160/100 | 25120 | -0.4 I | 0.6 II |
| Recovery 1 | 01:52 | 1 | 0 | 0 | 121 | 160/100 | 19360 | 2 II | 1.7 II |
| Recovery 2 | 00:37 | 1 | 0 | 0 | 111 | 140/100 | 15540 | -0.3 III | 0.7 II |
| Recovery 3 | 01:00 | 1 | 0 | 0 | 107 | 130/90 | 13910 | -0.3 III | 0.4 II |
| Recovery 4 | 00:01 | 1 | 0 | 0 | 107 | 130/90 | 13910 | -0.3 III | 0.4 II |

CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

Name: SACHIN WADIKAR

Date: 29-03-2024

Time: 10:35

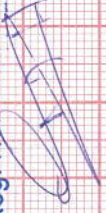
Interpretation

GOOD EFFORT TOLERANCE
NORMAL CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ST-T CHANGES AS COMPARED TO BASELINE ECG
NO ANGINA OR ARRHYTHMIA

IMP-STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA AT MODERATE WORKLOAD

VRX HEALTHCARE PVT. LTD.
(Physio Lounge & Diagnolounge)
104-105, 1st Floor, Asmi Dreams,
At Junction Of S. V. Road, & M. G. Road,
Garegaon (West), Mumbai- 400104.

Dr. HANISH DEVADIGA
CONSULTANT ECHOCARDIOLOGIST
Reg. No. 2003/09/3427



Doctor: DR.HANISH

(Summary Report edited by User)

Ref. Doctor: MEDIWHEEL

Shiller Cardiovt CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

ID: 2031

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:10

HR: 85 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 153 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

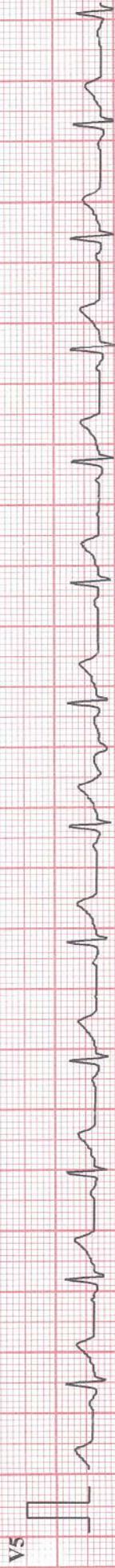
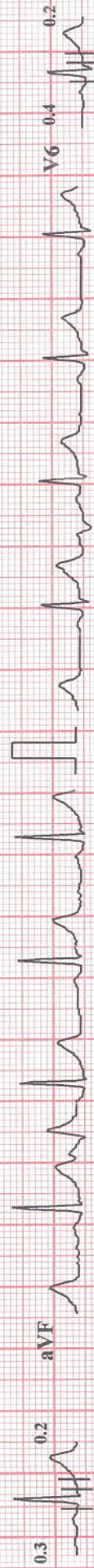
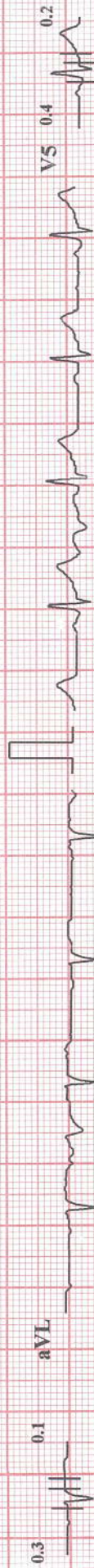
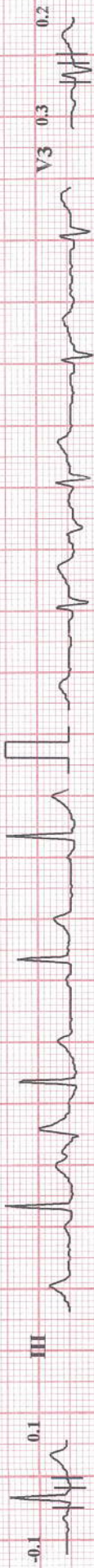
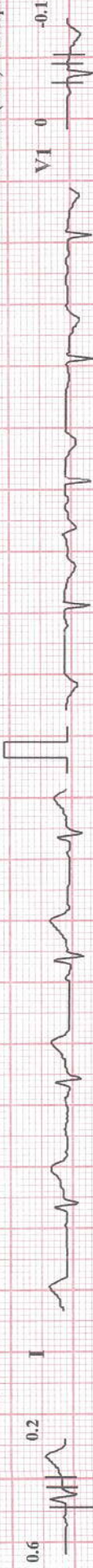


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

ID: 2031

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:03

HR: 85 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

THR: 153 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

0.6 0.2

V1 0 -0.1

0.6 0.4

V2 0.4 0.1

-0.1 0.1

V3 0.3 0.2

-0.6 -0.3

V4 0.4 0.2

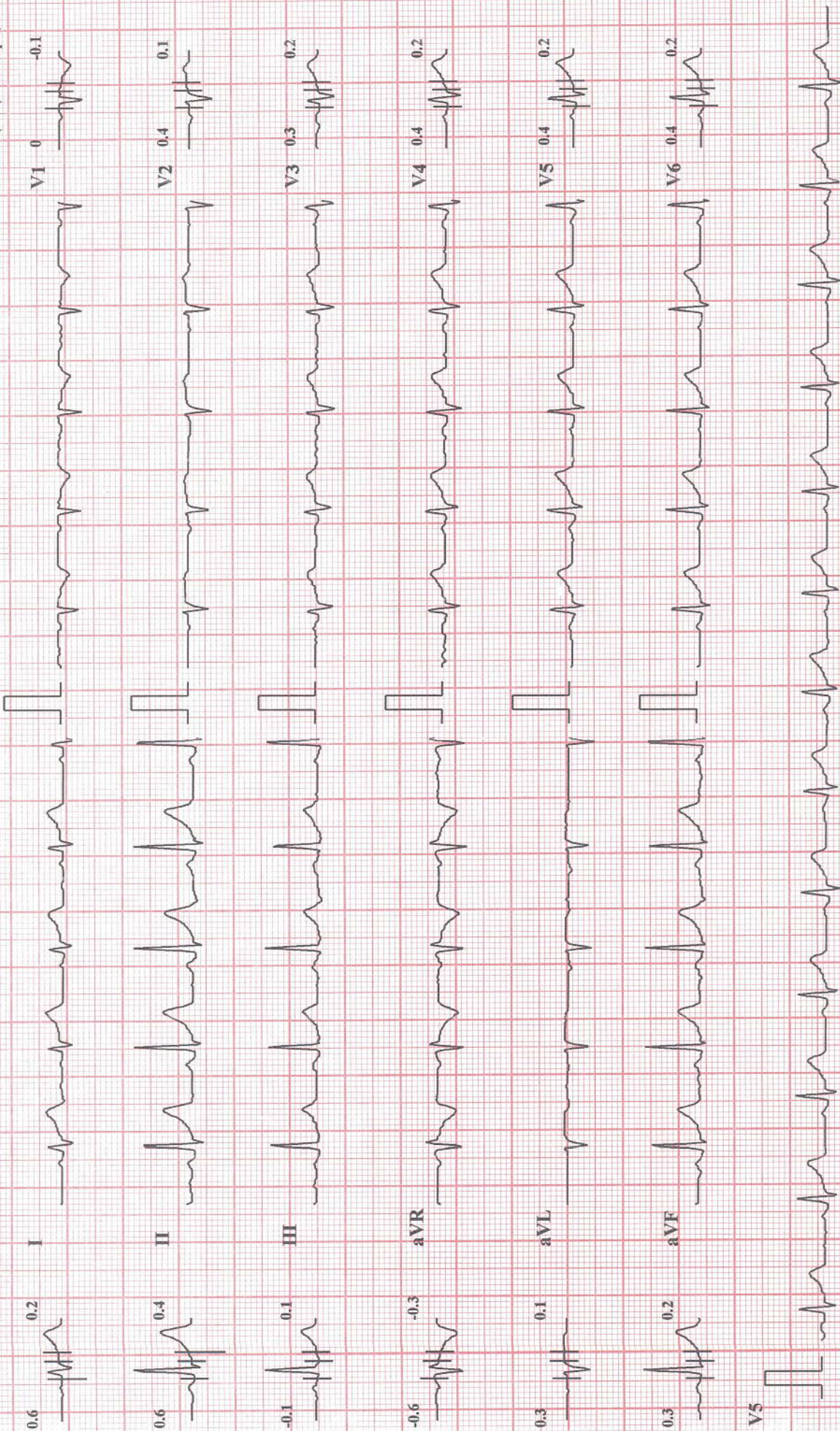
0.3 0.1

V5 0.4 0.2

0.3 0.2

V6 0.4 0.2

V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2031

Date: 29-03-2024

Stage: Hyper Ventilation

Speed: 0

Exec Time : 0:00:00

Slope: 0 %

Stage Time: 00:15

THR: 153 bpm

HR: 79 bpm

BP: 130/90 mmHg

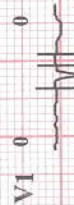
STLevel(mm) STSlope(mV/s)

0.2 0.2

I



V1 0 0



0.5 0.2

II



V2 0.1 0.1

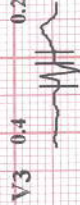


0.3 0.1

III

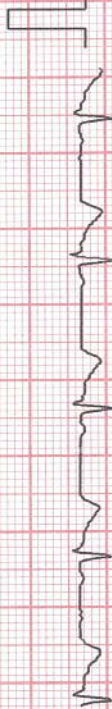


V3 0.4 0.2



-0.3 -0.1

aVR



V4 0.5 0.2



-0.1 0

aVL



V5 0.5 0.2



0.4 0.2

aVF



V6 0.3 0.2



V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2031

Stage: PreTest

Date: 29-03-2024

Speed: 1.6

Exec Time : 0:00:00

Slope: 0 %

Stage Time: 00:15

THR: 153 bpm

HR: 88 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

0.7 0.3

V1 -0.1 -0.1

0.5 0.4

V2 0.4 0.1

-0.1 0

V3 0.4 0.2

-0.5 -0.3

V4 0.4 0.2

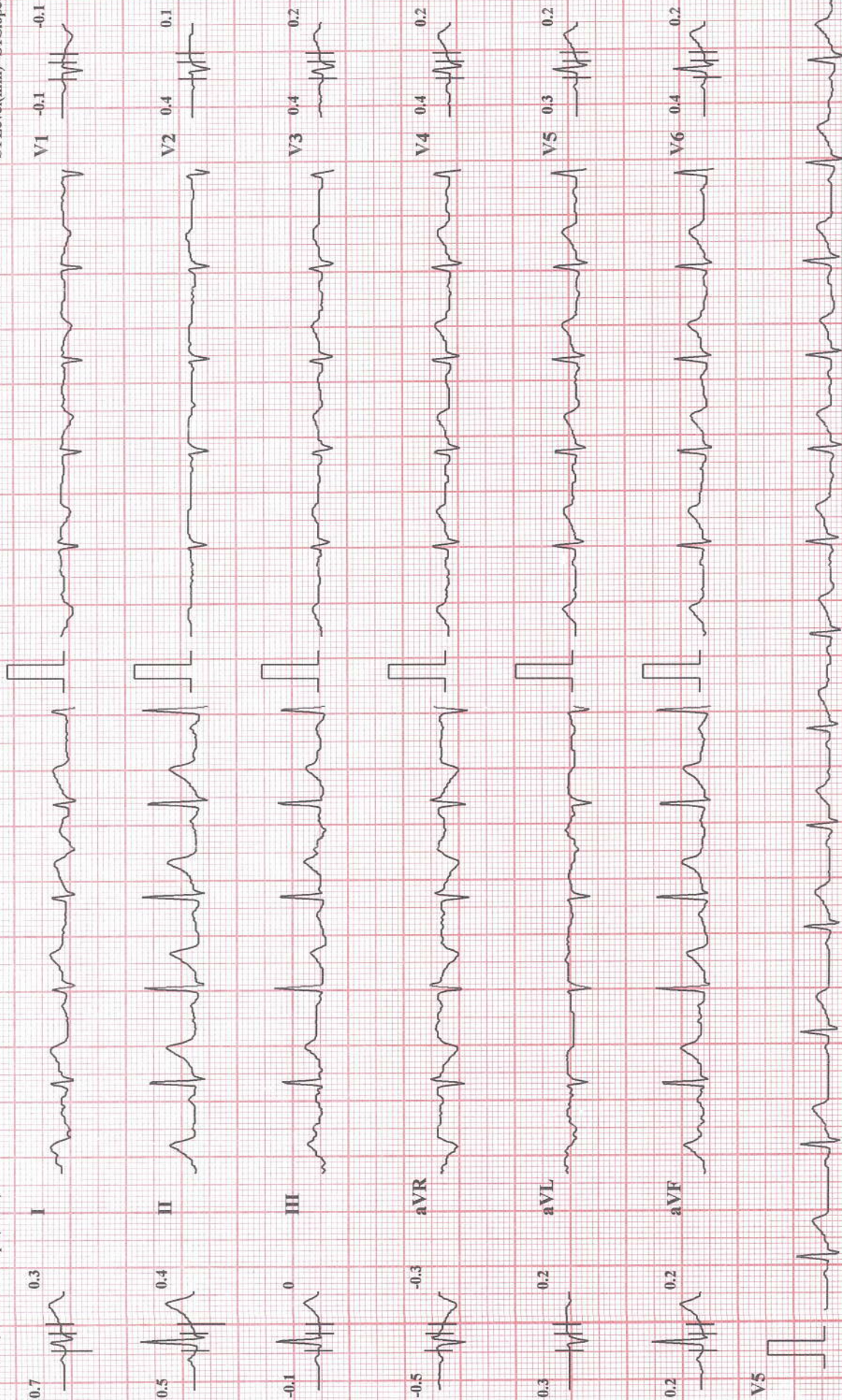
0.3 0.2

V5 0.3 0.2

0.2 0.2

V6 0.4 0.2

V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

ID: 2031

Date: 29-03-2024

Exec Time : 0:02:59

HR: 98 bpm

STLevel(mm) STSlope(mV/s)

Stage: I

Speed: 2.7 kmph

Slope: 10 %

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

0.2 0.2

I



V1 0.1 -0.2

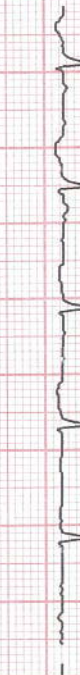


0.6 0.4

II



V2 0.2 0

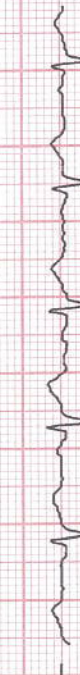


0.2 0.2

III



V3 0.4 0.2



-0.3 -0.3

aVR



V4 0.4 0.2



0 0

aVL



V5 0.4 0.3



0.4 0.3

aVF



V6 0.4 0.3



V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Schiller Cardiovit CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2031

Stage: 2

Date: 29-03-2024

Speed: 4 kmph

Exec Time : 0:03:00

Grade: 12%

Stage Time: 00:00

THR: 153 bpm

HR: 101 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

0.3 0.2

I

V1 -0.1 -0.1

0.8 0.4

II

V2 0 0.1

0.5 0.2

III

V3 0.1 0.2

-0.5 -0.2

aVR

V4 0.1 0.2

0 0

aVL

V5 0.1 0.2

0.7 0.2

aVF

V6 0.2 0.2

V5

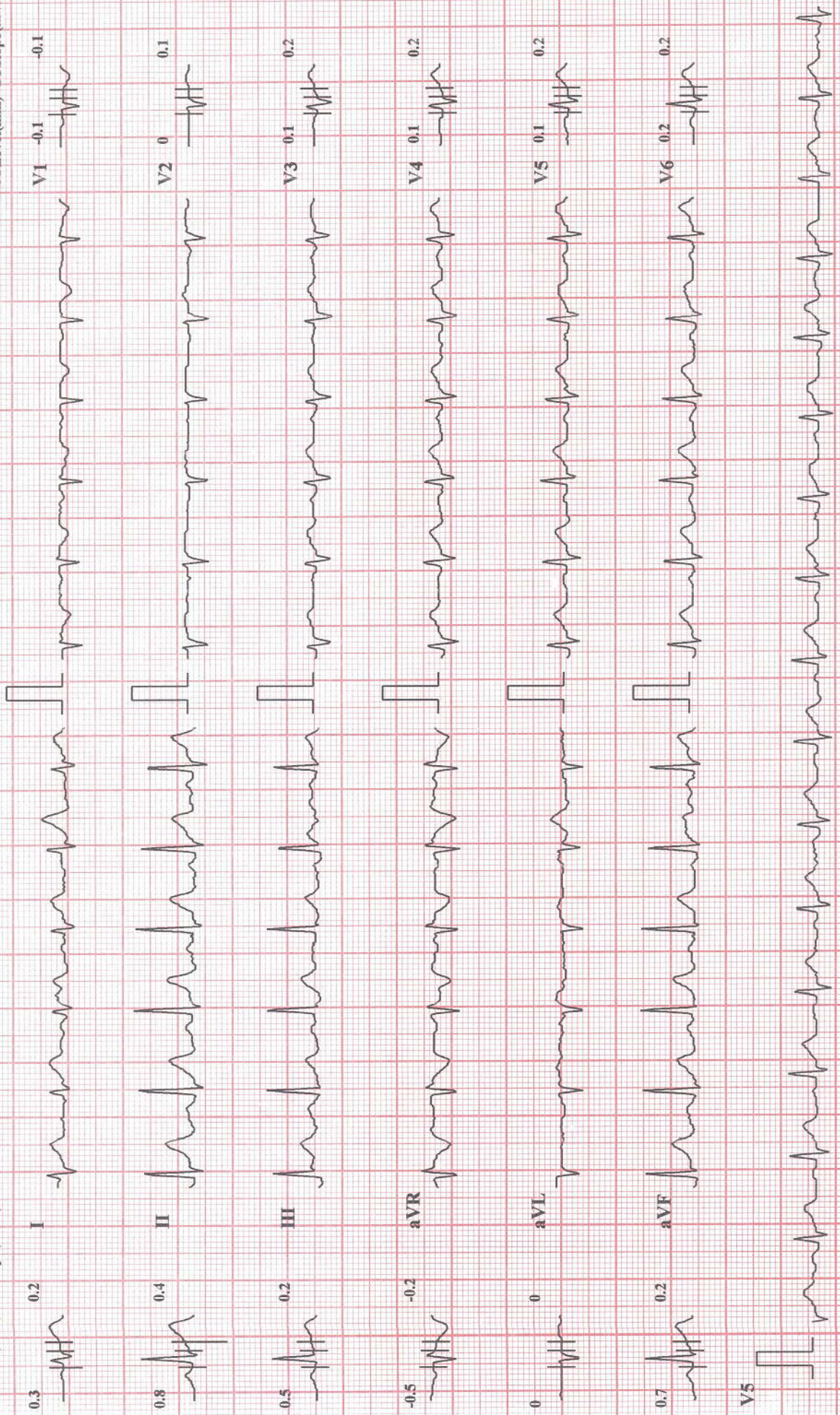


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Schiller Cardiovit CS-10 Ver:0101.3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

ID: 2031

Date: 29-03-2024

Exec Time : 0:06:00

Stage Time: 00:00

HR: 123 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Grade: 14%

THR: 153 bpm

BP: 150/100 mmHg
STLevel(mm) STSlope(mV/s)

0.2 0 I

V1 -0.1 -0.1

0.2 0.3 II

V2 0.1 0.1

-0.2 0.2 III

V3 0.1 0.2

-0.2 -0.1 aVR

V4 0.2 0.3

0.2 -0.1 aVL

V5 0.2 0.3

0.1 0.3 aVF

V6 0.3 0.4

V5

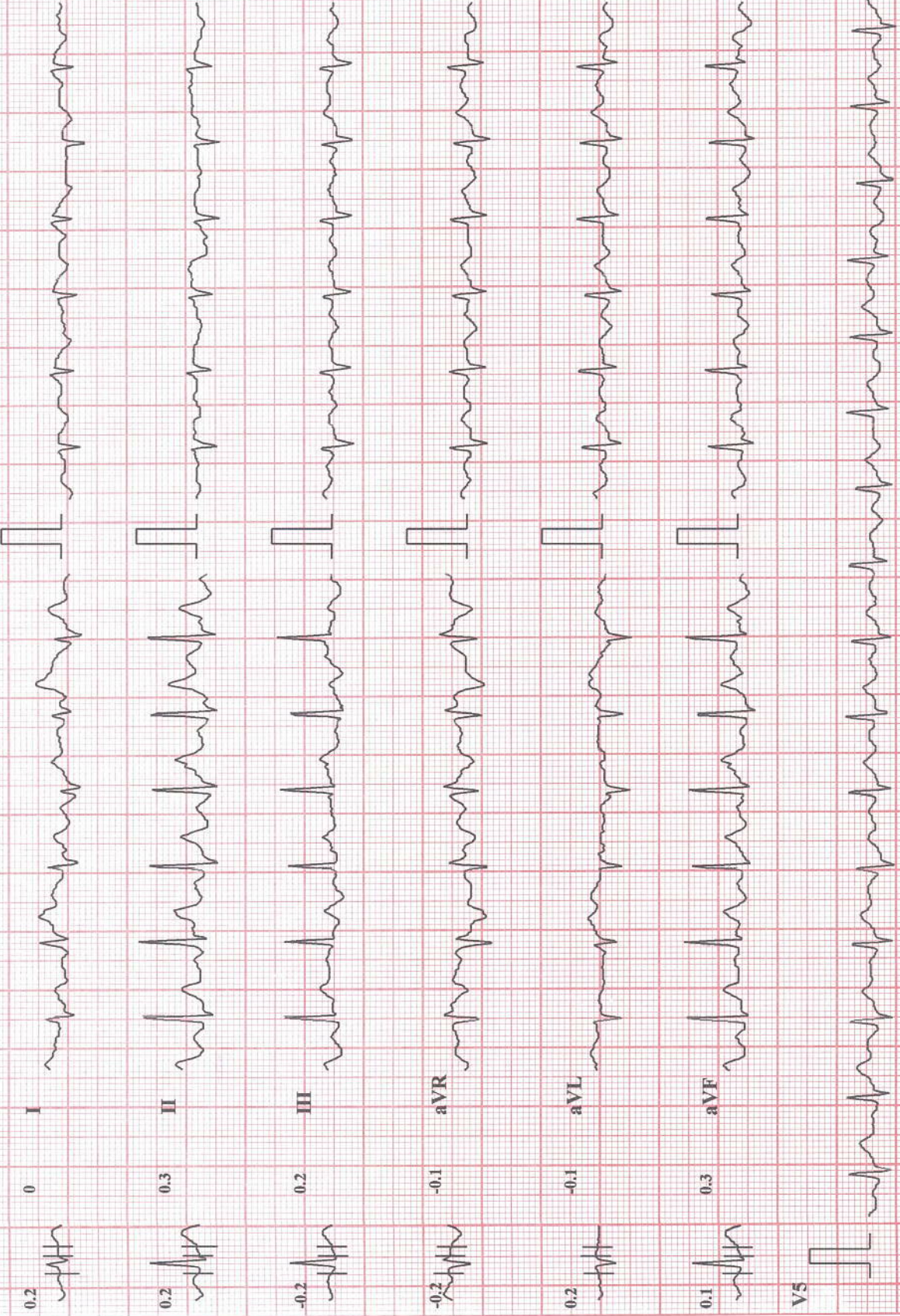


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit-CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

ID: 2031

Date: 29-03-2024

Exec Time : 0:10:01

Stage Time: 01:01

HR: 157 bpm

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise
Speed: 6.8 kmph

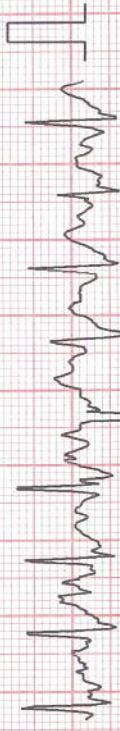
Slope: 16 %
THR: 153 bpm

BP: 160/100 mmHg
STLevel(mm) STSlope(mV/s)

V1 -0.1 -0.1



V2 0.1 0



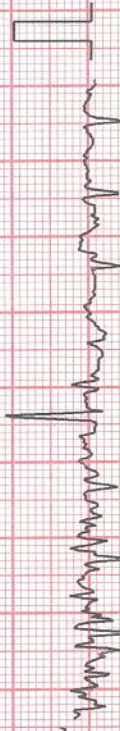
V3 -0.1 0.3



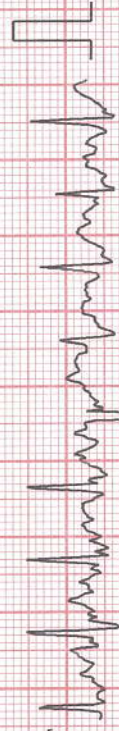
V4 -0.2 0.3



V5 -0.2 0.3



V6 -0.1 0.4



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

ID: 2031

Date: 29-03-2024

Exec Time : 0:10:02

HR: 158 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

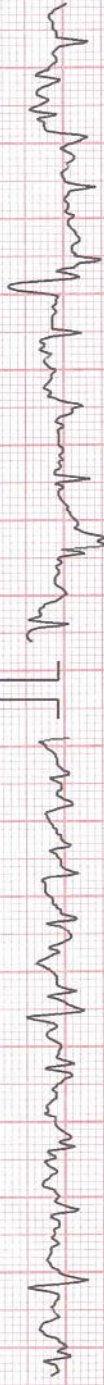
Speed: 0 kmph

THR: 153 bpm

BP: 160/100 mmHg

STLevel(mm) STSlope(mV/s)

0.3 0.6 I



-0.1 1.2 II



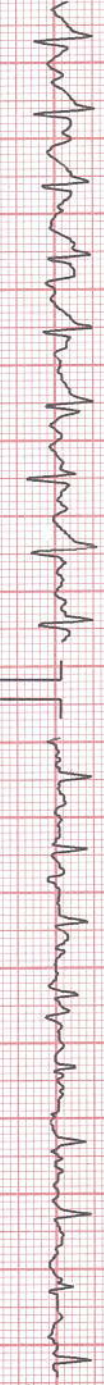
-0.4 0.5 III



-0.2 -0.8 aVR



0.4 0.1 aVL



-0.2 0.8 aVF



V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Schiller Cardiovit CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

ID: 2031

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:34

HR: 111 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

BP: 140/100 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

0.1 0.3 I



V1 0.1 -0.1



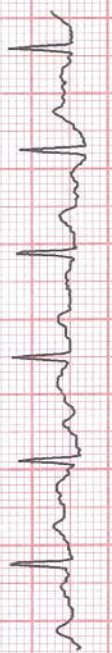
-0.2 0.7 II



V2 0.2 0.2



-0.3 0.2 III



V3 0.2 0.4



-0.1 -0.4 aVR



V4 0.2 0.5



0.3 0 aVL



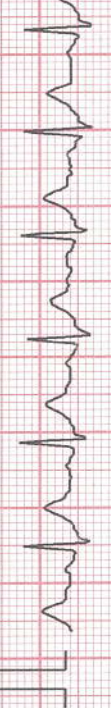
V5 0.1 0.5



-0.2 0.5 aVF



V6 0 0.4



V5



V6 0 0.4



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 Cardiokit-CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

SACHIN WADIKAR (40 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2031

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:57

HR: 107 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Slope: 0 %

THR: 153 bpm

0.2 0.2 I



V1 0.1 -0.1



-0.2 0.4 II



V2 0.1 0.1



-0.3 0.2 III



V3 0 0.3



-0.1 -0.2 aVR



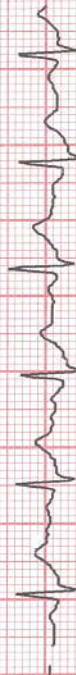
V4 -0.2 0.3



0.2 0 aVL



V5 -0.2 0.2



-0.2 0.3 aVF



V6 -0.1 0.2



V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, I ± R + 60 ms, Post I = I + 60 ms

Sehler Cardiovit CS-10 Version:3.4

66 bpm
 / mmHg

Location: Room: 29.03.2024 10:21:31 AM
 Order Number: VRX HEALTHCARE PVT LTD
 Indication: MG road
 Medication 1: Mumbai
 Medication 2:
 Medication 3:

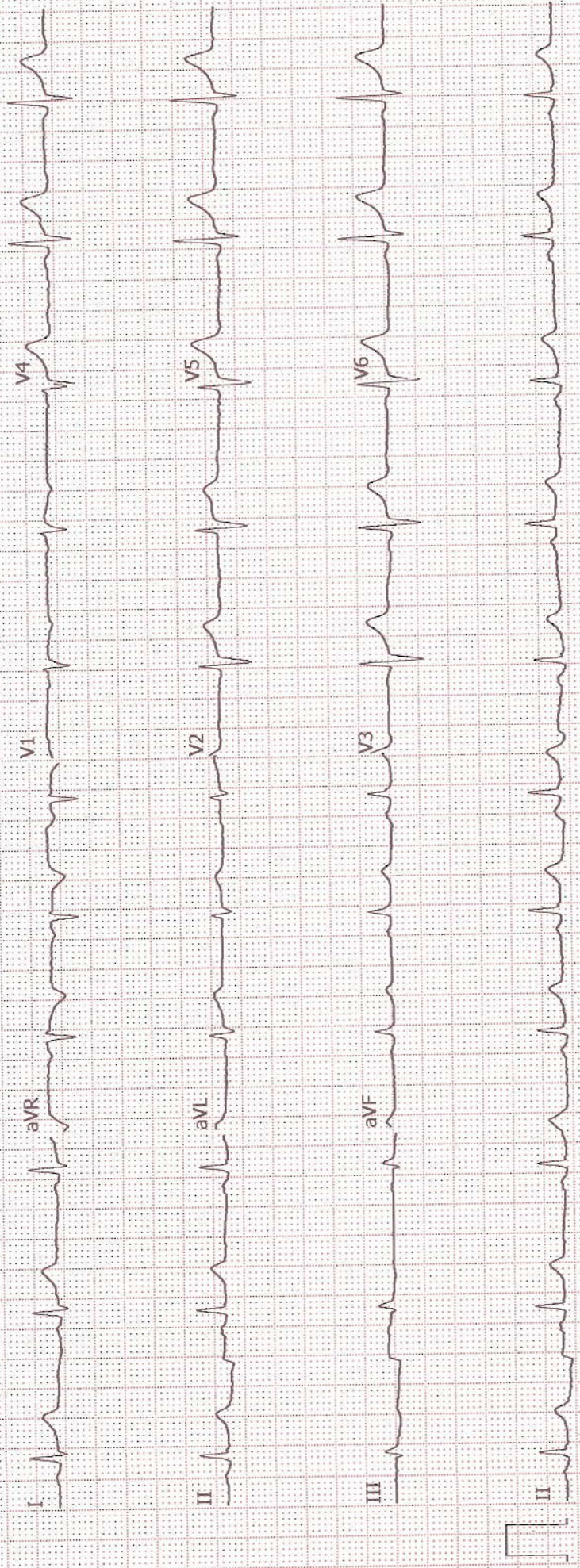
Normal sinus rhythm with sinus arrhythmia
 Normal ECG

Male

QRS: 80 ms
 QT / QTcBaz: 396 / 415 ms
 PR: 142 ms
 P: 110 ms
 RR / PP: 906 / 909 ms
 P / QRS / T: 54 / 38 / 22 degrees

Dr. Hanish Devadiga
Consultant Echocardiologist
Reg. No. 2003/09/3427

Dr. HANISH DEVADIGA
 CONSULTANT ECHOCARDIOLOGIST
 Reg. No. 2003/09/3427





Report

VRX HEALTH CARE PVT. LTD.

NAME : MR. SACHIN WADIKAR
REF. BY : DR. MEDIWHEEL
EXAMINATION : X-RAY CHEST PA VIEW

DATE: 29/03/2024

AGE: 40YRS/M

Both the lungs are essentially clear and show normal bronchial and vascular pattern.

Pleural spaces appear clear.

Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

Remark:

No pleuro parenchymal abnormality noted.


DR. SHRIKANT BODKE
(CONSULTANT RADIOLOGIST).

Note: 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. X RAY is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

