

Date: - 11/4/2024

CID: 24102108220

Name: - mukesh kumar

Sex/Age: 40/m

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision: 6/6 N/G 6/6 N/G

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

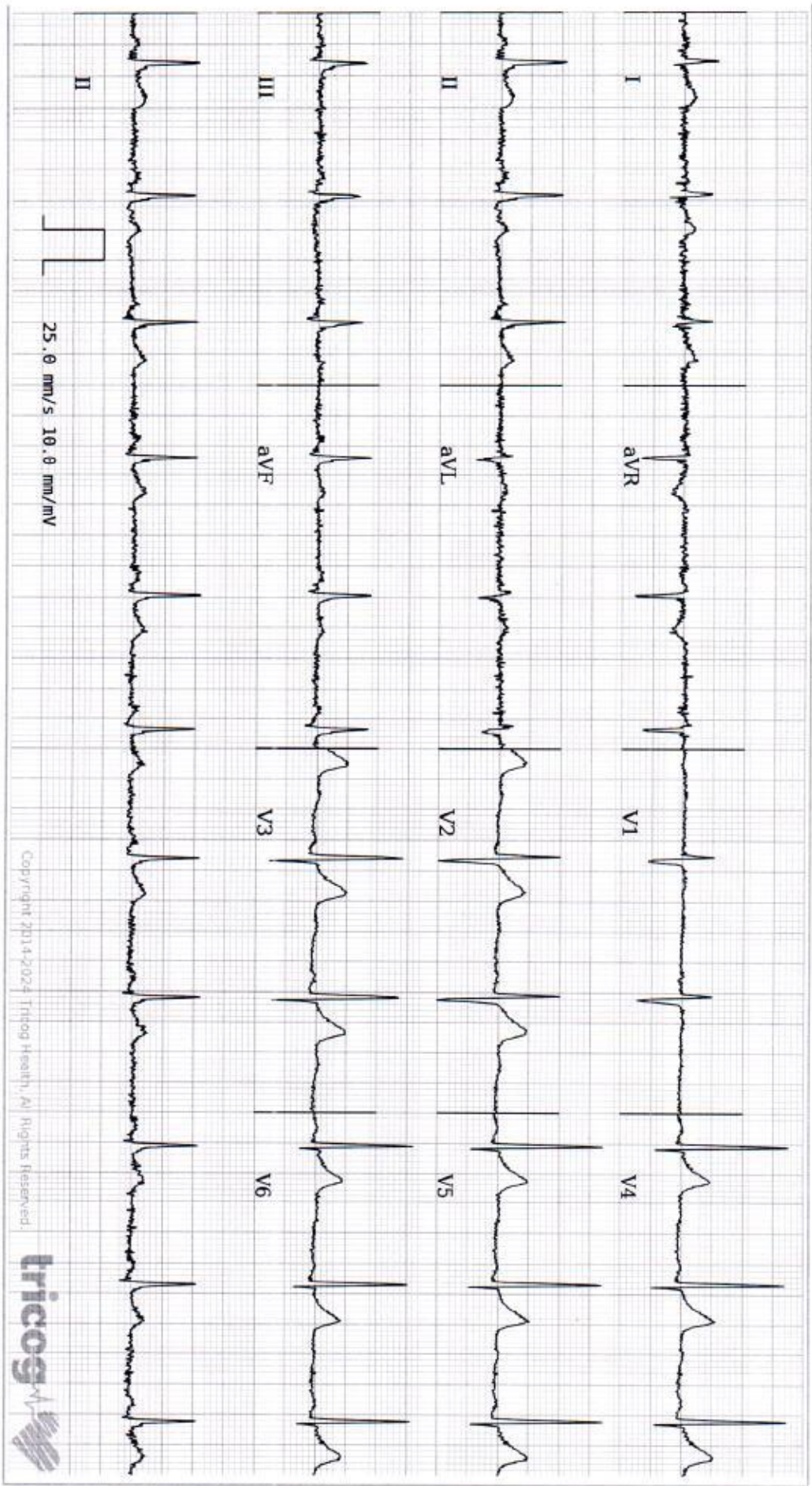
Colour Vision: Normal / Abnormal

Remark: Normal

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

Patient Name: **MUKESH KUMAR**
Patient ID: **2410210822**

SUBURBAN DIAGNOSTICS - KANDIVALI EAST
Date and Time: **11th Apr 24 9:02 AM**



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Age **40** **NA** **NA**
years months days

Gender **Male**

Heart Rate **67bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **70 kg**

Height: **162 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **74ms**

QT: **360ms**

QTcB: **380ms**

PR: **118ms**

P-R-T: **66° 74° 55°**

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

REPORTED BY

DR. AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified Physician. 2) Patient vital are as entered by the clinician and not derived from the ECG.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2410210822
Name : Mr Mukesh Kumar
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 11-Apr-2024
Reported : 11-Apr-2024 / 9:57

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.1 cm), 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 (12 mm) and CBD (2.7 mm) appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and shows multiple calculi of average size 5 to 6 mm within gallbladder lumen. Gall bladder wall is normal and measures 2 mm. No signs of cholecystitis noted in present scan.

PANCREAS: The pancreas appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 10.5 x 4.5 cm. Left kidney measures 10.2 x 5.5 cm. Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (9.5 cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

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

PROSTATE: The prostate is normal in size and measures 3.5 x 2.7 x 2.6 cm and volume is 13 cc.

IMPRESSION:

**GRADE I FATTY LIVER.
CHOLELITHIASIS.**

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?sessionNo=2024041108262701>

REGD. OFFICE: Dr. Lal Patil & Associates, Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. Page no 1 of 1

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

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

Authenticity Check



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CID : 2410210822
Name : Mr Mukesh Kumar
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 11-Apr-2024
Reported : 11-Apr-2024 / 12:11

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024041108262676>



Email: 3319 / MUKESH KUMAR / 40 Yrs / M / 162 Cms / 70 Kg Date: 11 / 04 / 2024 10:13:12 AM Refd By : BOB

REPORT :

Heart Rate 153.0 bpm
Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 06:32 Mins. Ectopic Beats 0.0
METS 7.77 test End Reason , Heart Rate Achieved Target Heart Rate 86% of 180

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

DISCLAIMER Negative stress test does not rule out coronary artery diseases. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (West),
Mumbai - 400101.
Tel : 61700039

Dr. Akhil P. Parulekar,
MBBS, MCh. Medicine
DMS Cardiology
Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

Report



3319 (2410210822) / MUKESH KUMAR / 40 Yrs / M / 162 Cms / 70 Kg
 Date: 11 / 04 / 2024 10:13:12 AM Refd By: BOB Examined By: DR AKHIL PARULEKAR

Stage	Time	Duration	Speed(kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	065	36%	120/80	078	00	
Standing	00:34	0:25	00.0	00.0	01.0	070	39%	120/80	084	00	
HV	00:47	0:13	00.0	00.0	01.0	070	39%	120/80	084	00	
ExStart	01:18	0:31	00.0	00.0	01.0	071	39%	120/80	085	00	
BRUCE Stage 1	04:18	3:00	02.7	10.0	04.7	119	66%	120/80	142	00	
BRUCE Stage 2	07:18	3:00	04.0	12.0	07.1	142	79%	150/80	213	00	
PeakEx	07:50	0:32	05.5	14.0	07.7	153	85%	150/80	229	00	
Recovery	08:50	1:00	00.0	00.0	01.1	102	57%	150/80	153	00	
Recovery	09:30	1:41	00.0	00.0	01.0	089	49%	150/80	133	00	

FINDINGS :

Exercise Time : 06:32
 Initial HR (ExStrt) : 71 bpm 39% of Target 180
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 7.7 Fair response to induced stress
 Duke Treadmill Score : 04.5
 Test End Reasons : Heart Rate Achieved

Max HR Attained 153 bpm 85% of Target 180
 Max BP Attained 150/80 (mm/Hg)

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Dr. Akhil P. Parulekar.
 M.D.S. MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

Doctor : DR. AKHIL PARULEKAR



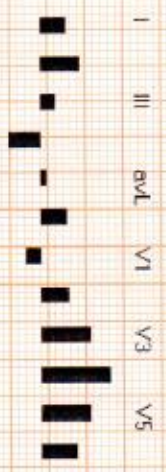
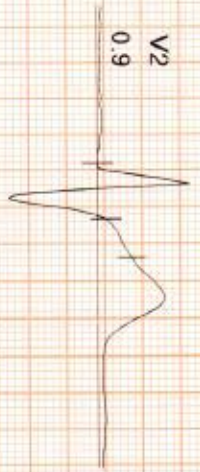
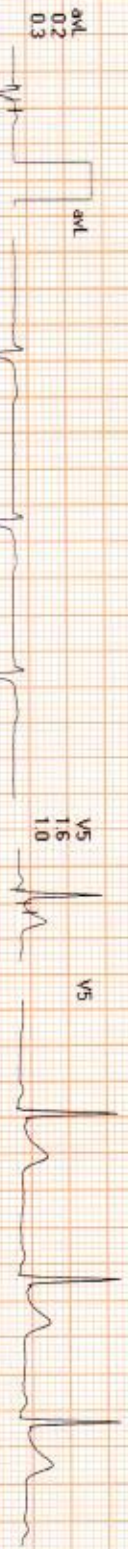
3319 (2410210822) / MUKESH KUMAR / 40 Yrs / M / 162 Cms / 70 Kg / HR : 65

Date: 11 / 04 / 2024 10:13:12 AM

METS: 1.0/65 bpm 36% of THR EP: 120/80 mmHg P_{aw} ECG/ BLC On/ Noch On/ HF 0.05 Hz/LF 35 Hz

4X 30 ms Post J

ExTime: 00:00:00 Kmph: 0.0%
25 mm/Sec: 1.0 CalView



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3319 (2410210822) / **MUKESH KUMAR** / 40 Yrs / M / 162 Cms / 70 Kg / HR : 70

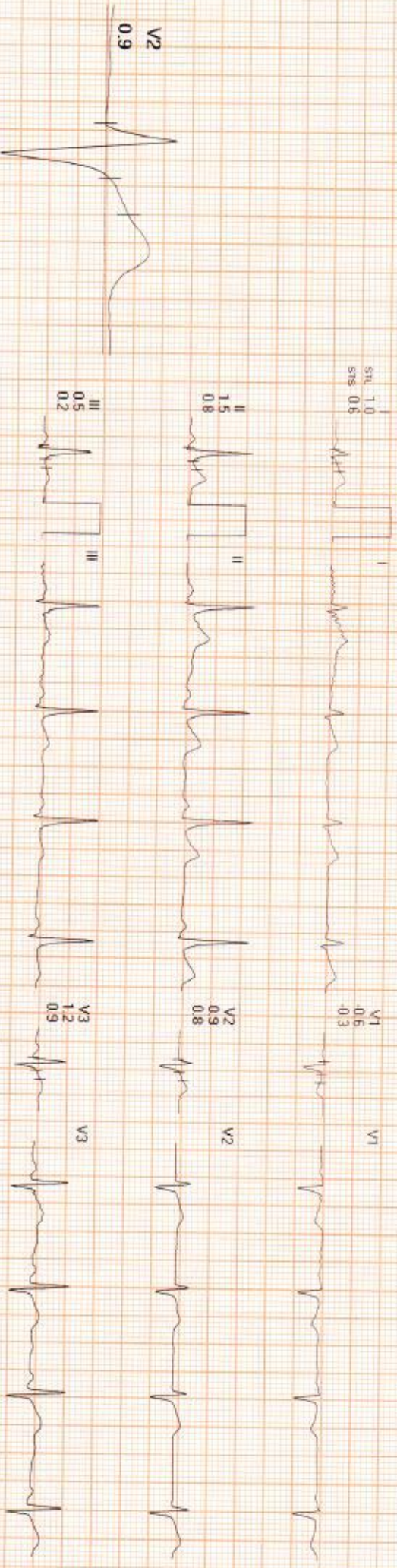
STANDING (00:25)



Date 11 / 04 / 2024 10:13:12 AM METS 1.0 / 70 bpm 39% of THR BP: 120/80 mmHg Row ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Ppd J

ExTime: 00:00:00 Kmph: 0.0%
25 mm/5 sec 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3319 (2410210822) / MUKESH KUMAR / 40 Yrs / M / 162 Cms / 70 kg / HR : 70

HV (00:13)



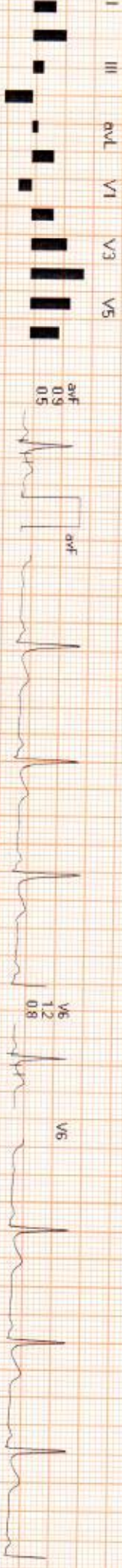
Date: 11/04/2024 10:13:12 AM

METS: 1.0/70 bpm 39% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00:0.0 KmPh: 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cal/mV



REMARKS



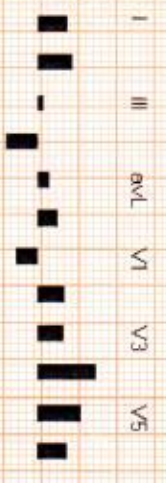
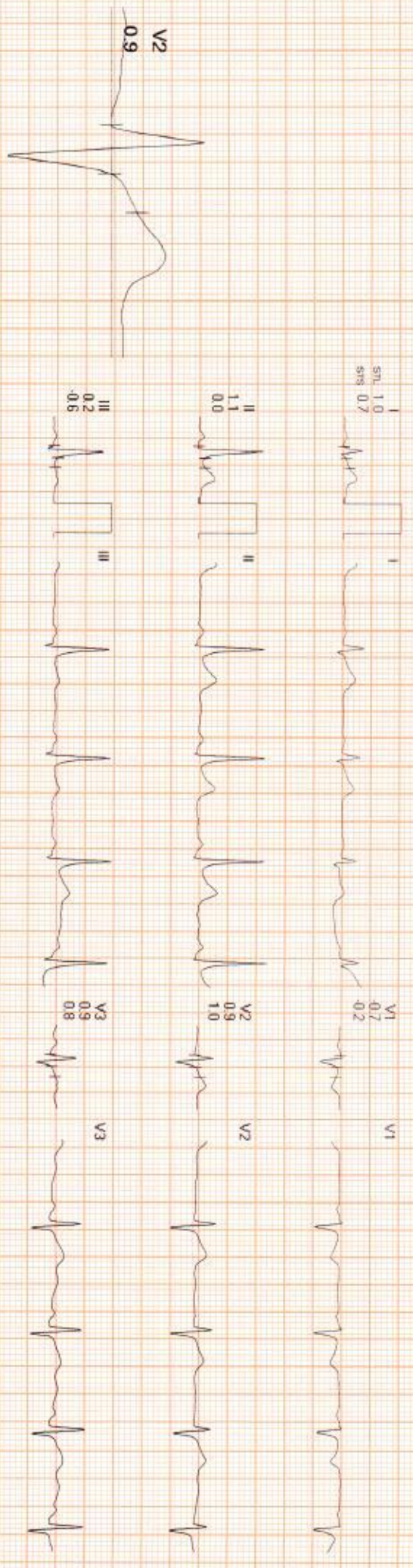
3319 (2410210822) / MUKESH KUMAR / 40 Yrs / M / 162 Cms / 70 Kg / HR : 71

Date: 11 / 04 / 2024 10:13:12 AM METS: 1.0 / 71 bpm 39% of THR BP: 120/80 mmHg Pw/ECG/BLC/On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 kmph 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: I, II, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6



3319 (2410210822) / MUKESH KUMAR / 40 Yrs / M / 162 Cms / 70 Kg / HR : 119

Date: 11 / 04 / 2024 10:13:12 AM METS: 4.7 / 119 bpm 66% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 ms Post J

EXTime 03:00 2.2 Km/Ph. 10.0%
25 mm/Sec. 1.0 Cm/mV

SN 1.3
STB 1.4



V1
0.0
0.0
0.4



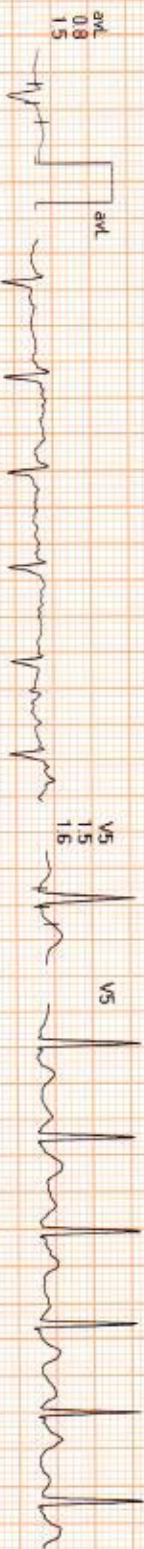
V2
0.9
0.9
1.7



V3
1.2
1.2
1.0



V4
1.9
1.3
2.7



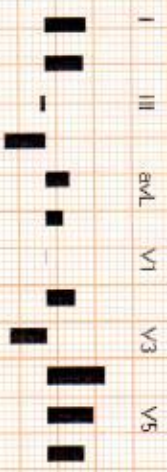
V5
1.5
0.8
1.6



V6
1.2
0.6
0.8



V2
0.9



V1
0.6
0.6
0.7

REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3319 (2410210822) / MUKESH KUMAR / 40 Yrs / M / 162 Cms / 70 Kg / HR : 142

BRUCE : Stage 2 (03:00)



Date: 11 / 04 / 2024 10:13:12 AM

METS: 7.1 / 1.42 bpm 79% of THR BP: 150/80 mmHg Raw ECG/BLC Om/Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 4.0 kmph 12.0%

4X 50 ms Post J

25 mm/Sec 1.0 Cm/mV



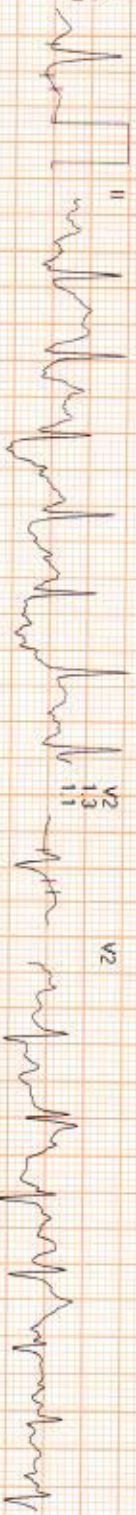
SI: 0.4
SII: 0.4
SIII: 1.0

V1
-0.6
-0.9



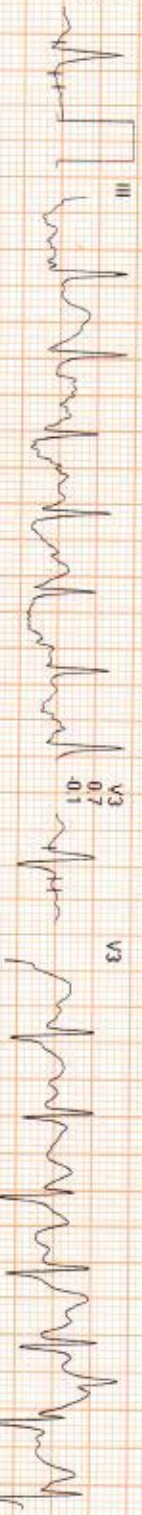
II
0.4
2.0

V2
1.3
1.1



III
0.0
1.0

V3
0.7
0.1



aVR
-0.4
-1.5

V4
1.1
2.7



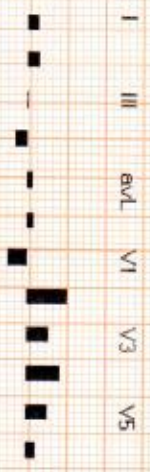
aVL
0.2
0.0

V5
0.7
2.0



aVF
0.2
1.5

V6
0.3
1.4



REMARKS
II aVR aVF V2 V4 V6

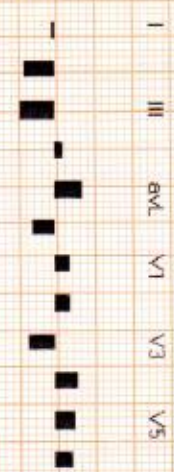
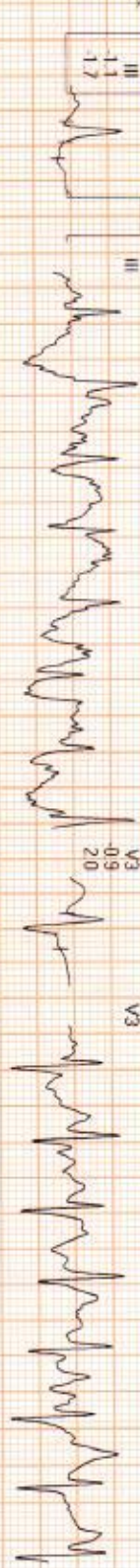
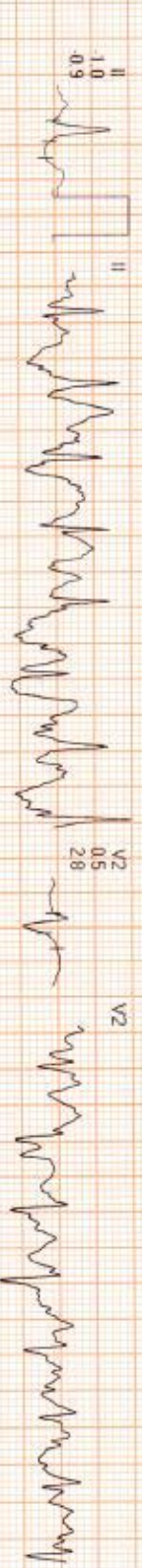
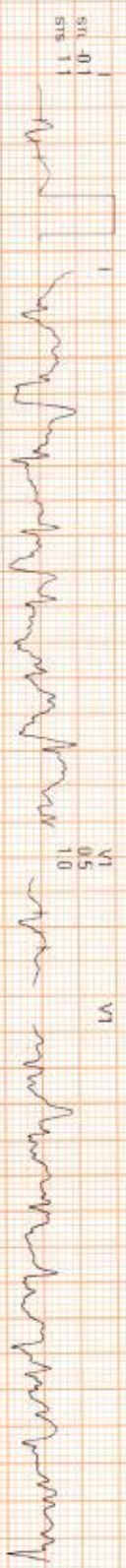


3319 (2410210822) / MUKESH KUMAR / 40 Yrs / M / 162 Cms / 70 Kg / HR : 153

Date: 11 / 04 / 2024 10:13:12 AM METS: 7.7 / 153 bpm 85% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 50 ms Post J

EXTime: 06:32 5.5 Km/htv
25 mm/Sec 1.0 Cm/htv



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3319 (2410210822) / MUKESH KUMAR / 40 Yrs / M / 162 Cms / 70 Kg / HR : 102

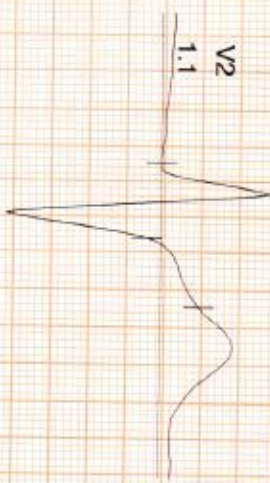
Recovery : (01:00)



Date: 11/04/2024 10:13:12 AM METS: 1.1/102 bpm 57% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 06:32 0.0 KmPh 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3319 (2410210822) / MUKESH KUMAR / 40 Yrs / M / 162 Cms / 70 kg / HR 89

Recovery : (01:40)



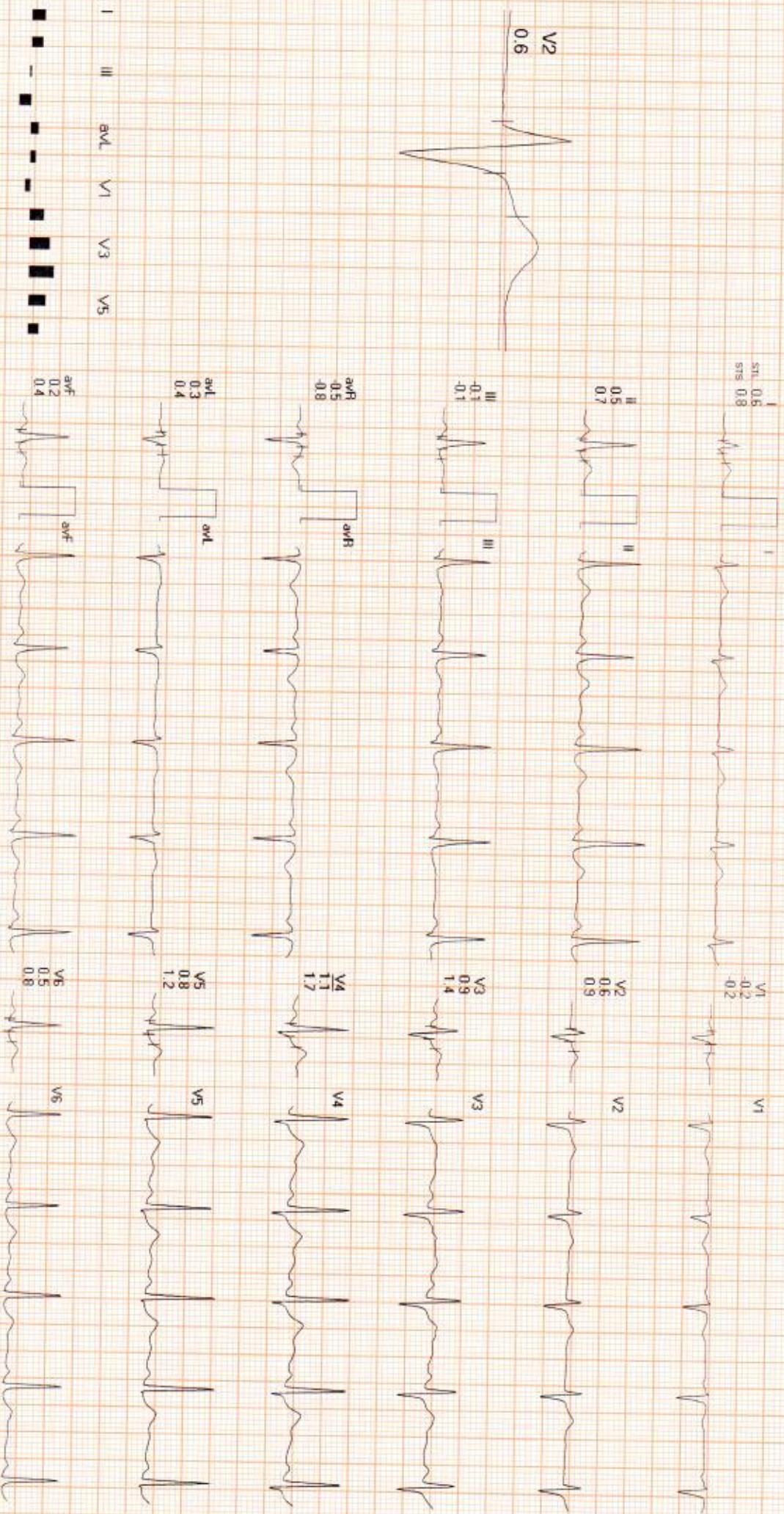
Date: 11/04/2024 10:31:12 AM METS: 1.0/ 89 bpm 49% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X

80 m/s Post J

ExTime: 06:32 0.0 Km/h 0.0%

25 mm/Sec 1.0 Cm/mV



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6



CID : 2410210822
Name : MR.MUKESH KUMAR
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Apr-2024 / 08:30
Reported : 11-Apr-2024 / 11:15

Use a QR Code Scanner
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	13.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.41	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.1	40-50 %	Measured
MCV	91	80-100 fl	Calculated
MCH	30.6	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7030	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.8	20-40 %	
Absolute Lymphocytes	2094.9	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	604.6	200-1000 /cmm	Calculated
Neutrophils	55.5	40-80 %	
Absolute Neutrophils	3901.7	2000-7000 /cmm	Calculated
Eosinophils	5.6	1-6 %	
Absolute Eosinophils	393.7	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	35.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	243000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	14.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



CID : 2410210822
Name : MR.MUKESH KUMAR
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Apr-2024 / 08:30
Reported : 11-Apr-2024 / 12:32

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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 8 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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



CID : 2410210822
Name : MR.MUKESH KUMAR
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 11-Apr-2024 / 08:30
Reported : 11-Apr-2024 / 15:53

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	103.7	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	

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



Bmhasakar

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



CID : 2410210822
Name : MR.MUKESH KUMAR
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Apr-2024 / 08:30
Reported : 11-Apr-2024 / 11:02

Use a QR Code Scanner
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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	17.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	115	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 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	5.9	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.5	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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



Bmhasakar

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



CID : 2410210822
Name : MR.MUKESH KUMAR
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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

*** End Of Report ***



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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	0.265	<4.0 ng/ml	CLIA

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



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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- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by 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 ***



Anupa

Dr. ANUPA DIXIT
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Consultant Pathologist & Lab Director



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	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 inert

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



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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

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



Dr. Vrushi Shroff

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	176.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	145.0	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	38.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	137.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	108.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	29.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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*** End Of Report ***



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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.47	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)

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

*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.31	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 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	53.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	55.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	80.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	73.3	40-130 U/L	Colorimetric

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*** End Of Report ***



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