

Name : MR.SACHIKANTA NAIK

Age / Gender : 40 Years / Male

Consulting Dr. : -

Reg. Location: Bhayander East (Main Centre)



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: 24-Aug-2024 / 09:55 : 24-Aug-2024 / 15:03 R

E

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

CBC (Complete Blood Count), Blood					
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
RBC PARAMETERS					
Haemoglobin	13.5	13.0-17.0 g/dL	Spectrophotometric		
RBC	5.29	4.5-5.5 mil/cmm	Elect. Impedance		
PCV	40.4	40-50 %	Measured		
MCV	76	80-100 fl	Calculated		
MCH	25.6	27-32 pg	Calculated		
MCHC	33.5	31.5-34.5 g/dL	Calculated		
RDW 15.1		11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	7470	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS				
Lymphocytes	23.4	20-40 %			
Absolute Lymphocytes	1740.0	1000-3000 /cmm	Calculated		
Monocytes	8.5	2-10 %			
Absolute Monocytes	630.0	200-1000 /cmm	Calculated		
Neutrophils	62.9	40-80 %			
Absolute Neutrophils	4680.0	2000-7000 /cmm	Calculated		
Eosinophils	4.9	1-6 %			
Absolute Eosinophils	370.0	20-500 /cmm	Calculated		
Basophils	0.3	0.1-2 %			
Absolute Basophils	20.0	20-100 /cmm	Calculated		
Immature Leukocytes	-				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	216000	150000-400000 /cmm	Elect. Impedance
MPV	11.1	6-11 fl	Calculated
PDW	24.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia Mild

Microcytosis Occasional



CID : 2423724436

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Macrocytosis

Anisocytosis Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 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:

- 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 ***





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

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:25-Aug-2024 / 11:31 :25-Aug-2024 / 15:30

Hexokinase

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, 126.7 Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Reported

GLUCOSE (SUGAR) PP, Fluoride 88.7 Non-Diabetic: < 140 mg/dl Hexokinase

Plasma PP Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	13.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	113	(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

TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	6.7	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.8	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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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

Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Collected

Reported

Estimated Average Glucose (eAG), EDTA WB - CC

142.7 mg/dl

Calculated

HPLC

Note: Variant window detected. In view of variant window, HB electrophoresis is recommended to rule out haemoglobinopathy.

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)

 $\textbf{References:} \ \textbf{ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.}$

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Dr.JYOT THAKKER.. M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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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>

Clinical Significance:

TOTAL PSA, Serum

• PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

0.608

- 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.

<4.0 ng/ml

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, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5-α-reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations

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

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

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

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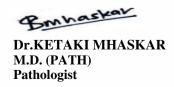
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u>	
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (5.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
MICROSCOPIC EXAMINATION			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO URINE EXAMINATION REPORT

PARAMETER RESULTS BIOLOGICAL		BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
CHEMICAL EXAMINATION			
Specific Gravity	1.004	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	0.2	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Crystals	0.0	0-1.4/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	0-29.5/hpf	
Bacteria / hpf	3.5	0-29.5/hpf	
Yeast	0.0	0-0.7/hpf	



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Dr.JYOT THAKKER

Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist and AVP(Medical Services)

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

PARAMETER RESULTS

ABO GROUP 0

Rh TYPING Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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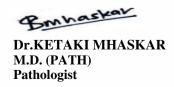
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIPID PROFILE

	<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum		136.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
	TRIGLYCERIDES, Serum	52.5	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	47.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
	NON HDL CHOLESTEROL, Serum	88.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
	LDL CHOLESTEROL, Serum	77.0	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	11.2	< /= 30 mg/dl	Calculated
	CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
	LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	21.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.48	0.35-5.5 microIU/ml microU/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 becuase 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, tyros 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 ***





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

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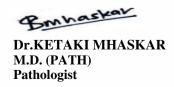
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.48	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	21.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	103.0	40-130 U/L	Colorimetric

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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:25-Aug-2024 / 16:17

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

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

Urine Sugar (Fasting) Absent Absent
Urine Ketones (Fasting) Absent Absent

Urine Sugar (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

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



Dr.MILLU JAIN M.D.(PATH) Pathologist

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Name : MR.SACHIKANTA NAIK

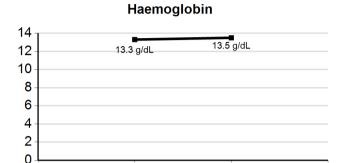
Age / Gender : 40 Years / Male

Consulting Dr. :

Reg. Location: Bhayander East (Main Centre)



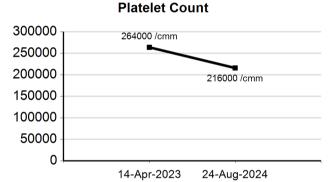
Use a QR Code Scanner Application To Scan the Code



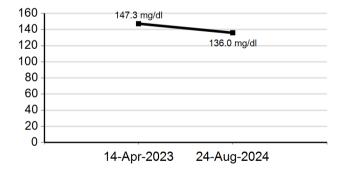


24-Aug-2024

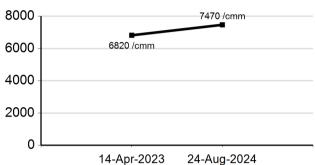
14-Apr-2023



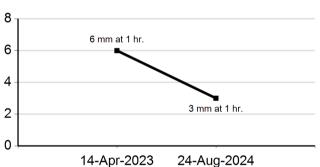
CHOLESTEROL



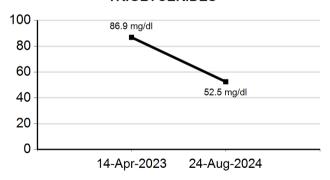
WBC Total Count



ESR



TRIGLYCERIDES





Name : MR.SACHIKANTA NAIK

Age / Gender : 40 Years / Male

Consulting Dr. :

Reg. Location: Bhayander East (Main Centre)

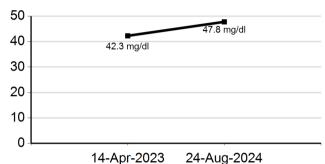


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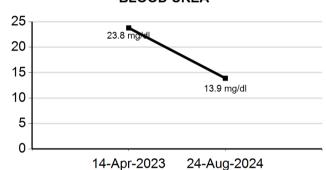
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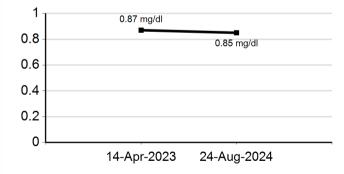
HDL CHOLESTEROL



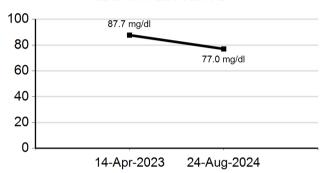
BLOOD UREA



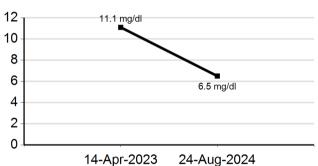
CREATININE



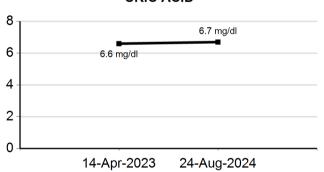
LDL CHOLESTEROL



BUN



URIC ACID





Name : MR.SACHIKANTA NAIK

Age / Gender : 40 Years / Male

Consulting Dr. :

Reg. Location: Bhayander East (Main Centre)

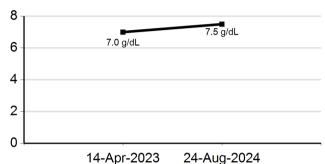


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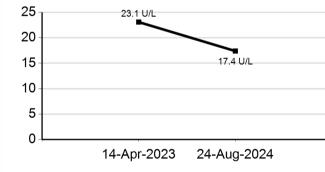
TOTAL PROTEINS



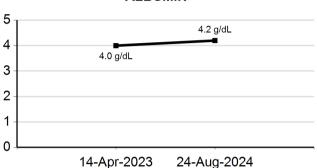
GLOBULIN



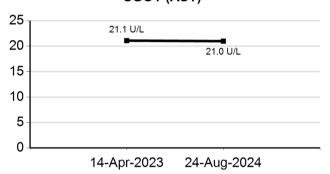
SGPT (ALT)



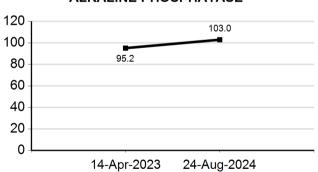
ALBUMIN



SGOT (AST)



ALKALINE PHOSPHATASE





Name : MR.SACHIKANTA NAIK

Age / Gender : 40 Years / Male

Consulting Dr. :

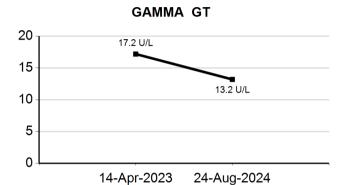
Reg. Location: Bhayander East (Main Centre)



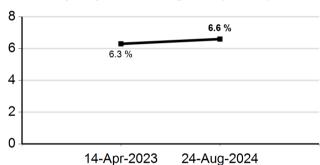
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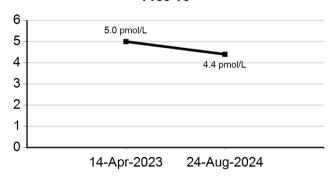
Use a QR Code Scanner
Application To Scan the Code



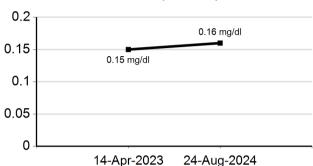
Glycosylated Hemoglobin (HbA1c)



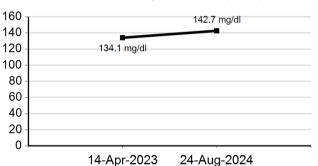
Free T3



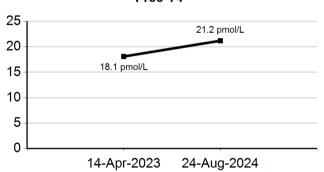




Estimated Average Glucose (eAG)



Free T4





Name : MR.SACHIKANTA NAIK

Age / Gender : 40 Years / Male

Consulting Dr. :

2

1.5

1

0.5

0

Reg. Location: Bhayander East (Main Centre)

1.948 microt/ml

14-Apr-2023

sensitiveTSH

1.48 microU/ml

24-Aug-2024



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SUBURBAN DIAGNOSTICS - BHAYANDER EAST

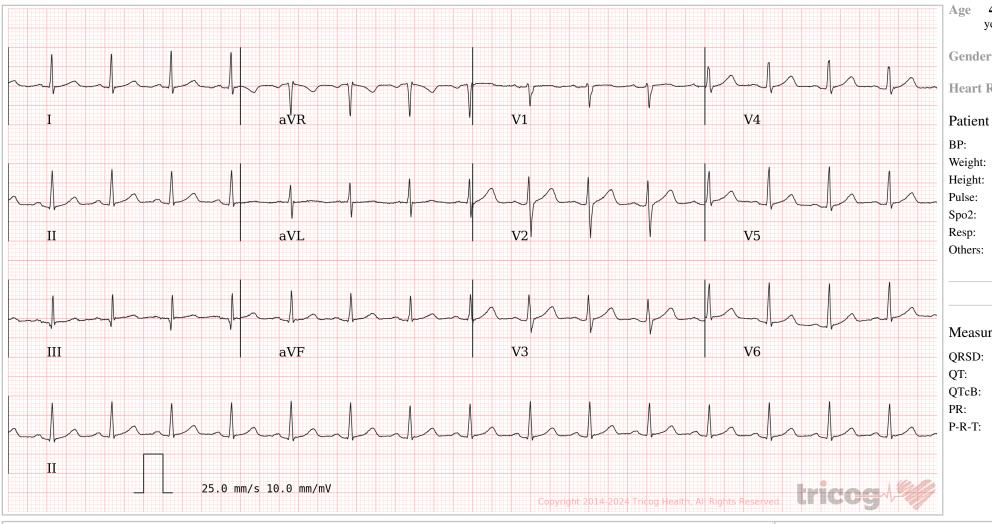


Patient Name: SACHIKANTA NAIK

Patient ID:

2423724436

Date and Time: 24th Aug 24 11:34 AM



months days

Gender Male

Heart Rate 97bpm

Patient Vitals

110/80 mmHg

72 kg 160 cm

NA

NA NA

Measurements

80ms 352ms 447ms 154ms

40° 48° 49°

ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani MBBS, D. Cardiology 2011/03/0587

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 vitals are as entered by the clinician and not derived from the ECG.



E P 0 R

R

Date: 2418/24 CID: 2425724436
Name: Sachikanta Nalic Sex/Age: 4019

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: >

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near		/						

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD. Short No. 101 or 1st aper.

Kahini Stational
Near Thomas thespirals are like, Road, Mire Road thasts, Dist. Thank - 401 105 Phone . 022 - 61703000



PRCID#TESTING HEAT 2423724436

: MR.SACHIKANTA NAIK Name

Age / Gender : 40 Years/Male

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected

Reported

: 24-Aug-2024 / 09:35

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: 24-Aug-2024 / 16:43

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):

160

Weight (kg):

72

(8+ ne)

Temp (0c): Blood Pressure (mm/hg): 110/80

Afebrile

Skin: Nails: NAD NAD

Pulse:

78/min

Lymph Node:

Not Palpable

Systems

Cardiovascular: S1S2-Normal Chest-Clear Respiratory:

Genitourinary:

NAD

GI System:

NAD

CNS:

IMPRESSION:

ADVICE:

: HOAIC -> 6.6 %.

BGF - 126.7 refl al.

CBC, CRE, OVEN NL
The Emper-Consultation and Pegular Fallows u

CHIEF COMPLAINTS:

No 1) Hypertension: No IHD No 3) Arrhythmia

Yes 1.5 yrs 4) Diabetes Mellitus

No 5) Tuberculosis No 6) Asthama No 7) Pulmonary Disease



: MR.SACHIKANTA NAIK Name

Age / Gender : 40 Years/Male

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

: 24-Aug-2024 / 09:35 Collected

: 24-Aug-2024 / 16:43 Reported

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8) Thyroid/ Endocrine disorders	No
8) Thyroid/ Endocrine discrete	No
9) Nervous disorders	No
10) Gl system 11) Genital urinary disorder	No
12) Rheumatic joint diseases or symptoms	s No
13) Blood disease or disorder	INO
14) Cancer/lump growth/cyst	No
15) Congenital disease	No
	No
16) Surgeries17) Musculoskeletal System	No

PERSONAL HISTORY:

PERSONAL HISTORY.	Yes Rarely
1) Alcohol	No
2) Smoking	Mixed
3) Diet	Yes , o HA
4) Medication	100 / 100

*** End Of Report ***

SUBURBAN DIAGNOSTICE (") PVT. LTD Near Thomps Burgard, A carthy Road, CONSULTANT PHYSICIAN Mira Road (Past). Dear Thomps Annual Consultant Physician Mira Road (bast), Dist. Thane - 401 105 Phone . 022 - 61700060

AHP.

SUBURBAN DIAGNOSTICS BHAYANDER

EMail:

12347871 (2423724436) / SACHIKANT NAIK / 41 Yrs / M / 0 Cms / 0 Kg Date: 24 / 08 / 2024 10:53:20 AM Refd By : - Examined By: DR.SMITA VALANI

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	86	КРР	PVC	Comments
Supine	00:03	0.03	0.00	0.00	0.10	980	49 %	130/80	114	00	
Standing	00:14	0.11	0.00	0.00	0.10	088	46 %	130/80	114	00	
}	00:18	0.04	0.00	0.00	010	980	49 %	130/80	114	00	
ExStart	00:21	0.03	01.7	10.0	01.1	085	47 %	130/80	110	00	
BRUCE Stage 1	03:21	3:00	01.7	10.0	04.7	124	% 69	140/80	173	00	
BRUCE Stage 2	06:21	3:00	02.5	12.0	07.1	169	94 %	150/80	253	00	
PeakEx	08:15	1.54	03.4	14.0	09.1	175	% 86	160/80	280	00	
Recovery	09:15	1:00	01.1	0.00	01.1	156	87 %	160/80	249	00	
Recovery	10:15	2:00	0.00	0.00	0.10	125	70 %	150/80	187	00	
Recovery	12:15	4.00	0.00	0.00	0.10	260	54 %	140/80	135	8	
Recovery	12:27	4 13	0.00	0 00	0.10	660	55 %	130/80	128	00	
FINDINGS:											
Exercise Time		: 07:54	4								
Initial HR (ExStrt)	P	85 b	85 bpm 47% of Target 179	tet 179		Max HR Att	Max HR Attained 175 bpm 98% of Target 179	1 98% of Tarc	1et 179	SUBURBAN D	SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Initial BP (ExStrt)	t)	130/	130/80 (mm/Hg)			Max BP Att.	Max BP Attained 160/80 (mm/Hg)	(mm/Ha)		Shop No.	o. 171.A. 184 Floor.
Max WorkLoad Attained	Attained	916	9.1 Good response to induced stress	to induced s	fress			ò		Kshiri Cr	Att. Shy Dood
Max ST Dep Lead & Avg ST Value: III & -4.2 mm in Stage 2 Duke Treadmill Score -01.2	d & Avg ST Score	Value: III &	4.2 mm in Sta	ige 2						Mira Road (East), Dist	Hone 022 - 61700000
Test End Reasons	Su	Tes	Test Complete								

MBBS, D. CARDIOLOGY 2011/03/0587

Doctor: DR-SMITA VALANI

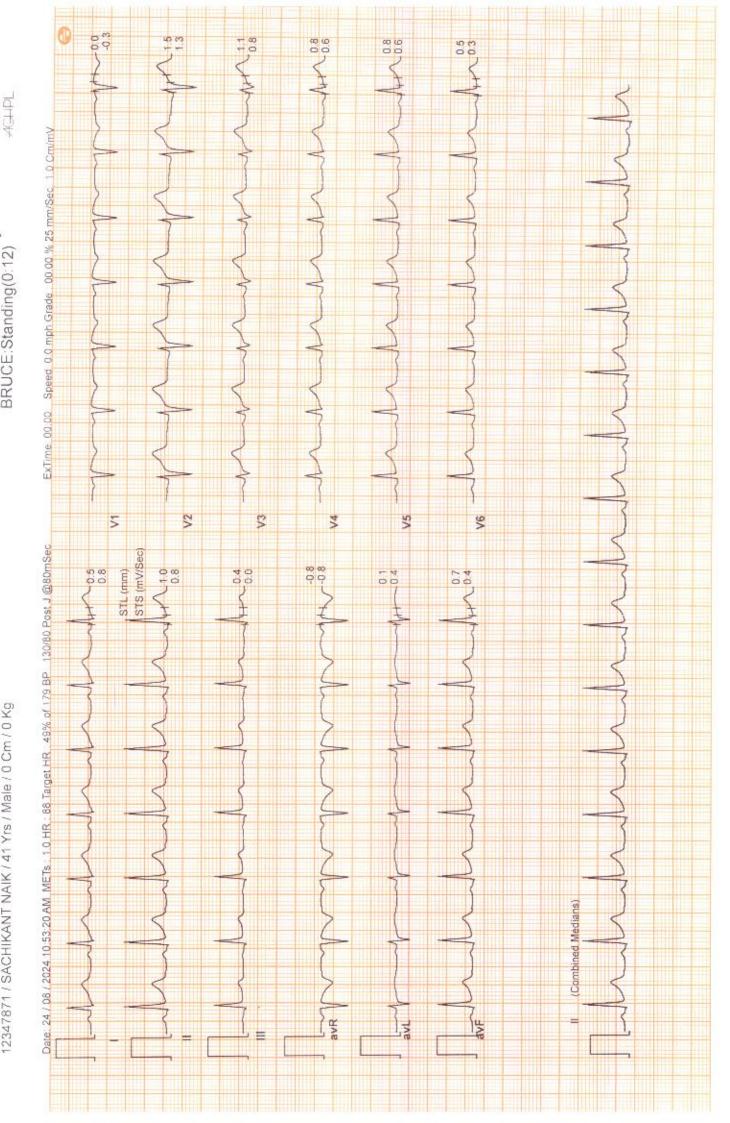


EMail: 12347871 / SACHIKANT NAIK / 41 Yrs / M / 0 Cms / 0 Kg Date: 24 / 08 / 2024 10:53:20 AM Refd By : --

			OVERY			DR. SMITA VALANI WBBS, D. CARDIOLOGY	Doctor: DR SMITA VALANI
	GOOD EFFORT TOLERANCE	NO ANGINA AND ANGINA EQUIVALENT	GOOD INOTROPIC RESPONSE	GOOD CHRONOTROPIC RESPONSE	NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD		Doy
REPORT:	REASON FOR TERMINATION EXERCISE TOLERANCE	EXERCISE INDUCED ARRYTHMIAS	HAEMODYNAMIC RESPONSE	CHRONOTROPIC RESPONSE	FINAL IMPRESSION		

12347871 / SACHIKANT NAIK / 41 Yrs / Male / 0 Cm / 0 Kg

6X2 Combine Medians + 1 Rhythm BRUCE:Standing(0:12)



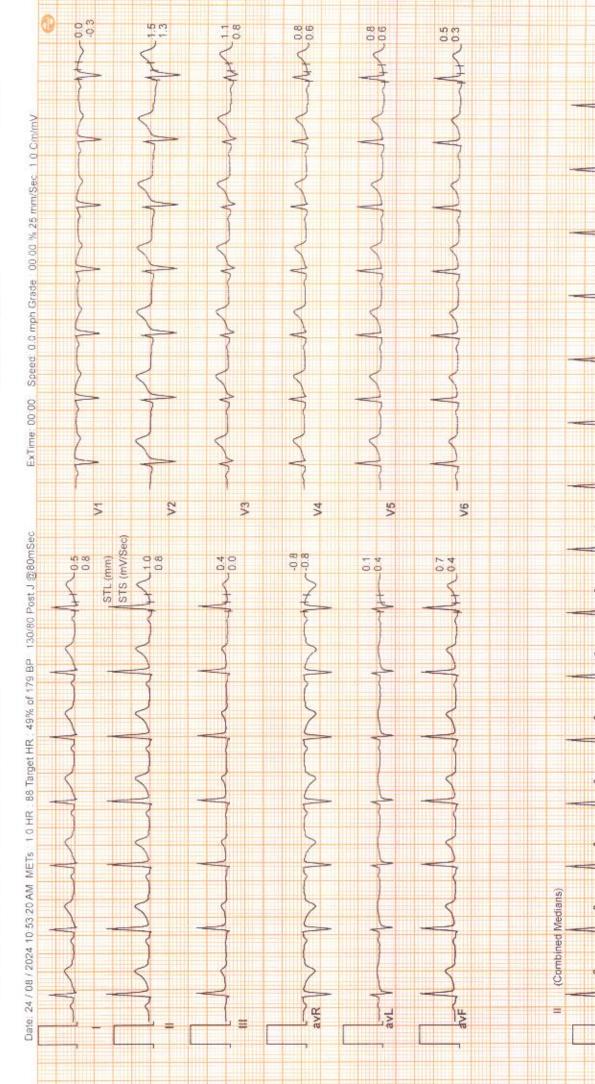
12347871 / SACHIKANT NAIK / 41 Yrs / Male / 0 Cm / 0 Kg

6 x 2 + Rhythm BRUCE:Supine(0:08) ExTime 00:00 0.0 mph0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz 9/ 52 Date: 24 / 08 / 2024 10:53:20 AM WETs: 10 HR: 88 Target HR: 49% of 179 BP: 130/80 avL

12347871 / SACHIKANT NAIK / 41 Yrs / Male / 0 Cm / 0 Kg

6X2 Combine Medians + 1 Rhythm BRUCE:HV(0:12)

ACHP!



ACHPL ExTime_00.00 Speed 1.7 mph Grade : 10.00 % 25 mm/Sec 1.0 Cm/my 6X2 Combine Medians + 1 Rhythm ExStart 5 V2 13 45 74 9/ Date: 24 / 08 / 2024 10:53:20 AM METs: 1.1 HR 85 Target HR: 47% of 179 BP 130/80 Post J @80mSec STL (mm) STS (mV/Sec) 4.0 020 12347871 / SACHIKANT NAIK / 41 Yrs / Male / 0 Cm / 0 Kg (Combined Medians) avR

6X2 Combine Medians + 1 Rhythm BRUCE:Stage 1(3:00)

477 ExTime, 03:00 Speed 17 mph Grade, 10:00 %, 25 mm/Sec, 1:0 Cm/mV > Date: 24 / 08 / 2024 10:53.20 AM METs 4 / HR 124 Target HR: 69% of 179 BP: 140/80 Post J @80mSec STL (mm) Manhallania 12347871 / SACHIKANT NAIK / 41 Yrs / Male / 0 Cm / 0 Kg (Combined Medians)



12347871 / SACHIKANT NAIK / 41 Yrs / Male / 0 Cm / 0 Kg

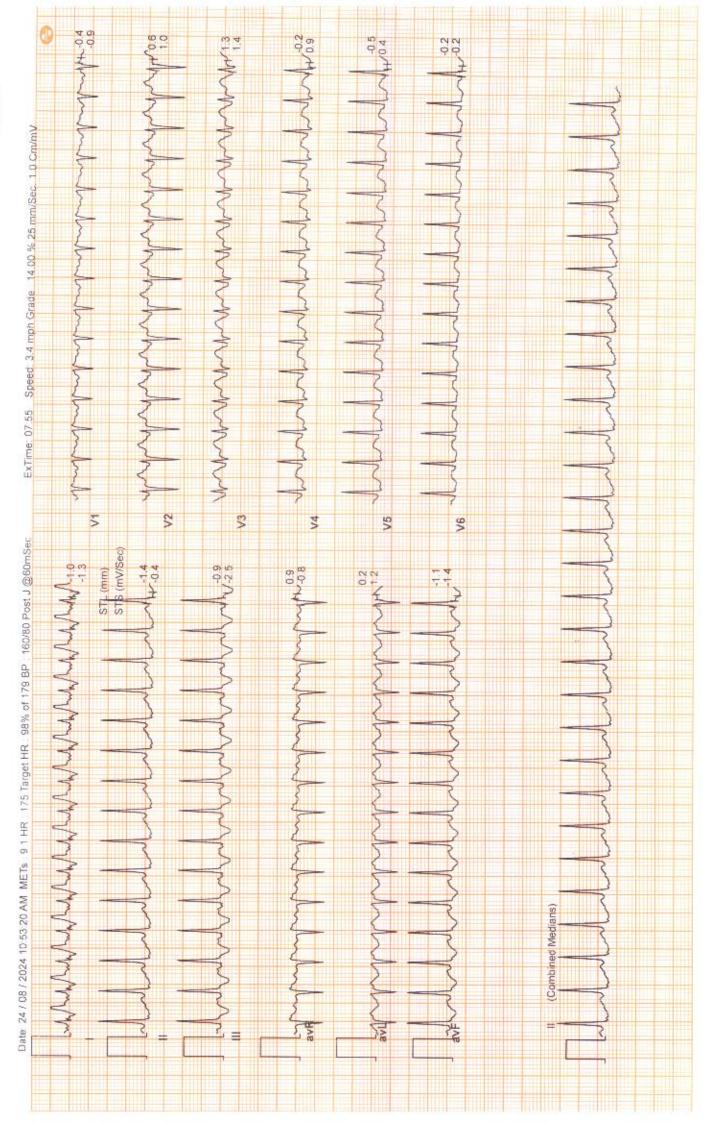
6X2 Combine Medians + 1 Rhythm BRUCE:Stage 2(3:00)

22 MYNYWYWYWYWYWYWYWYWYWYWYWYWYWY 14 shipply for the following the physical physical strains of the 1862 - Marke Marke and Contraction of the Contraction of ExTime 06:00 Speed 2.5 mph Grade 12:00 % 25 mm/Sec. 1.0 Coumb Date: 24 / 08 / 2024 10:53:20 AM METs. 7 1 HR 169 Target HR: 94% of 179 BP 150/80 Post J @60mSec Ministration of the solution o I who would have proported and proported proported to the proportion of the same of the sa " MANATARANA MANATARANA SE - While hard all hand while has hard hard hard hard 18

12347871 / SACHIKANT NAIK / 41 Yrs / Male / 0 Cm / 0 Kg

6X2 Combine Medians + 1 Rhythm PeakEx

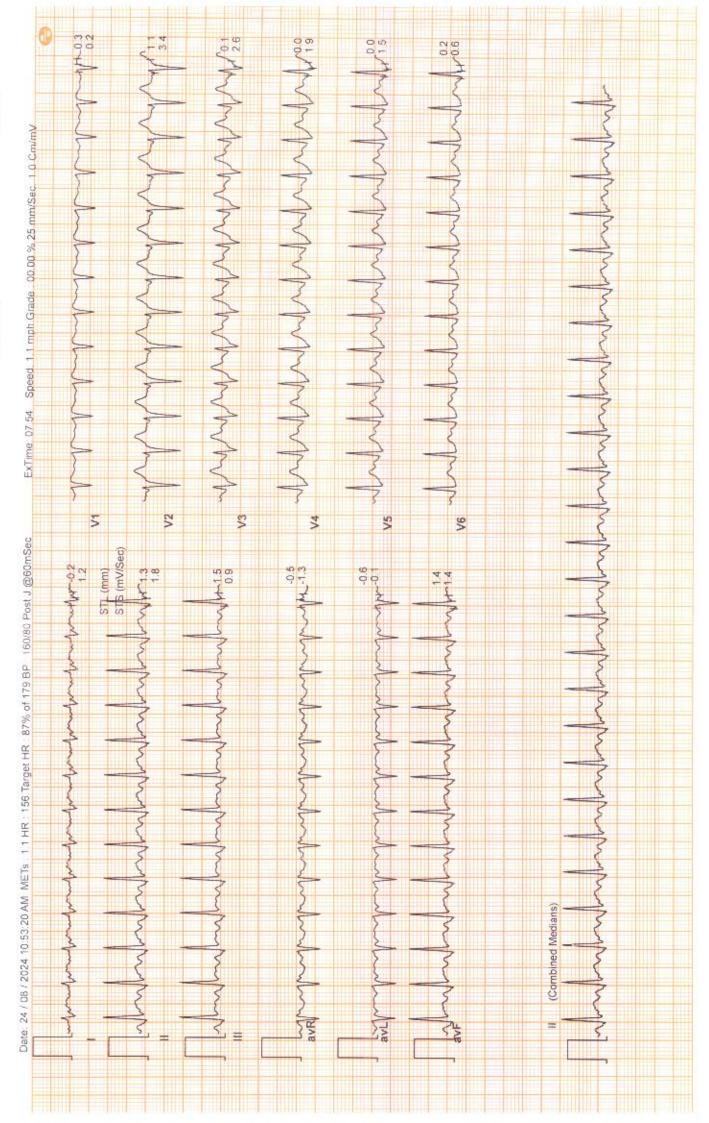




12347871 / SACHIKANT NAIK / 41 Yrs / Male / 0 Cm / 0 Kg

6X2 Combine Medians + 1 Rhythm Recovery(1:00)

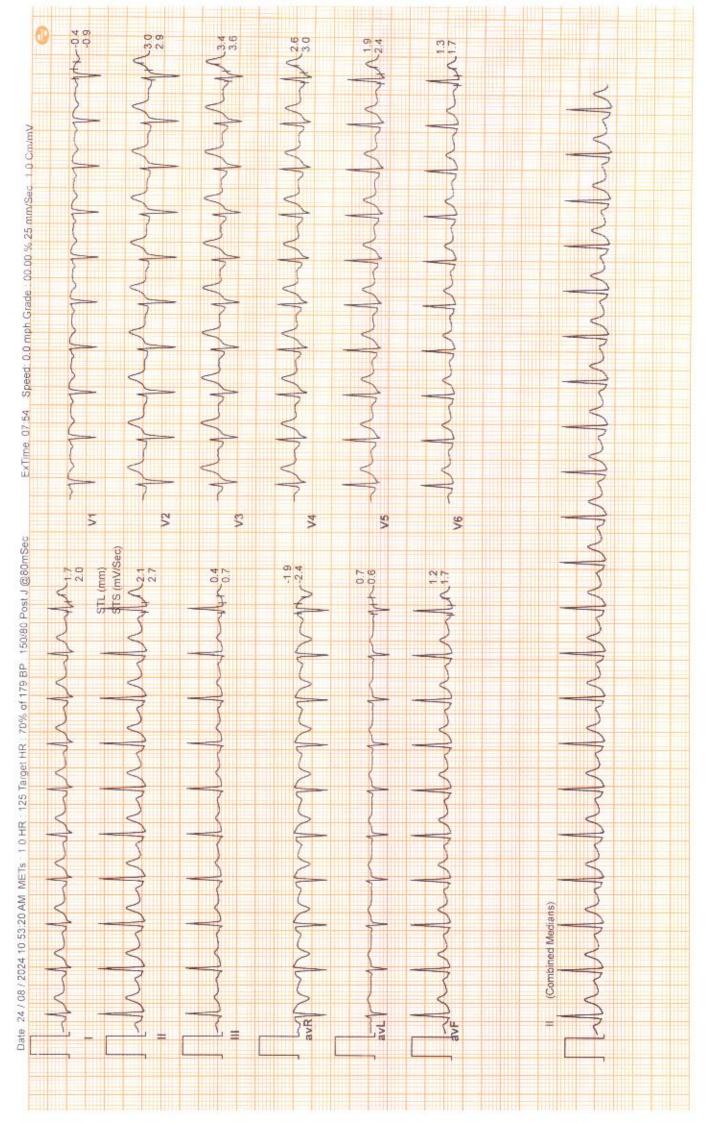




12347871 / SACHIKANT NAIK / 41 Yrs / Male / 0 Cm / 0 Kg

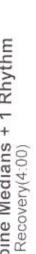
6X2 Combine Medians + 1 Rhythm Recovery(2:00)



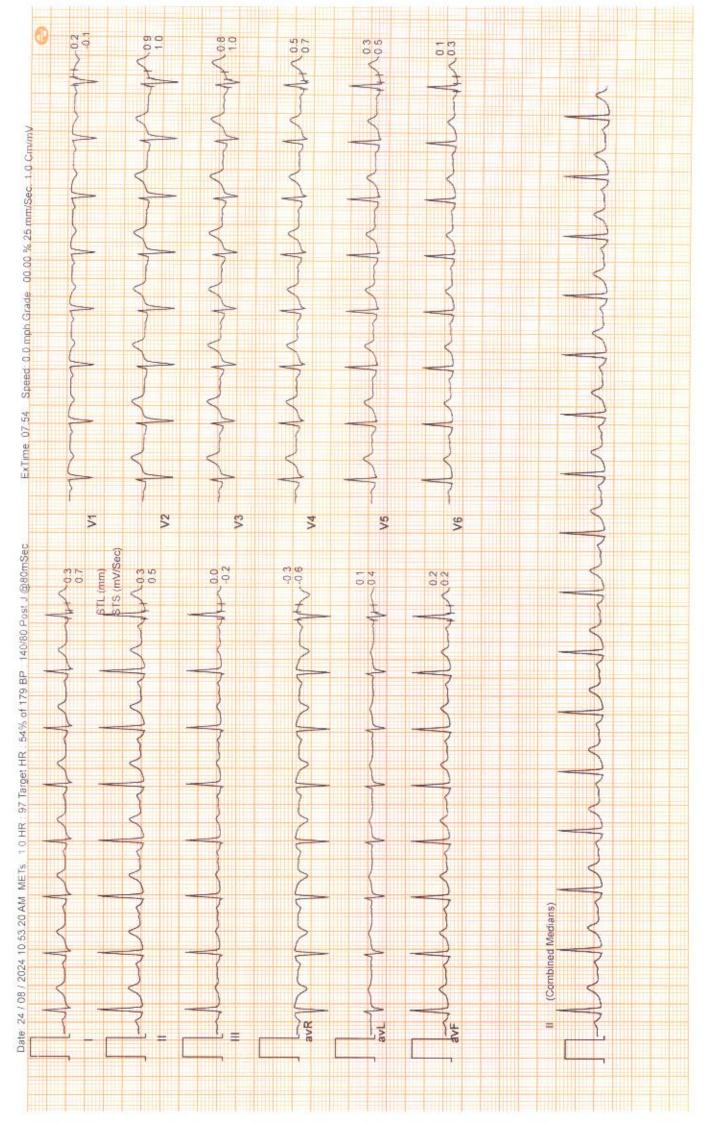


12347871 / SACHIKANT NAIK / 41 Yrs / Male / 0 Cm / 0 Kg

6X2 Combine Medians + 1 Rhythm Recovery(4:00)



AGHD!





CID : 2423724436

Name : Mr SACHIKANTA NAIK

Age / Sex : 40 Years/Male

Ref. Dr Reg. Date : 24-Aug-2024

: 24-Aug-2024/16:08 Reg. Location : Bhayander East Main Centre Reported



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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.0 cm), normal in shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 8.5 x 3.5 cm. Left kidney measures 9.0 x 4.0 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (9.0 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

Prevoid vol: - 250.0 cc Postvoid vol :- Nil

PROSTATE:

The prostate is normal in size 4.1 x 3.2 x 2.1 cm and weighs 18.0 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.



Name : Mr SACHIKANTA NAIK

Age / Sex : 40 Years/Male

Ref. Dr :

Reg. Location: Bhayander East Main Centre

Authenticity Check

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Reg. Date : 24-Aug-2024

Reported : 24-Aug-2024/16:08

IMPRESSION:

• No other significant abnormality made out.

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

KLIMITER

Dr.FAIZUR KHILJI MBBS,RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist



CID : 2423724436

Name : Mr SACHIKANTA NAIK

Age / Sex : 40 Years/Male

Ref. Dr

Reg. Location : Bhayander East Main Centre Authenticity Check



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Reg. Date : 24-Aug-2024

Reported : 24-Aug-2024/16:08



Name : Mr SACHIKANTA NAIK

Age / Sex : 40 Years/Male

Ref. Dr :

Reg. Location: Bhayander East Main Centre

Authenticity Check

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Reg. Date : 24-Aug-2024

Reported : 24-Aug-2024/16:36

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-----

KLIMITER

Dr.FAIZUR KHILJI MBBS,RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist



Name : Mr SACHIKANTA NAIK

Age / Sex : 40 Years/Male

Ref. Dr

Reg. Location: Bhayander East Main Centre

Authenticity Check

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