SUBURBAN DIAGNOSTIC KANDIVALI EAST





75/Noilian NaRayaN /53 Yrs / M / 170 Cms / 83 Kg Date: 07 - 09 - 2024 08:11:05 AM Refd By : MEDIWHEEL

	DISCLAIMER Negative test does not rule out coronary artery disease Positive stress test clinicical corellation is mandatory.	FINAL IMPRESSION	CHRONOTROPIC RESPONSE	HAEMODYNAMIC RESPONSE	EXERCISE INDUCED ARRYTHMIAS	EXERCISE TOLERANCE	REASON FOR TERMINATION	MEDICATION	АСПИПУ	RISK FACTOR	TEST OBJECTIVE	Heart Rate 75.0 bpm Systolic BP 160.0 mmHg Diastolic BP 90.0 mmHg Exercise Time 06:40 Mins, METS 7.8 Test End Reason, Heart Rate Achieved Target Heart Rate 167.0	REPORT:
SUBBREAM DIAGNOSTICS (INDIA) PVILITO.	is suggestive of but not confirmative of coronary ar	NO SIGNIFICANT ST T CHANGES NOTED NO ANGINA STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR	NORMAL	: NORMAL	NO	GÓOD	: HEART RATE ACHIEVED	NO	: MODERATE ACTIVE	No.	: ROUTINE CHECK UP	siastolic BP 90.0 mmHg eart Rate 167.0	

Thakus Village, Kandivak (sost)

Doctor: DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

79 (242608859) / KUMAR NARAYAN / 53 Yrs / M / 170 Cms / 83 Kg
Date: 07 - 09 - 2024 08:11:05 AM Refd By : MEDIWHEEL Examined By: DR AKHIL PARULEKAR

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	Report
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Exercise Time Initial HR (ExStrt) Initial BP (ExStrt) Max WorkLoad Attained Duke Treadmill Score Test End Reasons	FINDINGS:	Recovery	Recovery	PeakEx	BRUCE Stage 2	BRUCE Stage 1	ExStart	₹	Standing	Supine	Stage
rt) Attained Score		09:08	08:59	07:59	07:19	04:19	01:19	00:56	00:30	80:00	Time
: 06:40 : 83 bpr : 140/10 : 7.8 Fa : 00.0			1:00	0:40	3.00	3:00	0:23	0:26	022	0.08	Duration
06:40 83 bpm 50% of Target 167 140/100 (mm/Hg) 7.8 Fair response to induced stress 00.0			00.0	05.5	04.0	02.7	00.0	00.0	00.0	00.0	Speed(Kmp
get 167 o induced stre			00.0	14.0	12.0	10.0	00,0	00.00	00.0	00.0	Speed(Kmph) Elevation
Ö		0.00	01.1	07.8	07.1	04.7	01.0	01.0	01.0	01.0	METs
Max HR Atta Max BP Atta		000	116	156	150	132	083	084	075	071	Rate
Max HR Attained; 156 bpm 93% of Max BP Attained: 160/90 (mm/Hg)		0%	69 %	93 %	90 %	79 %	50%	50 %	45 %	43%	%THR
Max HR Attained: 156 bpm 93% of Target 167 Max BP Attained: 160/90 (mm/Hg)		/	160/90	160/90	160/90	140/100	140/100	140/100	140/100	140/100	BP
(s		000	185	249	240	184	116	117	105	099	RPP
		8	8	8	8	8	8	8	8	00	PK.
											Comments

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD. Thakur Village, Kandivati (east). Mumbai - 490101 . Tel : 51700000

Doctor : DR AKHIL PARULEKAR

Reg. No. 20120

NB Cardin

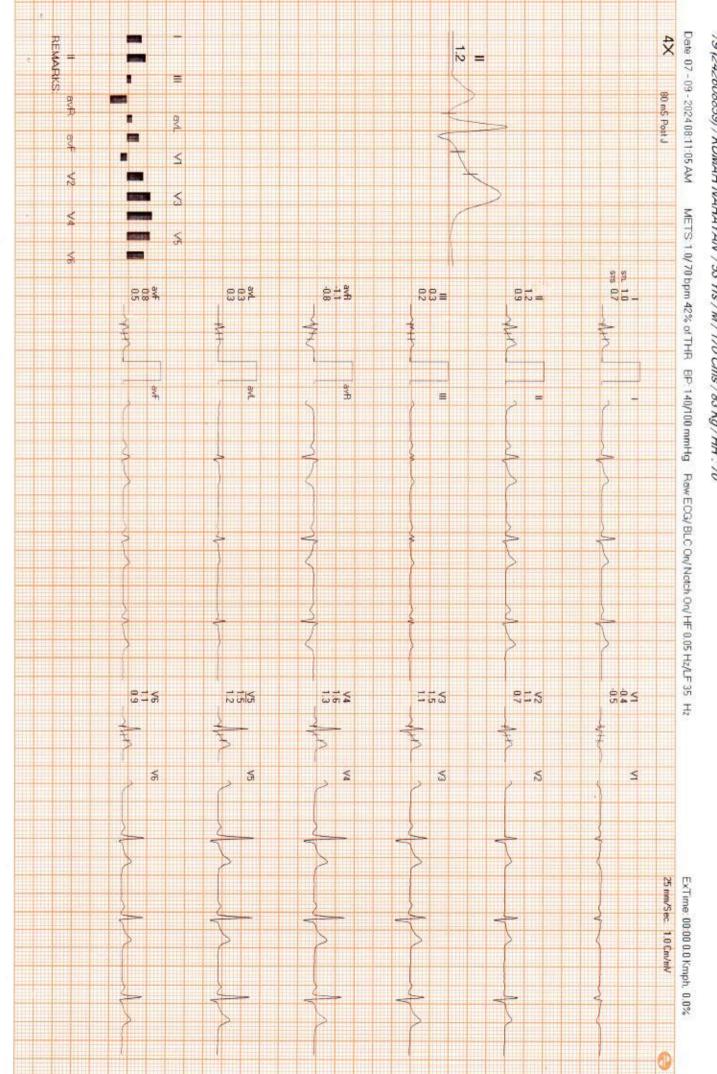
7 ekar.

Khil P. Pa

SUPINE (00:08)

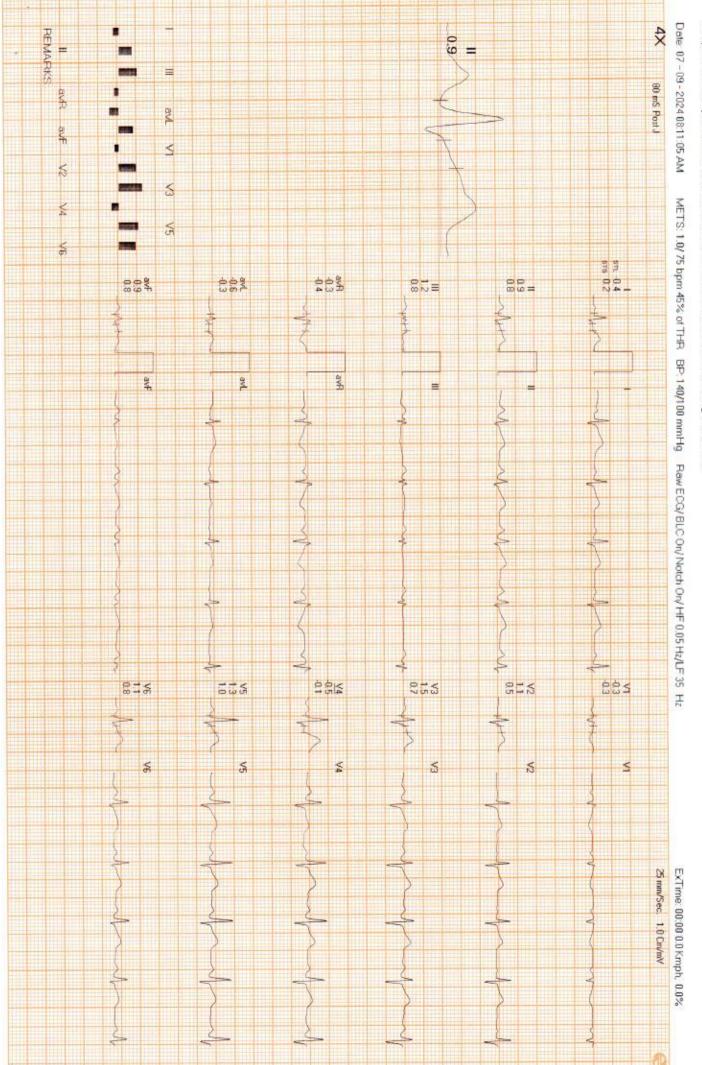


79 (242608859) / KUMAR NARAYAN /53 Yrs / M / 170 Cms / 83 Kg / HR : 70





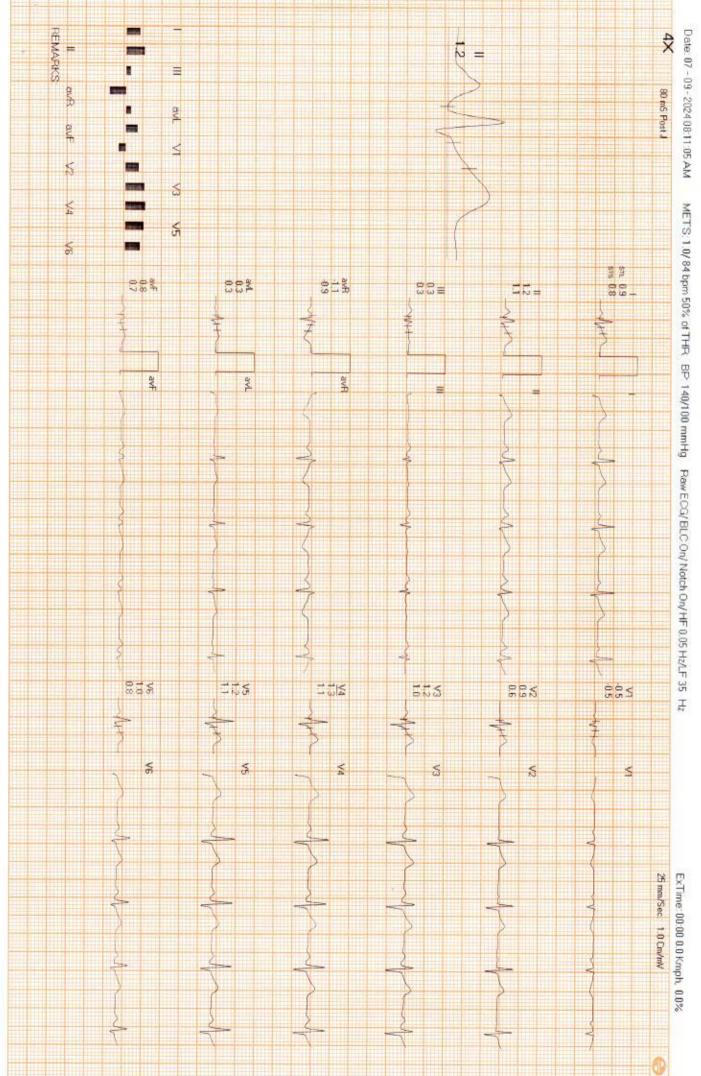
79 (242608859) / KUMAR NARAYAN / 53 Y/s / M / 170 Cms / 83 Kg / HR : 75



HV (00:26)



79 (242608859) / KUMAR NARAYAN / 53 Yrs / M / 170 Cms / 83 Kg / HR : 84



79 (242608859) | KUMAR NARAYAN | 53 Y/s | M | 170 Cms | 83 Kg | HR : 83

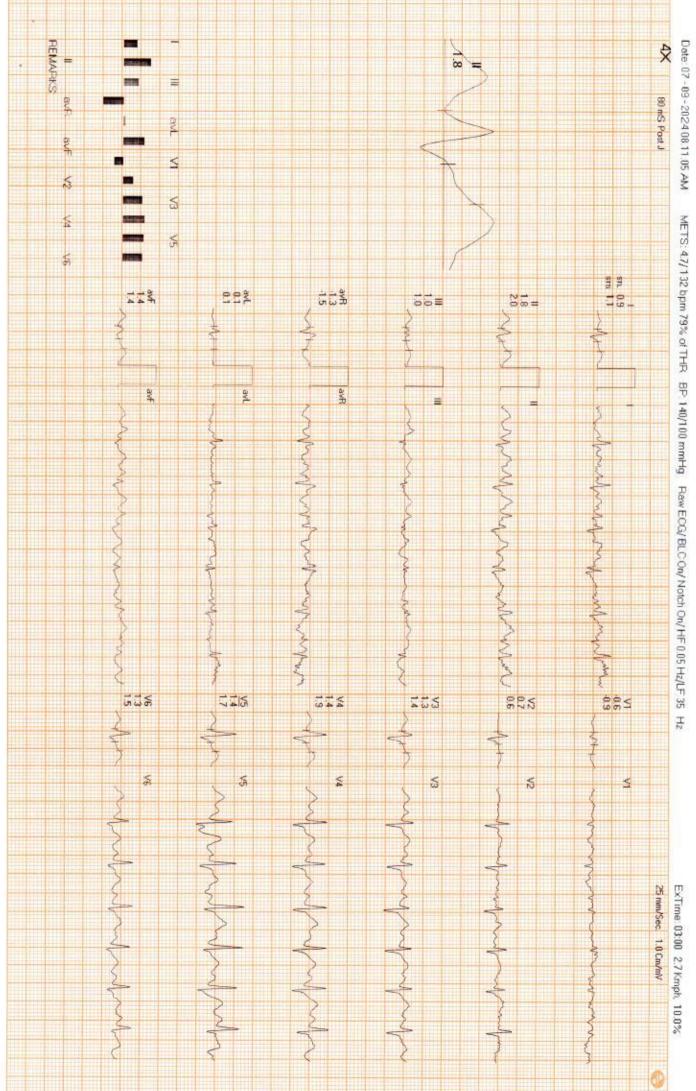
REMARKS Date: 07 - 09 - 2024 08 11:05 AM = 80 mS Post J avt S S V4 METS: 1.0/83 bpm 50% of THR BP: 140/100 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz V5 sn. 0.5 srs 0.7 0.7 0.7 0.7 222 089 809 809 809 0.7 102= avf avL aγR 0.70 813 0.6 0.6 054 V6 V5 4 S 5 25 mm/Sec. 1.0 Cm/m/ ExTime: 00:00 0.0 Kmph 0.0%





SUBURBAN DIAGNOSTIC KANDIVALI EAST

79 (242608859) / KUMAR NARAYAN / 53 Yrs / M / 170 Cms / 83 Kg / HR : 132





BRUCE: Stage 1 (03:00)

SUBURBAN DIAGNOSTIC KANDIVALI EAST

79 (242608859) / KUMAR NARAYAN / 53 Yrs / M / 170 Cms / 83 Kg / HR : 150

Date: 07-09-2024 08:11:05 AM METS: 7.1/150 bpm 90% of THR BP: 16

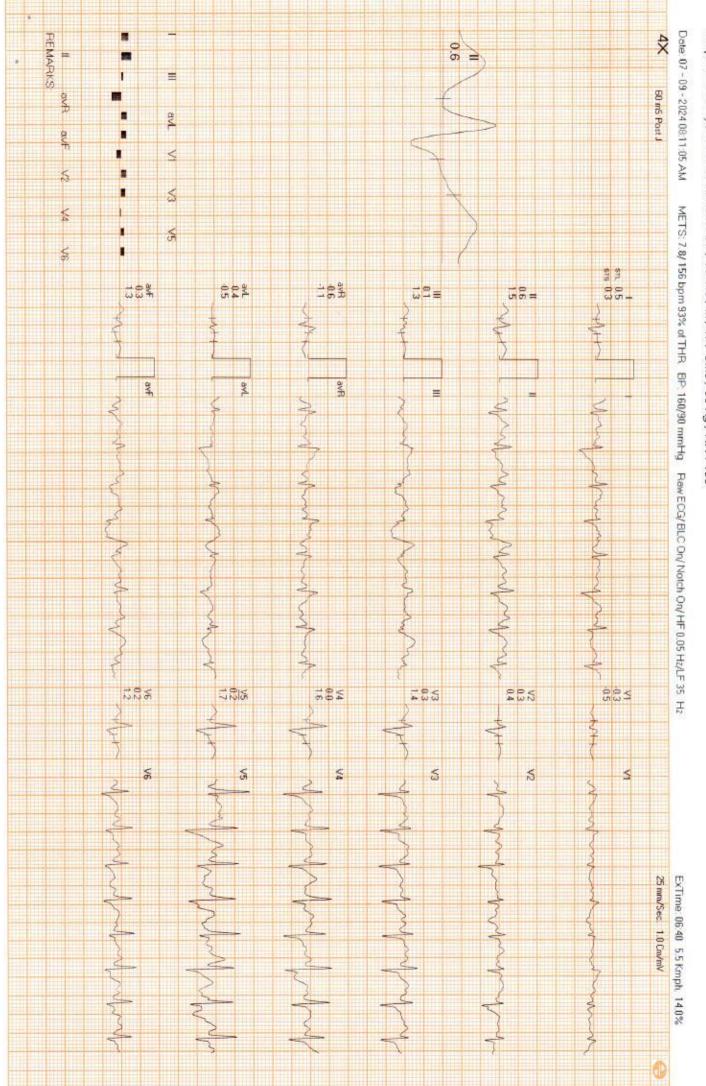
4X 60 mS Post J REMARKS = auf < S 5 METS: 7.1/150 bpm 90% of THR BP: 160/90 mmHg Rew ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz V5 \$11. 0.3 \$15. 0.4 avR -0.7 188 138 138 0.2 0.7 0.9 W avA avf 885 0.5 186 1.8 **583** 2512 VA 3 25 ≤ 25 mm/Sec. 1.0 Cm/m// ExTime: 06:00 4.0 Kmph, 12:0%



BRUCE: Stage 2 (03:00)

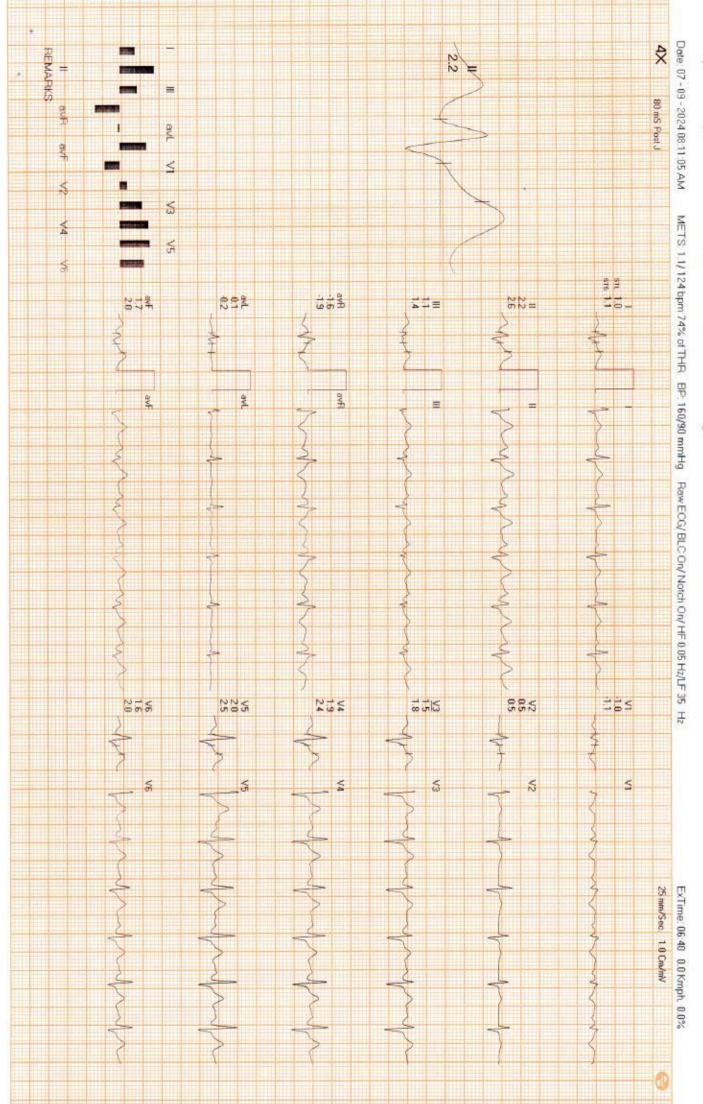
PeakEx

79 (242608859) / KUMAR NARAYAN /53 Yrs / M / 170 Cms / 83 Kg / HR : 156



Recovery: (01:00)

79 [242608859] / KUMAR NARAYAN /53 Yrs / M / 170 Cms / 83 Kg / HR : 124



79 (242608859) / KUMAR NARAYAN /53 Yrs /M / 170 Cms /83 Kg / HR 110

4X 80 mS Post J Date: 07 - 09 - 2024 08:11:05 AM REMARKS ⟨2 METS: 1.0/110 bpm 66% of THR BP 160/90 mmHg Raw EOG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz 48 \$178 4178 1.8 1.8 222 0.9 dyf 3 156 94 225 5 5 KS √5 44 43 V2 ≤ 25 mm/Sec 1.0 Cm/mV ExTime: 06:40 0.0 Kmph, 0.0%



Recovery: (01:09)



Name : MR.KUMAR SUDHAKAR NARAYAN

Age / Gender : 53 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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:18-Sep-2024 / 09:13

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E

Reported :18-Sep-2024 / 14:35

Collected

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

	CBC (Complete Blood	d Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.89	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.7	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	27.8	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6400	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	DLUTE COUNTS		
Lymphocytes	32.8	20-40 %	
Absolute Lymphocytes	2099.2	1000-3000 /cmm	Calculated
Monocytes	4.0	2-10 %	
Absolute Monocytes	256.0	200-1000 /cmm	Calculated
Neutrophils	61.1	40-80 %	
Absolute Neutrophils	3910.4	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	96.0	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	38.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	129000	150000-400000 /cmm	Elect. Impedance
MPV	11.6	6-11 fl	Calculated
PDW	21.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia -Microcytosis -

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CID : 2426208859

Name : MR.KUMAR SUDHAKAR NARAYAN

:53 Years / Male Age / Gender

Consulting Dr. Reg. Location

: Kandivali East (Main Centre)



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:18-Sep-2024 / 12:48

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY Platelets reduced on smear.

COMMENT

Result rechecked

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 23 2-20 mm at 1 hr. Sedimentation



CID : 2426208859

Name : MR.KUMAR SUDHAKAR NARAYAN

: Kandivali East (Main Centre)

Age / Gender :53 Years / Male

Consulting Dr. Collected :18-Sep-2024 / 09:13 Reported :18-Sep-2024 / 14:35

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:

Reg. Location

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 **







Authenticity Check

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Name : MR.KUMAR SUDHAKAR NARAYAN

Age / Gender : 53 Years / Male

Consulting Dr. :

Reg. Location

: Kandivali East (Main Centre)

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: 18-Sep-2024 / 12:48 :18-Sep-2024 / 18:26

Hexokinase

Hexokinase

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, 120.8 Non-Diabetic: < 100 mg/dl Fluoride Plasma Fasting Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Collected

Reported

GLUCOSE (SUGAR) PP, Fluoride 135.4 Non-Diabetic: < 140 mg/dl

Plasma PP Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Age / Gender : 53 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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:18-Sep-2024 / 09:13

:18-Sep-2024 / 13:24

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	18.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	104	(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	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

	•		
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	7.0	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.9	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	105	98-107 mmol/l	ISE

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





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



Name : MR.KUMAR SUDHAKAR NARAYAN

Age / Gender : 53 Years / Male

Consulting Dr. : -

Reg. Location: Kandivali East (Main Centre)



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:18-Sep-2024 / 09:13

:18-Sep-2024 / 12:41

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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 6.8 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

Collected

Reported

Estimated Average Glucose 148.5 mg/dl Calculated

(eAG), EDTA WB - CC

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 ***





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

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Name : MR.KUMAR SUDHAKAR NARAYAN

Age / Gender : 53 Years / Male

Consulting Dr. : -

Reg. Location: Kandivali East (Main Centre)



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:18-Sep-2024 / 09:13

:18-Sep-2024 / 14:35

CLIA

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

<4.0 ng/ml

<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.

0.940

- 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, 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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Name : MR.KUMAR SUDHAKAR NARAYAN

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:18-Sep-2024 / 14:35

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*** End Of Report ***





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

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Name : MR.KUMAR SUDHAKAR NARAYAN

Age / Gender : 53 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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Application To Scan the Code

Collected : 18-Sep-2024 / 09:13 Reported : 18-Sep-2024 / 12:47

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	3+(300mg/dl)	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			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



Name : MR.KUMAR SUDHAKAR NARAYAN

Age / Gender : 53 Years / Male

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Authenticity Check

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Reported

:18-Sep-2024 / 12:47

Result rechecked Kindly correlate clinically.

Note:

- Microscopic examination performed by Automated Cuvette based technology.
- All the Abnormal results are confirmed by reagent strips and Manual method.
- The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.

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







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CID : 2426208859

Name : MR.KUMAR SUDHAKAR NARAYAN

Age / Gender :53 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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Reported

:18-Sep-2024 / 09:13

:18-Sep-2024 / 15:03

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

RESULTS PARAMETER

ABO GROUP Α

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 *** End Of Report ***





Dr.VRUSHALI SHROFF M.D.(PATH) **Pathologist**

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CID : 2426208859

Name : MR.KUMAR SUDHAKAR NARAYAN

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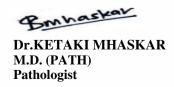
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	184.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	119.0	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	41.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	142.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	119.0	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	23.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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









Name : MR.KUMAR SUDHAKAR NARAYAN

Age / Gender : 53 Years / Male

Consulting Dr. : -

Reg. Location

: Kandivali East (Main Centre)

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Reported :18-Sep-2024 / 12:54

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.5	0.35-5.5 microIU/ml microU/ml	ECLIA



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Age / Gender : 53 Years / Male

Consulting Dr. : - Collected : 18-Sep-2024 / 09:13

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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, 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 ***





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

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Name : MR.KUMAR SUDHAKAR NARAYAN

Age / Gender : 53 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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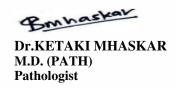
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.56	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	21.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	25.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	43.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	110.0	40-130 U/L	Colorimetric

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







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Name : MR.KUMAR SUDHAKAR NARAYAN

Age / Gender : 53 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT FUS and KETONES

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

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

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



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

Page 16 of 16



SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient ID: Patient Name: KUMAR SUDHAKAR NARAYAN Date and Time: 18th Sep 24 9:46 AM 2426208859

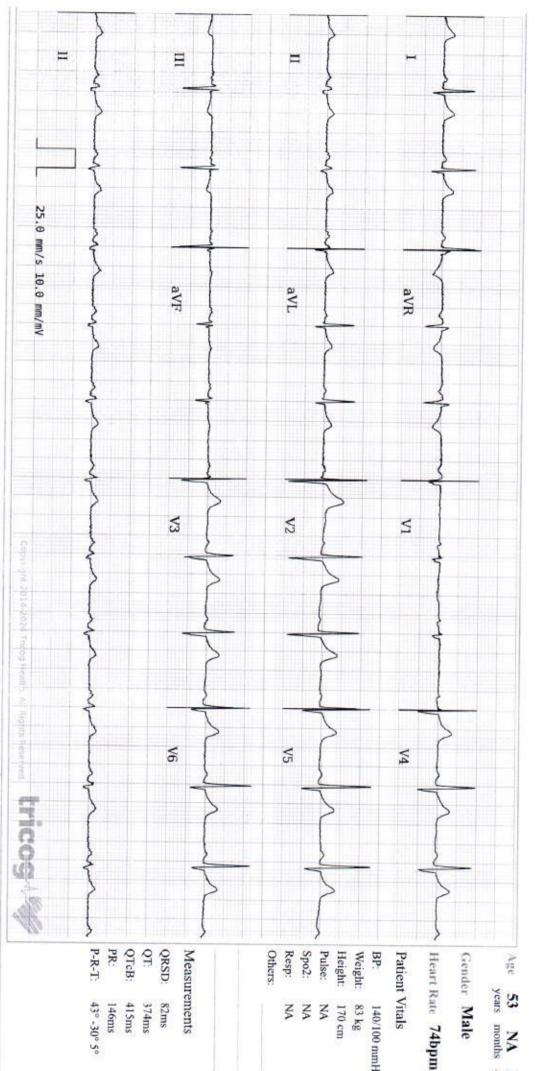
53 NA NA years months days

170 cm

Z

83 kg

140/100 mmHg



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



415ms

43° -30° 5° 146ms 82ms

374ms

DR AKHIL PARULEKAR MBBS.MD. MEDICINE, DNB Cardiology Cardiologist 2012/8/2483



Date: - 18 4 2024

CID: 24262088590

R

R

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Sex/Age: 53/m

Name: - mr. kymur Nurayun

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: №0

Unaided Vision:

Aided Vision:

Refraction:

(Right E	ye)			1				
	Sph	СуІ	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	See:	-	6/6	-	5.00	-	6/6
Near	-			N/42	- 1	-	-	N/42

Colour Vision: Normal / Abnormal

Remark: Noomal

SUBSERDAN DIAGRESTEES (NO.A) PVT. LTD.

Filly House No. 1 Aangen,
Thakur Vinage, Handivat (east),
Mumbai - 480101.

Tel: 61700000



CID

: 2426208859

Name

: Mr KUMAR SUDHAKAR NARAYAN

Age / Sex

: 53 Years/Male

Ref. Dr

Reg. Location

: Kandivali East Main Centre

Reg. Date

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr R K Bhandari

RIS Deriver

M D, DMRE

MMC REG NO. 34078

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CID : 2426208859

Name : Mr KUMAR SUDHAKAR NARAYAN

Age / Sex : 53 Years/Male

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Reg. Date : 18-Sep-2024

Reg. Location : Kandivali East Main Centre Reported : 18-Sept-2024 / 13:17

USG WHOLE ABDOMEN

LIVER:

Ref. Dr

The liver is normal in size (12.7cm), 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 physiologically distended and appears normal. No evidence of gall stones or mass lesions seen .Few tiny gall blader polyps seen largest of size 3.3 mm

PANCREAS:

The pancreas is well visualised and appears 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, hydronephrosis or mass lesion seen.

Right kidney measures 10.0 x 5.1 cm. Left kidney measures 10.7 x 6.0 cm.

SPLEEN:

The spleen is marginally enlarged in size(11.7 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, measures 2.9 x 3.3 x 3.4 and volume is 17cc.

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CID

: 2426208859

Name

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Age / Sex

Reg. Location

: 53 Years/Male

Ref. Dr

: Kandivali East Main Centre

Reg. Date : 18-Sep-2024

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IMPRESSION:

Grade 1 fatty liver.

Few tiny gall bladder polyps.

Marginal splenomegaly.

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

DR. RAVI KUMAR

MBBS, MD RADIODIANOSIS

MMC REG NO. 2008/04/1721