

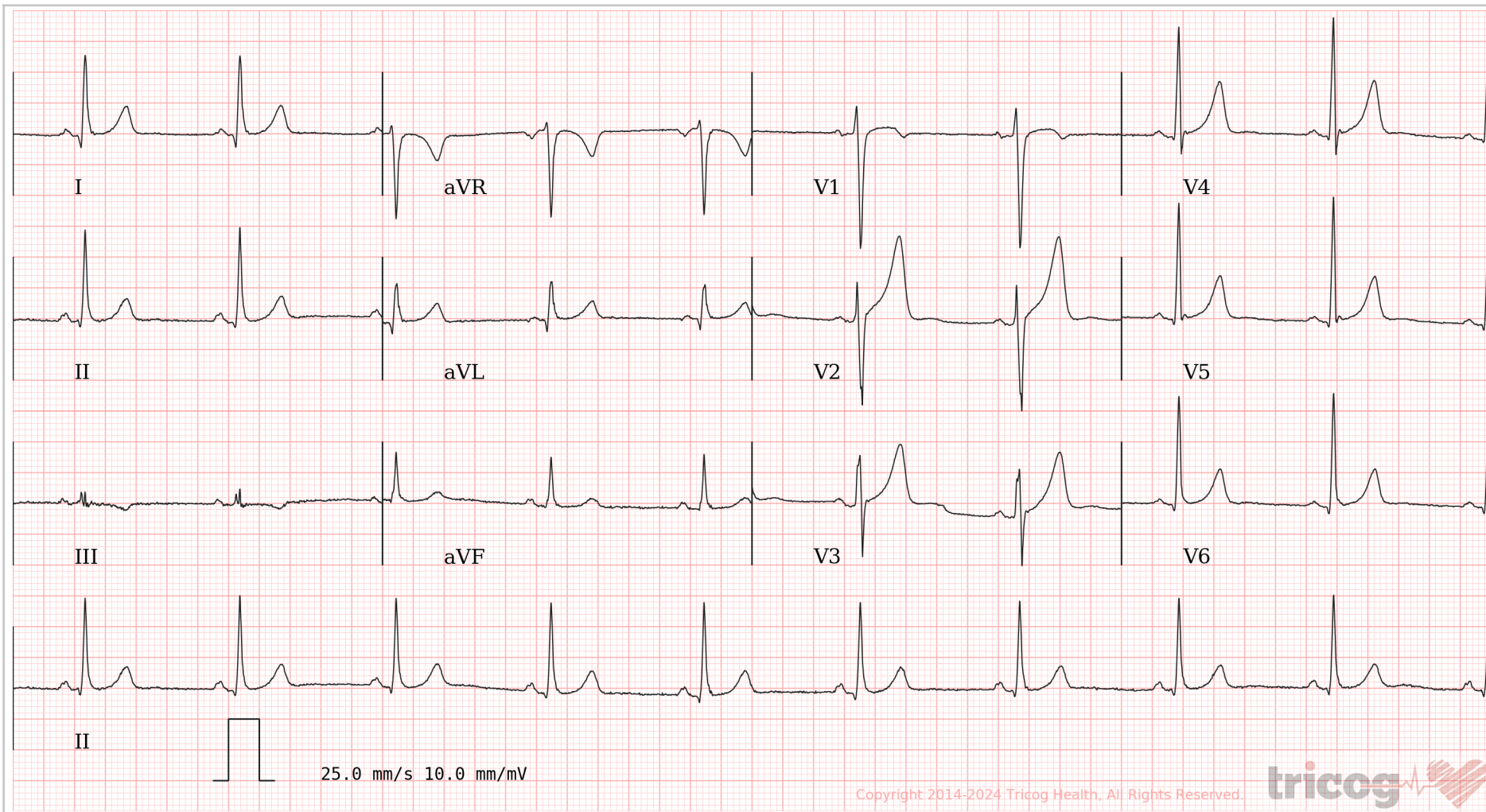
SUBURBAN DIAGNOSTICS - ANDHERI WEST



Patient Name: GORAKH MARUTI GAWALI

Date and Time: 9th Mar 24 10:42 AM

Patient ID: 2406922512



Age **46** NA NA
years months days

Gender **Male**

Heart Rate **59bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 102ms
QT: 394ms
QTcB: 390ms
PR: 126ms
P-R-T: 46° 36° 23°

Sinus Bradycardia , Left Ventricular Hypertrophy , Tall T waves in Anterior leads. Please correlate clinically.

REPORTED BY

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468

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.

Date:- 09/03/24

CID: 2406922512

Name:- GORAKH GAWALI

Sex / Age: M / 46 YRS.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

Nil

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____	_____	_____	6/6	_____	_____	_____	6/6
Near	_____	_____	_____	NS	_____	_____	_____	NS

Colour Vision: Normal / Abnormal

Remark:

Normal vision

SUBURBAN DIAGNOSTICS

Patient Details

Date: 09-Mar-24

Time: 15:10:57

Name: GORAKH MARUTI GAWALI ID: 2406922512

Age: 46 y

Sex: M

Height: 167 cms.

Weight: 76 Kg.

Clinical History:

Medications:
Test Details

Protocol: Bruce

Pr.MHR: 174 bpm

THR: 147 (85 % of Pr.MHR) bpm

Total Exec. Time: 7 m 19 s

Max. HR: 157 (90% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 180 / 90 mmHg

Max. BP x HR: 28260 mmHg/min

Min. BP x HR: 5220 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 15	1.0	0	0	58	140 / 90	-1.70 aVR	2.48 V3
Standing	0 : 9	1.0	0	0	60	140 / 90	-1.70 aVR	2.48 V3
Hyperventilation	0 : 37	1.0	0	0	79	140 / 90	-2.97 III	5.31 II
1	3 : 0	4.6	1.7	10	108	150 / 90	-1.91 aVR	5.66 V3
2	3 : 0	7.0	2.5	12	136	160 / 90	-2.34 III	5.66 V2
Peak Ex	1 : 19	10.2	3.4	14	157	180 / 90	-4.03 III	5.66 V2
Recovery(1)	1 : 0	1.8	1	0	121	160 / 90	-3.82 III	5.66 V3
Recovery(2)	1 : 0	1.0	0	0	92	150 / 90	-2.55 III	5.66 V2
Recovery(3)	1 : 0	1.0	0	0	81	140 / 90	-1.27 aVR	5.66 V3
Recovery(4)	1 : 0	1.0	0	0	72	140 / 90	-0.64 III	2.12 V3
Recovery(5)	0 : 29	1.0	0	0	71	140 / 90	-0.64 III	1.42 V3

Interpretation

GOOD EFFORT TOLERANCE

NORMAL CHRONOTROPIC RESPONSE

NORMAL INOTROPIC RESPONSE

NO ANGINA/ ANGINA EQUIVALENTS

NO ARRHYTHMIAS

SIGNIFICANT ST DEPRESSIONS NOTED IN INFERIOR LEADS AND V4-V6 DURING PEAK

EXERCISE WHICH REVERTED TO BASELINE IN EARLY RECOVERY. SUBTLE ST

CHANGES REAPPEARED IN MID RECOVERY PERSISTED TILL LATE RECOVERY.

IMPRESSION: STRESS TEST IS POSITIVE FOR STRESS INDUCIBLE ISCHAEMIA

Disclaimer: Negative stress test does not rule out Coronary Artery Disease.

Positive stress test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Dr. Ravi Chavan
 MD, D Card
 Consultant Cardiologist
 Reg. No.: 2004/86/2468

Ref. Doctor: ACROFEMI HEALTHCARE LIMITED

(Summary Report edited by user)

Doctor: DR. RAVI CHAVAN

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



SUBURBAN DIAGNOSTICS

Test Report

GORAKH MARUTI GAWALI (46 M)

ID: 2406922512

Date: 09-Mar-24

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

HR: 60 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 147 bpm)

B.P.: 140 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

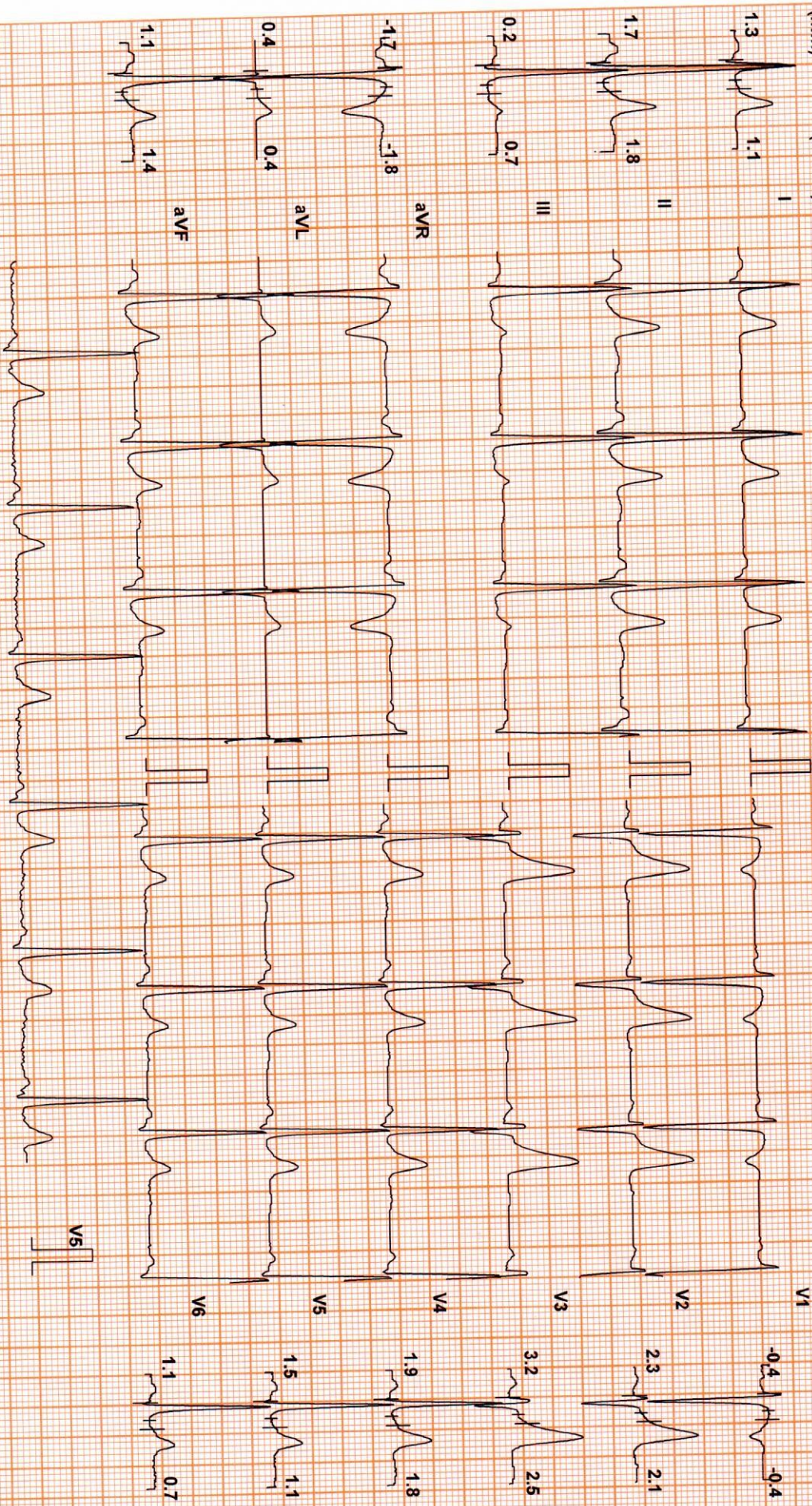


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.7

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

GORAKH MARUTI GAWALI (46 M)

ID: 2406922512

Date: 09-Mar-24

Exec Time: 0 m 0 s

Stage Time: 0 m 3 s

HR: 60 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 147 bpm)

B.P: 140 / 90

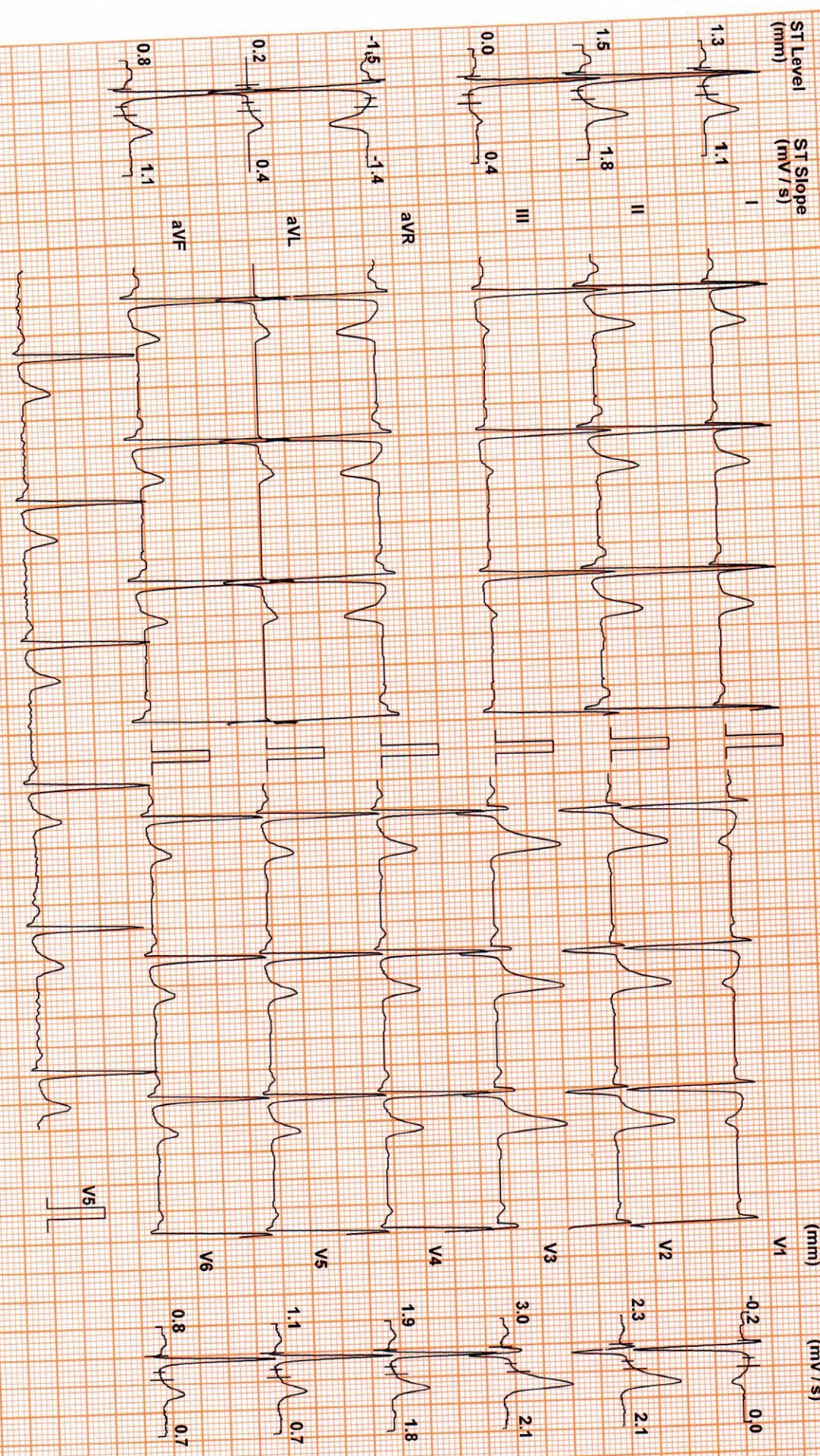


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

GORAKH MARUTI GAWALI (46 M)

ID: 2406922512

Date: 09-Mar-24

Exec Time: 0 m 0 s

Stage Time: 0 m 31 s

HR: 76 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 147 bpm)

B.P: 140 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

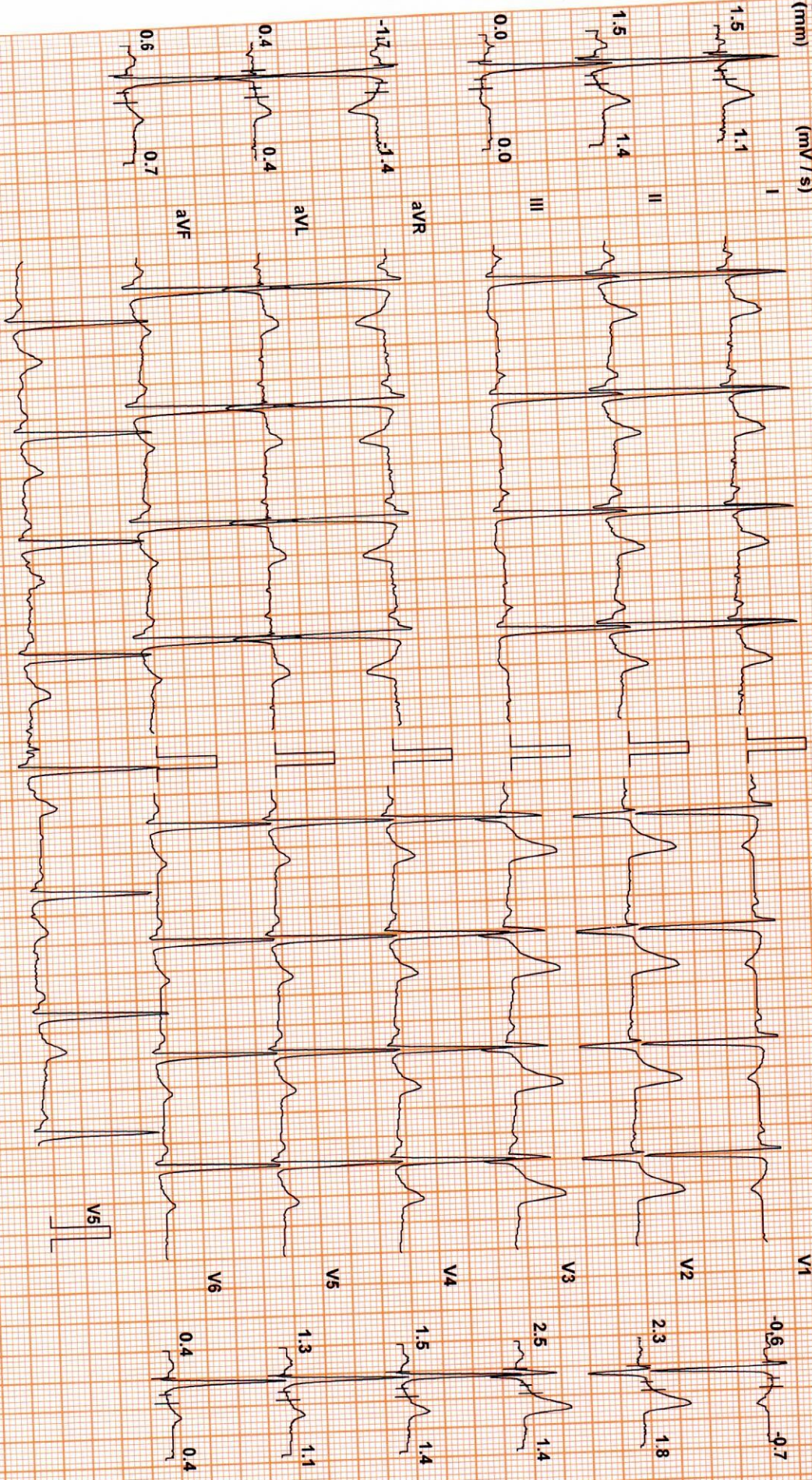


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



GORAKH MARUTI GAWALI (46 M)

ID: 2406922512

Date: 09-Mar-24

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 108 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 147 bpm)

B.P: 150 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

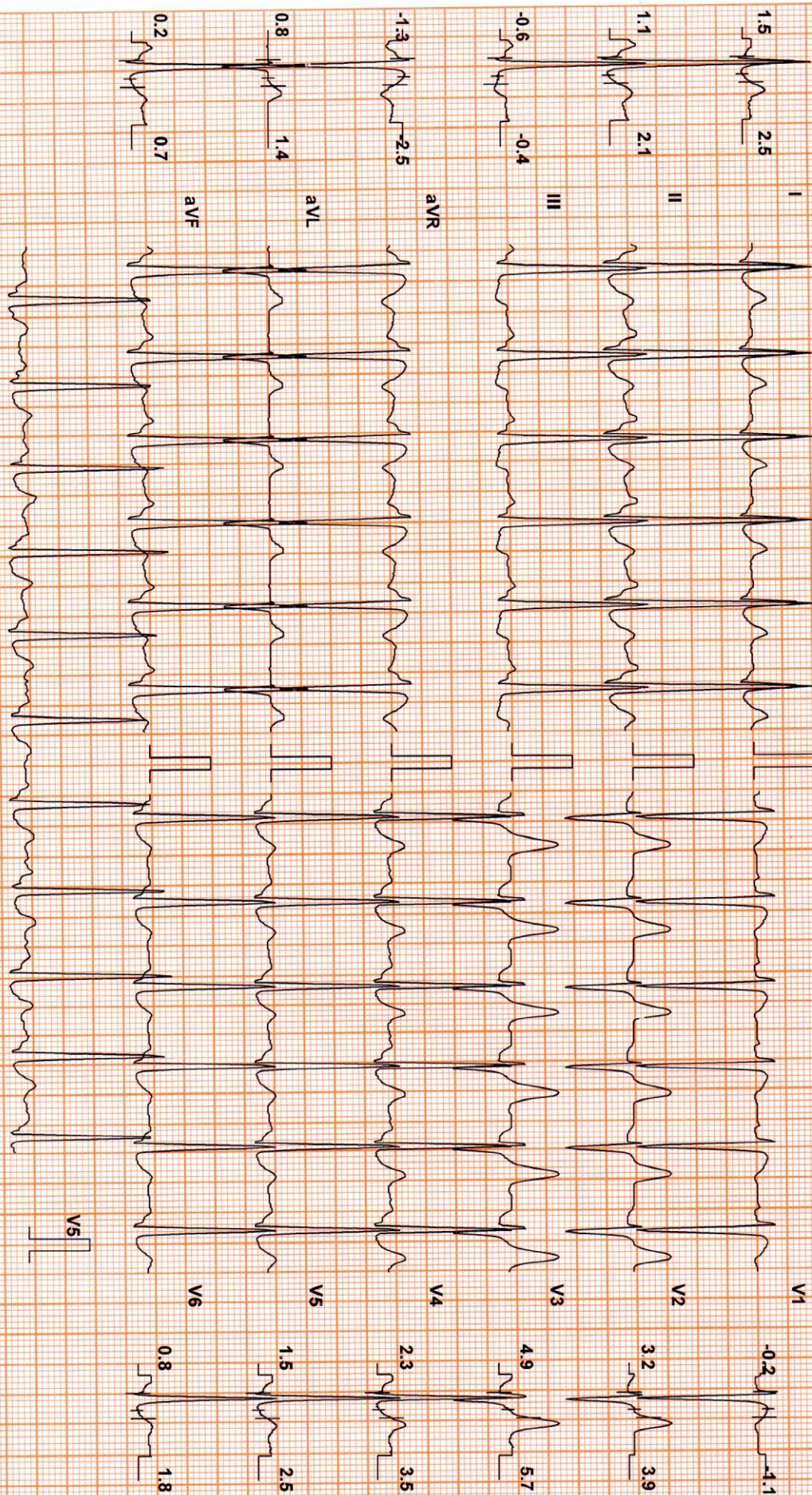


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandern V 4.7

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

GORAKH MARUTI GAWALI (46 M)

ID: 2406922512

Date: 09-Mar-24

Exec Time : 5 m 54 s Stage Time : 2 m 54 s **HR: 136 bpm**

B.P.: 160 / 90

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 147 bpm)

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

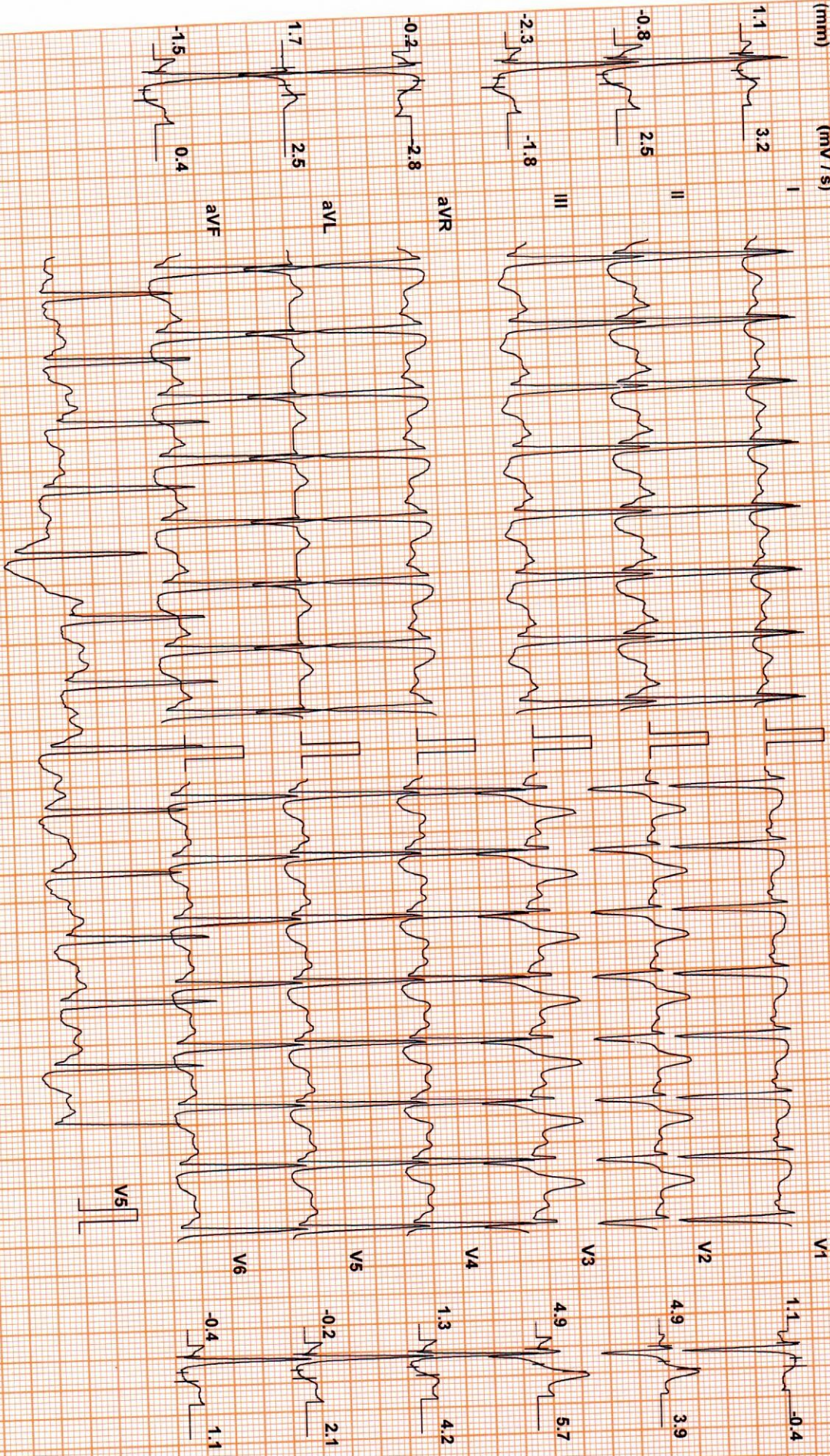


Chart Speed: 25 mm/sec
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

GORAKH MARUTI GAWALI (46 M)

ID: 2406922512

Date: 09-Mar-24

Exec Time : 6 m 49 s Stage Time : 0 m 49 s **HR: 154 bpm**

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 147 bpm)

B.P: 180 / 90

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

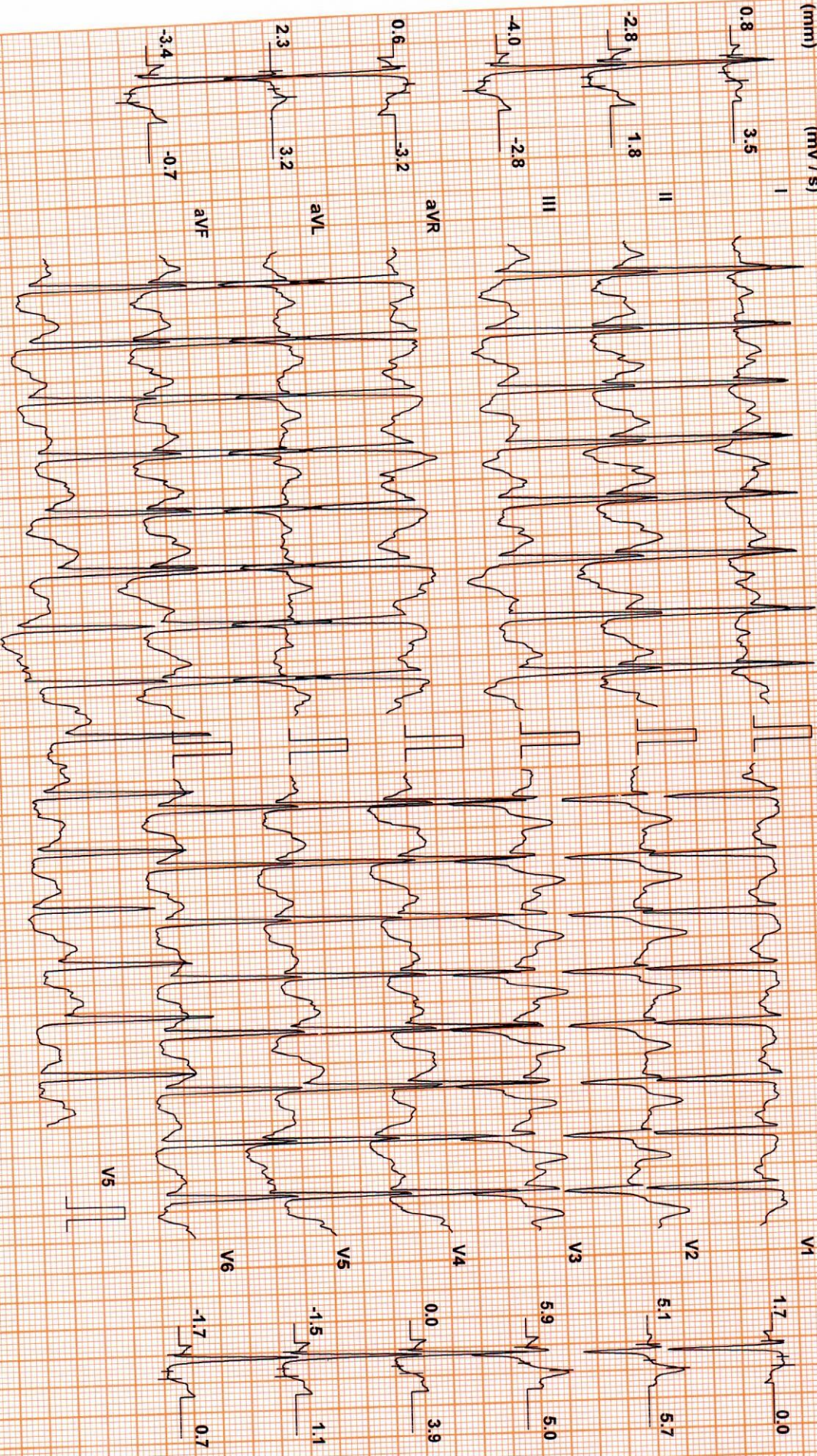


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



GORAKH MARUTI GAWALI (46 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2406922612

Date: 09-Mar-24

Exec Time : 7 m 13 s Stage Time : 1 m 13 s HR: 158 bpm

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 147 bpm)

B.P: 180 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

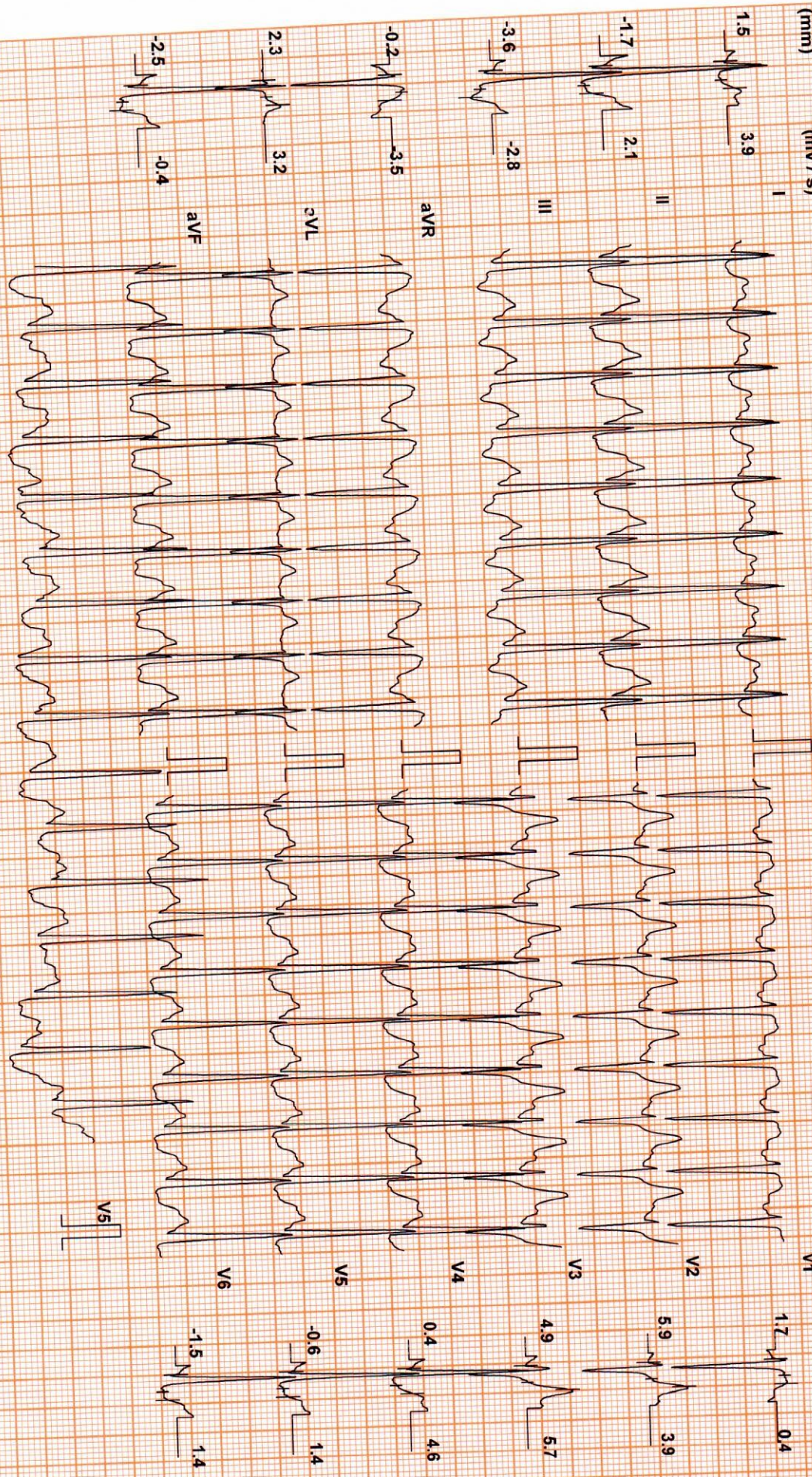


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V 4.7



GORAKH MARUTI GAWALI (46 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2406922512

Date: 09-Mar-24

Exec Time : 7 m 19 s Stage Time : 0 m 54 s **HR: 127 bpm**

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 147 bpm)

B.P: 160 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

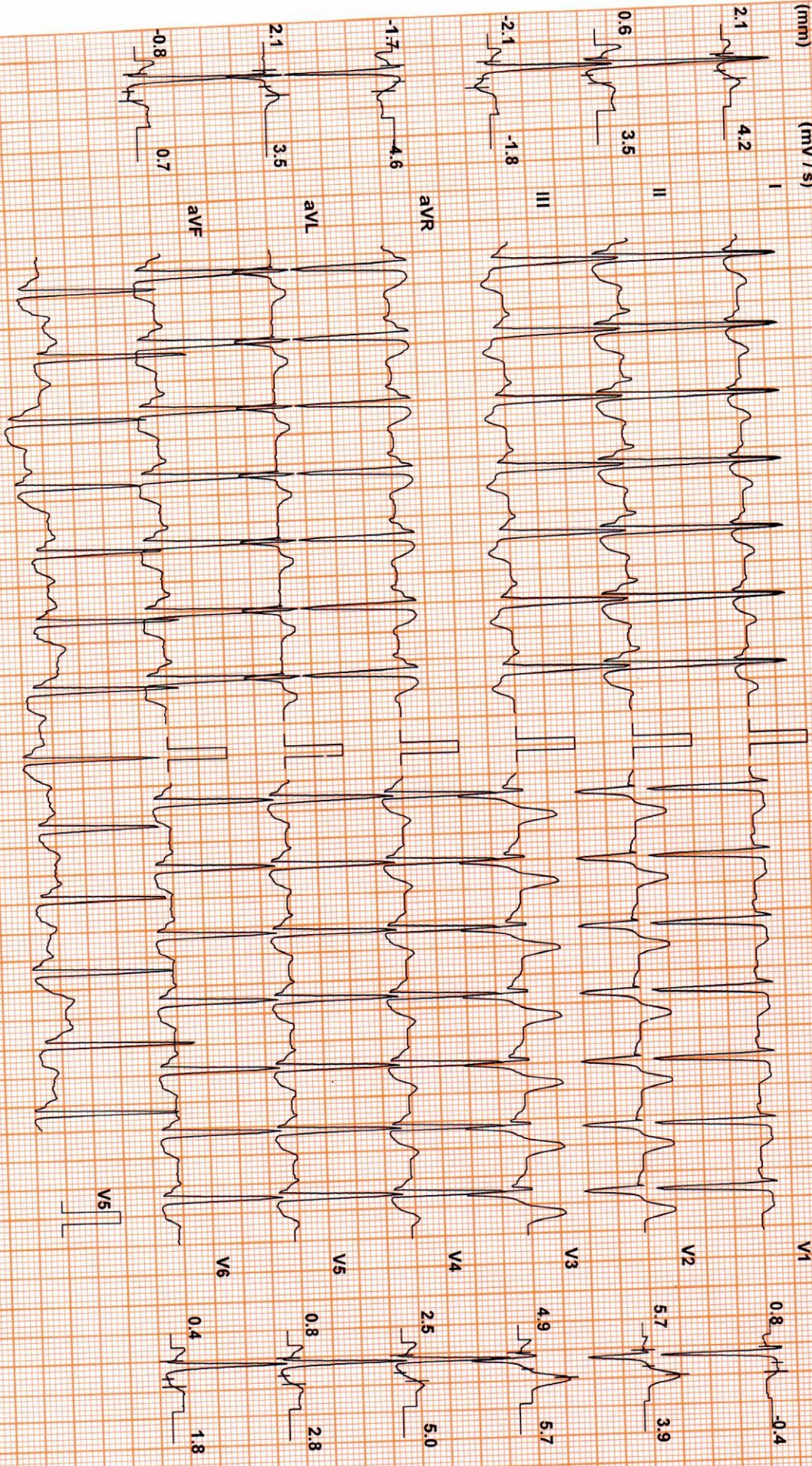


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

GORAKH MARUTI GAWALI (46 M)

ID: 24069225-12

Date: 09-Mar-24

Exec Time : 7 m 19 s

Stage Time : 0 m 54 s

HR: 91 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 147 bpm)

B.P.: 150 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

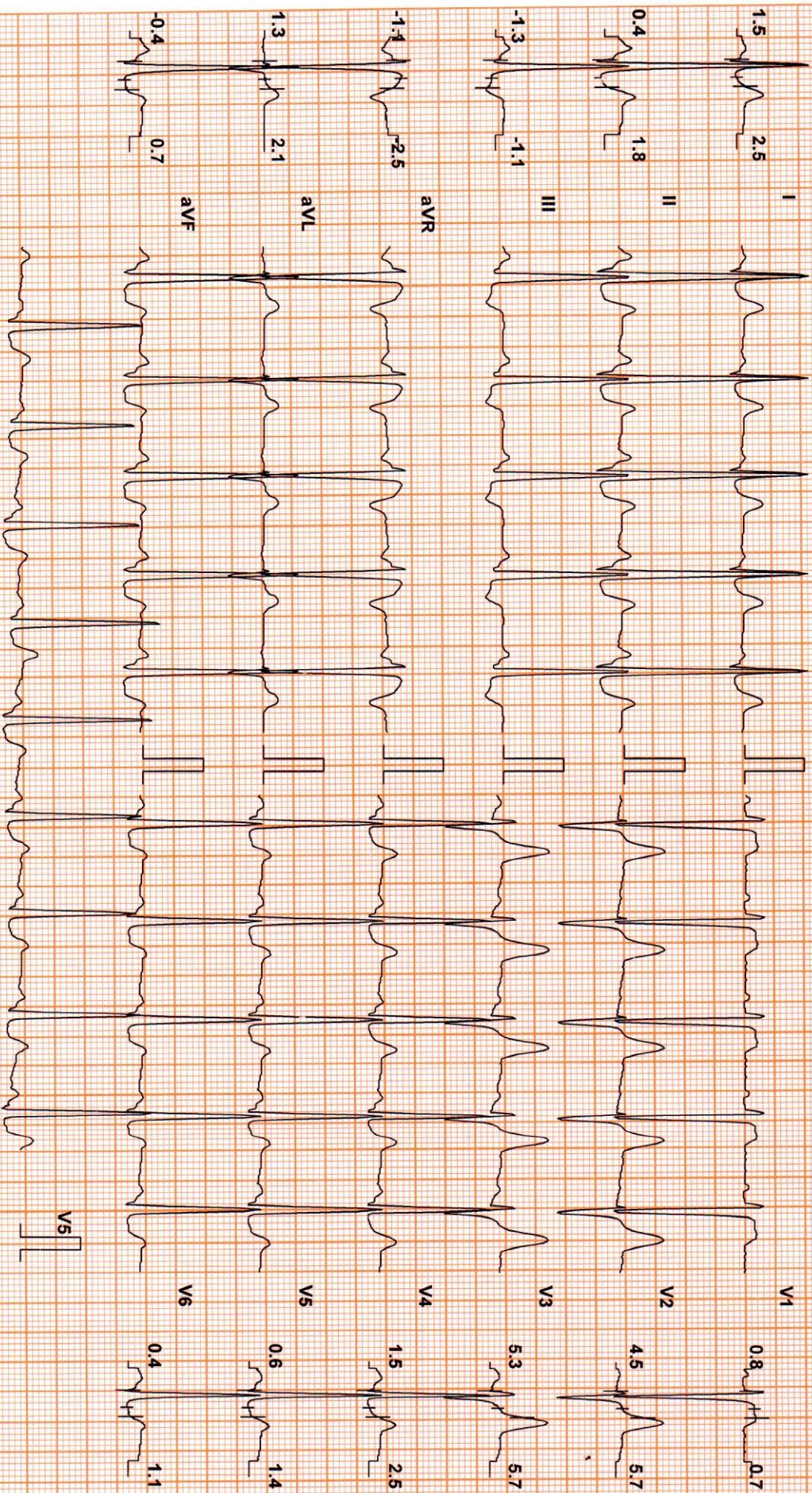


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

GORAKH MARUTI GAWALI (46 M)

ID: 2406922512

Date: 09-Mar-24

Exec Time: 7 m 19 s

Stage Time: 0 m 54 s

HR: 80 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 147 bpm)

B.p.: 140 / 90

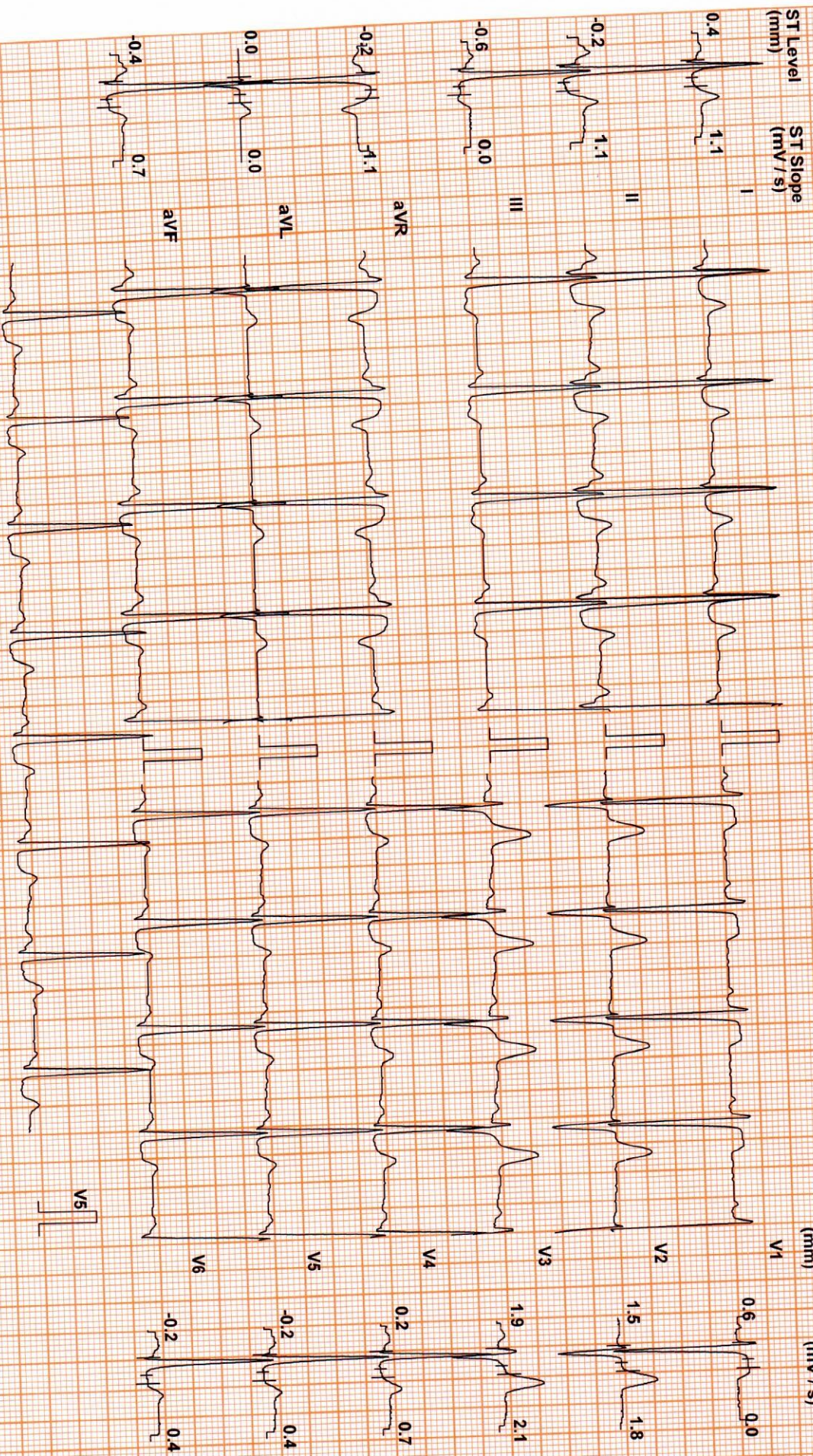


Chart Speed: 25 mm/sec
Schiller Spandau V 4.7

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



GORAKH MARUTI GAWALI (46 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2406922512

Date: 09-Mar-24

Exec Time : 7 m 19 s Stage Time : 0 m 54 s HR: 75 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 147 bpm)

B.P: 140 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

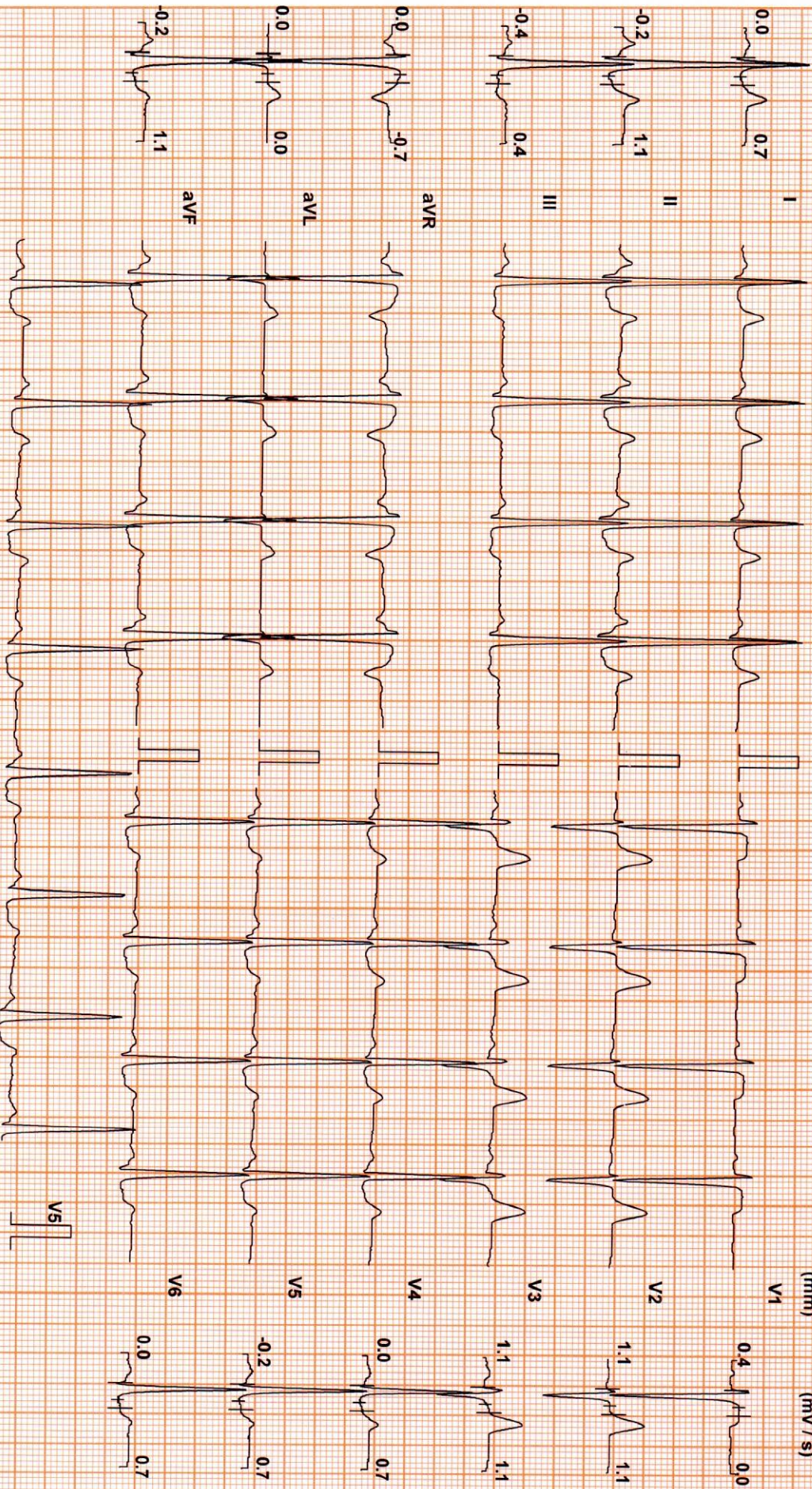


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

GORAKH MARUTI GAWALI (46 M)

ID: 2406922512

Date: 09-Mar-24

Exec Time : 7 m 19 s Stage Time : 0 m 0 s

HR: 72 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 147 bpm)

B.P: 140 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

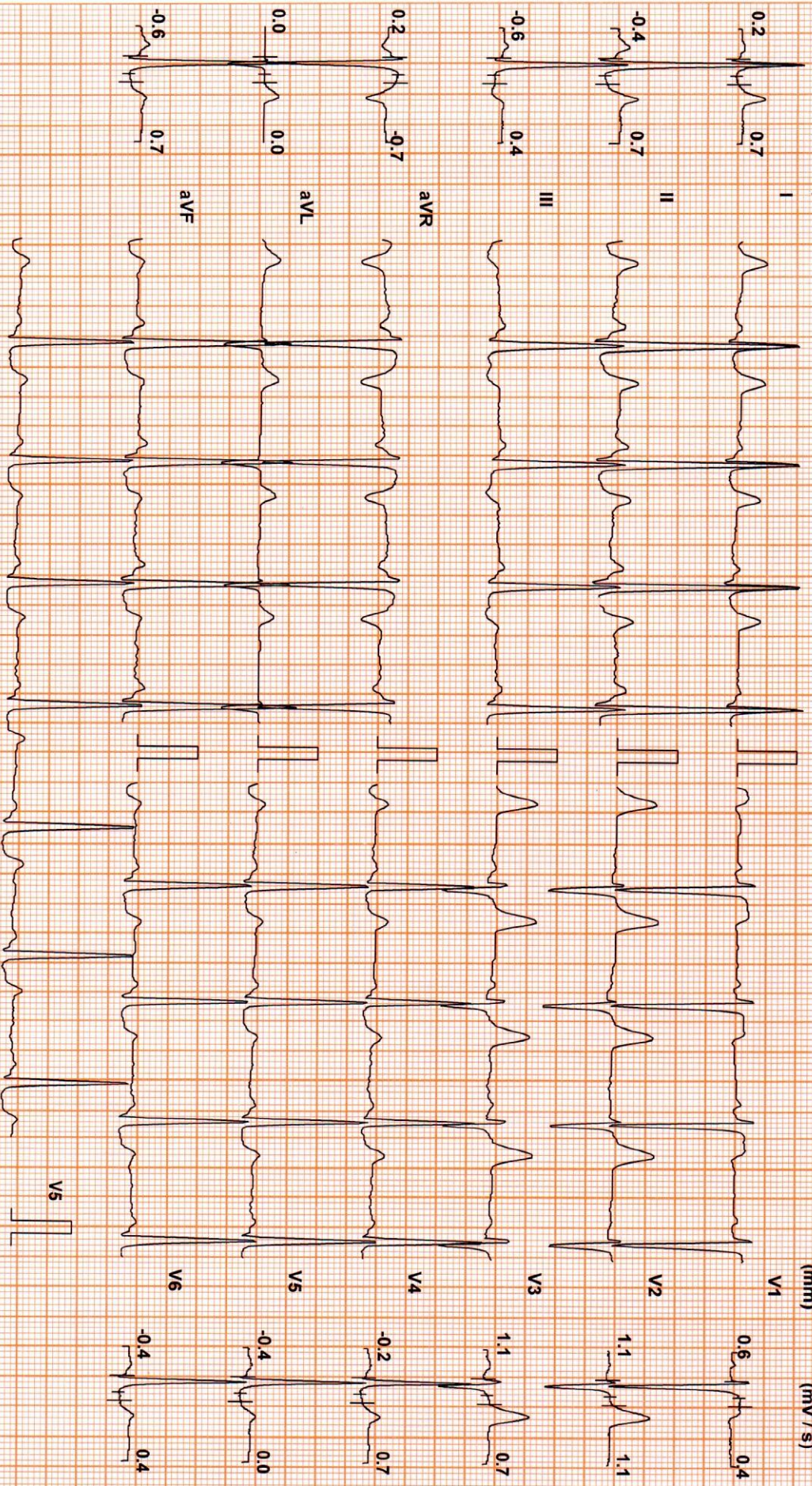


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spanden V 4.7



CID : 2406922512
Name : Mr GORAKH MARUTI GAWALI
Age / Sex : 46 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 09-Mar-2024
Reported : 11-Mar-2024/09:02

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.7cm) and **shows bright echotexture**. 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 lesions seen

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 11.3 x 5.1cm. Left kidney measures 10.8 x 5.0cm.

SPLEEN:

The spleen is normal in size (10.3cm) 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 measuring 4.0 x 3.7 x 3.4cm and volume is 27.6cc.

IMPRESSION:

Grade I fatty liver.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist



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CID : 2406922512
Name : Mr GORAKH MARUTI GAWALI
Age / Sex : 46 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 09-Mar-2024
Reported : 11-Mar-2024/09:02



CID : 2406922512
Name : Mr GORAKH MARUTI GAWALI
Age / Sex : 46 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/13:16

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
M D , DMRE
MMC REG NO. 34078



Use a QR Code Scanner
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CID : 2406922512
Name : Mr GORAKH MARUTI GAWALI
Age / Sex : 46 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/13:16



CID : 2406922512
 Name : MR.GORAKH MARUTI GAWALI
 Age / Gender : 46 Years / Male
 Consulting Dr. : -
 Reg. Location : Andheri West (Main Centre)

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 Reported : 09-Mar-2024 / 13:50

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	16.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.85	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.2	40-50 %	Calculated
MCV	97.3	80-100 fl	Measured
MCH	33.6	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5990	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.9	20-40 %	
Absolute Lymphocytes	2270	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	460	200-1000 /cmm	Calculated
Neutrophils	45.9	40-80 %	
Absolute Neutrophils	2740	2000-7000 /cmm	Calculated
Eosinophils	7.5	1-6 %	
Absolute Eosinophils	450	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	53.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	258000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Measured
PDW	13.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner
Application To Scan the Code

CID : 2406922512
Name : MR.GORAKH MARUTI GAWALI
Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 09-Mar-2024 / 09:47
Reported : 09-Mar-2024 / 12:44

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 **16** 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 CPL, Andheri West

*** End Of Report ***



J. Thakker

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



CID : 2406922512
 Name : MR.GORAKH MARUTI GAWALI
 Age / Gender : 46 Years / Male
 Consulting Dr. : -
 Reg. Location : Andheri West (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

Collected : 09-Mar-2024 / 09:47
 Reported : 09-Mar-2024 / 16:02

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	96.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	122.9	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 CPL, Andheri West
 *** End Of Report ***



J. Thakker

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



CID : 2406922512
 Name : MR.GORAKH MARUTI GAWALI
 Age / Gender : 46 Years / Male
 Consulting Dr. : -
 Reg. Location : Andheri West (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

Collected : 09-Mar-2024 / 09:47
 Reported : 09-Mar-2024 / 13:21

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	12.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	109	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	5.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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



J. Thakker

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



CID : 2406922512
 Name : MR.GORAKH MARUTI GAWALI
 Age / Gender : 46 Years / Male
 Consulting Dr. : -
 Reg. Location : Andheri West (Main Centre)

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Collected : 09-Mar-2024 / 09:47
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

*** End Of Report ***



J. Thakker

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

Authenticity Check



CID : 2406922512
Name : MR.GORAKH MARUTI GAWALI
Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

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Collected : 09-Mar-2024 / 09:47
Reported : 09-Mar-2024 / 14:24

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	0.536	<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 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

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

*** End Of Report ***



Anupa

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



CID : 2406922512
 Name : MR.GORAKH MARUTI GAWALI
 Age / Gender : 46 Years / Male
 Consulting Dr. : -
 Reg. Location : Andheri West (Main Centre)

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Collected : 09-Mar-2024 / 09:47
 Reported : 09-Mar-2024 / 16:04

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	10	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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	Ca-oxalate: Occasional	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

Note : Sample quantity less than 12 ml.



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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 CPL, Andheri West

*** End Of Report ***



J. Thakkar

Dr.Megha More
 M.D. (PATH), DPB
 Pathologist and AVP(Medical
 Services)



CID : 2406922512
 Name : MR.GORAKH MARUTI GAWALI
 Age / Gender : 46 Years / Male
 Consulting Dr. : -
 Reg. Location : Andheri West (Main Centre)

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Collected : 09-Mar-2024 / 09:47
 Reported : 09-Mar-2024 / 14:26

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample has been tested for Bombay group/Bombay phenotype/ OH using anti-H lectin.

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 CPL, Andheri West
 *** End Of Report ***



J. Thakker

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



CID : 2406922512
 Name : MR.GORAKH MARUTI GAWALI
 Age / Gender : 46 Years / Male
 Consulting Dr. : -
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	246.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	135.1	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	45.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	201.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	174.0	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	27.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

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 *** End Of Report ***



J. Thakker

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



CID : 2406922512
Name : MR.GORAKH MARUTI GAWALI
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Consulting Dr. : -
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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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.26	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 transiently altered because 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 CPL, Andheri West

*** End Of Report ***



MC-2111

J. Thakker

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



CID : 2406922512
 Name : MR.GORAKH MARUTI GAWALI
 Age / Gender : 46 Years / Male
 Consulting Dr. : -
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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	0.61	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	31.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	37.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	49.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	99.0	40-130 U/L	Colorimetric

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 *** End Of Report ***



J. Thakker

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