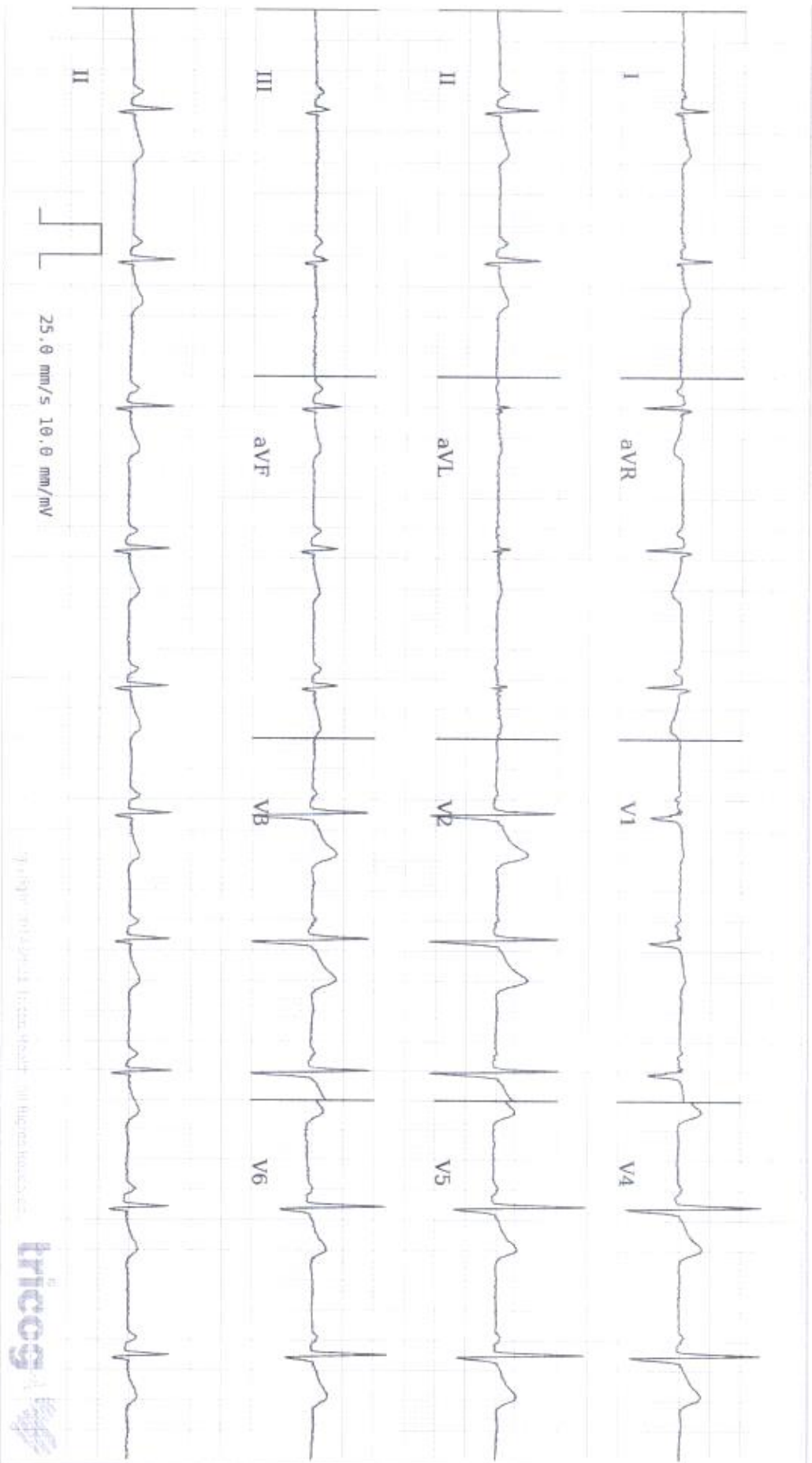


Patient Name: NILESH AGRAWAL
Patient ID: 2304221879

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: 11th Feb 23 9:27 AM



Age **47** 6 17
years months days

Gender **Male**

Heart Rate **65bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 69 kg

Height: 164 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 86ms

QT: 406ms

QTc: 422ms

PR: 128ms

P-R-T: 72° 38° 47°



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

REPORTED BY

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Plot No. 3, Aaragan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 617008660

DR ANSHU PARULKAR
MBBS, MD, MEDICINE, DM Cardiology
Cardiologist
2017082483

Disclaimer: All Analyses in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other markers and non-invasive tests and must be interpreted by a qualified physician. All future visits are as directed by the clinician and not derived from the ECG.

DENTAL CHECK - UP

Name:- *Nilesh Agarwal*

CID: 2304271879 Sex / Age: F / 47

Occupation:-

Date: 11/02/2023

Chief complaints:- *NO complaints*

Medical / dental history:- *Multiple RCT & crown*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Generalized soft & hard tissue loss*
- b) Hard Tissue Examination: *T6 missing*
- c) Calculus: *+*
- Stains: *+*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Missing # Fractured
 Filled/Restored RCT Root Canal Treatment
 Cavity/Caries RP Root Piece

Advised: *a) Scaling & Polishing [cleaning]*

Provisional Diagnosis:-

Periodontitis

DR. BHUMIK PATEL
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD. (P.D.C.) A - 23078
New House No. 2, Vastu, an,
Thakur Vihar, Kharwest (W),
Mumbai - 400101.
Tel : 61700960

Dr. Bhumik Patel
[Signature]

Date:- 11/2/23

CID: 2304221879

Name:- Mr. Nitesh Agarwal

Sex/Age: m/47

EYE CHECK UP

Chief complaints: Routine check

Systemic Diseases: no hb st

Past history: no hb Diabetes x/long

hlog
 ↙ +1.50

Unaided Vision: 6/6blwr 6/9blwr

Aided Vision: N/6blwr N/6blwr

Refraction:

ECMs: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	0.25	—	—	6/6	0.50	—	—	6/6
Near	1.75	—	—	N/6	2.00	—	—	N/6

Colour Vision: Normal / Abnormal

Remark: No within normal limit
 Adv. progressive glass r ARB

Kajal H.

KAJAL NAGRECHA
 OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aapasa,
 Bhaktar Vinayak Mandivalli (East),
 Mumbai - 400101.
 Tel: 61700880

Authenticity Check



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Application To Scan the Code

CID : 2304221879
Name : Mr NILESH AGRAWAL
Age / Sex : 47 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 11-Feb-2023
Reported : 11-Feb-2023 / 9:57

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows **bright** parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

Multiple calculi are noted , largest measuring 4.7mm at lower pole of right kidney.

Multiple calculi are noted , largest measuring 5 mm at upper pole of left kidney

No evidence of hydronephrosis or mass lesion seen.

Right kidney measures 9.3 x 4.2 cm. Left kidney measures 9.5 x 5.0 cm.

SPLEEN:

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

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size and volume is 20 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021108480895>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

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

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

Corporate Identity Number (CIN): U85110MH2002PTC136144

Authenticity Check



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CID : 2304221879
Name : Mr NILESH AGRAWAL
Age / Sex : 47 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 11-Feb-2023
Reported : 11-Feb-2023 / 9:57

IMPRESSION:

Grade I fatty liver.
Bilateral renal calculi

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Khilji Faizur

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

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021108480895>

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Corporate Identity Number (CIN): U85110MH2002PTC136144

PATIENT NAME : MR NILESH AGRAWAL	SEX : MALE
REFERRED BY :	AGE : 47 YEARS
CID NO : 2304221879	DATE : 11/02/2023

2D & M-MODE ECHOCARDIOGRAM REPORT

MITRAL VALVE: has thin leaflets with normal subvalvar motion.
No mitral regurgitation.

AORTIC VALVE : has three thin leaflets with normal opening
No aortic regurgitation.

LEFT VENTRICLE : is normal , has normal wall thickness , No regional wall motion abnormality .
Normal LV systolic contractions. EF - 60%.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: normal in size.

TRICUSPID VALVE & PULMONARY VALVES : normal.
NO TR / PH.

No pericardial effusion.

IMP : **Normal LV systolic function. EF-60%.**
Normal other chambers and valves.
No regional wall motion abnormality/ scar.
No clot / vegetation / thrombus / pericardial effusion.

M- MODE :

LA (mm)	22
AORTA (mm)	20
LVDD (mm)	37
LVSD (mm)	24
IVSD (mm)	9
PWD (mm)	9
EF	60%
E/A	1.2



DR AKHIL PARULEKAR
DNB CARDIOLOGIST
REG. NO 2012082483



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Application To Scan the Code

CID : 2304221879
Name : Mr NILESH AGRAWAL
Age / Sex : 47 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 11-Feb-2023
Reported : 11-Feb-2023 / 14:34

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-----

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Khilji Faizur

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021108480881>

CID# : 2304221879

Name : MR.NILESH AGRAWAL

Age / Gender : 47 Years/Male

Consulting Dr. :

Collected : 11-Feb-2023 / 08:47

Reg.Location : Kandivali East (Main Centre)

Reported : 12-Feb-2023 / 09:43

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 164 cms

Temp (0c): Afebrile

Blood Pressure (mm/hg): 110/70

Pulse: 78/min

Weight (kg): 69 kgs

Skin: Normal

Nails: Normal

Lymph Node: Not Palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

*Uses - fatty liver
R1 renal calculus*

ADVICE:

*- low fatty diet
- urologist/surgical opinion*

CID# : 2304221879

Name : MR.NILESH AGRAWAL

Age / Gender : 47 Years/Male

Consulting Dr. :

Collected : 11-Feb-2023 / 08:47

Reg.Location : Kandivali East (Main Centre)

Reported : 12-Feb-2023 / 09:43

CHIEF COMPLAINTS:

- | | |
|--|-------------------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | Lithotripsy -2013 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

*** End Of Report ***

Dr. Jagruti Dhal
MBI

Consultant Physician
Reg. No. 69543

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House, 2nd Floor, Thakur,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700960



CID : 2304221879
Name : MR.NILESH AGRAWAL
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 12:27

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.05	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.8	40-50 %	Measured
MCV	93	80-100 fl	Calculated
MCH	30.3	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5540	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.5	20-40 %	
Absolute Lymphocytes	1966.7	1000-3000 /cmm	Calculated
Monocytes	9.5	2-10 %	
Absolute Monocytes	526.3	200-1000 /cmm	Calculated
Neutrophils	52.5	40-80 %	
Absolute Neutrophils	2908.5	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	105.3	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	33.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	252000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	15.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



CID : 2304221879
Name : MR.NILESH AGRAWAL
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Reported : 11-Feb-2023 / 12:06

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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation

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



Bmhasakar

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



CID : 2304221879
Name : MR.NILESH AGRAWAL
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 15:39

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



MC-2111



Bmhasakar

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



CID : 2304221879
Name : MR.NILESH AGRAWAL
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 16:41

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	26.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	1.03	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	82	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.6	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.1	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	140	136-145 mmol/l	IMT
POTASSIUM, Serum	4.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	104	98-107 mmol/l	IMT

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



Dr. Vrushi Shroff

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



CID : 2304221879
Name : MR.NILESH AGRAWAL
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner
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Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 18:14

**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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 SDRL, Vidyavihar Lab

*** End Of Report ***



J. Thakker

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



CID : 2304221879
Name : MR.NILESH AGRAWAL
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 16:48

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	1.142	<4.0 ng/ml	CLIA

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, 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 parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

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 : 2304221879
Name : MR.NILESH AGRAWAL
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 17:13

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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

*** End Of Report ***



MC-2111



Bmhasakar

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



CID : 2304221879
Name : MR.NILESH AGRAWAL
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 15:43

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

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

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

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



Dr. Vrushi Shroff
Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2304221879
Name : MR.NILESH AGRAWAL
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:50
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	166.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	78.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	38.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	128.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.3	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	15.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.806	0.55-4.78 microIU/ml	CLIA

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)



Anupa

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.63	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.41	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	19.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	17.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	19.6	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	91.2	46-116 U/L	Modified IFCC

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