SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2405000586		
Name	: MR.BIRANCHI NARAYAN PATTNAIK		
Age / Gender	: 44 Years / Male		
Consulting Dr.	: -	**Collected**	: 19-Feb-2024 / 08:57
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 19-Feb-2024 / 17:05

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	**5.80**	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.4	40-50 %	Calculated
MCV	81.6	81-101 fl	Measured
MCH	**26.9**	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	**14.9**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8120	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	34.8	20-40 %	
Absolute Lymphocytes	2810	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	670	200-1000 /cmm	Calculated
Neutrophils	53.2	40-80 %	
Absolute Neutrophils	4310	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	250	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	50	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	278000	150000-410000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Measured
PDW	14.1	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

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Consulting Dr.	: -	**Collected**	: 19-Feb-2024 / 08:57
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 19-Feb-2024 / 17:12

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

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 SDRL, Vidyavihar Lab

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ilac-MRA

MC-5460

Dr.TRUPTI SHETTY
M. D. (PATH)
Pathologist

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Age / Gender	: 44 Years / Male		
Consulting Dr.	: -	**Collected**	: 19-Feb-2024 / 12:59
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 19-Feb-2024 / 19:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	82.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	73.0	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	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

*** End Of Report ***

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MC-5460

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

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 19-Feb-2024 / 16:52

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

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	22.0	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	1.09	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

eGFR, Serum	**86**	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

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

TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	7.2	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.8	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.7	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	139	136-145 mmol/l	IMT
POTASSIUM, Serum	5.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	103	98-107 mmol/l	IMT

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

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MC-5460

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

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

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	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.

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MC-5460

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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	0.60	<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, 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

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

*** End Of Report ***

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MC-5460

Dr.TRUPTI SHETTY
M. D. (PATH)
Pathologist

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 19-Feb-2024 / 14:33

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

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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

*** End Of Report ***

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MC-6201

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

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 19-Feb-2024 / 14:28

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

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
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 ***

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MC-5460

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Pathologist

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	183.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	125.0	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	**29.6**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	**153.5**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**128.5**	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	25.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	**6.2**	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	**4.3**	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	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.257	0.55-4.78 microIU/ml mIU/ml	CLIA

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2405000586		
Name	: MR.BIRANCHI NARAYAN PATTNAIK		
Age / Gender	: 44 Years / Male		
Consulting Dr.	: -	**Collected**	: 19-Feb-2024 / 08:57
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 19-Feb-2024 / 16:33

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 SDRL, Vidyavihar Lab

*** End Of Report ***

ilac-MRA
MC-5460

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

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REPORT

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Name	: MR.BIRANCHI NARAYAN PATTNAIK		
Age / Gender	: 44 Years / Male		
Consulting Dr.	: -	**Collected**	: 19-Feb-2024 / 08:57
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 19-Feb-2024 / 16:52

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.53	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.35	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	29.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	33.0	10-49 U/L	Modified IFCC
GAMMA GT, Serum	26.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	78.6	46-116 U/L	Modified IFCC

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

*** End Of Report ***

ilac-MRA

MC-5460

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

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID# : 2405000586
Name : MR.BIRANCHI NARAYAN PATTNAIK
Age / Gender : 44 Years/Male
Consulting Dr. :
Reg.Location : Kandivali East (Main Centre)
Collected : 19-Feb-2024 / 08:54
Reported : 20-Feb-2024 / 09:13

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	174 cms	**Weight (kg):**	101 kgs
Temp (0c):	Afebrile	**Skin:**	Normal
Blood Pressure (mm/hg):	130/80	**Nails:**	Normal
Pulse:	72/min	**Lymph Node:**	Not Palpable

Systems

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

Overweight
- WBMC - 5.87.
- Dyslipidemia
USG - - Excessive Basal gas
- Hepatomegaly c gr II fatty liver

ADVICE:

- Low fatty / diet
- Carbo
- Reduce weight
- Diabetologist opinion

CHIEF COMPLAINTS:

1)	**Hypertension:**	No
2)	**IHD**	No

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID# : 2405000586
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Age / Gender : 44 Years/Male
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Reg.Location : Kandivali East (Main Centre)
Collected : 19-Feb-2024 / 08:54
Reported : 20-Feb-2024 / 09:13

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**	No
17)	**Musculoskeletal System**	No

PERSONAL HISTORY:

1)	**Alcohol**	No
2)	**Smoking**	No
3)	**Diet**	Mix
4)	**Medication**	No

*** End Of Report ***

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

Dr.JAGRUTI DHALE

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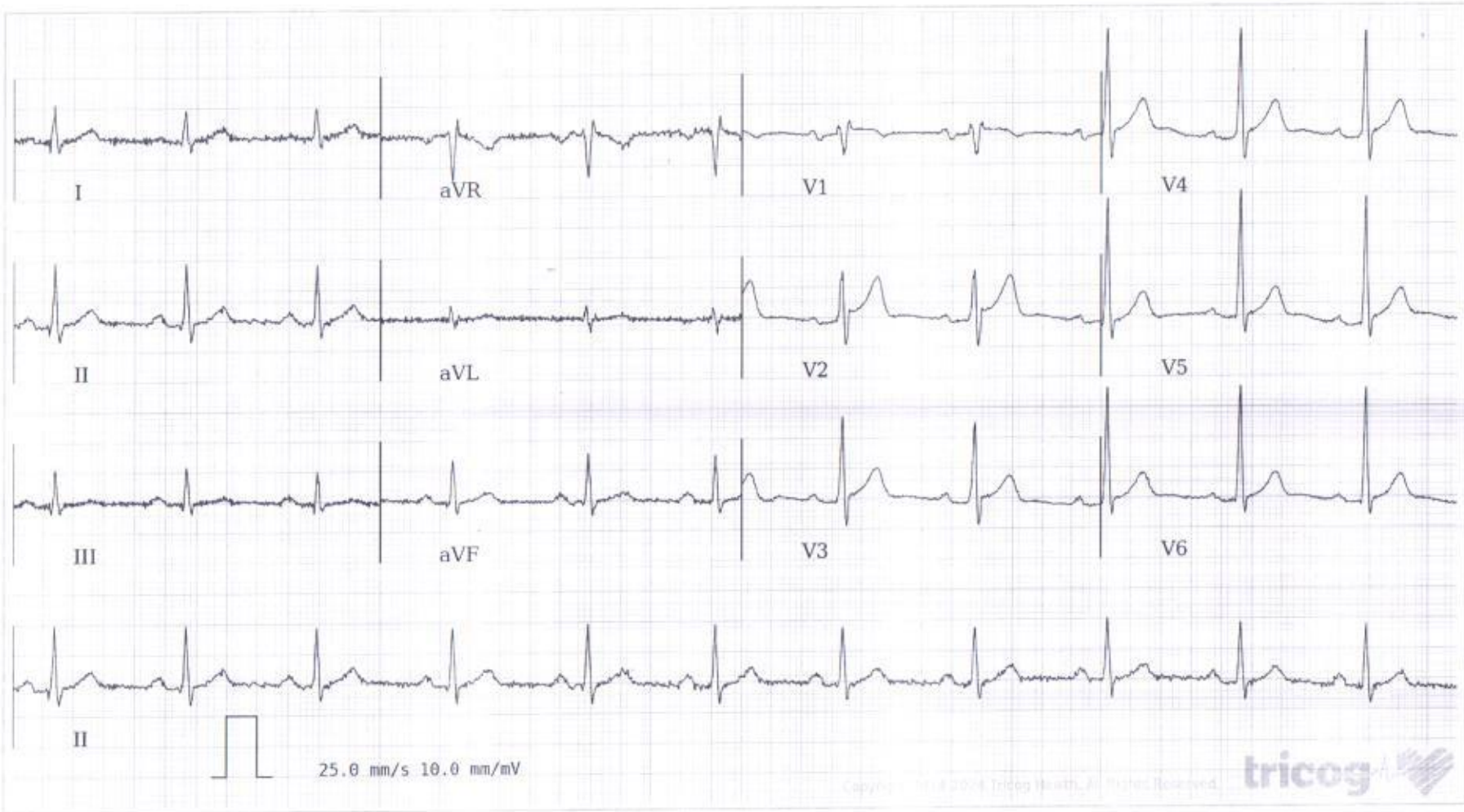
Mumbai - 400101.
Tel : 61700000

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: BIRANCHI NARAYAN PATTNAIK Date and Time: 19th Feb 24 10:36 AM
Patient ID: 2405000586



Age 44 years NA months
Gender Male
Heart Rate 69bpm

Patient Vitals

BP:	130/80 mmH
Weight:	101 kg
Height:	174 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	90ms
QT:	372ms
QTcB:	398ms
PR:	194ms
P-R-T:	66° 64° 47°

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

REPORTED BY

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

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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REPORT

CID	: 2405000586		
Name	: Mr BIRANCHI NARAYAN PATTNAIK		
Age / Sex	: 44 Years/Male		
Ref. Dr	:	Reg. Date	: 19-Feb-2024
Reg. Location	: Kandivali East Main Centre	Reported	: 19-Feb-2024 / 13:22

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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

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REPORT

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Name	: Mr BIRANCHI NARAYAN PATTNAIK		
Age / Sex	: 44 Years/Male		
Ref. Dr	:	Reg. Date	: 19-Feb-2024
Reg. Location	: Kandivali East Main Centre	Reported	: 19-Feb-2024 / 9:49

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS NOTED.

LIVER: **The liver is enlarged in size (16.5 cm)**, normal in 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 measures 12 mm and CBD measures 3.2 mm appears normal.

GALL BLADDER: The gall bladder appears normal.No evidence of gall stones or mass lesions seen

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

KIDNEYS: Right kidney measures 11.5 x 5.5 cm. Left kidney measures 11.8 x 5.3 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus,hydronephrosis or mass lesion seen.

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

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

PROSTATE: The prostate is normal in size and measures 4.4 x 3.3 x 3.0 cm volume is 21 cc.

IMPRESSION:

EXCESSIVE BOWEL GAS.

HEPATOMEGALY WITH GRADE II FATTY LIVER.

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

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

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PATIENT NAME : Mr BIRANCHI NARAYAN PATTNAIK		SEX : MALE
REFERRED BY : Arcofemi Healthcare Limited		AGE :44 YEARS
CID NO : 2405000586		DATE : 19/02/2024

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)	26
AORTA (mm)	22
LVDD (mm)	38
LVSD (mm)	24
IVSD (mm)	10
PWD (mm)	10
EF	60%
E/A	1.4

DR AKHIL PARULEKAR
DNB CARDIOLOGIST
REG. NO 2012082483

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 19/2/24 CID: 240500058

Name:- Biranchi Pattnaik Sex/Age: 44/M

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

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

Refraction:

(Right Eye) (Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: ~~Normal~~ / Abnormal

Remark: Normal

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