

**PHYSICAL EXAMINATION REPORT**

|              |                   |          |        |
|--------------|-------------------|----------|--------|
| Patient Name | Poojig R. Bansode | Sex/Age  | M / 41 |
| Date         | 20/03/2024        | Location | Thane  |

**History and Complaints**

C/O - DM, Psoriasis  
since 7 yrs.

**EXAMINATION FINDINGS:**

|                |         |             |                     |
|----------------|---------|-------------|---------------------|
| Height (cms):  | - 160   | Temp (0c):  |                     |
| Weight (kg):   | - 66    | Skin:       | Psoriatic Patches ⊕ |
| Blood Pressure | 150/100 | Nails:      |                     |
| Pulse          | 76/min  | Lymph Node: | NAD.                |

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

NAD

↑ B.P., ↓ Hb, BSL (F) ↑↑ HbA1c  
PP (Diabetic)

Urine - 3+ Glucose.

↑ Chol, ↓ HDL, ↑ LDL, ↑ Non HDL.

SIUS, Tachycardia, Fatty Liver.  
LVH

Monitor B.P.

Advice:

Iron supplement, Low Fat, Low sugar Diet

Reg. Exercise.

Physician's consultation for control of DM.

|     |                                      |            |
|-----|--------------------------------------|------------|
| 1)  | Hypertension:                        | Nil        |
| 2)  | IHD                                  | Nil        |
| 3)  | Arrhythmia                           |            |
| 4)  | Diabetes Mellitus                    | Yes (cyst) |
| 5)  | Tuberculosis                         |            |
| 6)  | Asthma                               |            |
| 7)  | Pulmonary Disease                    |            |
| 8)  | Thyroid/ Endocrine disorders         | Nil        |
| 9)  | Nervous disorders                    |            |
| 10) | GI system                            |            |
| 11) | Genital urinary disorder             |            |
| 12) | Rheumatic joint diseases or symptoms |            |
| 13) | Blood disease or disorder            |            |
| 14) | Cancer/lump growth/cyst              |            |
| 15) | Congenital disease                   | Nil        |
| 16) | Surgeries                            |            |
| 17) | Musculoskeletal System               |            |

PERSONAL HISTORY:

|    |            |   |
|----|------------|---|
| 1) | Alcohol    | - NO  |
| 2) | Smoking    | - NO  |
| 3) | Diet       | - Mixed   |
| 4) | Medication | - Tab. Glycomet GL3<br>Tab. Tofatus<br>Tab. Glyciphage. |

**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439  
21/3/24

Date:- 20/12/24

CID: 240800890

Name:- Purn. Raval  
Bursade

Sex / Age: M-41

EYE CHECK UP

Chief complaints: RW

Systemic Diseases: HTN

Past history: All.

Unaided Vision: 6/6 4/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

|          | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance |     |     |      |    |     |     |      |    |
| Near     |     |     |      |    |     |     |      |    |

Colour Vision: Normal / Abnormal

Remark: use con Specs

MR. PRAKASH KUDVA  
SR. OPTOMETRIST





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CID : 2408008967  
Name : MR. BANSODE PRAVIN RAJARAM  
Age / Gender : 41 Years / Male  
Consulting Dr. : -  
Reg. Location : G-B Road, Thane West (Main Centre)

Collected : 20-Mar-2024 / 08:42  
Reported : 20-Mar-2024 / 12:16

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

**CBC (Complete Blood Count), Blood**

| PARAMETER   | RESULTS | BIOLOGICAL REF RANGE | METHOD             |
|---|---------|----------------------|--------------------|
| <b>RBC PARAMETERS</b>   |         |                      |                    |
| Haemoglobin   | 12.1    | 13.0-17.0 g/dL       | Spectrophotometric |
| RBC   | 5.75    | 4.5-5.5 mil/cmm      | Elect. Impedance   |
| PCV   | 39.6    | 40-50 %              | Measured           |
| MCV   | 68.9    | 80-100 fl            | Calculated         |
| MCH   | 21.0    | 27-32 pg             | Calculated         |
| MCHC  | 30.4    | 31.5-34.5 g/dL       | Calculated         |
| RDW   | 17.2    | 11.6-14.0 %          | Calculated         |
| <b>WBC PARAMETERS</b>   |         |                      |                    |
| WBC Total Count   | 6570    | 4000-10000 /cmm      | Elect. Impedance   |
| <b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>                         |         |                      |                    |
| Lymphocytes   | 25.1    | 20-40 %              |                    |
| Absolute Lymphocytes  | 1649.1  | 1000-3000 /cmm       | Calculated         |
| Monocytes   | 9.3     | 2-10 %               |                    |
| Absolute Monocytes  | 611.0   | 200-1000 /cmm        | Calculated         |
| Neutrophils   | 64.5    | 40-80 %              |                    |
| Absolute Neutrophils  | 4237.6  | 2000-7000 /cmm       | Calculated         |
| Eosinophils   | 0.8     | 1-6 %                |                    |
| Absolute Eosinophils  | 52.6    | 20-500 /cmm          | Calculated         |
| Basophils   | 0.3     | 0.1-2 %              |                    |
| Absolute Basophils  | 19.7    | 20-100 /cmm          | Calculated         |
| Immature Leukocytes   | -       |                      |                    |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. |         |                      |                    |
| <b>PLATELET PARAMETERS</b>  |         |                      |                    |
| Platelet Count  | 419000  | 150000-400000 /cmm   | Elect. Impedance   |
| MPV   | 8.8     | 6-11 fl              | Calculated         |
| PDW   | 11.5    | 11-18 %              | Calculated         |
| <b>RBC MORPHOLOGY</b>   |         |                      |                    |
| Hypochromia   | +       |                      |                    |
| Microcytosis  | +       |                      |                    |





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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

Dr. IMRAN MUJAWAR  
MD ( Path )  
Pathologist



Authenticity Check



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Collected : 20-Mar-2024 / 12:26  
Reported : 20-Mar-2024 / 15:32

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

| PARAMETER                                | RESULTS | BIOLOGICAL REF RANGE   | METHOD     |
|--|---------|--|------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 187.8   | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >= 126 mg/dl   | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 341.7   | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >= 200 mg/dl | Hexokinase |
| Urine Sugar (Fasting)                    | +++     | Absent   |            |
| Urine Ketones (Fasting)                  | Absent  | Absent   |            |
| Urine Sugar (PP)                         | +++     | Absent   |            |
| Urine Ketones (PP)                       | Absent  | Absent   |            |

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
MD (Path)  
Pathologist



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Collected : 20-Mar-2024 / 08:42  
Reported : 20-Mar-2024 / 12:11

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

| PARAMETER             | RESULTS | BIOLOGICAL REF RANGE  | METHOD             |
|-----------------------|---------|---|--------------------|
| BLOOD UREA, Serum     | 22.0    | 12.8-42.8 mg/dl   | Urease & GLDH      |
| BUN, Serum            | 10.3    | 6-20 mg/dl  | Calculated         |
| CREATININE, Serum     | 0.76    | 0.67-1.17 mg/dl   | Enzymatic          |
| eGFR, Serum           | 116     | (ml/min/1.73sqm)<br>Normal or High: Above 90<br>Mild decrease: 60-89<br>Mild to moderate decrease: 45-59<br>Moderate to severe decrease: 30-44<br>Severe decrease: 15-29<br>Kidney failure: <15 | Calculated         |
| TOTAL PROTEINS, Serum | 7.7     | 6.4-8.3 g/dL  | Biuret             |
| ALBUMIN, Serum        | 5.0     | 3.5-5.2 g/dL  | BCG                |
| GLOBULIN, Serum       | 2.7     | 2.3-3.5 g/dL  | Calculated         |
| AVG RATIO, Serum      | 1.9     | 1 - 2   | Calculated         |
| URIC ACID, Serum      | 3.1     | 3.5-7.2 mg/dl   | Uricase            |
| PHOSPHORUS, Serum     | 4.2     | 2.7-4.5 mg/dl   | Ammonium molybdate |
| CALCIUM, Serum        | 9.9     | 8.6-10.0 mg/dl  | N-BAPTA            |
| SODIUM, Serum         | 137     | 135-148 mmol/l  | ISE                |
| POTASSIUM, Serum      | 4.9     | 3.5-5.3 mmol/l  | ISE                |
| CHLORIDE, Serum       | 102     | 98-107 mmol/l   | ISE                |

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*Imran Mujawar*  
Dr. IMRAN MUJAWAR  
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 | 11.5    | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 283.4   | mg/dl   | Calculated |

Kindly correlate clinically.

**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 G-B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
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Pathologist



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Collected : 20-Mar-2024 / 08:42  
Reported : 20-Mar-2024 / 12:48

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|------------------|----------------|-----------------------------|---------------|
| TOTAL PSA, Serum | 0.516          | <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 (stomach 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- $\alpha$ -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.

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 SORL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



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





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Collected : 20-Mar-2024 / 08:42  
Reported : 20-Mar-2024 / 13:00

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

| PARAMETER                      | RESULTS      | BIOLOGICAL REF RANGE | METHOD             |
|--------------------------------|--------------|----------------------|--------------------|
| <b>PHYSICAL EXAMINATION</b>    |              |                      |                    |
| Color                          | Pale yellow  | Pale Yellow          | -                  |
| Reaction (pH)                  | Acidic (6.0) | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity               | 1.020        | 1.010-1.030          | Chemical Indicator |
| Transparency                   | Clear        | Clear                | -                  |
| Volume (ml)                    | 40           | -                    | -                  |
| <b>CHEMICAL EXAMINATION</b>    |              |                      |                    |
| Proteins                       | Absent       | Absent               | pH Indicator       |
| Glucose                        | 3+           | 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        |
| <b>MICROSCOPIC EXAMINATION</b> |              |                      |                    |
| Leukocytes(Pus cells)/hpf      | 2-3          | 0-5/hpf              |                    |
| Red Blood Cells / hpf          | Absent       | 0-2/hpf              |                    |
| Epithelial Cells / hpf         | 2-3          |                      |                    |
| 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 G B Road Lab, Thane West.

\*\*\* End Of Report \*\*\*

*Imjowar*

**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist



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Reported : 20-Mar-2024 / 14:03

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

| PARAMETER | RESULTS  |
|-----------|----------|
| ABO GROUP | B        |
| Rh TYPING | Positive |

NOTE: Test performed by Semi-automated column agglutination technology (CAT)

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 flocculins 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 Harmering, 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

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

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                                   |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum               | 202.0   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD                                 |
| TRIGLYCERIDES, Serum             | 141.6   | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high: >/=500 mg/dl                                    | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 30.6    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 171.4   | Desirable: <130 mg/dl<br>Borderline-high: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                 | Calculated                               |
| LDL CHOLESTEROL, Serum           | 143.0   | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                               |
| VLDL CHOLESTEROL, Serum          | 28.4    | < / = 30 mg/dl  | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 6.6     | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 4.7     | 0-3.5 Ratio   | Calculated                               |

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2024 / 08:42  
Reported : 20-Mar-2024 / 14:04

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

| PARAMETER           | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---------------------|---------|----------------------|--------|
| Free T3, Serum      | 4.6     | 3.5-6.5 pmol/L       | ECLIA  |
| Free T4, Serum      | 19.7    | 11.5-22.7 pmol/L     | ECLIA  |
| sensitiveTSH, Serum | 1.79    | 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 upto 15 microU/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 trauma, 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 200%. 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 at least 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.Koulour 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 G B Road Lab, Thane West.  
\*\*\* End Of Report \*\*\*

**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2408008967  
Name : MR. BANSODE PRAVIN RAJARAM  
Age / Gender : 41 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2024 / 08:42  
Reported : 20-Mar-2024 / 12:11

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

| PARAMETER                   | RESULTS | BIOLOGICAL REF RANGE | METHOD                                      |
|-----------------------------|---------|----------------------|---|
| BILIRUBIN (TOTAL), Serum    | 0.49    | 0.1-1.2 mg/dl        | Diazo                                       |
| BILIRUBIN (DIRECT), Serum   | 0.21    | 0-0.3 mg/dl          | Diazo                                       |
| BILIRUBIN (INDIRECT), Serum | 0.28    | 0.1-1.0 mg/dl        | Calculated                                  |
| TOTAL PROTEINS, Serum       | 7.7     | 6.4-8.3 g/dL         | Biuret                                      |
| ALBUMIN, Serum              | 5.0     | 3.5-5.2 g/dL         | BCG   |
| GLOBULIN, Serum             | 2.7     | 2.3-3.5 g/dL         | Calculated                                  |
| AVG RATIO, Serum            | 1.9     | 1 - 2                | Calculated                                  |
| SGOT (AST), Serum           | 11.1    | 5-40 U/L             | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum           | 15.5    | 5-45 U/L             | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum             | 20.9    | 3-60 U/L             | IFCC  |
| ALKALINE PHOSPHATASE, Serum | 64.1    | 40-130 U/L           | PNPP  |

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West.  
\*\*\* End Of Report \*\*\*

*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





Authenticity Check



Use a QR Code Scanner  
Application to Scan the QR Code

CID : 2408008967  
Name : Mr BANSODE PRAVIN RAJARAM  
Age / Sex : 41 Years/Male  
Ref. Dr :  
Reg. Date : 20-Mar-2024  
Reg. Location : G B Road, Thane West Main Centre  
Reported : 20-Mar-2024 / 15:45

**X-RAY CHEST PA VIEW**

Rotation+

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 Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024032008380989>



CID : 2408008967  
Name : Mr BANSODE PRAVIN RAJARAM  
Age / Sex : 41 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 20-Mar-2024  
Reported : 20-Mar-2024 / 13:16

**USG WHOLE ABDOMEN**

**LIVER:** Liver appears normal in size (14.8 cm) and *shows increased echoreflectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 10.1 x 4.6 cm. Left kidney measures 9.8 x 4.9 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture and measures 3.6 x 3.1 x 3.3 cm in dimension and 20 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024032008381011>



Authenticity Check



Use a QR Code Scanner  
Application to Scan the Code

CID : 2408008967  
Name : Mr BANSODE PRAVIN RAJARAM  
Age / Sex : 41 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 20-Mar-2024  
Reported : 20-Mar-2024 / 13:16

**IMPRESSION:**

- GRADE I FATTY INFILTRATION OF LIVER.

*Advice: Clinical co-relation sos further evaluation and follow up.*

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.

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

Click here to view images <http://3.111.232.119/IRISViewer/NormalViewer?AccessionNo=2024032008381011>

|                                   |                   |
|-----------------------------------|-------------------|
| REG NO : 2408008967               | SEX : MALE        |
| NAME : MR. BANSODE PRAVIN RAJARAM | AGE : 41 YRS      |
| REF BY DR : -----                 | DATE : 20.03.2024 |

**2D ECHOCARDIOGRAPHY**

**M - MODE FINDINGS:**

|       |    |    |
|-------|----|----|
| LVIDD | 48 | mm |
| LVIDS | 27 | mm |
| LVEF  | 60 | %  |
| IVS   | 15 | mm |
| PW    | 11 | mm |
| AO    | 17 | mm |
| LA    | 30 | mm |

**2D ECHO:**

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - atrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

**PATIENT NAME : MR. BANSODE PRAVIN RAJARAM**


**COLOR DOPPLER:**

- Mitral valve doppler - E- 0.7 m/s, A 0.5 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.5 m/s, PG 1.6 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

**IMPRESSION:**

- **MODERATE CONCENTRIC HYPERTROPHY OF LV**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

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

  
**DR. YOGESH KHARCHE**  
**DNB (MEDICINE) DNB (CARDIOLOGY)**  
**CONSULTANT INTERVENTIONAL CARDIOLOGIST.**



