



भारत सरकार  
Government of India



Arun Munda  
OOB: 24061924  
Male

5895 1085 5691

मेरा आधार, मेरी पहचान



*Arun*

**PHYSICAL EXAMINATION REPORT**

Patient Name	Mr. Anam Mundra	Sex/Age	male / 69 yrs.
Date	21.06.24	Location	KASARVADAVALI

**History and Complaints**

H/O DM & HTN ∴ 10yrs.

**EXAMINATION FINDINGS:**

Height	169cm	Temp (0c):	Normal
Weight	64 kg	Skin:	Normal
Blood Pressure	140/80	Nails:	Normal
Pulse	58/min	Lymph Node:	Normal

**Systems :**

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

**Impression:**

1) Renal cysts 2) Prostate mildly 3) RSR ↑ AS RBS ↑, PPGS ↑, Hb & Hct ↑  
relieve sugar ↑

**ADVICE :**

to follow up with physician, dietitian & urologist

*Anand*  
**DR. ANAND N. MOTWANI**  
M.D. (GENERAL MEDICINE)  
Reg. No. 39329 (M.M.C)

**CHIEF COMPLAINTS :**

1)	Hypertension:	Since 10yrs. 40%	
2)	IHD	No	
3)	Arrhythmia	No	
4)	Diabetes Mellitus	Since 10yrs 50%	
5)	Tuberculosis	}	
6)	Asthma		
7)	Pulmonary Disease		
8)	Thyroid/ Endocrine disorders		
9)	Nervous disorders		
10)	GI system		
11)	Genital urinary disorder		
12)	Rheumatic joint diseases or symptom		
13)	Blood disease or disorder		
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries		Gall bladder removed 15yrs back.



**PERSONAL HISTORY:**

1)	Alcohol	No
2)	Smoking	Tobacco chewing
3)	Diet	veg.
4)	Medication	Med. for DM & HTN

Date : 21.06.24

CID : 2417316092

Name : Mr. Arun Mumdra

Sex/Age : male / 64 yrs.

**EYE CHECK UP**

Chief Complaints : Nil

Systemic Diseases : Nil

Past History : Nil

Unaided Vision : -

Aided Vision : Rt - 6/9 , NG  
Lt - 6/9 , NG

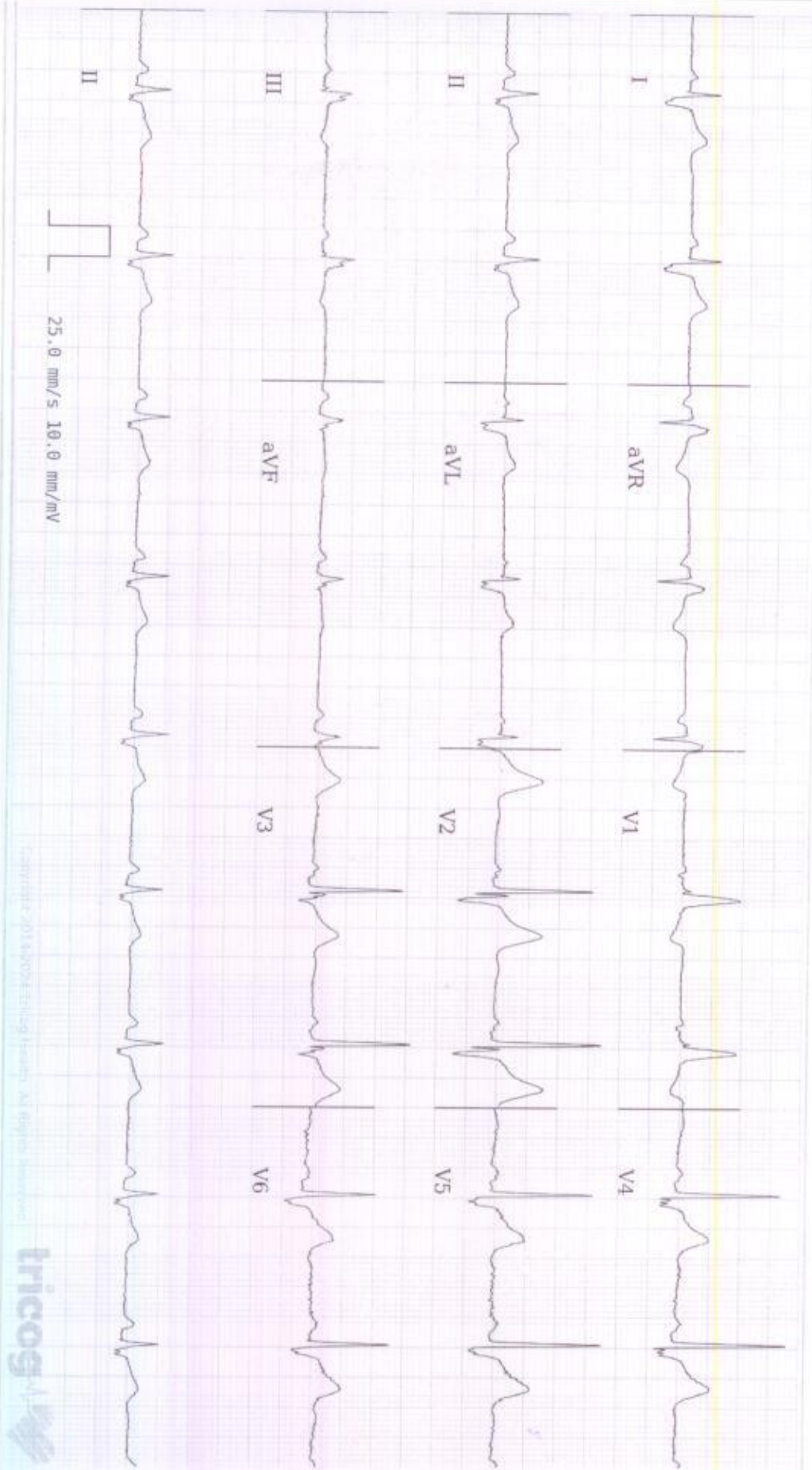
Refraction : -

Colour Vision : Normal

Remarks :

Patient Name: **ARUN MUNDRA**  
Patient ID: **2417316092**

**SUBURBAN DIAGNOSTICS - IHANE KASAKAVADAVALLI**  
Date and Time: **21st Jun 24 10:31 AM**



Age **69** NA NA  
years months days

Gender **Male**

Heart Rate **59bpm**

Patient Vitals

BP: **140/80 mmHg**  
Weight: **64 kg**  
Height: **169 cm**  
Pulse: **NA**  
SpO2: **NA**  
Resp: **NA**  
Others:

Measurements

QRSD: **132ms**  
QT: **446ms**  
QTcB: **441ms**  
PR: **150ms**  
P-R-T: **55° 85° 33°**



**Sinus Bradycardia Complete Right Bundle Branch Block pattern Kindly correlate clinically. Please correlate clinically.**

REPORTED BY

*Aravind*

Dr. Aravind N. Mohanani  
M.D. (General Medicine)  
Reg. No. 30329 M.M.C

Disclaimer: 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. 24 Patient vital: see as entered by the clinician and not derived from the ECG

REG NO. : 2417316092	SEX : MALE
NAME : MR. ARUN MUNDRA	AGE : 69 YRS
REF BY :-----	DATE: 21/06/2024

**2D ECHOCARDIOGRAPHY**

**M – MODE FINDINGS :**

LVIDD	49	mm
LVIDS	26	mm
LVEF	60	%
IVS	13	mm
PW	7	mm
AO	15	mm
LA	36	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.

**COLOR DOPPLER:**

- Mitral valve doppler – E- 0.6 m/s, A - 1.1 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.3 m/s, PG 7.4 mmHg
- No significant gradient across aortic valve.
- Grade I diastolic dysfunction.

**IMPRESSION :**

- MILD CONCENTRIC LVH.
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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

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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316092  
Name : Mr Arun Mundra  
Age / Sex : 69 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre  
Reg. Date : 21-Jun-2024  
Reported : 21-Jun-2024 / 12:04

**USG ABDOMEN AND PELVIS**

**LIVER:**

Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:**

Gall bladder is not visualised (post cholecystectomy status)

**PORTAL VEIN:**

Portal vein is normal. CBD: CBD is normal.

**PANCREAS:**

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:**

Right kidney measures 10.0 x 5.1 cm. **A 1.7 x 1.4 cm sized well circumscribed, anechoic area noted at lower pole in right kidney s/o simple cortical cyst.**

Left kidney measures 9.3 x 4.2 cm. **A 1.8 x 1.6 cm sized well circumscribed, anechoic area noted at upper pole in left kidney s/o simple exophytic cortical cyst.**

Both kidneys are normal in size, 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. Prevoid vol - 601 cc. Postvoid vol - 37 cc (not significant)

**PROSTATE:**

**Prostate is enlarged in size with normal echotexture and measures 3.1 x 5.1 x 3.7 cm in dimension and 32.4 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?](http://3.111.232.119/iRISViewer/NeoradViewer?Access) sionNo=2024062109042608  
Access





Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316092  
Name : Mr Arun Mundra  
Age / Sex : 69 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre  
Reg. Date : 21-Jun-2024  
Reported : 21-Jun-2024 / 12:04

**IMPRESSION:**  
**PROSTATOMEGALY.**  
**BILATERAL RENAL SIMPLE CORTICAL CYSTS.**

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-----

*G. R. Fartade*

Dr.GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?  
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2024062109042608

Page no 2 of 2



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316092  
Name : Mr Arun Mundra  
Age / Sex : 69 Years/Male  
Ref. Dr :  
Reg. Date : 21-Jun-2024  
Reg. Location : Thane Kasarvadavali Main Centre  
Reported : 21-Jun-2024 / 9:49

**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-----

*G. R. Fartade*  
Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024062109042585>

Page no 1 of 1



CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 13:49

Use a QR Code Scanner  
Application To Scan the Code

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.52	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.5	40-50 %	Measured
MCV	91.9	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	31.4	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9330	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	24.0	20-40 %	
Absolute Lymphocytes	2239.2	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	727.7	200-1000 /cmm	Calculated
Neutrophils	63.6	40-80 %	
Absolute Neutrophils	5933.9	2000-7000 /cmm	Calculated
Eosinophils	4.2	1-6 %	
Absolute Eosinophils	391.9	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	37.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	286000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	11.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 13:02

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                      **37**                      2-20 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 G B Road Lab, Thane West

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

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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 17:01  
Reported : 21-Jun-2024 / 19:15

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	182.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	463.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

Kindly correlate clinically.

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

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



CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 13:34

Use a QR Code Scanner  
Application To Scan the Code

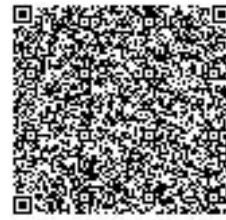
**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	30.2	17.1-49.3 mg/dl	Urease & GLDH
BUN, Serum	14.1	8-23 mg/dl	Calculated
CREATININE, Serum	1.09	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	73	(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
<b>Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation</b>			
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	6.6	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.2	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.7	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	5.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

\*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



CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 13:34

Use a QR Code Scanner  
Application To Scan the Code

**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	8.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	203.0	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**  
M.D ( Path )  
Pathologist



CID : 2417316092  
 Name : MR.ARUN MUNDRA  
 Age / Gender : 69 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
 Reported : 21-Jun-2024 / 14:38

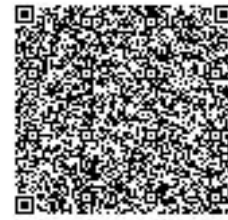
Use a QR Code Scanner  
 Application To Scan the Code

**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	0.301	<4.0 ng/ml	CLIA

Kindly note change in platform w.e.f. 24-01-2024





Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 14:38

**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- $\alpha$ -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 SDRL, Vidyavihar Lab

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



*Anupa*

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



CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:06  
Reported : 21-Jun-2024 / 14:36

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-

\*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



CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 14:36

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 14:36

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

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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 13:30

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

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
ABO GROUP	O
Rh TYPING	Positive

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

Note : This Sample has also 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 G B Road Lab, Thane West

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

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



CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 13:34

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	143.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	87.5	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	40.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	103.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.0	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	18.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

\*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



CID : 2417316092  
 Name : MR.ARUN MUNDRA  
 Age / Gender : 69 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
 Reported : 21-Jun-2024 / 12:50

Use a QR Code Scanner  
 Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.39	0.35-5.5 microIU/ml microU/ml	ECLIA



CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 12:50

Use a QR Code Scanner  
Application To Scan the Code

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

*J. Mujawar*

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





CID : 2417316092  
Name : MR.ARUN MUNDRA  
Age / Gender : 69 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:05  
Reported : 21-Jun-2024 / 13:06

Use a QR Code Scanner  
Application To Scan the Code

**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	0.47	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	16.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	17.8	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	20.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	100.4	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**



Use a QR Code Scanner  
 Application To Scan the Code

CID : 2417316092  
 Name : MR.ARUN MUNDRA  
 Age / Gender : 69 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 17:01  
 Reported : 21-Jun-2024 / 19:15

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	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 \*\*\*

**Dr.VANDANA KULKARNI**  
**M.D ( Path )**  
**Pathologist**