

9



भारतीय विशिष्ट ओळख प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

एनएनडीटीएल / Enrollment No. 086410016/15382

डॉक्टर पीटर कास्टेलिनो  
Franklin Peter Castellino  
A/111, Chumbe Circle,  
Cant. Diani - Japur, Sector 16, Mtwara  
Mtwara Road, Thana, Thana  
Mtwara 401107  
9970428984

Ref. # 1000-1700 / 1071 / P



08606530539711



आपला आधार क्रमांक / Your Aadhaar No. :

**7906 9787 9705**

माझे आधार, माझी ओळख



भारत सरकार  
Government of India



डॉक्टर पीटर कास्टेलिनो  
Franklin Peter Castellino  
जन्म तारीख / DOB: 21/05/1985  
लिंग / Sex



7906 9787 9705

माझे आधार, माझी ओळख

*Franklin Peter Castellino*

*Franklin Peter Castellino*

*Franklin Peter Castellino*



EQAS

26

24/7

Lifecare  
diagnostics

## MEDICAL EXAMINATION REPORT

Name: Franklyn Peter Castellino Date: 27/4/2024  
 Date of Birth: 21/06/1959 Age: 64 years Sex: Male  
 Referred by: Mediwheel Proof of Identification: Idhar Card

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
1) GENERAL APPEARANCE : Is there any abnormalities in general appearance & built up of the Examinee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds? b. Are there any abnormalities in the chest wall? b. is there any evidence/ history of abnormality or disease of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) DETAILS OF PHYSICAL EXAMINATION : a. Height <u>171.2</u> cm b. Weight <u>69</u> kg. c. Blood Pressure : <u>100/70</u> mm Hg. d. Pulse Rate <u>64</u> /min			8) CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep. b. History of any peripheral vascular disorder? c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d. Any history of CABG, Open Heart [Surgery, Angiography PTCA, other intervention.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) WHETHER IN THE PAST THE EXAMINEE a. Has been hospitalized? (If YES, please give details) b. Was involved in any accident? c. Underwent Surgery? d. Is the examinee currently under any medication? e. Has there been any recent weight gain or weight loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9) SKIN: a. Any evidence of psoriasis, eczema, bum marks, rashes and varicose veins or xanthelasma? b. Any history of allergy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) FAMILY HISTORY: Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10) GI SYSTEM: a. Is there any evidence/history disease of liver, gall bladder pancreas, stomach, intestines? b. Is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis? c. Any history of piles or fistula? d. Any history of Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) ENT, EYE & ORAL CAVITY: a. Are there any abnormalities in oral cavity? b. Are there any tobacco stains? c. Is there any history or evidence of abnormality in eyes error of refraction etc.? d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing) e. Is there any abnormality found on examination of nose and throat? Active nose bleed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NERVOUS SYSTEM: a. Is there any evidence/history of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) MUSCULOSKELETAL SYSTEM: a. Is there any back, spine, joint muscle or bone disorder? b. Any history of bone fracture or joint replacement or gout? if yes, give details?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
<b>13) OTHERS</b> a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P? <input checked="" type="checkbox"/> <input type="checkbox"/> b. Is there any enlargement of Thyroid? <input type="checkbox"/> <input checked="" type="checkbox"/> c. Is there any suspicion of any other Endocrine disorder? <input type="checkbox"/> <input checked="" type="checkbox"/> d. Is hernia present? If yes, give details. <input type="checkbox"/> <input checked="" type="checkbox"/> e. Are there any abnormalities in testes? If yes, give details. <input type="checkbox"/> <input checked="" type="checkbox"/> f. Is there any history or evidence suggestive of cancer, tumor growth or cyst? <input type="checkbox"/> <input checked="" type="checkbox"/> g. Was the examinee treated for any psychiatric ailment? If so, give details about medication given. <input type="checkbox"/> <input checked="" type="checkbox"/> h. History of anxiety / stress / depression / sleep disorder. <input type="checkbox"/> <input checked="" type="checkbox"/>			<b>15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD (eg. syphilis, gonorrhoea)</b> <input type="checkbox"/> <input checked="" type="checkbox"/>		
<b>14) HABITS &amp; ADDICTIONS</b> Does the examinee consume tobacco/alcohol/drugs/narcotics in any form? If yes, please ascertain the type, quantity, duration and frequency of consumption. <input type="checkbox"/> <input checked="" type="checkbox"/>			<b>16) FEMALE APPLICANTS ONLY:</b> a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts? <input type="checkbox"/> <input type="checkbox"/> b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs? <input type="checkbox"/> <input type="checkbox"/> c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc? <input type="checkbox"/> <input type="checkbox"/> d. Are you now pregnant? If yes, how many months? <input type="checkbox"/> <input type="checkbox"/>		


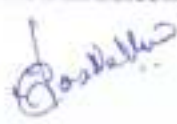
Please mention details:

Q. NO.	Please provide details of all answers marked as 'yes'
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3c+3d+8d-	H/O CABG in 2015 on Pecos Asp (75)
3a-	BM: 15 yrs ago on TB. Amaryl. 2mg.
5c-	Predynopic
8a-	H/O MI in 2015.

Remarks on present health status : \_\_\_\_\_

Recommendations (if any): \_\_\_\_\_

 <b>Dr. Hema Rais</b> <b>Name &amp; Signature of Doctor</b>	Research Center Pvt. Ltd. 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala Complex, Andheri (W), Mumbai-400053.	The above statements and answers made to the medical examiner(s) are complete and true.	 <b>Signature of Examinee</b>
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Date 27/4/24 Place Mumbai

**NOTES:**



Main Centre : 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andheri (W), Mumbai. Tel.: 2633 2527-32  
 Central Laboratory : 205, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, Andheri (W), Mumbai. Tel.: 26372527  
 Versova Branch : 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W), Mumbai. Tel.: 26399210  
 Worli Branch : B-101, Trade World, Kamala Mills, Senapati Bapat Marg, Lower Parel West, Lower Parel, Mumbai- 400013. Tel: 9167223844  
**Mumbai : Versova | Lokhandwala | Goregaon | Kandivall | Dahisar | Worli | Pune : Aundh | Chinchwad | Gujrat : Vadodra**  
 E-mail : admin@lifecarediagnostics.com | feedback@lifecarediagnostics.com | Website : www.lifecarediagnostics.com

NOTE: General physical examination & investigation included in the health checkup have certain limitations and may not be able to detect any latent or asymptomatic disease. Hence any new symptoms arising after the medical checkup should be notified to attending physician.



## OPHTHALMIC REPORT

NAME: Mr. Franklyn Castellino

DATE: 27/04/2024

AGE: 64y / male

Distance Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	-	-	-
With Glasses	6/6	6/6	6/6

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	-	-	-
With Glasses	NG	NG	NG

	Right Eye	Left Eye
Colour Vision	Normal	Normal
Anterior Segment	Normal	Normal
External Eye Exam	Normal	Normal
Intra ocular tension	-	-
Fundus	-	-

Advise:

- Both Eyes fit  
- Glasses

OPTOMETRIST

Lifecare Diagnostics & Research Center Pvt. Ltd.  
1st Floor, Sunshine Opp. Shashini Nagar,  
Lokhandwala Complex, Andhori (W),  
Mumbai- 400053.



27/4/24

To  
Lifecare

I am skipping PGT test.

Thank

~~Franklyn~~  
Franklyn Castellano





LCL58180064 270424

Patient Name : FRANKLYN PETER CASTELLINO	Reference : med/wheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MED/WHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641248	DOB : 21/05/1959	Reported On : 29/04/2024 12:21:28
UID No : LCL58180064 270424		

## BMD

### AP SPINE BONE DENSITY

The Mean L1-L4 T score value is 3.6 & the Z score value is 3.5.  
 These values fall in **Normal** range of bone density as per WHO guidelines.

### DUAL FEMUR BONE DENSITY

The Mean dual femur T score value is 0.7 & the Z score value is 1.0 .  
 These values suggest **Normal** range of bone density as per WHO guidelines.

REGION	T SCORE	CATEGORY	FRACTURE RISK
WARD'S MEAN	-0.4	Normal	-----
THROCHANTER MEAN	0.2	Normal	-----
NECK MEAN	0.2	Normal	-----

----- End Of Report -----

*M. Usmani*  
 Dr. M. Aamir Usmani  
 MBBS, DMRE  
 Consultant Radiologist





# Lifecare Diagnostic and RESEARCH CENTRE

1ST FLOOR, SUNSHINE BUILDING , OPP SHASTRI NAGAR , LOKHANDWALA  
ANDHERI WEST, MUMBAI 400053

<b>Patient:</b>	CASTELLINO, MR. FRANKLYN	<b>Facility ID:</b>	
<b>Birth Date:</b>	21/05/1959 64.9 years	<b>Referring Physician:</b>	MEDIWHEEL
<b>Height / Weight:</b>	171.0 cm 69.0 kg	<b>Measured:</b>	27/04/2024 12:50:48 (10.10)
<b>Sex / Ethnic:</b>	Male White	<b>Analyzed:</b>	27/04/2024 13:06:33 (10.10)

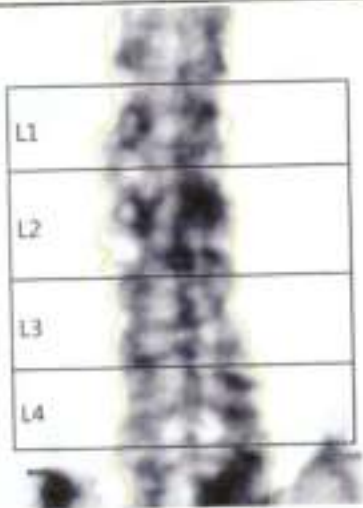


Image not for diagnosis

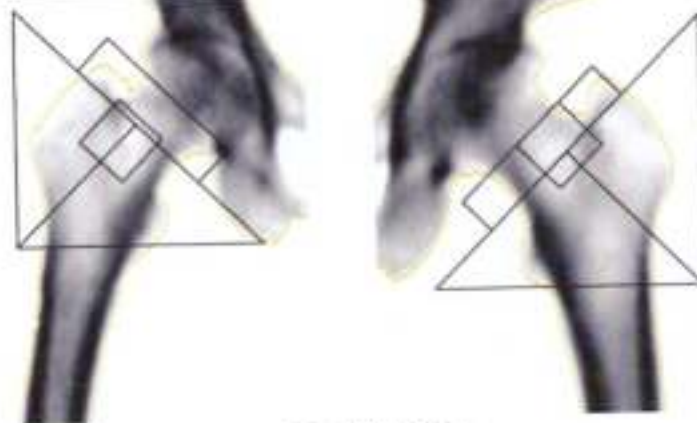
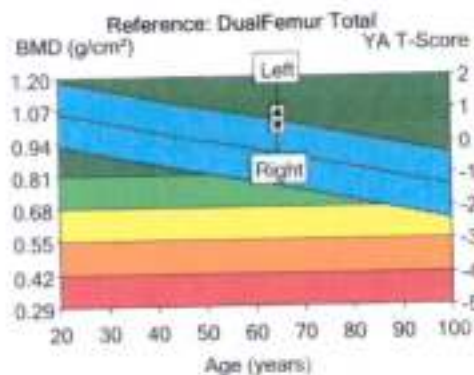
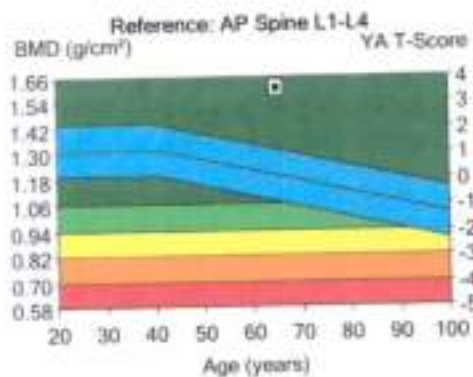


Image not for diagnosis



Region	<sup>1</sup> BMD (g/cm <sup>3</sup> )	<sup>2,7</sup> Young-Adult T-Score	<sup>3</sup> Age-Matched Z-Score	<sup>11</sup> WHO Classification
AP Spine L1-L4	1.608	3.6	3.5	-
DualFemur Total:				
Left	1.047	0.8	1.2	-
Right	1.007	0.5	0.9	-
Mean	1.027	0.7	1.0	-
Difference	0.040	0.3	0.3	-

- 1 - Statistically blank or repeat scans fall within 1.50 (L1-L4) or 0.010 (g/cm<sup>3</sup>) for DualFemur Total Mean.
- 2 - Japan (ages 20-40) AP Spine Reference Population (v107); Japan (ages 20-40) Femur Reference Population (v107)
- 3 - AP Spine Matched for Age, Weight (males 25-100 kg), Ethnic; DualFemur Matched for Age, Weight (males 25-100 kg), Ethnic
- 7 - DualFemur Total Mean T-Score difference is 0.3. Asymmetry is None.
- 11 - World Health Organization - Definition of Osteoporosis and Osteopenia for Caucasian Women: Normal = T-Score at or above -1.0 SD; Osteopenia = T-Score between -1.0 and -2.5 SD; Osteoporosis = T-Score at or below -2.5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)

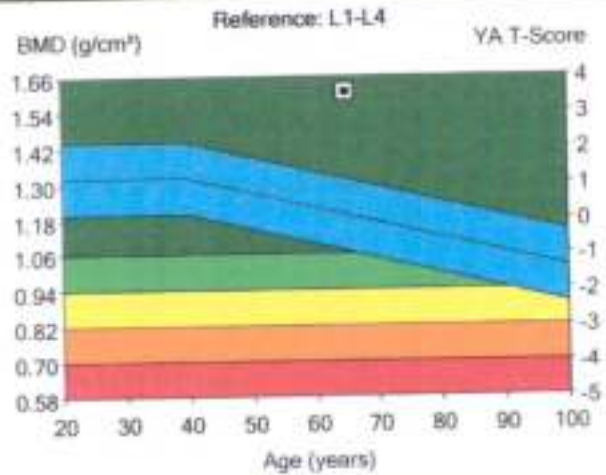
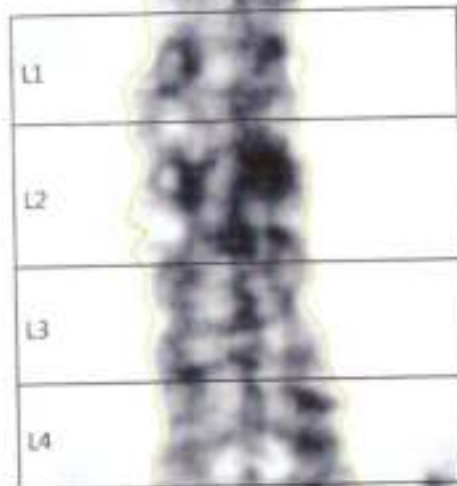
Printed: 27/04/2024 13:08:27 (10.10); Filename: 63b1c381n.rtx; AP Spine: 22.2%Fat=32.3%; Scan Mode: Standard 20.0 µGy; Right Femur: 15.9%Fat=27.5%; Neck Angle (deg)= 44.  
Verify there is sufficient pelvis-shaft separation.; Scan Mode: Standard 20.0 µGy; Left Femur: 16.4%Fat=26.1%; Neck Angle (deg)= 45; Scan Mode: Standard 20.0 µGy

# Lifecare Diagnostic and RESEARCH CENTRE

1ST FLOOR, SUNSHINE BUILDING , OPP SHASTRI NAGAR , LOKHANDWALA  
ANDHERI WEST, MUMBAI 400053

<b>Patient:</b>	CASTELLINO, MR. FRANKLYN	<b>Facility ID:</b>	
<b>Birth Date:</b>	21/05/1959 64.9 years	<b>Referring Physician:</b>	MEDIWHEEL
<b>Height / Weight:</b>	171.0 cm 69.0 kg	<b>Measured:</b>	27/04/2024 12:50:48 (10.10)
<b>Sex / Ethnic:</b>	Male White	<b>Analyzed:</b>	27/04/2024 13:06:33 (10.10)

AP Spine Bone Density



Region	1 BMD (g/cm <sup>3</sup> )	2 Young-Adult T-Score	3 Age-Matched Z-Score
L1-L4	1.608	3.6	3.5

COMMENTS:

Image not for diagnosis

Printed: 27/04/2024 13:08:24 (10.10)761.50153.04:3.9 0.00: 1.00 0.60x1.20

22.2%Fat=32.3%

0.00/0.00 0.00/0.00

Filename: 63b1cs181.mnt

Scan Mode: Standard 20.0 µCy

- 1 - Statistically 68% of repeat scans fall within 1SD ( $\pm 0.010$  g/cm<sup>3</sup> for AP Spine L1-L4)
- 2 - Japan (ages 20-40) AP Spine Reference Population (V107)
- 3 - Matched for Age, Weight (males 25-100 kg), Ethnic
- 11 - World Health Organization - Definition of Osteoporosis and Osteopenia for Caucasian Women: Normal = T-Score at or above -1.0 SD; Osteopenia = T-Score between -1.0 and -2.5 SD; Osteoporosis = T-Score at or below -2.5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)



**Lifecare Diagnostic and RESEARCH CENTRE**  
**1ST FLOOR, SUNSHINE BUILDING , OPP SHASTRI NAGAR , LOKHANDWALA**  
**ANDHERI WEST, MUMBAI 400053**

<b>Patient:</b>	CASTELLINO, MR. FRANKLYN	<b>Facility ID:</b>	
<b>Birth Date:</b>	21/05/1959 64.9 years	<b>Referring Physician:</b>	MEDIWHEEL
<b>Height / Weight:</b>	171.0 cm 69.0 kg	<b>Measured:</b>	27/04/2024 12:50:48 (10.10)
<b>Sex / Ethnic:</b>	Male White	<b>Analyzed:</b>	27/04/2024 13:06:33 (10.10)

**ANCILLARY RESULTS [AP Spine]**

Region	1		2		3		BMC (g)	Area (cm <sup>2</sup> )	Width (cm)	Height (cm)
	BMD (g/cm <sup>3</sup> )	Young-Adult (%)	T-Score	Age-Matched (%)	Z-Score					
L1	1.516	137	3.4	136	3.3	21.51	14.19	4.5	3.12	
L2	1.812	152	5.2	151	5.1	35.53	19.61	4.8	4.08	
L3	1.560	131	3.1	130	3.0	25.21	16.16	4.8	3.36	
L4	1.487	125	2.5	124	2.4	23.85	16.04	5.3	3.00	
L1-L2	1.688	148	4.6	147	4.5	57.05	33.80	4.7	7.21	
L1-L3	1.646	142	4.1	141	4.0	82.25	49.96	4.7	10.57	
L1-L4	1.608	136	3.6	135	3.5	106.10	66.00	4.9	13.57	
L2-L3	1.698	143	4.2	141	4.1	60.74	35.77	4.8	7.45	
L2-L4	1.633	137	3.7	136	3.6	84.59	51.81	5.0	10.45	
L3-L4	1.523	128	2.8	127	2.7	49.06	32.20	5.1	6.36	

1 - Statistically 68% of repeat scans fall within 1SD ( $\pm 0.030$  g/cm<sup>3</sup> for AP Spine L1-L4)  
2 - Japan (ages 20-40) AP Spine Reference Population (V107)  
3 - Matched for Age, Weight (males 25-100 kg), Ethnic  
Filename: 63blcs381n.rts

# Lifecare Diagnostic and RESEARCH CENTRE

1ST FLOOR, SUNSHINE BUILDING , OPP SHASTRI NAGAR , LOKHANDWALA  
ANDHERI WEST, MUMBAI 400053

<b>Patient:</b>	CASTELLINO, MR. FRANKLYN	<b>Facility ID:</b>		
<b>Birth Date:</b>	21/05/1959 64.9 years	<b>Referring Physician:</b>	MEDIWHEEL	
<b>Height / Weight:</b>	171.0 cm 69.0 kg	<b>Measured:</b>	27/04/2024 13:03:24	(10.10)
<b>Sex / Ethnic:</b>	Male White	<b>Analyzed:</b>	27/04/2024 13:06:26	(10.10)

DualFemur Bone Density

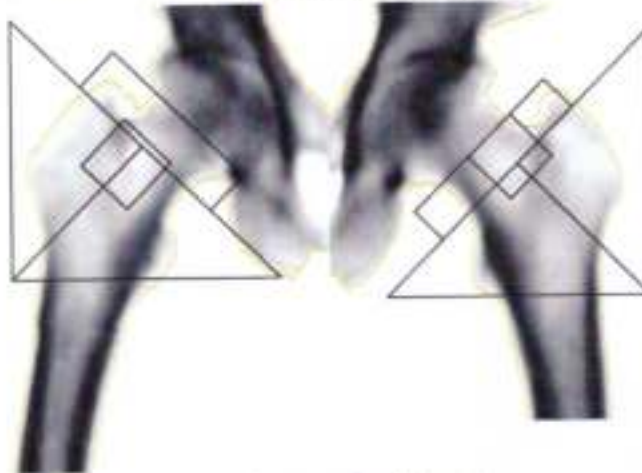
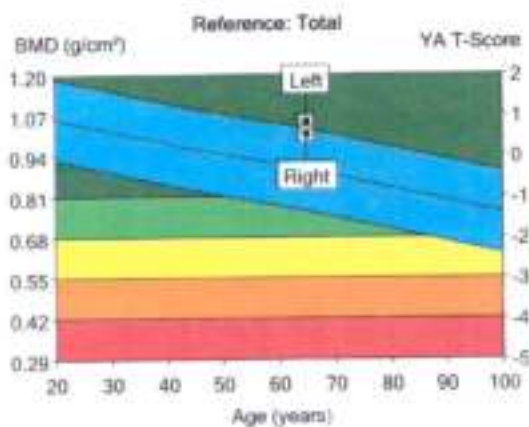


Image not for diagnosis



Region	1 BMD (g/cm <sup>3</sup> )	2,7 Young-Adult T-Score	3 Age-Matched Z-Score
Total			
Left	1.047	0.8	1.2
Right	1.007	0.5	0.9
Mean	1.027	0.7	1.0
Difference	0.040	0.3	0.3

**COMMENTS:**

- 1 - Statistically 68% of repeat scans fall within 1SD ( $\pm 0.030$  g/cm<sup>3</sup> for DualFemur Total Mean)
- 2 - Japan (ages 20-40) Femur Reference Population (v107)
- 3 - Matched for Age, Weight (males 25-100 kg), Ethnic
- 7 - DualFemur Total Mean T-Score difference is 0.3. Asymmetry is None
- 11 - World Health Organization - Definition of Osteoporosis and Osteopenia for Caucasian Women: Normal = T-Score at or above -1.0 SD; Osteopenia = T-Score between -1.0 and -2.5 SD; Osteoporosis = T-Score at or below -2.5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)

Printed: 27/04/2024 13:08:25 (10.10); Filename: 63bics381.unbx; Right Femur; 15.9%Fat=27.5%; Neck Angle (deg)= 44; Verify there is sufficient pelvis shaft separation; Scan Mode: Standard 20.0  $\mu$ Gy; Left Femur; 16.4%Fat=26.1%; Neck Angle (deg)= 45; Scan Mode: Standard 20.0  $\mu$ Gy

**Lifecare Diagnostic and RESEARCH CENTRE**  
**1ST FLOOR, SUNSHINE BUILDING , OPP SHASTRI NAGAR , LOKHANDWALA**  
**ANDHERI WEST, MUMBAI 400053**

<b>Patient:</b>	CASTELLINO, MR. FRANKLYN	<b>Facility ID:</b>	
<b>Birth Date:</b>	21/05/1959 64.9 years	<b>Referring Physician:</b>	MEDIWHEEL
<b>Height / Weight:</b>	171.0 cm 69.0 kg	<b>Measured:</b>	27/04/2024 13:03:24 (10.10)
<b>Sex / Ethnic:</b>	Male White	<b>Analyzed:</b>	27/04/2024 13:06:26 (10.10)

**ANCILLARY RESULTS [DualFemur]**

Region	<sup>1</sup> BMD (g/cm <sup>3</sup> )	<sup>2,7</sup> Young-Adult (%) T-Score		<sup>3</sup> Age-Matched (%) Z-Score		BMC (g)	Area (cm <sup>2</sup> )
	Neck Left	0.934	98	-0.1	108		
Neck Right	1.020	107	0.5	118	1.2	8.96	8.78
Neck Mean	0.977	103	0.2	113	0.9	7.65	7.78
Neck Diff.	0.085	9	0.7	10	0.7	2.62	2.00
Wards Left	0.821	93	-0.5	112	0.7	4.10	5.00
Wards Right	0.826	94	-0.4	113	0.7	4.78	5.79
Wards Mean	0.824	94	-0.4	113	0.7	4.44	5.39
Wards Diff.	0.006	1	0.0	1	0.0	0.68	0.79
Troch Left	0.803	103	0.2	104	0.3	8.89	11.07
Troch Right	0.811	104	0.3	105	0.3	10.62	13.10
Troch Mean	0.807	103	0.2	104	0.3	9.76	12.08
Troch Diff.	0.008	1	0.1	1	0.1	1.73	2.02
Shaft Left	1.241	-	-	-	-	22.08	17.79
Shaft Right	1.147	-	-	-	-	20.03	17.47
Shaft Mean	1.194	-	-	-	-	21.05	17.63
Shaft Diff.	0.095	-	-	-	-	2.05	0.32
Total Left	1.047	111	0.8	117	1.2	37.31	35.65
Total Right	1.007	107	0.5	112	0.9	39.61	39.35
Total Mean	1.027	109	0.7	115	1.0	38.46	37.50
Total Diff.	0.040	4	0.3	4	0.3	2.30	3.70

1 - Statistically 68% of repeat scans fall within 1SD ( $\pm 0.010$  g/cm<sup>3</sup> for DualFemur Total Mean)

2 - Japan (ages 20-40) Femur Reference Population (n107)

3 - Matched for Age, Weight (males 25-100 kg), Ethnic

7 - DualFemur Total Mean T-Score difference is 0.3. Asymmetry is None.

Filename: 63bics181n.rts



Name : MR. FRANKLYNCASTELLINO	Age : 64YRS /M
Ref. By : MEDIWHEEL	Date : 27.04.2024

## 2 DIMENSIONAL & COLOUR DOPPLER ECHOCARDIOGRAPHY REPORT

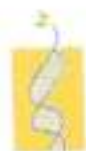
### COMMENTS: S/P CABG- 2015

- Situs solitus, levocardia, atrioventricular and ventriculoarterial concordance.
- There is no LV regional wall motion abnormality seen at rest.
- Resting LV systolic function (LVEF)=55% on visual estimation
- There is grade I diastolic dysfunction with no doppler e/o raised LVEDP.(E/e'-11)
- Left atrium appears to be normal with normal left ventricular dimension.
- Mitral leaflets appear sclerotic. There is no stenosis. There is no mitral regurgitation. Annulopapillary apparatus is intact. There is no mitral leaflet prolapse.
- Trileaflet aortic valve appears sclerotic and calcific. There is no aortic regurgitation. There is no stenosis. There is no coarctation of aorta.
- Normal tricuspid valve. Trivial tricuspid regurgitation is seen. There is no pulmonary hypertension. Main pulmonary artery is normal in dimension. PASP by TR jet is 15mmHg. PAT-141ms.
- IAS and IVS are intact with no e/o any left to right shunt.
- Right atrium appears normal with normal RV systolic function. IVC is collapsed.
- No LV clot/ASD/VSD/thrombus/vegetation/pericardial effusion.

### SUMMARY:

- NO RWMA AT REST
- LVEF=55%
- GRADE I DIASTOLIC DYSFUNCTION
- SCLEROTIC AORTIC AND MITRAL LEAFLETS
- TRIVIAL TR, NO MR, NO AR
- NO PH





### M-MODE MEASUREMENTS:

LA	35	mm
AO annulus	20	mm
AO CUSP SEP	Normal	mm
LVID (s)	26	mm
LVID (d)	43	mm
IVS (d)	09	mm
LVPW (d)	09	mm
RVID (d)	27	mm
LVEF	55	%

### DOPPLER STUDY:

E wave velocity: 0.6 m/s

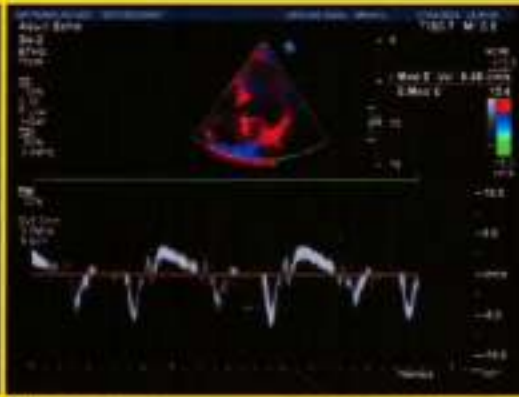
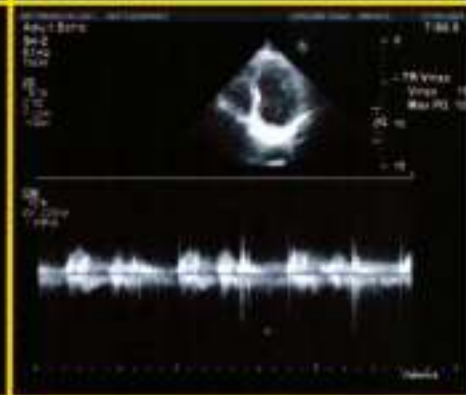
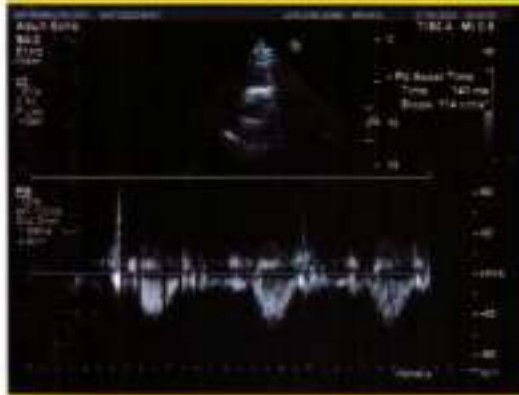
A wave velocity: 0.8 m/s

E/A ratio: 0.8

	PEAK/MEAN (mmHg)	GRADE OF REGURGITATION
MITRAL	Normal	Nil
AORTIC	7/4	Nil
TRICUSPID	Normal	Trivial
PULMONARY	Normal	Nil

**DR .HANISH .D**  
CONSULTANT ECHOCARDIOLOGIST







ECG report

ID: 20240327

Name: Fran

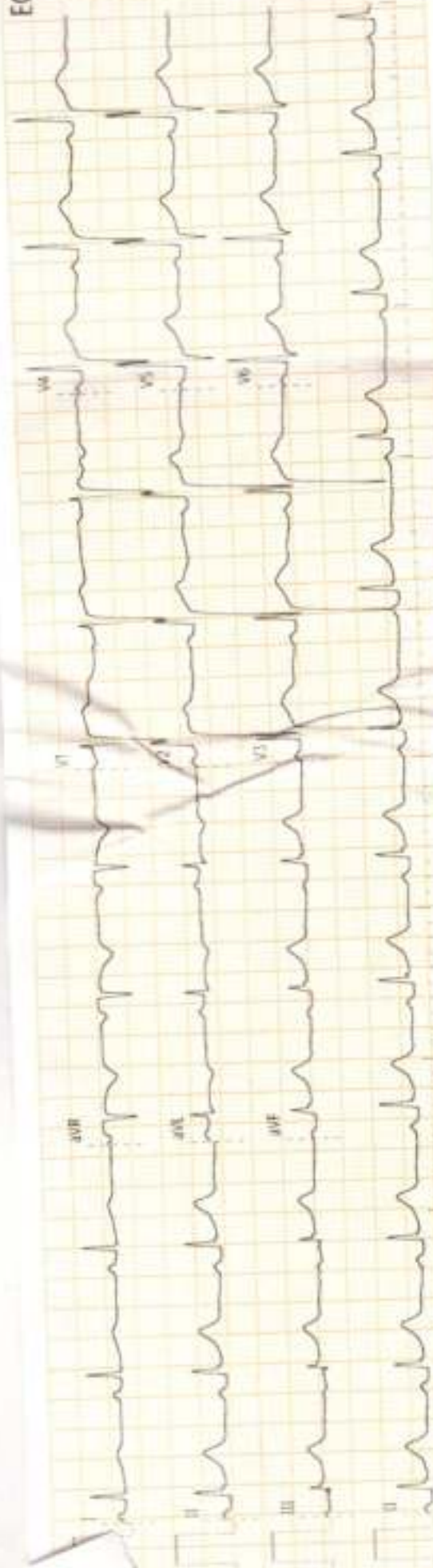
Gender: male

Age: 64

Dept: Card

Bed No: 64

*Dr. [Signature]*



0.5Hz - 35Hz - AC 50Hz 25mm/s 10mm/mV 1.0.25 Simultaneous

ECG report

ID : 20240427102056  
Name : **Franklyn**  
Gender : **pete**  
Age : **61**  
Dept : **Gulm**  
Bed No :

HR : 57 bpm  
PR : 154 ms  
QRS : 92 ms  
QT/QTc : 406/418 ms  
P/QRS/T : 32/48/78 °  
RV5/SVI : 1.155/1.168 mV  
RV5+SVI : 2.323 mV



*Franklyn*

MR-30-2024

*sinus rhythm*

## REPORT

**Diagnosis & Research Center Pvt. Ltd.**  
- Main Office: 100, Shastri Nagar,  
Lokhandwala, Andheri (W),  
Mumbai - 400053.

**Central Laboratory**  
206, Cosmos Plaza,  
Opp. Indian Oil Nagar,  
J. P. Road, Andheri (W),  
Mumbai  
Tel.: 26372527

**Versova Branch**  
10, 11, First Floor, Silver Sireak,  
Near Bus Depot, Yan Road,  
Versova, Andheri (W),  
Mumbai  
Tel.: 26399210

**Worli Branch**  
B-101, Trade World,  
Kamala Mills,  
Senapati Bapat Marg,  
Lower Parel (W),  
Mumbai - 400013  
Tel.: 9167223844

**M.D.  
CARDIOLOGIST**

**For Home visits call : 9167117755 / 9167223838**





Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641247	Collected At : Sample collected	Reported On : 27/04/2024 18:40:59
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

## Lipid Profile

Test	Result	Unit	Biological Reference Interval
Triglycerides <small>By Enzymatic GPO/PAP Method</small>	: 71.0	mg/dl	Less than 150
Total Cholesterol <small>By CHOD-PAP Method</small>	: 122.0	mg/dl	UPTO 200
HDL Cholesterol <small>By Enzymatic Method</small>	: 54.0	mg/dl	40 - 60
VLDL Cholesterol	: 14.2	mg/dl	6 - 38
LDL Cholesterol	: 53.8	mg/dl	Upto 100
Cholesterol : HDL Cholesterol Ratio	: 2.26		Upto 5.0
LDL/HDL Cholesterol Ratio	: 1.00		Upto 4.0

<b>Total Cholesterol :</b> Desirable : Less than 200 mg% Borderline High : 200 - 239 mg% High : More than 239 mg%	<b>HDL-Cholesterol:</b> Desirable : More than 40 mg% Low : Less than 40 mg%
<b>LDL-Cholesterol (Non-protective cholesterol) :</b> Optimal : Less than 100 mg% NearOptimal : 100 - 129 mg% Borderline High : 130 - 159 mg% High : 160 - 189 mg% Very High : More than 189 mg%	<b>Triglycerides :</b> Normal : Less than 150 mg% Borderline : 150 - 199 mg% High : 200 - 499 mg% Very High : More than 499 mg%

Tests done on Siemens Fully Automated Analyser.

----- End Of Report -----

  
Dr. Vijay Varde  
M.D. D.P.B  
Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895



LCL58180064 270424

Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641251	Collected At : Sample collected	Reported On : 27/04/2024 18:33:10
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

## Glycosylated HbA1c

Test	Result	Unit	Biological Reference Interval
Glycosylated HbA1C <small>By HPLC method</small>	: 5.9	%	
Average Blood Glucose Level	: 122.6	mg/dl	

Comment : -

Reference Values : Glyco HbA1c  
 Non Diabetic : 4.0 - 6.0  
 Good Diabetic Control : 6.0 - 7.0  
 Fair Diabetic Control : 7.0 - 8.0  
 Poor Diabetic Control : > 8.0

Maintaining HbA1c levels to less than 7% will reduce risk of long term complications of Diabetes.

**INFORMATION** : Glycosylated Haemoglobin accumulates within the red blood cells & exists in this form throughout the lifespan of red cells. Thus a single HbA1c value taken every 2 - 3 months serves over those months. The measurement of HbA1c has been used as an index of metabolic control of diabetes during the preceding 2 - 3 months providing physician with an objective look at patient's diabetes control. HbA1c is not affected by factors like intake of carbohydrates, timing of antidiabetes drugs, daily activities.

Test done on BIORAD D10.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd.

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose :  $\geq$  126 mg/dl

OR

2 Hr Post Glucose :  $\geq$  200 mg/dl

OR

HbA1c  $\geq$  6.5 %

OR

Random Blood Glucose :  $\geq$  200 mg/dl

----- End Of Report -----



Dr. Vijay Varde  
 M.D. D.P.B  
 Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895





LCL58180064 270424

Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641246	Collected At : Sample collected	Reported On : 29/04/2024 13:31:15
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

## X-RAY CHEST PA

**Sternal sutures and vascular clips are noted.**

**A rounded heterogeneous radio-opaque mass is noted in right lower zone. There is evidence of a thin incomplete lucency noted around the above-mentioned radio-opaque mass. It approximately measures 4.8 x 4.1 cm. No evidence of any air-fluid level or calcifications are noted within this mass.**

**Right apical pleural thickening is noted.**

**Blunting of right costo-phrenic angle noted with partial obscuration of right dome of diaphragm, likely due to pleural effusion and thickening (confirmed on USG).**

**Ill-defined areas of haziness noted in right lower zone.**

Rest of the visualised lung fields appears clear.

Left costo-phrenic angle appear clear.

Both hila appear normal.


Cardiac shadow appears normal.

**Mild flattening of left dome of diaphragm are normal.**

**Degenerative changes are noted in dorsal spine.** Rest of the visualised bones appear normal.

***Clinical correlation & further evaluation with CECT chest is suggested.***

----- End Of Report -----

  
Dr. Smita Dudhal  
DNB DMRD MBBS  
Consultant Radiologist







Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 17:54:20
LCID No : 10641247	Collected At : Sample collected	Reported On : 27/04/2024 19:13:31
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

### T3 T4 TSH

Test	Result	Unit	Biological Reference Interval
T3 <small>By CLIA Method</small>	: 135.68	ng/dl	60-181
T4 <small>By CLIA Method</small>	: 10.50	ug/dl	3.2-12.6
T.S.H (Ultrasensitive) <small>By CLIA Method</small>	: <b>4.93</b>	uIU/ml	0.55 - 4.78 1 Trimester : 0.10 - 2.50 2 Trimester : 0.2 - 3.00 3 Trimester : 0.3 - 3.00

#### NOTE :

- Decreased value of T3(T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism
- Total T3 and T4 values may also be altered in other conditions due to change in serum proteins or binding sites e.g. pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases free T3 and free T4 give corrected values.
- TSH is secreted from the pituitary gland and this is controlled by Hypothalamic TRH and a negative feedback effect from the free circulating thyroid hormones. so there is an inverse correlation between free thyroid hormones and TSH levels in serum. TSH is very sensitive indicator of thyroid reserve and is used for Diagnosis of Hypo and Hyperthyroidism. TSH is increased in Primary Hypothyroidism, iodide deficiency goitre, Hashimotos thyroiditis. TSH is decreased in toxic goitre, Grave's disease, overreplacement of thyroid hormone. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoids. Drugs that increase TSH values e.g. Iodine, Lithium, Amiodaron

Tests done on Fully Automated Siemens Analyser.

----- End Of Report -----



**Dr. Rohini Gedam**  
D.P.B  
Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895





Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641247	Collected At : Sample collected	Reported On : 27/04/2024 19:13:34
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

## Vitamin B12

Test	Result	Unit	Biological Reference Interval
<b>IMMUNOASSAY</b>			
VITAMIN B12	: 622	pg/mL	211 - 911

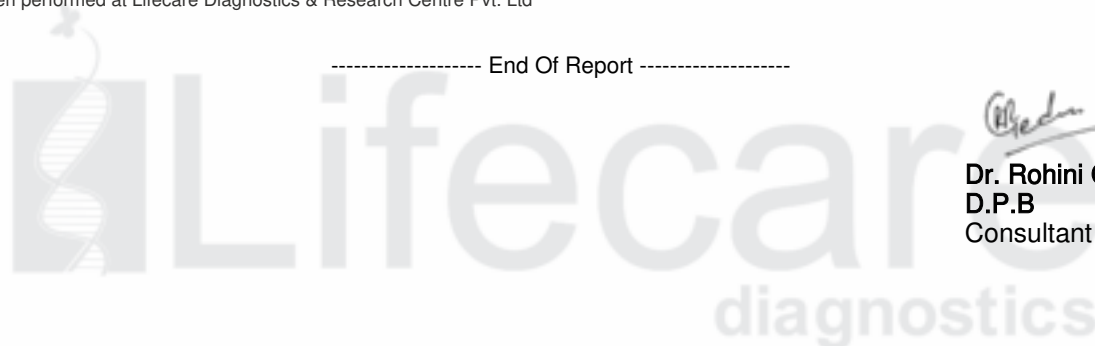
By CMA

1. Vitamin B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
2. Increased Vit B12 levels are seen in renal failure, liver disease and myeloproliferative disease.
3. An associated increase in homocystine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
4. Holo Transcobalamin II levels are a more accurate marker of active VitB12 component.

Test done on Abbott Architect i1000.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd

----- End Of Report -----




**Dr. Rohini Gedam**  
D.P.B  
Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895





Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641246	Collected At : Sample collected	Reported On : 28/04/2024 10:15:35
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

## ECG

### AP SPINE BONE DENSITY

The Mean L1-L4 T score value is 3.6 & the Z score value is 3.5.  
 These values fall in **Normal** range of bone density as per WHO guidelines.

### DUAL FEMUR BONE DENSITY

The Mean dual femur T score value is 0.7 & the Z score value is 1.0 .  
 These values suggest **Normal** range of bone density as per WHO guidelines.

REGION	T SCORE	CATEGORY	FRACTURE RISK
WARD'S MEAN	-0.4	Normal	----
THROCHANTER MEAN	0.2	Normal	----
NECK MEAN	0.2	Normal	----

----- End Of Report -----







LCL58180064 270424

Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 17:54:20
LCID No : 10641246	Collected At : Sample collected	Reported On : 29/04/2024 13:09:36
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

## SONOGRAPHY OF FULL ABDOMEN & PELVIS

**LIVER:** Liver appears normal in size (14.5 cm), shape and echotexture. No abnormal focal lesion is seen. Intra-hepatic biliary radicals and portal venous system appears normal.

**COMMON BILE DUCT & PORTAL VEIN:** CBD and Portal vein appear normal in caliber. Aorta and IVC are normal.

**GALL BLADDER:** Gall bladder is physiologically distended with no evidence of abnormal intra-luminal contents. The wall thickness is normal. No pericholecystic fluid collection is noted.

**SPLEEN:** Spleen (9.9 cm) appears normal in size, position and echotexture.

**PANCREAS:** Pancreas appears diffusely thinned out. It is normal in position and echotexture.

**KIDNEYS:** Right and Left kidneys measure 11.5 x 3.7 cm and 9.8 x 4.8 cm respectively. Both kidneys appear normal in size, shape, position and echotexture. Pelvicalyceal system appears normal. Normal cortico-medullary differentiation is seen. No intra-renal calculus or abnormal focal lesion is seen.

**URINARY BLADDER:** Urinary Bladder is well distended and shows no abnormal intraluminal contents. Bladder wall thickness appears normal. Pre void bladder volume is 402 cc and postvoid residue 21 cc.

**PROSTATE:** Prostate is enlarged in size with normal shape and echotexture. It measures 4.8 x 4.1 x 3.4 cm, volume 36 cc. No focal lesion is seen.

No evidence of lymphadenopathy or ascites is noted. Visualized bowel loops are normal in caliber and show normal peristalsis.

**P.T.O.**





Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 17:54:20
LCID No : 10641246	Collected At : Sample collected	Reported On : 29/04/2024 13:09:36
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

A small anterior wall defect in the region of umbilicus with herniation of omental fat through it. The defect measures 9 mm & sac measures 15 x 10 mm.

On screening of right costo-phrenic angle, there is minimal right pleural effusion with underlying pleural thickening.

**IMPRESSION :**

- Diffusely thinned out pancreas.
- Prostatomegaly with insignificant post void residue.
- Small umbilical hernia.
- Minimal right sided pleural effusion with underlying pleural thickening.

**BUN/CREATININE RATIO**

Test	Result	Unit	Biological Reference Interval
BUN / Creatinine Ratio	: 10.87		10.0 - 20.0

----- End Of Report -----

  
 Dr. Vijay Varde  
 M.D. D.P.B  
 Consultant Pathologist





Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641247	Collected At : Sample collected	Reported On : 27/04/2024 19:13:37
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

### Vitamin D (25- Hydroxy cholecalciferol)

Test	Result	Unit	Biological Reference Interval
<b>IMMUNOASSAY</b>			
Vitamin D (25-Hydroxy cholecalciferol)	: 37.4	ng/ml	Deficiency < 20 ng/mL Insufficiency 20 – < 30 ng/mL Sufficiency 30 –100 ng/mL

CMIA

**Interpretation :**

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.
- Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment.

Test done on Fully Automated Abbott Analyser.

----- End Of Report -----

  
**Dr. Rohini Gedam**  
**D.P.B**  
 Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895







Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641250	Collected At : Sample collected inside the lab	Reported On : 27/04/2024 18:40:59
UID No : LCL58180064 270424		DOB : 21/05/1959

## Blood sugar Post Prandial

Test	Result	Unit	Biological Reference Interval
Blood sugar Post Prandial By Hexokinase Method	: 167.00	mg/dl	70-140

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose :  $\geq$  126 mg/dl

OR

2 Hr Post Glucose :  $\geq$  200 mg/dl

OR

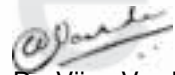
HbA1c  $\geq$  6.5 %

OR

Random Blood Glucose :  $\geq$  200 mg/dl

Test done of Fully Automated Siemens Analyser.

----- End Of Report -----



Dr. Vijay Varde  
M.D. D.P.B  
Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895





Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641247	Collected At : Sample collected	Reported On : 27/04/2024 21:00:17
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

### PSA (Total)

Test	Result	Unit	Biological Reference Interval
PSA - Prostate Specific Antigen By CMIA	: 2.87	ng/ml	0.0 - 4.0

**NOTE :**

PSA and Free PSA levels are elevated in Prostate diseases like Prostatitis, Benign Hyperplasia, Prostate cancer.

Manipulations like Prostatic massage, Cystoscopy, Needle biopsy can also cause elevated levels.

Free PSA helps in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL .

Free PSA level is not used alone, but is mostly useful when expressed in a ratio with Total PSA. Hence PSA profile (Total + Free PSA) is the recommended test.

Patients with benign conditions have a higher proportion of Free PSA compared with Prostate cancer.

Tests done on Fully Automated Abbott Analyser.

----- End Of Report -----



**Dr. Rohini Gedam**  
D.P.B  
Consultant Pathologist



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LCL58180064 270424

Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641249	Collected At : Sample collected inside the lab	Reported On : 27/04/2024 18:40:59
UID No : LCL58180064 270424		DOB : 21/05/1959

### Blood sugar Fasting with urine

Test	Result	Unit	Biological Reference Interval
Blood Sugar Fasting <small>By Hexokinase method</small>	: 95.00	mg/dl	60-110
Urine Sugar <small>By Diastix (Bayer)</small>	: <b>Not Voided</b>		Absent
Urine Ketones <small>By Keto-Diastix (Bayer)</small>	: <b>Not Voided</b>		Absent

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose :  $\geq 126$  mg/dl

OR

2 Hr Post Glucose :  $\geq 200$  mg/dl

OR

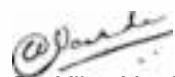
HbA1c  $\geq 6.5$  %

OR

Random Blood Glucose :  $\geq 200$  mg/dl

Test done on Fully Automated Siemens Analyser.

----- End Of Report -----



Dr. Vijay Varde  
M.D. D.P.B  
Consultant Pathologist



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Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641247	Collected At : Sample collected	Reported On : 27/04/2024 18:40:59
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

## Calcium

Test	Result	Unit	Biological Reference Interval
Calcium	: 10.10	mg/dl	8.5-10.1

By Serum Cresolphthaleine complexona Method

Tests done on Fully Automated Analyser.

----- End Of Report -----



Dr. Vijay Varde  
M.D. D.P.B  
Consultant Pathologist

Lifecare  
diagnostics



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895





LCL58180064 270424

Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641247	Collected At : Sample collected	Reported On : 27/04/2024 18:42:45
UID No : LCL58180064 270424	inside the lab	DOB : 21/05/1959

## Electrolytes

Test	Result	Unit	Biological Reference Interval
Serum Sodium <small>By Direct ISE method</small>	: 137	mEq/L	135-145
Serum Potassium <small>By Direct ISE Method</small>	: 5.30	mEq/L	3.5-5.5
Serum Chlorides <small>By Direct ISE method</small>	: 102	mEq/L	96-109

----- End Of Report -----



Lifecare  
diagnostics



Dr. Vijay Varde  
M.D. D.P.B  
Consultant Pathologist



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LCL58180064 270424

Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641247	Collected At : Sample collected inside the lab	Reported On : 27/04/2024 18:40:59
UID No : LCL58180064 270424		DOB : 21/05/1959

### Liver Function Test (LFT)

Test	Result	Unit	Biological Reference Interval
Serum Bilirubin (Total) <small>By Diazo Method</small>	: 0.94	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) <small>By Diazo Method</small>	: <b>0.31</b>	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) <small>Calculated</small>	: 0.63	mg/dl	Upto 0.9
S.G.O.T . <small>By Enzymatic Method IFCC</small>	: 18.0	U/L	15 - 37
S.G.P.T. <small>By Enzymatic Method</small>	: 30.0	U/L	16 - 63
GGTP <small>By Enzymatic Method</small>	: 28.0	U/L	15-85
Alkaline Phosphatase <small>pNPP, AMP Buffer IFCC</small>	: 69.0	U/L	30-300
Serum Proteins <small>By Biuret Method</small>	: 7.2	g/dl	6.4 - 8.2
Serum Albumin <small>By Bromocresol purple Method</small>	: 4.0	g/dl	3.4 - 5.0
Serum Globulin <small>Calculated</small>	: 3.2	g/dl	1.8-3.6
A/G Ratio <small>Calculated</small>	: <b>1.3</b>		1.5-3.5
Remark	: -		

Tests done on Fully Automated Siemens Analyser.

----- End Of Report -----

  
 Dr. Vijay Varde  
 M.D. D.P.B  
 Consultant Pathologist



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895



Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
Age/Sex : 64 Yrs. / M	Organization : MEDIWHEEL	Collected On : 27/04/2024 18:00:45
LCID No : 10641247	Collected At : Sample collected inside the lab	Reported On : 27/04/2024 18:42:45
UID No : LCL58180064 270424		DOB : 21/05/1959

## Renal Function Test

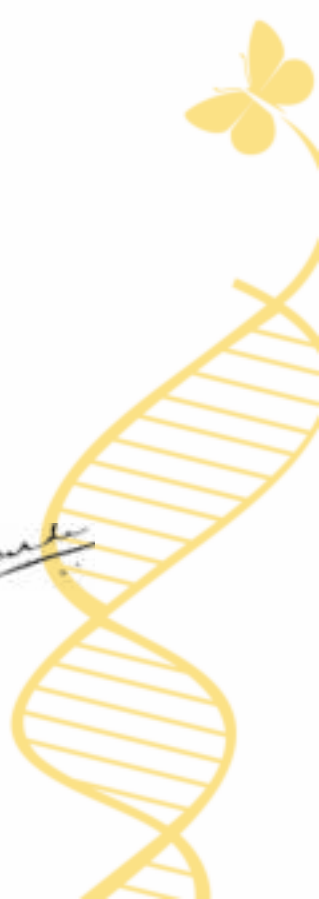
Test	Result	Unit	Biological Reference Interval
Urea <small>Calculated</small>	: 23.97	mg/dl	10-38.5
BUN <small>By Urease with GLDH</small>	: 11.2	mg/dl	5-18
S. Creatinine <small>Kinetic Alkaline Picrate (Jaffe Reaction)</small>	: 1.03	mg/dl	0.70-1.30
Uric Acid <small>By Uricase Method</small>	: 3.2	mg/dl	2.6-6.0
Calcium <small>By Serum Cresolphthaleine complexona Method</small>	: 10.10	mg/dl	8.5-10.1
Phosphorus <small>By Phosphomolybdate</small>	: 3.4	mg/dl	2.5-4.9
Sodium <small>By ISE direct</small>	: 137	mEq/L	135-145
Potassium <small>By ISE Direct</small>	: 5.3	mEq/l	3.5-5.5
Chloride <small>By ISE Direct</small>	: 102	mEq/L	96-109
Serum Proteins <small>By Biuret Method</small>	: 7.2	g/dl	6.4 - 8.2
Serum Albumin <small>By Bromocresol purple Method</small>	: 4.0	g/dl	3.4 - 5.0
Serum Globulin <small>Calculated</small>	: 3.2	g/dl	1.8-3.6
A/G Ratio <small>Calculated</small>	: 1.3		1.5-3.5

Tests done on Siemens Fully Automated Analyser.

----- End Of Report -----




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# Report



Patient Name : FRANKLYN PETER CASTELLINO	Reference : mediwheel	Registered On : 27/04/2024 17:54:20
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