

PHYSICAL EXAMINATION REPORT

Patient Name	Arunkumar Pandey.	Sex/Age	M/47
Date	26/01/2023.	Location	Thane on B Road.

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	172	Temp (0c):	NORML
Weight (kg):	87.10	Skin:	NORML
Blood Pressure	140/85	Nails:	NORML
Pulse	84/12	Lymph Node:	NORML

Systems :

Cardiovascular:	CLV AORTIC STENOSIS / SYSTEMIC MURMUR PRESENT
Respiratory:	NORML
Genitourinary:	NORML
GI System:	NORML
CNS:	NORML

Impressions

patto-
kulo-
nt disease.
S, I, A, R,
/H,
Fatty
liver

↑ HbA1C (5.9) ↑ Tc's
 Faeces - WBC (+)
 Mucus - Palates (++) ↑ TSH (8.487)
 ↑ SCROT SCROT

Age: 47 years NA
NA months NA days

Gender: Male

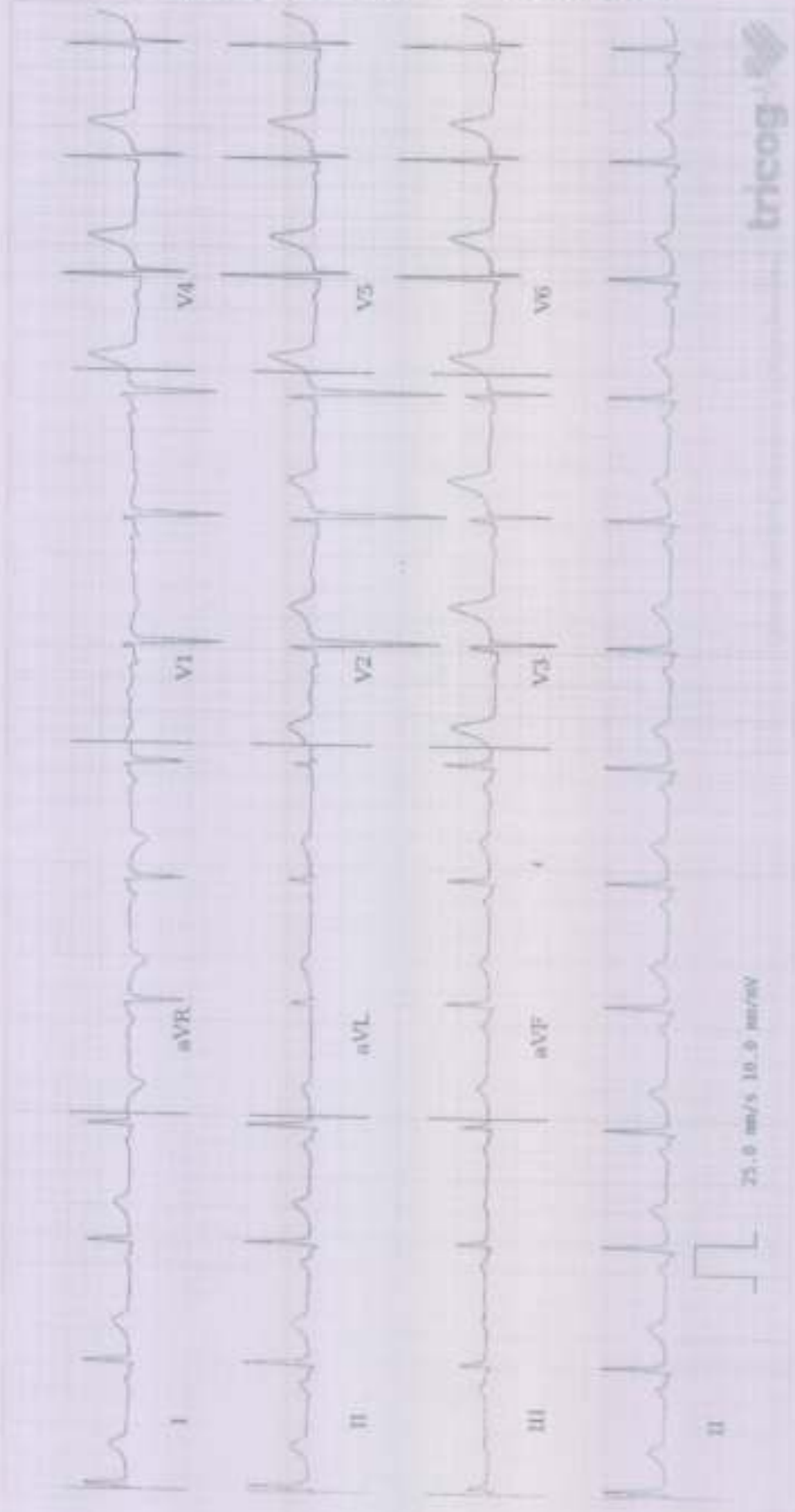
Heart Rate: 77bpm

Patient Vitals

BP: 100/84 mmHg
Weight: 87 kg
Height: 172 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRS: 78ms
QT: 376ms
QTc: 422ms
PR: 144ms
P-R-T: 65° 49° 55°



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

REPORTED BY

[Signature]

DR SHAMALIA PILLAI
MBBS, MD Physician
MD Physician
and FC

PHYSICAL EXAMINATION REPORT

Patient Name	Arunkumar Pandey.	Sex/Age	M/47
Date	26/01/2023.	Location	Thane Orb Road.

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	172	Temp (0c):	NORMAL
Weight (kg):	87.10	Skin:	NORMAL
Blood Pressure	140/84	Nails:	NORMAL
Pulse	84/r	Lymph Node:	NORMAL

Systems :

Cardiovascular:	CLV AORTIC STENOSIS / SYSTEMIC MURMUR PRESENT
Respiratory:	NORMAL
Genitourinary:	NORMAL
GI System:	NORMAL
CNS:	NORMAL

Impressions

2p Aortic
Valvular
Heart Disease,
AS, AR,
LVH.

Fatty
Liver

↑ HbA1c (5.9) ↑ TG's
 Faeces - WBC (+) ↑ TSH (8.487)
 Mucus. - Fatules (++) ↑ SCROT SCROT


Advice:

- Low Fat, Low sugar Diet.
- Repeat sugar profile, lipid profile,
Thyroid Profile after 6 Months.
Physician's Consultation

1)	Hypertension:	NO YES
2)	IHD	No / H/O AVB / AS
3)	Arrhythmia	No
4)	Diabetes Mellitus	YES
5)	Tuberculosis	No
6)	Asthma	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	YES
9)	Nervous disorders	No
10)	GI system	No
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptoms	No / H/O RA ↑ Uric Acid
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	H/O Appendicectomy - 12yrs ago Rupt P. (H/O) - 10yrs ago
17)	Musculoskeletal System	No

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	VEGET
4)	Medication	YES


Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Patient Name: ARUNKUMAR PANDEY

Patient ID: 2402615034

Date and Time: 26th Jan 24 9:01 AM

Age: 47 years
NA months
NA days

Gender: Male

Heart Rate: 77bpm

Patient Vitals

BP: 100/64 mmHg

Weight: 87 kg

Height: 172 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

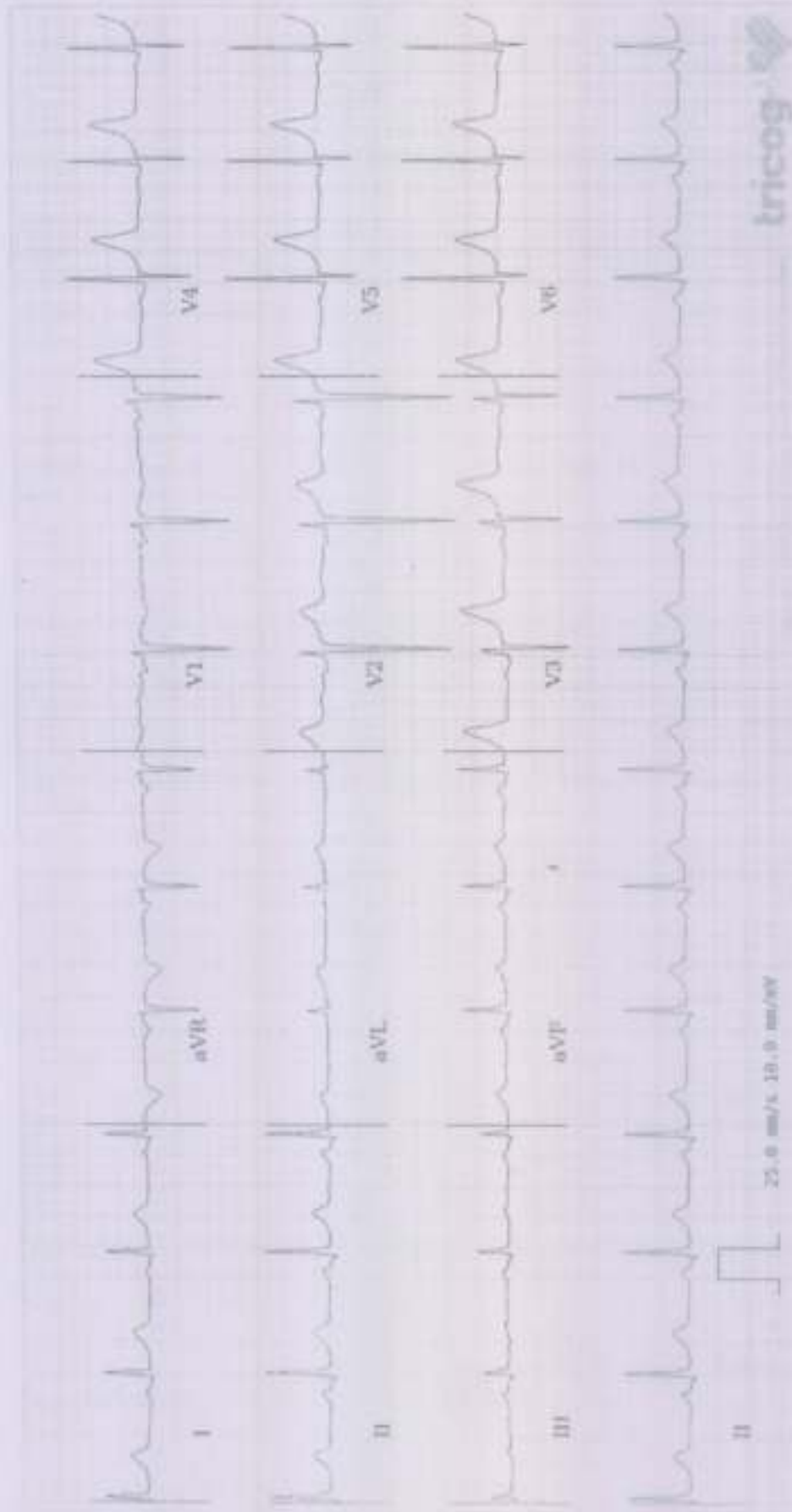
QRSD: 78ms

QT: 354ms

QTcB: 42ms

PR: 144ms

PRP: 63° 49' 33"



REPORTED BY:

[Signature]

DR. SHARAD K. PILLAI
MBBS, MD (General Medicine)
MD (Internal Medicine)

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



CID : 2402615034
 Name : MR. ARUNKUMAR PANDEY
 Age / Gender : 47 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Jan-2024 / 08:42
 Reported : 26-Jan-2024 / 13:22

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	13.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.68	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.6	40-50 %	Calculated
MCV	88.7	81-101 fl	Measured
MCH	27.7	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7350	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	40.8	20-40 %	Calculated
Absolute Lymphocytes	2998.8	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	Calculated
Absolute Monocytes	617.4	200-1000 /cmm	Calculated
Neutrophils	46.3	40-80 %	Calculated
Absolute Neutrophils	3403.1	7000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	Calculated
Absolute Eosinophils	294.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	Calculated
Absolute Basophils	36.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	161000	150000-410000 /cmm	Elect. Impedance
MPV	11.9	6-11 fl	Measured
PDW	28.6	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others : Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY : Megaplatelets seen on smear
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR : 21 : 2-15 mm at 1 hr. : Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Inert
- Briden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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



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



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Name : MR. ARUNKUMAR PANDEY
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Jan-2024 / 12:09
Reported : 26-Jan-2024 / 16:11

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	124.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



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



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Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Jan-2024 / 08:42
Reported : 26-Jan-2024 / 12:55

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	23.6	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.82	0.73-1.18 mg/dl	Enzymatic
Note: Kindly note in change in reference range w.e.f. 07-09-2023			
eGFR, Serum	108	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Buret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.3	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.3	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.6	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	138	136-145 mmol/l	IMT
POTASSIUM, Serum	5.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	98-107 mmol/l	IMT

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



Dr. NAMRATA RAUL
M.D (Biochem)
Biochemist



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Age / Gender : 47 Years / Male
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Collected : 26-Jan-2024 / 08:42
Reported : 26-Jan-2024 / 13:37

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year.
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly.
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glyated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



J. Thakker

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



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

Collected : 26-Jan-2024 / 08:42
 Reported : 26-Jan-2024 / 12:55

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.59	<4.0 ng/ml	CLIA

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



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Collected : 26-Jan-2024 / 08:42
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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 bicyclic exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (ovary 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- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

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 ***



Dr. NAMRATA RAUL
MLD (Biochem)
Biochemist



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Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Jan-2024 / 08:42
Reported : 26-Jan-2024 / 13:43

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Colour	Brown	Brown	
Form and Consistency	Semi Solid	Semi Solid	
Mucus	Present	Absent	
Blood	Absent	Absent	
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.5)	-	
Occult Blood	Absent	Absent	pH Indicator Guaiac
MICROSCOPIC EXAMINATION			
Protozoa	Absent	Absent	
Flagellates	Absent	Absent	
Ciliates	Absent	Absent	
Parasites	Absent	Absent	
Macrophages	Absent	Absent	
Mucus Strands	Flakes +++	Absent	
Fat Globules	Absent	Absent	
RBC/hpf	Absent	Absent	
WBC/hpf	15-20 *	Absent	
large clumps restricted to mucus flakes.			
Yeast Cells	Absent	Absent	
Undigested Particles	Present ++	-	
Concentration Method (for ova)	No ova detected	Absent	
Reducing Substances	-	Absent	Benedict's

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



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



CID : 2402615034
Name : MR. ARUNKUMAR PANDEY
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Jan-2024 / 08:42
Reported : 26-Jan-2024 / 13:43

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

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	-
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	Chemical Indicator
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	-
Red Blood Cells / hpf	Absent	0-2/hpf	-
Epithelial Cells / hpf	0-1	-	-
Casts	Absent	Absent	-
Crystals	Absent	Absent	-
Amorphous debris	Absent	Absent	-
Bacteria / hpf	2-3	Absent	-
Others	-	Less than 20/hpf	-

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

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*** End Of Report ***



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



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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 automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA whole Blood and/or serum

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

- Limitations:
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
 - Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
 - Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age. It remains constant throughout life.
 - Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result.
 - The Rh 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 Harnening. Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
 2. AABB technical manual

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 *** End Of Report ***



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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	134.7	Desirable: <200 mg/dl Borderline-High: 200-239mg/dl High: >=240 mg/dl	CHOD-PGD
TRIGLYCERIDES, Serum	164.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	45.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	89.6	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	56.8	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	32.8	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated

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



Dr. NAMRATA RAUL
 M.D (Biochem)
 Biochemist

Authenticate by QR Code



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 Age / Gender : 47 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Jan-2024 / 08:42
 Reported : 26-Jan-2024 / 12:40

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	8.487	0.55-4.78 microIU/ml mIU/ml	CLIA

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Collected : 26-Jan-2024 / 08:42
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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 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns.

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 & diphenhydramine, 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 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 SORL, Vidyavihar Lab
*** End Of Report ***



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



Use a QR Code Scanner Application To Scan the Code

CID : 2402615034
Name : MR. ARUNKUMAR PANDEY
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Jan-2024 / 08:42
Reported : 26-Jan-2024 / 12:55

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

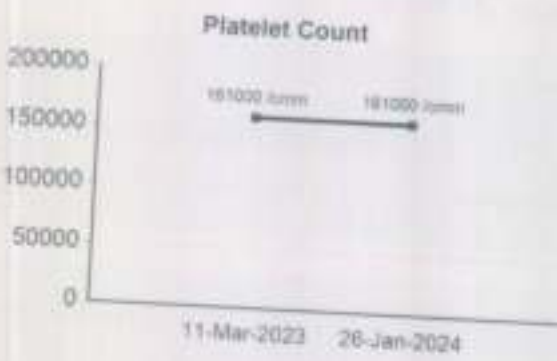
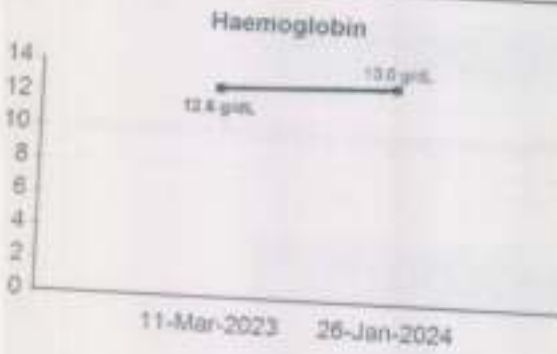
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.64	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.42	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	69.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	64.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	51.2	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	108.6	46-116 U/L	Modified IFCC

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



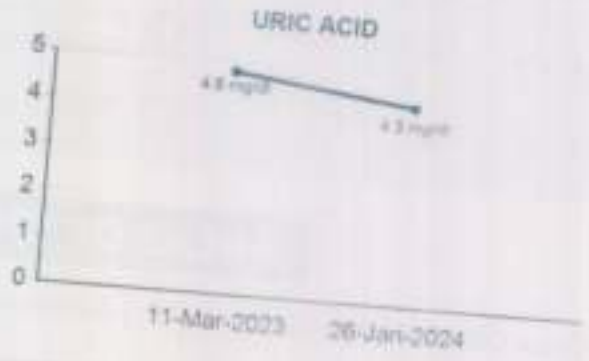
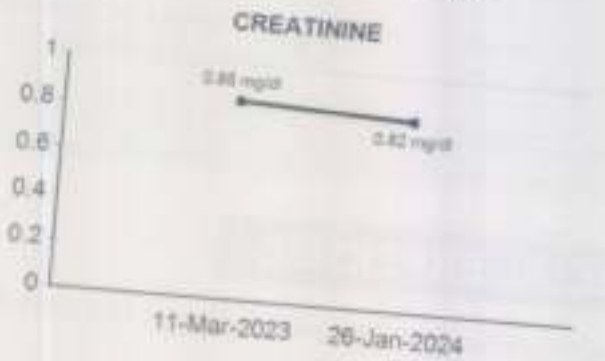
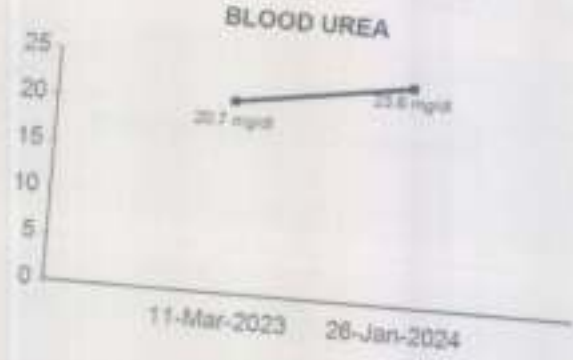
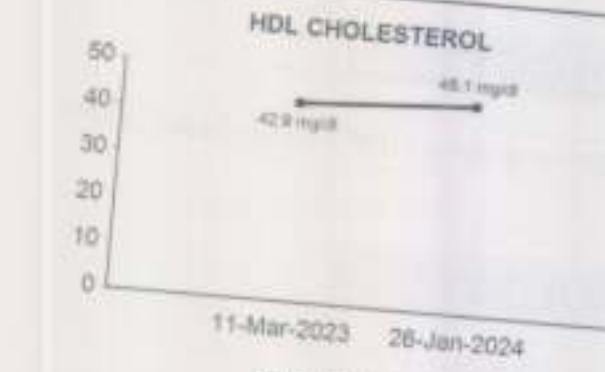
Dr. NAMRATA RAUL
M.D (Biochem)
Biochemist

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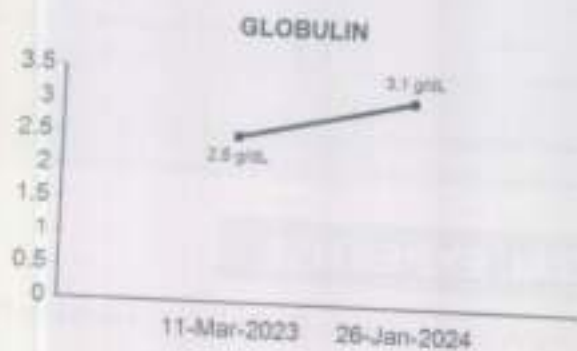
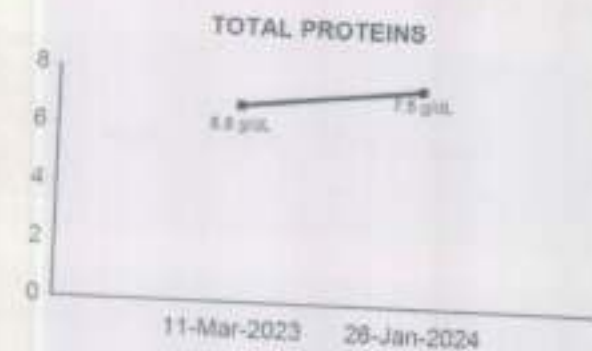
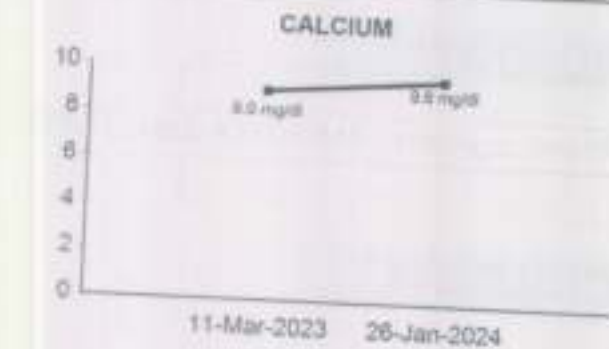




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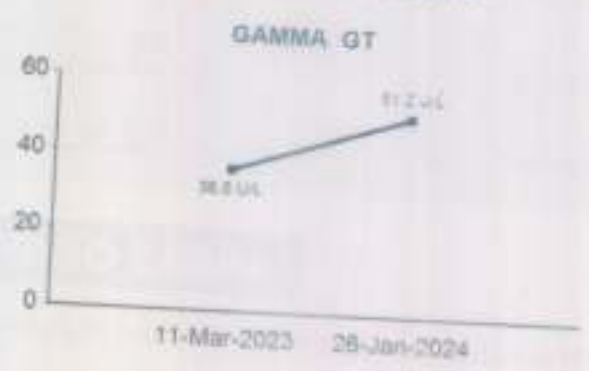
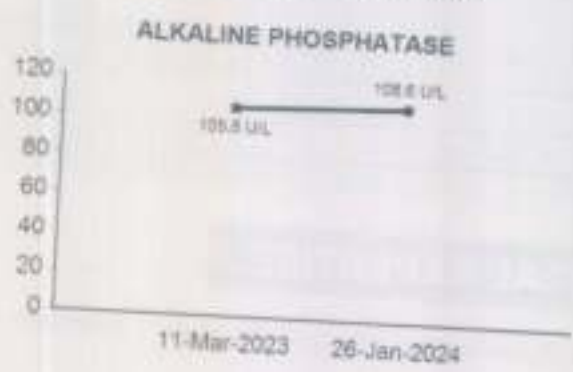
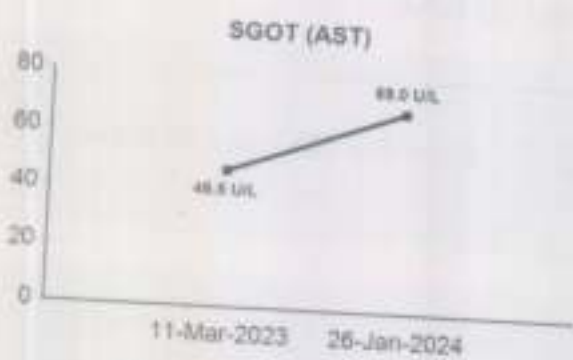
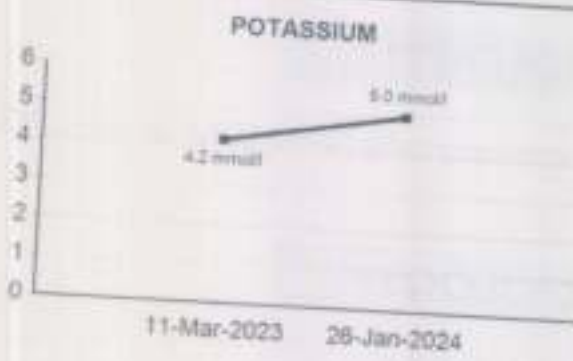


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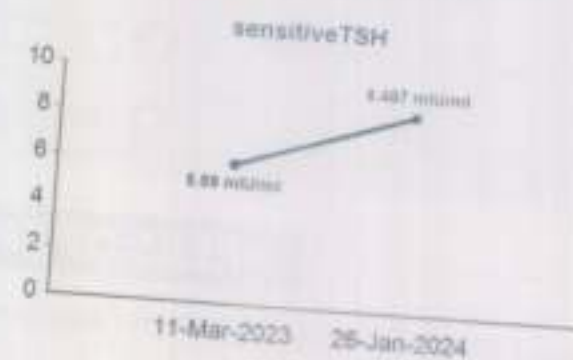
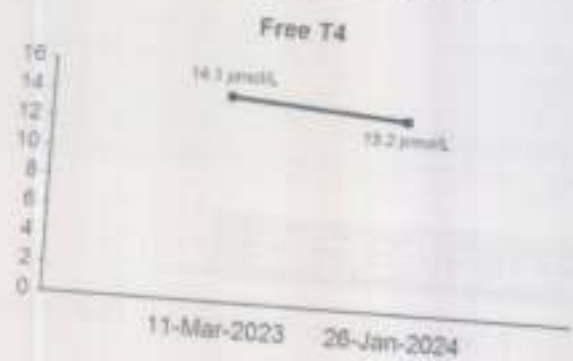
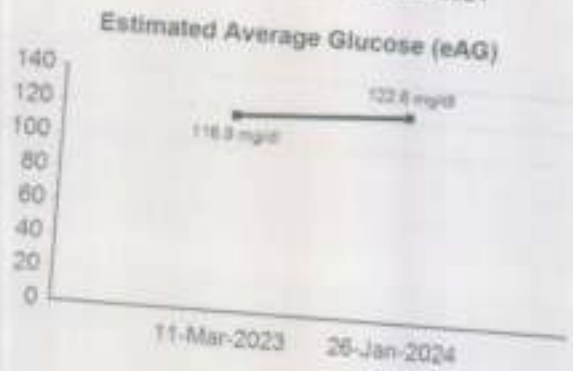
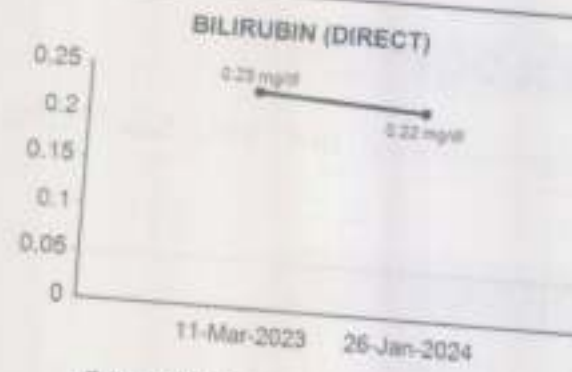


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Authenticity Check



Use a QR Code Scanner Application to Scan the Code!

CID : 2402615034
Name : Mr ARUNKUMAR PANDEY
Age / Sex : 47 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 26-Jan-2024
Reported : 26-Jan-2024 / 10:32

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?Access>

Accession No: 2024012608408942

REG NO : 2402615034	SEX : MALE
NAME : MR. ARUNKUMAR PANDEY	AGE : 47 YRS
REF BY : -----	DATE : 26 .01.2024

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS:

LVIDD	46	mm
LVIDS	32	mm
LVEF	60	%
IVS	12	mm
PW	7	mm
AO	21	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.
- Bicuspid AORTIC VALVE.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - artrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MR. ARUNKUMAR PANDEY


COLOR DOPPLER:

- Mitral valve doppler - E- 1.1 m/s, A 1.5 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 4.4 m/s peak/mean 79/48 mmHg
- No significant gradient across aortic valve.
- Grade I diastolic dysfunction.

IMPRESSION:

- VALVULAR HEART DISEASE.
- SEVERE AORTIC STENOSIS. AVMAX 4.4 M/SEC PEAK/MEAN 79/48 MMHG
- MODERATE AORTIC REGURGITATION.
- MILD 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.

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CID : 2402615034
Name : Mr ARUNKUMAR PANDEY
Age / Sex : 47 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 26-Jan-2024
Reported : 26-Jan-2024 / 9:42

R
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USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and *shows increased echorefectivity*. 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 4.4 cm. Left kidney measures 10.1 x 5.3 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 2.5 x 3.6 x 3.1 cm in dimension and 15.1 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen. **Bowel gas++**

Click here to view images <http://3.111.232.119/IRISViewer/NeuradViewer?AccessionNo=2024012608400970>

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WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Galaxy Wealth Space Building, Near Dmart, Premier Road, Vidyeshwar West, Mumbai - 400086

HEALTHLINE: 02-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

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Name : Mr ARUNKUMAR PANDEY
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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 26-Jan-2024
Reported : 26-Jan-2024 / 9:42

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IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

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

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

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Date:- 26/1/24

CID: 240 2615054

Name:- Devendra

Sex / Age: M - 47

Pandey
EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: MM

Past history: U/A

Unaided Vision: RR 6/36 L4 6/6 XN 2/18

Aided Vision: 13 6/6 HV 2/18

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: UIC over Spectacles.

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST