

PATIENT NAME : MR.TANK PARESH KARABHAI	SEX : MALE
REFERRED DR : -----	AGE : 49 YEARS
CID NO : 2305100385	DATE : 20.02.2023

Height: 174.5 cm	Weight: 81.8 Kg	BSA: 1.97 m ²
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Indication: Annual health check up

Image quality: Fair

ECG: Sinus Rhythm

TRANSTHORACIC ECHOCARDIOGRAPHY REPORT:

Summary :

- LV and RV are normal in size and function.
- No significant valvular pathology.
- IVC is normal in size with good collapse. No echocardiographic evidence of PAH.

LV assessment: Size and thickness: Normal.

RWMA: None.

Function: Normal.

LVEF(estimated): 55-60%

Mass/Thrombus: Nil.

RV assessment:

Size: Normal.

Function: Normal.

Mass/Thrombus: Nil.

Atria:

Size: Normal.

Mass/Thrombus: Nil.

Mitral Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

Tricuspid Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

NAME: MR.TANK PARESH KARABHAI

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Aortic Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

Pulmonary Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

Subcostal view: IVC- Normal.

Suprasternal view: Aortic arch: Normal.

Pericardium: No evidence of pericardial effusion.

LA(cm)	3.3	E's(cm/s)	9	E'L	10
AoA(cm)	2.3	E/E's	5	E/E'L	5
IVSd(cm)	1	Evel(m/s)	0.5	E'TV	9
LVIDd(cm)	4.5	Avel(m/s)	0.5	STV	8
PWd(cm)	1	MVDT	169	TR Vmax	
LA vol(ml)		E/A	0.9	TR max(mmHg)	
RA vol(ml)		MAPSE(cm)		LVEDP(mmHg)	
IVC(cm)	1.1	TAPSE(cm)		MPA	
LVOTd(cm)	2.4	PHAD(WU)		SPAP(mmHg)	

	Max vel m/s	Max PG mmHg	Mean PG mmHg	VTI	Valve area(cm ²)
AV	1	4			
PV	0.9	3			
MV					
TV					
LVOT	0.8	2	1.5	17	
RVOT	0.7	1.8	0.9	16	



DR. AJITA BHOSALE.

M.B.B.S/P.G.D.C.C (DIP.CARDIOLOGY).

Disclaimer: 2d echocardiography is an observer dependent investigation. Minor variation in reports are possible when done by two different examiners or even by same examiner done on two different occasions. These variations may not necessarily indicate change in the underlying cardiac condition. Previous reports must be provided to improve clinical correlation.

NAME: MR.TANK PARESH KARABHAI

CID NO:2305100385

*** End Of Report ***



CID : 2305100385
Name : MR.TANK PARESH KARABHAI
Age / Gender : 49 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 20-Feb-2023 / 08:41
Reported : 20-Feb-2023 / 12:55

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.04	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.3	40-50 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8560	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.2	20-40 %	
Absolute Lymphocytes	2157.1	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	650.6	200-1000 /cmm	Calculated
Neutrophils	65.3	40-80 %	
Absolute Neutrophils	5589.7	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	154.1	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	296000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	12.8	11-18 %	Calculated

RBC MORPHOLOGY



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Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation

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

Bmhasakar

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.8	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	

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*** End Of Report ***

Bmhasakar

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





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Reported : 21-Feb-2023 / 05:32

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	40.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	18.9	6-20 mg/dl	Calculated
CREATININE, Serum	1.00	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	84	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.8	1 - 2	Calculated
URIC ACID, Serum	3.0	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	5.9	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	143	135-148 mmol/l	ISE
POTASSIUM, Serum	3.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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

J. Thakker

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





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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
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Pathologist



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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	0.579	<4.0 ng/ml	CLIA

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- 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.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert



Anupa

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



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*** End Of Report ***



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Reported : 20-Feb-2023 / 17:31

**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>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
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
Reducing Substances	-	Absent

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

Bmhasakar

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





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Name : MR.TANK PARESH KARABHAI
Age / Gender : 49 Years / Male
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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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Reported : 20-Feb-2023 / 16:17

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert

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



Dr. Vrushi Shroff

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



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*** End Of Report ***



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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

- Limitations:**
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
 - Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
 - Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
 - Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
 - The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

- References:**
1. Denise M Harmening, 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.VRUSHALI SHROFF
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Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	144.5	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	57.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	117.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	89.0	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	28.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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*** End Of Report ***

NR Jain

Dr.VIPUL JAIN
M.D. (PATH)
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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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.96	0.35-5.5 microIU/ml	ECLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal 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 transiently altered because 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)

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*** End Of Report ***

Bmhasakar

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Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 20-Feb-2023 / 08:41
Reported : 20-Feb-2023 / 21:09

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.8	1 - 2	Calculated
SGOT (AST), Serum	21.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	28.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	39.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	81.4	40-130 U/L	Colorimetric

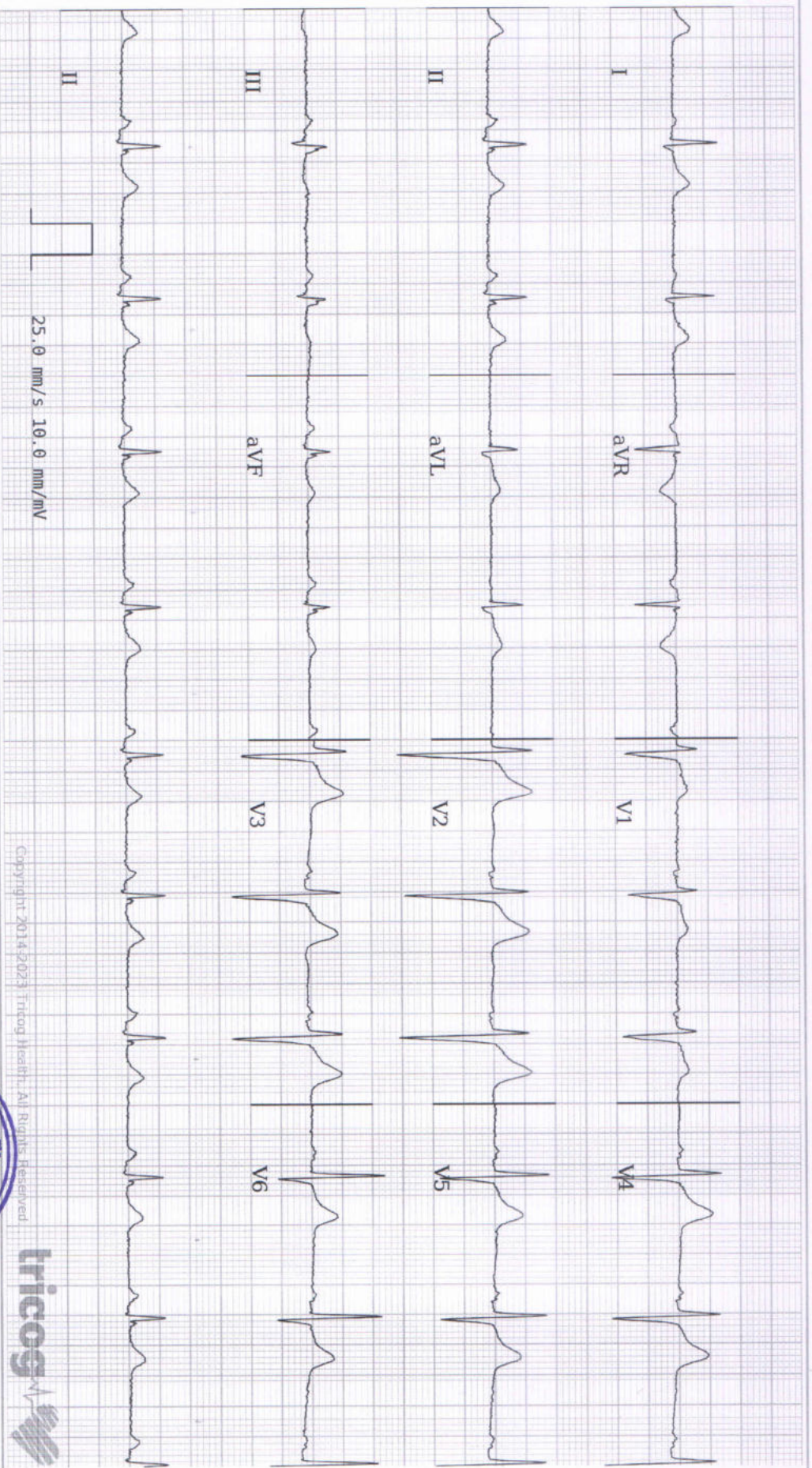
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***

NR Jain

Dr.VIPUL JAIN
M.D. (PATH)
Pathologist



SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST
 Patient Name: **TANK PARESH KARABHAI** Date and Time: **20th Feb 23 9:07 AM**
 Patient ID: **2305100385**



25.0 mm/s 10.0 mm/mV

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Age **49** 7 14
 years months days

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

BP: 150/100 mmHg

Weight: 81 kg

Height: 174 cm

Pulse: 60 bpm

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 104ms

QT: 406ms

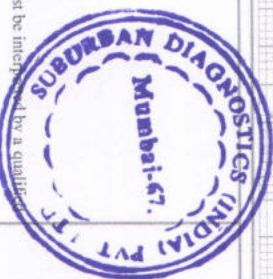
QTc: 412ms

PR: 156ms

P-R-T: 69° 31° 28°

REPORTED BY

Dr. Ajita Bhosale
 M.B.B.S.P.G.D.C.C (DIP. Cardiology)
 2013062200



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

Disclaimer: 1) Analysis in 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. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

CID# : 2305100385
Name : MR.TANK PARESH KARABHAI
Age / Gender : 49 Years/Male
Consulting Dr. :
Reg.Location : Mahavir Nagar, Kandivali West (Main Centre)
Collected : 20-Feb-2023 / 08:26
Reported : 21-Feb-2023 / 08:48

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms):	174.5	Weight (kg):	81.8
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	150/100	Nails:	Healthy
Pulse:	60/MIN	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs
Respiratory: Air Entry Bilaterally Equal
Genitourinary: NAD
GI System: Soft non tender No Organomegaly
CNS: NAD
IMPRESSION: RAISED BP.

ADVICE: REGULAR EXERCISE. HEALTHY DIET. MONITOR BP.

CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD:	NO
3) Arrhythmia:	NO
4) Diabetes Mellitus :	NO
5) Tuberculosis :	NO
6) Asthama:	NO

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- | | |
|--|----|
| 7) Pulmonary Disease : | NO |
| 8) Thyroid/ Endocrine disorders : | NO |
| 9) Nervous disorders : | NO |
| 10) GI system : | NO |
| 11) Genital urinary disorder : | NO |
| 12) Rheumatic joint diseases or symptoms : | NO |
| 13) Blood disease or disorder : | NO |
| 14) Cancer/lump growth/cyst : | NO |
| 15) Congenital disease : | NO |
| 16) Surgeries : | NO |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | VEG |
| 4) Medication | NIL |

*** End Of Report ***



(Signature)
 Dr. Ajita Bhosale
 PHYSICIAN
 Dr. AJITA BHOSALE
 Reg. No. 2013/062200
 MBBS/D. Cardiology

Date:- 20/2/23

CID: 2305100385

Name:- Mr. Paresh Tank.

Sex / Age: M / 49 yrs.

EYE CHECK UP

Chief complaints: - NO

Systemic Diseases: - NO

Past history: - NO

Unaided Vision: - NO

Aided Vision: - YES.

Refraction: (R) 6/6 (L) 6/6 with Spacts.

(Right Eye)

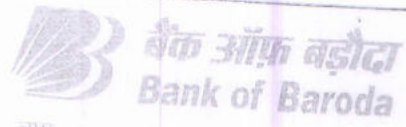
(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N/8				N/8

Colour Vision: Normal / Abnormal

Remark: Normal vision with Spacts.





नाम
Name: PARESH KARABHAI TANK

कार्यकारी क्र. नं.
E. C. No. : 81172

dt
जारीकर्ता प्राधिकारी
Issuing Authority



Paresh Karabhai Tank
धारक के हस्ताक्षर
Signature of Holder

Paresh Karabhai Tank

Authenticity Check



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CID : 2305100385
Name : Mr TANK PARESH KARABHAI
Age / Sex : 49 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 20-Feb-2023
Reported : 20-Feb-2023 / 13:34

USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size (16.1 cm), normal echotexture, shape and smooth margins. It shows raised parenchymal echogenicity. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 11.1 x 4.4 cm. Left kidney measures 10.2 x 5.3 cm.

SPLEEN:

The spleen is normal in size (9.3 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is partially distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal measuring 3.2 x 3.8 x 3.7 cm, volume 24.0 cc.

ADDITIONAL COMMENTS:

Visualized bowel loops appears unremarkable.
There is no evidence of any lymphadenopathy or ascites.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022008271276>

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Authenticity Check



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Ref. Dr :
Reg. Date : 20-Feb-2023
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reported : 20-Feb-2023 / 13:34

IMPRESSION:-

- Mild hepatomegaly with grade I fatty liver.
- No significant abnormality detected

ADVICE: Clinical correlation

(Above USG report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico - legal purposes)

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022008271276>

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Reg. Date : 20-Feb-2023
Reported : 20-Feb-2023/12:40

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-----

This report is prepared and physically checked by Dr. Chirag Patel before dispatch.

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319



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