

CID :2234420644 Name : MR.SANJAY JADHAV : 53 Years / Male Age / Gender Consulting Dr. : -Reg. Location : Borivali West (Main Centre) Authenticity Check

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Use a OR Code Scanner Application To Scan the Code Collected Reported

## MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood				
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
<b>RBC PARAMETERS</b>				
Haemoglobin	13.0	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.18	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	38.6	40-50 %	Measured	
MCV	92	80-100 fl	Calculated	
MCH	31.1	27-32 pg	Calculated	
MCHC	33.7	31.5-34.5 g/dL	Calculated	
RDW	13.2	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	4910	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABSC	LUTE COUNTS			
Lymphocytes	27.8	20-40 %		
Absolute Lymphocytes	1365.0	1000-3000 /cmm	Calculated	
Monocytes	10.0	2-10 %		
Absolute Monocytes	491.0	200-1000 /cmm	Calculated	
Neutrophils	58.5	40-80 %		
Absolute Neutrophils	2872.4	2000-7000 /cmm	Calculated	
Eosinophils	3.0	1-6 %		
Absolute Eosinophils	147.3	20-500 /cmm	Calculated	
Basophils	0.7	0.1-2 %		
Absolute Basophils	34.4	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

#### **PLATELET PARAMETERS**

Platelet Count	227000	150000-400000 /cmm	Elect. Impedance
MPV	7.3	6-11 fl	Calculated
PDW	11.0	11-18 %	Calculated

Page 1 of 16

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CID	: 2234420644			•
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Age / Gender	:53 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:10-Dec-2022 / 10:28	27.05
Reg. Location	: Borivali West (Main Centre)	Reported	:10-Dec-2022 / 12:27	т

Poikilocytosis Polychromasia			
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR, EDTA WB	27	2-20 mm at 1 hr.	Sedimentation

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



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

Page 2 of 16

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Collected Reported

:10-Dec-2022 / 10:28 :10-Dec-2022 / 13:17

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT					
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>		
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	110.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase		
Urine Sugar (Fasting)	Absent	Absent			
Urine Ketones (Fasting)	Absent	Absent			
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***					





BMhaskar

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

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:10-Dec-2022 / 16:07

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT			
	KIDNEY FUNCT		
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	50.3	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range a	and method w.e.f.11-07-2022		
BUN, Serum	23.5	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range a	and method w.e.f.11-07-2022		
CREATININE, Serum	0.99	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range ar	nd method w.e.f.11-07-2022		
eGFR, Serum	84	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range ar	nd method w.e.f.11-07-2022		
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	4.1	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range ar	nd method w.e.f.11-07-2022		
PHOSPHORUS, Serum	3.3	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range ar	nd method w.e.f.11-07-2022		
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range ar	nd method w.e.f.11-10-2022		
SODIUM, Serum	137	136-145 mmol/l	IMT
Kindly note change in Ref range ar	nd method w.e.f.11-07-2022		

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Consulting Dr. Reg. Location	: - :Borivali	West (Main Centre)	Collected Reported	:10-Dec-2022 / 10:28	т
POTASSIUM, S		4.1 ge and method w.e.f.11	3.5-5.1 mmol/l	IMT	
CHLORIDE, Se	-	103	98-107 mmol/l	IMT	

Kindly note change in Ref range and method w.e.f.11-07-2022

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



N. C. Solunking **Dr.LEENA SALUNKHE** M.B.B.S, DPB (PATH)

Pathologist

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METHOD

Calculated

HPLC

Collected

Reported

Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT **GLYCOSYLATED HEMOGLOBIN (HbA1c)** 

# PARAMETER

### **BIOLOGICAL REF RANGE** RESULTS

mg/dl

Glycosylated Hemoglobin 6.3 (HbA1c), EDTA WB - CC

Estimated Average Glucose 134.1 (eAG), EDTA WB - CC

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

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Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) Pathologist

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PRECISE TESTING . HEALTHIER LIVING CID :2234420644 Name : MR.SANJAY JADHAV Use a QR Code Scanner Application To Scan the Code Age / Gender : 53 Years / Male Consulting Dr. Collected : -:10-Dec-2022 / 10:28 Reported :10-Dec-2022 / 13:39 Reg. Location : Borivali West (Main Centre)

<u>MEDIWHEEL F</u>	ULL BODY HEALTH	<b>CHECKUP MALE ABOVE 4</b>	<u>0/TMT</u>		
PROSTATE SPECIFIC ANTIGEN (PSA)					
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>		
TOTAL PSA, Serum	0.873	<4.0 ng/ml	CLIA		

Kindly note change in Ref range and method w.e.f.11-07-2022

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ECISE TESTING - HEAL				E
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CID	: 2234420644			0
Name	: MR.SANJAY JADHAV		国际资源的资源资产的	0
Age / Gender	: 53 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:10-Dec-2022 / 10:28	
Reg. Location	: Borivali West (Main Centre)	Reported	:10-Dec-2022 / 13:39	т

#### **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, Artifactual (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 parallelmeasurements 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

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



Anto

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

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:10-Dec-2022 / 10:28 :10-Dec-2022 / 13:12

#### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT URINE EXAMINATION REPORT

<b>PARAMETER</b>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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 EXAMINATIO	<u>N</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	3-4	Less than 20/hpf	
Others	-		

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



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

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Collected Reported :10-Dec-2022 / 10:28 :10-Dec-2022 / 16:16

## MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT BLOOD GROUPING & Rh TYPING

#### PARAMETER

## <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.

#### Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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

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

C. Saland 1 Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH)

Pathologist

Page 11 of 16

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

#### HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343 For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com

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CID	: 2234420644
Name	: MR.SANJAY JADHAV
Age / Gender	:53 Years / Male
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

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Use a QR Code Scanner Application To Scan the Code

Collected Reported :10-Dec-2022 / 10:28 :10-Dec-2022 / 16:07

#### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT LIPID PROFILE

<u>P</u>	ARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
С	HOLESTEROL, Serum	223.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
T	RIGLYCERIDES, Serum	120.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
Н	DL CHOLESTEROL, Serum	38.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
	ON HDL CHOLESTEROL, erum	185.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LI	DL CHOLESTEROL, Serum	161.1	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
V	LDL CHOLESTEROL, Serum	24.1	< /= 30 mg/dl	Calculated
	HOL / HDL CHOL RATIO, erum	5.8	0-4.5 Ratio	Calculated
	DL CHOL / HDL CHOL RATIO, erum	4.2	0-3.5 Ratio	Calculated
*0				

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



N. C. Solunda **Dr.LEENA SALUNKHE** M.B.B.S, DPB (PATH) Pathologist

Page 12 of 16

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CID :2234420644 Name : MR.SANJAY JADHAV Age / Gender : 53 Years / Male Consulting Dr. : -Reg. Location : Borivali West (Main Centre)

Use a OR Code Scanner Application To Scan the Code Collected Reported

:10-Dec-2022 / 10:28 :10-Dec-2022 / 14:33

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT THYROID FUNCTION TESTS						
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>			
Free T3, Serum	5.2	3.5-6.5 pmol/L	CLIA			
Kindly note change in Ref range and	method w.e.f.11-07-2022					
Free T4, Serum	17.1	11.5-22.7 pmol/L	CLIA			
Kindly note change in Ref range and	method w.e.f.11-07-2022					
sensitiveTSH, Serum	2.238	0.55-4.78 microIU/ml	CLIA			
Kindly note change in Ref range and method w.e.f.11-07-2022						

Page 13 of 16

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID	· ZZ344Z0044			
Name	: MR.SANJAY JADHAV			
Age / Gender	: 53 Years / Male		Use a QR Code Scanner Application To Scan the Code	
Consulting Dr.	: -	Collected	:10-Dec-2022 / 10:28	
Reg. Location	: Borivali West (Main Centre)	Reported	:10-Dec-2022 / 14:33	

#### Interpretation:

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

#### **Clinical Significance:**

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered becuase 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.

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

Anto

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

Page 14 of 16

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID	: 2234420644
Name	: MR.SANJAY JADHAV
Age / Gender	:53 Years / Male
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)





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Use a QR Code Scanner Application To Scan the Code Collected Reported

:10-Dec-2022 / 10:28 :10-Dec-2022 / 16:07

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT					
PARAMETER	<u>LIVER FUNCTION RESULTS</u>	<u>DN TESTS</u> <u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>		
BILIRUBIN (TOTAL), Serum	0.44	0.3-1.2 mg/dl	Vanadate oxidation		
Kindly note change in Ref range and	d method w.e.f.11-07-2022				
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation		
Kindly note change in Ref range and	d method w.e.f.11-07-2022				
BILIRUBIN (INDIRECT), Serum	0.29	<1.2 mg/dl	Calculated		
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret		
Kindly note change in Ref range and	d method w.e.f.11-07-2022				
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG		
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated		
A/G RATIO, Serum	1.6	1 - 2	Calculated		
SGOT (AST), Serum	29.5	<34 U/L	Modified IFCC		
Kindly note change in Ref range and	d method w.e.f.11-07-2022				
SGPT (ALT), Serum	36.5	10-49 U/L	Modified IFCC		
Kindly note change in Ref range and	d method w.e.f.11-07-2022				
GAMMA GT, Serum	50.3	<73 U/L	Modified IFCC		
Kindly note change in Ref range and	d method w.e.f.11-07-2022				
ALKALINE PHOSPHATASE, Serum	137.2	46-116 U/L	Modified IFCC		

Kindly note change in Ref range and method w.e.f.11-07-2022

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

N. C. Solumber **Dr.LEENA SALUNKHE** M.B.B.S, DPB (PATH) Pathologist

Page 15 of 16

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID	: 2234420644			
Name	: MR.SANJAY JADHAV		自然要要的發展這些是	0
Age / Gender	: 53 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:	234
Reg. Location	: Borivali West (Main Centre)	Reported	:	т

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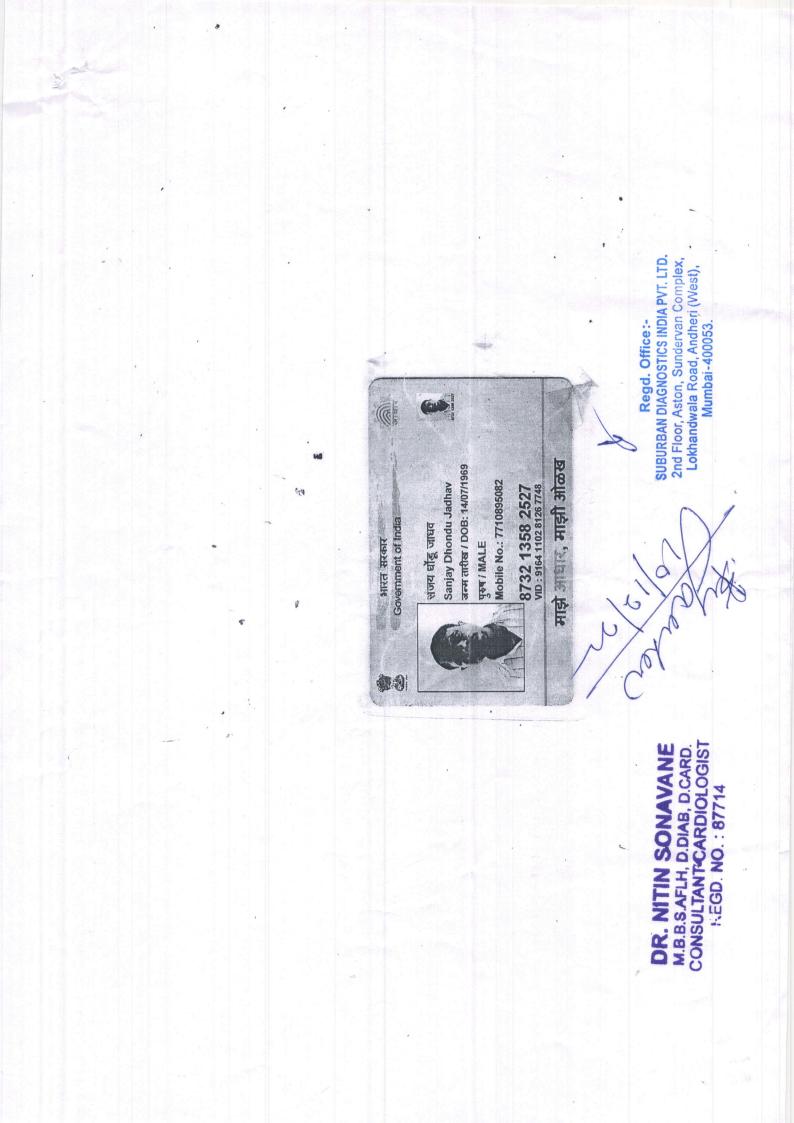
\*\*\* End Of Report \*\*\*

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Date:- (1/12/2022 Name:- Sanjey Jachar	CID: 2234920644 Sex/Age: 53/m
	EYE CHECK UP
Chief complaints:	
Systemic Diseases:	
Past history:	
Unaided Vision: . NE UG	
Aided Vision: 616 619	9
N 8 $N$ 8 Refraction:	

(Right Eye)

(Left Eye)

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ų.	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near							ж. т	

Colour Vision: Normal / Abnormal

**Remark:** 

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT CARDIOLOGIST REGD. NO. : 87714

Regd. Office:-SUBURBAN DIAGNOSTICS INDIA PVT. LTD. 2nd Floor, Aston, Sundervan Complex, Lokhandwala Road, Andberi (West), Mumbai-400050.

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>rd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086. HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com





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CID : 2234420644 Name : Mr SANJAY JADHAV Age / Sex : 53 Years/Male Ref. Dr : Reg. Location : Borivali West

Reg. Date Reported Application To Scan the Code : 10-Dec-2022 : 10-Dec-2022 / 14:13

Use a QR Code Scanner

# **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.

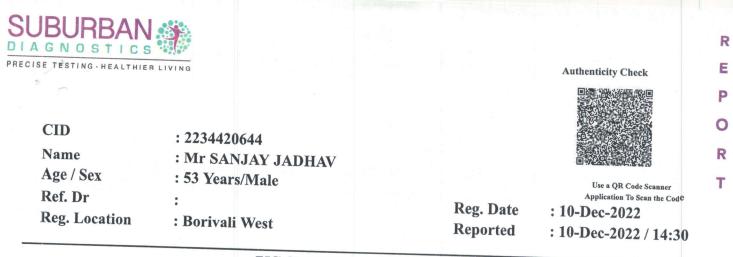
-----End of Report-----

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121010163554

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# **USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

KIDNEYS: Right kidney measures 8.4 x 4.0 cm. Left kidney measures 9.3 x 4.6 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. Prostate measures 4.1 x 3.8 x 3.0 cm and prostatic weight is 26 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121010163567

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Name Age / Sex Ref. Dr **Reg.** Location

: Mr SANJAY JADHAV : 53 Years/Male : Borivali West

: 2234420644

**Reg.** Date Reported

Use a QR Code Scanner Application To Scan the Code : 10-Dec-2022 : 10-Dec-2022 / 14:30

#### **Opinion:**

CID

No significant abnormality is detected. ۰

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For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA **Consultant Radiologist** M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121010163567

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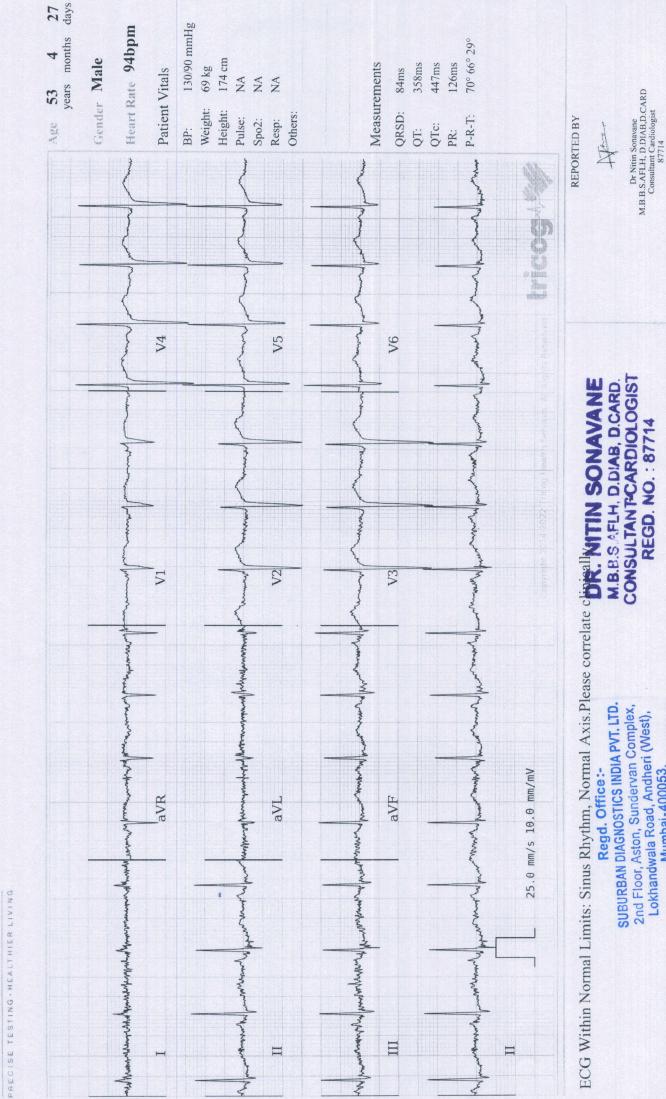
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Patient Name: Patient ID: BURBAN GNOS V O S

Date and Time: 10th Dec 22 1:43 PM

SANJAY JADHAV

2234420644



REGD. NO.: 87714

Lokhandwala Road, Andheri (West), Mumbai-400053.

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SANJAY	JADHAV			90 20025 2000 200 90 200 00 200 00 2 90 200 00 200 200 90 20 200 200 200 200 90 20 200 200 200 200 90 20 200 200 200 200 200 20 20 20 20 20 20 200 20	Date: 1	10-12-2022	Time: 11:25
Age: 53 Ger	nder: M He	ight: 174 cms	Weight: 69	9 Kg	ID:	2234420644	
Clinical History: NII	,						
Medications: NIL							

# **Test Details:**

Protocol: Bruce		Predicted Max HR:	167	Target HR: 141		
Exercise Time:	0:06:28	Achieved Max HR:	142 (85% of ]	Predicted MHR)		
Max BP:	170/90	Max BP x HR:	24140	Max Mets: 7,2		
Test Termination	Criteria: TES	T COMPLET				

## **Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	Max ST Slope
Supine	00:12	1	0	0	87	130/90	11310		0.4 V3
Standing	00:33		0	0	97	130/90	12610	0.7 V4	-0.9 aVR
HyperVentilation	00:12	1	0	0	93	130/90	12090	1.3 V3	0.9 III
PreTest	00:12	1	1.6	0	94	130/90	12220	-1.1 aVR	0.4 aVR
Stage: 1	03:00	4.7	2.7	10	121	140/90	16940	3.5 V4	0.9 V4
Stage: 2	03:00	7	4	12	133	170/90	22610	1.7 V4	1.2 III
Peak Exercise	00:28	7.2	5.5	14	142	170/90	24140	-2 V6	1 V4
Recovery1	01:00		0	0	121	150/90	18150	2.2 V4	0.9 V3
Recovery2	01:00		0	0	105	150/90	15750		0.5 V3

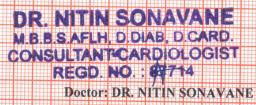
# **Interpretation**

The Patient Exercised according to Bruce Protocol for 0:06:28 achieving a work level of 7.2 METS. Resting Heart Rate, initially 87 bpm rose to a max. heart rate of 142bpm (85% of Predicted Maximum Heart Rate). Resting Blood Pressure of 130/90 mmHg, rose to a maximum Blood Pressure of 170/90 mmHg Good Effort tolerance

Normal HR & BP Respone No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

> Regd. Office:-URUREAN DIAGNOSTICS INDIA PVT. LTC Aston, Sunder van Complex, 13 Road, Andhen (Vvesp. 10 Bai-400053





(Summary Report edited by User) Spandan CS-20 Version:2.14.0

Chart Speed: 25 mm/sec Amp				SANJAY JADHAV Bruce Protocol STLove(mm) SISlope(nV/s) 0.1 0.1 1
Amplitude: 10mm/mV Filter: 35 Hz				SUBURBAN ID: 2234420644 Stage: Supine
Mains Filter: ON ISO = R				DIANOSTICS PV Date: 10-12-2022 Speed: 0 km/h
ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms				VT. LTD. BORIVALI Exec Time : 0:00:00 Stag Slope: 0% THI
				AUI Stage Time: 00:12 THR: 141 bpm
Schiller Spandan CS-20 Version:2.14		V3 1.2 V3 V3 V4 0.8 V4 0.8 V4 0.8 V4 0.8	• v2 11 v3	HR: 87 bpm BP: 130/90 mmFig STLeve(um) STSlope(mV/

Schiller Spandan CS-20 Version:2.14 0

Chart Speed: 25 mm/sec			0.9 MMM		0.3 Marine 0.8	0.4 0.7	SANJAY JADHAV Bruce Protocol STLevel(mm) STStope(mV/s)
/sec Amplitude: 10mm/mV	avr	aVL	aVR	E		-	ADHAV pedm <sup>V/s</sup>
Omm/mV Filter: 35 Hz			- Marine				SUBURBA
Mains Filter: ON						- Anna -	SUBURBAN DIANOSTIC 2234420644 Date: 10-12-2022 ge: Standing Speed: 0
LSO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms							S PVT. LTD. BORIVALI Exec Time : 0:00:00 Stag Slope: 0 % THR
Post J = J + 60 ms							DRIVALI 00:00 Stage Time: 00:33 THR: 141 bpm
Schiller Spandar CS:20 Version:2.14	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	VS -0.		V3 0.2	V2 4.6	• 15	0:33 BP: 130/90 mmilig n STLevel(nm) STStope(mV/

Chart Spe			- Alton	- Alto	As AM	₹ ₩	-0.2	SANUAY Bruce Protoco
Chart Speed: 25 mm/sec	$\sum_{i=1}^{n}$	0.7	X -6, 7	0. 2	, 0,9	0.2	₹ -0.5	<u>s</u> 2 K
/sec	$\mathcal{L}$	avr	aVL	aVR	8	×		STSIope(mV/s)
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Amplitude: 10mm/mV	Ş	$\left\{ \right\}$		$\left\{ \right\}$		$\left\{ \right\}$		
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Filter: 35 Hz	Ş	Ś	~~~		$\left\{ \right\}$			SUBURBAN ID: 2234420644 Stage: HyperVentilation
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= OSI	$\sum_{i=1}^{i}$							
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	$\sum_{i=1}^{n}$	$\mathbf{i}$	$\mathbf{z}$			$\sum$	Y	Exec Time : 1 Slope: 0 %
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	}	<b>₹</b> 6 23	V5 207	V4 0.9	V3	- V2 1.1	VI 03	HR: S BP: 130/
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SUBURBAN DIANOSTICS PVT; LTD: BORLVALI Ib 122 40004 Bigs: 10 - 12 - 100 Bigs: 10 -	o.9 MAL US Chant Speed: 95 mm/seec	.1.7 -0.5 aVR	03 AMA 0.4 MM	1.4 06 II W		SANJAY JADHAY Bruce Protocol STLevel(mm) STStope(mV/8)	
CS PVT: LTD. BORIVALI						SUBURBAN DL ID: 2234420644 [ Stage: 1 S	
BORUVALI 0:03:00 Stage Time: 03:00 THR: 141 bpm THR: 14						SE .	
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Schiller Spandan CS-20 Version:2.14

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Chart Speed: 25 mm/sec Amplitude: 10mm/mV 'Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

IL A Amplifude: 10mml/mV	NS OS AVL	AND IS IN ANY ANY ANY ANY ANY ANY ANY ANY ANY AN	Amar and the way	SANJAY JADHAV SANJAY JADHAV Bruce Protocol Sruevel(mm) STStope(mV/s) (5 43 1 Automatical Stage: 2 Automatical Stage: 2
Filter: 35 Hz Mains Filter: ON ISO=R-60 ms, U = R + 60 ms, Postu	WWW - LIWW	MW TI WWW	WWW IL WWW	SUBURBAN DIANOSTICS PVT. LTD. BORIVALI 2234420644 Date: 10-12-2022 Exee Time: 0:06:00 Stag ge: 2 Speed: 4 kmph Slope: 12 % TH
J+60 ms			V V V V	se Time: 03:00
Schiller Spandam CS-29 Version: L.14			0.4	HR: 133 bpm BP: 170/90 mmHg STLevel(mm) STSlope(mV/s)

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Chart Speed: 23 mm/sec	2		9 <u>7</u>	-0.9	-0.2	0.8	SANJAY JADH Bruce Protocol STLevolumm STSlope(mV/s
Amplifide: 10mm/mv	ave	aVL	avr	III AND	" "WWW		SANJAY JADHAY Bruce Protocol STLevel(mm) STSlope(nV/s)
Filter: 35 Hz Mains Filter	Jan Martin		Marken	A Contraction of the second se	Maran	www.	SUBURBAN ID: 2234420644 Stage: 3 Peak Exercise
Aains Filter DN ISO = R						man Je	SUBURBAN DIANOSTICS PV 2234420644 Date: 10-12-2022 ge: 3 Peak Exercise Speed: 5.5 kmph
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					W	Marrie	IVALL 8 Stage Time: 00:28 THR: 141 bpm
Schuller Spanphan CS-20 Version:2.14					AN AN	N N M	8 BP: 170/90 mmHg STLeve((mm) STStope(mV/s)

Chart Speed: 25 mm/sec	×s			-12 MA	All All	¶s MA		SANJAY Bruce Protoco	
d: 25 mm/s	N	-0.1	0.2	-0.6	-0.2	0,2	04		
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0mm/mV	Y.	Z				X	ł	SU ID: 223 Stage: F	
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R - 60 ms, J = R + 60 ms, Post J = J + 40 ms		Z.	2	$\mathcal{Z}$		N N	W	T. LTD. BOR Exec Time : 00:00 Slope: 0 %	
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Schiller Spandan CS-20		1 1 1 1 1 1					VI 0.8	HR: 136 bpm BP: 170.90 mmHg STLevel(mm) STSlope(mV/s	
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Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON 1SO = R - 60 ms, J = R + 60 ms, Post J = J + 60 msг Schiller Spandan CS-20 Version:2.14 V6 0.3 7 D

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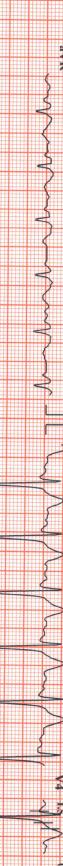
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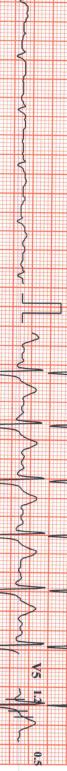
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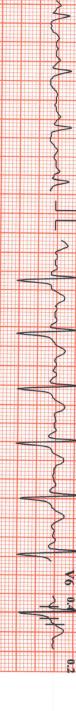












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Chart Speed: 25 mm/sec

Amplitude: 10mm/hV

Filter: 35 Hz Mains Filter: ON

 $ISO = R - 60 \text{ ms}, J = R^{1} + 60 \text{ ms}, Post J = J + 60 \text{ ms}$ 

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Chart Speed: 25 mm/sec	V5 ₩ •		₩ ₩ ₩ *	-0.4 	-0.5 -01	-0.1 0.1	SANJAY Bruce Protocol STLevel(mm) ST	
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Anplitude: 10mm/mV Filter: 35 Hz			- And				SUBURB ID: 2234420644 Stage: Recovery3	
5 Hz Mains Filter: ON							SUBURBAN DIANOSTIC 2234420644 Date: 10-12-2022 ge: Recovery3 Speed: 0 kmph	
USO = R - 60 ms, J = R + 60 <sup>0</sup> ms, Post J =						JLVW	9	2
60 <sup>m</sup> s, Post J = J + 60 ms							BORIVA	
Schille							LI Stage Time: 00:05 THR: 141 bpm	
Schiller Spandan CS-20 Version:2.14	V6 og	VS I O.4	va ig Mas	V3 1.6 0.6	V2 I .	VI 0.4 0.2	HR: 108 bpm BP: 130/90 mmFg STLevel(mm) STSlope(mV/s	