



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 11:17

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

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.00	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.4	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6390	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	40.0	20-40 %	
Absolute Lymphocytes	2556.0	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	383.4	200-1000 /cmm	Calculated
Neutrophils	47.3	40-80 %	
Absolute Neutrophils	3022.5	2000-7000 /cmm	Calculated
Eosinophils	6.2	1-6 %	
Absolute Eosinophils	396.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	31.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	181000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	20.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 12:06

Use a QR Code Scanner  
Application To Scan the Code

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                      31                      2-15 mm at 1 hr.                      Sedimentation

\*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)**



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code  
Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 17:35

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	83.1	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

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



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 14:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	39.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	18.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	1.54	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	52	>60 ml/min/1.73sqm	Calculated
<b>Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation</b>			
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.5	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.9	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.5	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	4.6	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

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



*Dr. Vrushi Shroff*

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



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 12:56

**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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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**  
M.D. (PATH)  
Pathologist



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 13:56

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.588	<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- $\alpha$ -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

**Reflex Tests:** % FREE PSA , USG Prostate

**Limitations:**

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by 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 \*\*\*



*Anupa*

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



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 18:04

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Greenish	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (5.0)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
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**



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 13:03

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Trace	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	2+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	3-4	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 Borivali Lab, Borivali West

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



*Bmhasakar*

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





CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 13:32

**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 & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

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

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



*Dr. Vrushi Shroff*

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



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code  
Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 14:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	239.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	154.3	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	40.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	199.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	168.8	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	30.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.2	0-3.5 Ratio	Calculated

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



*Dr. Vrushi Shroff*

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



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 13:28

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.205	0.55-4.78 microIU/ml	CLIA

**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)



*Anupa*

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



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2310416856  
**Name** : MR.DINESH M THAKUR  
**Age / Gender** : 44 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Kandivali East (Main Centre)

**Collected** : 14-Apr-2023 / 08:43  
**Reported** : 14-Apr-2023 / 13:28

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



CID : 2310416856  
Name : MR.DINESH M THAKUR  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 14-Apr-2023 / 08:43  
Reported : 14-Apr-2023 / 13:28

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.72	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.49	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	30.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	32.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	17.6	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	76.0	46-116 U/L	Modified IFCC

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



*Anupa*

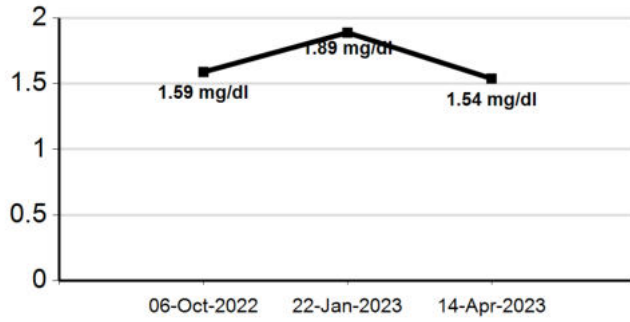
**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
Consultant Pathologist & Lab Director



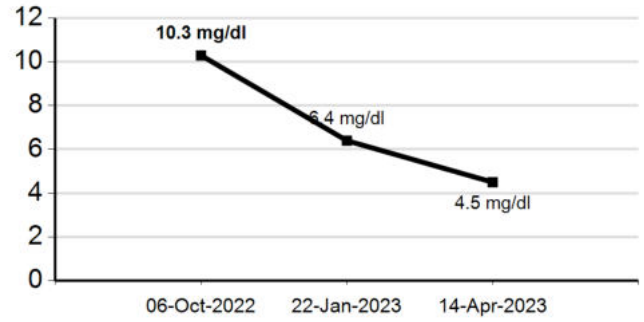
Use a QR Code Scanner Application To Scan the Code

CID : 2310416856  
 Name : MR.DINESH M THAKUR  
 Age / Gender : 44 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

**CREATININE**



**URIC ACID**



Name : Mr. DINESH M THAKUR  
 VID : 2310416856  
 Ref By : -

Reg Date : 14-Apr-2023 08:39  
 Age/Gender : 44 Years  
 Regn Centre : Kandivali East (Main Centre)

**History and Complaints:**

HTN since 6-7 yrs, Vertigo-2020

**EXAMINATION FINDINGS:**

Height (cms):	179 cms	Weight (kg):	113 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	150/100, 130/80	Nails:	Normal
Pulse:	Not Palpable	Lymph Node:	Not Palpable

**Systems**

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

**IMPRESSION:**

*- Overweight  
 - Uric Acid 2+*  
*- Dyslipidemia  
 - Uter. fatty liver*

**ADVICE:**

*- Low fatty diet  
 - by exercise  
 Plenty of oral fluids*

**CHIEF COMPLAINTS:**

1) Hypertension: Yes  
 2) IHD: No

Name : Mr . DINESH M THAKUR  
VID : 2310416856  
Ref By :

Reg Date : 14-Apr-2023 08:39  
Age/Gender : 44 Years  
Regn Centre : Kandivali East (Main Centre)

- |  |    |
|--|----|
| 3) Arrhythmia                            | No |
| 4) Diabetes Mellitus                     | No |
| 5) Tuberculosis                          | No |
| 6) Asthama                               | No |
| 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 |
| 17) Musculoskeletal System               | No |

**PERSONAL HISTORY:**

- |               |       |
|---------------|-------|
| 1) Alcohol    | No    |
| 2) Smoking    | No    |
| 3) Diet       | Mixed |
| 4) Medication | Yes   |

*Dr. Jagruti Dhale*  
MBBS  
Consultant Physician  
Reg. No. 69548  
*J. Dhale*  
Dr. Jagruti Dhale

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700500



Date:- 14/04/23

CID: 2310416856

Name:- Abhesh Thakur

Sex/Age: 44/M

**EYE CHECK UP**

Chief complaints:

Routine eye checkup

Systemic Diseases:

HTN Rx °° 3 years

Past history:

Nil

Unaided Vision:

2/6

6/6

6/6

Aided Vision:

6/6

6/6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	Plano	—	6/6	—	Plano	—	6/6
Near	+1.25	—	—	No	+1.25	—	—	No.

Colour Vision: Normal / Abnormal

Remark:

At same glasses

*Vidhi*  
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row KAJAL NAGRECHIA,  
Thakur V OPTOMETRIST (east),  
Mumbai - 400101  
Tel: 61700000  
Reg: 119. 62348

**DENTAL CHECK - UP**

Name:- *Dinesh Thakur*

CID : *2310416856* Sex / Age : *M/44*

Occupation:-

Date: *14/04/2023*

Chief complaints:- *No complaints*

Medical / dental history:- *Extraction done*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral Symmetrical*

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *676 missing*
- c) Calculus: +
- Stains: +

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

○	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: a) *Replacement of 676*  
b) *Scaling & Polishing*

Provisional Diagnosis:-

*- NIL -*

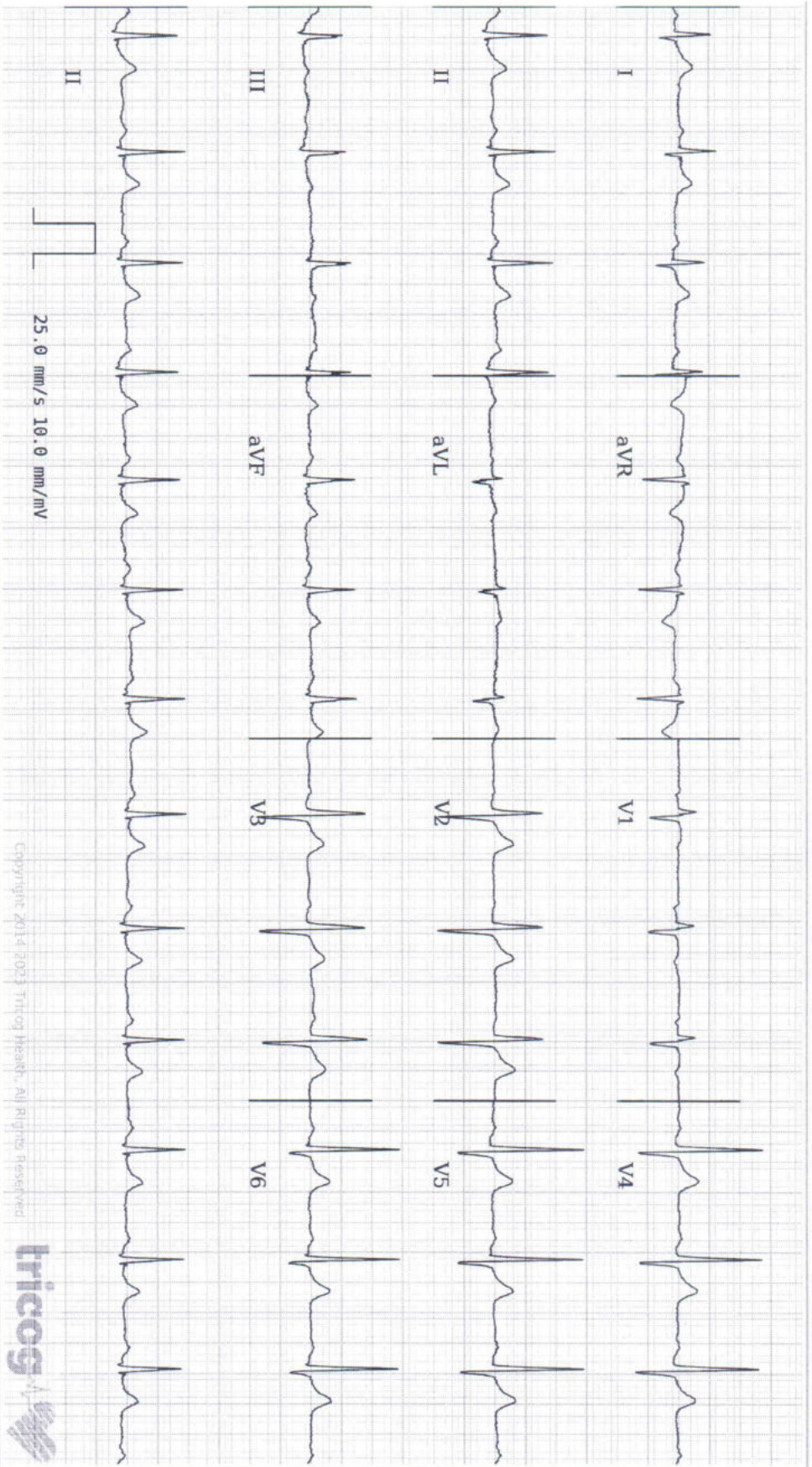
**DR. BHUMIK PATEL**  
(B.D.S) A - 23378

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
B-10, 1st Floor, 1st Stage, 1st Cross,  
Thakur Narayan, Shivajinagar,  
Mumbai - 400017.

*Dr Bhumik Patel*  
*DR*

Patient Name: DINESH M THAKUR  
Patient ID: 2310416856

Date and Time: 14th Apr 23 9:53 AM



Copyright 2014-2023 Tricog Heart. All Rights Reserved



Age **44** 9 24  
years months days

Gender **Male**

Heart Rate **82bpm**

Patient Vitals

BP: 150/100 mmHg  
Weight: 113 kg  
Height: 179 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

Measurements

QRSD: 88ms  
QT: 328ms  
QTcB: 383ms  
PR: 158ms  
P-R-T: 55° 70° 40°

REPORTED BY

DR AKHIL PARULEKAR  
MBBS,MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

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 : 2310416856  
Name : Mr DINESH M THAKUR  
Age / Sex : 44 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 14-Apr-2023  
Reported : 14-Apr-2023 / 13:58

Use a QR Code Scanner  
Application To Scan the Code

**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-----

Khilji Faizur

**Dr. FAIZUR KHILJI**  
**MBBS, RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

Click here to view images <<ImageLink>>

<b>43PATIENT NAME</b> : MR DINESH M THAKUR	<b>SEX</b> : MALE
<b>REFERRED BY</b> : Arcofemi Healthcare Limited	<b>AGE</b> : 44YEARS
<b>CID NO</b> : 2310416856	<b>DATE</b> : 14/04/2023

## 2D & M-MODE ECHOCARDIOGRAM REPORT

**MITRAL VALVE:** has thin leaflets with normal subvalvar motion.  
No mitral regurgitation .

**AORTIC VALVE :** has three thin leaflets with normal opening  
No aortic regurgitation.

**LEFT VENTRICLE :** is normal , has normal wall thickness , No regional wall motion abnormality .  
Normal LV systolic contractions. EF - 60%.

**LEFT ATRIUM:** is normal.

**RIGHT ATRIUM & RIGHT VENTRICLE:** normal in size.

**TRICUSPID VALVE & PULMONARY VALVES :** normal.  
**NO TR / PH.**

No pericardial effusion.

**IMP :**                      **Normal LV systolic function. EF-60%.**  
Normal other chambers and valves.  
No regional wall motion abnormality/ scar.  
**No clot / vegetation / thrombus / pericardial effusion.**

**M- MODE :**

LA (mm)	33
AORTA (mm)	20
LVDD (mm)	42
LVSD (mm)	28
IVSD (mm)	11
PWD (mm)	11
EF	60%
E/A	1.06

DR AKHIL PARULEKAR  
DNB CARDIOLOGIST  
REG. NO 2012082483

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310416856  
Name : Mr DINESH M THAKUR  
Age / Sex : 44 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 14-Apr-2023  
Reported : 14-Apr-2023 / 9:29

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. **It shows bright parenchymal echo pattern.** 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 visualized 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 9.5 x 4.5 cm. Left kidney measures 10.5 x 5.0 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

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

### PROSTATE:

The prostate is normal in size and volume is 20 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041408402733>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310416856  
Name : Mr DINESH M THAKUR  
Age / Sex : 44 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 14-Apr-2023  
Reported : 14-Apr-2023 / 9:29

**IMPRESSION:**  
Grade I fatty liver.

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

*Khilji Faizur*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041408402733>