

CID : 2432507874  
Name : MR.ASHISH DUBEY  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

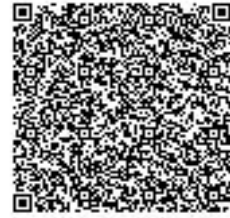
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**

**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	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.92	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.2	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5470	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.9	20-40 %	
Absolute Lymphocytes	1730.0	1000-3000 /cmm	Calculated
Monocytes	9.1	2-10 %	
Absolute Monocytes	500.0	200-1000 /cmm	Calculated
Neutrophils	56.0	40-80 %	
Absolute Neutrophils	3060.0	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	130.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	171000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	20.8	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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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 12 2-15 mm at 1 hr. Sedimentation

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

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

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

**Limitations:**

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

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

**Reference:**

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

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\*\*\* 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**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	106.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	124.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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Note: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*Bmhasakar*

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



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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	30.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	14.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.88	0.73-1.18 mg/dl	Enzymatic
eGFR, Serum	106	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	6.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.8	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	8.9	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	140	136-145 mmol/l	IMT
POTASSIUM, Serum	4.0	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 \*\*\*



*Anupa*

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



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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	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.

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



*M Jain*

**Dr.MILLU JAIN**  
**M.D.(PATH)**  
**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	0.400	<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

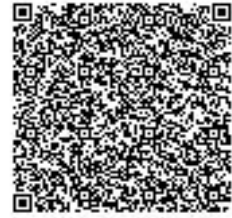
**Limitations:**

- 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 parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

**Note :** The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

**Reference:**

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



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



**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant - Pathologist**



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	7.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/hpf	
Yeast	Absent	Absent	
Others	-		





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*M Jain*

**Dr.MILLU JAIN**  
**M.D.(PATH)**  
**Pathologist**



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

PARAMETER	RESULTS
ABO GROUP	A
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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*Anupa*

**Dr.ANUPA DIXIT**  
M.D.(PATH)  
Consultant 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	194.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	281	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	33.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	161.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	121	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
<b>Note: LDL test is performed by direct measurement</b>			
VLDL CHOLESTEROL, Serum	40.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

Reference:

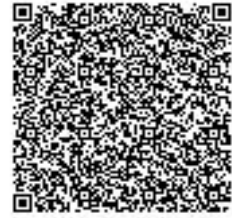
- Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- Pack Insert.

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



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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	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	11.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.791	0.55-4.78 microU/ml	CLIA



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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 trasiently altered becuae 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:**

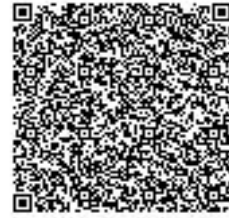
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



*Anupa*

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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	0.62	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.44	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	23.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	35.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	23.0	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	76.3	46-116 U/L	Modified IFCC

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Collected : 20-Nov-2024 / 13:56  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**

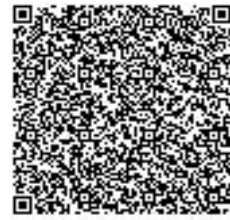
<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*J Thakker*

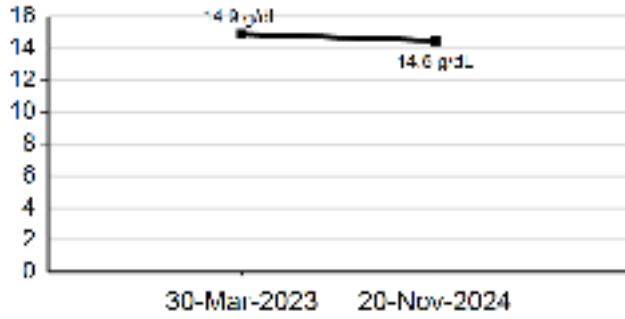
**Dr.JYOT THAKKER..**  
M.D. (PATH), DPB  
Pathologist & AVP( Medical Services)



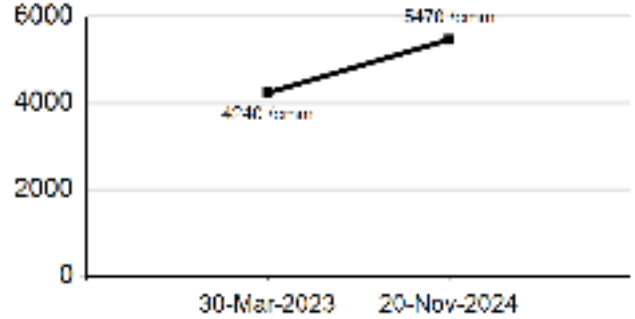
Use a QR Code Scanner Application To Scan the Code

CID : 2432507874  
 Name : MR.ASHISH DUBEY  
 Age / Gender : 48 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

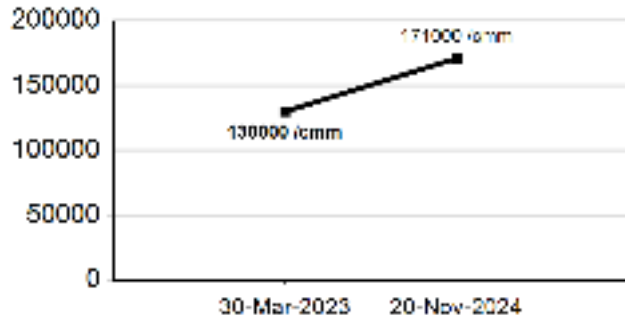
**Haemoglobin**



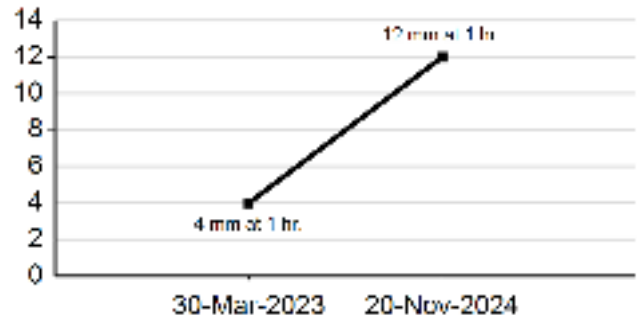
**WBC Total Count**



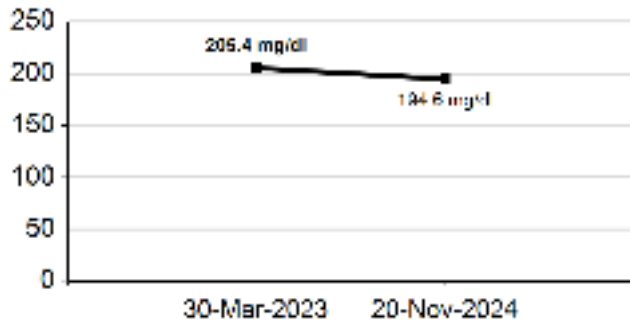
**Platelet Count**



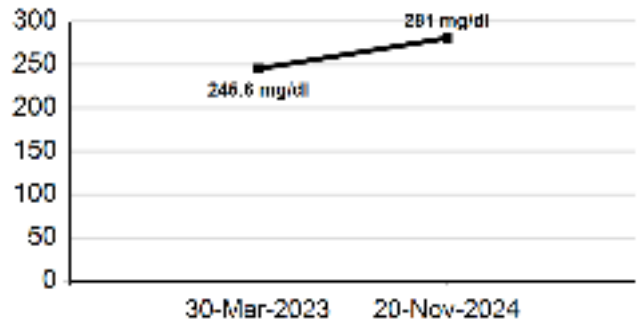
**ESR**



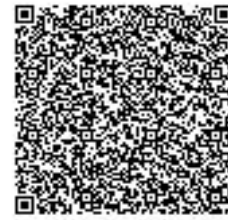
**CHOLESTEROL**



**TRIGLYCERIDES**



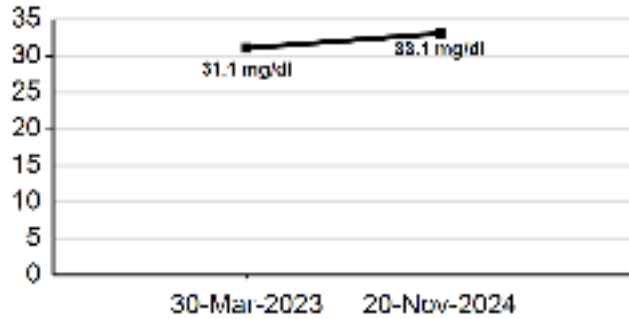




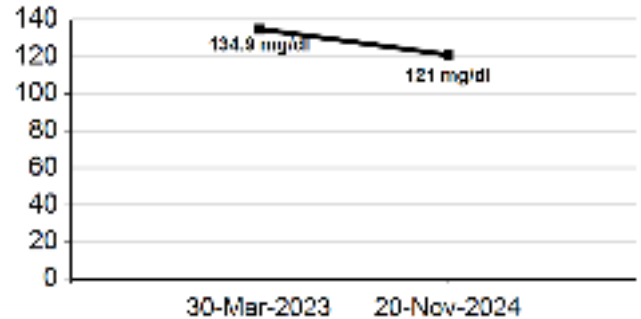
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Reg. Location : Kandivali East (Main Centre)

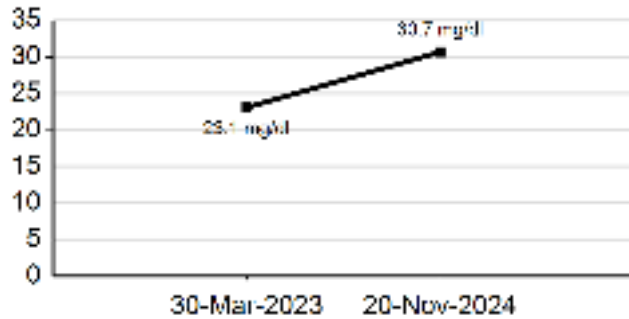
**HDL CHOLESTEROL**



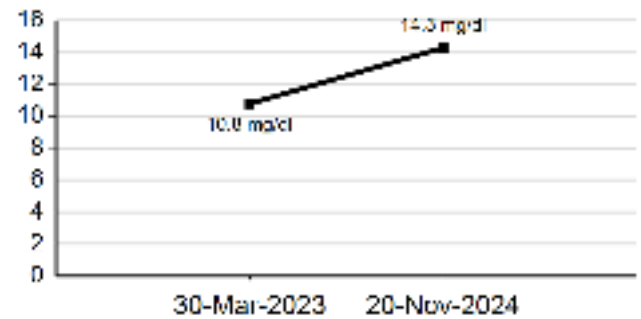
**LDL CHOLESTEROL**



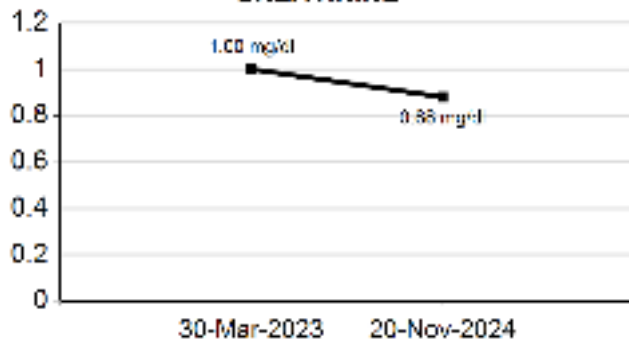
**BLOOD UREA**



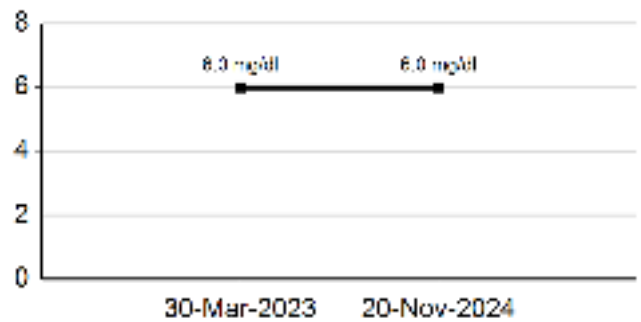
**BUN**

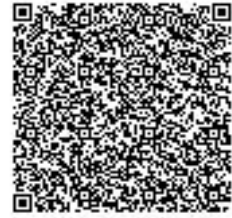


**CREATININE**



**URIC ACID**

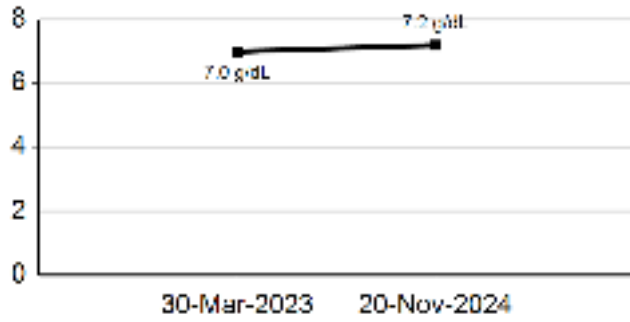




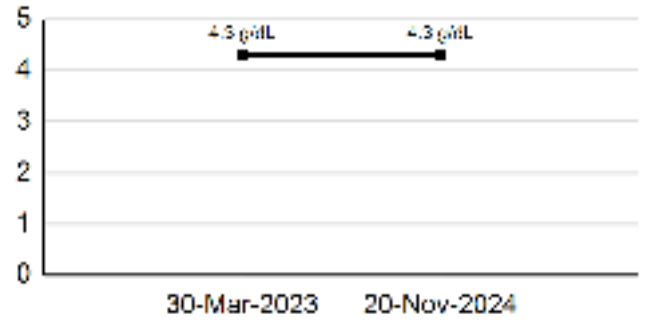
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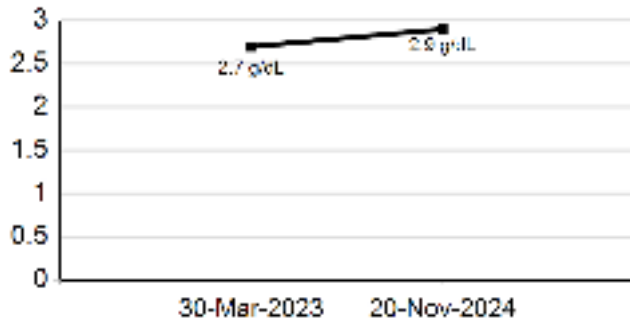
**TOTAL PROTEINS**



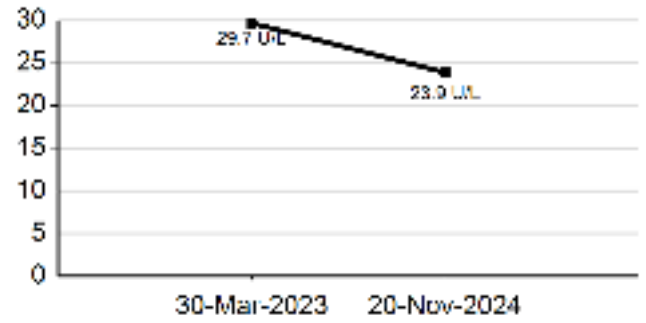
**ALBUMIN**



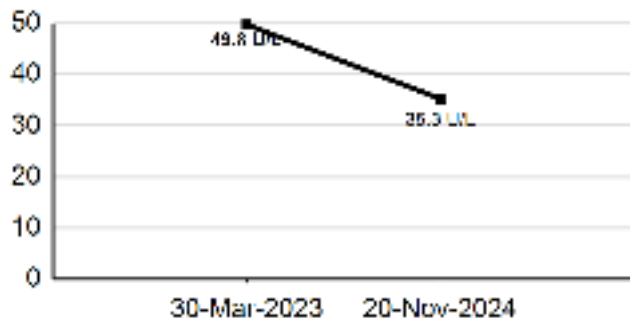
**GLOBULIN**



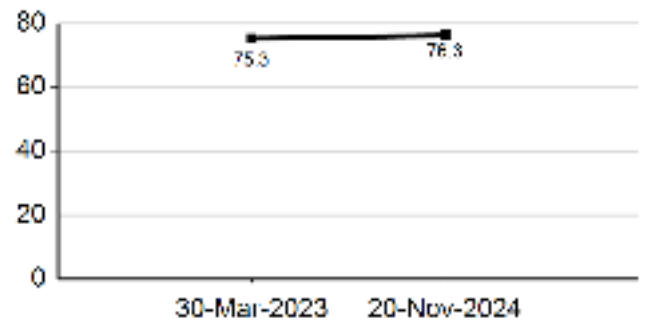
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

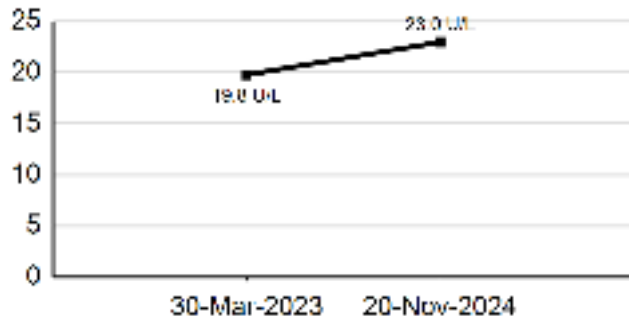




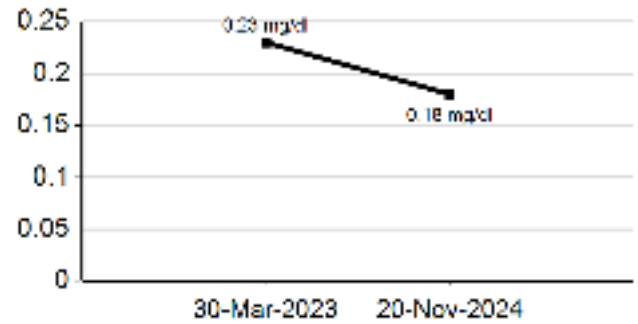
Use a QR Code Scanner  
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 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

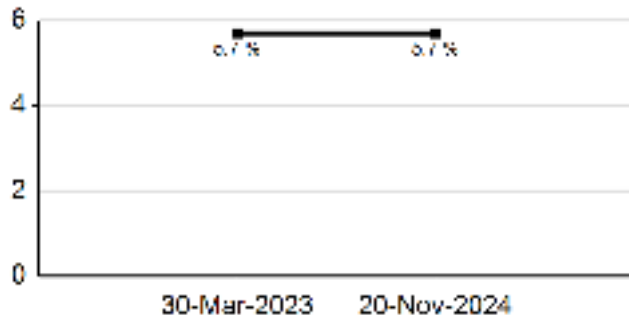
**GAMMA GT**



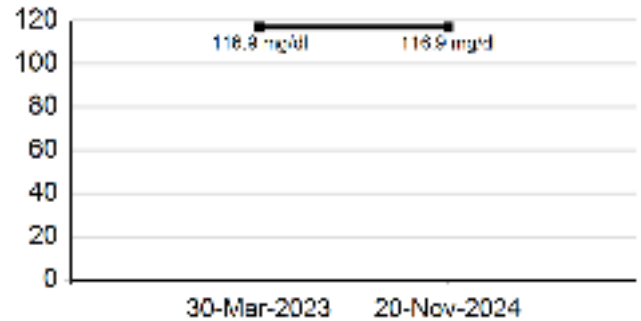
**BILIRUBIN (DIRECT)**



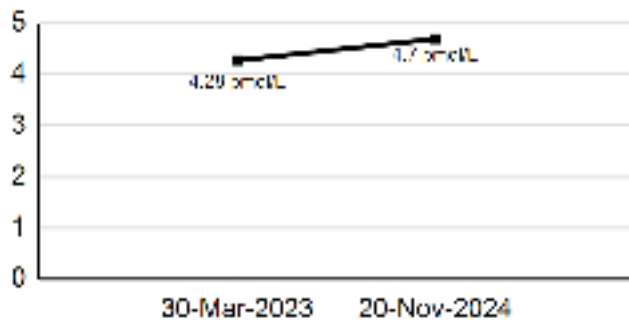
**Glycosylated Hemoglobin (HbA1c)**



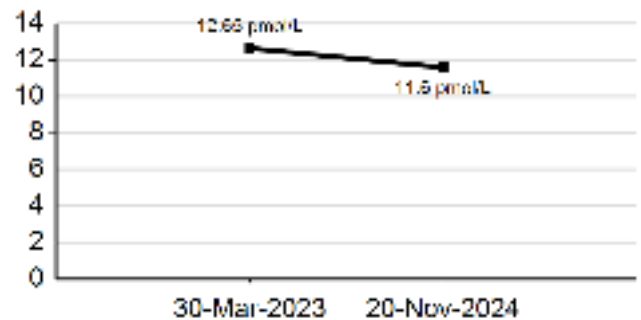
**Estimated Average Glucose (eAG)**

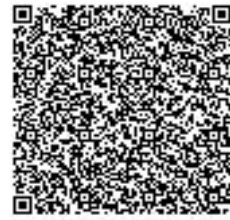


**Free T3**



**Free T4**

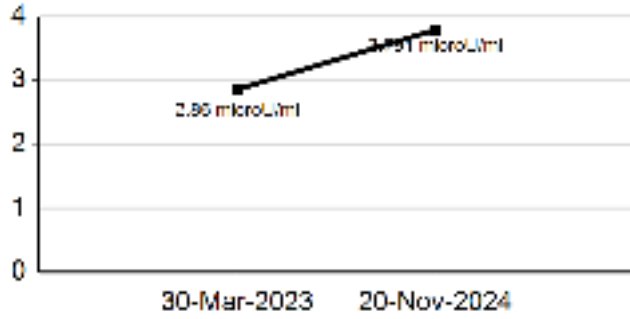




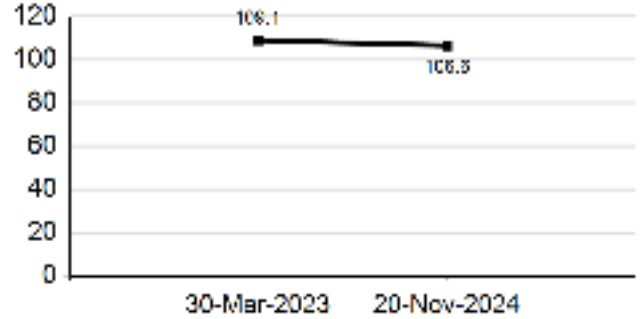
Use a QR Code Scanner  
 Application To Scan the Code

CID : 2432507874  
 Name : MR.ASHISH DUBEY  
 Age / Gender : 48 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

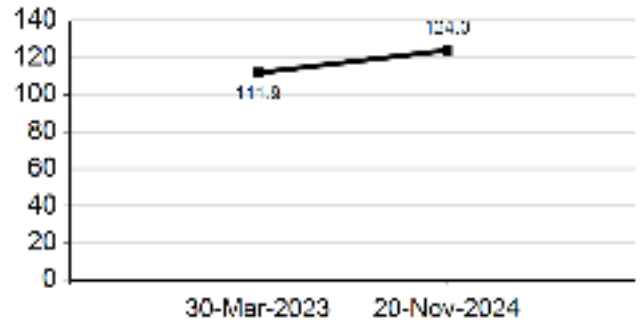
**sensitiveTSH**



**GLUCOSE (SUGAR) FASTING**



**GLUCOSE (SUGAR) PP**



Name : MR. ASHISH DUBEY

Age / Gender : 48 Years/Male

Consulting Dr. :

Collected : 20-Nov-2024 / 08:49

Reg. Location : Kandivali East (Main Centre)

Reported : 20-Nov-2024 / 15:39

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

HTN since 8 yrs , a Pulmo kochs-AKT -1993-6 month

**EXAMINATION FINDINGS:**

<b>Height (cms):</b>	179 cms	<b>Weight (kg):</b>	92 kgs
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	130/80	<b>Nails:</b>	Normal
<b>Pulse:</b>	72/min	<b>Lymph Node:</b>	Not Palpable

**Systems**

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

**IMPRESSION:**

*Handwritten notes:*  
 - A/B sugar (+)  
 - Dyslipidemia  
 - USG - Gr I fatty liver  
 - Rt renal simple cortical cyst  
 - 2D ECHO: mild concentric LVH  
 - ECG - complete RBBB

**ADVICE:**

*Handwritten advice:*  
 = low salt, cardio diet  
 . Cardio logist opinion

**CHIEF COMPLAINTS:**

1) Hypertension: Yes

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
 Row House No. 3, Aangan,  
 Thakur Village, Kandivali (east),  
 Mumbai - 400101.  
 Tel : 61700080

Name : MR.ASHISH DUBEY

Age / Gender : 48 Years/Male

Consulting Dr. :

Collected : 20-Nov-2024 / 08:49

Reg.Location : Kandivali East (Main Centre)

Reported : 20-Nov-2024 / 15:39

- |  |    |
|--|----|
| 2) IHD                                   | No |
| 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       | Veg+egg |
| 4) Medication | Yes     |

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

Dr.JAGRUTI DHALE

NAME	: MR ASHISH DUBEY	DATE	20 / 11 /24
REF BY	:	AGE / SEX	: 48 YR / M
CID NO	:-		

**USG WHOLE ABDOMEN**

**LIVER:**

The liver is normal in size ( 13.5cm) 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 minimally distended.

**PANCREAS:**

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

**KIDNEYS:**

Right kidney measures 11.4 x 5.7 cm. **A tiny cortical simple cyst of size 16 x 13mm noted in upper pole,**

Left kidney measures 11.3 x 5.6 cm.

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus,hydronephrosis or mass lesion seen in the left side.

**SPLEEN:**

The spleen is normal in size ( 9.4cm) 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 22 cc.

**IMPRESSION:**

**Grade I fatty liver.**

**Right renal simple cortical cyst.**

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



Dr SUMIT M PATIL  
MD Radio diagnosis  
Reg.no.2019/01/0135

CID : 2432507874  
Name : Mr ASHISH DUBEY  
Age / Sex : 42 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 20-Nov-2024  
Reported : 20-Nov-2024 / 13:41

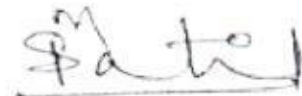
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**X-RAY CHEST PA VIEW**

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-----



**DR. SUMIT M PATIL**  
MD Radio diagnosis  
Reg no.2019/01/0135

Click here to view images <<ImageLink>>

Page no 1 of 1



CID : 2432507874  
Name : Mr ASHISH DUBEY  
Age / Sex : 42 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 20-Nov-2024  
Reported : 20-Nov-2024 / 11:49

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## 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. No aortic stenosis.

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

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: is Normal.

TRICUSPID VALVE & PULMONARY VALVES : normal.  
No TR/PAH.

No pericardial effusion.

### **IMP :**

**Mild Concentric LV hypertrophy with No LV diastolic dysfunction.**

**Normal LV systolic function. EF - 60%.**

**Normal other valves and chamber sizes.**

**No regional wall motion abnormality/scar.**

**No clot /pericardial effusion/ vegetation / thrombus.**

[Click here to view images <<ImageLink>>](#)

**CID** : 2432507874  
**Name** : Mr ASHISH DUBEY  
**Age / Sex** : 42 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

Use a QR Code Scanner  
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**Reg. Date** : 20-Nov-2024  
**Reported** : 20-Nov-2024 / 11:49

**M- MODE :**

LA (mm)	33
AORTA (mm)	22
LVDD (mm)	47
LVSD (mm)	30
IVSD (mm)	13
PWD (mm)	12
EF	60%
E/A	1.7

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



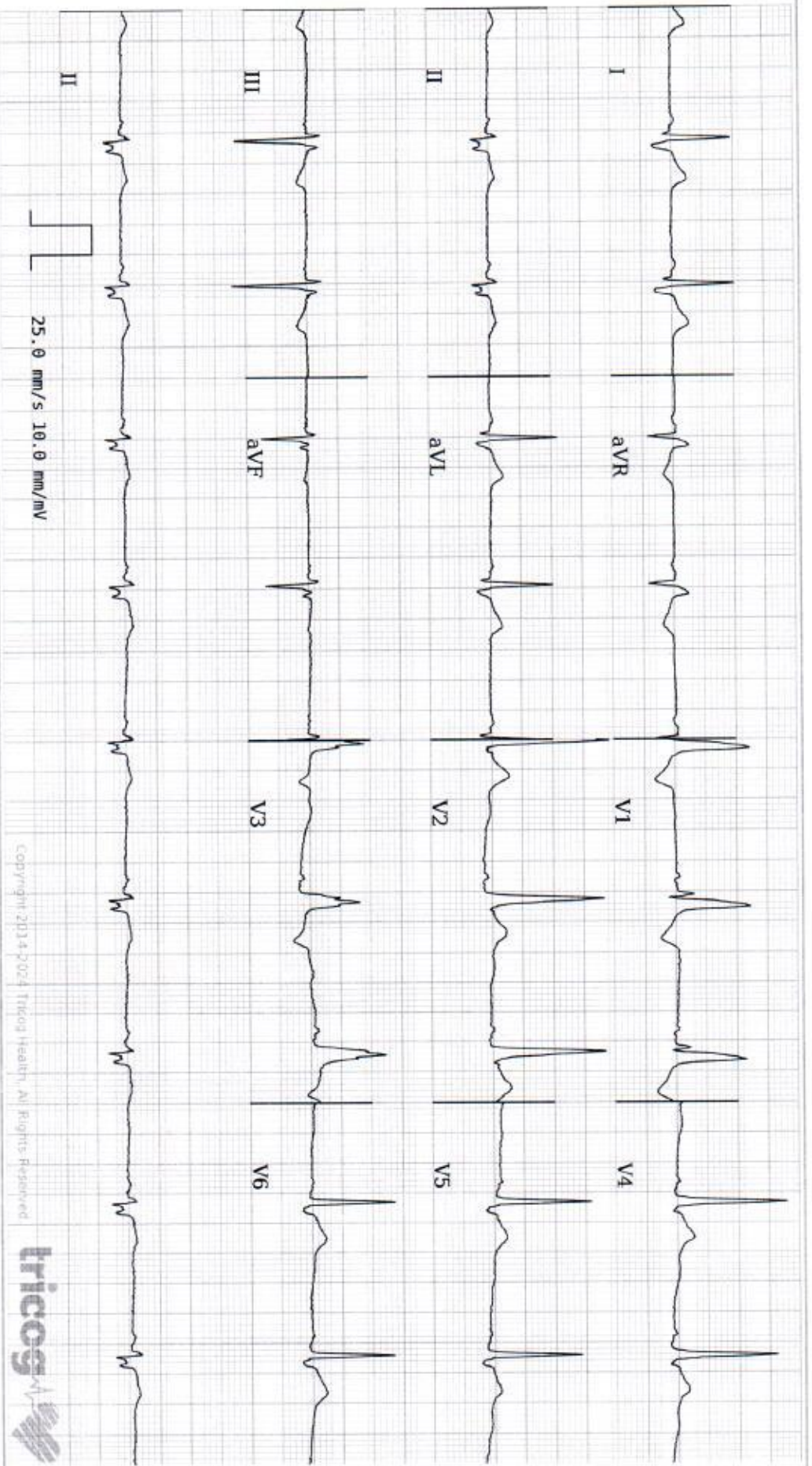
**Dr. Akhil Parulekar**  
**DNB CARDIOLOGIST**  
**Reg. No- 2012082483**

[Click here to view images <<ImageLink>>](#)

Patient Name: **ASHISH DUBEY**  
Patient ID: **2432507874**

**SUBURBAN DIAGNOSTICS - KANDIVALI EASI**

Date and Time: **20th Nov 24 10:01 AM**



Age **48** NA NA  
years months days

Gender **Male**

Heart Rate **60bpm**

Patient Vitals

BP: **130/80 mmHg**

Weight: **92 kg**

Height: **179 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **132ms**

QT: **402ms**

QTcB: **402ms**

PR: **124ms**

P-R-T: **23° -40° NA**

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REPORTED BY

*[Signature]*

DR. AKHIL PARULKAR  
MBBS MD. MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

**Complete Right Bundle Branch Block, Left Axis Deviation, 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 entered by the clinician and not derived from the ECG.

