

भारत सरकार  
GOVT. OF INDIA

भारत सरकार  
विभाग  
INCOME TAX DEPARTMENT  
PRADEEP KUMAR

KAMLA PRASAD

06/10/1981

CDV/PK4084J

CDV/PK4084J

भारत सरकार  
GOVT. OF INDIA

Dr. M.B.S. Patnaik  
17022012

**Dr. Aka Patnaik**

M.B.S., C.G.O.-Nagpur Reg. No. 73367

Dip. Psychotherapy-U.K. Reg. No. 07395

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
Shop No. 22, Ground Floor, Raikar Bhawan,  
Sector-17, Vashi, Navi Mumbai - 400 703  
Tel. 27864547 / 27864548.



**PHYSICAL EXAMINATION REPORT**

Patient Name	Ms Pradeep kumar	Sex/Age	m / 41
Date	20/03/23	CID	230790/455

**History and Complaints**

Occipital Headache.

**EXAMINATION FINDINGS:**

Height (cms):	167	Temp (0c):	Normal
Weight (kg):	64	Skin:	Normal
Blood Pressure	160/80	Nails:	clubbing (+)
Pulse	60/mi	Lymph Node:	NP
BMI	22.9		

**Systems :**

Cardiovascular:	
Respiratory:	AEBs
Genitourinary:	Normal.
GI System:	Normal
CNS:	Occipital Headache

Impression: 1) Altered lipid profile  
 2) ↑ TSH → Hypothyroidism  
 →

Advice: Dietary Restrictions  
 Lifestyle Modification  
 Referral to physician for Hypothyroidism

--

**CHIEF COMPLAINTS:**

1)	Hypertension:	+
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	NO
4)	Medication	Telenor 50

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**Dr. Alka Patnaik**  
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367  
Dip. Psysextherapy-U.K. Reg. No. OF395



Date:- 20/03/23

CID: 2307901455

Name:- Mr Pradeep Kumar

Sex / Age: M / 41

**EYE CHECK UP**

Chief complaints: NO

Systemic Diseases: NO

Past history: - NO

Unaided Vision: - YES

Aided Vision: - NO

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____	_____	_____	6/6	_____	_____	_____	6/6
Near	_____	_____	_____	M/6	_____	_____	_____	M/6

Colour Vision:  Normal /  Abnormal

Remark:

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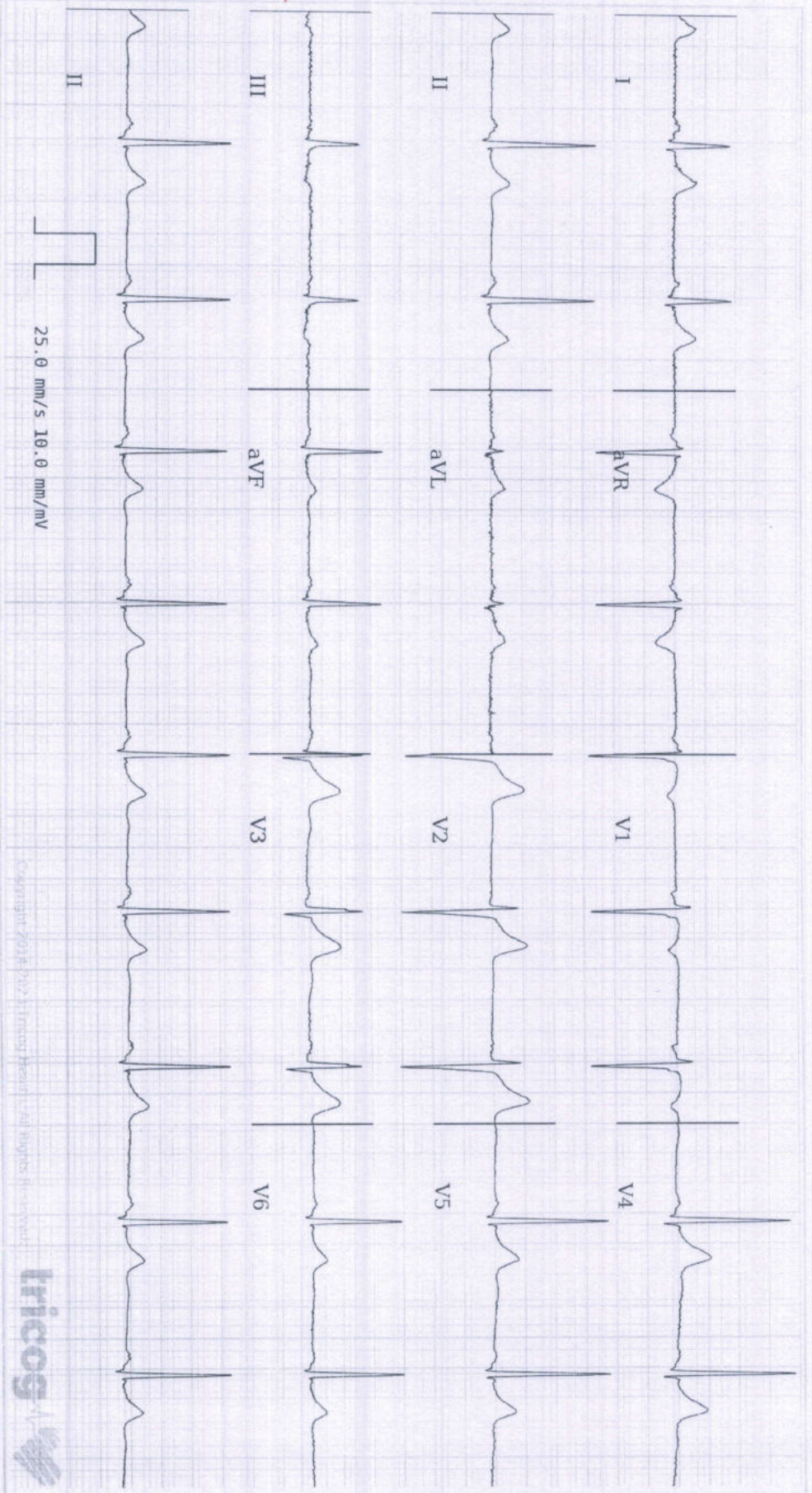
  
**Dr. Alka Patnaik**  
 M.B.B.S., C.G.O.-Nagpur Reg. No. 7247  
 Dip. Psysotherapy-U.K. Reg. No. OF395



Patient Name: **PRDEEP KUMAR**  
Patient ID: **2307901455**

**SUBURBAN DIAGNOSTICS - VASHI**

Date and Time: **20th Mar 23 11:55 AM**



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Age **41** **5** **14**  
years months days

Gender **Male**

Heart Rate **60bpm**

Patient Vitals

BP: **160/80 mmHg**

Weight: **64 kg**

Height: **167 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **86ms**

QT: **382ms**

QTc: **382ms**

PR: **126ms**

P-R-T: **41° 59° 27°**

REPORTED BY

*Arundh*

Dr. Arundh N Meenawari  
M.D (General Medicine)  
Reg No 39329 M.M.C

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

Disclaimer: The analysis in this report is based on ECG trace and should be used as an adjunct to clinical history, symptoms, and results of other investigations and investigations. It is not intended to be a substitute for a qualified physician. The patient's vital signs are as entered by the clinician and not derived from the ECG.



NAME :- PRADEEP KUMAR	AGE :- 41 YRS	R
SEX :- MALE	DATE :- 20/03/2023	T
CID NO :- 2307901455		

**2D Echo and Colour doppler report**

All cardiac chambers are normal in dimension  
 No obvious resting regional wall motion abnormalities (RWMA)  
 Interatrial and Interventricular septum – Appears Normal  
 Valves – Appears Structurally normal  
 Good biventricular function.  
 IVC is normal.  
 Pericardium is normal.  
 Great vessels - Origin and visualized proximal part are normal.  
 No coarctation of aorta.

**Doppler study**

Normal flow across all the valves.  
 No pulmonary hypertension.  
 No diastolic dysfunction.

**Measurements**

Aorta annulus	18 mm
Left Atrium	31 mm
LVID(Systole)	18 mm
LVID(Diastole)	39 mm
IVS(Diastole)	9 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

**Conclusion**

Good biventricular function

No RWMA

Valves – Structurally normal  
Trivial MR, AR.

No diastolic dysfunction

No PAH

*Dasgupta*

**Dr. Anirban Dasgupta**  
MBBS DNB  
Reg. No. 2005/02/0920  
Suburban Diagnostics (Vashi)

**Performed by: Dr. Anirban Dasgupta**  
**D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).**

Date:  
To,

**Suburban Diagnostics (India) Private Limited**

**VASHI CENTER**

**SHOP NO 22 RAIKAR BHAVAN**

**NEAR NAVARATNA HOTEL**

**SECTOR 17 VASHI NAVI MUMBAI 400703**

**SUBJECT- TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/ Madam,

This is to informed you that I, Myself Mr/ Mrs/ Ms. Pradeep Kumar

don't want to performed the following tests:

- 1) Stool don't want to performed by me.
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

CID No. & Date : 21/3/2023 | 2307901455

Corporate/ TPA/ Insurance Client Name : \_\_\_\_\_

Thanking you.

Yours sincerely,

(Mr/Mrs/Ms. \_\_\_\_\_)





CID : 2307901455  
Name : MR.PRDEEP KUMAR  
Age / Gender : 41 Years / Male  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 20-Mar-2023 / 15:53

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

**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	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.29	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.0	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	27.8	27-32 pg	Calculated
MCHC	31.3	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5220	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.6	20-40 %	
Absolute Lymphocytes	1545.1	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	334.1	200-1000 /cmm	Calculated
Neutrophils	62.5	40-80 %	
Absolute Neutrophils	3262.5	2000-7000 /cmm	Calculated
Eosinophils	1.0	1-6 %	
Absolute Eosinophils	52.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	26.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	143000	150000-400000 /cmm	Elect. Impedance
MPV	12.6	6-11 fl	Calculated
PDW	26.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY Megaplatelets seen on smear  
COMMENT Manual platelet count 150000/cmm

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 11 2-15 mm at 1 hr. Sedimentation

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



*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.0	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	

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



*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**



CID : 2307901455  
Name : MR.PRDEEP KUMAR  
Age / Gender : 41 Years / Male  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 20-Mar-2023 / 15:09

**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	13.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	100	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	5.1	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.7	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

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



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M.D ( Path )  
Pathologist





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 Panvel Lab, Panvel East

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



*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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Name : MR.PRDEEP KUMAR  
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Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 20-Mar-2023 / 14:00

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.474	<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, Artifactual (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.

**Reference:**

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

*Anupa*

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







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**Name** : MR.PRDEEP KUMAR  
**Age / Gender** : 41 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Vashi (Main Centre)

**Collected** : 20-Mar-2023 / 10:32  
**Reported** : 20-Mar-2023 / 14:00

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



CID : 2307901455  
Name : MR.PRDEEP KUMAR  
Age / Gender : 41 Years / Male  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 20-Mar-2023 / 16:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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

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

Reference: Pack insert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

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



*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





CID : 2307901455  
Name : MR.PRDEEP KUMAR  
Age / Gender : 41 Years / Male  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Collected : 20-Mar-2023 / 10:32  
Reported : 20-Mar-2023 / 14:34

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

<u>PARAMETER</u>	<u>RESULTS</u>
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.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	213.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	162.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	41.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	172.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	140.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	32.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	<b>8.80</b>	0.35-5.5 microIU/ml	ECLIA

Kindly correlate clinically.



CID : 2307901455  
Name : MR.PRDEEP KUMAR  
Age / Gender : 41 Years / Male  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 20-Mar-2023 / 14:18

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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

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



*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.69	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	22.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	104.0	40-130 U/L	Colorimetric

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



*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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**Age / Sex** : 41 Years/Male  
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**Reg. Date** : 20-Mar-2023  
**Reported** : 20-Mar-2023/11:25

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.0 x 3.8 cm. Left kidney measures 9.8 x 4.2 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:

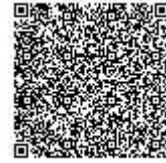
The prostate is normal in size and measures 3.4 x 2.7 x 2.7 cm volume is 13.8 cc.

### IMPRESSION:

**No significant abnormality is seen.**

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

Dr Shilpa Beri  
MBBS DMRE  
Reg No 2002/05/2302  
Consultant Radiologist

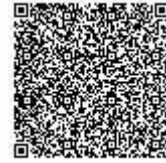


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**X-RAY CHEST PA VIEW**

**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.**

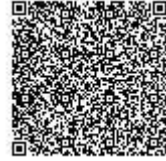
**The skeleton under review appears normal.**

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

Dr Shilpa Beri  
MBBS DMRE  
Reg No 2002/05/2302  
Consultant Radiologist



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