



CID : 2326618675  
Name : MR.MAHENDRA DHANPAL  
Age / Gender : 51 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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**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	13.5	13.0-17.0 g/dL	Spectrophotometric
RBC	6.21	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.6	40-50 %	Measured
MCV	69	80-100 fl	Calculated
MCH	21.8	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8600	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.1	20-40 %	
Absolute Lymphocytes	2502.6	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	567.6	200-1000 /cmm	Calculated
Neutrophils	56.9	40-80 %	
Absolute Neutrophils	4893.4	2000-7000 /cmm	Calculated
Eosinophils	6.5	1-6 %	
Absolute Eosinophils	559.0	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	77.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	317000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	15.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	+		
Microcytosis	+		





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Reported : 23-Sep-2023 / 14:23

**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	118.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	172.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



MC-2111

*Bm haskar*

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



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Reported : 23-Sep-2023 / 16:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	19.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.93	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	99	(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 w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	5.0	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

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**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	7.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	168.6	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 \*\*\*



*Bmhasakar*

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.818	<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**



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Collected : 23-Sep-2023 / 09:22  
Reported : 23-Sep-2023 / 14:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

**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 inert

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



MC-2111

*Bmhasakar*

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





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

<u>PARAMETER</u>	<u>RESULTS</u>
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

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



*Dr. Vrushi Shroff*

**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	208.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	219.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	45.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	162.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	139.1	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	23.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



*J. Thakker*

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



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Reported : 23-Sep-2023 / 18:22

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.91	0.35-5.5 microIU/ml	ECLIA

**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)



MC-2111

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





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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	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	26.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	31.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	50.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	63.8	40-130 U/L	Colorimetric

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Reg. Location : Borivali West

Reg. Date : 23-Sep-2023  
Reported : 23-Sept-2023 / 13:06

**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.**

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

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

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?  
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

tionNo=2023092309151825

Date:

To,  
Suburban Diagnostics (India) Private Limited  
301, 302 3rd Floor, Vini Eligance,  
Above Tanushq Jewellers,  
Borivali (W), Mumbai- 400092

**SUBJECT- TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms.  
Mahendra K. Dhanpal  
don't want to performed the following tests:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

CID No. & Date \_\_\_\_\_ :

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

Thanking you.



Yours sincerely,

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





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**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 23-Sep-2023  
**Reported** : 23-Sept-2023 / 10:20

## USG WHOLE ABDOMEN

### LIVER:

Liver is normal in size with mild generalized increase in parenchymal echotexture it measures 14.28.5m . There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is norma 8.5 mm. **CBD:** CBD is normal 3.1 mm.

### 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 9.1 x 4.3 cm and Left kidney measures 10.6 x 5.3 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 it measures 3.2 x 2.5 x 3.3 cm and volume is 18.3 cc.

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023092309151846>



Use a QR Code Scanner  
Application To Scan the Code

CID : 2326618675  
Name : Mr MAHENDRA DHANPAL  
Age / Sex : 51 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 23-Sep-2023  
Reported : 23-Sept-2023 / 10:20

**IMPRESSION:**

- Grade I fatty infiltration of liver .

*For clinical correlation and follow up.*

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 center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

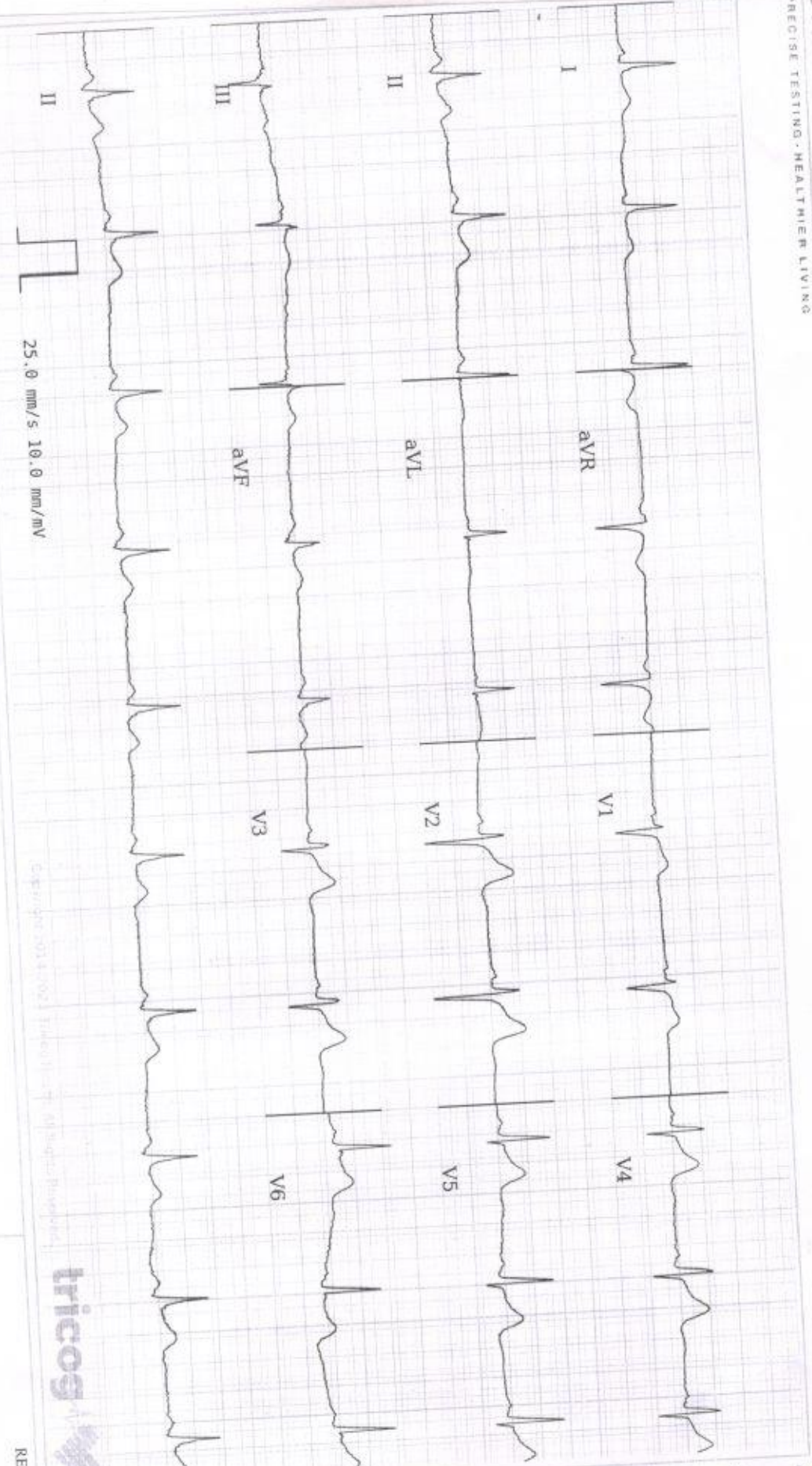
DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/rISViewer/NeoradViewer?AccessionNo=2023092309151846>



Patient Name: MAHENDRA DHANPAL  
Patient ID: 2326618675

**SUBURBAN DIAGNOSTICS - BORIVALI WEST**  
Date and Time: 23rd Sep 23 11:04 AM



Age 51 3 22  
years months days

Gender Male

Heart Rate 61bpm

**Patient Vitals**

BP: 120/80 mmHg  
Weight: 71 kg  
Height: 162 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 84ms  
QT: 372ms  
QTcB: 374ms  
PR: 124ms  
P-R-T: 55° 23° 56°



REPORTED BY

*(Signature)*

Dr. Nalin Sonawane  
M.B.B.S AFLE, DDIABD/CARD  
Consultant Cardiologist  
87714

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

Disclaimer: This analysis is based on ECG data and should be used in conjunction with clinical symptoms and history for accurate diagnosis and management. The results are not intended to be a substitute for a physician's advice. The data was collected by the user and not derived from the ECG printout.



Date:-  
Name:- Mahendra Dhanpal  
CID: 232661875  
Sex / Age: m / 51

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} No

RE LE  
6/6 6/9  
14/6 N/6

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

**Suburban Diagnostics (I) Pvt Ltd.**  
30th Floor, 2nd East, 2nd Floor, 2nd Floor,  
Above Mercedes Showroom, 2nd Floor,  
Borivali (West), Mumbai - 400092.



**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: MAHENDRA DHANPAL**

Date: 23-09-2023 Time: 11:08

Age: 51

Gender: M

Height: 162 cms

Weight: 71 Kg

ID: 2326618675

Clinical History: HTN

Medications: HTN RX.

**Test Details:**

Protocol: Bruce

Predicted Max HR: 169

Target HR: 143 (85% of Pr. MHR)

Exercise Time: 0:09:21

Achieved Max HR: 143 (85% of Pr. MHR)

Max BP: 170/80

Max BP x HR: 24310

Max Mets: 10.5

Test Termination Criteria: TEST COMPLET

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	03:39	1	0	0	70	120/80	8400	1.2 V2	0.5 V2
Standing	00:18	1	0	0	67	120/80	8040	1.2 V2	0.5 V2
HyperVentilation	00:10	1	0	0	69	120/80	8280	1.3 V2	-0.6 III
PreTest	00:09	1	1.6	0	73	120/80	8760	1.1 V2	-0.4 III
Stage: 1	03:00	4.7	2.7	10	104	140/80	14560	-1.1 II	0.4 V3
Stage: 2	03:00	7	4	12	122	140/80	17080	-1.3 I	NaN I
Stage: 3	03:00	10.1	5.5	14	138	170/80	23460	-2 V6	0.7 V2
Peak Exercise	00:21	10.5	6.8	16	143	170/80	24310	-1.7 V5	0.4 V2
Recovery1	01:00	1	0	0	117	150/80	17550	-2.8 I	0.5 II
Recovery2	01:00	1	0	0	106	150/80	15900	-3.2 I	0.5 V2
Recovery3	00:11	1	0	0	102	130/80	13260	-2.2 V5	0.4 V2

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:09:21 achieving a work level of 10.5 METS.  
 Resting Heart Rate, initially 70 bpm rose to a max. heart rate of 143bpm (85% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 170/80 mmHg  
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhymias  
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

**DR. NITIN SONAVANE**  
 M.S.B.S.M.H. BOARD.  
 CONSULTANT CARDEOLOGIST  
 REGD NO. 37714

Ref. Doctor: ---

Doctor: DR. NITIN SONAVANE

**SCHILLER**  
 The Art of Diagnostics

( Summary Report edited by User )  
 Cardiovit CS-20 Version:3.4

Suburban Diagnostics (I) Pvt. Ltd.  
 301 & 302, 2nd Floor, Vini Elegance  
 Above Talkies, Jambher, L. T. Road,  
 Borivali (West), Mumbai - 400 092.



**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**MAHENDRA DHANPAL (51 M)**

Bruce Protocol  
ST1:level(mm) ST1:Slope(mV/s)  
ID: 2326618675  
Stage: Supine

Date: 23-09-2023  
Speed: 0 km/h

Exec Time : 0:00:00  
Slope: 0%

Stage Time: 03:39  
THR: 143 bpm

**HR: 70 bpm**

BP: 120/80 mmHg  
ST1:level(mm) ST1:Slope(mV/s)

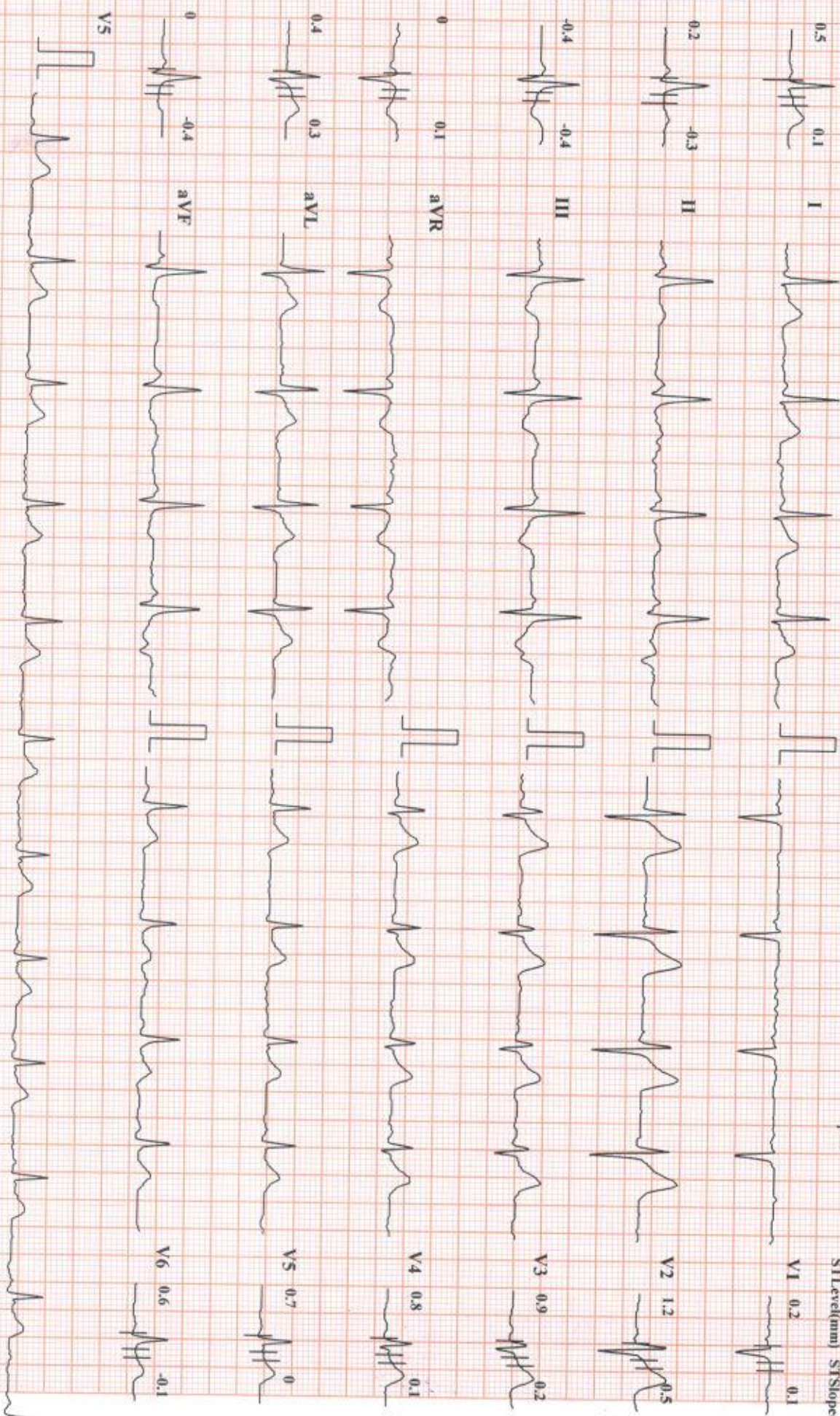


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**MAHENDRA DHANPAL (51 M)**

ID: 2326618675

Date: 23-09-2023

Stage: Standing

Speed: 0

Exec Time : 0:00:00

Stage Time: 00:18

**HR: 67 bpm**

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

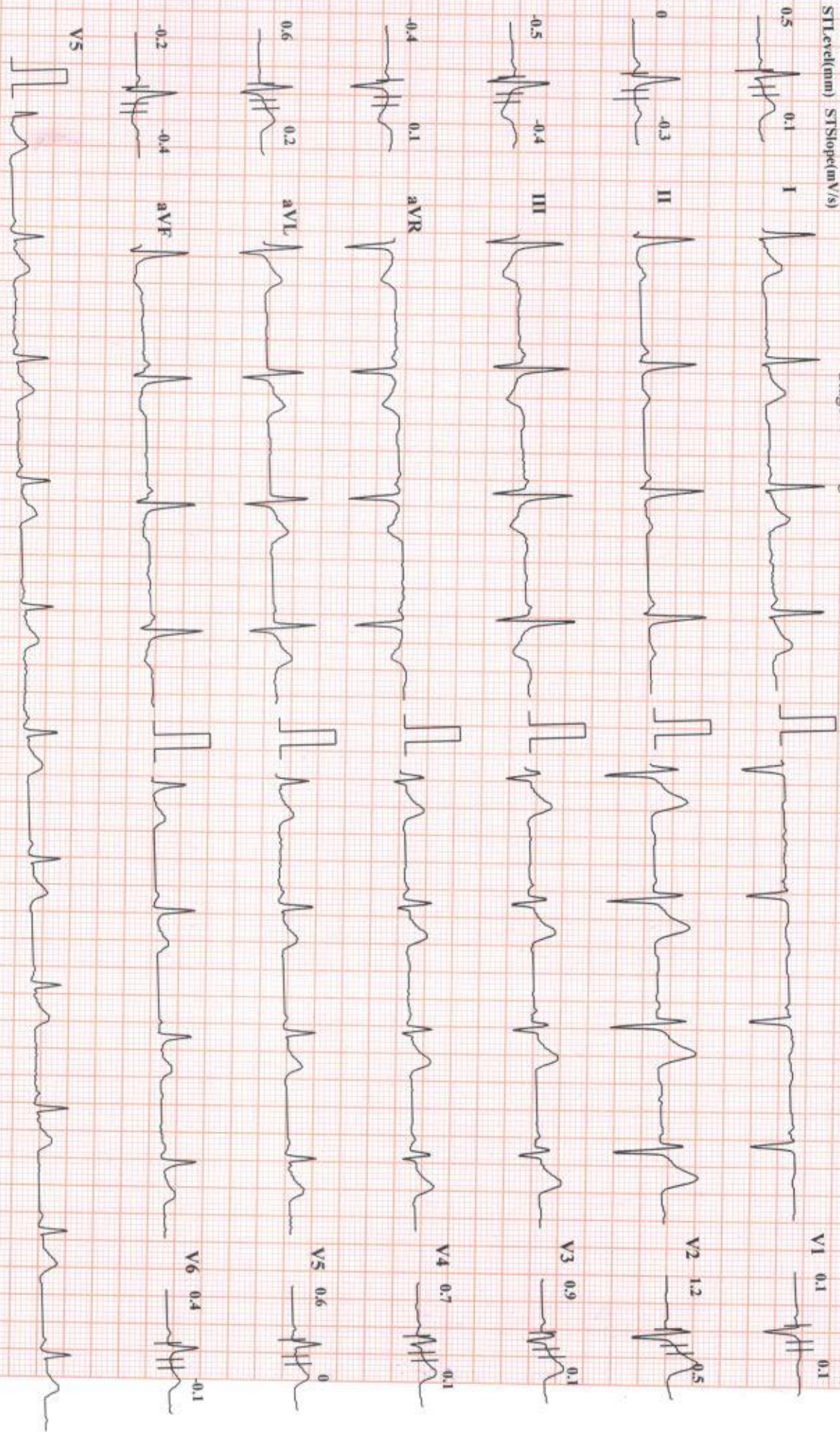


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms; J = R + 60 ms; Post J = J + 60 ms





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**MAHENDRA DHANPAL (51 M)**

ID: 2326618675

Date: 23-09-2023

Exec Time : 0:00:00

Stage Time: 00:10

**HR: 69 bpm**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 143 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

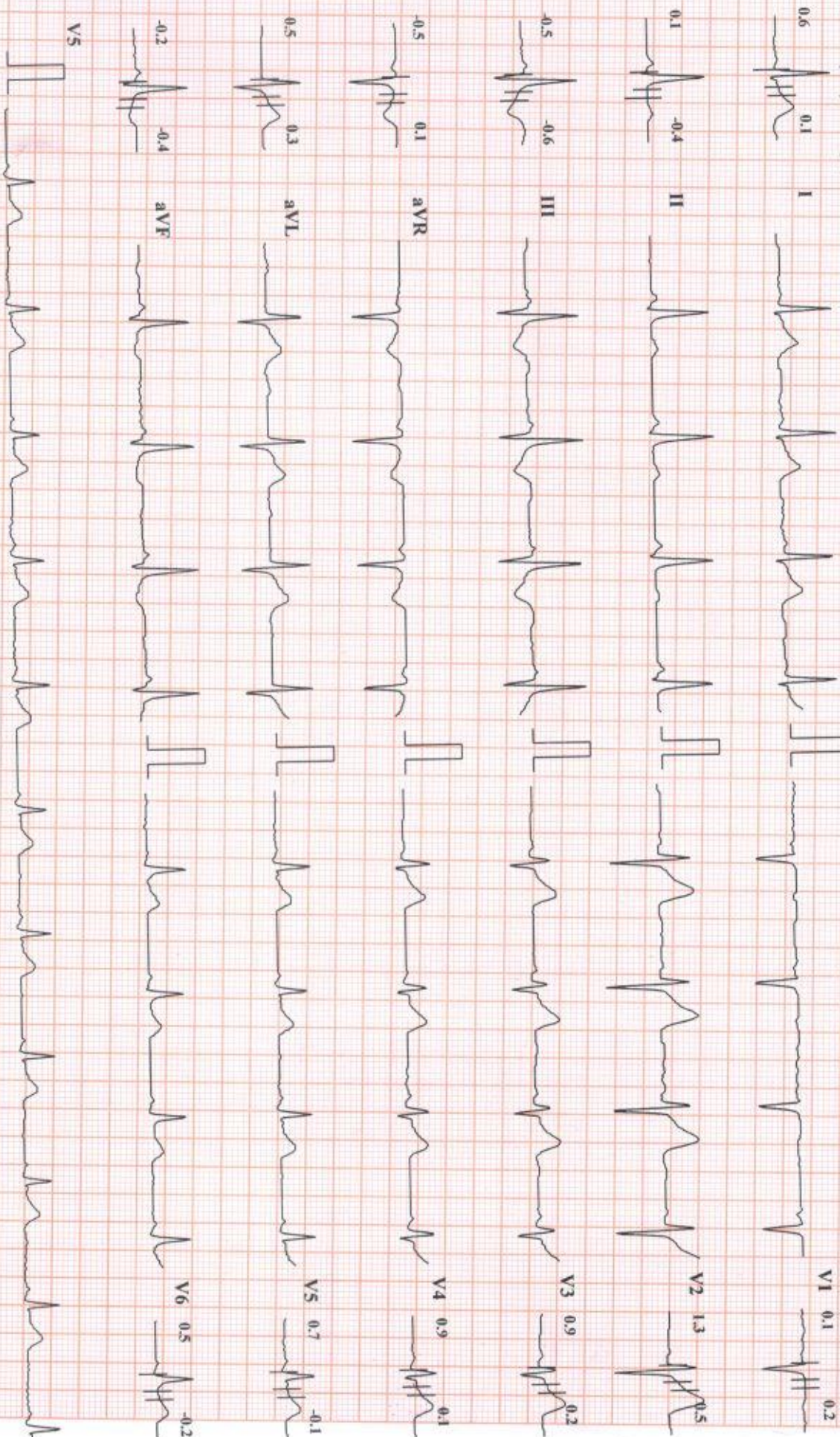


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**MAHENDRA DHANPAL (51 M)**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2326618675  
Stage: 1

Date: 23-09-2023  
Speed: 2.7 kmph

Exec Time: 0:03:00  
Slope: 10%

Stage Time: 03:00  
THR: 143 bpm

**HR: 104 bpm**

BP: 140/80 mmHg  
STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

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# SUBRBAN DIANOSTICS PVT. LTD. BORIVALI

**MAHENDRA DHANPAL (51 M)**

Bruce Protocol

ID: 2326618675

Date: 23-09-2023

Exec Time: 0:06:00

Stage Time: 03:00

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 143 bpm

**HR: 122 bpm**

Bf: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

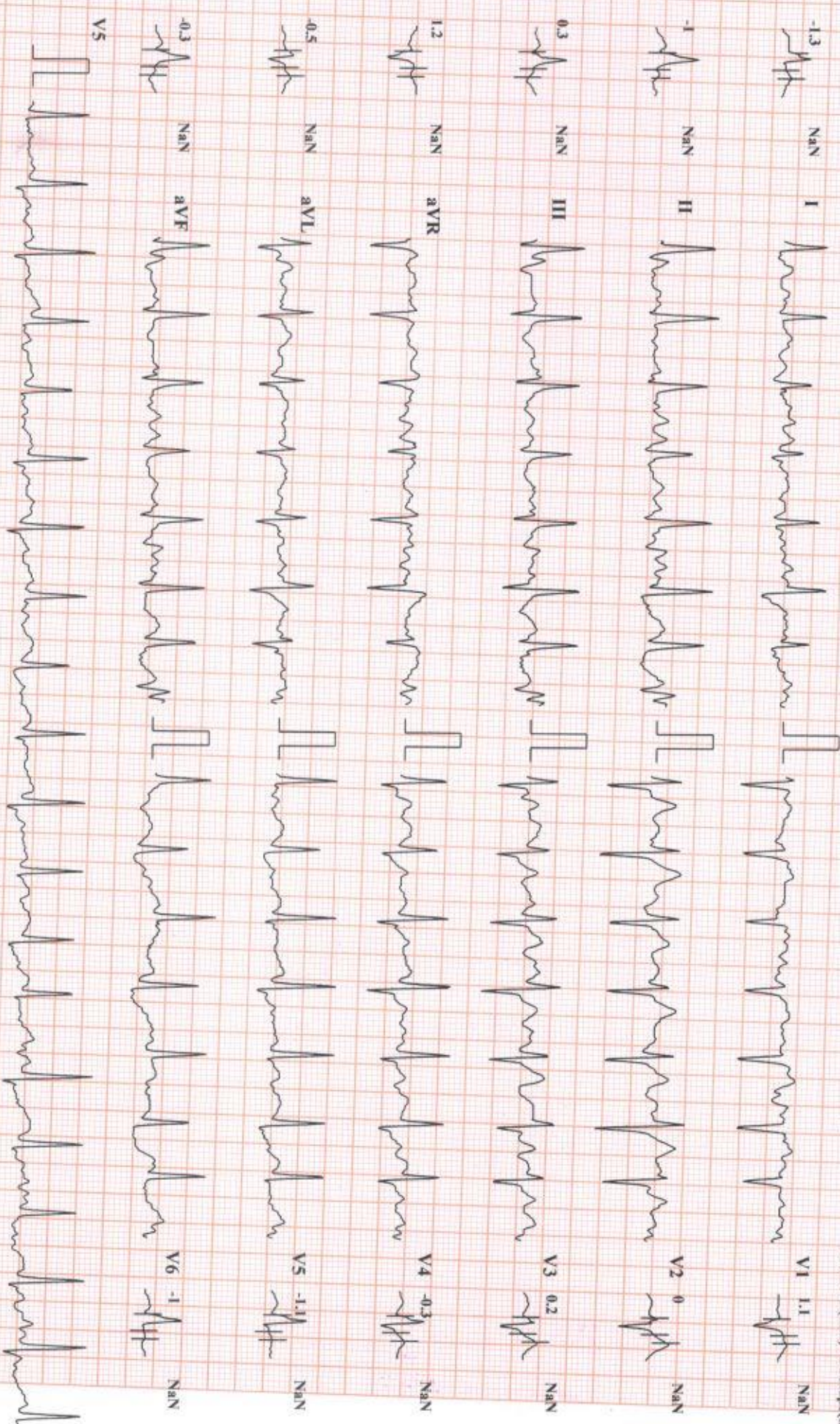


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**MAHENDRA DHANPAL (51 M)**  
ID: 2326618675

Bruce Protocol  
STLevel(mm) STSlope(mV/s) Stage: 3

Date: 23-09-2023  
Speed: 5.5 kmph  
Exec Time : 0:09:00  
Slope: 14 %  
Stage Time: 03:00  
THR: 143 bpm

**HR: 138 bpm**  
BP: 170/80 mmHg  
STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 25 Hz    Mains Filter: ON    ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms    Schiller Cardiovit CS-20 Version:3.4



**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**MAHENDRA DHANPAL (51 M)**

ID: 2326618675

Date: 23-09-2023

Exec Time : 0:09:21

Stage Time: 00:21

**HR: 143 bpm**

Bruce Protocol

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 143 bpm

BP: 170/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

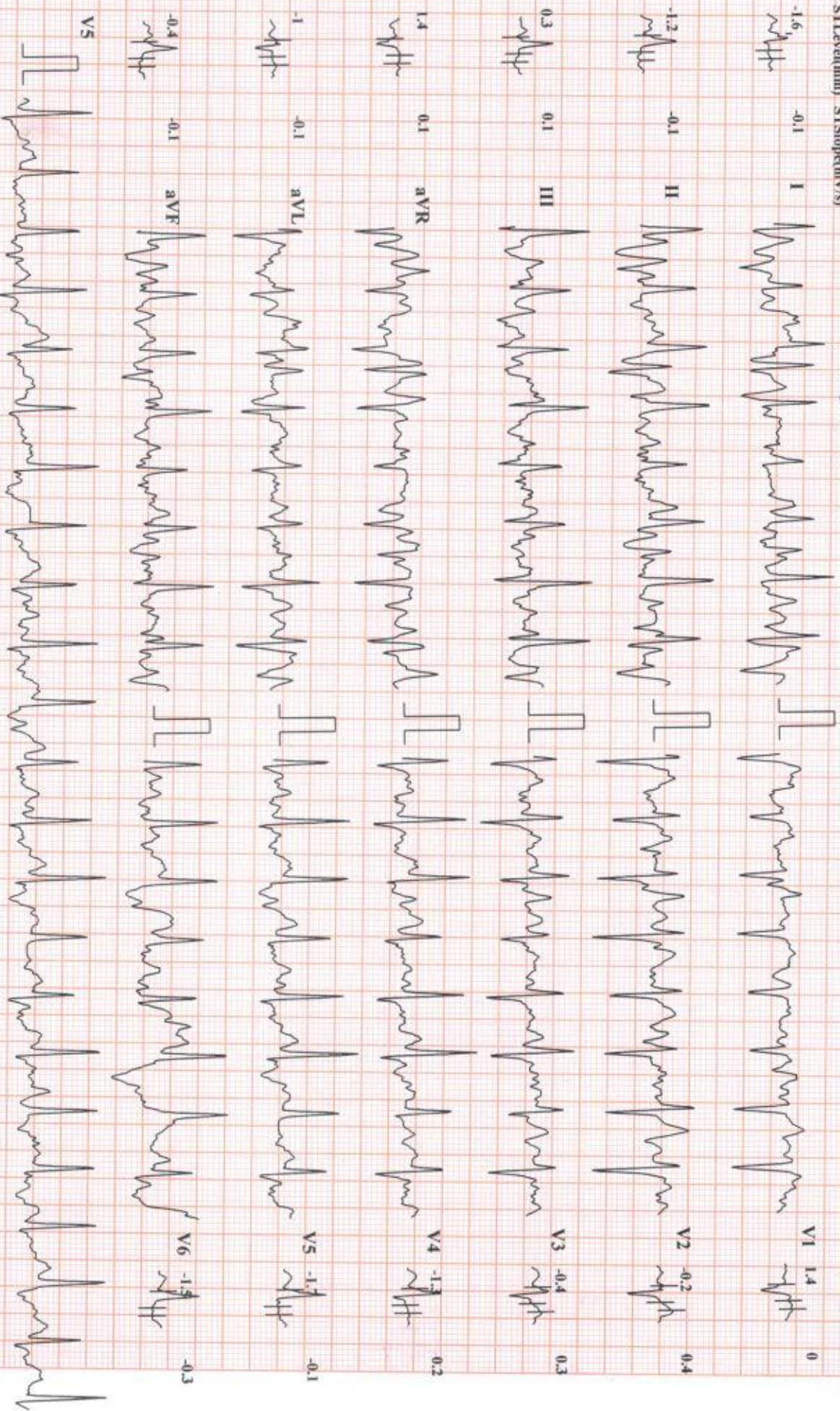


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

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# SUBURBAN DIANOSTICS PVT. LTD. BORIVALLI

**MAHENDRA DHANPAL (51 MD)**

Brice-Protocol ID: 2326618675

STLevel(mm) STISlope(mV/s)

Stage: Recovery1

Date: 23-09-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0%

Stage Time: 01:00

THR: 143 bpm

**HR: 117 bpm**

BP: 150/80 mmHg

STLevel(mm) STISlope(mV/s)

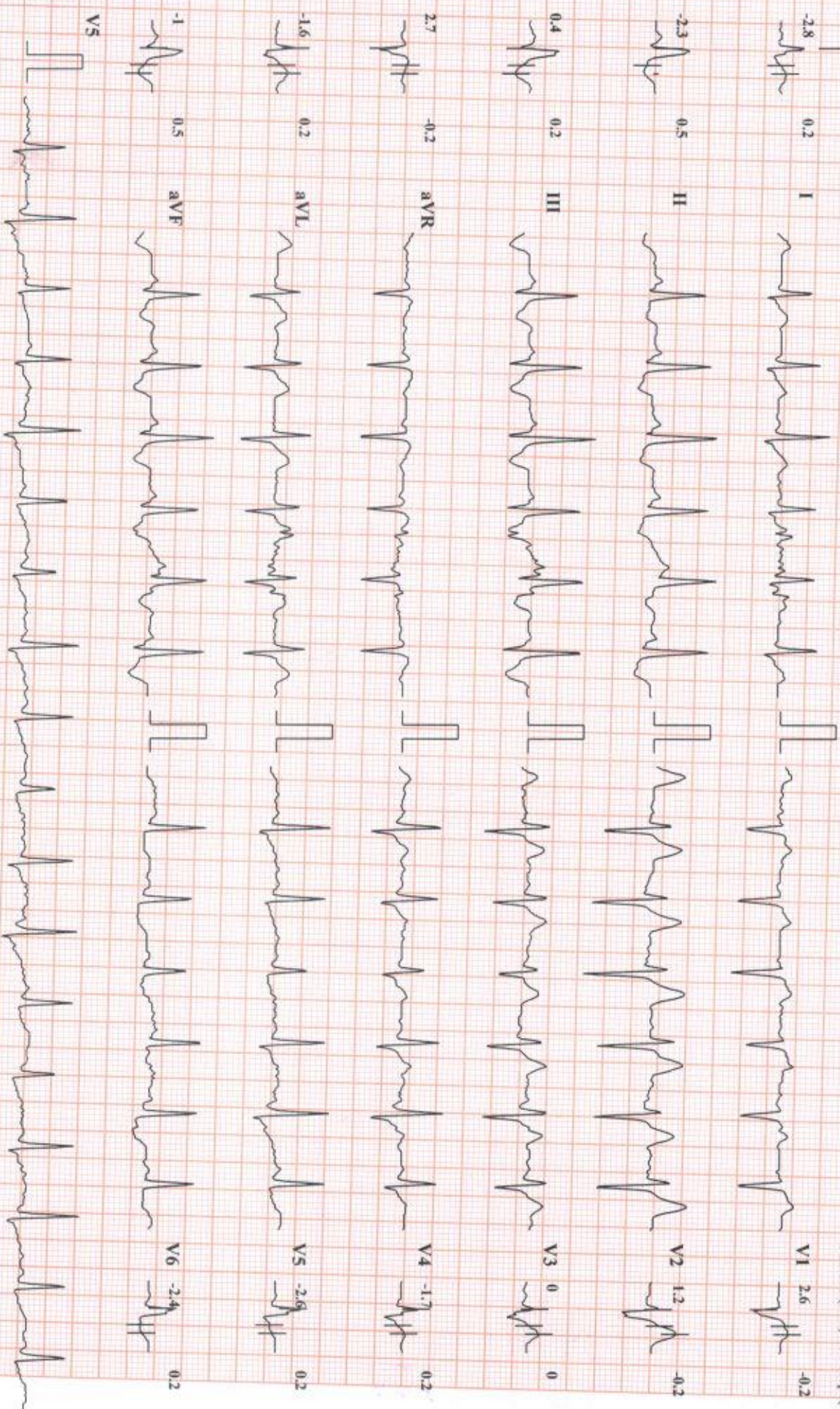


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

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# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**MAHENDRA DHANPAL (SI M)**

ID: 2326618675

Date: 23-09-2023

Exec Time: 00:00

Stage Time: 01:00

**HR: 106 bpm**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: Recovery<sup>2</sup>

Speed: 0 kmph

Slope: 0%

THR: 143 bpm

BP: 150/80 mmHg  
STLevel(mm) STSlope(mV/s)

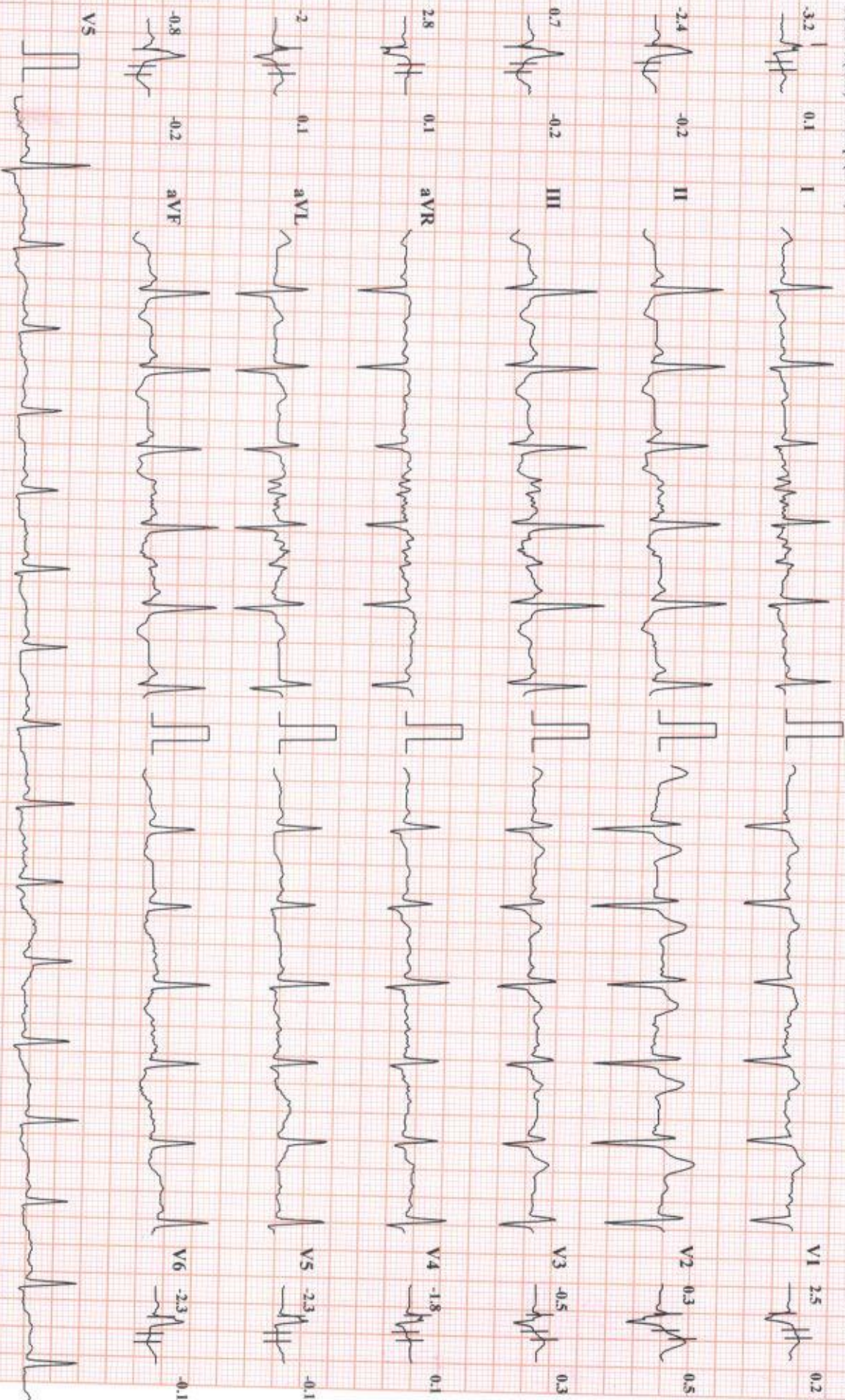


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**MAHENDRA DHANPAL (51 M)**

Bruce Protocol

ID: 2326618675

Date: 23-09-2023

Exec Time: 00:00

Stage Time: 00:08

**HR: 103 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0%

THR: 143 bpm

BP: 130/80 mmHg  
STLevel(mm) STSlope(mV)

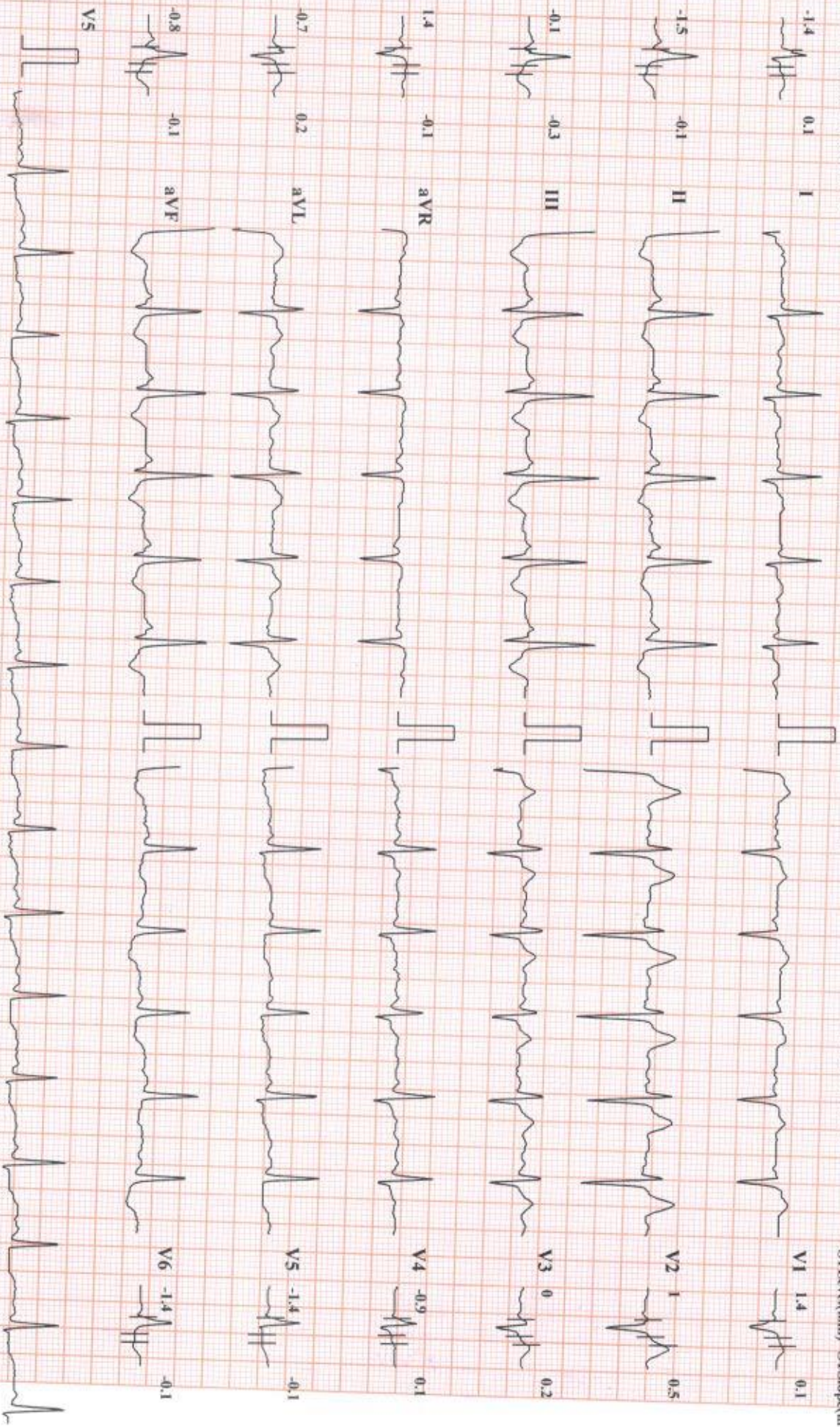


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

