

<b>PATIENT NAME</b> : MR GOPAL RANE	<b>SEX</b> : MALE
<b>REFERRED BY</b> :	<b>AGE</b> : 58 YEARS
<b>CID NO</b> : 2305625385	<b>DATE</b> : 25/02/2023

## 2D & M-MODE ECHOCARDIOGRAM REPORT

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

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

**LEFT VENTRICLE :** is mildly dilated , has uniformly increased wall thickness , No regional wall motion abnormality , Normal LV systolic contractions. EF - 55 % . 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.**  
**Mild LV dialataion Mild AR.**  
**Normal LV systolic function. EF - 55%.**  
Normal other valves and chamber sizes.  
No regional wall motion abnormality/scar.  
**No clot /pericardial effusion/ vegetation / thrombus.**

**M- MODE :**

LA (mm)	25
AORTA (mm)	26
LVDD (mm)	56
LVSD (mm)	40
IVSD (mm)	13
PWD (mm)	12
EF	55%
E/A	1.15



DR AKHIL PARULEKAR

DNB CARDIOLOGIST

REG. NO 2012082483



CID : 2305622179  
Name : MR.GOPAL RANE .  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 09:38  
Reported : 25-Feb-2023 / 13:40

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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	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.25	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.1	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6390	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	40.5	20-40 %	
Absolute Lymphocytes	2587.9	1000-3000 /cmm	Calculated
Monocytes	9.6	2-10 %	
Absolute Monocytes	613.4	200-1000 /cmm	Calculated
Neutrophils	45.2	40-80 %	
Absolute Neutrophils	2888.3	2000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	
Absolute Eosinophils	255.6	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	44.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	298000	150000-400000 /cmm	Elect. Impedance
MPV	7.5	6-11 fl	Calculated
PDW	11.1	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 -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-20 mm at 1 hr. Sedimentation

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

*Bmhasakar*

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



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Age / Gender : 58 Years / Male  
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Collected : 25-Feb-2023 / 09:38  
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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	139.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	180.6	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	

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

*Bmhaskar*

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







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**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	27.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	13.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.93	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	8.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.3	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.0	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	10.2	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	136	136-145 mmol/l	IMT
POTASSIUM, Serum	5.1	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	102	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 & Lab Director**



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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	6.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	139.8	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 SDRL, Vidyavihar Lab

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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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	2.154	<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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\*\*\* End Of Report \*\*\*





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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	Less than 20/hpf	
Others	-		

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

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

**Reference:** Pack insert

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

*Bmhaskar*

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



MC-2111



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

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**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	286.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	162.8	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	71.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	214.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	181.9	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	32.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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



*Anupa*

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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	CLIA
Free T4, Serum	17.3	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.449	0.55-4.78 microIU/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 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)

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



*Anupa*  
**Dr.ANUPA DIXIT**  
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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	0.87	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.64	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	27.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	19.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	19.5	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	62.3	46-116 U/L	Modified IFCC

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



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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-----

**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

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

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Access





CID : 2305622179  
Name : Mr GOPAL RANE .  
Age / Sex : 58 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 10:54

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.2 cm) 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 measures 10 mm and CBD appears measures 3.2 mm .  
The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

### PANCREAS:

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

### KIDNEYS:

Right kidney measures 9.6 x 5.0 cm. Left kidney measures 10.4 x 5.7 cm.  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (7.8 cm) 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.  
Prevoid volume - 358 cc, Postvoid residue - 68 cc. (Significant).

### PROSTATE:

The prostate is grossly enlarged in size . It measures 5.8 x 5.3 x 5.1 cms and volume is 83.6 cc.

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Application To Scan the Code

CID : 2305622179  
Name : Mr GOPAL RANE .  
Age / Sex : 58 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 10:54

**IMPRESSION:**

**GRADE I FATTY LIVER.**

**GROSS PROSTATOMEGALY WITH SIGNIFICANT POST VOID RESIDUE AS DESCRIBED.**

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

**This report is prepared and physically checked by Dr Akash Chhari before dispatch.**

DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

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sessionNo=2023022509361057

Date:- 25/2/23

CID: 2305-622179

Name:- Mr. Gopal Kane

Sex/Age: m/58

**EYE CHECK UP**

Chief complaints: Routine check up

Systemic Diseases: DM 5 years  
 HT

Past history: No H/O Ocular surgery

Unaided Vision: 6/9 6/6

Aided Vision:

Refraction:

COMS: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	+1.0	—	—	6/6	+1.25	—	—	6/6
Near	+3.25	—	—	2/6	+3.0	—	—	2/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit  
 And detailed evaluation as H/O DM

*Kajal H.*  
**KAJAL NAGRECHA**  
 OPTOMETRIST

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 Thakur Village, Kandivali (east),  
 Mumbai - 408101.  
 Tel : 61700000



**DENTAL CHECK - UP**

Name:- Gopal Rane

CID : 23056 22179 Sex / Age : M / 59.

Occupation:-

Date: 25/02/2023

Chief complaints:- No complaints

Medical / dental history:- Extraction, Partial denture

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: Normal movements
- b) Facial Symmetry: Bilateral asymmetrical

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: loss of hard & soft tissue
- b) Hard Tissue Examination:
- c) Calculus: multiple missing teeth / ill fitting RPD
- Stains: Replaced by RPD

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

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

Advised: Follow up regarding teeth with poor prognosis  
Extraction & Replacement if required

Provisional Diagnosis:-

- Periodontist -

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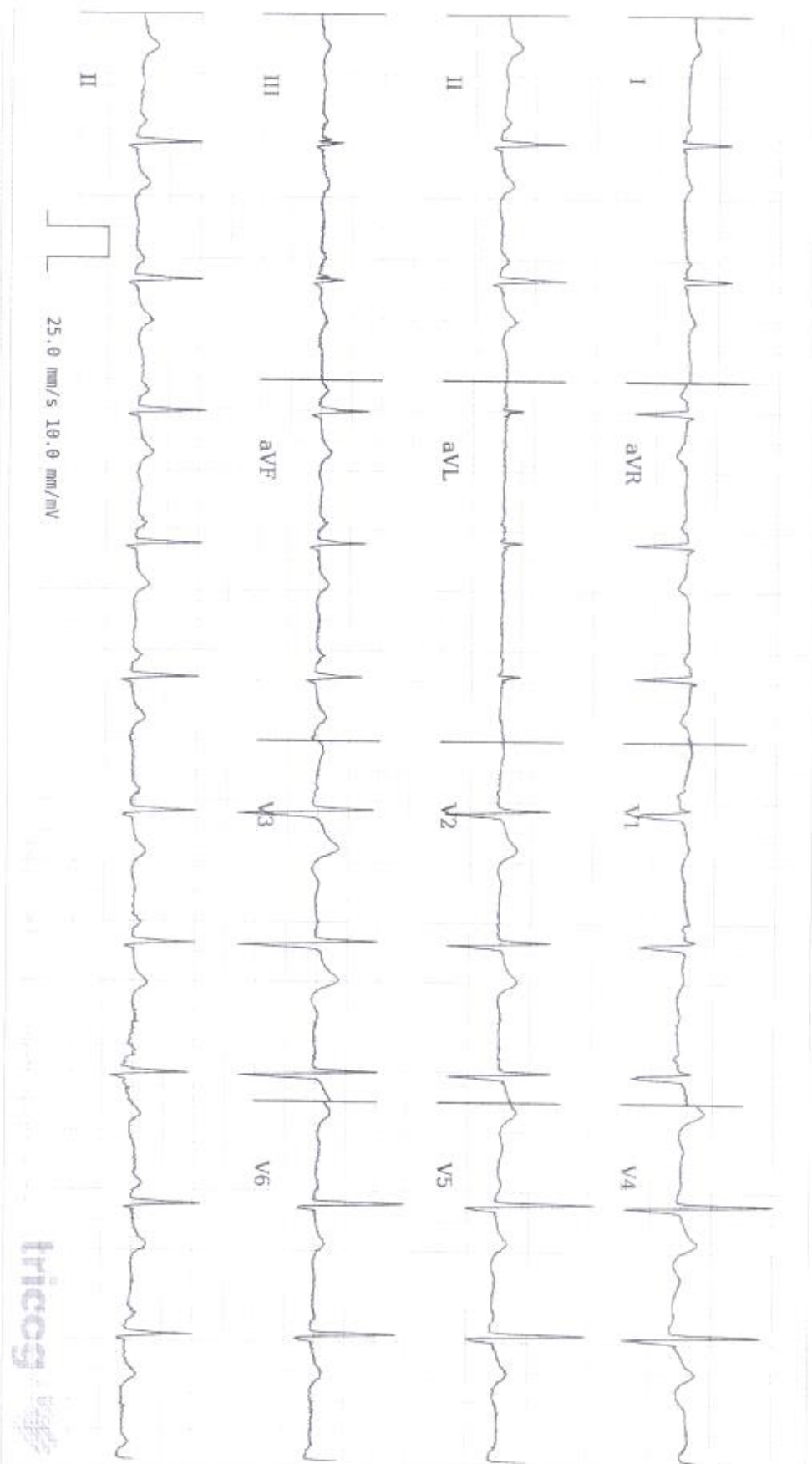
DR. BHUMIK PATEL  
(B.D.S) A - 23378

Dr Bhumik Patel  
[Signature]



Patient Name: **GOPAL RANE**  
Patient ID: **2305622179**

Date and Time: **25th Feb 23 12:25 PM**



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

Age **58** 4 2  
years months days

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP: **150/90 mmHg**

Weight: **72 kg**

Height: **172 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRS-D: **86ms**  
QT: **396ms**  
QTc: **421ms**  
PR: **142ms**  
P-R-T: **61° 49° 72°**



REPORTED BY

*[Signature]*

**SUBURBAN DIAGNOSTICS (INDIA) PVT.LTD.**

Row 7, Sector 15A, Gurgaon,

Thakur Village, Gurgaon (HR), India

Phone: 0120-2305622

141 : 0120-2305622

DR ANJALI PABULEKAR  
MBBS MD MEDICINE DNB Cardiology

2012082483

Disclaimer: This analysis of this report is based on ECG trace and should be used as an adjunct to clinical history, symptoms, and results of other diagnostic and non-invasive tests and must be interpreted by a qualified physician. All foreign units are as collected by the clinician and not derived from the ECG.