

Date:- 20/01/24

CID: 2402020572.

Name:- Narayan Kishor

Sex / Age: / M / 54

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

} Nil

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N5	—	—	—	N5

Colour Vision: Normal / Abnormal

Remark: Normal vision

Suburban Diagnostics (I) Pvt. Ltd.  
Aston, 2nd Floor, Opp. Sunshine Building  
Sundervan Complex, Andheri (West)  
Mumbai - 400 053, Tel.: 022-40274527

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CID : 2402020577  
Name : MR. NARAYAN BRAJ KISHORE  
Age / Gender : 54 Years / Male  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 20-Jan-2024 / 09:14  
Reported : 20-Jan-2024 / 13:48

**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	4.31	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.2	40-50 %	Calculated
MCV	95.6	80-100 fl	Measured
MCH	31.3	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	12.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6340	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.1	20-40 %	
Absolute Lymphocytes	1337.7	1000-3000 /cmm	Calculated
Monocytes	11.7	2-10 %	
Absolute Monocytes	741.8	200-1000 /cmm	Calculated
Neutrophils	63.2	40-80 %	
Absolute Neutrophils	4006.9	2000-7000 /cmm	Calculated
Eosinophils	3.9	1-6 %	
Absolute Eosinophils	247.3	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	179000	150000-400000 /cmm	Elect. Impedance
MPV	11.9	6-11 fl	Measured
PDW	27.0	11-18 %	Calculated

**RBC MORPHOLOGY**

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                      9                                      2-20 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
- Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
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*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/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	102.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	74.8	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	

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	30.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	14.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.79	0.73-1.18 mg/dl	Enzymatic
Note: Kindly note in change in reference range w.e.f. 07-09-2023			
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 w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	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	2.7	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	139	136-145 mmol/l	IMT
POTASSIUM, Serum	5.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	98-107 mmol/l	IMT

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
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*Dr. Vrushi Shroff*  
**Dr. VRUSHALI SHROFF**  
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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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, Waiach's interpretation of diagnostic tests 10th edition.

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.364	<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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
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*Anupa Dixit*

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**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)	50	-	-
<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

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	199.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	189.0	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	36.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	162.6	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	124.8	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	37.8	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.544	0.55-4.78 microlU/ml mIU/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 upto 15 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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.08	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.30	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.78	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	34.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	49.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	20.3	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	117.8	46-116 U/L	Modified IFCC

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**M.D.(PATH)**  
**Pathologist**

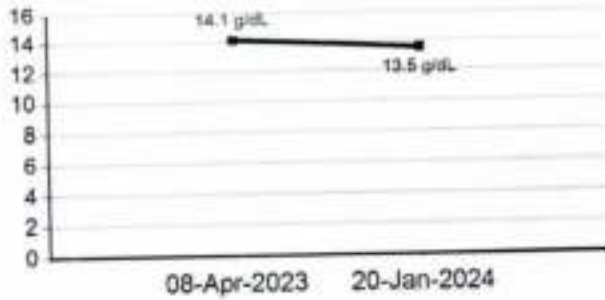
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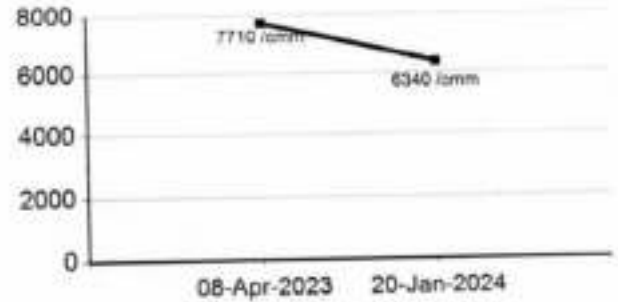
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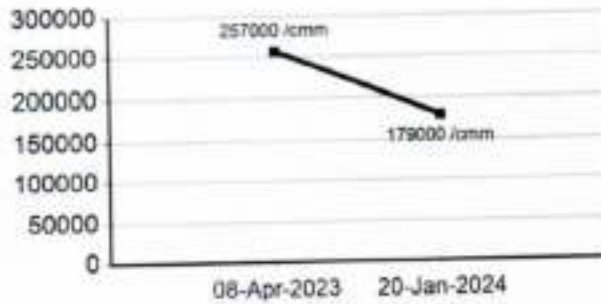
**Haemoglobin**



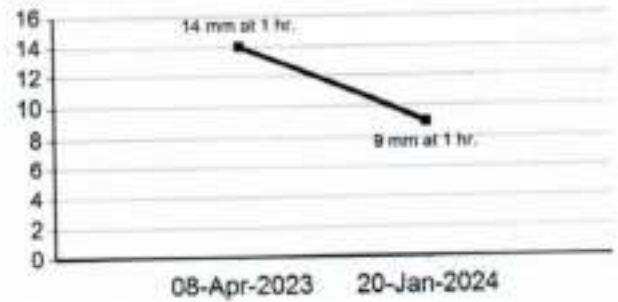
**WBC Total Count**



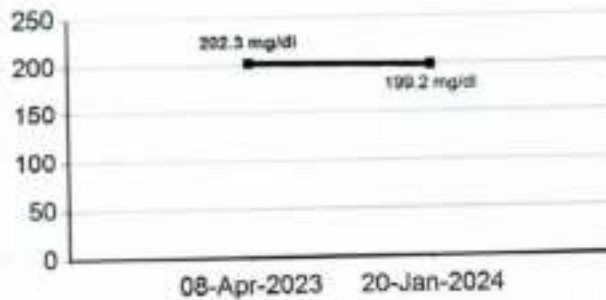
**Platelet Count**



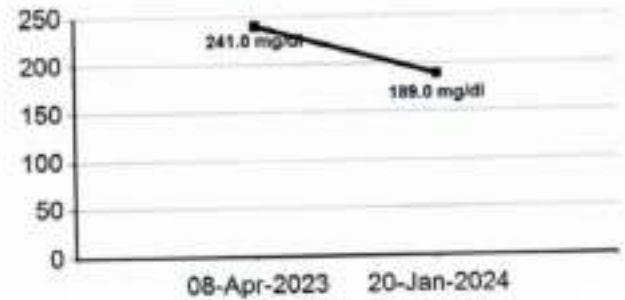
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**



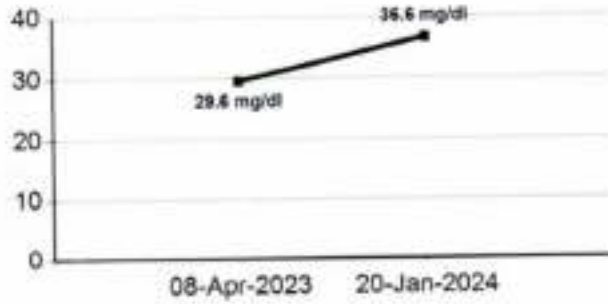
Authenticity Check



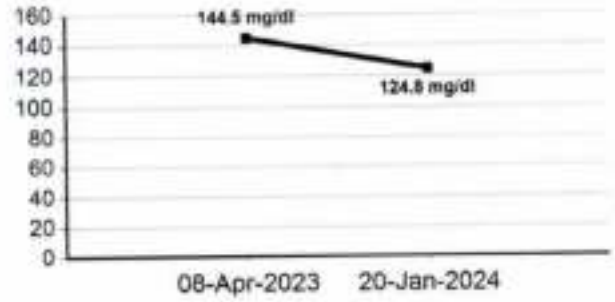
Use a QR Code Scanner Application To Scan the Code

CID : 2402020577  
Name : MR. NARAYAN BRAJ KISHORE  
Age / Gender : 54 Years / Male  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

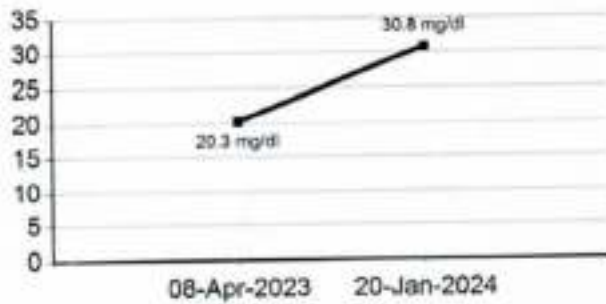
**HDL CHOLESTEROL**



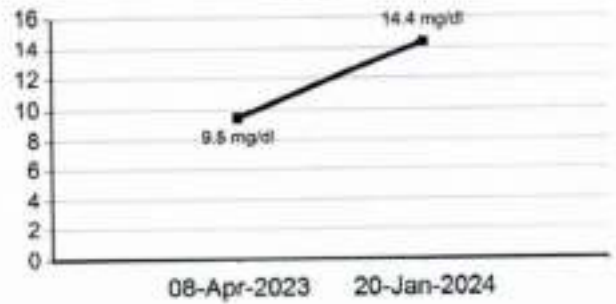
**LDL CHOLESTEROL**



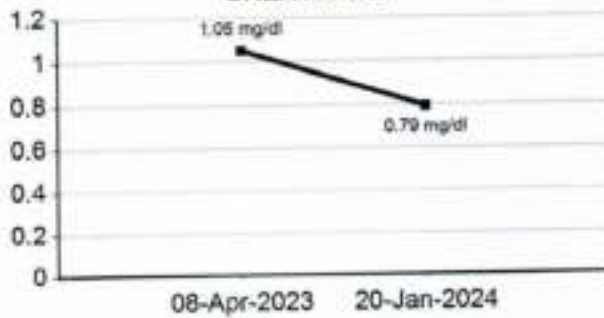
**BLOOD UREA**



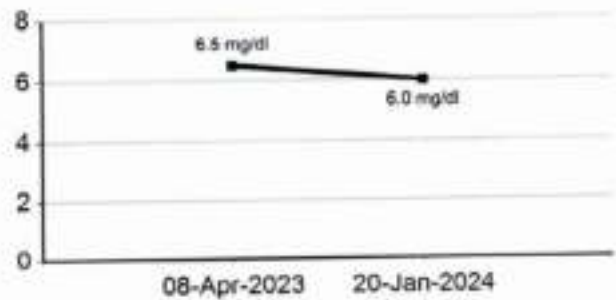
**BUN**



**CREATININE**



**URIC ACID**



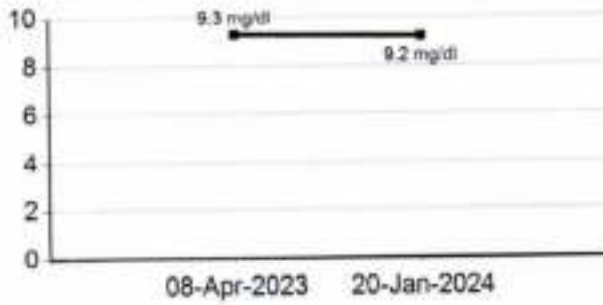
Authenticity Check



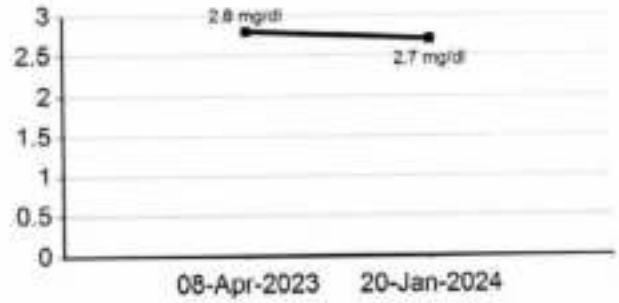
Use a QR Code Scanner Application To Scan the Code

CID : 2402020577  
Name : MR. NARAYAN BRAJ KISHORE  
Age / Gender : 54 Years / Male  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

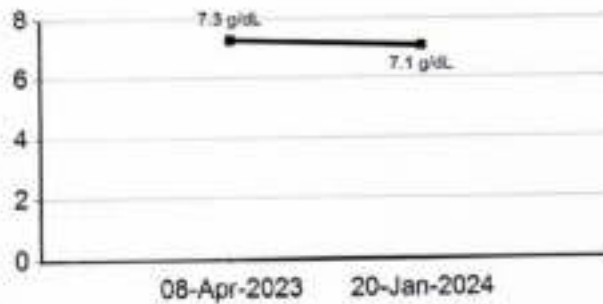
**CALCIUM**



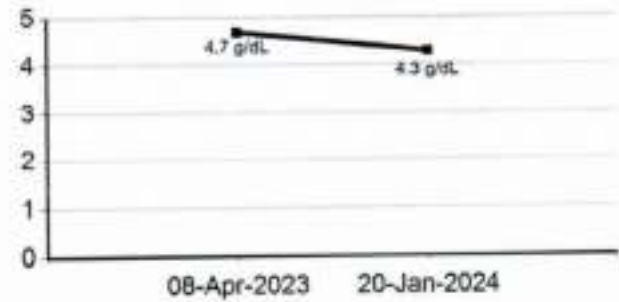
**PHOSPHORUS**



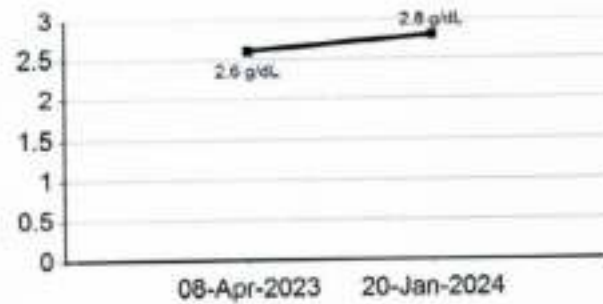
**TOTAL PROTEINS**



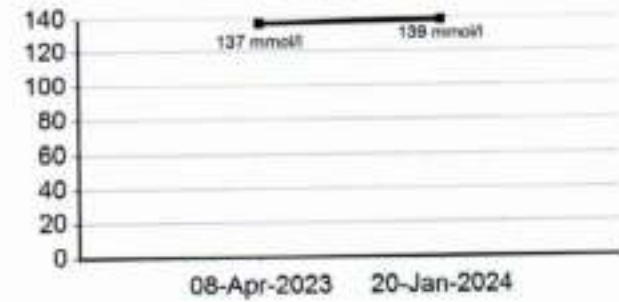
**ALBUMIN**



**GLOBULIN**



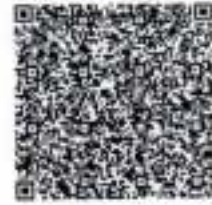
**SODIUM**





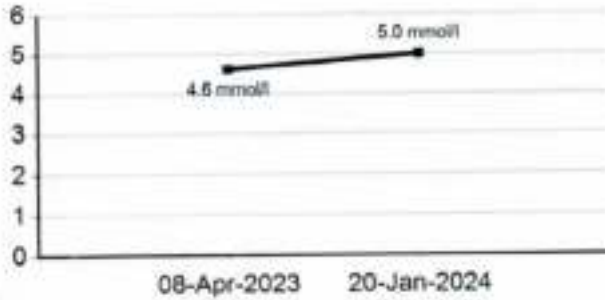
CID : 2402020577  
 Name : MR. NARAYAN BRAJ KISHORE  
 Age / Gender : 54 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Andheri West (Main Centre)

Authenticity Check

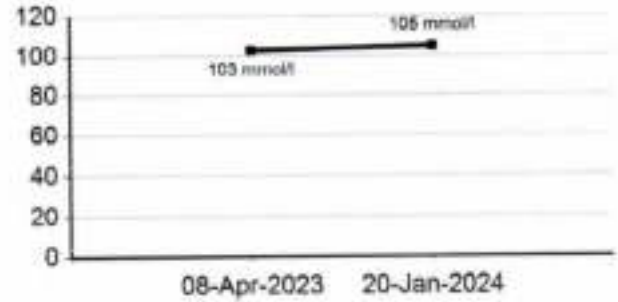


Use a QR Code Scanner Application To Scan the Code

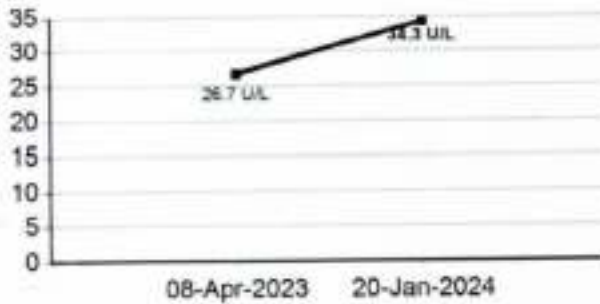
**POTASSIUM**



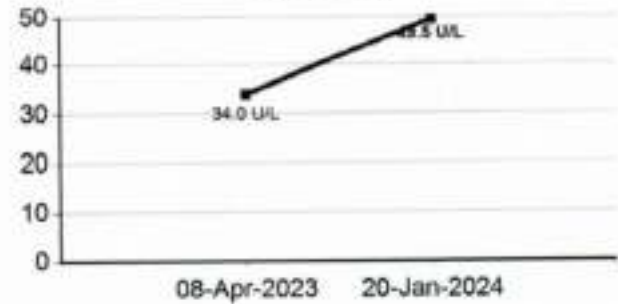
**CHLORIDE**



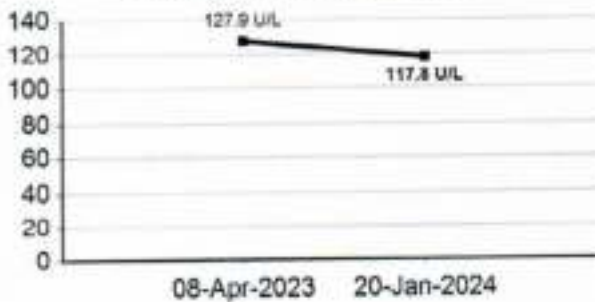
**SGOT (AST)**



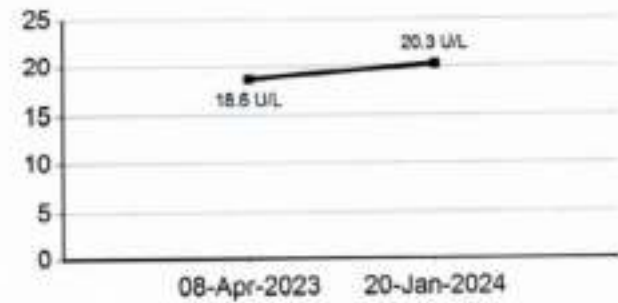
**SGPT (ALT)**



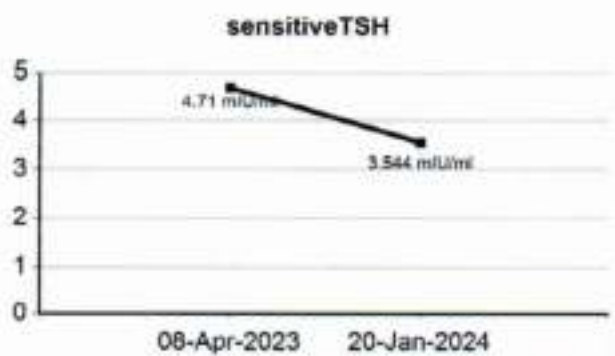
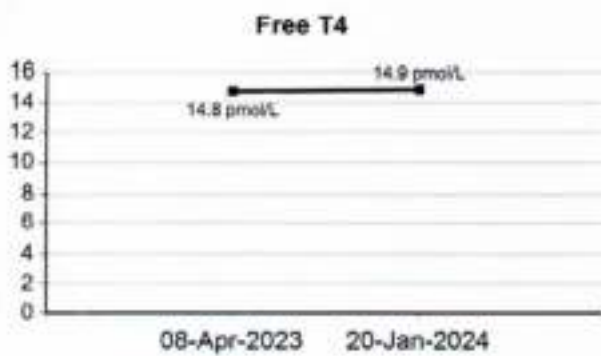
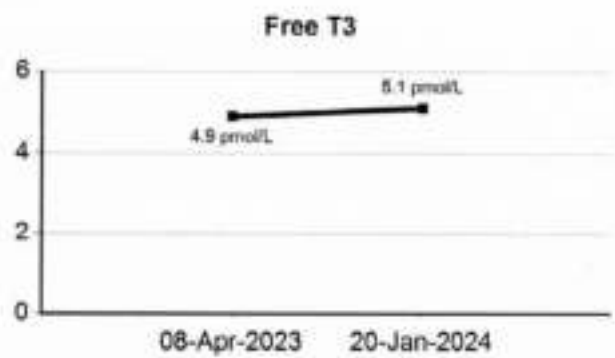
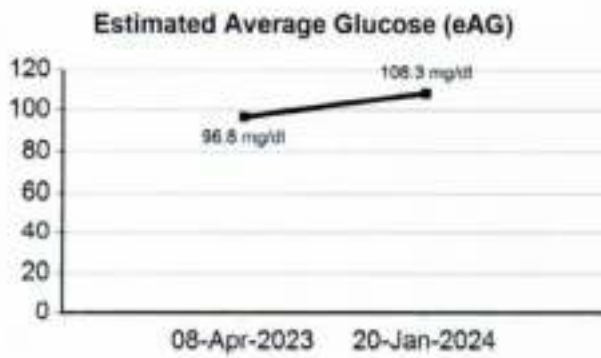
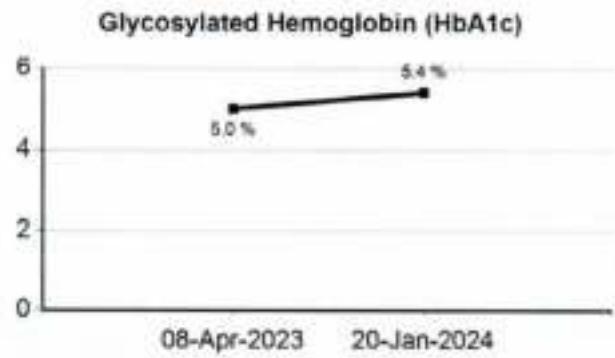
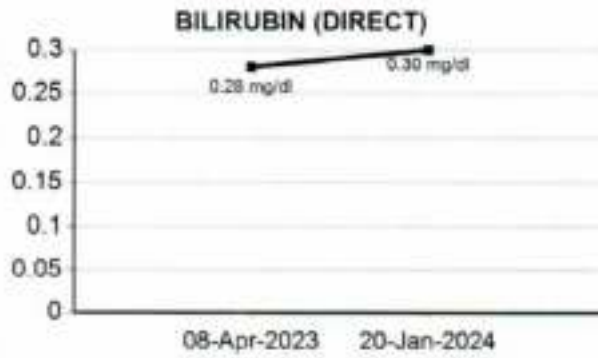
**ALKALINE PHOSPHATASE**



**GAMMA GT**



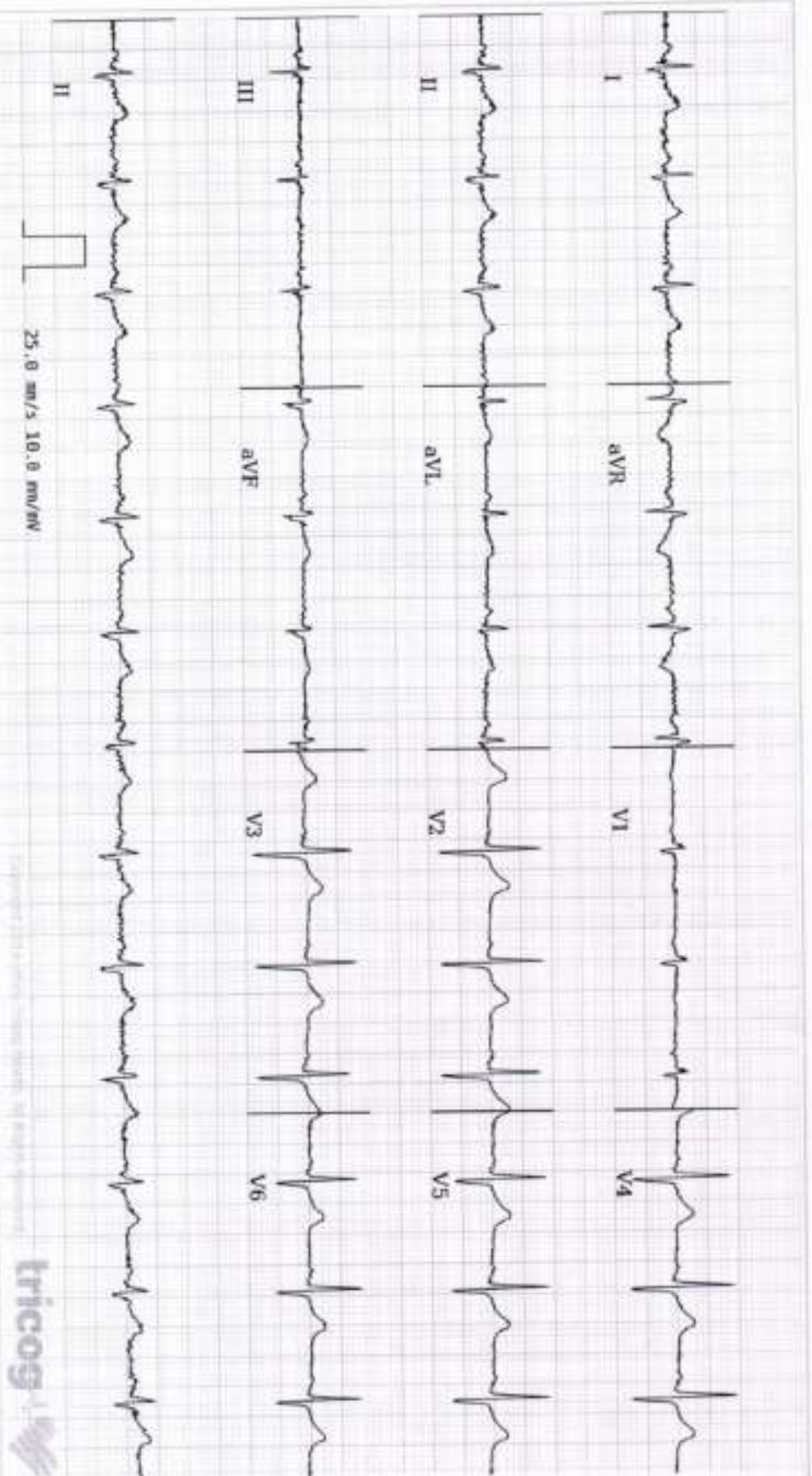
CID : 2402020577  
 Name : MR.NARAYAN BRAJ KISHORE  
 Age / Gender : 54 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Andheri West (Main Centre)



Patient Name: NARAYAN BRAJ KISHORE  
Patient ID: 2402020577

Date and Time: 20th Jan 24 9:26 AM

**SUBURBAN DIAGNOSTICS - ANDHERI WEST**



Age: **54** NA NA  
years months days

Gender: **Male**

Heart Rate: **82bpm**

**Patient Vitals**

BP: 130/90 mmHg  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 78ms  
QT: 378ms  
QTcB: 44ms  
PR: 172ms  
P-R-T: 17° -28° 29°



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

REPORTED BY

DR RAVI CHAWAN  
MD, DCCARD, D EDWARDS  
Cardiologist & Interventional  
2004082448

Disclaimer: This analysis is for informational purposes only. It is not intended to be used as a substitute for clinical judgment. The accuracy of the results is dependent on the quality of the data provided. The results are for informational purposes only and should not be used for clinical decision making. Please consult your physician for further information.

## SUBURBAN DIAGNOSTICS

**Patient Details**      Date: 20-Jan-24      Time: 09:53:00  
**Name:** NARAYAN BRAJ KISHORE ID: 24020205777  
**Age:** 54 y      **Sex:** M      **Height:** 162 cms      **Weight:** 73 Kgs  
**Clinical History:** NONE

**Medications:** NONE

### Test Details

**Protocol:** Bruce      **Pr.MHR:** 166 bpm      **THR:** 141 (85% of Pr.MHR) bpm  
**Total Exec. Time:** 5 m 11 s      **Max. HR:** 151 (91% of Pr.MHR) bpm      **Max. Mets:** 7.00  
**Max. BP:** 160 / 70 mmHg      **Max. BP x HR:** 24160 mmHg/min      **Min. BP x HR:** 5880 mmHg/min  
**Test Termination Criteria:** Target HR attained

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 12	1.0	0	0	86	110 / 70	-0.85 aVR	1.06 I
Standing	0 : 6	1.0	0	0	88	110 / 70	-0.85 aVR	1.06 I
Hyperventilation	0 : 6	1.0	0	0	84	110 / 70	-0.64 aVR	1.06 I
1	3 : 0	4.6	1.7	10	128	120 / 70	-1.27 aVR	2.83 II
Peak Ex	2 : 11	7.0	2.5	12	151	160 / 70	-1.27 aVR	4.25 II
Recovery(1)	1 : 0	1.8	1	0	118	140 / 70	-1.27 aVR	3.54 II
Recovery(2)	1 : 0	1.0	0	0	111	120 / 70	-1.06 aVR	2.12 II
Recovery(3)	0 : 6	1.0	0	0	107	110 / 70	-0.64 aVR	1.77 II

### Interpretation

FAIR EFFORT TOLERANCE  
 ACCELERATED CHRONOTROPIC RESPONSE  
 NORMAL INOTROPIC RESPONSE  
 NO ANGINA/ ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE@ LOW WORKLOADS  
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA

Disclaimer: Negative stress test does not rule out Coronary Artery Disease  
 Positive stress test is suggestive but not confirmatory of Coronary Artery Disease.  
 Hence clinical correlation is mandatory.

Dr. Ravi Chavan  
 MD, D Card  
 Consultant Cardiologist  
 Reg. No. 2004/06/2468





**NARAYAN BRAJ KISHORE (54 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 24020205777

Date: 20-Jan-24

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 86 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

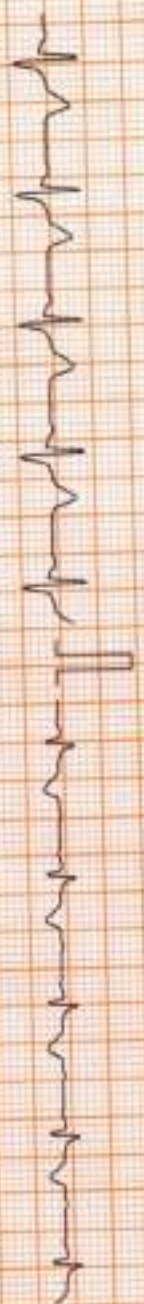
(THR: 141 bpm)

B.P: 110 / 70

ST Level (mm)      ST Slope (mV / s)

ST Level (mm)      ST Slope (mV / s)

0.8      1.1



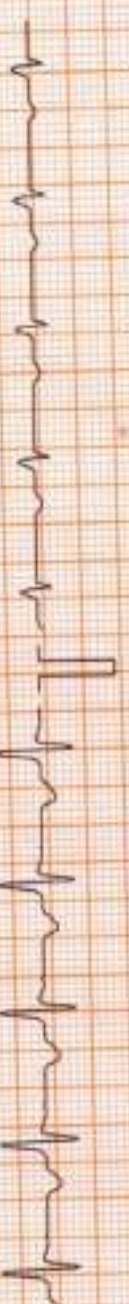
V1      -0.2      -0.4

1.1      1.1



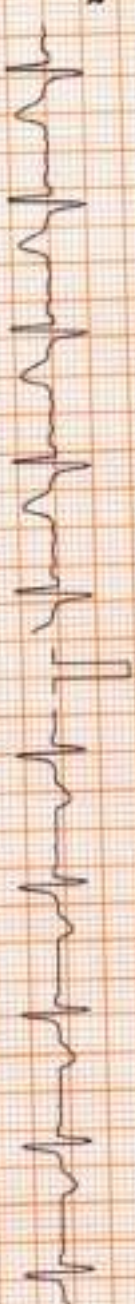
V2      0.4      0.4

0.0      0.0



V3      0.4      0.4

-0.8      -1.1



V4      0.4      0.4

0.0      0.0



V5      0.4      0.4

0.4      0.4



V6      0.2      0.0



Chart Speed: 25 mm/sec

Filter: 35 Hz

Main's Filtr ON

Amp: 10 mm

10 = R - 50 ms

J = F = 50 ms

Post J = J + 60 ms

Scholar Spindel V4.7

Linked Median

# SUBURBAN DIAGNOSTICS

# Test Report

**NARA YAN BRAJ KISHORE (54 M)**

ID: 24020205777

Date: 20-Jan-24

Exec Time: 0 m 0 s

Stage Time: 0 m 0 s

HR: 86 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 141 bpm)

B.P: 110 / 70

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

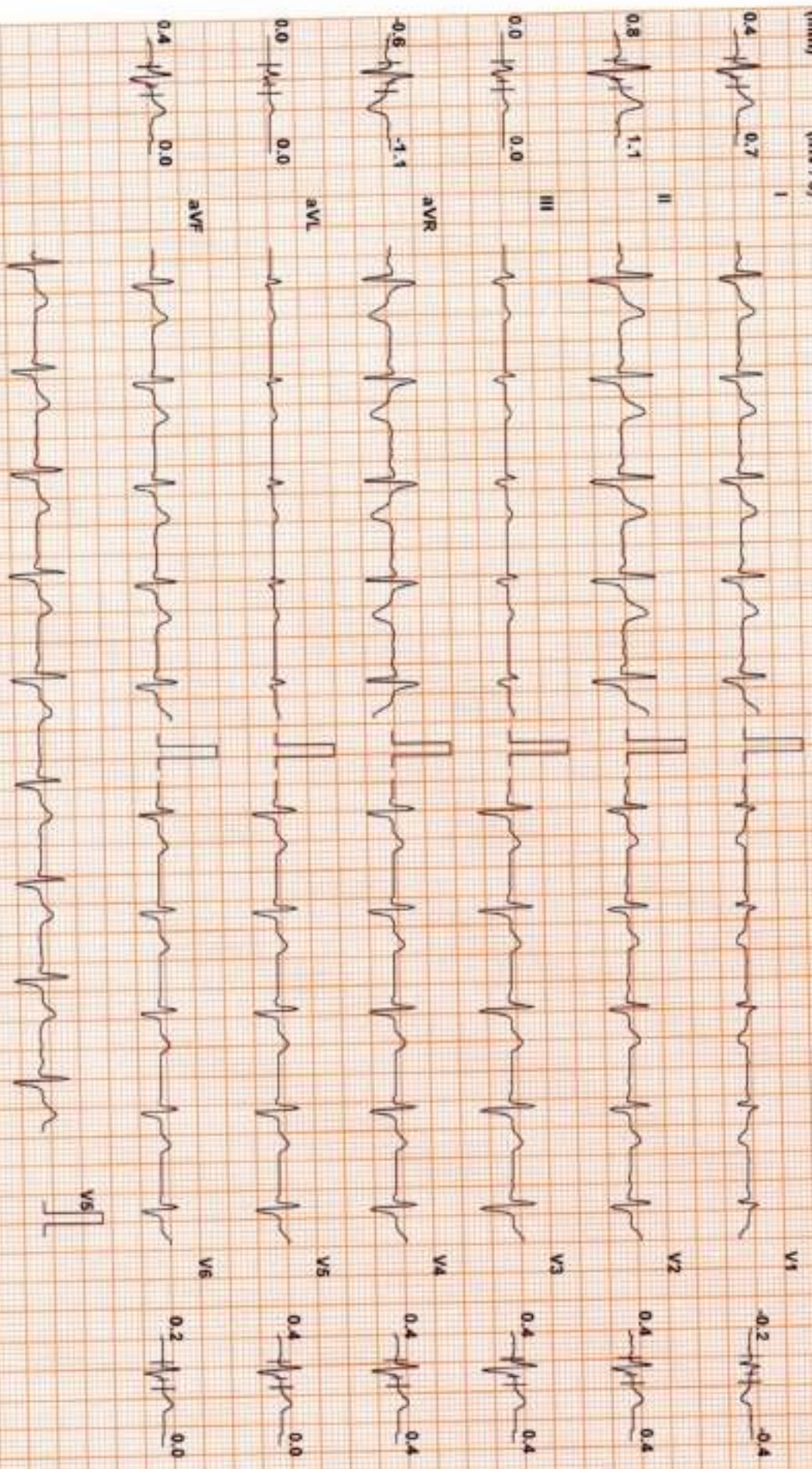


Chart Speed: 25 mm/sec  
Schler Speeder V 4.7

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

Imp = R = 60 ms

J = R = 60 ms

Post J = J + 60 ms

Linked Median

# SUBURBAN DIAGNOSTICS

## Test Report

**NARA YAN BRAJ KISHORE (54 M)**

ID: 24020205777

Date: 20-Jan-24

Exec Time: 0 m 0 s

Stage Time: 0 m 0 s

HR: 84 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 141 bpm)

B.P.: 110/70

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

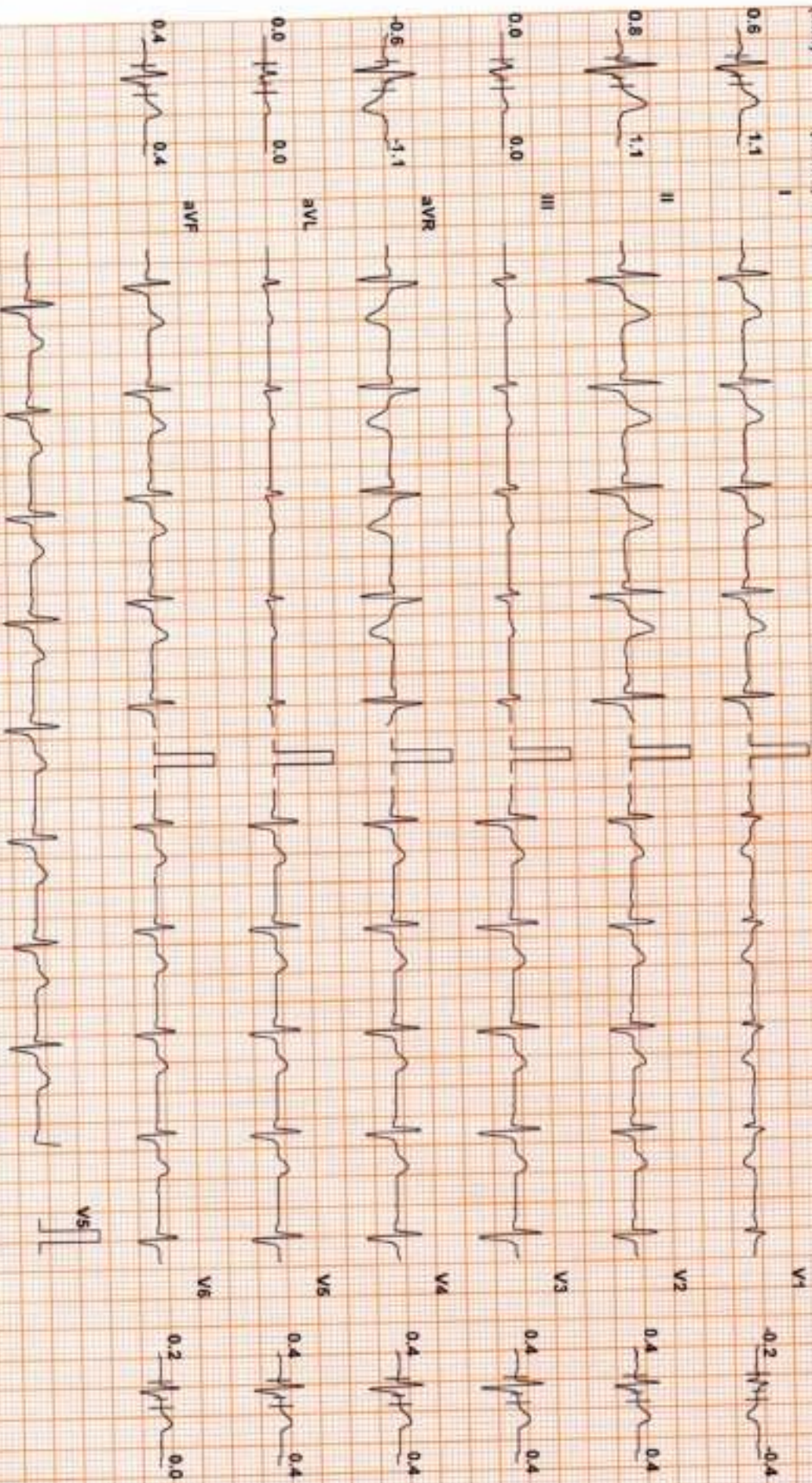


Chart Speed: 25 mm/sec  
Scholar Spreader V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

no = R = 60 ms

J = R = 60 ms

Post J = J + 60 ms

Linked Median



# SUBURBAN DIAGNOSTICS

## Test Report

**NARAYAN BRAJ KISHORE (54 M)**

ID: 24020205777

Date: 20-Jan-24

Exec Time: 2 m 54 s

Stage Time: 2 m 54 s

HR: 128 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 141 bpm)

B.P: 120 / 70

ST Level (mm)

ST Slope (mV / s)

ST Level (mm)

ST Slope (mV / s)

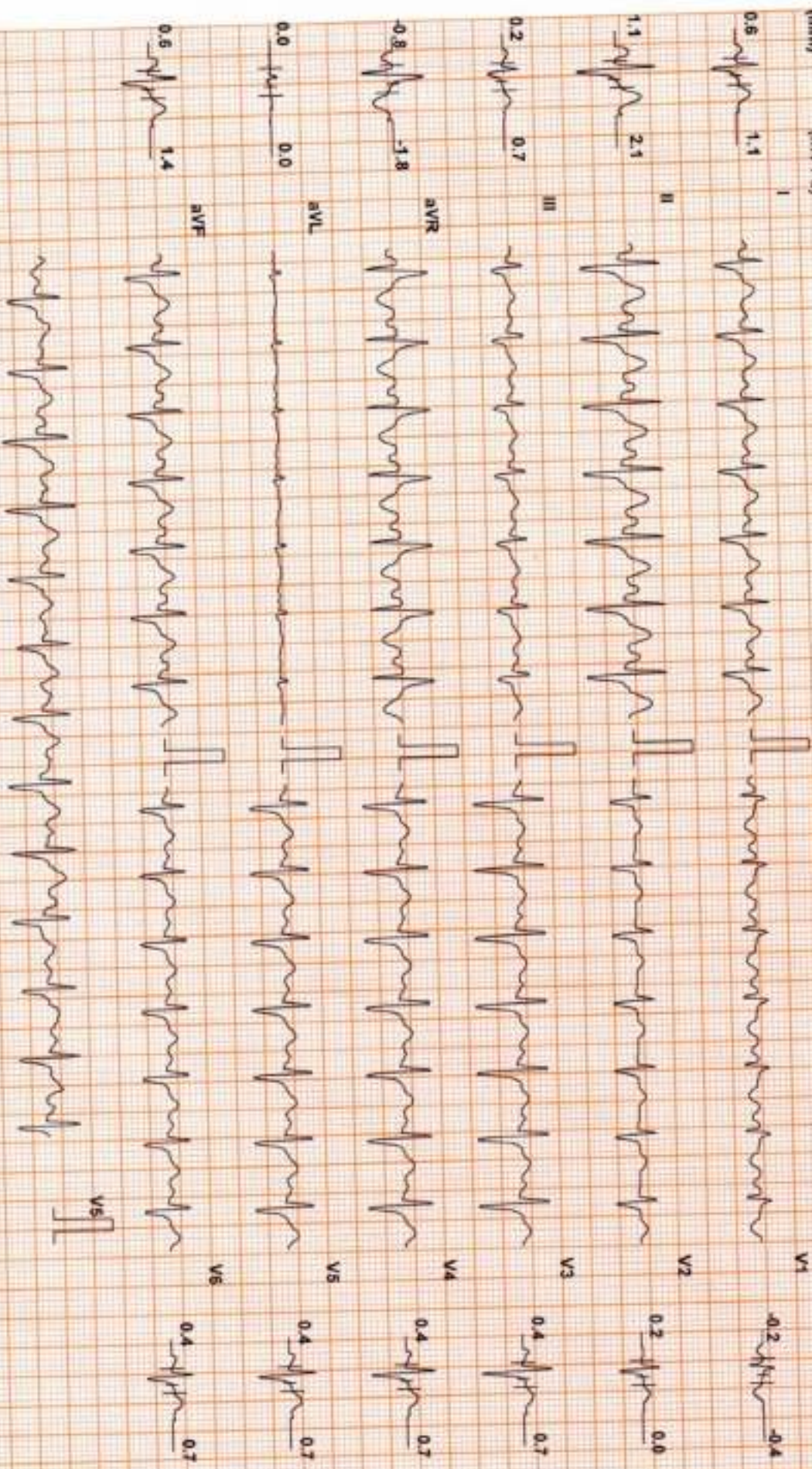


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main: Filtr. ON

Amp: 10 mm

No = R = 60 mm

J = R = 60 mm

Post J = J = 60 mm

Schwer Standard V 4.7

Linked Median



# SUBURBAN DIAGNOSTICS

## Test Report

**NARAYAN BRAJKISHORE (54 M)**

ID: 24020205777

Date: 20-Jan-24

Exec Time: 5 m 5 s

Stage Time: 2 m 5 s

HR: 151 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 141 bpm)

B.P.: 160 / 70

ST Level (mm)      ST Slope (mV / s)

ST Level (mm)      ST Slope (mV / s)

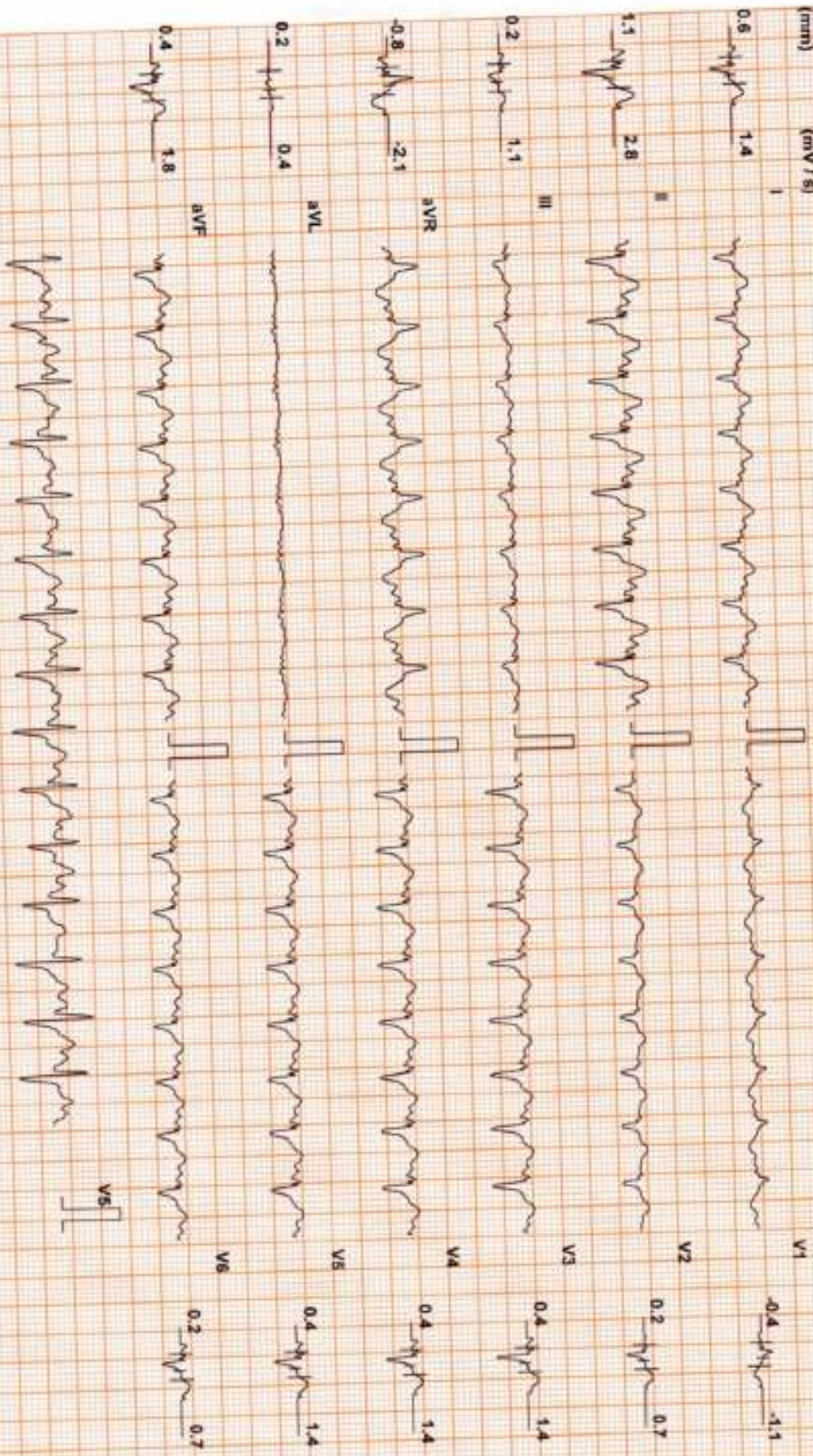


Chart Speed: 25 mm/sec  
Scale: Spenon V x 7

Filter: 35 Hz

Main: Fil ON

Amp: 10 mm

10 = R - 80 ms

J = R - 60 ms

Post J = J + 60 ms

Linked Median

**SUBURBAN DIAGNOSTICS**

**Test Report**

**NARAYAN BRAJ KISHORE (54 M)**

ID: 24020205777

Date: 20-Jan-24

Exec Time : 5 m 11 s Stage Time : 0 m 54 s HR: 109 bpm

Stage Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 141 bpm)

B.P: 120 / 70

Protocol: Bruce

ST Level (mm)    ST Slope (mV / s)

ST Level (mm)    ST Slope (mV / s)

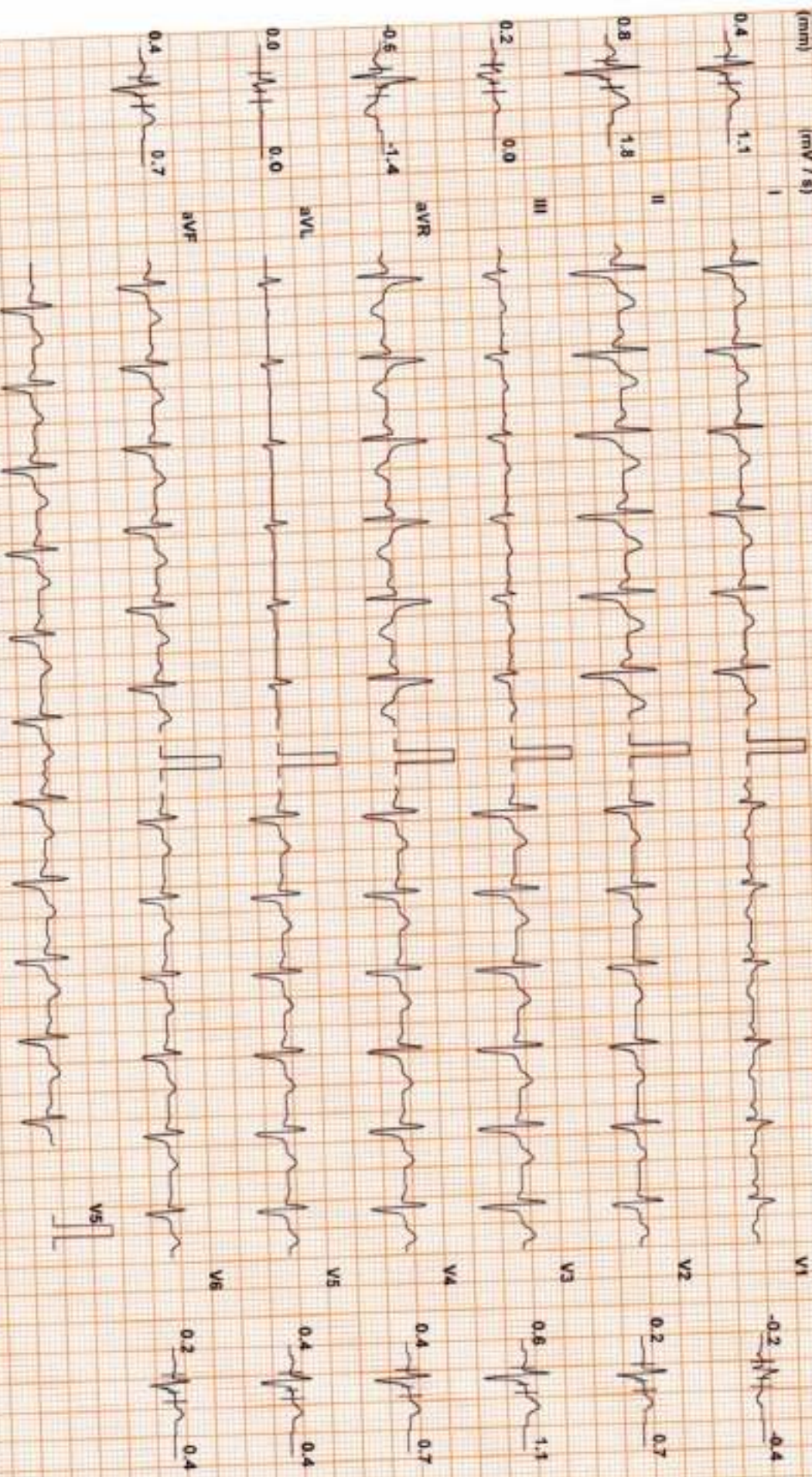


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main's Filtr. ON

Amp: 10 mm

60 = R - 40 ms

J = R + 60 ms

Feed J + J - 60 ms

Linked Median

Schiller Standard V4.7

CID : 2402020577  
Name : Mr NARAYAN BRAJ KISHORE  
Age / Sex : 54 Years/Male  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

Reg. Date : 20-Jan-2024  
Reported : 20-Jan-2024 / 11:15

Use a QR Code Scanner  
Application To Scan the Code

**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
The cardiac size and shape are within normal limits.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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



Dr R K Bhandari  
M D , DMRE  
MMC REG NO. 34078

Click here to view images <<ImageLink>>

Page no 1 of 1

CID : 2402020577  
Name : Mr NARAYAN BRAJ KISHORE  
Age / Sex : 54 Years/Male  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)  
Reg. Date : 20-Jan-2024  
Reported : 20-Jan-2024 / 15:34

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.7cm) and shows bright echotexture.  
The intra hepatic biliary and portal radical appear normal.  
A 18 x 18mm sized simple cyst is noted in the left lobe of the liver.  
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 9.0 x 4.2cm. Left kidney measures 9.3 x 5.1cm.

### SPLEEN:

The spleen is mildly enlarged in size (11.6cm) and shows normal 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:

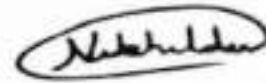
The prostate is normal in size measuring 3.9 x 3.4 x 3.3cm and volume is 23.5cc.

CID : 2402020577  
Name : Mr NARAYAN BRAJ KISHORE  
Age / Sex : 54 Years/Male  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)      Reg. Date : 20-Jan-2024  
Reported : 20-Jan-2024 / 15:34

**IMPRESSION:**

Grade II fatty liver with simple hepatic cyst as described above.  
Mild splenomegaly as described above.

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



DR. NIKHIL DEV  
M.B.B.S, MD (Radiology)  
Reg No - 2014/11/4764  
Consultant Radiologist