SUBURBAN STICS

PRECISE TESTING · HEALTHIER LIVING

Η

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: ADITYA PAL YADAV Date and Time: 1st Mar 22 9:49 AM

Patient ID: 2206006098

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

Age 43 NA 26 years months days

Gender Male

Heart Rate 64bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QSRD: 76ms QT: 384ms

QTc: 396ms

PR: 166ms

P-R-T: 74° 69° 50°

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

25.0 mm/s 10.0 mm/mV

REPORTED BY

Adallia !

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Name : Mr ADITYA PAL YADAV

Age / Sex : 43 Years/Male

Ref. Dr :

Reg. Location : Kandivali East Main Centre

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R

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: 01-Mar-2022 / 09:38

Reported : 01-Mar-2022 / 09:41

USG WHOLE ABDOMEN

Reg. Date

LIVER:

The liver is normal in size, shape and smooth margins. It shows **bright** parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is not seen (post surgery status).

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 4.0 cm. Left kidney measures 10.5 x 5.0 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 volume is 20 cc.

IMPRESSION:

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Grade I fatty liver.

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 centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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

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

KLIM FRA

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

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: 01-Mar-2022 / 14:08

X-RAY CHEST PA VIEW

Reg. Date

Reported

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.

En	nd of Report	

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

KLIM FRA

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

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Age / Gender : 43 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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Reported :01-Mar-2022 / 12:04

Collected

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.75	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.7	40-50 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.5	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5110	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	<u>LUTE COUNTS</u>		
Lymphocytes	26.4	20-40 %	
Absolute Lymphocytes	1349.0	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	352.6	200-1000 /cmm	Calculated
Neutrophils	62.2	40-80 %	
Absolute Neutrophils	3178.4	2000-7000 /cmm	Calculated
Eosinophils	3.9	1-6 %	
Absolute Eosinophils	199.3	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	30.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	269000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	_

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Name : MR.ADITYA PAL YADAV

:43 Years / Male Age / Gender

Consulting Dr.

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:01-Mar-2022 / 11:57

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

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

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Hexokinase

Hexokinase

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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, 98.9 Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 82.2 Non-Diabetic: < 140 mg/dl

Plasma PP/R Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting) Absent Absent
Urine Ketones (Fasting) Absent Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

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: 01-Mar-2022 / 08:46

Reported :01-Mar-2022 / 15:13

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

PARAMETERRESULTSBIOLOGICAL REF RANGEMETHODGlycosylated Hemoglobin5.8Non-Diabetic Level: < 5.7 %</td>HPLC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 119.8 mg/dl Calculated

(eAG), EDTA WB - CC

(HbA1c), EDTA WB - CC

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 CPL, Andheri West
*** End Of Report ***







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

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Name : MR.ADITYA PAL YADAV

Age / Gender : 43 Years / Male

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TOTAL PSA, Serum

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Reported :01-Mar-2022 / 13:36

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

0.03-2.5 ng/ml

RESULTS BIOLOGICAL REF RANGE PARAMETER

METHOD

PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with

3. Calculation of the ratio of Free to Total PSA (ie. FPSA/TPSA), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report **

2.02







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

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	

Red Blood Cells / npt Occasional

Epithelial Cells / hpf 0-1

Casts Absent Absent Crystals **Absent Absent** Amorphous debris Absent Absent

Bacteria / hpf 10-12 Less than 20/hpf

Others







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

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

RESULTS PARAMETER

ABO GROUP В

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.

Refernces:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report **







Dr.MEGHA SHARMA M.D. (PATH), DNB (PATH) **Pathologist**

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

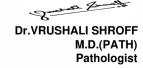
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	202.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	116.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	45.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	157.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	135.0	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	22.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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

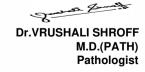
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	34.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	16.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	109	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	6.0	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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Name : MR.ADITYA PAL YADAV

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.67	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 5.5 to 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 trasiently altered becuase 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: 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.

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 CPL, Andheri West *** End Of Report ***







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

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:43 Years / Male Age / Gender

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

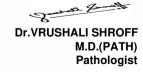
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	1.38	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.45	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.93	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	25.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	108.7	40-130 U/L	Colorimetric

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report ***









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ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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