

PHYSICAL EXAMINATION REPORT

Patient Name	Vinayak. S. Kulkarni	Sex/Age	M/54
Date	29/3/24	Location	Thane

History and Complaints

Chol. ↑
- Fatigue.
- HTN

EXAMINATION FINDINGS:

Height (cms):	- 165	Temp (0c):	⊙
Weight (kg):	- 89	Skin:	NAD.
Blood Pressure	130/90	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD.

Impression:

↑ HbA1c

Advice:

- Low sugar Diet
- Repeat Sugar Profile (6 Months)

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

Since 10 yrs.

H/O - Nil Covid

Nil

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

! No No
Veg.

- Tab. Stavlot.
- Tab. Rozavel Flo.

[Signature]
11/4/23

Date:- 09/03/24 CID: 2408912776
Name:- Vinayak Kulkarni Sex / Age: /

EYE CHECK UP

Chief complaints: RCO
Systemic Diseases: All
Past history: N/A
Unaided Vision: 1326/18 NV 1520/24
Aided Vision: 1326/16 NV 1527/16
Refraction:

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

Colour Vision: Normal / Abnormal
Remark: USC on Spectacle

MR. PRAKASH KUDVA
SR. OPTOMETRIST

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2408912775
Name : MR. KULKARNI VINAYAK
Age / Gender : 54 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Mar-2024 / 08:36
Reported : 29-Mar-2024 / 13:18

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

Age 54 NA NA
years months days

Gender Male

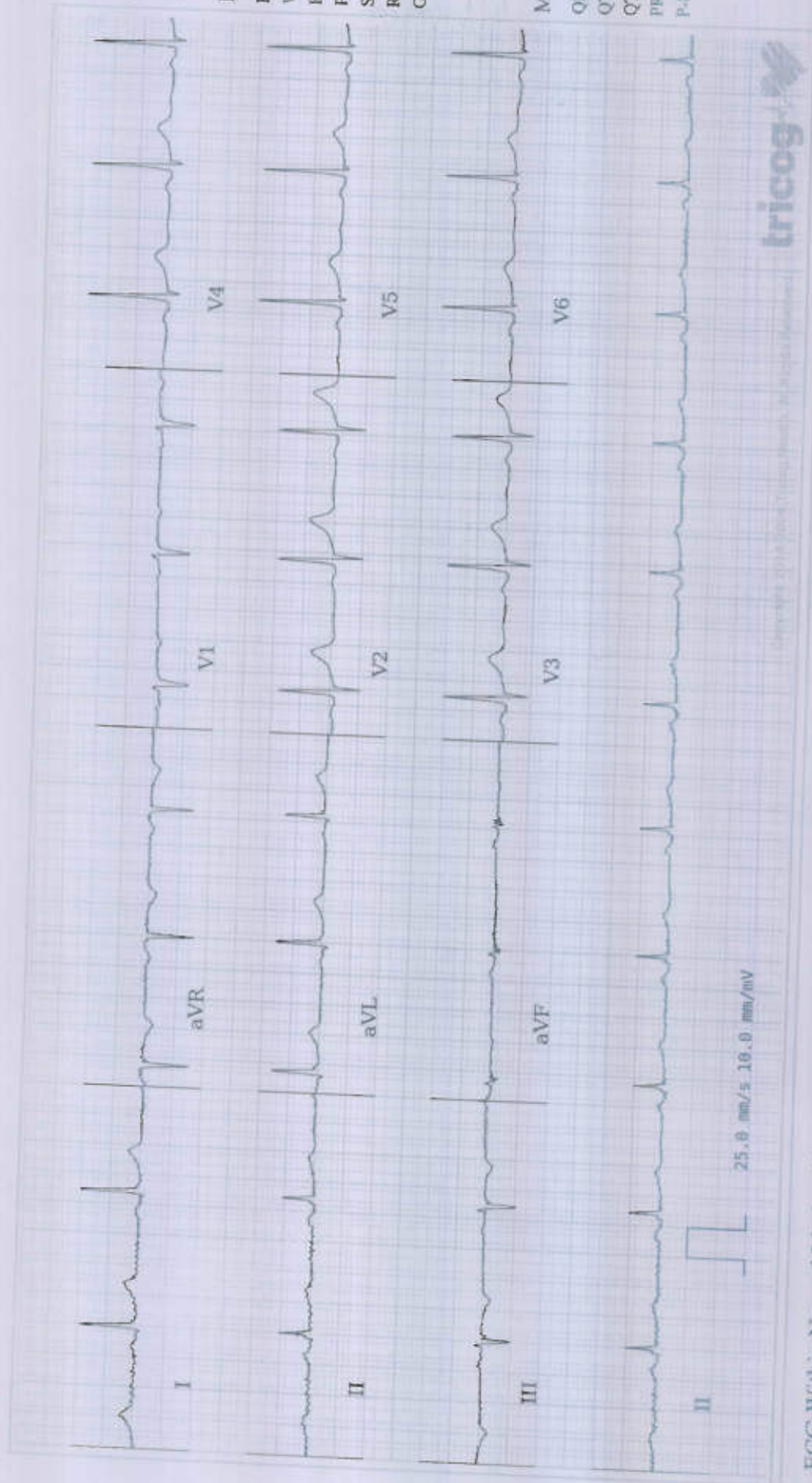
Heart Rate 70bpm

Patient Vitals

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

Measurements

QRSd: 74ms
QT: 392ms
QTcB: 423ms
PR: 160ms
P-R-T: 46° 3° 3°



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

REPORTED BY

[Signature]

DR. SHALAJA PILLAI
MBBS, MD Physician
MD Physician
49972

Disclaimer: This analysis is for informational purposes only and should be used in conjunction with clinical history, symptoms, and results of other available and relevant tests, and should be interpreted by a qualified professional. A limited liability disclaimer by the physician and an advance from the patient.

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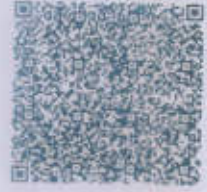
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.80	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.3	40-50 %	Measured
MCV	90.2	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6860	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	39.8	20-40 %	
Absolute Lymphocytes	2730.3	1000-3000 /cmm	Calculated
Monocytes	10.0	2-10 %	
Absolute Monocytes	686.0	200-1000 /cmm	Calculated
Neutrophils	48.4	40-80 %	
Absolute Neutrophils	3320.2	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	123.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	292000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	9.8	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 10 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
- Brigden 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 G B Road Lab, Thane West
 *** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
 M.D (Path)
 Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	99.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	110.4	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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Collected : 29-Mar-2024 / 08:36
Reported : 29-Mar-2024 / 15:47

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	17.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.87	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

eGFR, Serum	103	(ml/min/1.73sqm)	Calculated
		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	

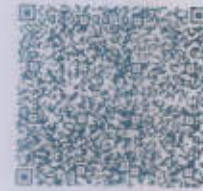
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	5.1	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.9	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.0	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	140	136-145 mmol/l	IMT
POTASSIUM, Serum	4.8	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

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*** End Of Report ***



Dr. Vrushi Shroff
Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Collected : 29-Mar-2024 / 08:36
 Reported : 29-Mar-2024 / 12:56

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	0.323	<4.0 ng/ml	CLIA

Kindly note change in platform w.e.f. 24-01-2024

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Collected : 29-Mar-2024 / 08:36
Reported : 29-Mar-2024 / 12:56

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- α -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.

Note : The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

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 ***



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



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Age / Gender : 54 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Mar-2024 / 08:36
Reported : 29-Mar-2024 / 14:38

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	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	Absent	Absent	Peroxidase
Billirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
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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*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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 Harmering, 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	150.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	83.0	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	43.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	107.2	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.6	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	16.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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 Reported : 29-Mar-2024 / 15:48

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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	14.3	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.930	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 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 6 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	0.44	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.27	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	16.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	18.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	17.2	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	73.5	46-116 U/L	Modified IFCC

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



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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2408912775
Name : Mr KULKARNI VINAYAK
Age / Sex : 54 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 12:15

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size (14.1 cm) and *shows increased echorefectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.1 x 4.5 cm. Left kidney measures 9.9 x 4.2 cm. *A 4 mm sized calculus is noted at the mid pole in left kidney.* Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture and measures 3.6 x 3.6 x 3.3 cm in dimension and 23 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032908302031>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1902301002530012

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2408912775
Name : Mr KULKARNI VINAYAK
Age / Sex : 54 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 12:15

IMPRESSION:

- GRADE I FATTY INFILTRATION OF LIVER.
- LEFT RENAL CALCULUS.

Advice: Clinical co-relation sos further evaluation 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.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032908302031>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rahini, New Delhi - 110085 | CIN No: L74899DL1729471023102

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Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2408912775
Name : Mr KULKARNI VINAYAK
Age / Sex : 54 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 15:14

X-RAY CHEST PA VIEW

Rotation +

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

Aortic knuckle calcification is noted.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

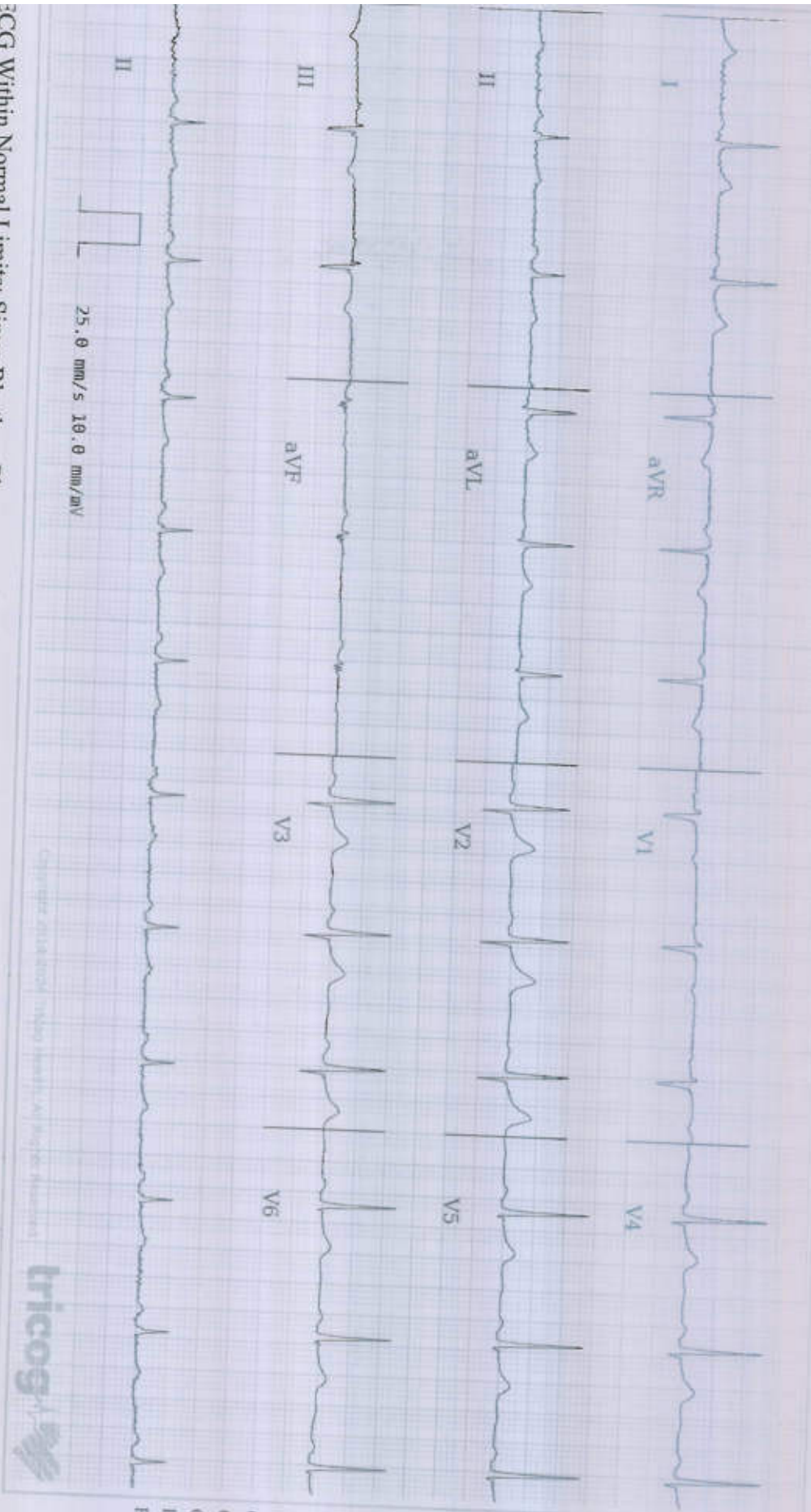
-----End of Report-----

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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

sessionNo-2024032908302012

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: **KULKARNI VINAYAK**
 Patient ID: **2408912775**
 Date and Time: **29th Mar 24 9:00 AM**



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

Gender: **Male**

Heart Rate: **70bpm**

Patient Vitals

BP: **NA**
 Weight: **NA**
 Height: **NA**
 Pulse: **NA**
 SpO2: **NA**
 Resp: **NA**
 Others: **NA**

Measurements

QRSD: **74ms**
 QT: **392ms**
 QTcB: **42.3ms**
 PR: **160ms**
 P-R-T: **46° 3° -3°**

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

REPORTED BY

DR. SHAIKULA PILLAI
 MBBS, MD Physician
 MD Physician
 49972



Interpretation of this report is based on ECG tracing and should be used in conjunction with clinical history, symptoms, and results of other studies and laboratory tests. No responsibility is accepted for a quantitative analysis of this report. © 2014 Tricog Medical Inc. All rights reserved.

1344 (2408912775) / VINAYAK KULKARNI / 54 Yrs / M / 165 Cms / 89 Kg
 Date: 29 / 03 / 2024 12:52:53 PM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	083	50 %	130/90	107	00	
Standing	00:16	0:13	00.0	00.0	01.0	088	53 %	130/90	114	00	
HV	00:26	0:12	00.0	00.0	01.0	083	50 %	130/90	107	00	
ExStart	00:41	0:13	00.0	00.0	01.0	080	48 %	130/90	104	00	
BRUCE Stage 1	03:41	3:00	01.7	10.0	04.7	127	77 %	140/90	177	00	
BRUCE Stage 2	06:41	3:00	02.5	12.0	07.1	142	86 %	150/90	213	00	
PeakEX	06:52	0:11	03.4	14.0	07.3	145	87 %	160/90	232	00	
Recovery	07:52	1:00	00.0	00.0	01.1	122	73 %	160/90	195	00	
Recovery	08:06	1:15	00.0	00.0	01.0	119	72 %	140/90	166	00	

FINDINGS :

Exercise Time : 06:11
 Initial HR (ExStrt) : 80 bpm 48% of Target 166
 Initial BP (ExStrt) : 130/90 (mm/Hg)
 Max Workload Attained : 7.3 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V5 & -0.6 mm in Stage 2
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 145 bpm 87% of Target 166
 Max BP Attained 160/90 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D.(GEN.MED)

REGD 43972

Doctor : DR. SHAILAJA PILLAI

EMail: 1324 / VINAYAK KULKARNI / 54 yrs / M / 165 Cms / 89 Kg Date: 29 / 03 / 2024 12:52:53 PM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 88.0 bpm, and the maximum predicted Target Heart Rate 166.0. The BP increased at the time of generating report as 160.0/90.0 mmHg. The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant STT changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI

M.D. (GEN. MED.)

R.NO. 19972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTIC

THANE GB ROAD

1344 (2408912775) / VINAYAK KULKARNI / 54 Yrs / M / 165 Cms / 89 Kg / HR : 82

Date: 29/03/2024 12:52:53 PM

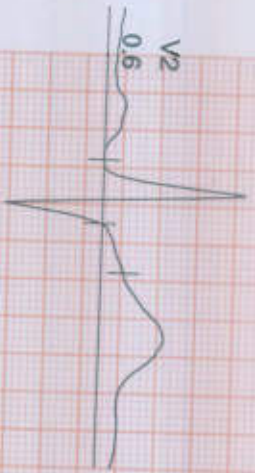
METS: 1.0/83 bpm 50% of THR BP: 130/90 mmHg

4X 80 ms Post J Raw ECG/ BLC ON/ Notch ON/ HF: 0.05 Hz/LF: 35 Hz

J0:01)



Ex Time: 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/Div



II 0.4
III 0.2
aVR -0.2
aVL -0.1
aVF 0.3

II 0.4
III 0.2
aVR -0.2
aVL -0.1
aVF 0.3

II 0.4
III 0.2
aVR -0.2
aVL -0.1
aVF 0.3

II 0.4
III 0.2
aVR -0.2
aVL -0.1
aVF 0.3

II 0.4
III 0.2
aVR -0.2
aVL -0.1
aVF 0.3

II 0.4
III 0.2
aVR -0.2
aVL -0.1
aVF 0.3

V1 0.2
V2 0.6
V3 0.5
V4 0.4
V5 0.3
V6 0.1

V1 0.2
V2 0.6
V3 0.5
V4 0.4
V5 0.3
V6 0.1

V1 0.2
V2 0.6
V3 0.5
V4 0.4
V5 0.3
V6 0.1

V1 0.2
V2 0.6
V3 0.5
V4 0.4
V5 0.3
V6 0.1

V1 0.2
V2 0.6
V3 0.5
V4 0.4
V5 0.3
V6 0.1

V1 0.2
V2 0.6
V3 0.5
V4 0.4
V5 0.3
V6 0.1





BAN DIAGNOSTI

GB ROAD

(2408912775) / VINAYAKA

54 Yrs / M / 165 Cms / 89

88

STANDIN

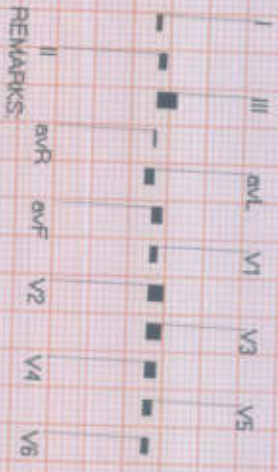
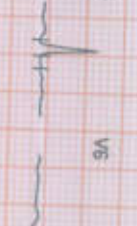
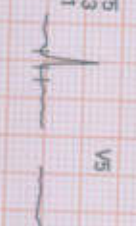
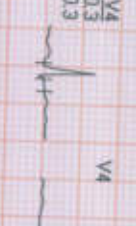
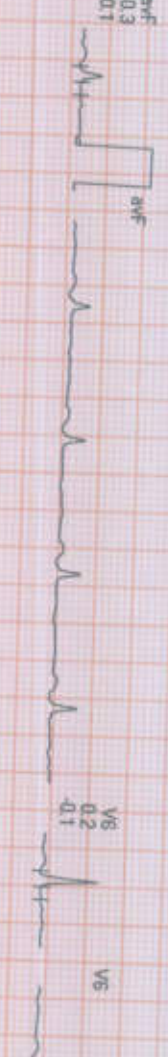
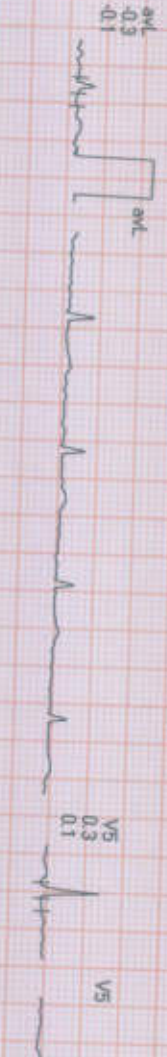
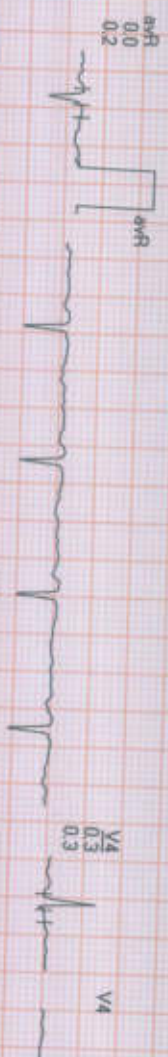
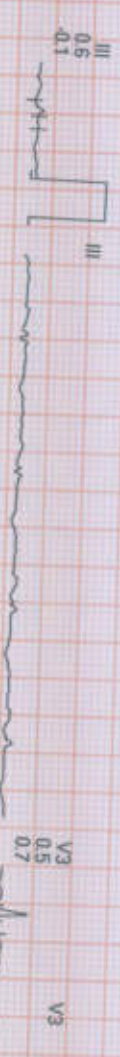
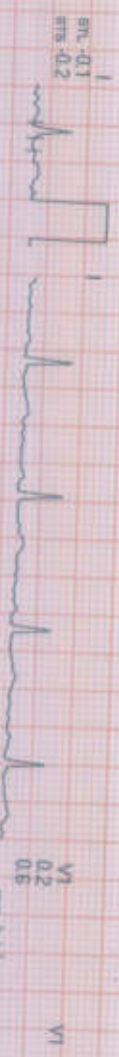
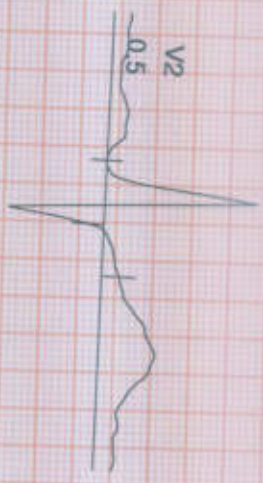
Date 29 / 03 / 2024 12:52:53 PM
4X 80 sec Port J

METS: 1.0/ 88 bpm 53% of THR
BP: 130/90 mmHg

Flow ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV

Handwritten signature



REMARKS:

BURBAN DIAG

(THANE GB R)

1344 / VINAYAK KULKARI

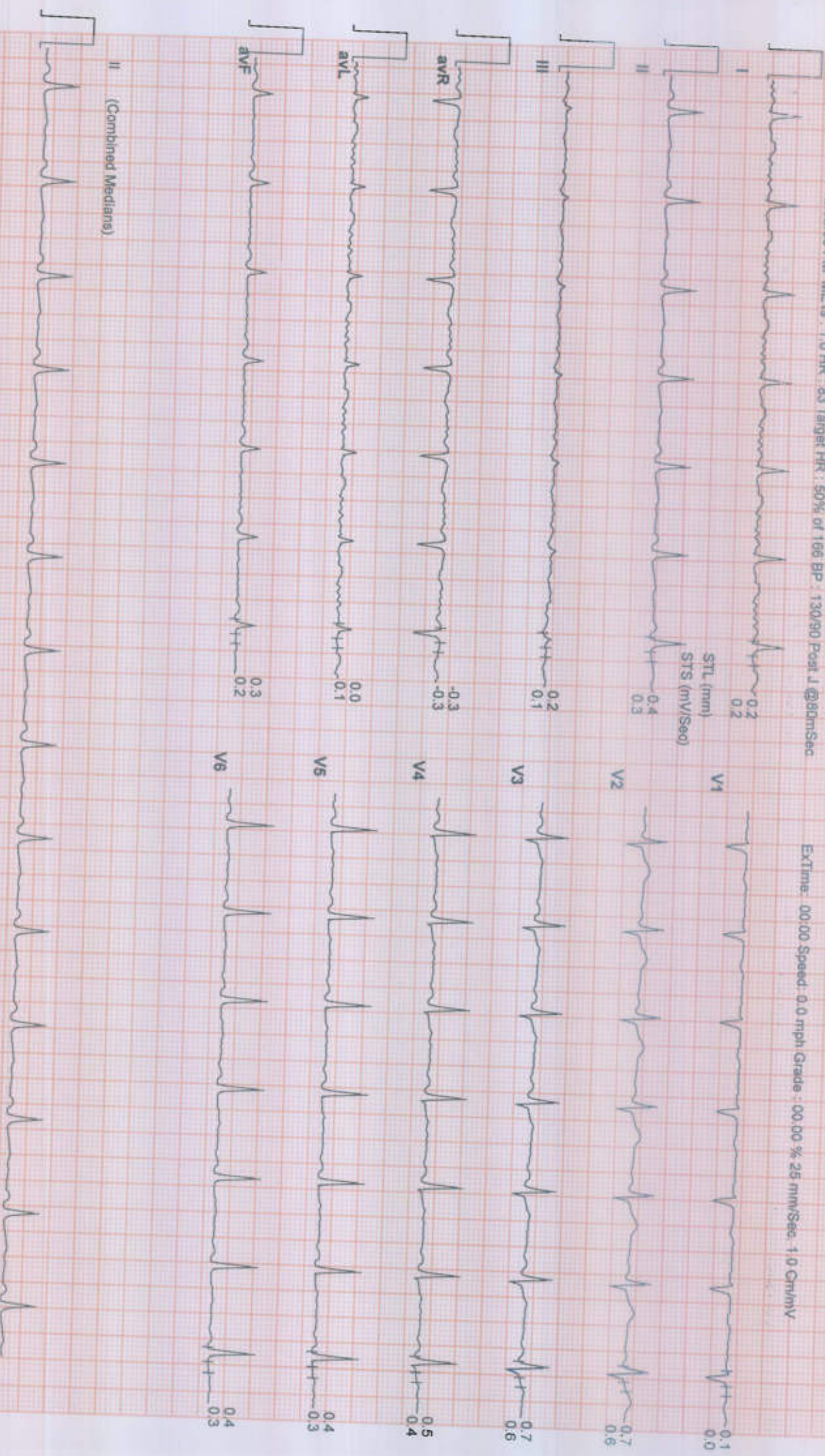
Male / 165 Cm / 89 Kg

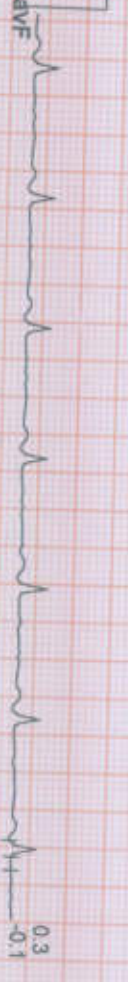
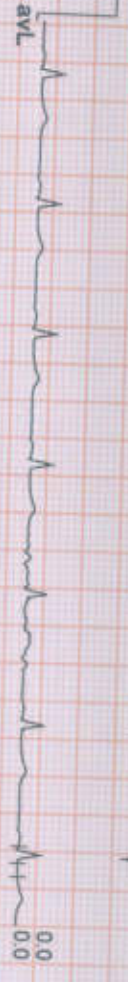
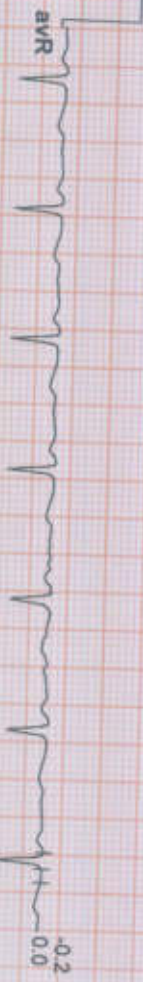
Date: 29 / 03 / 2024 12:52:53 PM METs : 1.0 HR : 83 Target HR : 50% of 166 BP : 130/90 Post J @90mSec

6X

1e Medians + 1
HV (00:00)

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





II (Combined Medians)





BAN DIAGNOS

ANE GB ROAD

/JINAYAK KULKARNI / 54

/ 165 Cm / 89 Kg

Date: 29 / 03 / 2024 12:52:53 PM METs : 4.7 HR : 127 Target HR : 77% of 166 BP : 140/90 Post J @80mSec

6X2 Cc

jdians + 1 Rhy
JE : Stage 1 (03:00)



ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec. 1.0 Cm/mV



STL (mm) 0.0
STS (mV/Sec) 0.4

V1

0.1
0.2



0.1
0.4

V2

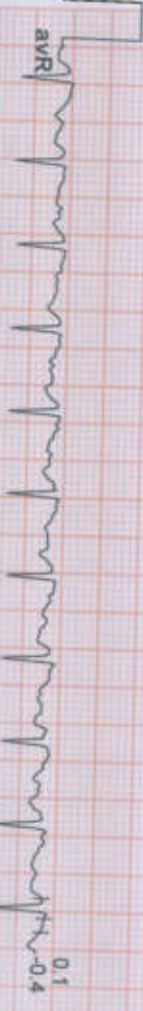
0.3
0.9



0.0
0.0

V3

0.1
0.9



0.1
0.4

V4

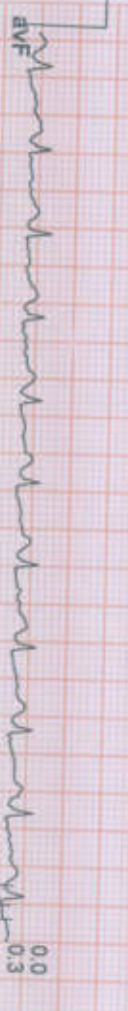
0.1
0.8



0.0
0.1

V5

0.1
0.7



0.0
0.3

V6

0.2
0.5

II (Combined Medians)



1344 / VINAYAK

1 / 54 Yrs / Male / 165 Cn

Date: 29 / 03 / 2024 12:52:53 PM METs : 7.1 HR : 143 Target HR : 88% of 166 BP : 150/90 Post J @60mSec

Combine Media
BRUCE : Sta

ythm
.00)

ExTime 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mmvSec: 1.0 Cm/mV



STL (mm) 1.1
STS (mV/Sec) 1.0



STL (mm) 0.3
STS (mV/Sec) 0.3



STL (mm) 0.1
STS (mV/Sec) 1.0



STL (mm) 0.7
STS (mV/Sec) 1.3



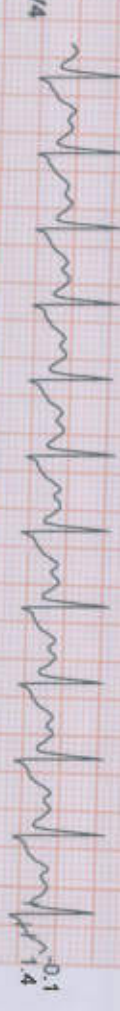
STL (mm) 0.1
STS (mV/Sec) 0.5



STL (mm) 0.2
STS (mV/Sec) 1.4



STL (mm) 0.0
STS (mV/Sec) 1.1



STL (mm) 0.1
STS (mV/Sec) 1.4



STL (mm) 0.1
STS (mV/Sec) 0.4



STL (mm) 0.4
STS (mV/Sec) 1.0



STL (mm) 0.3
STS (mV/Sec) 0.5



STL (mm) 0.3
STS (mV/Sec) 0.9

II (Combined Medians)



STL (mm) 0.3
STS (mV/Sec) 0.9

AN DIAGNOSTI

IE GB ROAD

YAK KULKARNI / 54 Yrs

15 Cm / 89 Kg

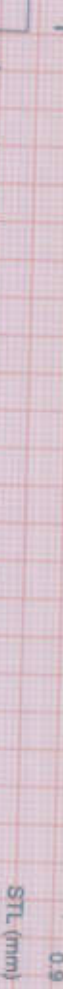
Date: 29 / 03 / 2024 12:52:53 PM METs : 7.3 HR : 145 Target HR : 97% of 166 BP : 160/90 Post J @60mmSec

6X2 Con

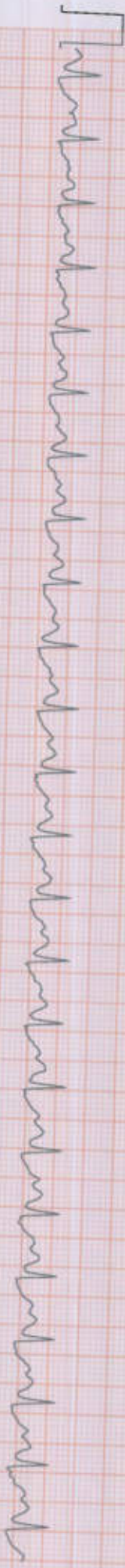
ans + 1 Rhyth

ASHP

ExTime: 06:11 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec: 1.0 Cm/mV



II (Combined Medians)



SUBURBAN D

ICS (IHANE G)

1344 / VINAYAK KUL

Yrs / Male / 165 Cm / 86

Date: 29 / 03 / 2024 12:52:53 PM METs : 1.1 HR : 122 Target HR : 73% of 166 BP : 180/90 Post J @80mSec

bine Medians
Recovery : (01:0

ExtTime: 06:11 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV

m



STL (mm)
STS (mV/Sec)

V1

-0.2



STL (mm)
STS (mV/Sec)

V2

1.9
2.3



STL (mm)
STS (mV/Sec)

V3

1.7
2.5



STL (mm)
STS (mV/Sec)

V4

1.0
1.9



STL (mm)
STS (mV/Sec)

V5

0.7
1.8



STL (mm)
STS (mV/Sec)

V6

0.5
1.5

II (Combined Medians)



SUB

AGNOSTICS (

3 ROAD)

1344 /

JLKARNI / 54 Yrs / Male

89 Kg

Date: 29 / 03 / 2024 12:52:53 PM METs : 1.0 HR : 119 Target HR : 72% of 166 BP : 140/90 Post J @30mSec

6X2 Combine
Recc.

1 Rhythm
(:14)

ExTime: 06:11 Speed: 0.0 mph Grade: .00 0.0% 25 mm/Sec: 1.0 Cm/mV

STL (mm)
0.6
1.0

STS (mV/Sec)
0.4
1.2

0.2
0.5

-0.3
-1.0

0.1
0.3

-0.3
0.9

0.2
1.0

0.4
1.2

0.2
1.0

0.4
1.2

0.6
1.6

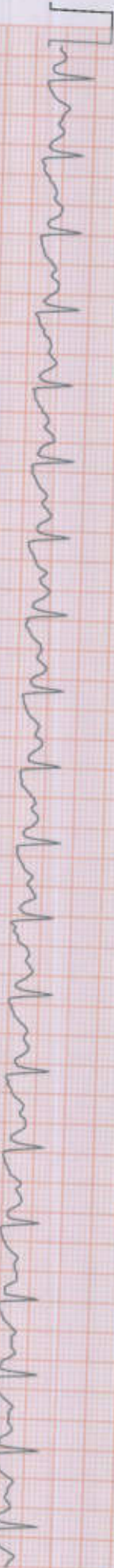
1.5
1.9

0.9
1.6

0.4
1.2

0.2
1.0

II
(Combined Medians)



V1

-0.4
-0.3

V2

0.9
1.6

V3

1.5
1.9

V4

1.6
1.9

V5

0.4
1.2

V6

0.2
1.0