

SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: SHEDGE AVADHUT RAMESH

Date and Time: 10th Feb 24 9:23 AM

Patient ID: 2404121759

Age **42** **NA** **NA**
years months days

Gender **Male**

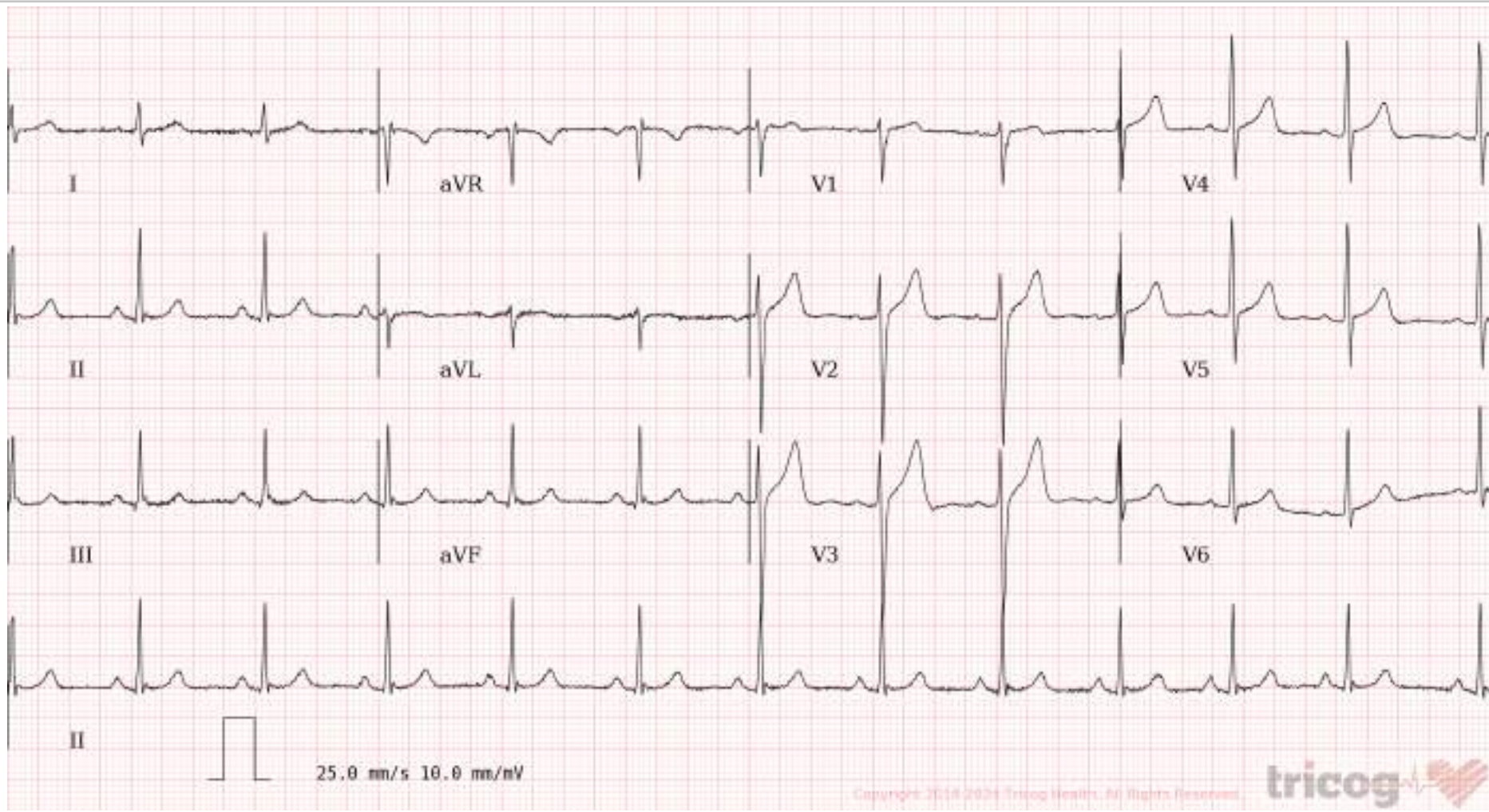
Heart Rate **76bpm**

Patient Vitals

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

Measurements

QRSD: 80ms
QT: 358ms
QTcB: 402ms
PR: 154ms
P-R-T: 80° 79° 55°



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

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694

Suburban Diagnostics Kalina

Patient Details

Date: 10-Feb-24

Time: 10:42:39 AM

Name: MR. SHEDGE AVADHUT RAMESH ID: 2404121759

Age: 42 y

Sex: M

Height: 164 cms

Weight: 45 Kgs

Clinical History: Routine Test

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 178 bpm

THR: 151 (85 % of Pr.MHR) bpm

Total Exec. Time: 12 m 10 s

Max. HR: 131 (74% of Pr.MHR) bpm

Max. Mets: 14.90

Max. BP: 170 / 80 mmHg

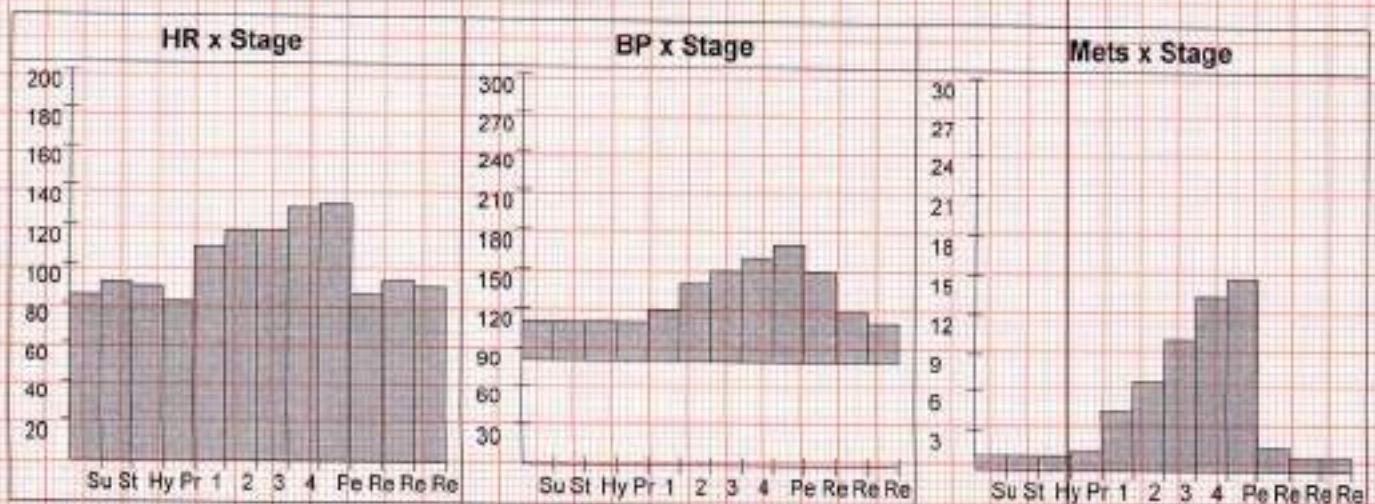
Max. BP x HR: 22270 mmHg/min

Min. BP x HR: 6720 mmHg/min

Test Termination Criteria: Fatigue

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 : 31	1.0	0	0	84	110 / 80	-0.85 aVR	4.95 V2
Standing	0 : 8	1.0	0	0	91	110 / 80	-0.64 aVR	4.95 V2
Hyperventilation	0 : 6	1.0	0	0	89	110 / 80	-0.64 aVR	4.25 V2
1	3 : 0	4.6	1.7	10	109	120 / 80	-1.49 aVR	5.68 V2
2	3 : 0	7.0	2.5	12	117	140 / 80	-0.85 III	5.68 V2
3	3 : 0	10.2	3.4	14	117	150 / 80	-1.06 III	5.68 V2
4	3 : 0	13.5	4.2	16	129	160 / 80	-2.34 III	5.68 V2
Peak Ex	0 : 10	14.9	5	18	131	170 / 80	-1.27 III	5.31 V2
Recovery(1)	2 : 0	1.8	1	0	85	150 / 80	-1.91 III	5.68 V2
Recovery(2)	2 : 0	1.0	0	0	93	120 / 80	-1.06 III	4.25 V2
Recovery(3)	1 : 1	1.0	0	0	90	110 / 80	-0.85 III	3.54 V2



Suburban Diagnostics Kalina

Patient Details

Date: 10-Feb-24

Time: 10:42:39 AM

Name: MR. SHEDGE AVADHUT RAMESH ID: 2404121759

Age: 42 y

Sex: M

Height: 164 cms

Weight: 45 Kgs

Interpretation

HIGH EFFORT TOLERANCE
NORMAL HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE
ECG
IMPRESSION : STRESS TEST IS NEGATIVE FOR 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



Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harshajan, Above HDFC Bank,
Opp. W. T. Petrol Pump, Kalina, CST Road,
Santacruz (West),
Tel. No. 022-81700000

DR. SHEIKH NAVEED
MBBS/PGCC
Clinical Cardiologist
Reg. No. 2016/11/4694

Ref. Doctor:

Doctor: NAVEED SHEIKH

(Summary Report edited by user)

Suburban Diagnostics Kalina

MR. SHEDGE AVADHUT RAMESH (42 M) ID: 2404121759

Date: 10-Feb-24 B.P: 110 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

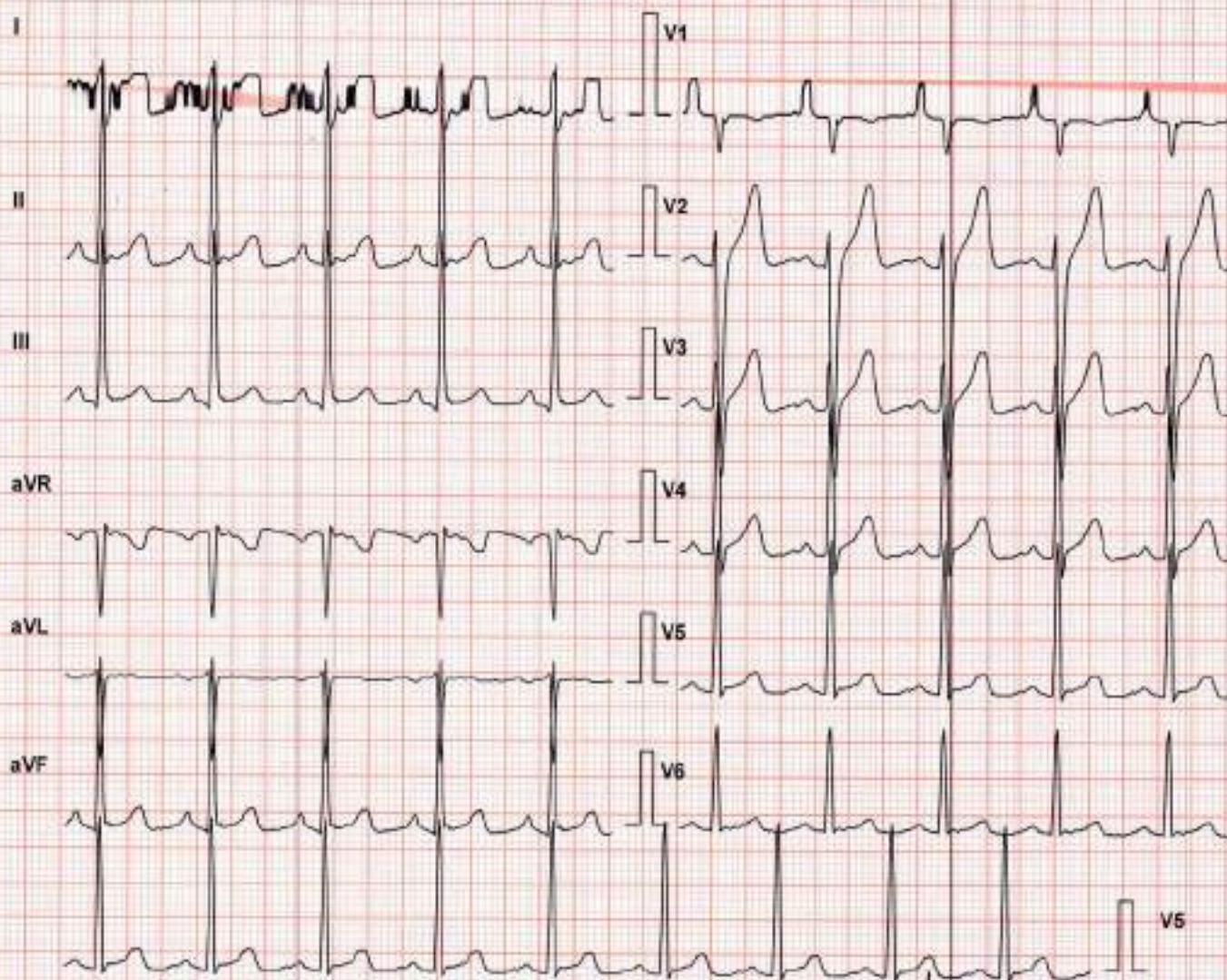
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 25 s

HR: 89 bpm

(THR: 151 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	1.1	0.7
III	0.6	0.4
aVR	-0.4	-0.4
aVL	0.0	0.4
aVF	0.6	0.4
V1	0.0	0.0
V2	4.0	4.6
V3	3.4	3.2
V4	2.1	1.4
V5	1.3	0.7
V6	0.6	0.4

Chart Speed: 25 mm/sec

Schiller Spandao V4.51

Filter: 35 Hz

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

Mains Filtr: ON

Post J = J + 60 ms

Amp: 10 mm

Linked Median

Suburban Diagnostics Kalina

MR. SHEDGE AVADHUT RAMESH (42 M) ID: 2404121759

Date: 10-Feb-24 B.P: 110 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

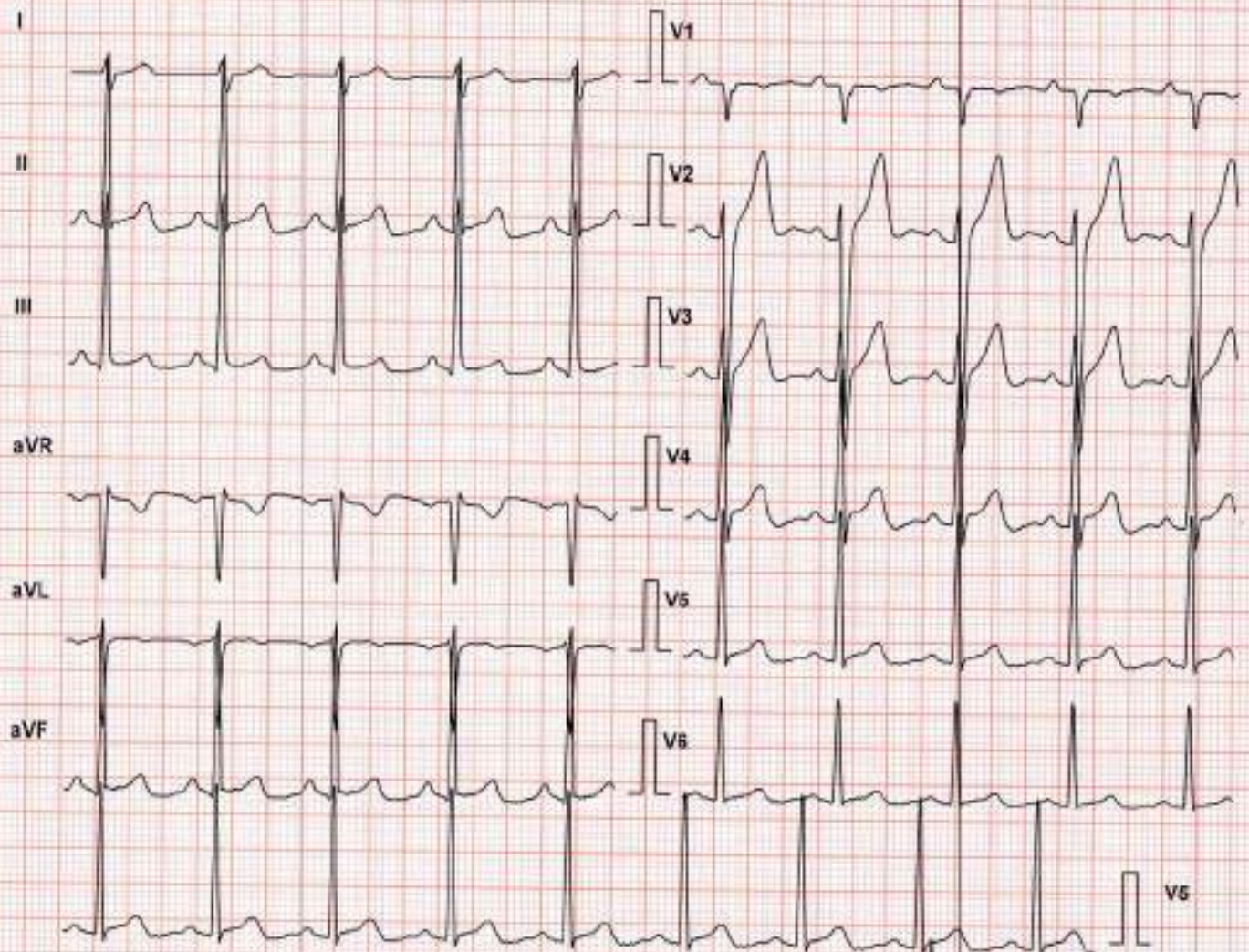
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 86 bpm

(THR: 151 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	1.1	0.7
III	0.2	0.0
aVR	-0.4	-0.4
aVL	0.2	0.4
aVF	0.6	0.4
V1	0.0	0.0
V2	4.5	4.6
V3	3.6	3.5
V4	1.9	0.7
V5	1.1	0.4
V6	0.6	0.4

Chart Speed: 25 mm/sec
Schiller Spandat V4.51

Filter: 35 Hz
Iso = R - 50 ms J = R + 60 ms

Mains Filtr: ON
Prest J = J + 60 ms

Amp: 10 mm
Linked Median

MR. SHEDGE AVADHUT RAMESH (42) MR. 2404121759

Date: 10-Feb-24 B.P: 110 / 80
 Stage: Hyperventilation Speed: 0 mph Grade: 0 %
 Stage Time : 0 m 0 s HR: 81 bpm (THR: 151 bpm)

Protocol: Bruce
 Exec Time : 0 m 0 s

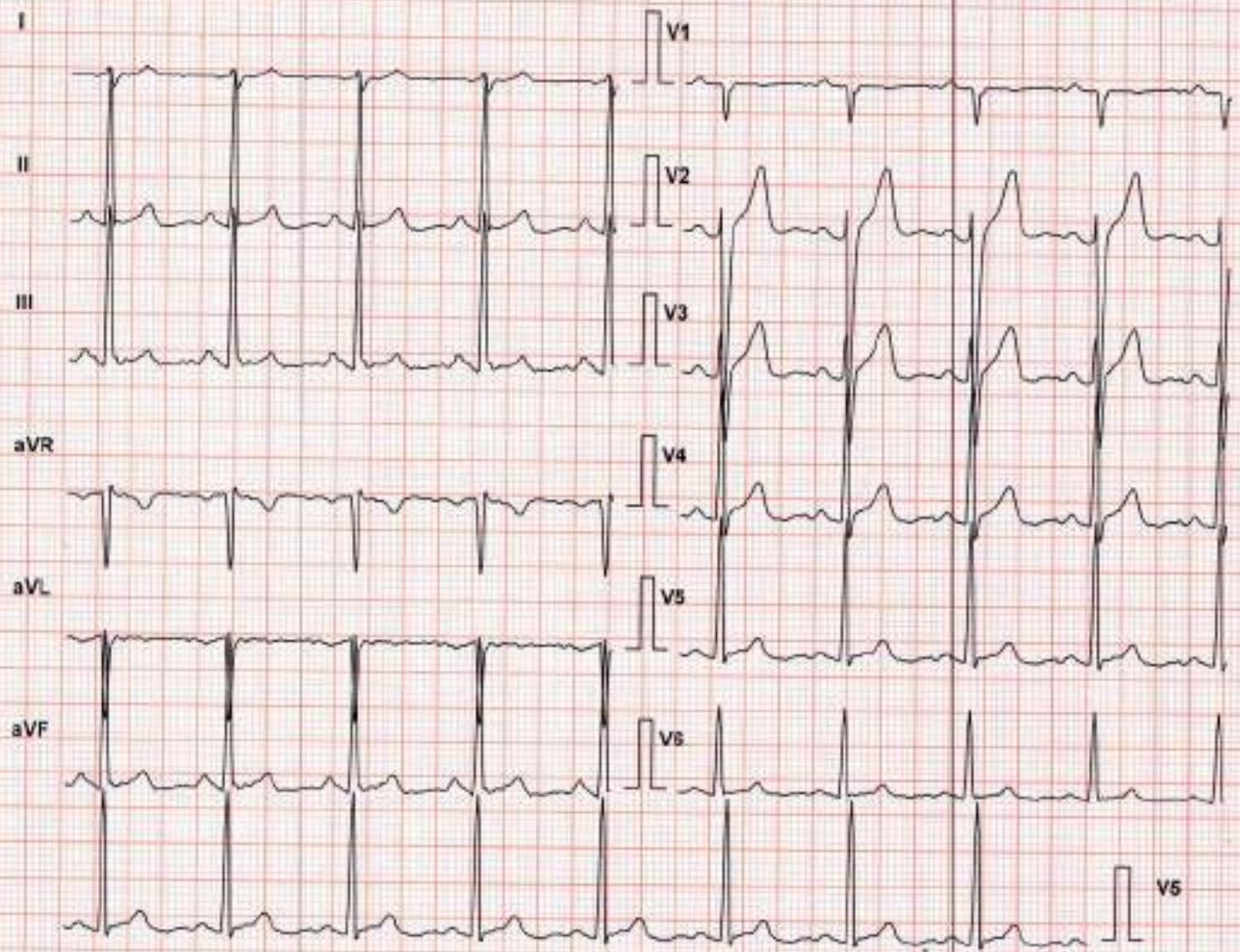


Chart Speed: 25 mm/sec
 Schiller Spindel V4.51

Filter: 35 Hz
 Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
 Post J = J + 60 ms

Amp: 10 mm
 Linked Median

Suburban Diagnostics Kalina

MR. SHEDGE AVADHUT RAMESH (42 M) ID: 2404121759

Date: 10-Feb-24 B.P: 120 / 80

Protocol: Bruce

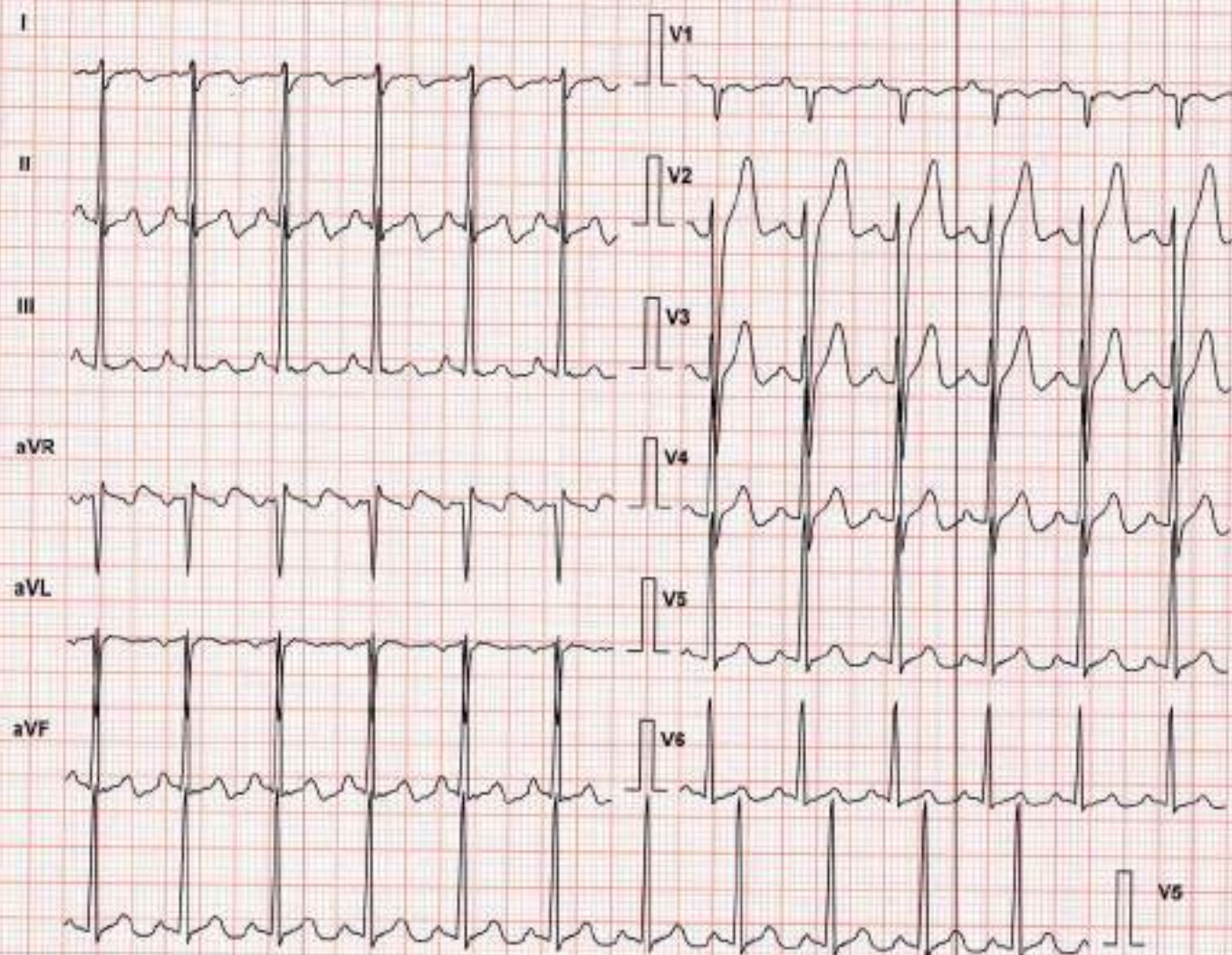
Stage: 1

Speed: 1.7 mph Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 108 bpm (THR: 151 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	-0.2	1.1
III	-0.4	0.0
aVR	0.0	-0.7
aVL	0.2	0.4
aVF	-0.2	0.7
V1	0.0	0.0
V2	5.9	3.5
V3	3.8	4.6
V4	1.9	2.1
V5	0.8	1.1
V6	0.2	0.7

Chart Speed: 25 mm/sec
Schäler Spindler V 451

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Mains Filt: ON
Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MR. SHEDGE AVADHUT RAMESH (42 M) ID: 2404121759

Date: 10-Feb-24 B.P: 140 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 117 bpm

(THR: 151 bpm)

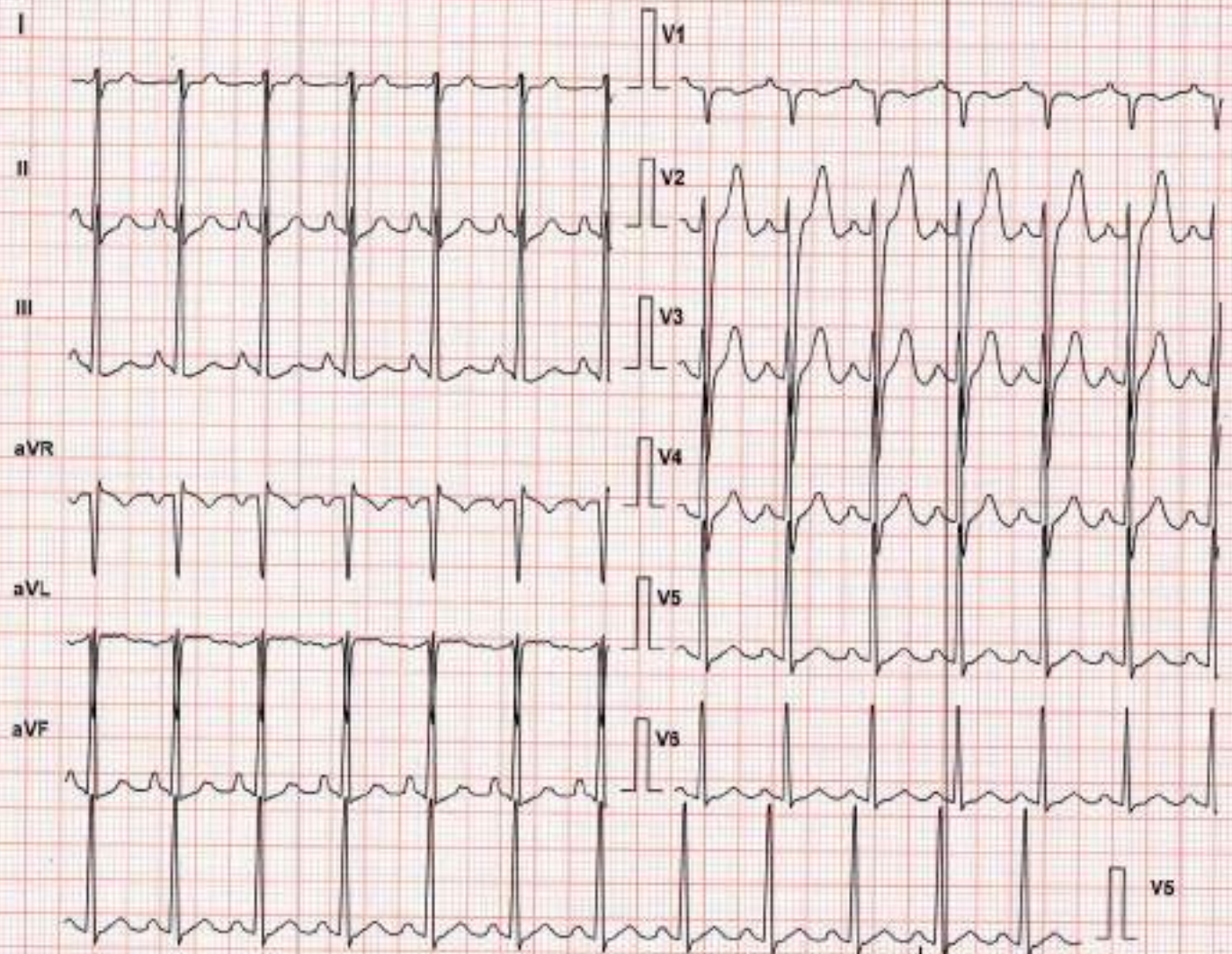


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandao V4.51

Iso - R - 60 ms J - R + 60 ms

Post J = J = 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. SHEDGE AVADHUT RAMESH (42 M) ID: 2404121759

Date: 10-Feb-24 B.P: 150 / 80

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

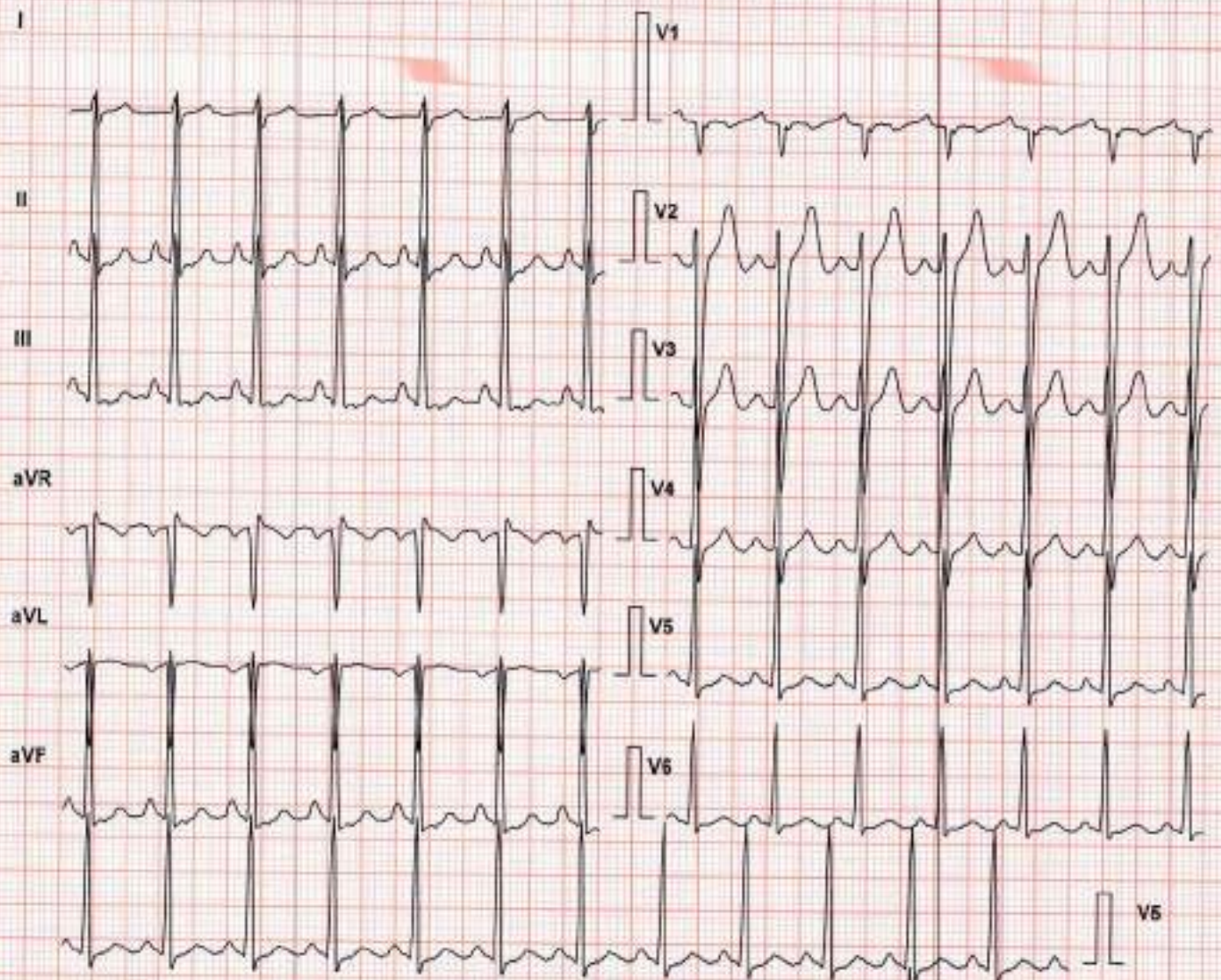
Grade: 14 %

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

HR: 120 bpm

(THR: 151 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	-0.2	0.4
III	-1.1	-0.7
aVR	-0.2	-0.7
aVL	0.5	0.7
aVF	-0.6	0.0
V1	0.0	0.0
V2	4.2	5.0
V3	3.0	3.5
V4	1.3	1.8
V5	0.2	1.1
V6	0.0	0.7

Chart Speed: 25 mm/sec
Schiller Spacelab V 4.51

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 10 mm

Linked Median

Suburban Diagnostics Kalina

MR. SHEDGE AVADHUT RAMESH (42 M) ID: 2404121759

Date: 10-Feb-24 B.P: 160 / 80

Protocol: Bruce

Stage: 4

Speed: 4.2 mph

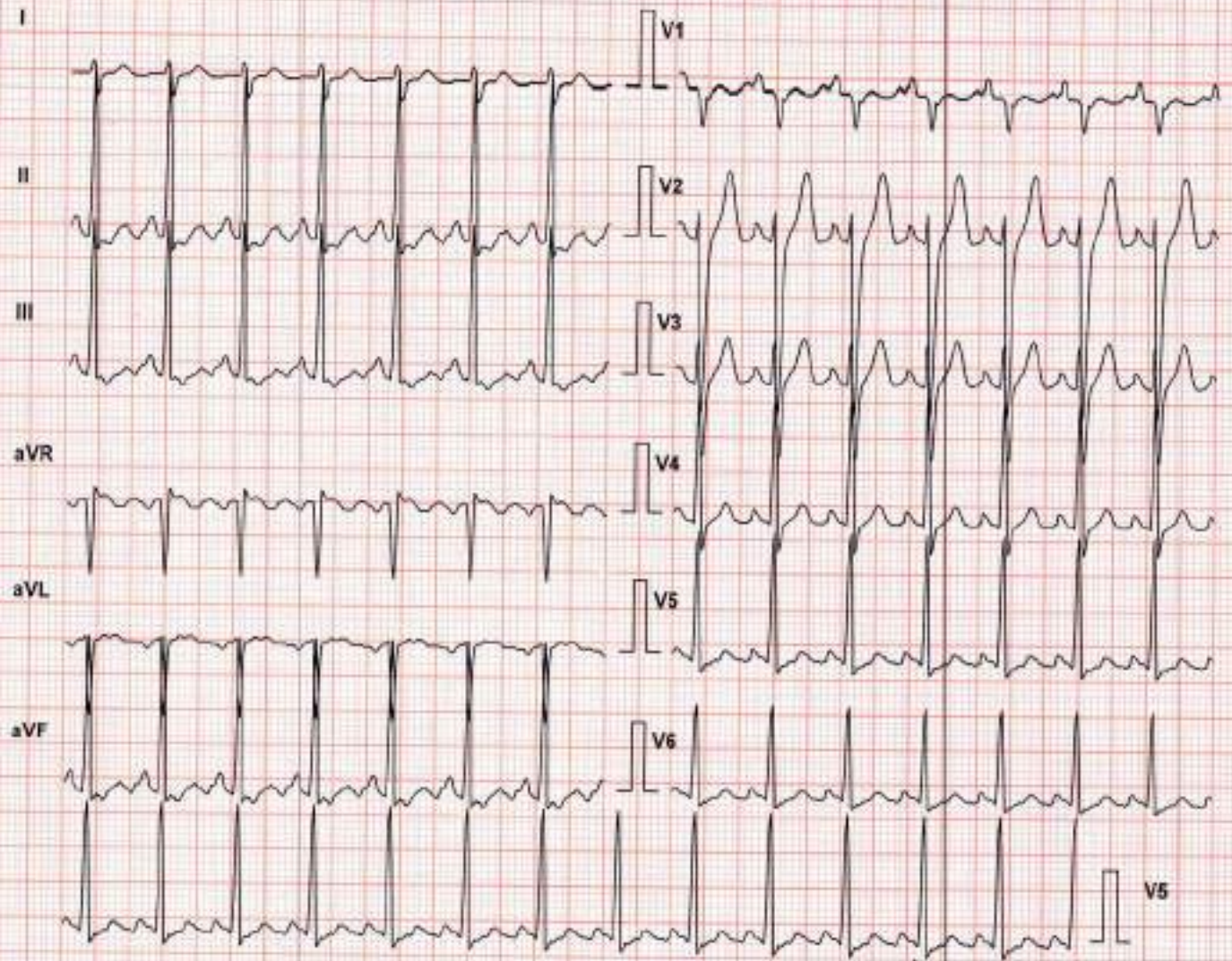
Grade: 16 %

Exec Time : 11 m 54 s

Stage Time : 2 m 54 s

HR: 130 bpm

(THR: 151 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	0.4	1.8
III	-0.4	0.7
aVR	-0.4	-1.4
aVL	0.4	0.4
aVF	0.0	1.1
V1	0.0	0.0
V2	4.9	5.0
V3	3.6	5.0
V4	1.1	2.1
V5	-0.2	1.1
V6	-0.2	1.1

Chart Speed: 25 mm/sec
Schlör Spandan V 4.51

Filter: 35 Hz
100 = R - 80 ms J = R + 60 ms

Mains Filtr: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MR. SHEDGE AVADHUT RAMESH (42 M) ID: 2404121759

Date: 10-Feb-24 B.P: 170 / 80

Protocol: Bruce

Stage: Peak Ex

Speed: 5 mph

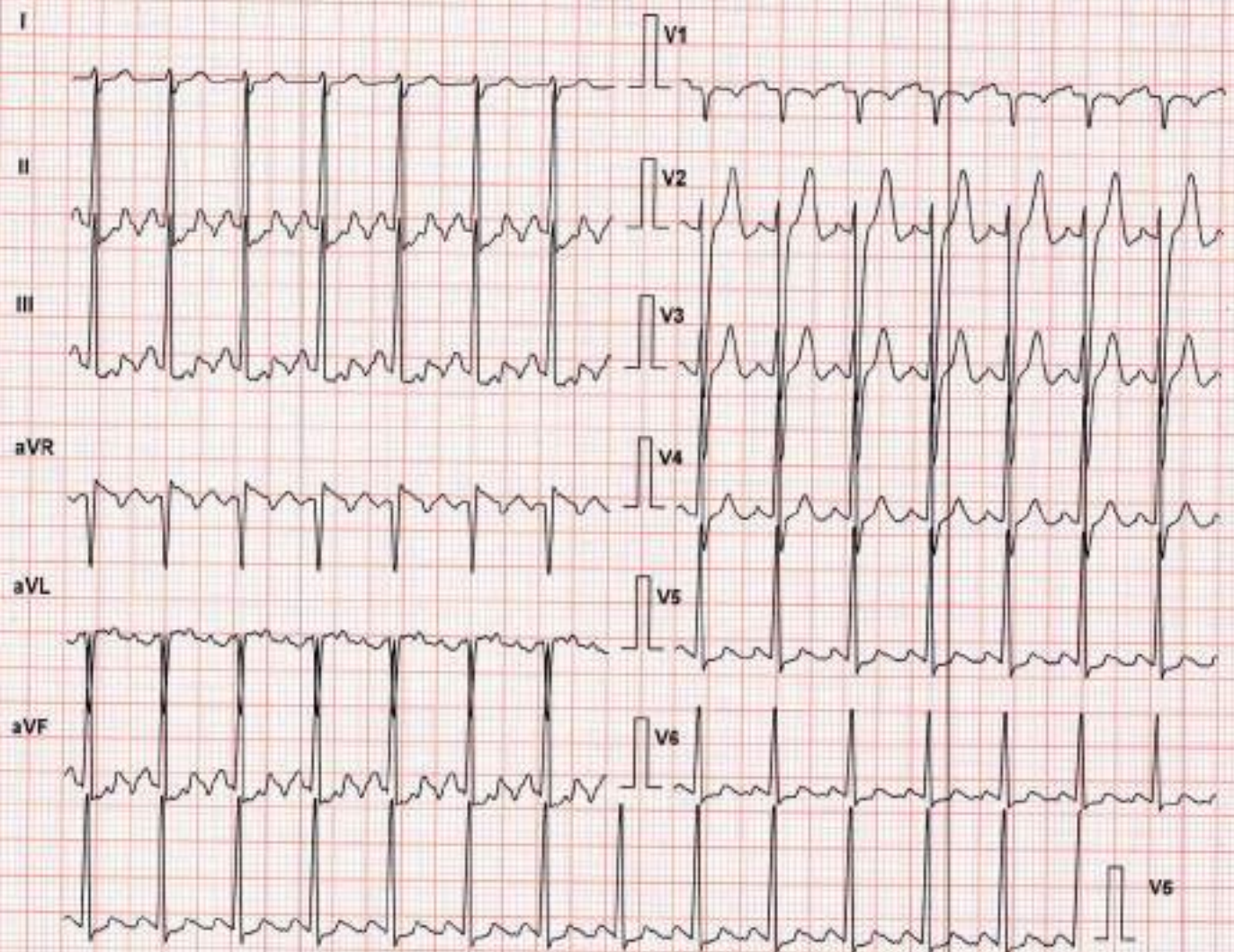
Grade: 18 %

Exec Time : 12 m 4 s

Stage Time : 0 m 4 s

HR: 131 bpm

(THR: 151 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	-0.4	3.2
III	-0.6	1.8
aVR	0.0	-1.8
aVL	0.2	-0.4
aVF	-0.6	2.5
V1	0.0	0.0
V2	4.5	5.0
V3	3.4	4.2
V4	1.3	2.5
V5	0.0	1.1
V6	-0.4	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schler Spandan V 4.5T

80 = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. SHEDGE AVADHUT RAMESH (42 M) ID: 2404121759

Date: 10-Feb-24 B.P: 150 / 80

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

Exec Time : 12 m 10 s

Stage Time : 1 m 54 s

HR: 84 bpm

(THR: 151 bpm)

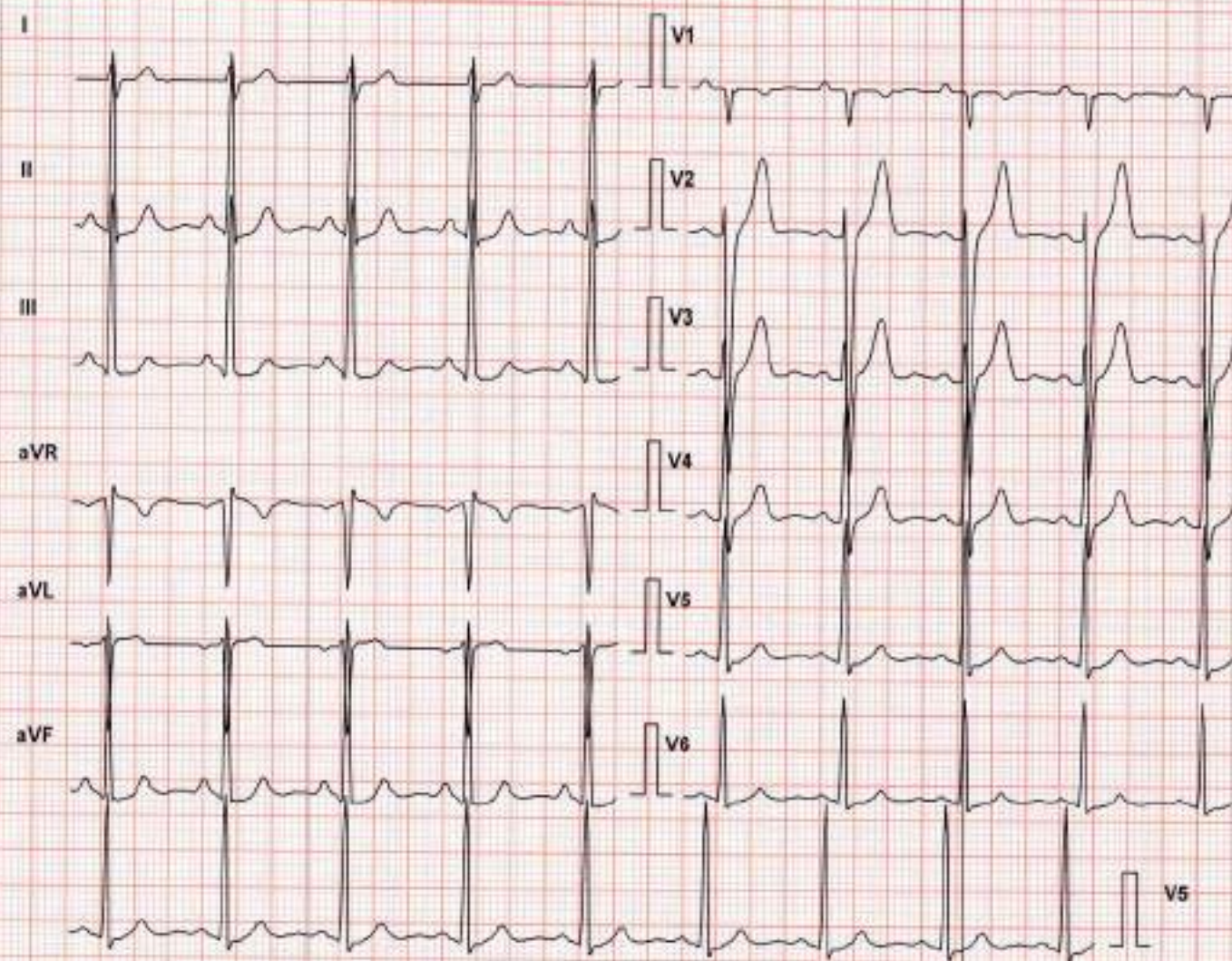


Chart Speed: 25 mm/sec
Schiller Spindax V4.5f

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filtr: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MR. SHEDGE AVADHUT RAMESH (42 M) ID: 2404121759

Date: 10-Feb-24 B.P: 120 / 80

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

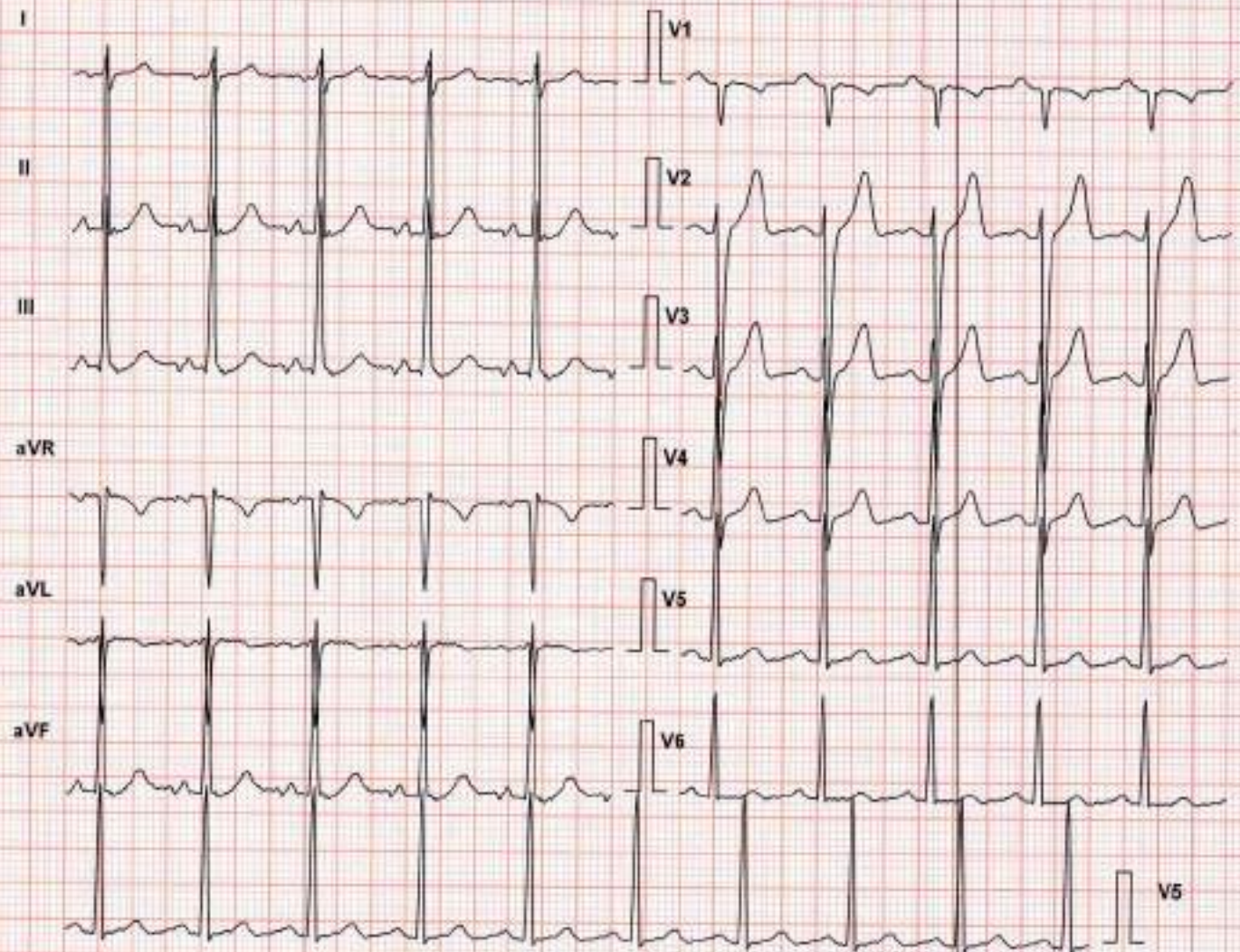
Grade: 0 %

Exec Time : 12 m 10 s

Stage Time : 1 m 54 s

HR: 93 bpm

(THR: 151 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	0.2	0.7
III	-0.4	0.0
aVR	-0.4	-0.7
aVL	0.4	0.4
aVF	0.0	0.4
V1	0.0	-0.4
V2	2.5	3.2
V3	2.3	2.1
V4	1.3	1.1
V5	0.4	0.7
V6	0.2	0.0

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schuler Spindler V 4.51

60 = R - 60 ms J = R + 60 ms

Post J = J = 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. SHEDGE AVADHUT RAMESH (42 M) ID: 2404121759

Date: 10-Feb-24 B.P: 110 / 80

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

Exec Time : 12 m 10 s

Stage Time : 0 m 55 s

HR: 78 bpm

(THR: 151 bpm)

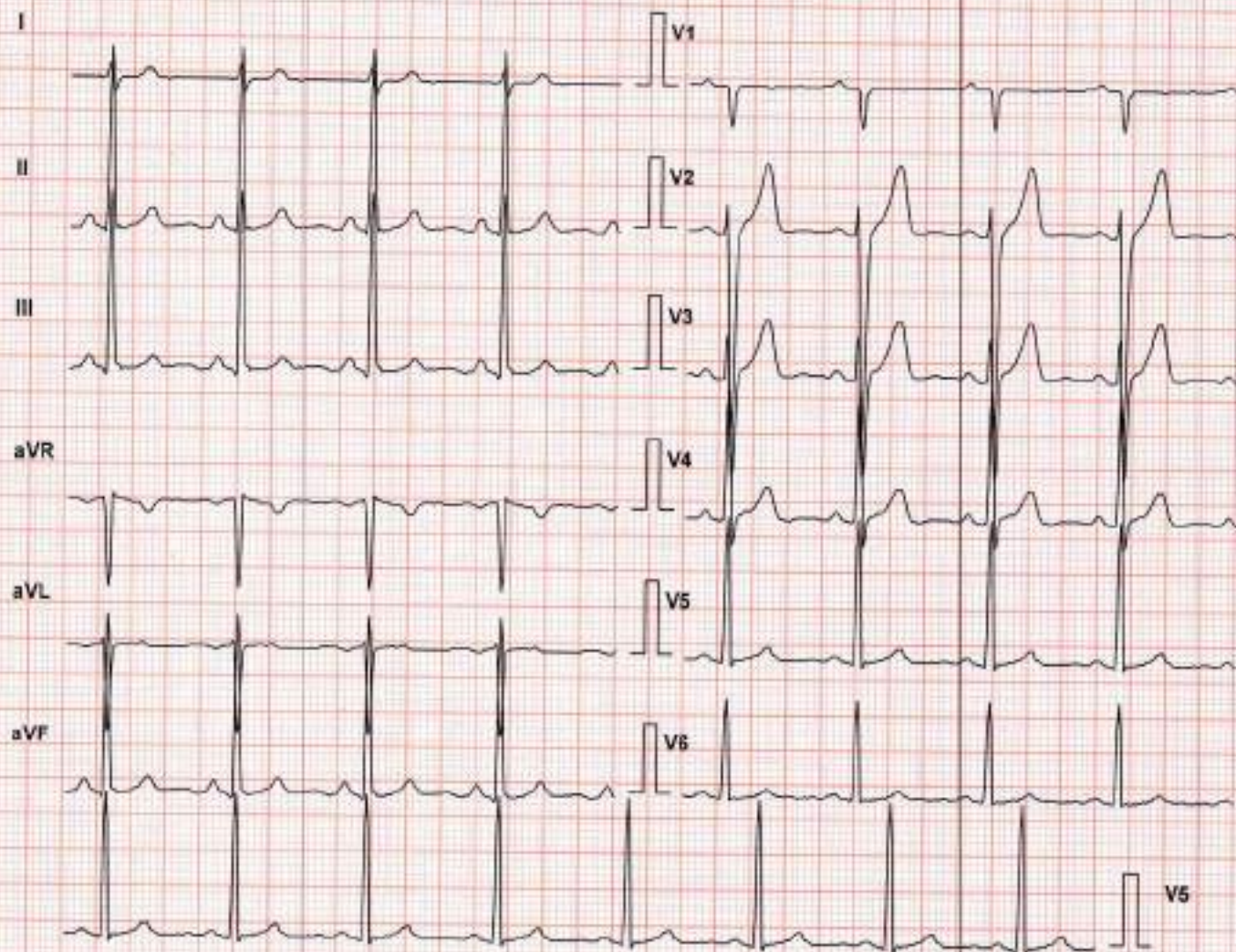


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schlier Spandau V4.51

Iso = R - 60 ms J = R + 69 ms

Post J = J + 60 ms

Linked Median





CID : 2404121759
Name : MR.SHEDGE AVADHUT RAMESH
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Feb-2024 / 09:04
Reported : 10-Feb-2024 / 14:31

Use a QR Code Scanner
Application To Scan the Code

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>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.97	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.5	40-50 %	Calculated
MCV	79.5	81-101 fl	Measured
MCH	25.3	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4970	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.1	20-40 %	
Absolute Lymphocytes	1540	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	400	200-1000 /cmm	Calculated
Neutrophils	56.2	40-80 %	
Absolute Neutrophils	2790	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	200	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	251000	150000-410000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Measured
PDW	14.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



CID : 2404121759
Name : MR.SHEDGE AVADHUT RAMESH
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Feb-2024 / 09:04
Reported : 10-Feb-2024 / 15:00

Use a QR Code Scanner
Application To Scan the Code

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 2-15 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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Leena Salunkhe

Dr. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2404121759
Name : MR.SHEDGE AVADHUT RAMESH
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 10-Feb-2024 / 09:04
Reported : 10-Feb-2024 / 17:08

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	102.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	75.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



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



CID : 2404121759
Name : MR.SHEDGE AVADHUT RAMESH
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 10-Feb-2024 / 09:04
Reported : 10-Feb-2024 / 15:25

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	24.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.76	0.73-1.18 mg/dl	Enzymatic
Note: Kindly note in change in reference range w.e.f. 07-09-2023			
eGFR, Serum	115	(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	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.2	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.1	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	137	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
*** End Of Report ***



J. Thakker

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



CID : 2404121759
Name : MR.SHEDGE AVADHUT RAMESH
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

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Application To Scan the Code
Collected : 10-Feb-2024 / 09:04
Reported : 10-Feb-2024 / 15:08

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2404121759
 Name : MR.SHEDGE AVADHUT RAMESH
 Age / Gender : 42 Years / Male
 Consulting Dr. : -
 Reg. Location : Kalina, Santacruz East (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.51	<4.0 ng/ml	CLIA

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



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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 ***



J. Thakker

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



CID : 2404121759
Name : MR.SHEDGE AVADHUT RAMESH
Age / Gender : 42 Years / Male
Consulting Dr. : -
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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	8-10	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	168.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	144	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	42.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	126.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.9	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	28.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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



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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	5.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	11.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.634	0.55-4.78 microIU/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 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 trasiently altered becuae 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)

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.43	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.28	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	15.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	14.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	12.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	44.2	46-116 U/L	Modified IFCC

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



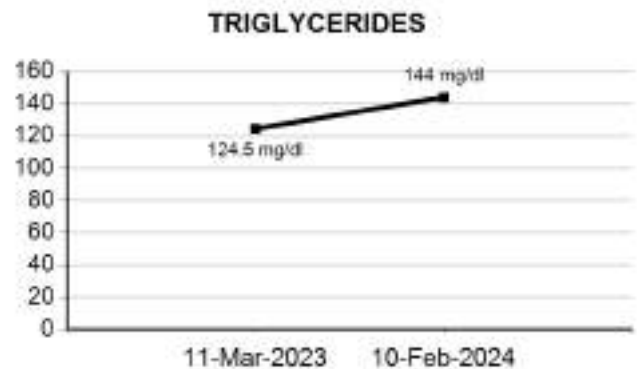
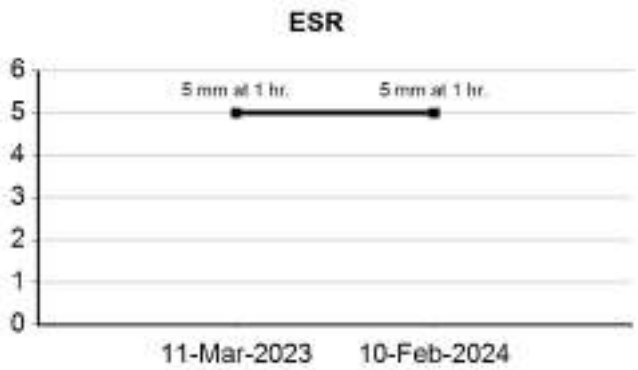
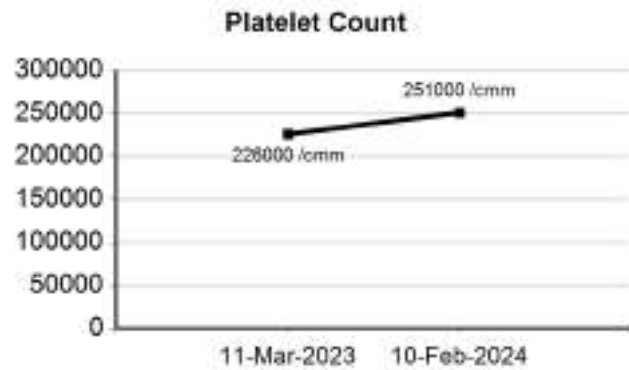
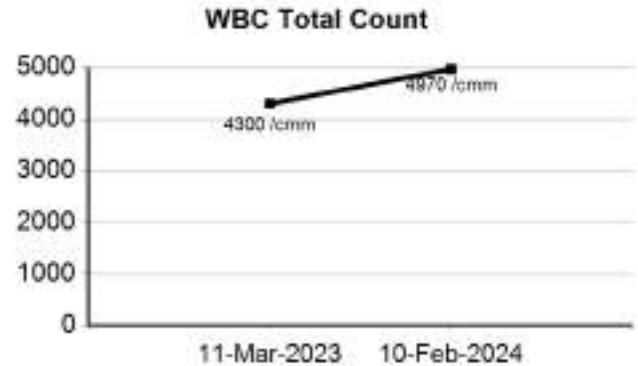
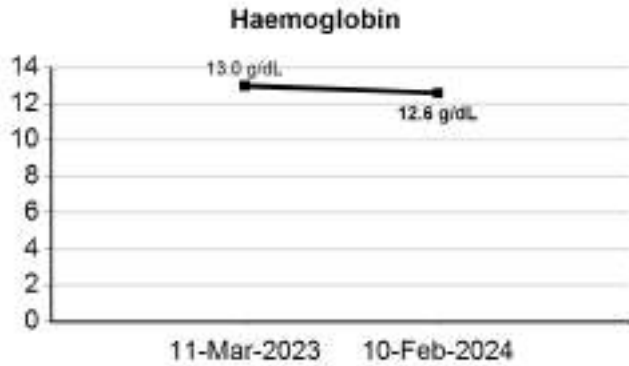
J. Thakker

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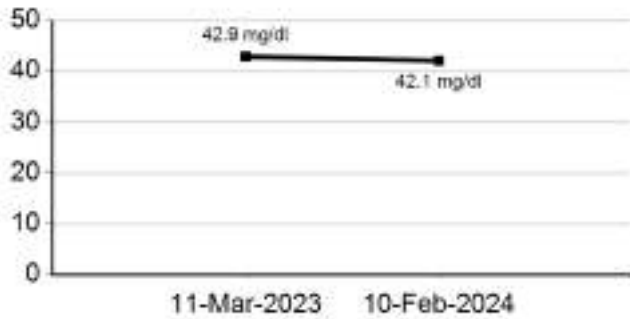




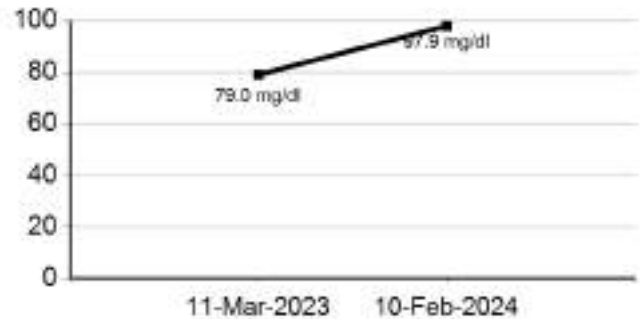
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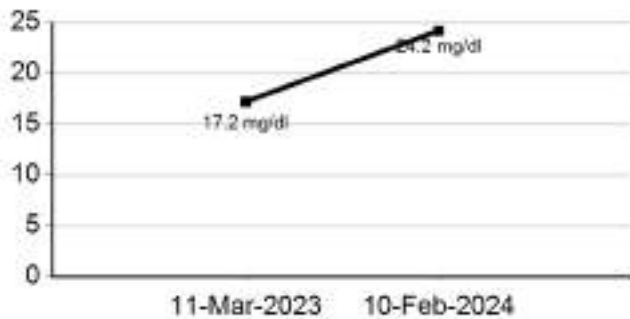
HDL CHOLESTEROL



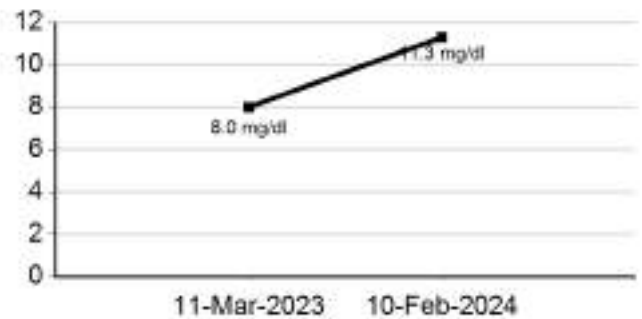
LDL CHOLESTEROL



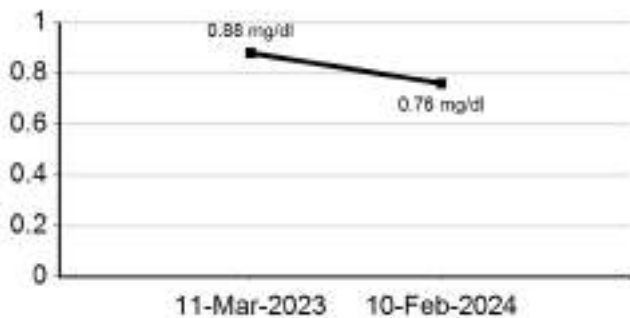
BLOOD UREA



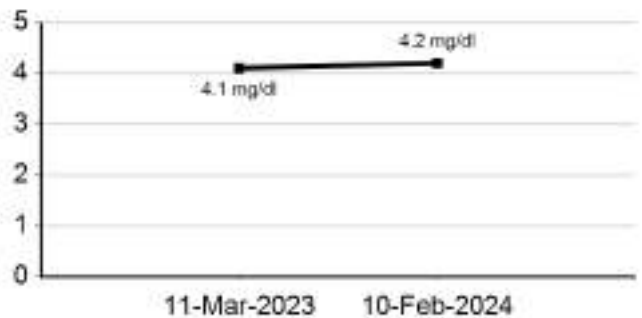
BUN



CREATININE



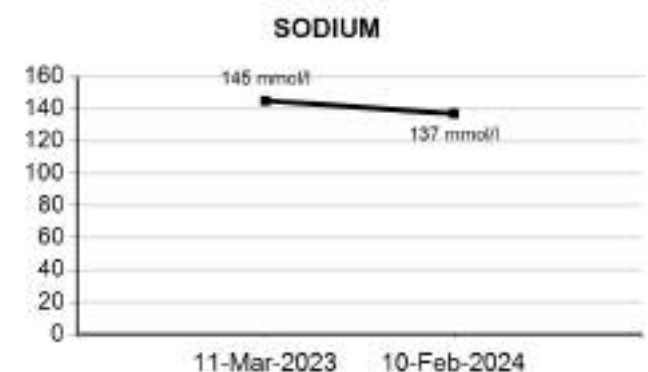
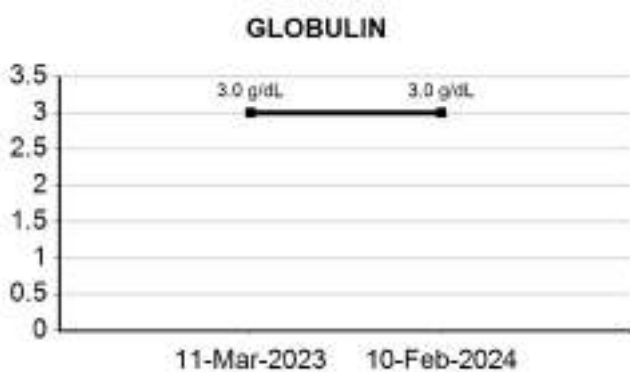
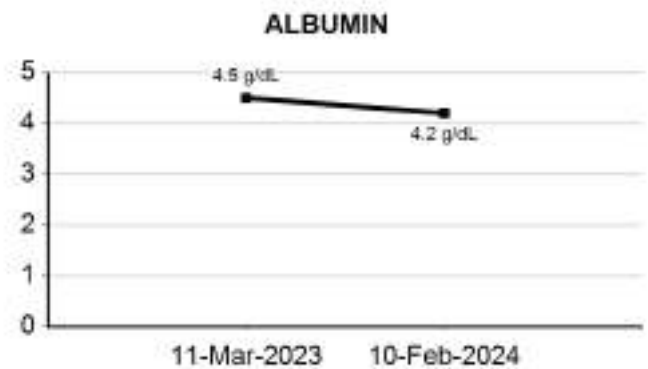
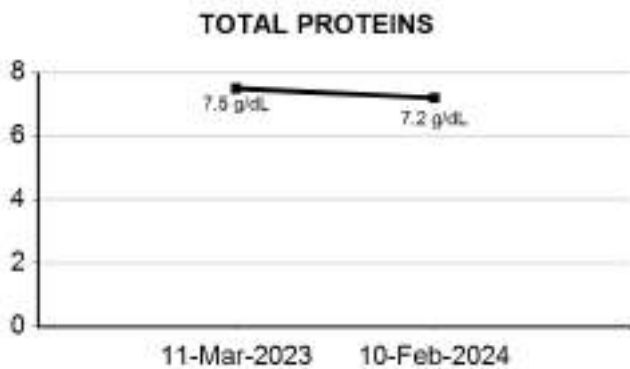
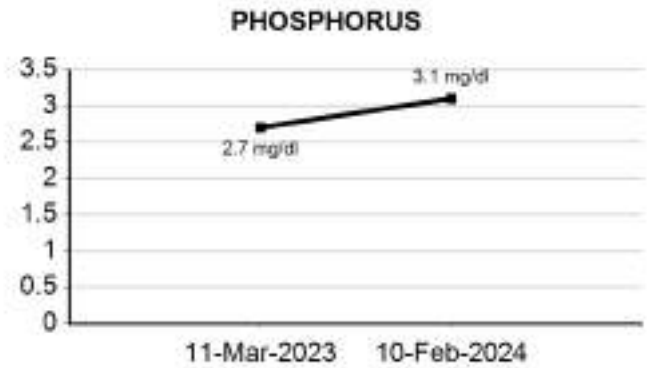
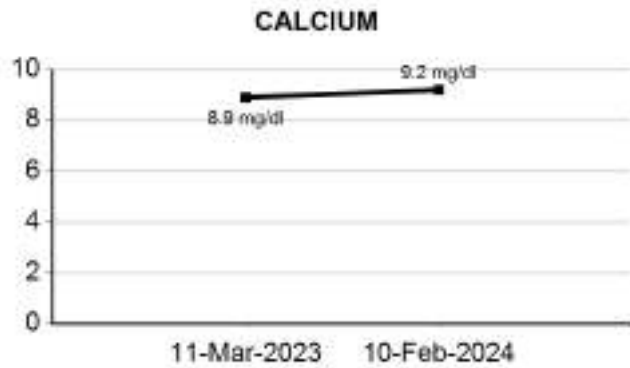
URIC ACID





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 Age / Gender : 42 Years / Male
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 Reg. Location : Kalina, Santacruz East (Main Centre)

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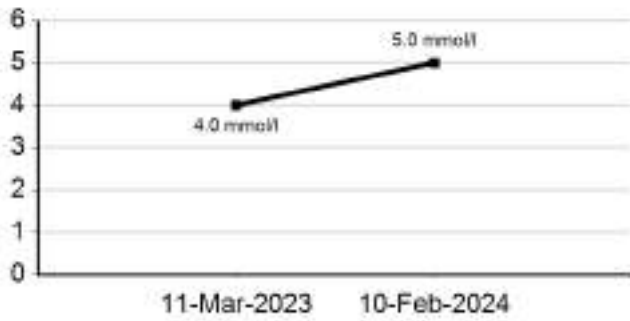




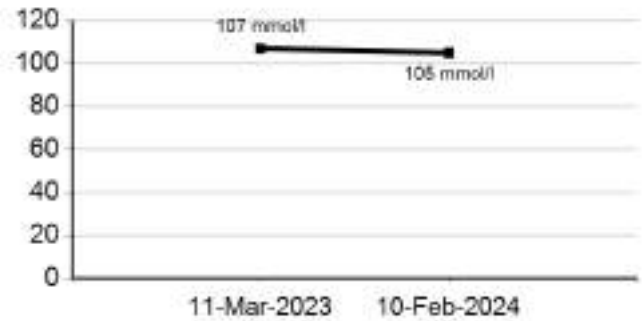
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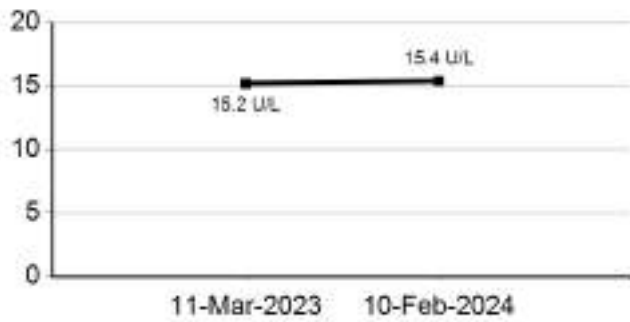
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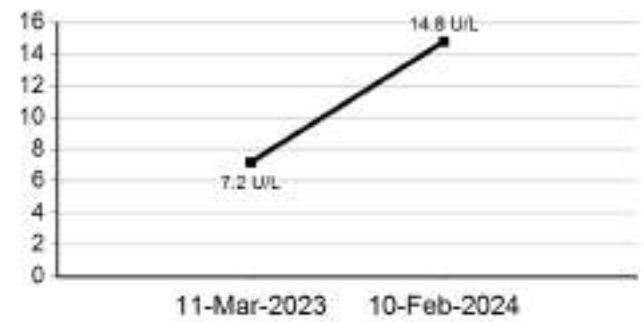
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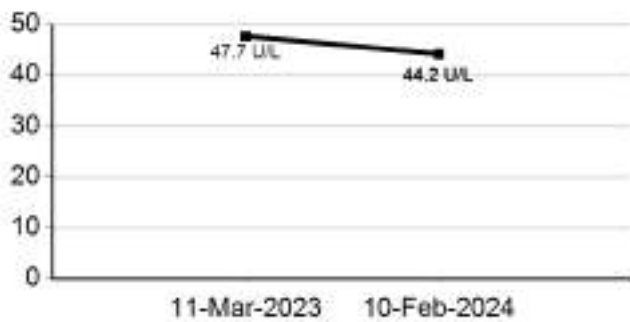
SGOT (AST)



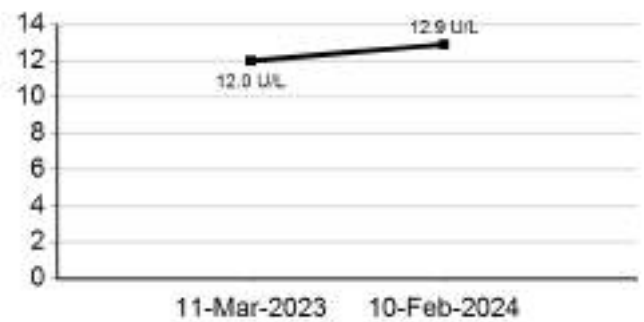
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

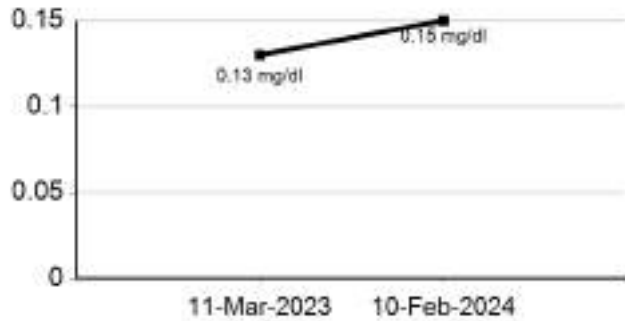




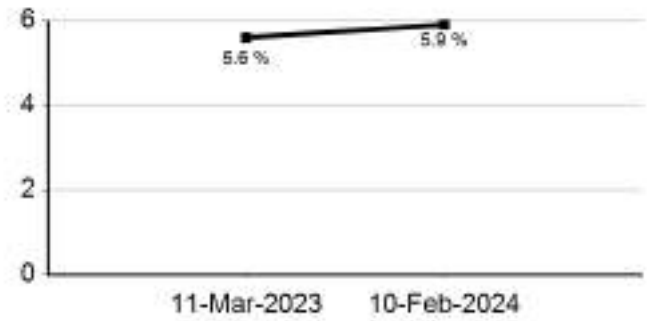
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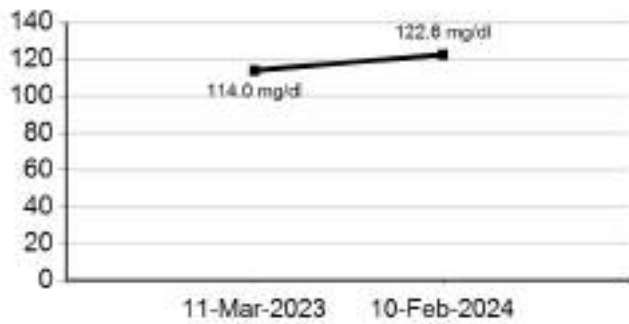
BILIRUBIN (DIRECT)



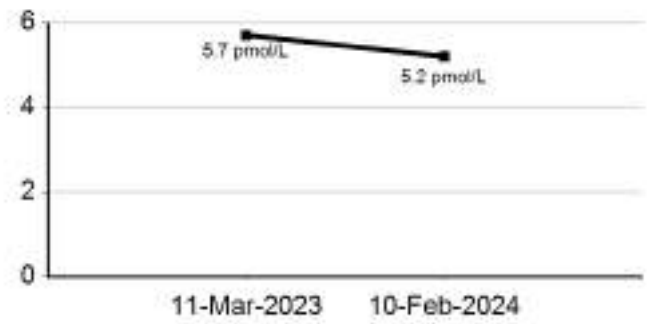
Glycosylated Hemoglobin (HbA1c)



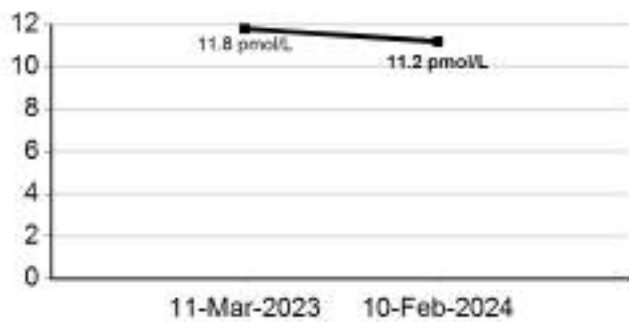
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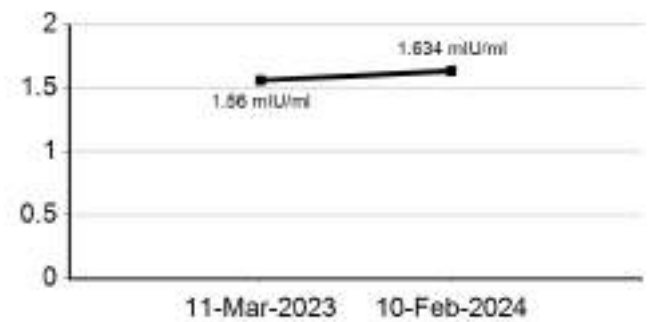
Free T3



Free T4



sensitiveTSH



Date:- 10.02.2024.

CID: 24042759

Name:- Mr. Shetge Mudhat
Ramesh

Sex / Age: 42yrs / Male

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: -

Aided Vision: NIV $\left. \begin{matrix} R \\ L \\ B \end{matrix} \right\} N/5$ DV $\left. \begin{matrix} R \\ L \\ B \end{matrix} \right\} 6/9$

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/9	—————			6/9
Near	—————			N5	—————			N5

Colour Vision: Normal / Abnormal

Remark: Wker

Suburban Diagnostics (I) Pvt. Ltd.
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Opp. Nels Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000

10/2/24

Ardhut Shedge / 42

- No health issues.
- No addictions.
- Mixed diet

O/E Ht 164 cm
Wt 45.8kg
110180

F/PP 102.5 / 75.5
HbA1c 5.9
Tg 11.2

Adv: Refer to Endocrinologist
Diet
Exercise
Relaxation techniques

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafa Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000

D. G. Hatalkar
Dr. D.G. HATALKAR
R.No. 61067 M.D. (Ob.Gy)

CID : 2404121759
Name : Mr SHEDGE AVADHUT RAMESH
Age / Sex : 42 Years/Male
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 10:04

Use a QR Code Scanner
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USG WHOLE ABDOMEN

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 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: 8.6 x 4.6 cm. Left kidney measures: 9.2 x 5.2 cm.

SPLEEN :

The spleen is normal in size and shape 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. It shows thin walls and sharp mucosa.
No evidence of calculus is noted. No mass or diverticulum is seen.

PROSTATE :

The prostate is normal in size and measures: 3.0 x 2.3 x 2.3 cms and weighs 8.9 gms.

IMPRESSION :

Mild fatty Liver.

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


DR. ASHA DHAVAN
MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST



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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-----

DR.ASHA DHAVAN
MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST



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