



CID : 2309820971
Name : MR.RAJESH TOPPO
Age / Gender : 55 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 08-Apr-2023 / 08:13
Reported : 08-Apr-2023 / 12:12

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.71	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.1	40-50 %	Measured
MCV	74	80-100 fl	Calculated
MCH	23.5	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	16.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4600	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.9	20-40 %	
Absolute Lymphocytes	1191.4	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	
Absolute Monocytes	414.0	200-1000 /cmm	Calculated
Neutrophils	62.7	40-80 %	
Absolute Neutrophils	2884.2	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	110.4	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	90000(Manual method)	150000-400000 /cmm	Elect. Impedance
MPV	14.6	6-11 fl	Calculated
PDW	23.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Hypochromia	Mild
Microcytosis	Mild
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Platelets reduced on smear. megaplatelets seen on smear
COMMENT	Thrombocytopenia

Result rechecked
Kindly correlate clinically.

Specimen: EDTA Whole Blood

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

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

Bmhaskar

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





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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.0	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	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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Bmhasakar

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	33.0	19.29-49.28 mg/dl	Calculated
BUN, Serum	15.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	1.04	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	79	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	7.4	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.7	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.4	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	4.4	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	106	98-107 mmol/l	IMT

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Dr. Leena Salunkhe

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Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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.

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Bmhasakar

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M.D. (PATH)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.639	<4.0 ng/ml	CLIA

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5.Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases,Cancer,Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection,Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, 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 parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

Anupa

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





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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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	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 insert

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Bmhaskar

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M.D. (PATH)
Pathologist





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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	B
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.

Refernces:

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

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*** End Of Report ***

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M.B.B.S, DPB (PATH)
Pathologist





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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	98.4	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	48.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	119.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.8	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	19.6	< /= 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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	10.182	0.55-4.78 microIU/ml	CLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.57	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.38	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	27.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	24.9	10-49 U/L	Modified IFCC
GAMMA GT, Serum	16.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	70.1	46-116 U/L	Modified IFCC

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Dr. Leena Salunkhe

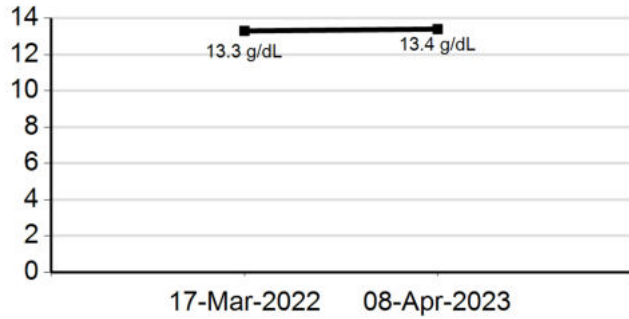
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



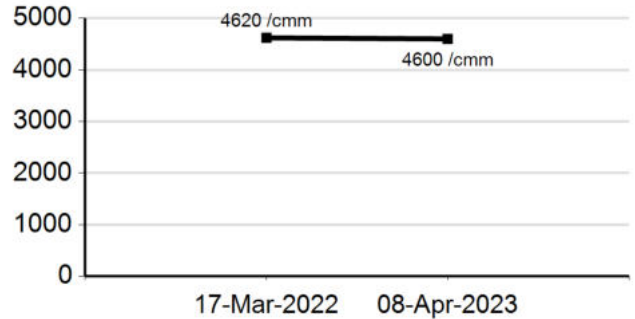
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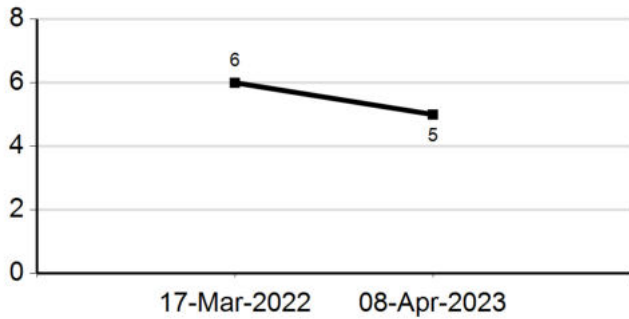
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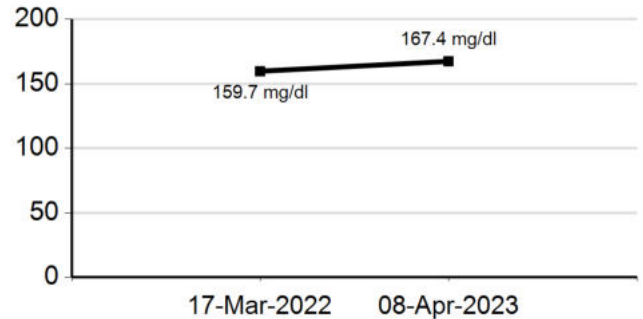
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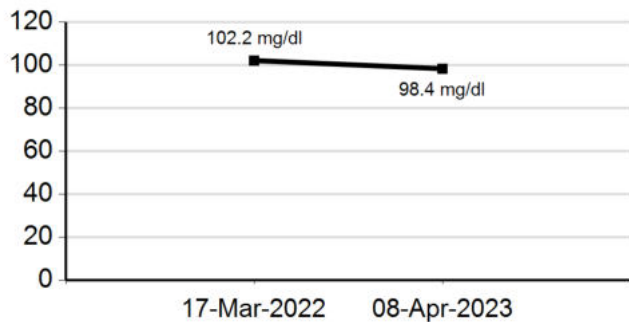
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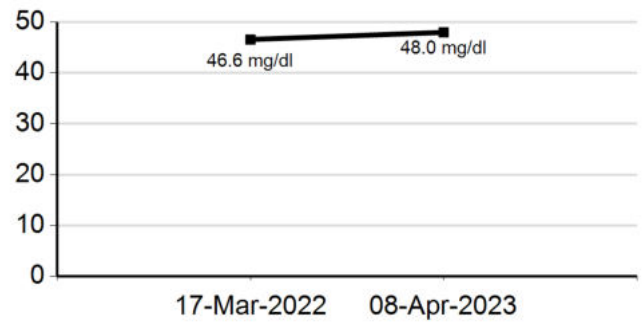
CHOLESTEROL



TRIGLYCERIDES



HDL CHOLESTEROL

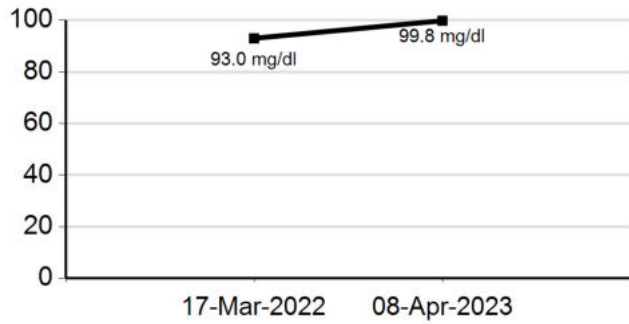




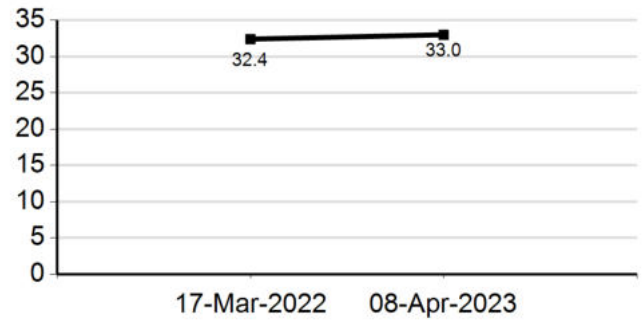
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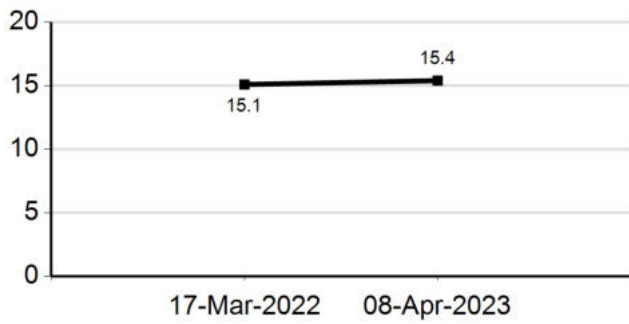
LDL CHOLESTEROL



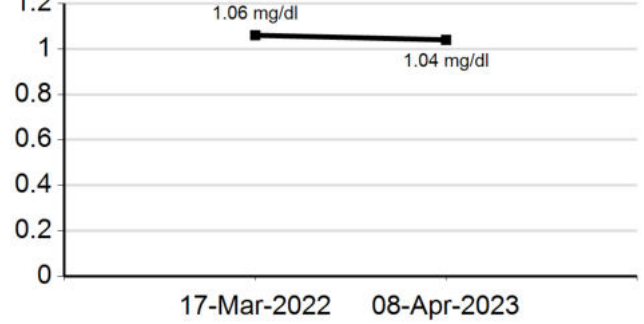
BLOOD UREA



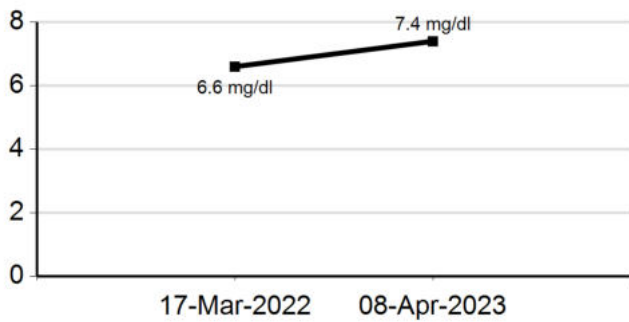
BUN



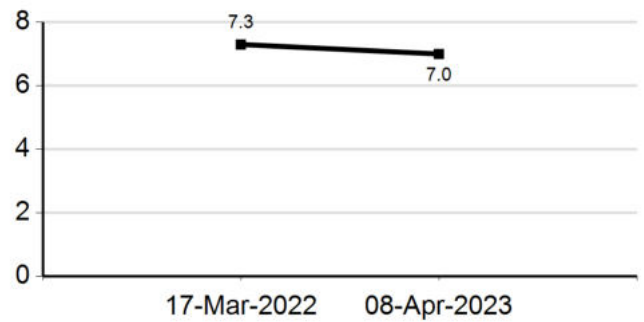
CREATININE



URIC ACID



TOTAL PROTEINS

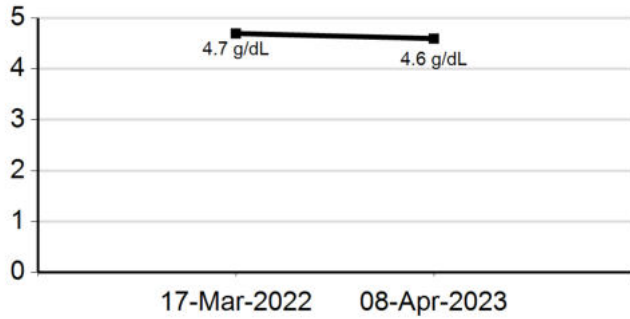




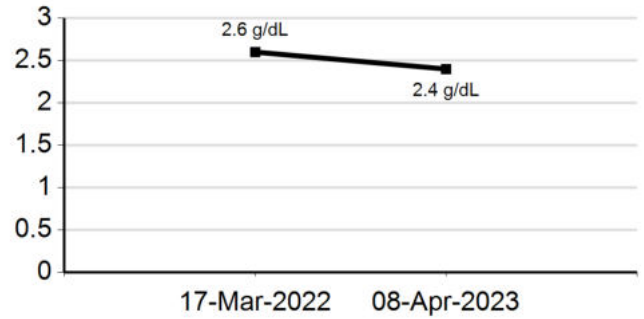
Use a QR Code Scanner Application To Scan the Code

CID : 2309820971
 Name : MR.RAJESH TOPPO
 Age / Gender : 55 Years / Male
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

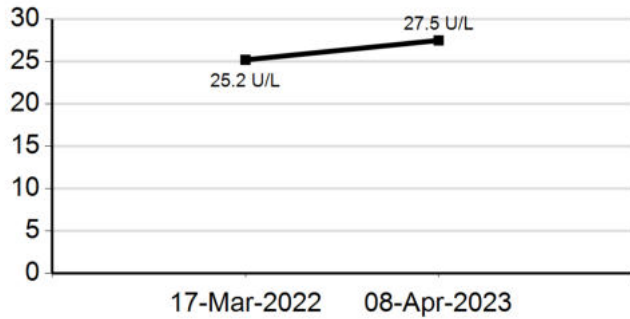
ALBUMIN



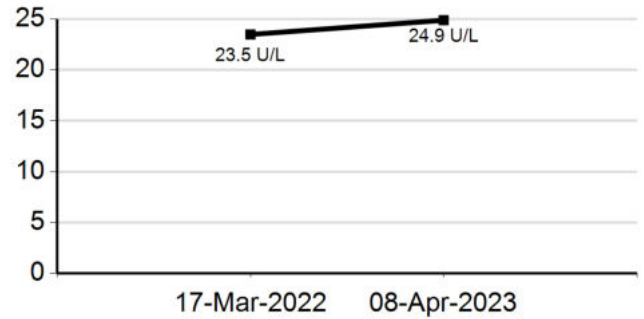
GLOBULIN



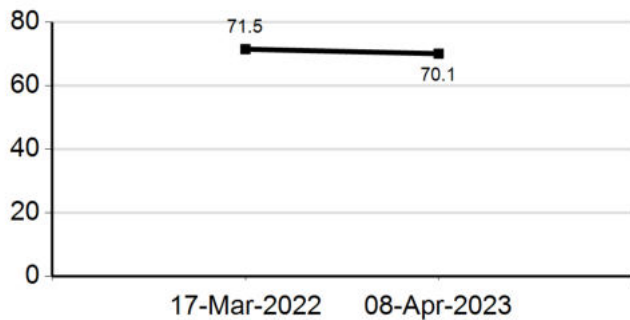
SGOT (AST)



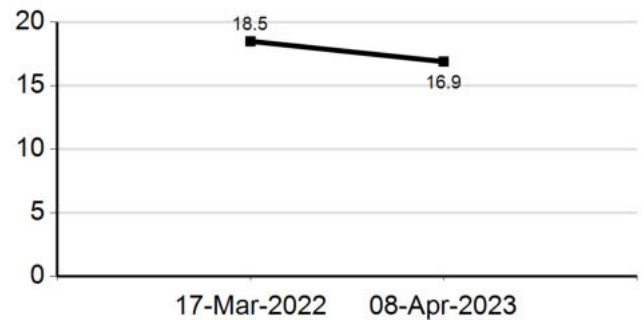
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

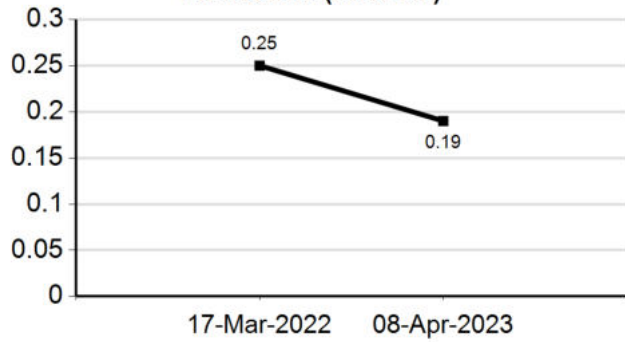




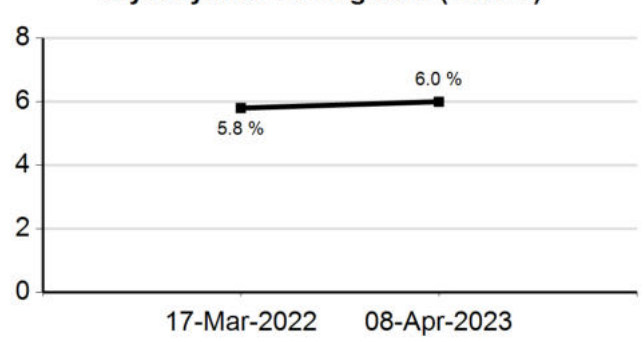
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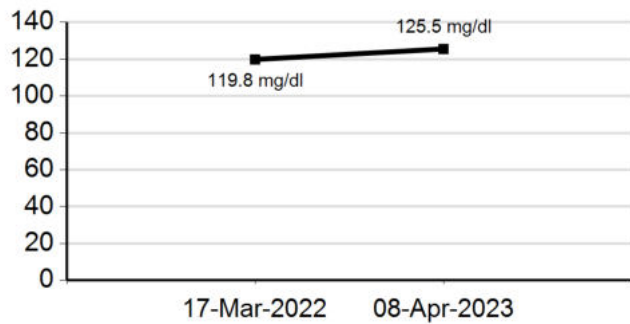
BILIRUBIN (DIRECT)



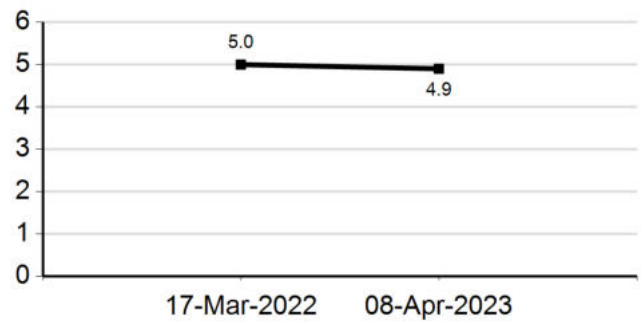
Glycosylated Hemoglobin (HbA1c)



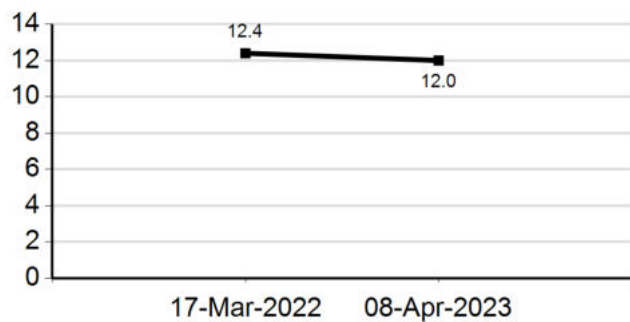
Estimated Average Glucose (eAG)



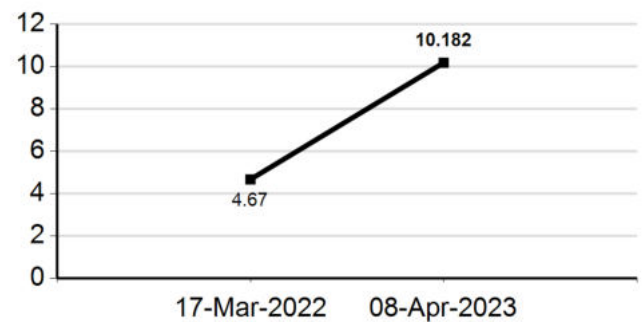
Free T3



Free T4

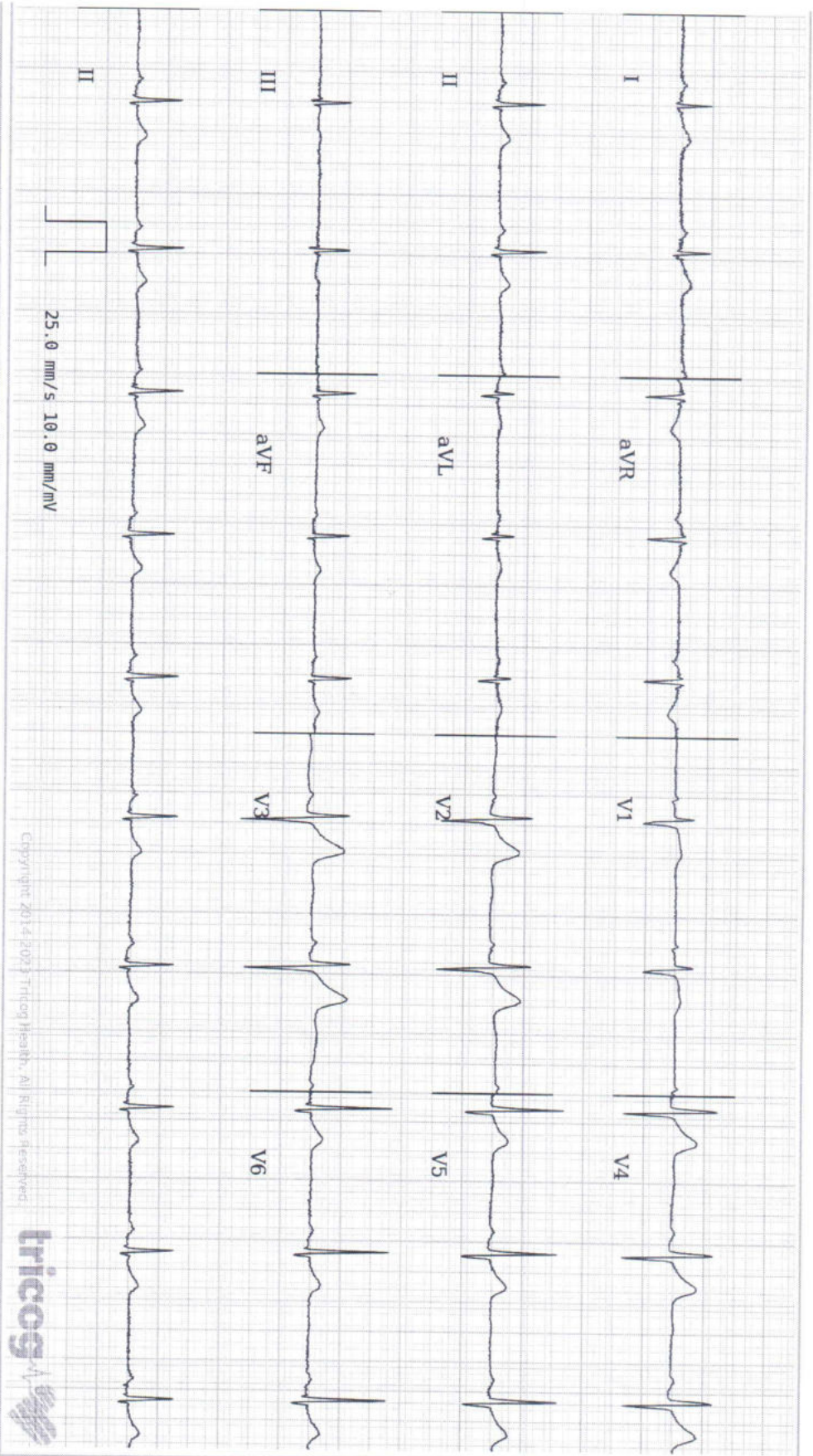


sensitiveTSH



Patient Name: RAJESH TOPPO
Patient ID: 2309820971

Date and Time: 8th Apr 23 9:34 AM



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Age **55** **2** **22**
years months days

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

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

Measurements

QRSD: 76ms
QT: 356ms
QTcB: 361ms
PR: 148ms
P-R-T: 41° 57° 28°

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

REPORTED BY

DR AKHIL PARULEKAR
MIBBS,M.D. 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.

Date:- 8/4/23

CID: 2309820971

Name:- Mr. Rajesh TOppo

Sex/Age: m / 55

EYE CHECK UP

Chief complaints: Routine check up

Systemic Diseases: no h/o st

Past history: no ocular surgery

Hlogt
 $\leftarrow -0.75 - 0.75 \times 90^\circ$
 $\leftarrow -0.75 - 0.75 \times 80^\circ$

Unaided Vision: 6/12 6/12

Aided Vision: 6/6b, 6/6 6/6b, 6/6

Refraction: EOMS: normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	0.50	0.75	100	6/6	0.25	0.75	80	6/6
Near	1.50	0.75	100	6/6	1.75	0.75	80	6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit
 Adv. dilated refraction and IOP ok

Rajesh H.
KAJAL NAGRECHA
 OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 2, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 61700600

DENTAL CHECK - UP

Name:- *Rajesh Toppo*

CID : *2309870971* Sex / Age : *M / 55*

Occupation:-

Date: *8 / 14 / 2023*

Chief complaints:- *No Complaints*

Medical / dental history:- *No history*

GENERAL EXAMINATION:

1) Extra Oral Examination:

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

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *Generalized attrition seen*
- c) Calculus: *-* Habits:- *Tobacco chewer*
- Stains: *+*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

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

Advised: a) *Younifloss*
b) *scaling & polishing [cleaning]*

Provisional Diagnosis:-

-NIL-

DR. BHUMIK PATIL
(B.D.S) A - 23378
Dr Bhumik Patel
NS

• PATIENT NAME : MR .RAJESH TOPPO	• SEX : MALE
• REFERRED BY : ARCOFEMI HEALTHCARE LIMITED	• AGE : 55 YEARS
• CID NO : 2309820971	DATE : 08/04/2023

2D & M-MODE ECHOCARDIOGRAM REPORT
COLOR FLOW DOPPLER REPORT

ECHO & DOPPLER FINDINGS :

- No diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present
- No left ventricular hypertrophy seen.
- All cardiac chambers are normal in size.
- RA and RV are normal in dimensions. LA and LV are normal in dimensions.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion.
- TAPSE and MAPSE measured to 19 mm and 16 mm respectively.
- PASP by TR jet measured to 22 mm Hg.
- Visual LVEF of 65 %.

MEASUREMENTS:

IVS d (mm)	09	EDV (ml)	99	Ao (mm)	34
IVS s (mm)	12	ESV (ml)	32	LA (mm)	32
LVIDd (mm)	46	SV (ml)	66	EPSS (mm)	01
LVIDs (mm)	29	FS (mm)	33	EF SLOPE (ml/s)	70
Pwd (mm)	09	EF (%)	65	MV (mm)	19
Pws (mm)	13				

Conti....2

• PATIENT NAME : MR .RAJESH TOPPO	• SEX : MALE
• REFERRED BY : ARCOFEMI HEALTHCARE LIMITED	• AGE : 55 YEARS
• CID NO : 2309820971	DATE : 08/04/2023

DOPPLER: Mitral E / A

Mitral (m/s)	0.4	Aortic (m/s)	1.04
Tricuspid (m/s)	0.5	Pulmonary (m/s)	0.9

TDI

Septal e' = 0.09 m/s

Lateral e' = 0.1 m/s

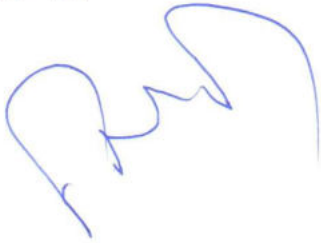
Septal a' = 0.08 m/s

Lateral a' = 0.08 m/s

Septal s' = 0.05 m/s

Lateral s' = 0.06 m/s

Septal E/e' = 04



Dr. P. Bhatjiwale, M.D

PG cert in Clinical Cardiology,

Fellowship in 2 D Echo & Doppler Studies

Reg. No 68857

NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris.

Adv: Please correlate clinically. CAG/ Further cardiac evaluation as clinically indicated.

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

CID : 2309820971
Name : Mr RAJESH TOPPO
Age / Sex : 55 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 10:06

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.

A 1.4 x 1.0 cm sized simple cyst is seen in the lower pole of right kidney.

No evidence of any calculus, hydronephrosis seen.

Right kidney measures 10.1 x 4.1 cm. Left kidney measures 10.6 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 16 cc.

[Click here to view images <<ImageLink>>](#)

Authenticity Check
<<QRCode>>

CID : 2309820971
Name : Mr RAJESH TOPPO
Age / Sex : 55 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 10:06

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IMPRESSION:
Grade I fatty liver.
Right renal simple cyst.

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

Khilji Faiz

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

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.

Click here to view images <<ImageLink>>

CID : 2309820971
Name : Mr RAJESH TOPPO
Age / Sex : 55 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 13:00

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-----

Khilji FA

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

Click here to view images <<ImageLink>>

Page no 1 of 1

Stool

Name : Mr . RAJESH TOPPO
VID : 2309820971
Ref By :

Reg Date : 08-Apr-2023 08:06
Age/Gender : 55 Years
Regn Centre : Kandivali East (Main Centre)

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 168 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80
Pulse: 72/min

Weight (kg): 68 kgs
Skin: Fungal infection in groin
Nails: Normal
Lymph Node: Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

*Thrombocytopenia
HbA1c 6.07
+ 78H10:182
USA - fatty liver
- Rt renal Simple cyst*

ADVICE:

*Dabetalet
Choloconazole / Opimona*

Name : Mr . RAJESH TOPPO
VID : 2309820971
Ref By :

Reg Date : 08-Apr-2023 08:06
Age/Gender : 55 Years
Regn Centre : Kandivali East (Main Centre)

CHIEF COMPLAINTS:

- | | |
|--|---|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthma | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | Fracture left wrist open reduction 2006/7 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|--------------|
| 1) Alcohol | Occasionally |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | Yes |


Dr. Jagruti Dhale

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Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 63548