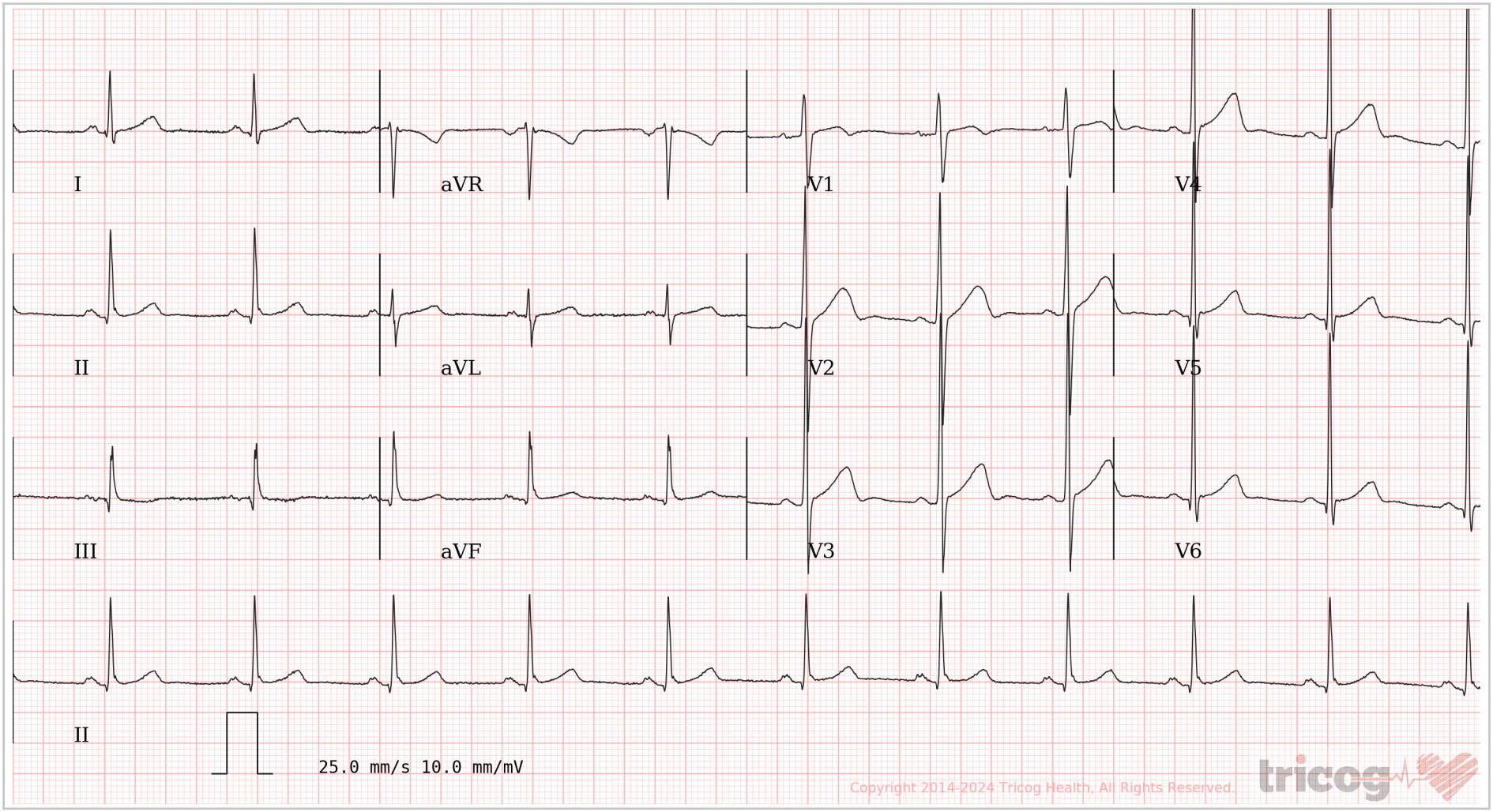
# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: CHELLIBOYINA SRINIVASRAO BHANU
Patient ID: 2406818107
Date and Time: 8th Mar 24 9:50 AM






Age 49 years NA months NA days

Gender **Male**

Heart Rate **68bpm**

## Patient Vitals

| | |
|---|---|
| BP: | 120/80 mmHg |
| Weight: | 81 kg |
| Height: | 174 cm |
| Pulse: | NA |
| Spo2: | NA |
| Resp: | NA |
| Others: | |

## Measurements

| | |
|---|---|
| QRSD: | 80ms |
| QT: | 396ms |
| QTcB: | 421ms |
| PR: | 144ms |
| P-R-T: | 33° 57° 24° |

Sinus Rhythm Borderline Left Ventricular Hypertrophy suspected. Please correlate clinically.

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PATIENT'S NAME : Mr.CHELLIBOYINA S. BHANU
AGE :49 /YRS
REQUESTING DOCTOR : HC
SEX: M
CID NO : 2406818107
DATE : 08/03/2024

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## 2D-ECHOCARDIOGRAPHY REPORT

No thinning / scarring / dyskinesia of LV wall noted.
Normal LV systolic function. LVEF = 55-60 %.
Good RV function.

Structurally Normal MV/ AV / TV / PV.
No valvular pathology.

LV / LA / RA / RV Normal in dimension.
IAS / IVS is Intact.

Type 1 Left Ventricular Diastolic Dysfunction [ LVDD].

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

## IMPRESSION: -

NORMAL LV SYSTOLIC FUNCTION, LVEF= 55-60 %
NO RWMA, NO VALVULAR PATHOLOGY.
NO PAH, TYPE 1 LVDD.
IVC NORMAL

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REPORT

| LV STUDY | Value | Unit | COLOUR DOPPLER STUDY | Value | Unit |
|---|---|---|---|---|---|
| IVSd | 11 | mm | Mitral Valve E velocity | 0.5 | cm/s |
| LVIDd | 46 | mm | Mitral Valve A velocity | 0.75 | cm/s |
| LVPWd | 11 | mm | E/A Ratio | <1 | - |
| IVSs | 17 | mm | Mitral Valve Deceleration Time | 120 | ms |
| LVIDs | 26 | mm | Med E' vel | -- | cm/s |
| LVPWs | 16 | mm | E/E' | 14 | - |
| LA /AO | N | -- | Aortic valve | | |
| | | | AVmax | 1.2 | cm/s |
| | | | AV Peak Gradient | 6 | mmHg |
| 2D STUDY | | | *LVOT* Vmax | 1.1 | cm/s |
| LVOT | 20 | mm | *LVOT* gradient | 4 | mmHg |
| LA | 26 | mm | Pulmonary Valve | | |
| RA | 30 | mm | PVmax | -- | cm/s |
| RV [RVID] | 28 | mm | PV Peak Gradient | -- | mmHg |
| IVC | 10 | mm | Tricuspid Valve | | |
| | | | TR jet vel. | 2.6 | cm/s |
| | | | PASP | 28 | mmHg |

***End Of Report***

**DR. DINESH ROHIRA**
**ECHOCARDIOLOGIST**
**M.B.B.S,DNB**
**Reg no : 2008/04/0837**

***Disclaimer:*** *2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.*

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REPORT

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| **Name** | : MR.CHELLIBOYINA SRINIVASRAO BHANU | | |
| **Age / Gender** | : 49 Years / Male | | |
| **Consulting Dr.** | : - | **Collected** | : 08-Mar-2024 / 09:33 |
| **Reg. Location** | : Kalina, Santacruz East (Main Centre) | **Reported** | : 08-Mar-2024 / 13:09 |

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

## CBC (Complete Blood Count), Blood

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| **RBC PARAMETERS** | | | |
| Haemoglobin | **10.1** | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 4.66 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | **31.2** | 40-50 % | Calculated |
| MCV | **67.0** | 81-101 fl | Measured |
| MCH | **21.6** | 27-32 pg | Calculated |
| MCHC | 32.3 | 31.5-34.5 g/dL | Calculated |
| RDW | **17.6** | 11.6-14.0 % | Calculated |
| **WBC PARAMETERS** | | | |
| WBC Total Count | 5830 | 4000-10000 /cmm | Elect. Impedance |
| **WBC DIFFERENTIAL AND ABSOLUTE COUNTS** | | | |
| Lymphocytes | 29.9 | 20-40 % | |
| Absolute Lymphocytes | 1743.2 | 1000-3000 /cmm | Calculated |
| Monocytes | 8.5 | 2-10 % | |
| Absolute Monocytes | 495.6 | 200-1000 /cmm | Calculated |
| Neutrophils | 57.8 | 40-80 % | |
| Absolute Neutrophils | 3369.7 | 2000-7000 /cmm | Calculated |
| Eosinophils | 3.6 | 1-6 % | |
| Absolute Eosinophils | 209.9 | 20-500 /cmm | Calculated |
| Basophils | 0.2 | 0.1-2 % | |
| Absolute Basophils | **11.7** | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

| | | | |
|---|---|---|---|
| **PLATELET PARAMETERS** | | | |
| Platelet Count | 332000 | 150000-410000 /cmm | Elect. Impedance |
| MPV | 8.5 | 6-11 fl | Measured |
| PDW | 16.6 | 11-18 % | Calculated |
| **RBC MORPHOLOGY** | | | |
| Hypochromia | + | | |
| Microcytosis | + | | |



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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

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| **Consulting Dr.** | : - | **Collected** | : 08-Mar-2024 / 09:33 |
| **Reg. Location** | : Kalina, Santacruz East (Main Centre) | **Reported** | : 08-Mar-2024 / 12:28 |

| | |
|---|---|
| Macrocytosis | - |
| Anisocytosis | Mild |
| Poikilocytosis | Mild |
| Polychromasia | - |
| Target Cells | - |
| Basophilic Stippling | - |
| Normoblasts | - |
| Others | Elliptocytes-occasional |
| WBC MORPHOLOGY | - |
| PLATELET MORPHOLOGY | - |
| COMMENT | - |

**Specimen:** EDTA Whole Blood

| | | | |
|---|---|---|---|
| ESR, EDTA WB-ESR | 7 | 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 ***

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MC-5460

**Dr.TRUPTI SHETTY**
**M. D. (PATH)**
**Pathologist**



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| **Age / Gender** | : 49 Years / Male | | |
| **Consulting Dr.** | : - | **Collected** | : 08-Mar-2024 / 16:37 |
| **Reg. Location** | : Kalina, Santacruz East (Main Centre) | **Reported** | : 08-Mar-2024 / 19:53 |

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 98.8 | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 118.0 | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase |
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |
| Urine Sugar (PP) | +++ | Absent | |
| Urine Ketones (PP) | Absent | Absent | |

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

*** End Of Report ***

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



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| **Reg. Location** | : Kalina, Santacruz East (Main Centre) | **Reported** | : 08-Mar-2024 / 15:42 |

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

### KIDNEY FUNCTION TESTS

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| BLOOD UREA, Serum | **17.5** | 19.29-49.28 mg/dl | Calculated |
| BUN, Serum | **8.2** | 9.0-23.0 mg/dl | Urease with GLDH |
| CREATININE, Serum | 0.96 | 0.73-1.18 mg/dl | Enzymatic |

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

| | | | |
|---|---|---|---|
| eGFR, Serum | 97 | (ml/min/1.73sqm)<br>Normal or High: Above 90<br>Mild decrease: 60-89<br>Mild to moderate decrease: 45-59<br>Moderate to severe decrease:30-44<br>Severe decrease: 15-29<br>Kidney failure:<15 | Calculated |

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

| | | | |
|---|---|---|---|
| TOTAL PROTEINS, Serum | 6.2 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.1 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | **2.1** | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 2.0 | 1 - 2 | Calculated |
| URIC ACID, Serum | 5.6 | 3.7-9.2 mg/dl | Uricase/ Peroxidase |
| PHOSPHORUS, Serum | 3.4 | 2.4-5.1 mg/dl | Phosphomolybdate |
| CALCIUM, Serum | 8.7 | 8.7-10.4 mg/dl | Arsenazo |
| SODIUM, Serum | 140 | 136-145 mmol/l | IMT |
| POTASSIUM, Serum | 5.1 | 3.5-5.1 mmol/l | IMT |
| CHLORIDE, Serum | **109** | 98-107 mmol/l | IMT |

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

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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 | 5.9 | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>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 ***

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MC-5460

**Dr.VRUSHALI SHROFF**
**M.D.(PATH)**
**Pathologist**



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| **Consulting Dr.** | : - | **Collected** | : 08-Mar-2024 / 09:33 |
| **Reg. Location** | : Kalina, Santacruz East (Main Centre) | **Reported** | : 08-Mar-2024 / 12:30 |

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

### PROSTATE SPECIFIC ANTIGEN (PSA)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| TOTAL PSA, Serum | 0.194 | <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, Artifactual (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.

**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 ***

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| **Reg. Location** | : Kalina, Santacruz East (Main Centre) | **Reported** | : 08-Mar-2024 / 16:27 |

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

### URINE EXAMINATION REPORT

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| **PHYSICAL EXAMINATION** | | | |
| Color | 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) | 10 | - | - |
| **CHEMICAL EXAMINATION** | | | |
| 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 |
| **MICROSCOPIC EXAMINATION** | | | |
| 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 | 2-3 | 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

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



REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
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| **CID** | : 2406818107 | | |
| **Name** | : MR.CHELLIBOYINA SRINIVASRAO BHANU | | |
| **Age / Gender** | : 49 Years / Male | | |
| **Consulting Dr.** | : - | **Collected** | : 08-Mar-2024 / 09:33 |
| **Reg. Location** | : Kalina, Santacruz East (Main Centre) | **Reported** | : 08-Mar-2024 / 13:20 |

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

## BLOOD GROUPING & Rh TYPING

| PARAMETER | RESULTS |
|---|---|
| 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.

**Refernces:**


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 ***

ilac-MRA

MC-5460

**Dr.TRUPTI SHETTY**
**M. D. (PATH)**
**Pathologist**




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| **Reg. Location** | : Kalina, Santacruz East (Main Centre) | **Reported** | : 08-Mar-2024 / 15:42 |

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

### LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| CHOLESTEROL, Serum | 154.7 | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 71.0 | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl | Enzymatic colorimetric |
| HDL CHOLESTEROL, Serum | **36.4** | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl | Elimination/ Catalase |
| NON HDL CHOLESTEROL, Serum | 118.3 | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | **104.1** | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated |
| VLDL CHOLESTEROL, Serum | 14.2 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.3 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.9 | 0-3.5 Ratio | Calculated |

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

*** End Of Report ***

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MC-5460

**Dr.VRUSHALI SHROFF**
**M.D.(PATH)**
**Pathologist**



REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
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| **Consulting Dr.** | : - | **Collected** | : 08-Mar-2024 / 09:33 |
| **Reg. Location** | : Kalina, Santacruz East (Main Centre) | **Reported** | : 08-Mar-2024 / 12:56 |

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

### THYROID FUNCTION TESTS

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| Free T3, Serum | 5.2 | 3.5-6.5 pmol/L | CLIA |
| Free T4, Serum | 13.7 | 11.5-22.7 pmol/L | CLIA |
| sensitiveTSH, Serum | 1.535 | 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 becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

| TSH | FT4 / T4 | FT3 / T3 | Interpretation |
|---|---|---|---|
| High | Normal | Normal | Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance. |
| High | Low | Low | Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism. |
| Low | High | High | Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole) |
| Low | Normal | Normal | Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness. |
| Low | Low | Low | Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism. |
| High | High | High | Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics. |

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**
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 ***

ilac-MRA MC-5460

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



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| **Reg. Location** | : Kalina, Santacruz East (Main Centre) | **Reported** | : 08-Mar-2024 / 15:42 |

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

### LIVER FUNCTION TESTS

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| BILIRUBIN (TOTAL), Serum | 0.65 | 0.3-1.2 mg/dl | Vanadate oxidation |
| BILIRUBIN (DIRECT), Serum | 0.24 | 0-0.3 mg/dl | Vanadate oxidation |
| BILIRUBIN (INDIRECT), Serum | 0.41 | <1.2 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.2 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.1 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | **2.1** | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 2.0 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 19.6 | <34 U/L | Modified IFCC |
| SGPT (ALT), Serum | 12.9 | 10-49 U/L | Modified IFCC |
| GAMMA GT, Serum | 14.9 | <73 U/L | Modified IFCC |
| ALKALINE PHOSPHATASE, Serum | **43.2** | 46-116 U/L | Modified IFCC |

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*** End Of Report ***

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**Dr.VRUSHALI SHROFF**
**M.D.(PATH)**
**Pathologist**



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REPORT

Date:- 05.03.2024.

CID: 240681807.

Name:- Mr. Chelli Boopina Srinivasa Rao

Sex / Age: / 44yrs / Male.

## EYE CHECK UP

**Chief complaints:** Nil

**Systemic Diseases:** Nil

**Past history:** Nil

**Unaided Vision:** N.V RE LE BE } N/5 D.V RE LE BE } 6/6

**Aided Vision:** -

**Refraction:** —

| | (Right Eye) | | | | (Left Eye) | | | |
|---|---|---|---|---|---|---|---|---|
| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
| Distance | — | | | 6/6 | — | | | 6/6 |
| Near | — | | | N5 | — | | | N5 |

**Colour Vision:** Normal / Abnormal

**Remark:** WNL

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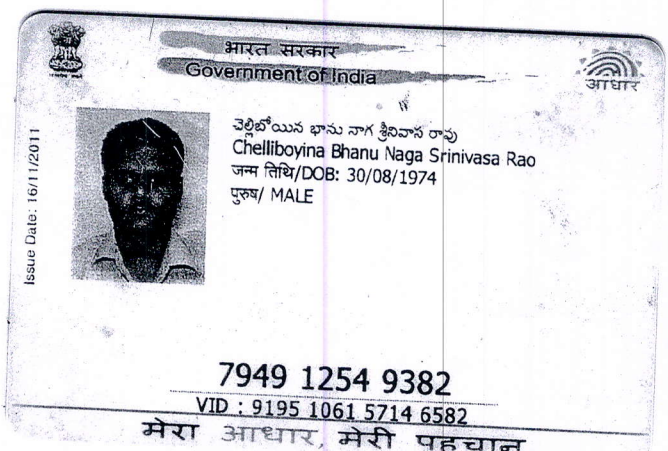
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafa Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000

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




9652438213

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

Suburban Diagnostics (I) Pvt. Ltd.
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Opp. Nata Petrol Pump, Kalina CST Road,
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| **Name** | : Mr CHELLIBOYINA SRINIVASRAO BHANU | | |
| **Age / Sex** | : 49 Years/Male | | |
| **Ref. Dr** | : | **Reg. Date** | : 08-Mar-2024 |
| **Reg. Location** | : Kalina, Santacruz East Main Centre | **Reported** | : 08-Mar-2024/10:52 |

# 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: 8.7 x 5.0 cm.  Left kidney measures: 8.6 x 5.4 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 3.2 x 3.0 x 2.6 cm and volume is 13.7cc.

**IMPRESSION:**
**Mild fatty Liver.**

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

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

**Click here to view images** http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024030809281438

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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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