



CID : 2404121889  
Name : MR.SHUVODIP MUKHERJEE  
Age / Gender : 42 Years / Male  
Consulting Dr. : -  
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 10-Feb-2024 / 09:32  
Reported : 10-Feb-2024 / 12:33

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**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.92	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.8	40-50 %	Calculated
MCV	90.9	81-101 fl	Measured
MCH	30.0	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6210	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	24.9	20-40 %	
Absolute Lymphocytes	1540	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	500	200-1000 /cmm	Calculated
Neutrophils	66.1	40-80 %	
Absolute Neutrophils	4090	2000-7000 /cmm	Calculated
Eosinophils	0.6	1-6 %	
Absolute Eosinophils	40	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	228000	150000-410000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Measured
PDW	17.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **29**                      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**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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\*\*\* End Of Report \*\*\*



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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	19.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.80	0.73-1.18 mg/dl	Enzymatic
Note: Kindly note in change in reference range w.e.f. 07-09-2023			
eGFR, Serum	113	(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	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	6.1	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	1.7	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.4	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	138	136-145 mmol/l	IMT
POTASSIUM, Serum	5.4	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 \*\*\*



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 \*\*\*



*Namrata Raul*

**Dr.NAMRATA RAUL**  
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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	1.36	<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- $\alpha$ -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 \*\*\*



*Namrata Raul*

**Dr. NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



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Collected : 10-Feb-2024 / 09:32  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
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 inert

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



*Dr. Vrushi Shroff*

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





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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	O
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 \*\*\*



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	180.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	83.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	46.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	133.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.8	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	16.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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\*\*\* 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	5.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.926	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)

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\*\*\* End Of Report \*\*\*



*Anupa*

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



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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	0.68	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.44	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	25.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	16.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	9.3	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	92.9	46-116 U/L	Modified IFCC

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\*\*\* End Of Report \*\*\*



*Namrata Raul*

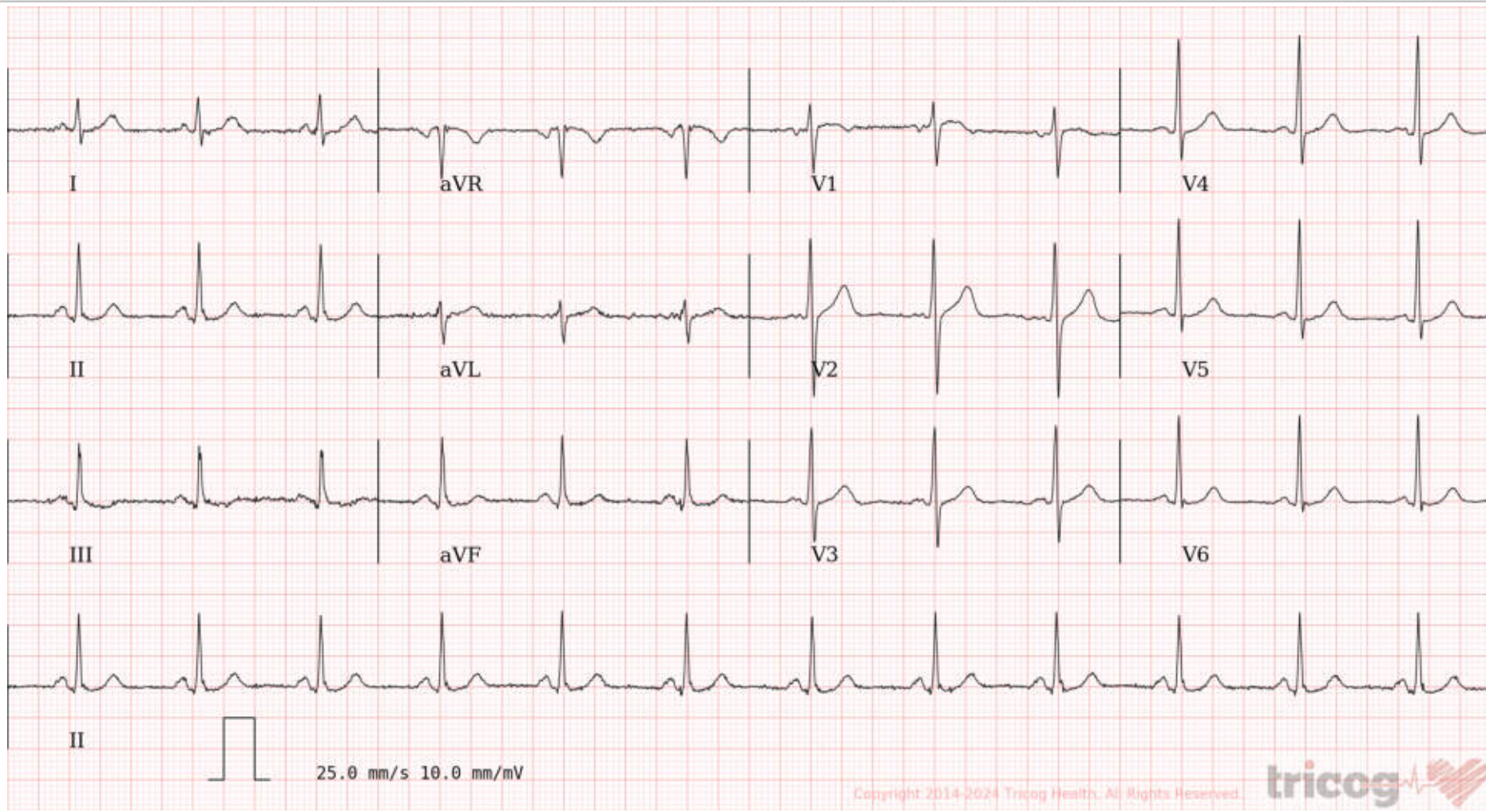
**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**

# SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: SHUVODIP MUKHERJEE  
Patient ID: 2404121889

Date and Time: 10th Feb 24 9:49 AM



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

Gender **Male**

Heart Rate **76bpm**

### Patient Vitals

BP: 130/90 mmHg  
Weight: 79 kg  
Height: 178 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 82ms  
QT: 354ms  
QTcB: 398ms  
PR: 126ms  
P-R-T: 59° 72° 32°

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

REPORTED BY

Dr Ashish Deshmukh  
M.B.B.S., MD (Medicine)  
59997

भारत सरकार  
Government of India

शुभोदीप मुखर्जी  
Shuvodip Mukherjee  
जन्म तिथि/ DOB: 20/02/1981  
पुरुष / MALE

8917 7797 3226

मेरा आधार, मेरी पहचान

This is for Medical Tests purpose only.  
Mukherjee 9867071357

Suburban Diagnostics India Pvt Ltd  
Shen Me 3 (07/10/20), Wing -A, Bonanza Building,  
Sector Plaza, Near Kor Incor Hotel,  
Beside J.T. Nagar Metro Station,  
Andheri -Kurla Road, Andheri East, Mumbai -400059

Date:- 10/02/24

CID: 240412188a.

Name:- Mr. Shuvo'dip mukherjee. Sex/Age: 42/M

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: Distance  $\leftarrow$  R+6/9  
 $\leftarrow$  L+6/9

Near  $\leftarrow$  R+ N/6  
 $\leftarrow$  L+ N/6

Aided Vision: Distance  $\leftarrow$  R+6/6  
 $\leftarrow$  L+6/6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	$\text{_____}$	$\text{_____}$	$\text{_____}$	6/9	$\text{_____}$	$\text{_____}$	$\text{_____}$	6/9.
Near	$\text{_____}$	$\text{_____}$	$\text{_____}$	N/6	$\text{_____}$	$\text{_____}$	$\text{_____}$	N/6-

Colour Vision: Normal / Abnormal

Remark:

**Suburban Diagnostics India Pvt Ltd**  
Shop No.9/10/19/20, Wing -A, Bonanza Building,  
Sahar Plaza, Near Kohinoor Hotel,  
Below J B Nagar Metro Station,  
Andheri -Kurla Road, Andheri East, Mumbai -400059



# TO WHOMSOEVER IT MAY CONCERN

NAME OF PATIENT / EMPLOYEE : Shuvodip mukherjee

COMPANY / EMPLOYER NAME : Suburban diagnostics

I hereby declare that I do not wish to undergo the following test(s) ("Pending Test(s)") which is/are part of the Test Panel assigned to me by my employer, today.

1. Stool
2. \_\_\_\_\_
3. \_\_\_\_\_

Any consequences faced because of this will be of my own. I indemnify the Company/Employer, the Certifying Doctor, Diagnostic Laboratory and the aforementioned parties will not be held responsible for any liabilities, whatsoever.

DATE : 10.2.24

SIGN : 

Suburban Diagnostics India Pvt Ltd  
Shop No.9/10/19/20, Wing -A, Bonanza Building,  
Sahakar Plaza, Near Kohinoor Hotel,  
Below J B Nagar Metro Station,  
Andheri -Kurla Road, Andheri East, Mumbai -400059

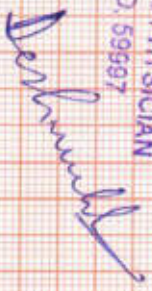
Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0-03	00.0	00.0	01.0	090	51%	130/90	117	00	
Standing	00:23	0-20	00.0	00.0	01.0	088	49%	130/90	114	00	
HV	00:43	0-20	00.0	00.0	01.0	093	52%	130/90	120	00	
Warm Up	01:02	0-19	00.0	00.0	01.0	089	50%	130/90	115	00	
ExStart	01:21	0-19	01.0	00.0	01.0	105	59%	130/90	136	00	
BRUCE Stage 1	04:21	3:00	01.7	10.0	04.7	125	70%	150/90	187	00	
BRUCE Stage 2	07:21	3:00	02.5	12.0	07.1	149	84%	170/90	253	00	
PeakEx	07:40	0-19	03.4	14.0	07.4	156	88%	190/90	296	00	
Recovery	08:40	1:00	01.1	00.0	01.2	140	79%	170/90	238	00	
Recovery	09:40	2:00	00.0	00.0	01.0	114	64%	150/90	171	00	
Recovery	10:40	3:00	00.0	00.0	01.0	106	60%	130/90	137	00	
Recovery	10:49	3:09	00.0	00.0	01.0	107	60%	130/90	139	00	

**FINDINGS :**

Exercise Time : 06:19  
 Max HR Attained : 156 bpm 88% of Target 178  
 Max BP Attained : 190/90  
 Max Workload Attained : 7.4 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : II & -3.9 mm in PeakEx  
 History : Nil  
 Test End Reasons : Test Complete, Heart Rate Achieved

Suburban Diagnostics India Pvt Ltd  
 S-33 N.S.S. Road, Wing-A, Borjanda Building,  
 Sahar Plaza, Near Kurlidar Hotel,  
 Behind J B Nagar Police Station,  
 Andheri, Kurla Road, Andheri East, Mumbai -400059

**DR. ASHISH V. DESHMUKH**  
 MD. (MEDICINE)  
 CONSULTING PHYSICIAN  
 REG. NO. 59597



Doctor : Dr Ashish V Deshmukh





REPORT :

Interpretation :

GOOD EFFORT TOLERANCE  
NORMAL CHRONOTROPIC RESPONSE  
NORMAL INOTROPIC RESPONSE  
NO ANGINA / ANGINAL EQUIVALENTS  
NO ARRHYTHMIAS  
NO SIGNIFICANT ST-T CHANGES FROM BASELINE

**IMPRESSION : STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA**

*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 India Pvt Ltd  
SPL-1140/1924 Wing A, Binanza Building,  
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Bldg. JB Nagar Metro Station,  
Andheri -Kurla Road, Andheri East, Mumbai -400059

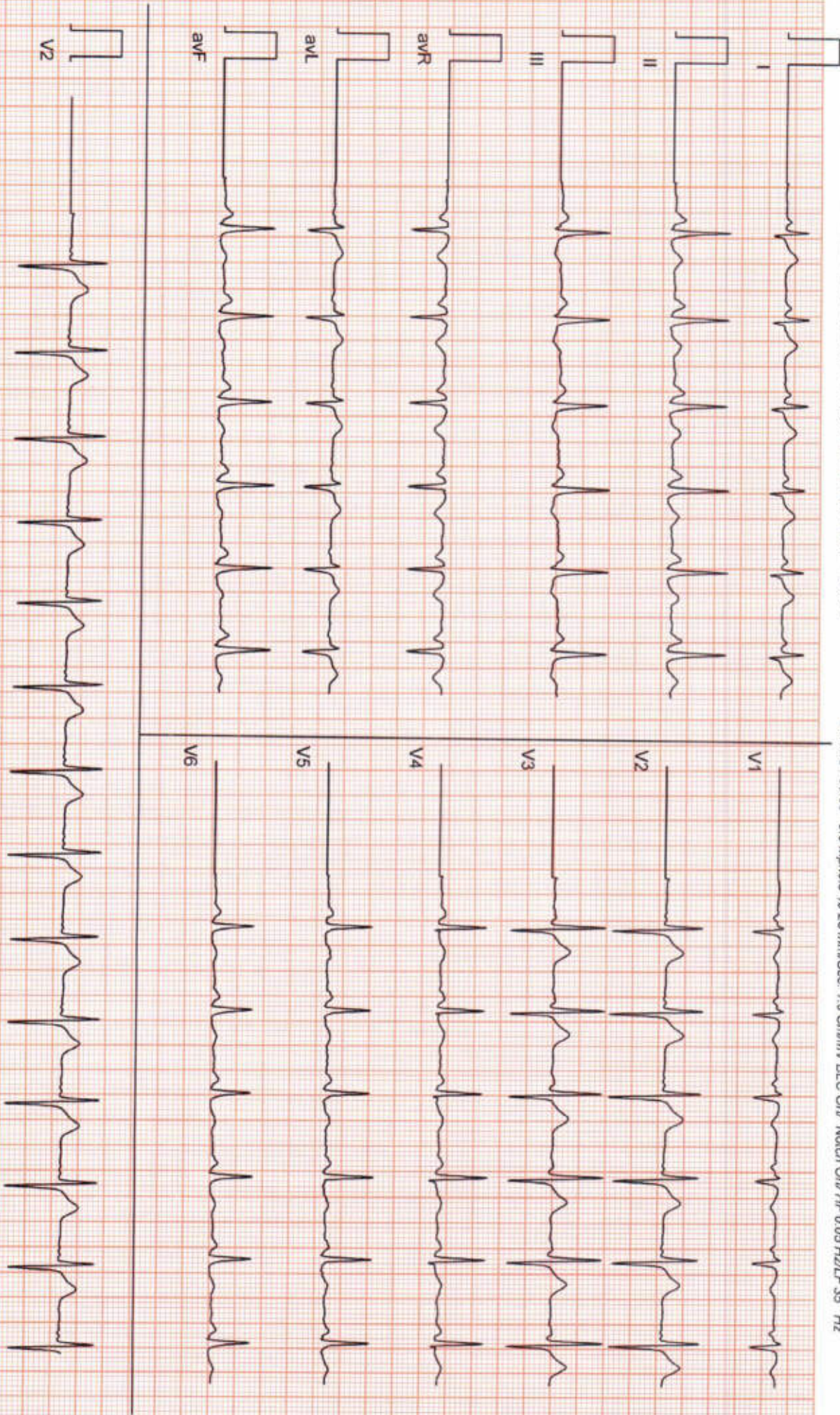
**DR. ASHISH V. DESHMUKH**  
MD. (MEDICINE)  
CONSULTING PHYSICIAN  
REG. NO. 59997

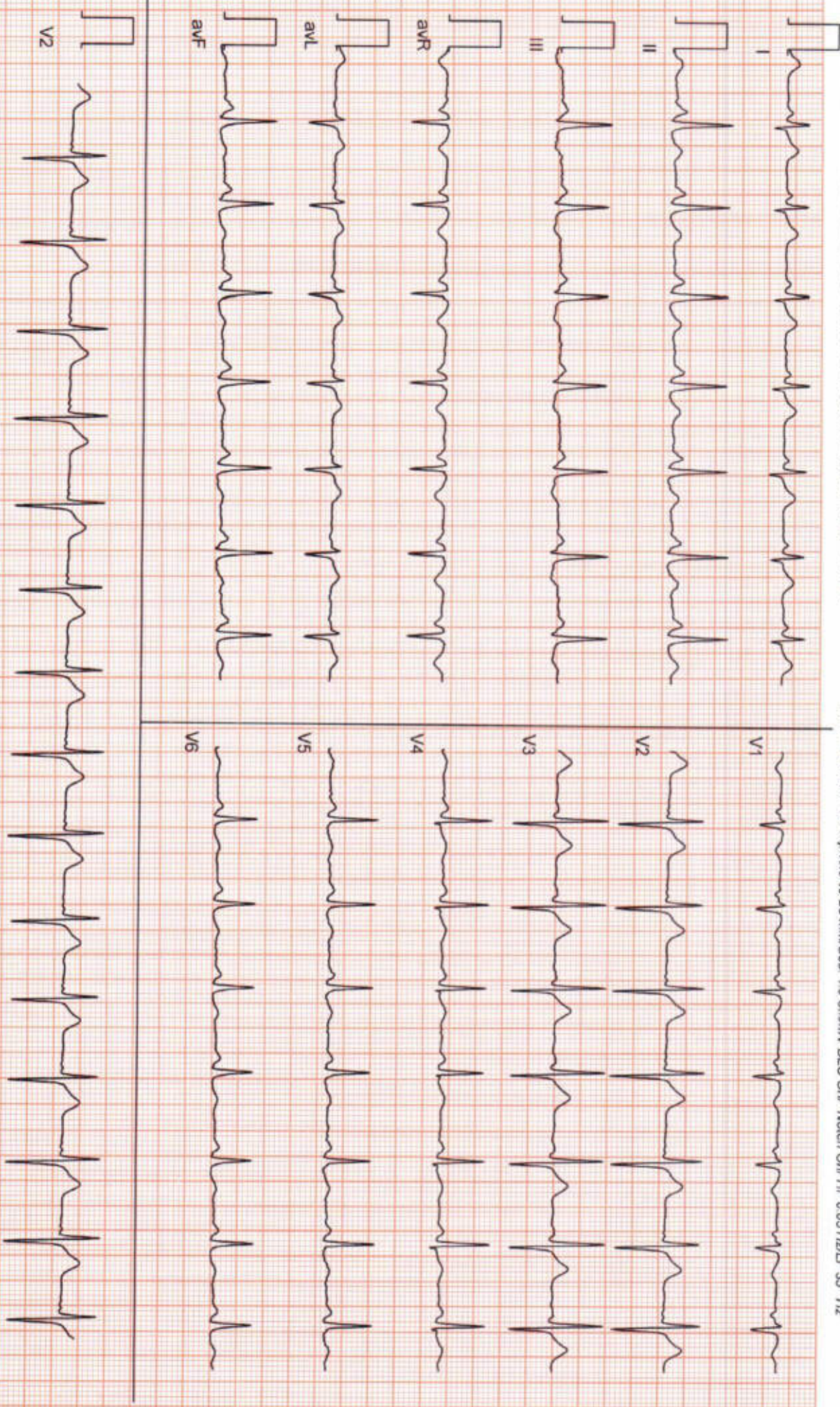
Doctor : Dr Ashish V Deshmukh



Date: 10 - 02 - 2024 09:56:46 AM METS : 1.0 HR : 90 Target HR : 51% of 178 BP : 130/90

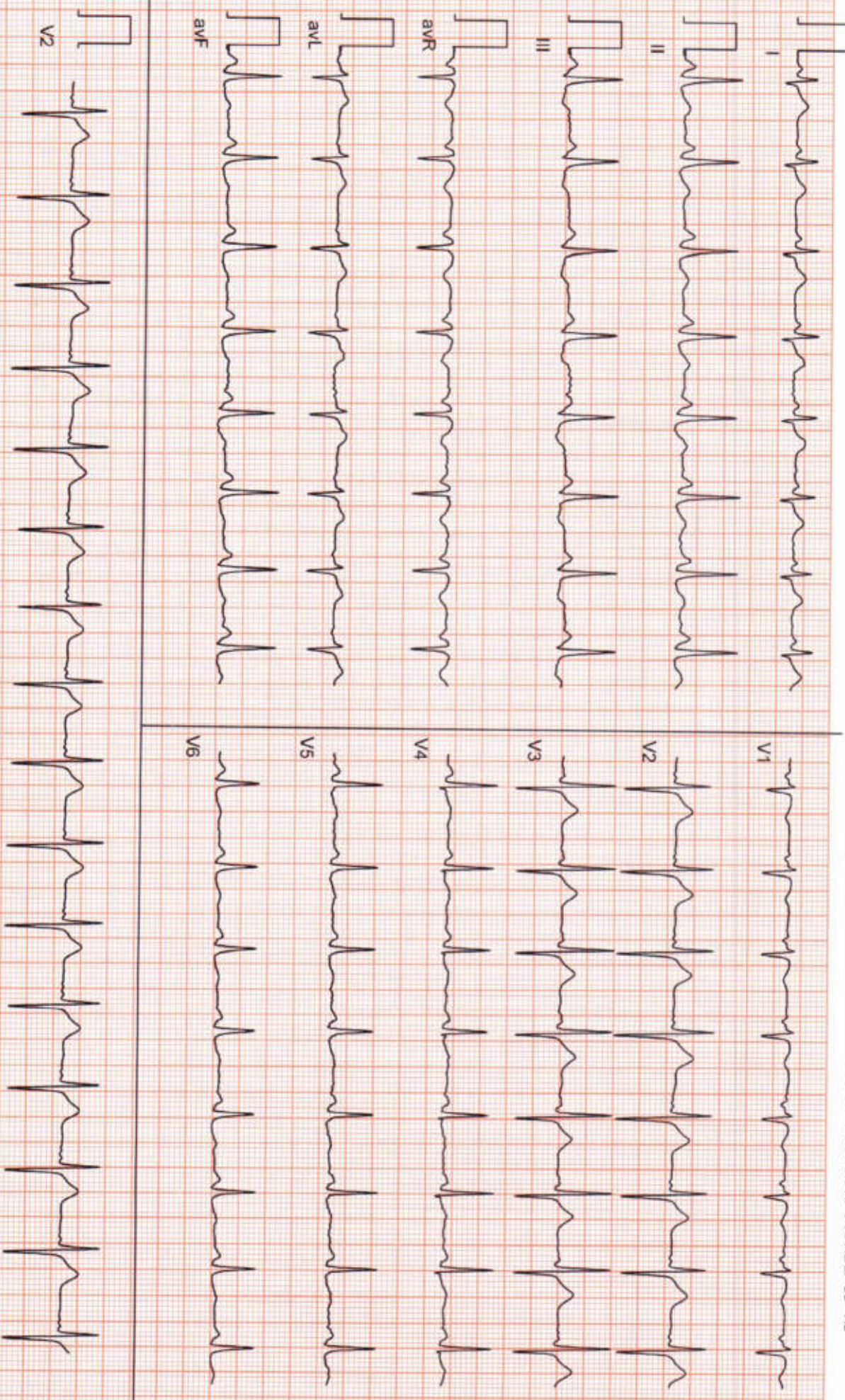
ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz





Date: 10 - 02 - 2024 09:56:46 AM METS : 1.0 HR : 93 Target HR : 52% of 178 BP : 130/90

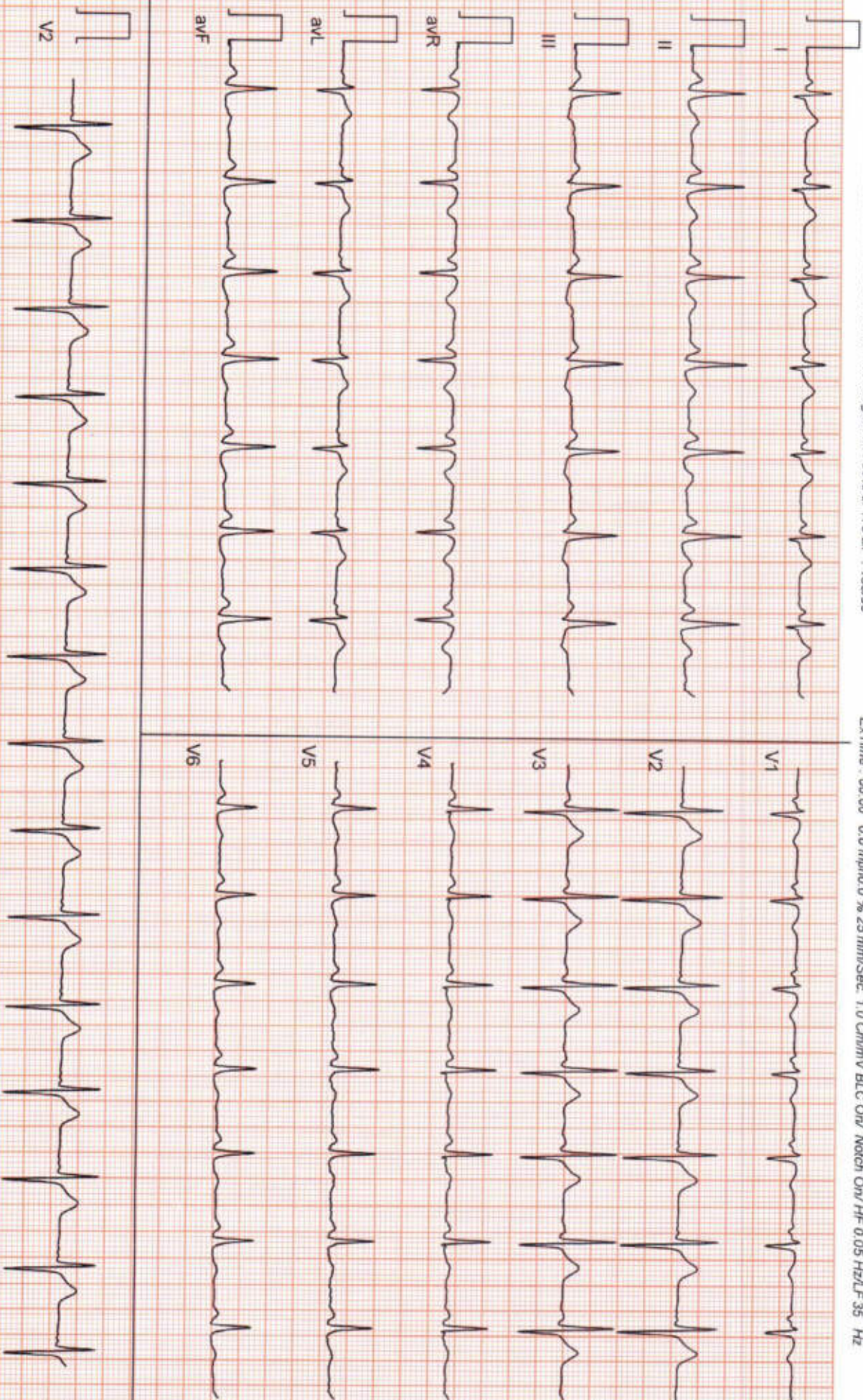
ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz



Date: 10 - 02 - 2024 09:56:46 AM METs : 1.0 HR : 89 Target HR : 50% of 178 BP : 130/90

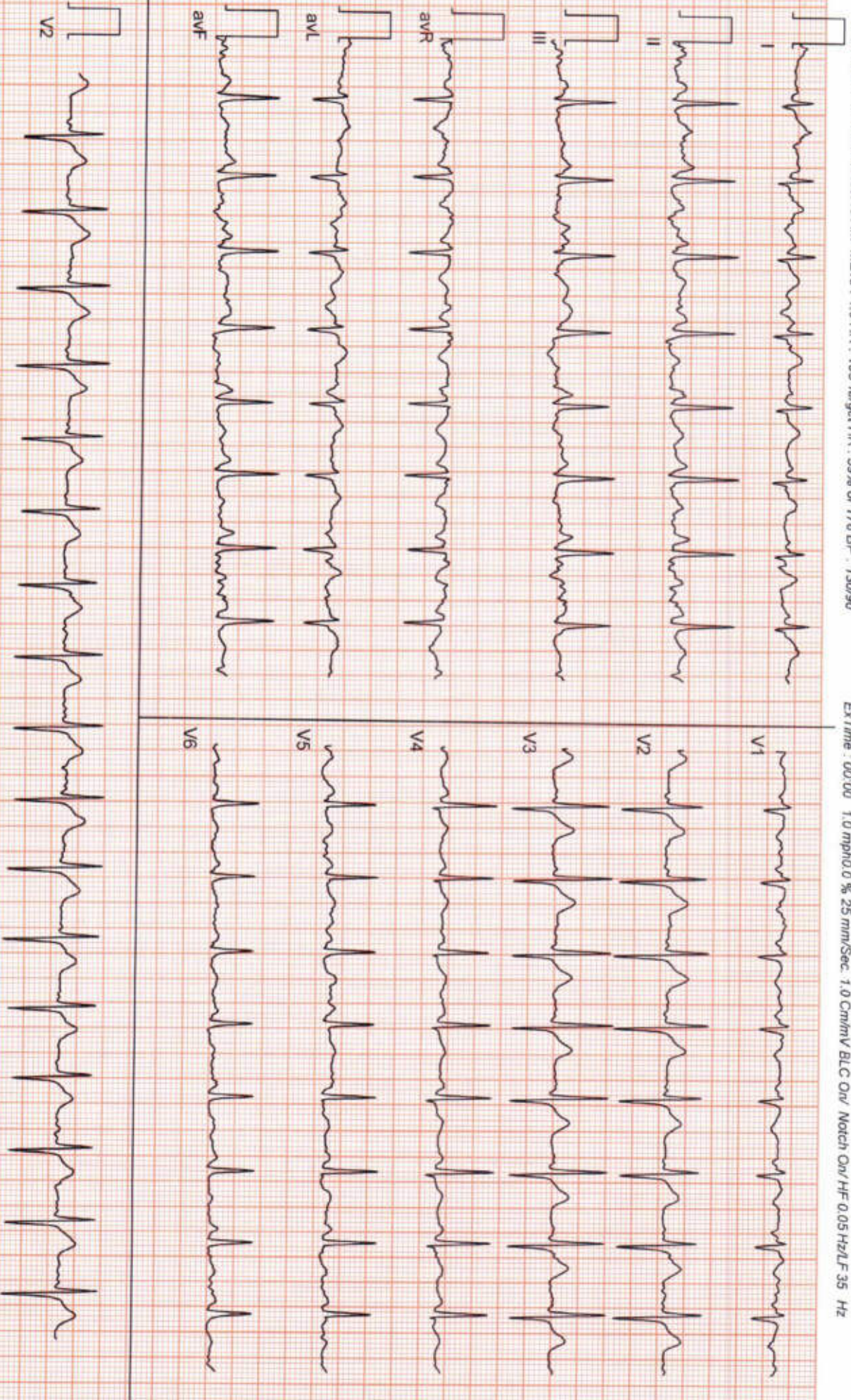
ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

6 x 2 + Rhythm  
BRUCE: Warm Up(0:19)



Date: 10 - 02 - 2024 09:56:46 AM METs : 1.0 HR : 105 Target HR : 59% of 178 BP : 130/90

ExTime : 00:00 1.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

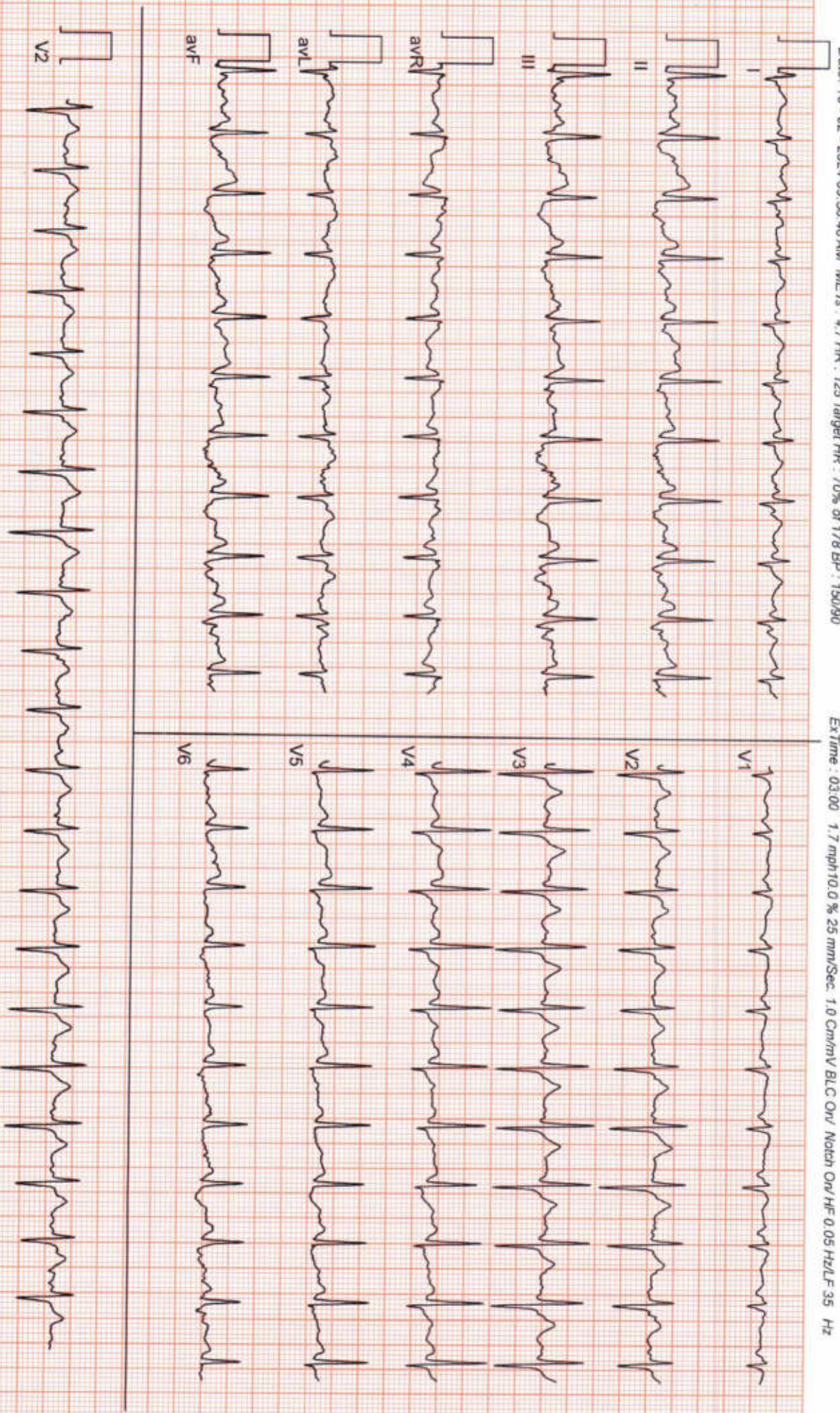






Date: 10 - 02 - 2024 09:56:46 AM METs : 4.7 HR : 125 Target HR : 70% of 178 BP : 150/90

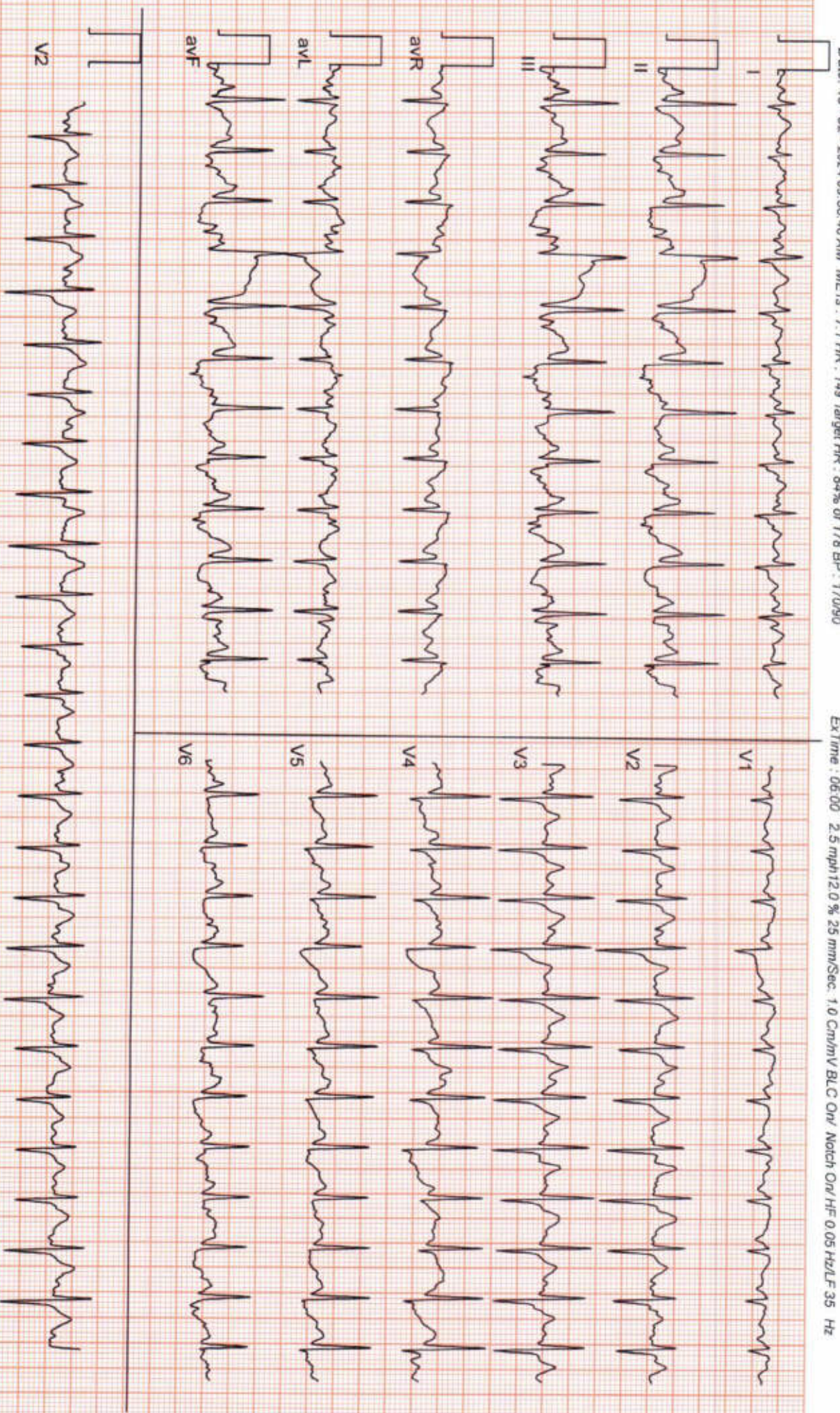
ExTime : 03:00 1.7 mph/10.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Match On/ HF 0.05 Hz/LF 35 Hz



Date: 10-02-2024 09:56:46 AM METs : 7.1 HR : 149 Target HR : 84% of 178 BP : 170/90

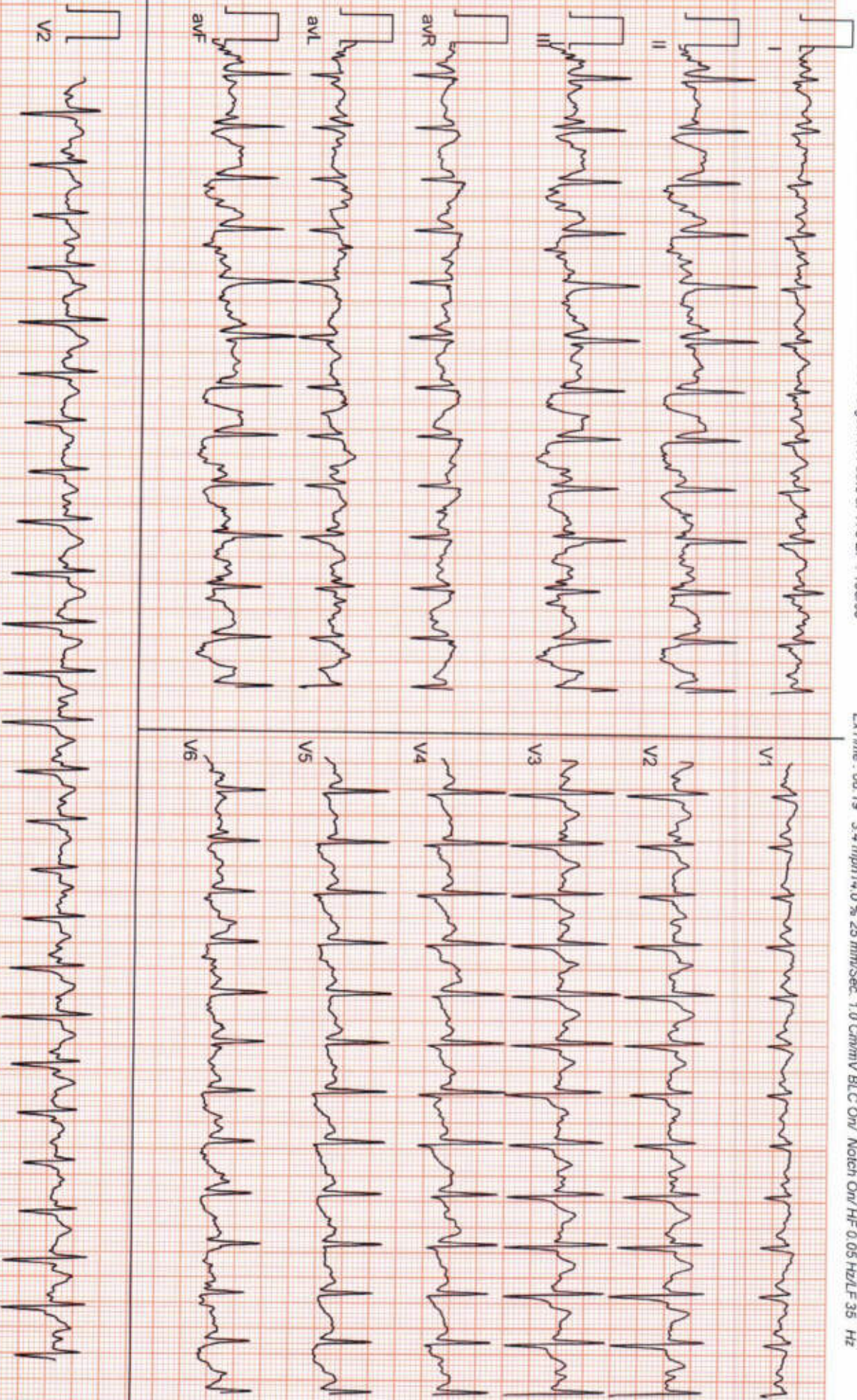
ExTime : 06:00 2.5 mph/12.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

6 x 2 + Rhythm  
BRUCE: Stage 2(3:00)



Date: 10 - 02 - 2024 09:56:46 AM METs : 7.4 HR : 156 Target HR : 88% of 178 BP : 190/90

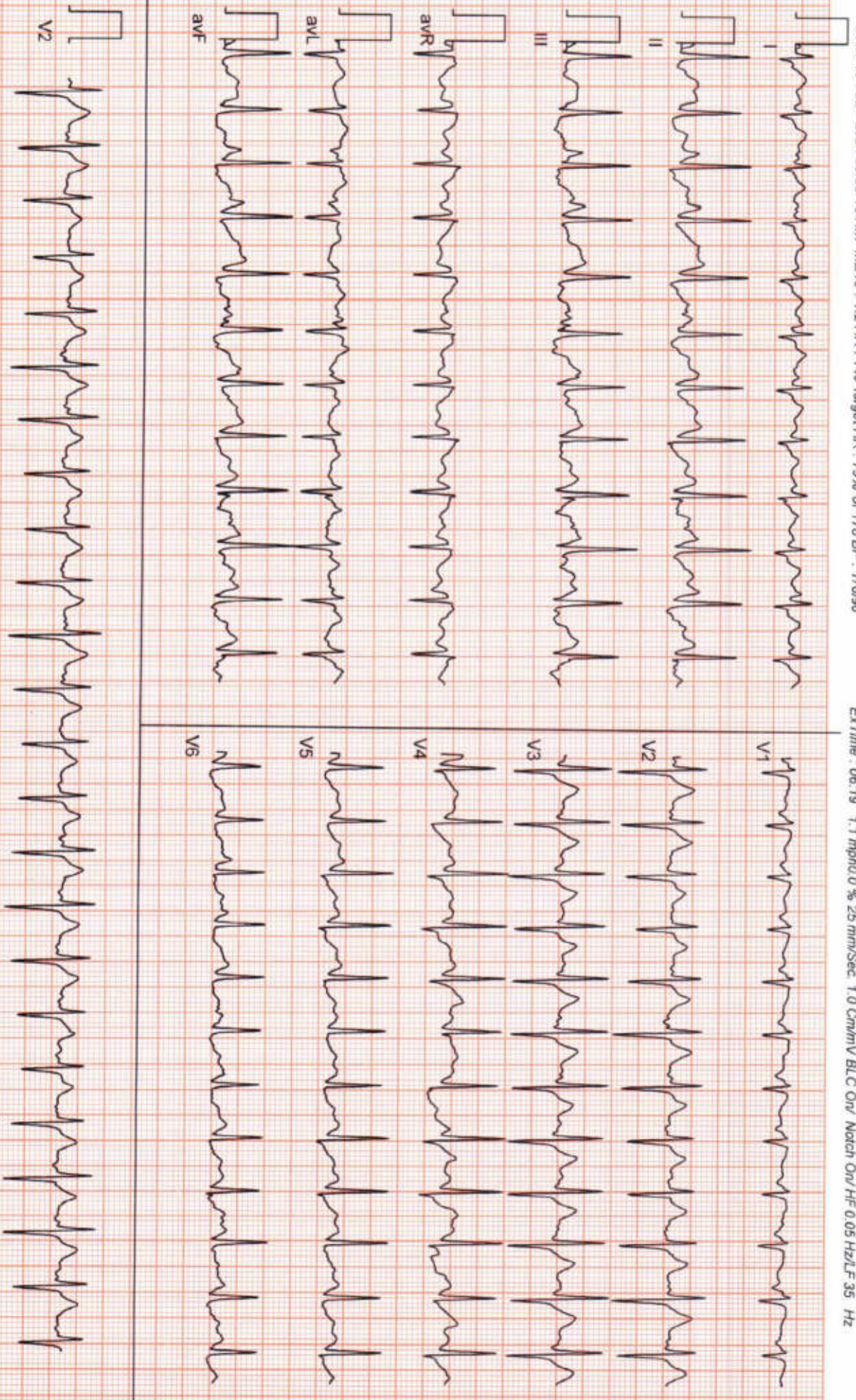
ExTime : 06:19 3.4 mph 14.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz





Date: 10-02-2024 09:56:46 AM METs : 1.2 HR : 140 Target HR : 79% of 178 BP : 170/90

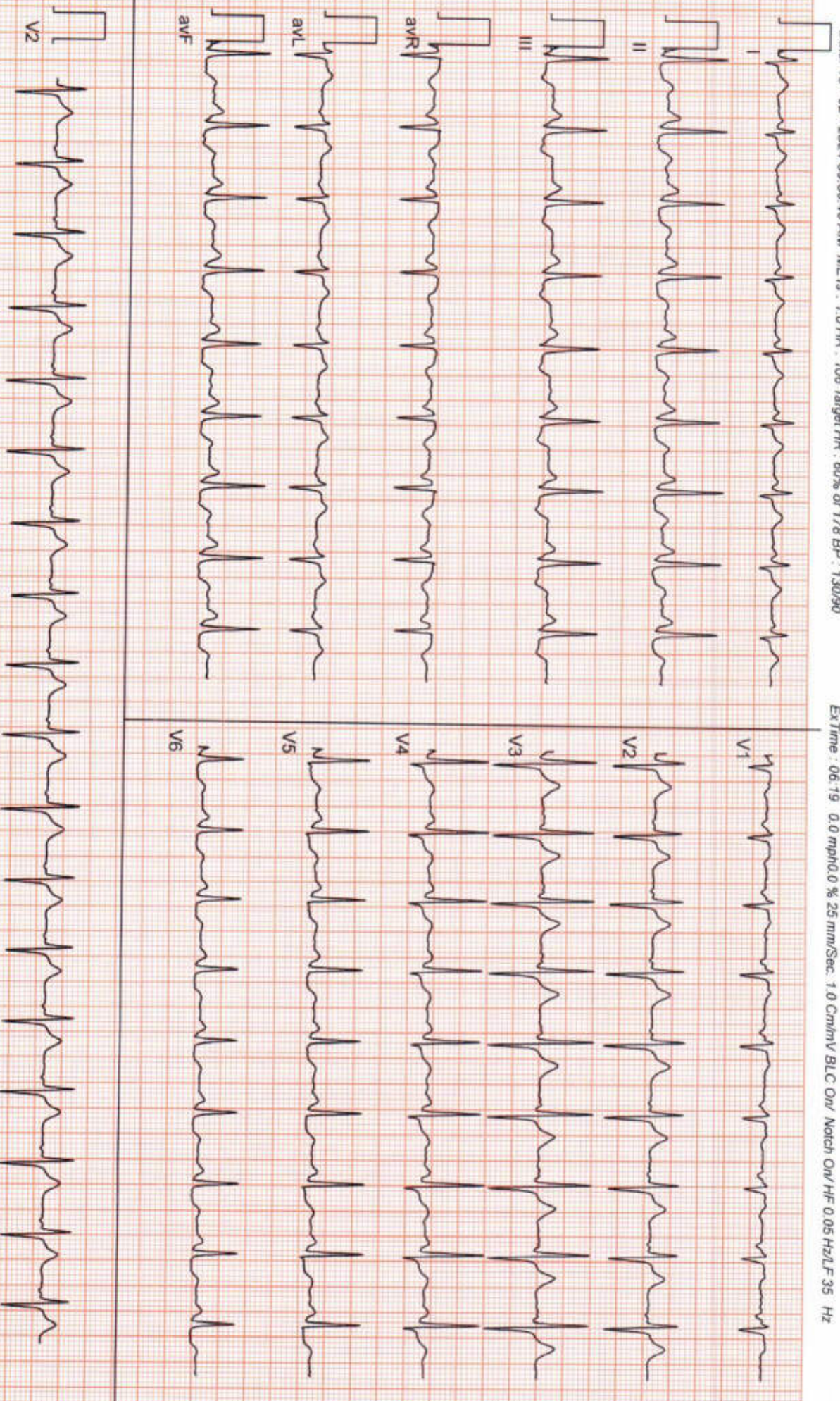
ExTime : 06:19 1.1 mph 0.0 % 25 mm/Sec 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz



Date: 10 - 02 - 2024 09:56:46 AM METs : 1.0 HR : 106 Target HR : 60% of 178 BP : 130/90

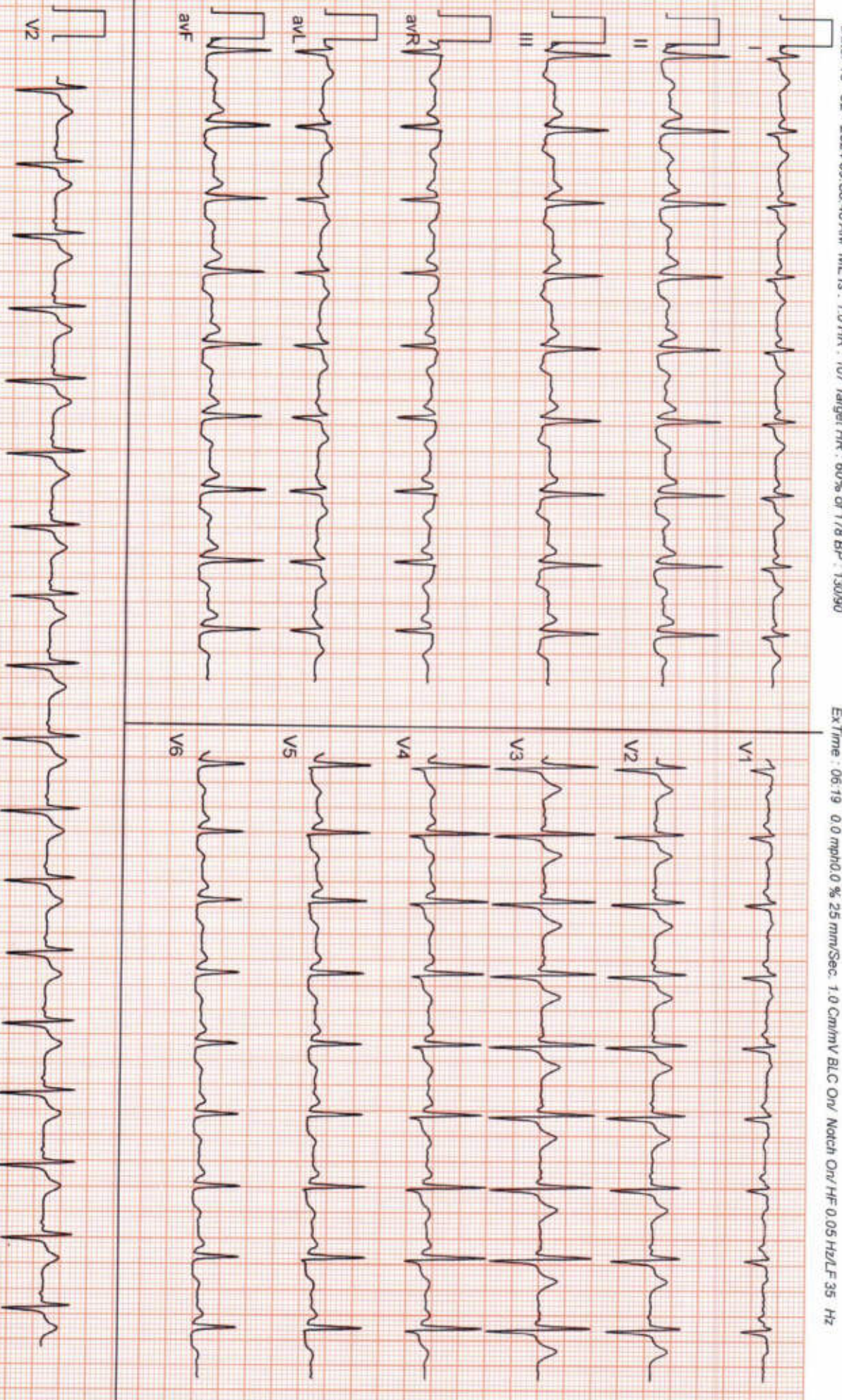
ExTime : 06:19 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

6 x 2 + Rhythm  
Recovery(3:00)



Date: 10 - 02 - 2024 09:56:46 AM METs : 1.0 HR : 107 Target HR : 60% of 178 BP : 130/90

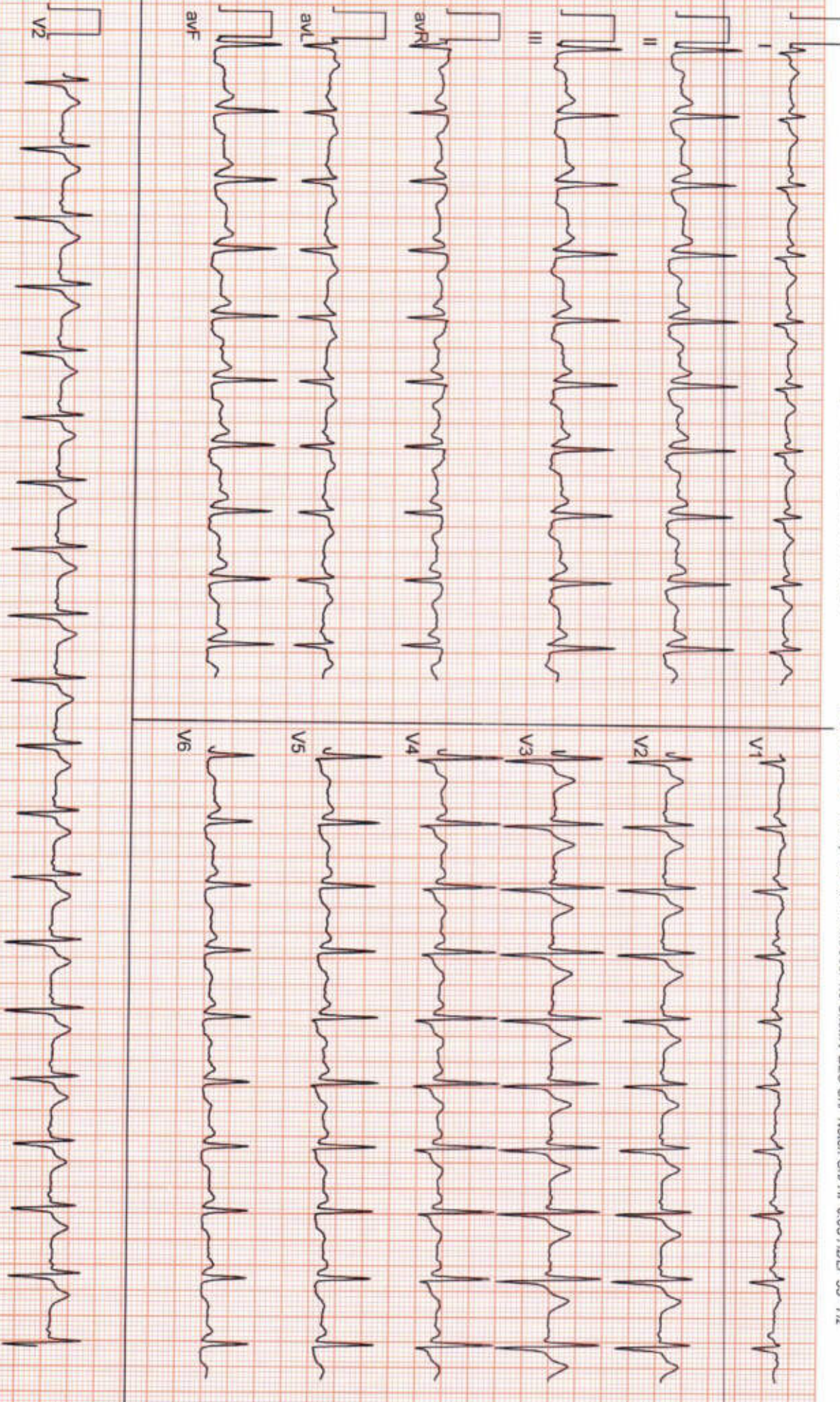
ExTime : 06:19 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz





Date: 10 - 02 - 2024 09:56:46 AM METS : 1.0 HR : 114 Target HR : 64% of 178 BP : 150/90

ExTime : 06:19 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz





**CID** : 2404121889  
**Name** : Mr SHUVODIP MUKHERJEE  
**Age / Sex** : 42 Years/Male  
**Ref. Dr** :  
**Reg. Location** : J B Nagar, Andheri East Main Centre  
**Reg. Date** : 10-Feb-2024  
**Reported** : 10-Feb-2024/09:26

## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size ( 13.0 cm ), shape and smooth margins. It shows normal 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 10.3 x 4.6 cm.  
Left kidney measures 9.6 x 4.7 cm.

### **SPLEEN:**

The spleen is normal in size ( 8.8 cm ) 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 reveals no intraluminal abnormality.

### **PROSTATE:**

The prostate is normal in size, measures 3.3 x 3.4 x 3.7 cm and volume is 21.8 cc.





Use a QR Code Scanner  
Application To Scan the Code

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**Reg. Date** : 10-Feb-2024  
**Reported** : 10-Feb-2024/09:26

**IMPRESSION:**

**No significant abnormality is seen.**

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

**Dr. Swapnil Nisal**  
**MBBS, DMRE**  
**MMC Reg. No.2015/06/3297**



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**Name** : Mr SHUVODIP MUKHERJEE  
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**Reported** : 10-Feb-2024/10:29

**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. Swapnil Nisal**  
**MBBS, DMRE**  
**MMC Reg. No.2015/06/3297**



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