

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

GIRISH G PEDNEKAR
GAJANAN K PEDNEKAR

30/05/1974
Permanent Account Number
AJWPF7653D

Signature



Dr. Manasee Kulkarni
C.B.B.S
2005/09/3439



भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1218/61062/24036

To,
गिरीश गजानन पेडनेकर
Girish Gajanan Pednekar
F2-603, Govindham Phase 2
Old MP Road
Near Sayadri Bus Stop Kalwa West
Thane
Kalwa Thane Thane
Maharashtra 400605
9833541158

Ref: 37 / 22A / 71864 / 73815 / P



SH110119838DF



आपला आधार क्रमांक / Your Aadhaar No. :

9431 7770 6615

आधार — सामान्य माणसाचा अधिकार



भारत सरकार
GOVERNMENT OF INDIA



गिरीश गजानन पेडनेकर
Girish Gajanan Pednekar
जन्म वर्ष / Year of Birth : 1974
पुरुष / Male



9431 7770 6615

आधार — सामान्य माणसाचा अधिकार

PHYSICAL EXAMINATION REPORT

Patient Name	Geirish Pednekar	Sex/Age	M / 57 Ys
Date	8/1/2022	Location	Thane

History and Complaints

N/A No Hand fall

EXAMINATION FINDINGS:

Height (cms):	173	Temp (0c):	98.6
Weight (kg):	83.3	Skin:	Hyperpigmentation on face
Blood Pressure	130/80	Nails:	NAD
Pulse	78/min	Lymph Node:	

Systems :

Cardiovascular:	
Respiratory:	
Genitourinary:	NAD
GI System:	
CNS:	

Impression: - ↓ Hb. Fatty Liver
 - Low HDL
 - ↑ TG's

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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Advice:
- Iron supplement.
- Low Fat, low sugar Diet
- Regular Exercise.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	Nil
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	covid (2021) Feb.
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	Arenemia (Thalassemia minor)
14)	Cancer/lump growth/cyst	
15)	Congenital disease	Nil
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No

[Handwritten Signature]

Dr. Manasee Kulkarni
M.B.B.S

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Date: *8/1/22*
Name: *Gish Pednekar*

CID:
Sex / Age: *M-47*

EYE CHECK UP

Chief complaints: *RCV*

Systemic Diseases: *Nil*

Past history: *Nil*

Unaided Vision: *BC 6/6 NV 20/20*

Aided Vision: *BC 6/6 NV 20/20*

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: *use own spectacles*

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CID : 2200871043
Name : MR.GIRISH GAJANAN PEDNEKAR
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Jan-2022 / 09:40
Reported : 08-Jan-2022 / 12:38

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.59	4.5-5.5 mil/cmm	Elect. Impedance
PCV	35.0	40-50 %	Measured
MCV	63	80-100 fl	Calculated
MCH	19.9	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	18.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6800	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.5	20-40 %	
Absolute Lymphocytes	1870.0	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	401.2	200-1000 /cmm	Calculated
Neutrophils	64.3	40-80 %	
Absolute Neutrophils	4372.4	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	156.4	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	269000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	22.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	++		
Microcytosis	++		

Authenticity Check



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Reported : 08-Jan-2022 / 11:51

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Westergren

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Jan-2022 / 09:40
Reported : 08-Jan-2022 / 13:00

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.0	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	

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*** End Of Report ***



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Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Jan-2022 / 09:40
Reported : 08-Jan-2022 / 15:43

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 CPL, Andheri West

*** End Of Report ***



M Jain
Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Collected : 08-Jan-2022 / 09:40
Reported : 08-Jan-2022 / 14:12

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.455	0.03-2.5 ng/ml	ECLIA

1. PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
2. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer.
3. Calculation of the ratio of Free to Total PSA (ie. FPSA/TPSA), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

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



Anupa

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



ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Collected : 08-Jan-2022 / 09:40
Reported : 08-Jan-2022 / 14:10

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	Occasional	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	

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

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Collected : 08-Jan-2022 / 09:40
Reported : 08-Jan-2022 / 14:10

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

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

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 G B Road Lab, Thane West

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Jan-2022 / 09:40
Reported : 08-Jan-2022 / 12:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	130.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	160.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	27.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	103.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	71.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	32.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



Amrit Taori
Dr.AMIT TAORI
M.D (Path)
Pathologist



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Consulting Dr. : -
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Collected : 08-Jan-2022 / 09:40
Reported : 08-Jan-2022 / 12:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.87	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	100	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
URIC ACID, Serum	7.0	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.0	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	8.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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*** End Of Report ***



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Collected : 08-Jan-2022 / 09:40
Reported : 08-Jan-2022 / 12:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.2	0.35-5.5 microIU/ml	ECLIA

Interpretation:

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

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations: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.

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 G B Road Lab, Thane West
*** End Of Report ***



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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Jan-2022 / 09:40
Reported : 08-Jan-2022 / 12:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.61	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.59	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.02	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	36.4	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	40.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	26.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	68.4	40-130 U/L	PNPP

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*** End Of Report ***



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CID : 2200871043
Name : Mr GIRISH GAJANAN PEDNEKAR
Age / Sex : 47 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 08-Jan-2022 / 11:18
Reported : 08-Jan-2022 / 11:28

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-----

D. Patil

Dr. Devendra Patil
MBBS, MD (Radio-Diagnosis)
Consultan Radiologist
MMC - 2013/02/0165

Click here to view images <http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022010809391256>

Page 1 of 1

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



CID : 2200871043
Name : Mr GIRISH GAJANAN PEDNEKAR
Age / Sex : 47 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 08-Jan-2022 / 11:56
Reported : 08-Jan-2022 / 11:59

USG WHOLE ABDOMEN

LIVER: *Liver appears mildly enlarged in size(16.0 cm) and shows increased echoreflexivity.* There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is contracted.(Not evaluated).

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

PANCREAS: Visualised head and body of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

KIDNEYS: Right kidney measures 10.7 x 4.9 cm. Left kidney measures 10.9 x 4.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: *Spleen is enlarged in size(13.7 x 6.2 cm) and shows normal echotexture.* No focal lesion is seen.

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

PROSTATE: Prostate is normal in size and echotexture and measures 2.5 x 3.6 x 4.1 cm in dimension and 17 cc in volume.No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen. **Bowel gas++**

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CID : 2200871043
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Reported : 08-Jan-2022 / 11:59

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IMPRESSION:

- **HEPATO-SPLENOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.**

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.

Advice: Clinical co-relation and further evaluation.

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

D. Patil

Dr. Devendra Patil
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist
MMC - 2013/02/0165

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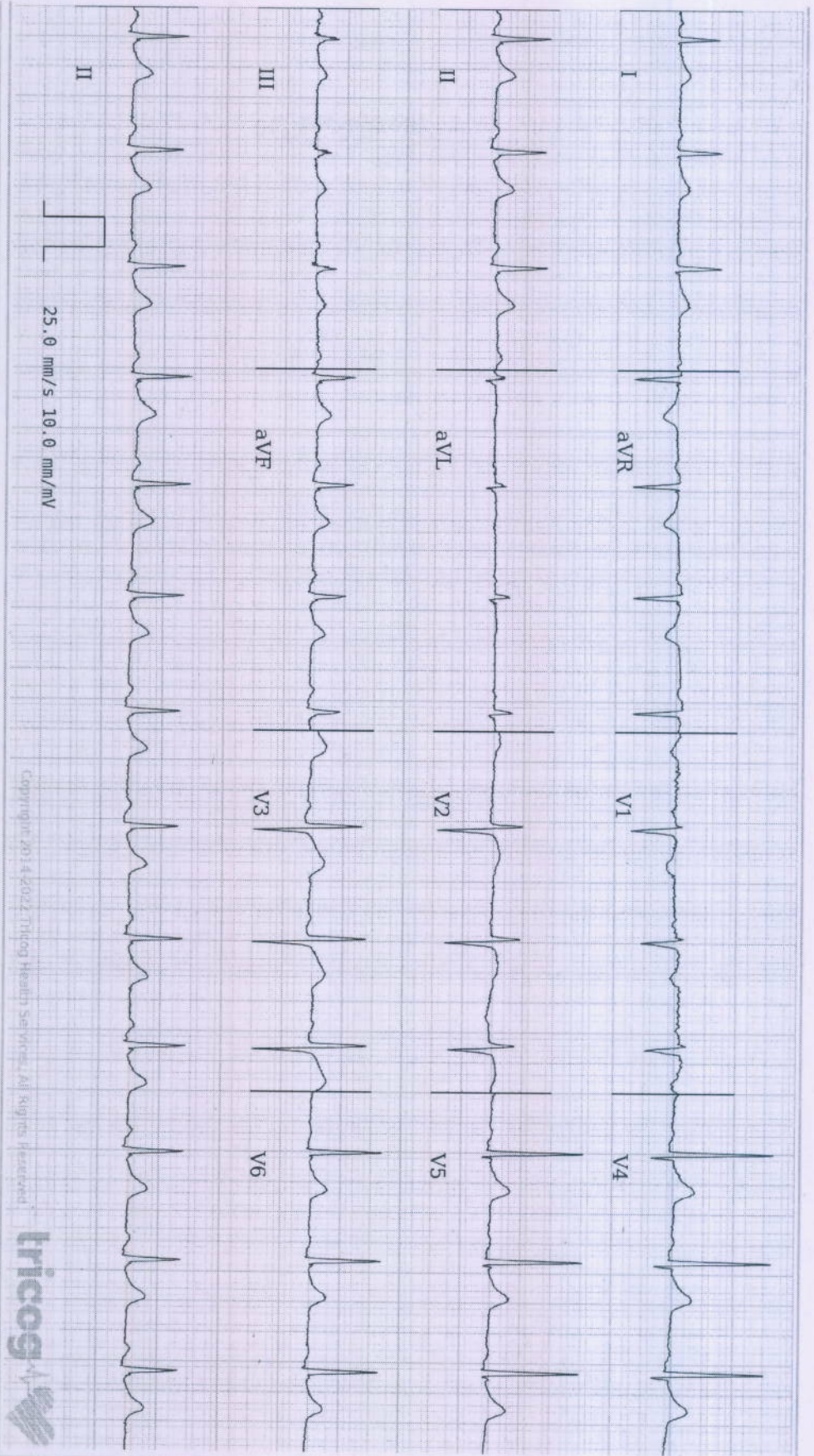
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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Patient Name: GIRISH GAJANAN PEDNEKAR Date and Time: 8th Jan 22 10:33 AM

Patient ID: 2200871043



25.0 mm/s 10.0 mm/mV

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Age **47** **7** **9**
 years months days

Gender **Male**

Heart Rate **81 bpm**

Patient Vitals

BP: NA
 Weight: 83 kg
 Height: 173 cm
 Pulse: NA
 SpO2: NA
 Resp: NA

Others:

Measurements

QSQRD: 76 ms
 QT: 372 ms
 QTc: 432 ms
 PR: 142 ms
 P-R-T: 58° 49° 57°

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

REPORTED BY

DR SHAILAJA PILLAI
 MBBS, MD Physician
 MD Physician
 49972

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.

suburban diagnostic GB road

Patient Details

Date: 08-Jan-22

Time: 10:52:59 AM

Name: GIRISH PEDNEKAR ID: 2200871043

Age: 47 y

Sex: M

Height: 173 cms

Weight: 83 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 173 bpm

THR: 155 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 12 s

Max. HR: 152 (88% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 160 / 80 mmHg

Max. BP x HR: 24320 mmHg/min

Min. BP x HR: 7120 mmHg/min

Test Termination Criteria: Fatigue, Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 22	1.0	0	0	89	120 / 80	-0.85 aVR	1.77 V2
Standing	0 : 1	1.0	0	0	89	120 / 80	-0.85 aVR	1.77 V2
Hyperventilation	0 : 1	1.0	0	0	89	120 / 80	-0.85 aVR	1.77 V2
1	3 : 0	4.6	1.7	10	129	130 / 80	-0.85 aVR	2.12 V5
2	3 : 0	7.0	2.5	12	149	150 / 80	-0.64 aVR	3.18 V5
Peak Ex	0 : 12	10.2	3.4	14	152	160 / 80	-0.64 aVR	3.18 V5
Recovery(1)	1 : 0	1.8	1	0	121	160 / 80	-0.85 aVR	2.83 V5
Recovery(2)	1 : 0	1.0	0	0	106	160 / 80	-0.85 aVR	2.12 II
Recovery(3)	1 : 0	1.0	0	0	105	130 / 80	-0.21 III	1.77 V5
Recovery(4)	1 : 0	1.0	0	0	105	130 / 80	-0.64 aVR	1.42 II
Recovery(5)	0 : 8	1.0	0	0	115	130 / 80	-0.64 aVR	1.42 II

Interpretation

The patient exercised according to the Bruce protocol for 6 m 12 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 89 bpm, rose to a max. heart rate of 152 (88% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg., Negative Stress Test, Good effort tolerance normal chronotropic and inotropic response no angina/arrhythmia.No significant STT changes from baseline.

Disclaimer:Negative stress test does not rule out coronary artery disease.Positive stress test is suggestive of but not confirmatory off coronary artery disease.Hence overall cardiological correlation is mandatory.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Ref. Doctor: -----

(Summary Report edited by user)

Doctor: **DR. SHAILAJA PILLAI**

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GIRISH PEDNEKAR (47 M)

Suburban diagnostic GB road

ID: 2200871043

Date: 08-Jan-22 Exec Time : 0 m 0 s Stage Time : 0 m 22 s **HR: 89 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph Grade: 0 %

(THR: 155 bpm) B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

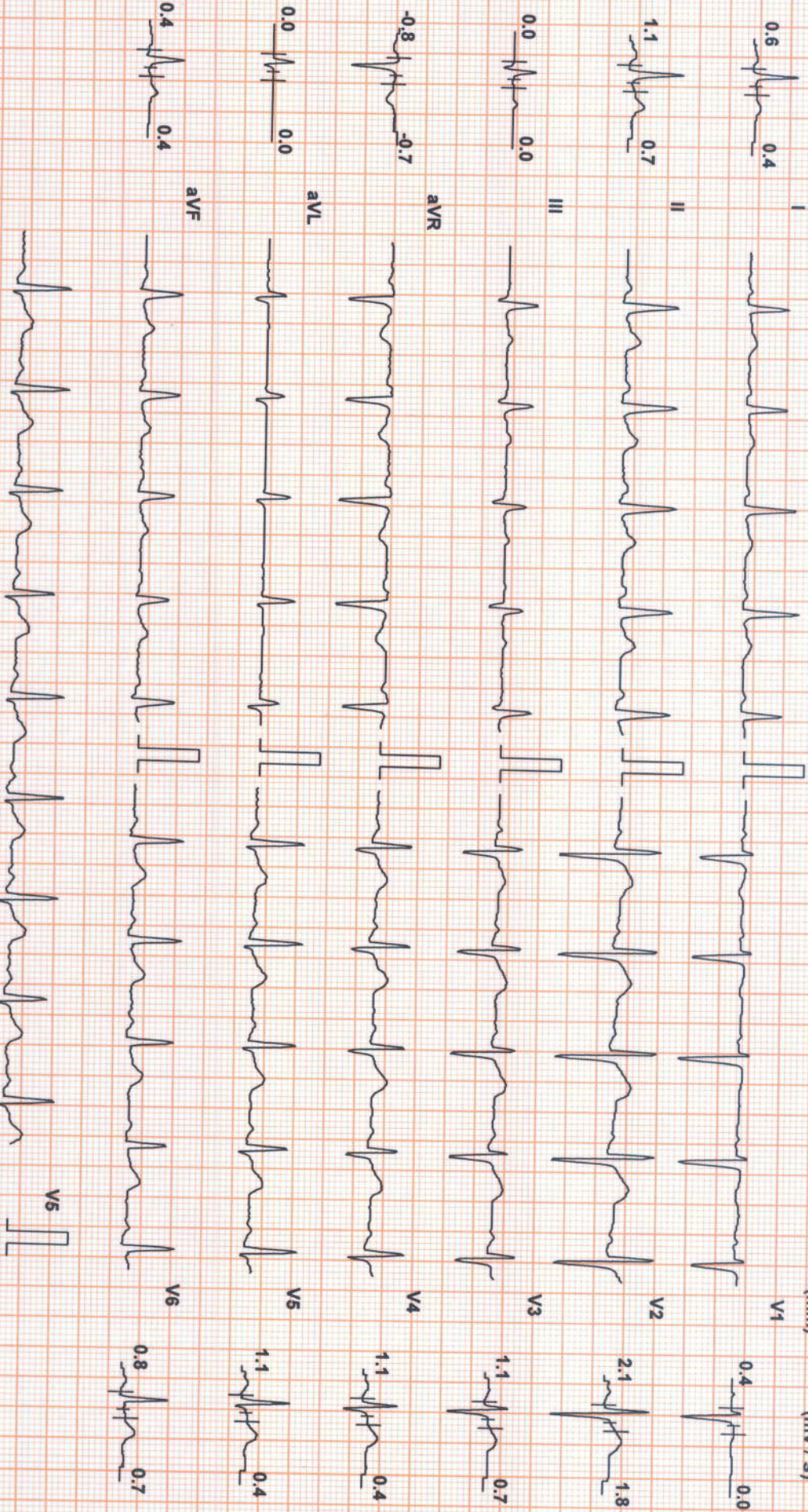


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



GIRISH PEDNEKAR (47 M)

Suburban diagnostic GB road

Protocol: Bruce

ID: 2200871043

Date: 08-Jan-22

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 89 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P.: 120 / 80

ST Level (mm) ST Slope (mV/s)

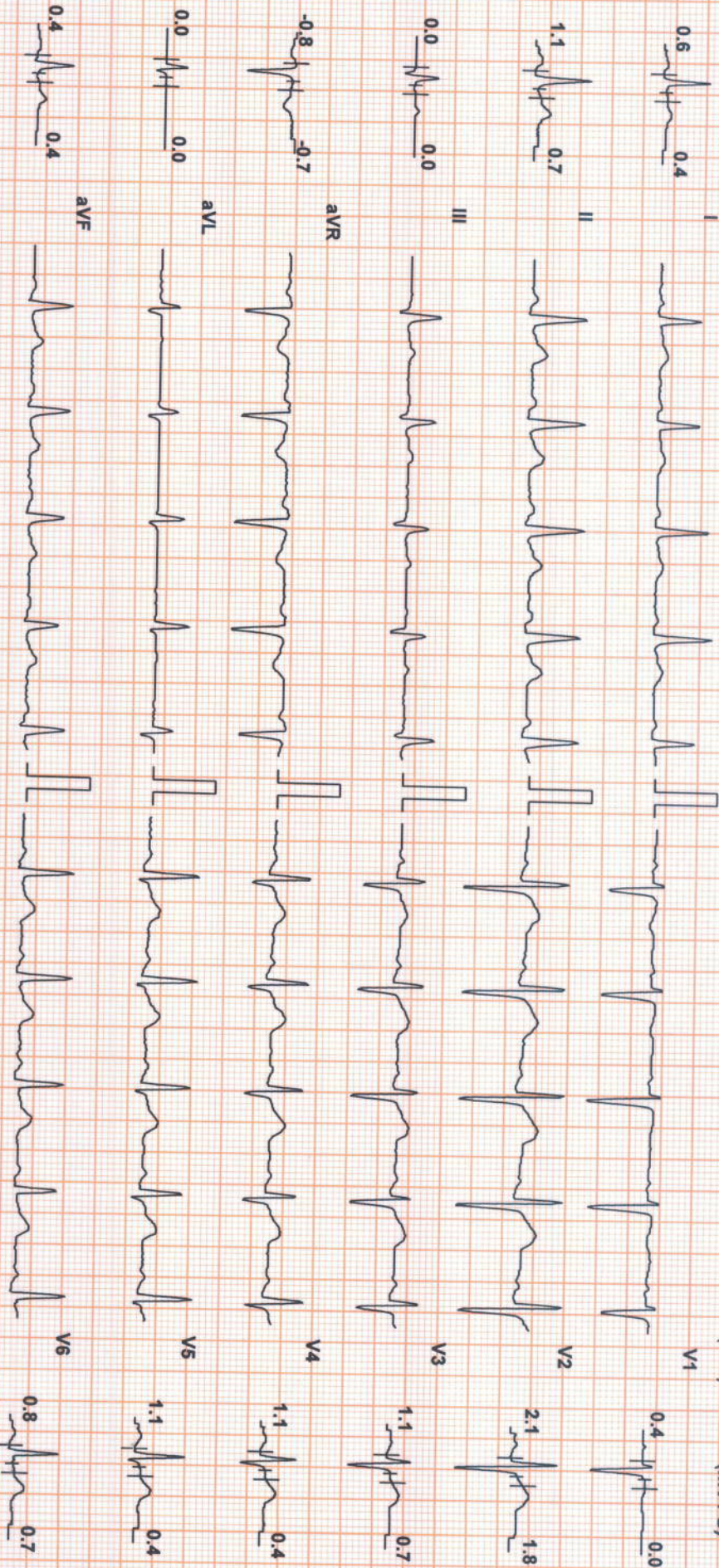


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Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



GIRISH PEDNEKAR (47 M)

Suburban diagnostic GB road

ID: 2200871043

Date: 08-Jan-22

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 89 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

R.P.: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

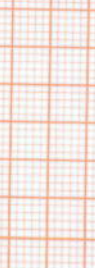
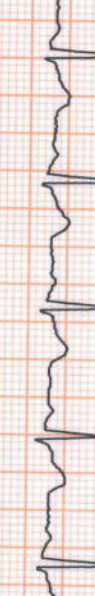
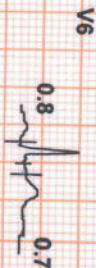
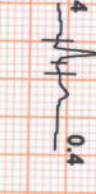
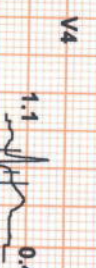
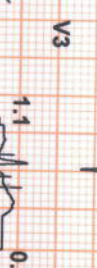
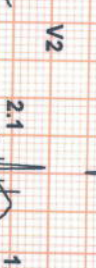


Chart Speed: 25 mm/sec
Schiller Spandan V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



GIRISH PEDNEKAR (47 M)

Suburban diagnostic GB road

ID: 2200871043

Date: 08-Jan-22

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 129 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 155 bpm)

R.P.: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



GIRISH PEDNEKAR (47 M)

Suburban diagnostic GB road

ID: 2200871043

Date: 08-Jan-22

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 149 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 155 bpm)

B.P: 150 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

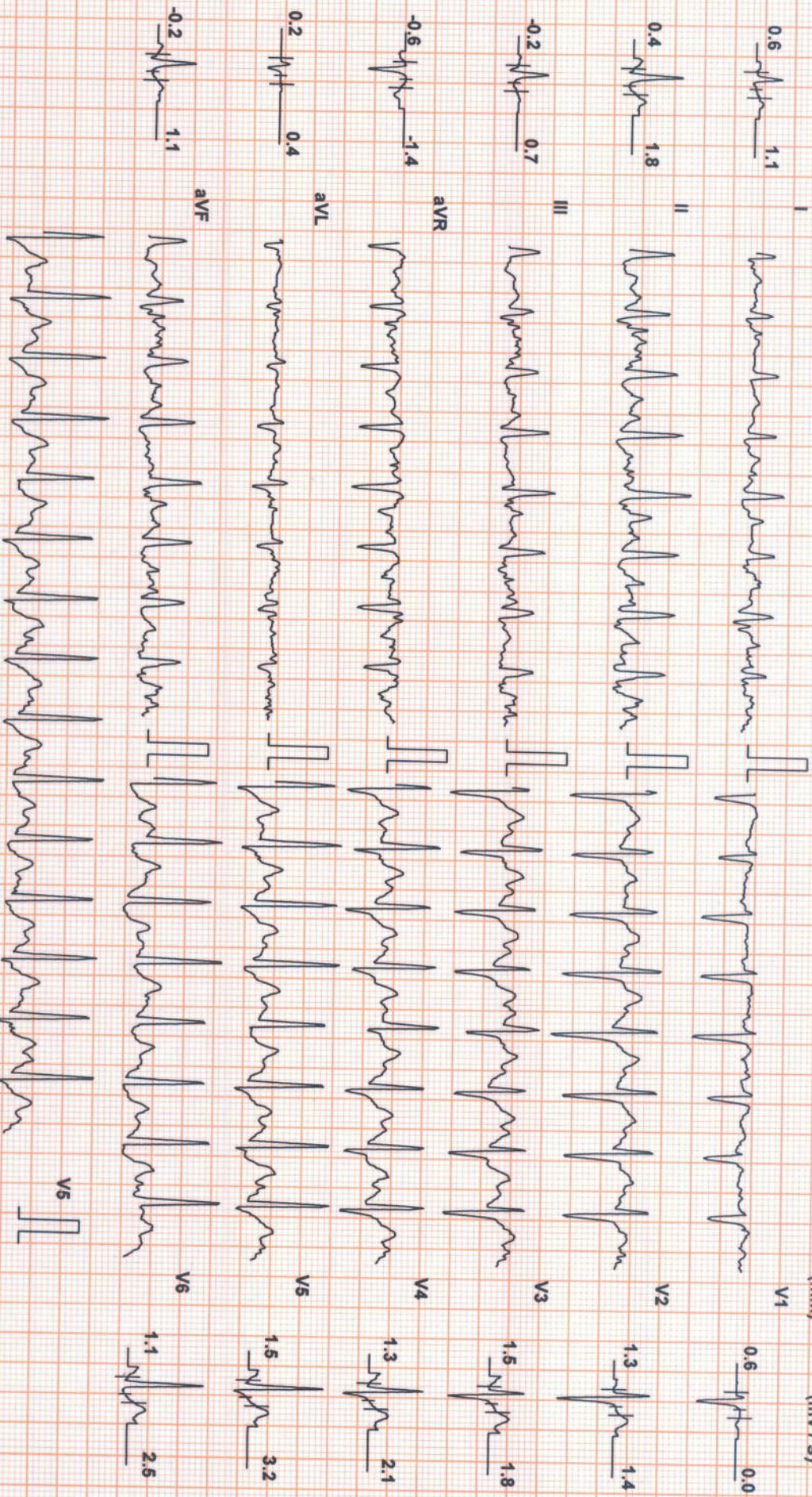


Chart Speed: 25 mm/sec
Schiller Spandem V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



GIRISH PEDNEKAR (47 M)

Suburban diagnostic GB road

Protocol: Bruce

ID: 2200871043

Date: 08-Jan-22

Exec Time : 6 m 12 s Stage Time : 0 m 12 s **HR: 152 bpm**

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

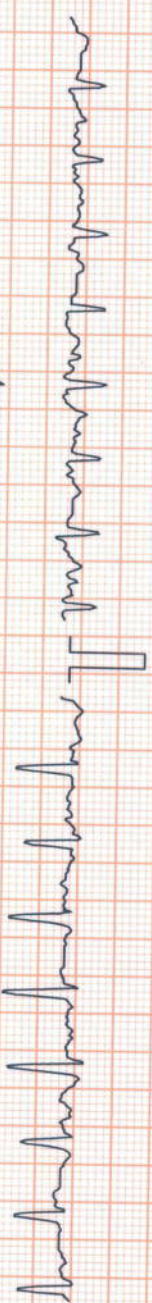
(THR: 155 bpm)

B.P.: 160 / 80

ST Level (mm) ST Slope (mv/s)

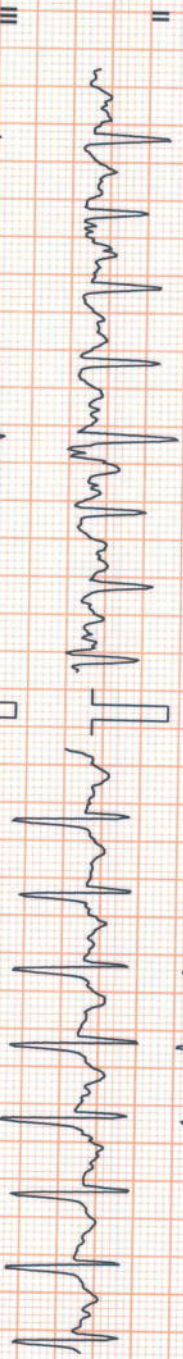
ST Level (mm) ST Slope (mv/s)

0.4 1.1



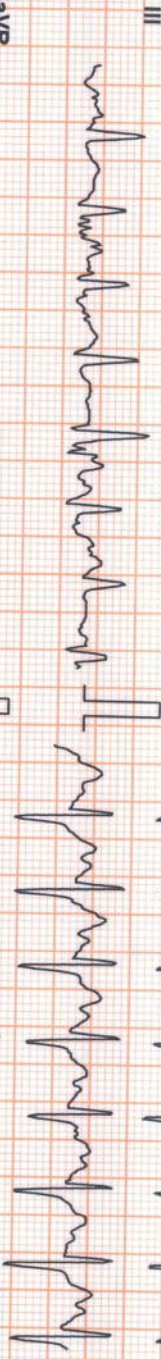
0.0 -1.1

0.4 2.1



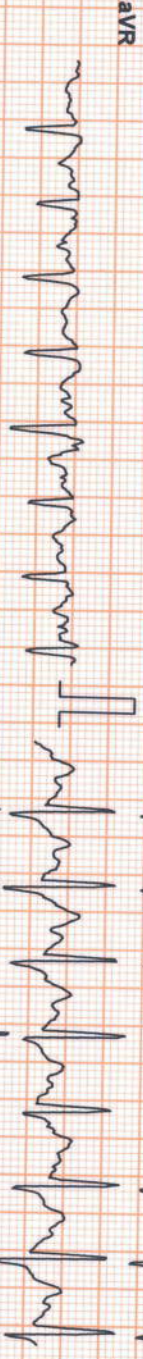
1.1 1.1

0.0 0.7



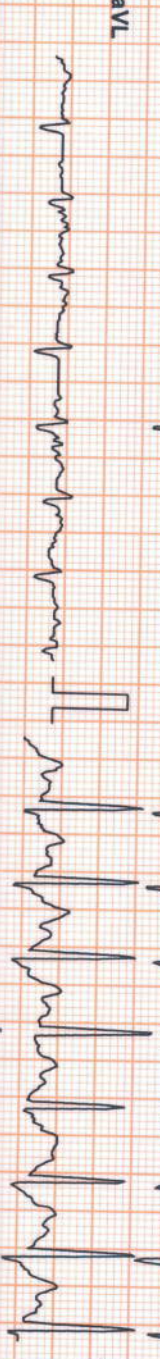
0.8 1.4

-0.6 -1.8



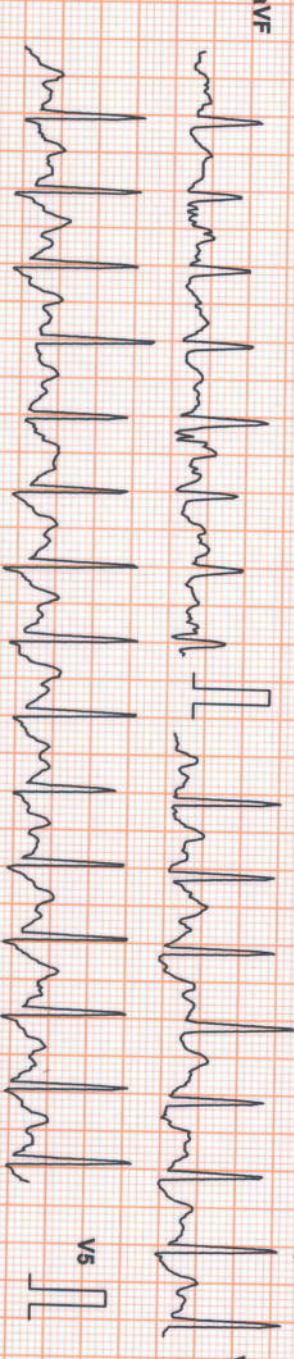
1.1 2.1

0.0 0.0



0.8 2.5

0.2 1.4



0.8 2.5

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



GIRISH PEDNEKAR (47 M)

Suburban diagnostic GB road

ID: 2200871043

Date: 08-Jan-22

Exec Time : 6 m 12 s Stage Time : 1 m 0 s

HR: 121 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 160 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.4 0.7

0.6 0.4

0.8 2.1

2.3 2.1

0.0 0.7

2.1 1.8

-0.6 -1.4

1.7 1.8

0.0 0.0

1.7 2.1

0.4 1.4

1.3 2.1

0.4 1.4

1.3 2.1

Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

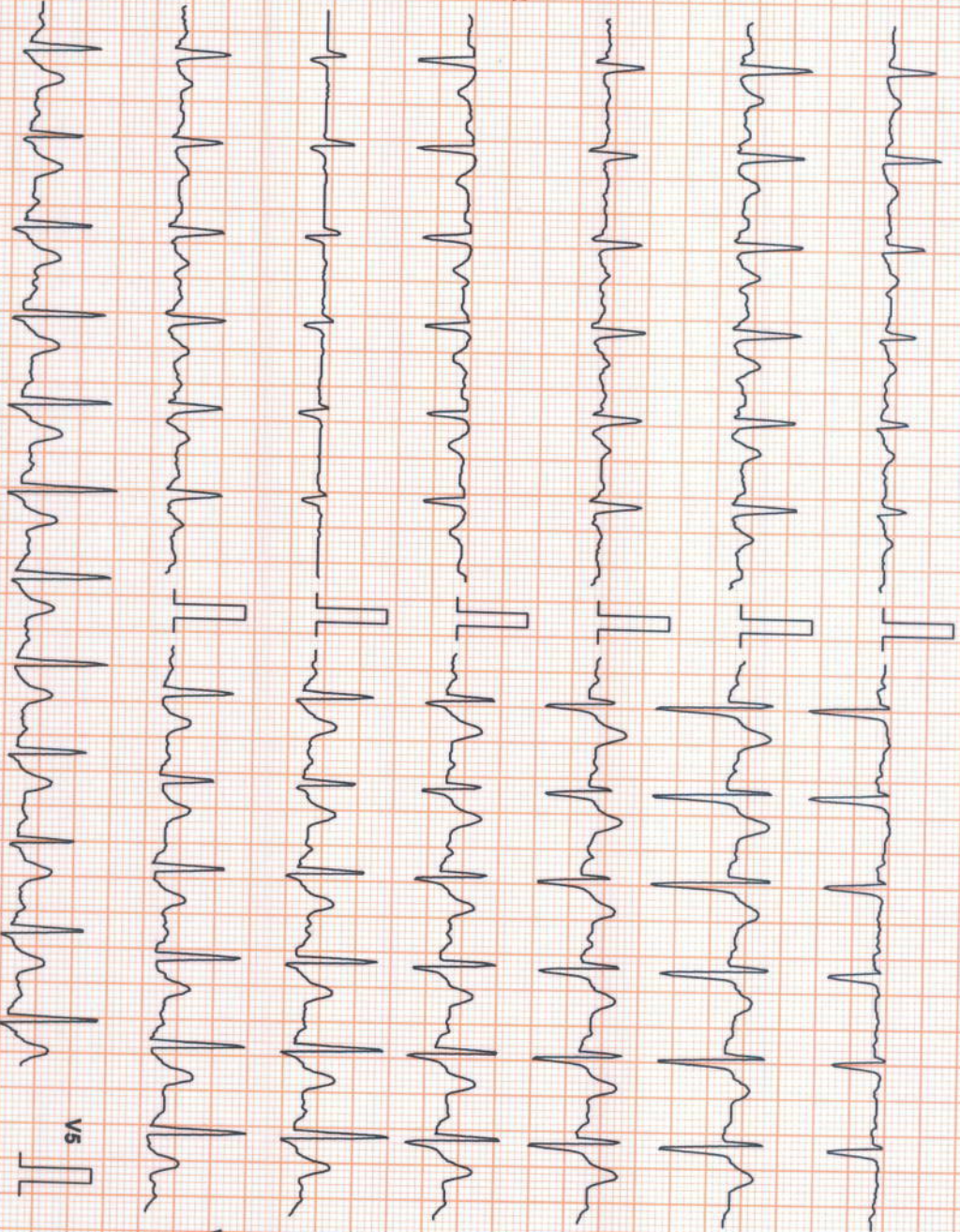
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Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms





GIRISH PEDNEKAR (47 M)

Suburban diagnostic GB road

Protocol: Bruce

ID: 2200871043

Date: 08-Jan-22

Exec Time : 6 m 12 s Stage Time : 1 m 0 s

HR: 106 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 160 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.2 0.4

0.6 0.4

0.4 1.1

1.3 1.1

0.0 0.4

1.3 1.1

-0.2 -0.7

1.1 1.1

0.0 0.0

1.3 1.8

0.2 0.7

0.8 1.8

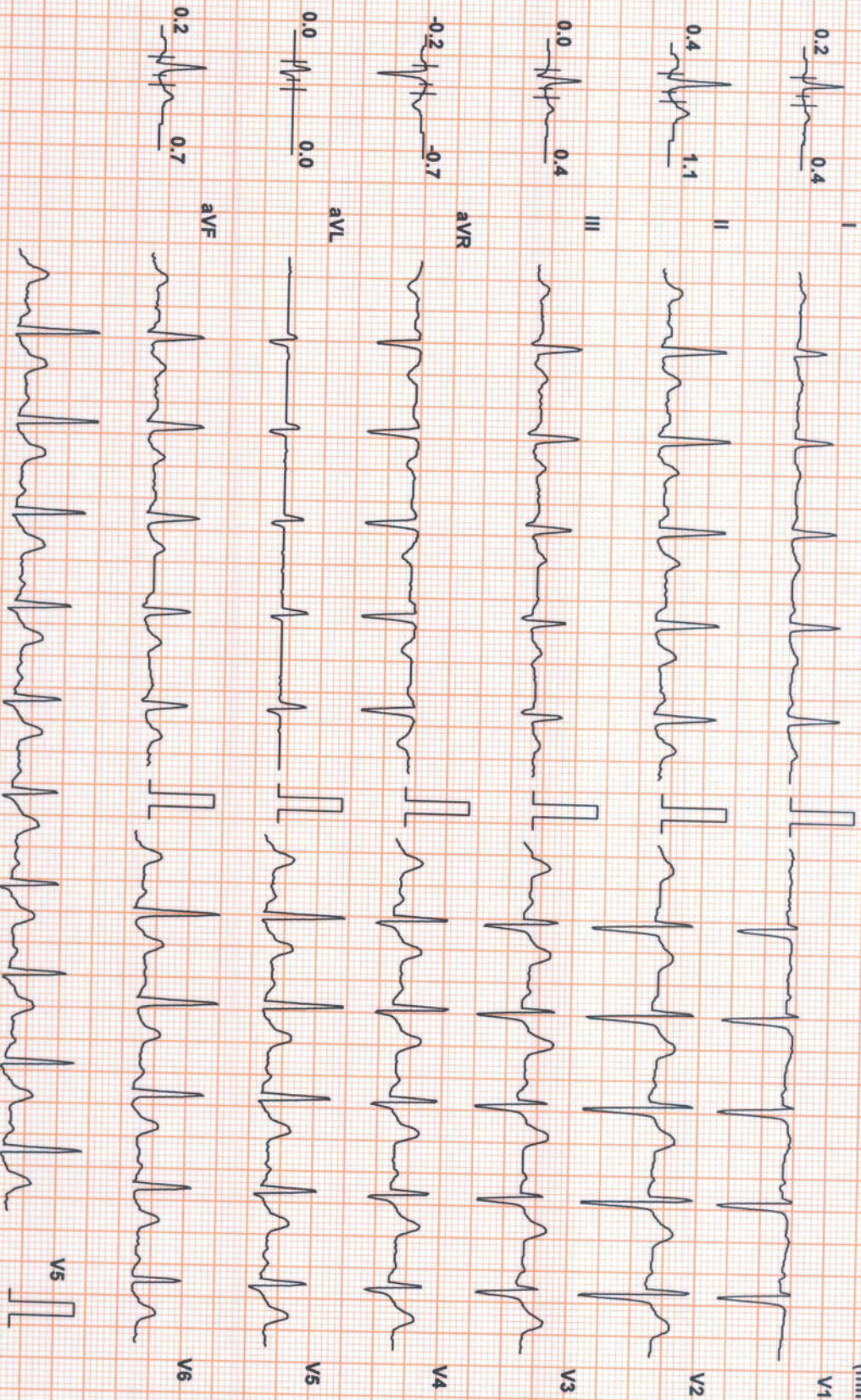


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Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



GIRISH PEDNEKAR (47 M)

Suburban diagnostic GB road

Protocol: Bruce

ID: 2200871043

Date: 08-Jan-22

Exec Time : 6 m 12 s Stage Time : 1 m 0 s

HR: 105 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.2 0.7

0.6 0.7

0.2 0.7

1.1 1.1

0.0 0.4

0.8 0.7

-0.2 -0.4

0.8 0.7

0.0 0.0

0.8 1.1

0.0 0.4

0.4 1.1

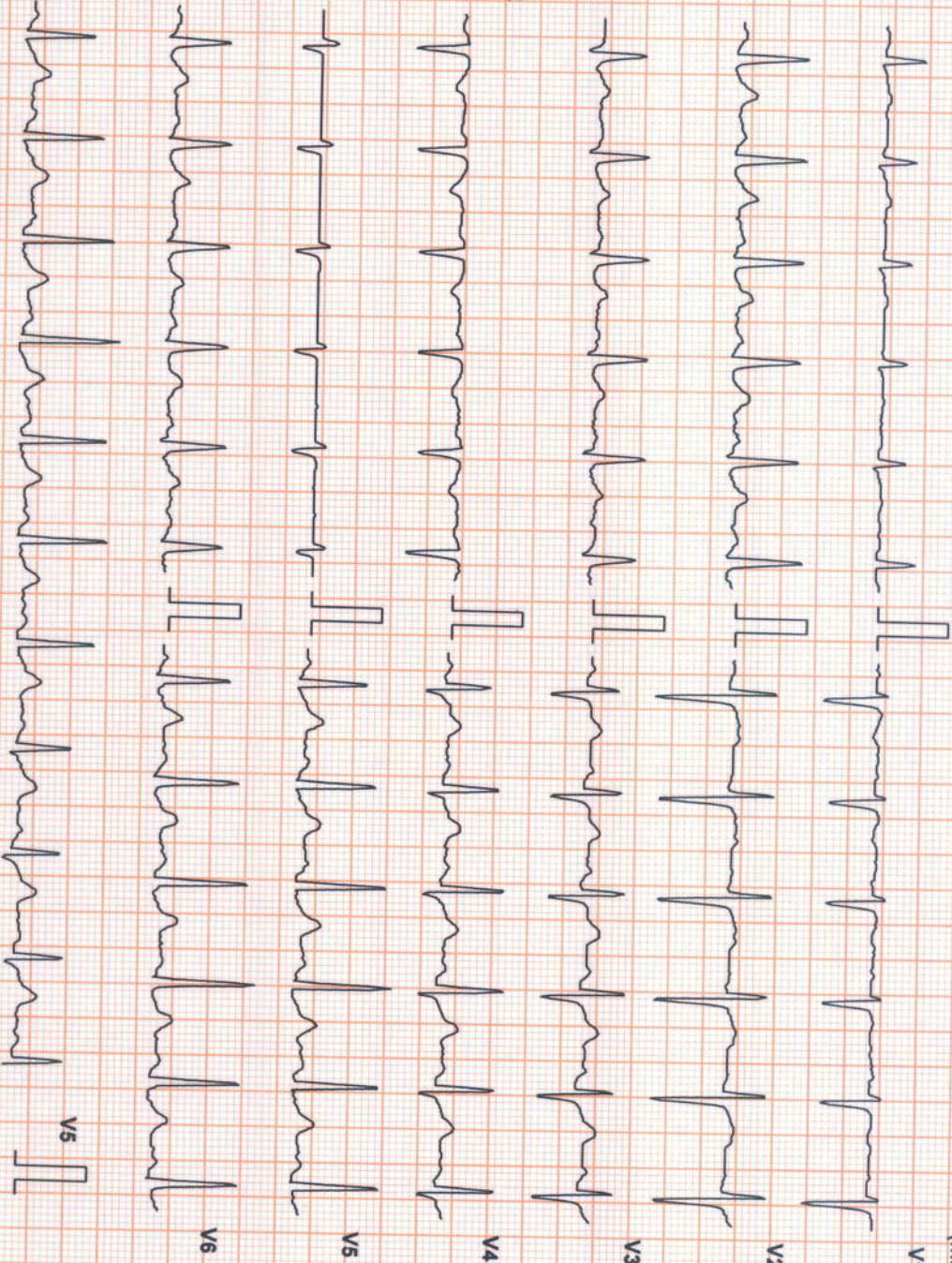


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Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



GIRISH PEDNEKAR (47 M)

suburban diagnostic GB road

ID: 2200871043

Date: 08-Jan-22

Exec Time : 6 m 12 s Stage Time : 1 m 0 s

HR: 105 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 155 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.4 0.7

0.6 1.4

0.2 0.7

-0.6 -1.1

0.0 0.0

0.4 0.7

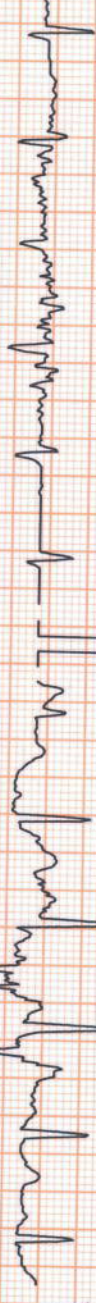
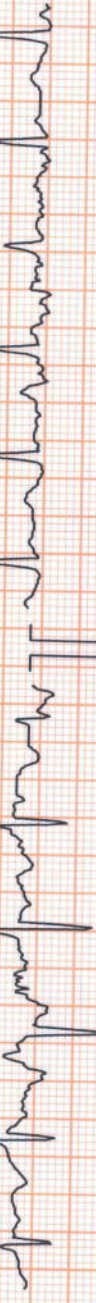


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms



GIRISH PEDNEKAR (47 M)

ID: 2200871043

Date: 08-Jan-22

Exec Time : 6 m 12 s Stage Time : 0 m 0 s

HR: 106 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P.: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.2 0.4

0.2 0.0

0.4 0.7

1.3 1.1

0.0 0.4

0.4 0.4

-0.4 -0.7

0.4 0.4

0.0 0.0

0.6 0.4

0.2 0.4

0.4 0.7

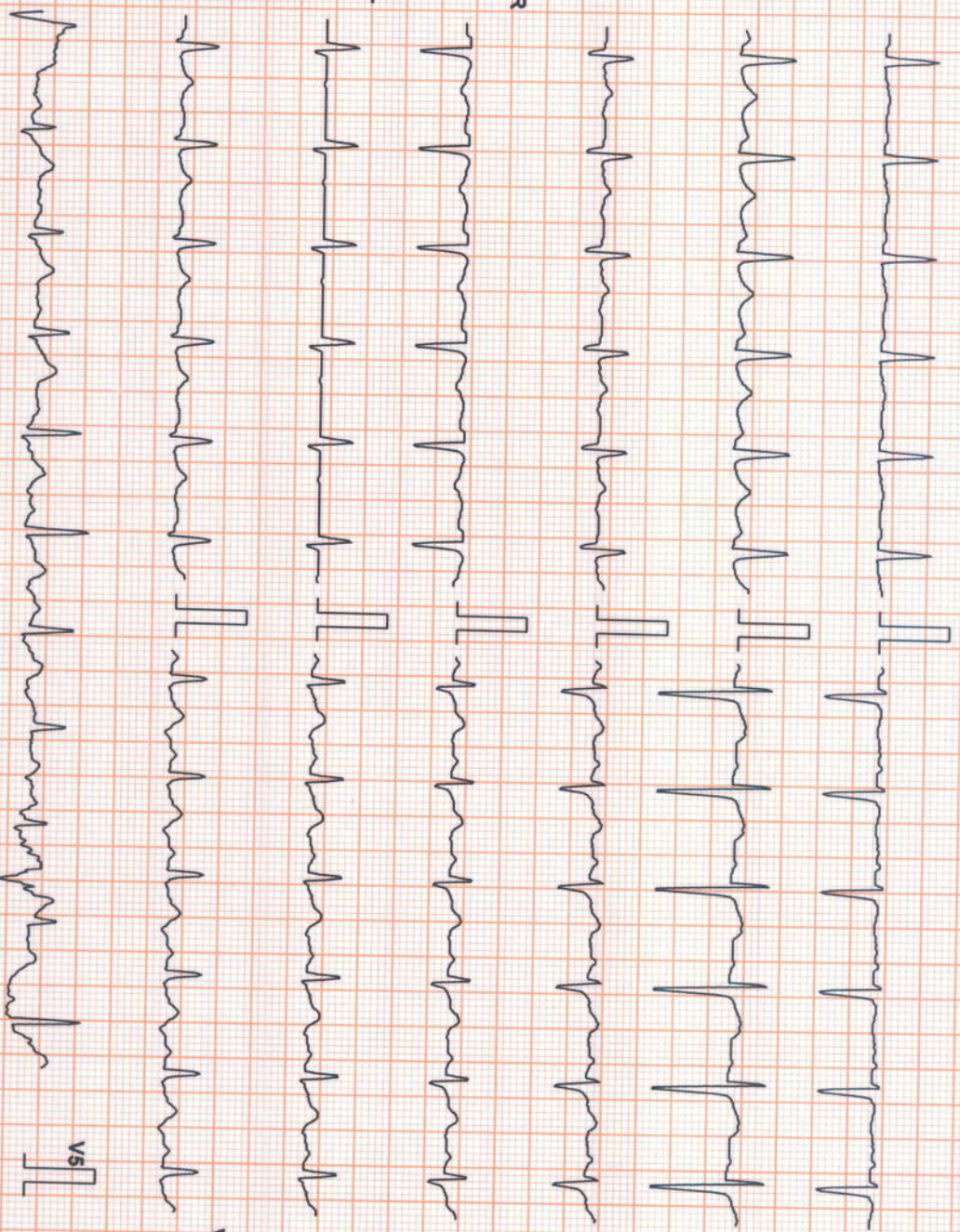


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

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Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

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