



CID : 2402717278  
Name : MR.AVINASH KUMAR SAHANI  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 27-Jan-2024 / 08:16  
Reported : 27-Jan-2024 / 11:35

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

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.77	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.0	40-50 %	Measured
MCV	97	80-100 fl	Calculated
MCH	32.5	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4600	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	24.4	20-40 %	
Absolute Lymphocytes	1122.4	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	308.2	200-1000 /cmm	Calculated
Neutrophils	66.8	40-80 %	
Absolute Neutrophils	3072.8	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	73.6	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	23.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	169000	150000-400000 /cmm	Elect. Impedance
MPV	12.3	6-11 fl	Calculated
PDW	27.8	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                      9                                      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 Borivali Lab, Borivali West

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



*Bmhasakar*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	104.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	124.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.9	6-20 mg/dl	Calculated
CREATININE, Serum	1.01	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	92	(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	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	142	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	107	98-107 mmol/l	ISE

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



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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	5.1	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.

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

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.37	<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 \*\*\*



*J. Thakker*

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



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Collected : 27-Jan-2024 / 08:16  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**EXAMINATION OF FAECES**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Yellow	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Trace	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Trace	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Flakes +	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Occasional	Absent	-
WBC/hpf	Occasional*	Absent	-
* small clumps restricted to mucus flakes			
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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



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





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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO  
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	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

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



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**Dr.KETAKI MHASKAR**  
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Pathologist



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

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

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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



*Dr. Vrushi Shroff*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	150.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	127.5	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	52.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	97.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	72.0	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	Calculated
VLDL CHOLESTEROL, Serum	25.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.68	0.35-5.5 microIU/ml mIU/ml	ECLIA



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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 \*\*\*



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	2.17	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.68	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.49	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	42.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	58.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	27.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	113.4	40-130 U/L	Colorimetric

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



*Bmhasakar*

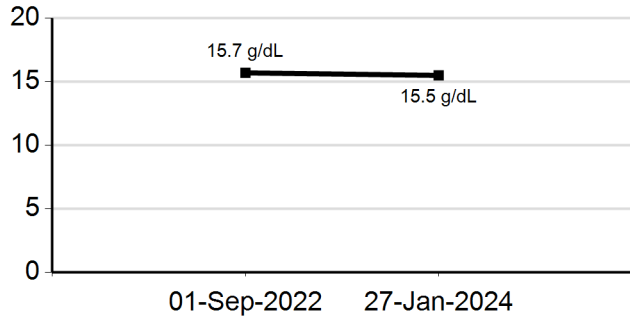
**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**



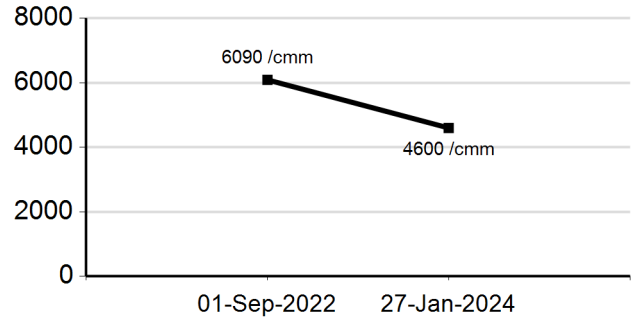
Use a QR Code Scanner Application To Scan the Code

**CID** : 2402717278  
**Name** : MR.AVINASH KUMAR SAHANI  
**Age / Gender** : 48 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Kandivali East (Main Centre)

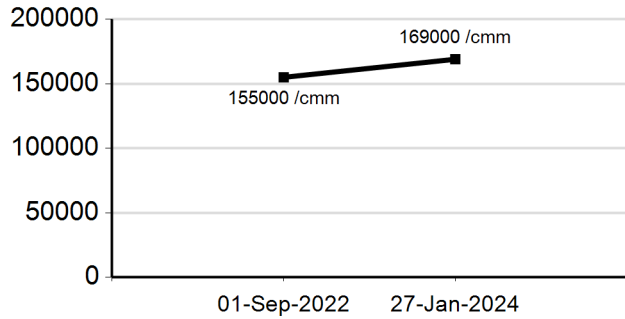
**Haemoglobin**



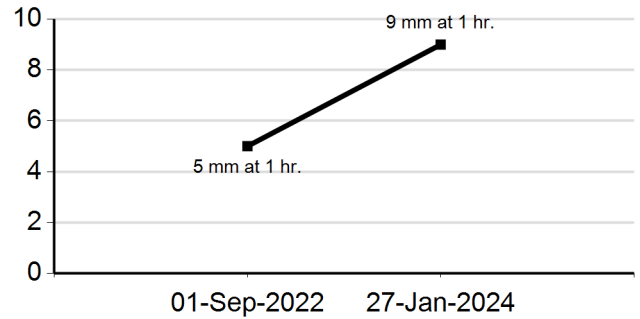
**WBC Total Count**



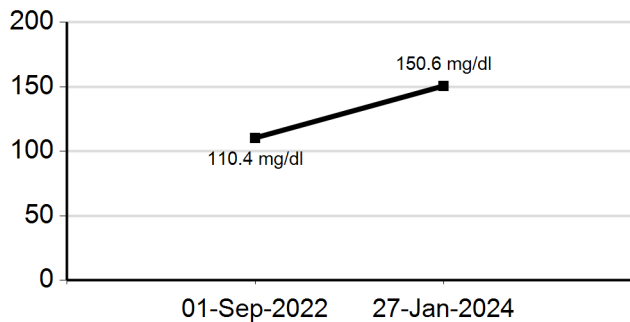
**Platelet Count**



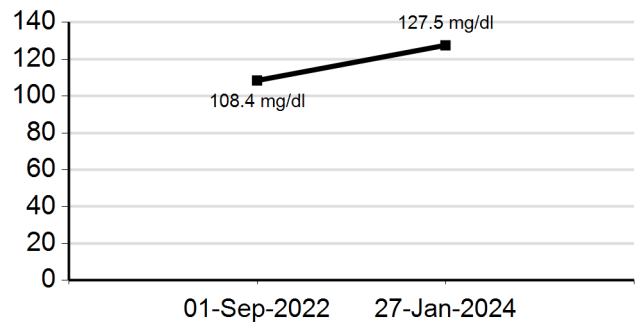
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

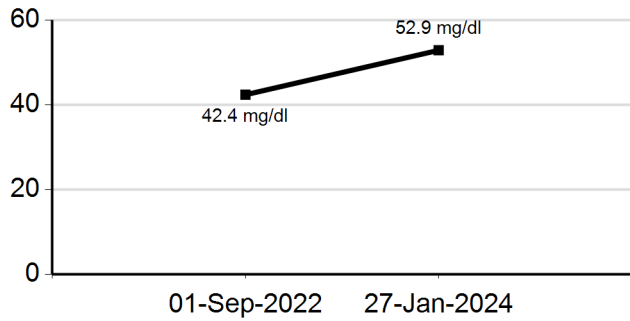




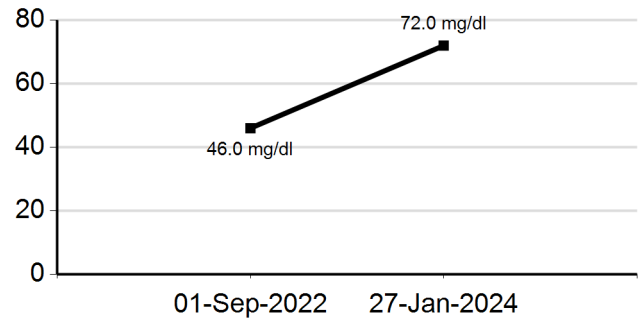
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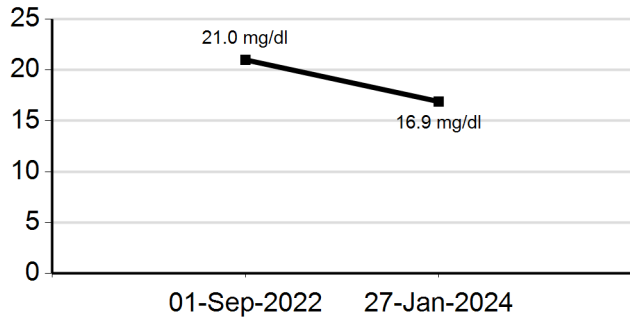
**HDL CHOLESTEROL**



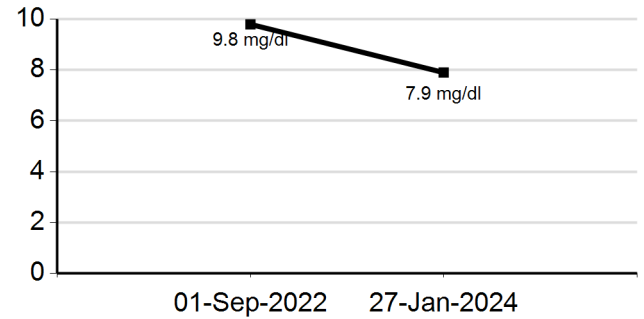
**LDL CHOLESTEROL**



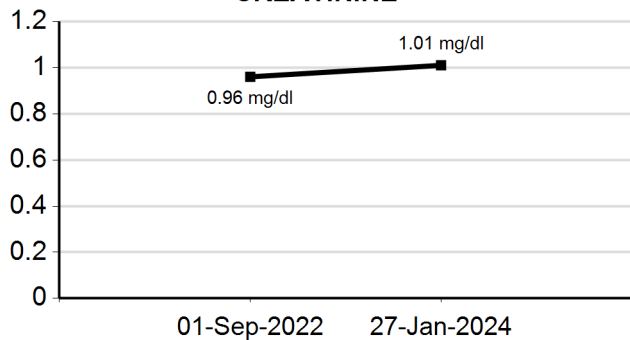
**BLOOD UREA**



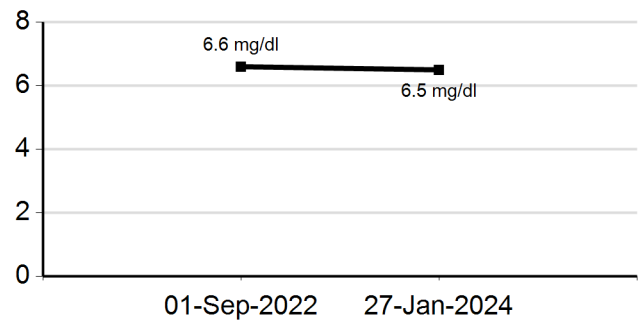
**BUN**



**CREATININE**



**URIC ACID**



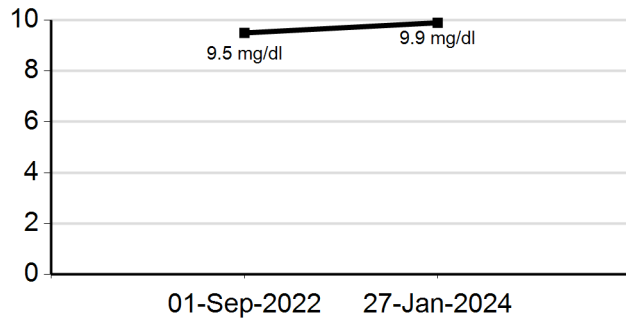




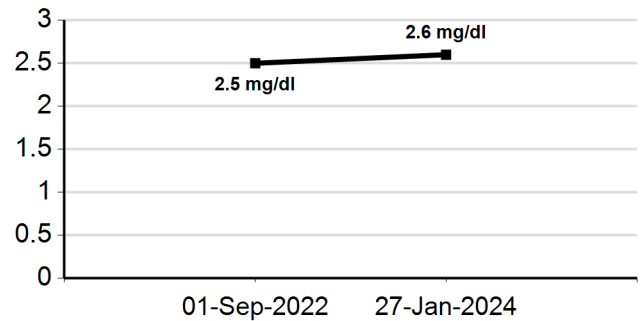
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**Reg. Location** : Kandivali East (Main Centre)

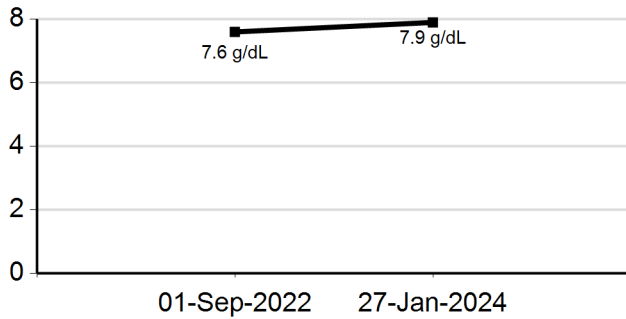
**CALCIUM**



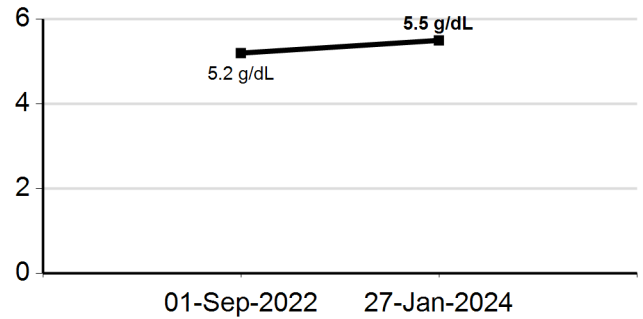
**PHOSPHORUS**



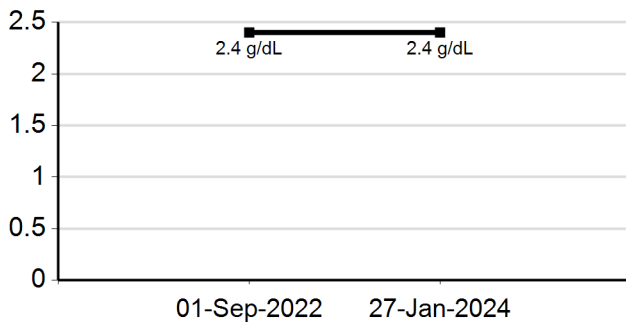
**TOTAL PROTEINS**



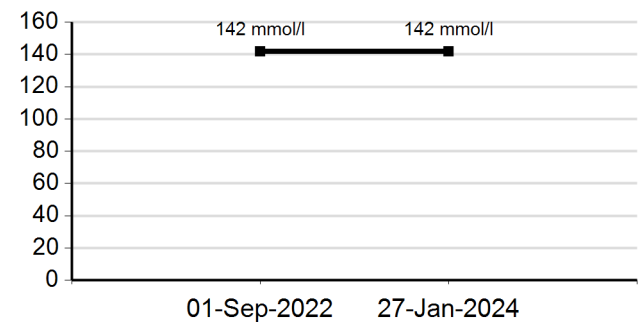
**ALBUMIN**



**GLOBULIN**



**SODIUM**

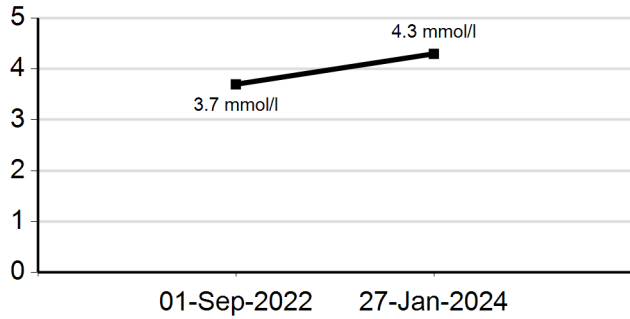




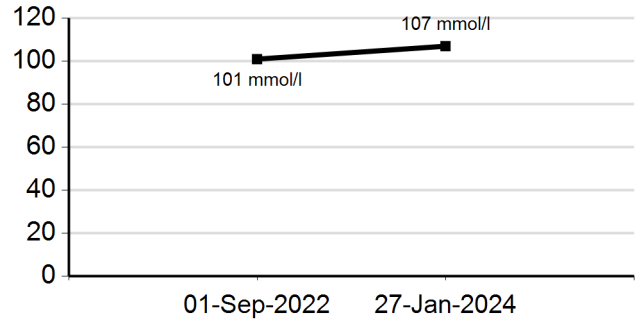
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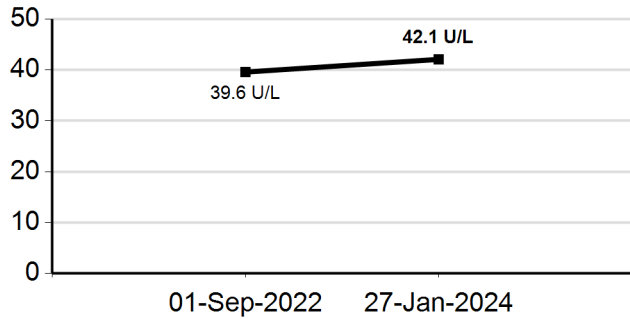
**POTASSIUM**



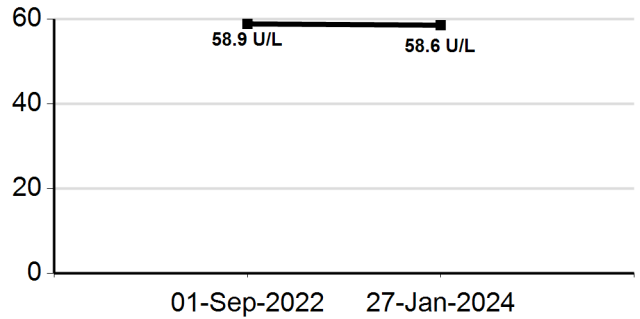
**CHLORIDE**



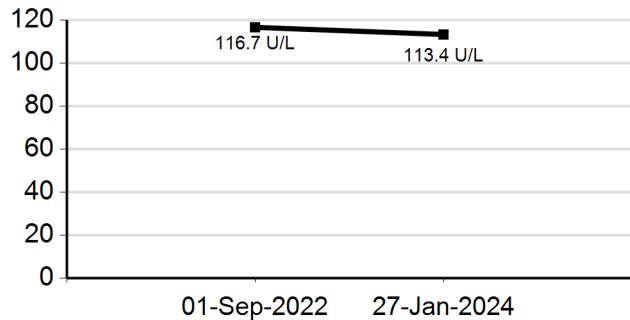
**SGOT (AST)**



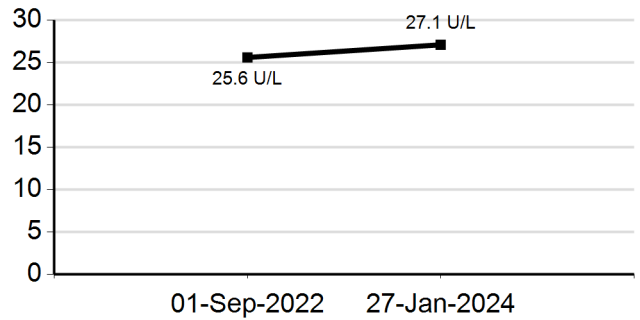
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



**GAMMA GT**

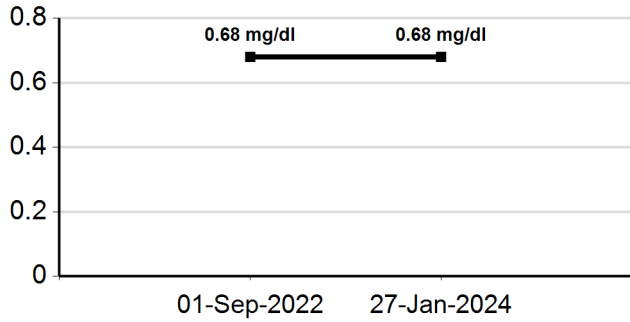




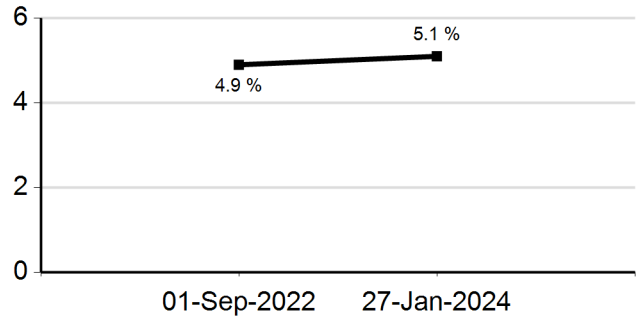
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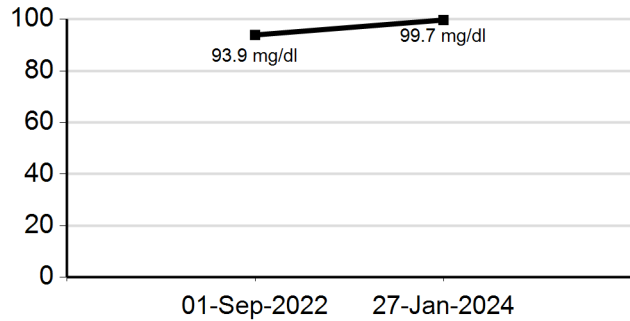
**BILIRUBIN (DIRECT)**



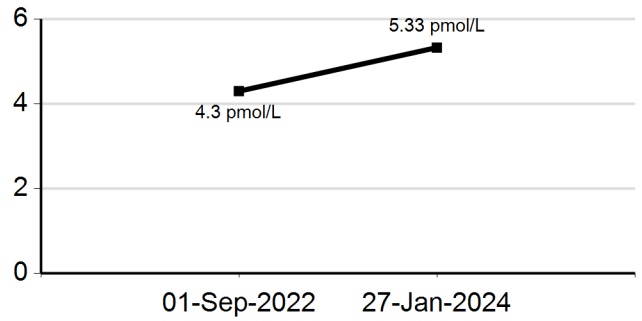
**Glycosylated Hemoglobin (HbA1c)**



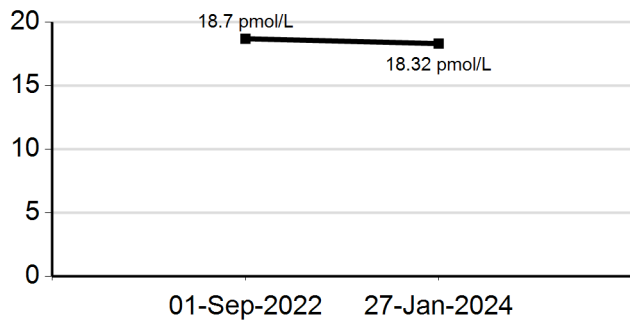
**Estimated Average Glucose (eAG)**



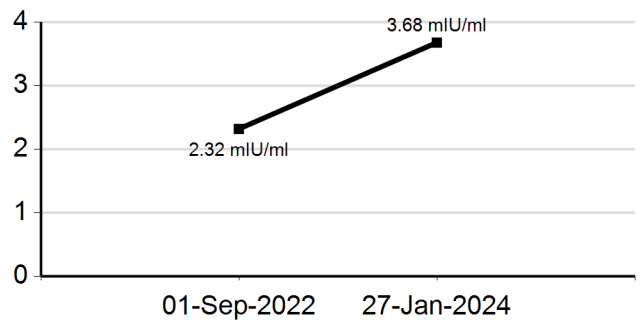
**Free T3**



**Free T4**



**sensitiveTSH**



Name : MR.AVINASH KUMAR SAHANI

Age / Gender : 48 Years/Male

Consulting Dr. :

Collected : 27-Jan-2024 / 08:15

Reg.Location : Kandivali East (Main Centre)

Reported : 28-Jan-2024 / 09:54

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

No

#### EXAMINATION FINDINGS:

Height (cms): 172 cms

Weight (kg): 63 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg):

Nails: Normal

Pulse:

Lymph Node:

#### Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

#### IMPRESSION:

↑ B1 sugar (F)  
↑ Sr Bilirubin  
USA - fatty liver  
Rt. Simple renal cortical cyst

#### ADVICE:

Low fatty, Cardio diet  
Surgeon opinion

#### CHIEF COMPLAINTS:

1) Hypertension: No

Name : MR.AVINASH KUMAR SAHANI

Age / Gender : 48 Years/Male

Consulting Dr. :

Collected : 27-Jan-2024 / 08:15

Reg.Location : Kandivali East (Main Centre)

Reported : 28-Jan-2024 / 09:54

- |  |   |
|--|---|
| 2) IHD                                   | No  |
| 3) Arrhythmia                            | No  |
| 4) Diabetes Mellitus                     | No  |
| 5) Tuberculosis                          | No  |
| 6) Asthama                               | No  |
| 7) Pulmonary Disease                     | No  |
| 8) Thyroid/ Endocrine disorders          | No  |
| 9) Nervous disorders                     | No  |
| 10) GI system                            | No  |
| 11) Genital urinary disorder             | No  |
| 12) Rheumatic joint diseases or symptoms | No  |
| 13) Blood disease or disorder            | No  |
| 14) Cancer/lump growth/cyst              | No  |
| 15) Congenital disease                   | No  |
| 16) Surgeries                            | Appendicectomy-laprotomy-2003,lap<br>Cholecystectomy-2016 |
| 17) Musculoskeletal System               | No  |

**PERSONAL HISTORY:**

- |               |     |
|---------------|-----|
| 1) Alcohol    | No  |
| 2) Smoking    | No  |
| 3) Diet       | Veg |
| 4) Medication | No  |

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

*Dr. Jagruti Dhale*  
MBBS  
Consultant Physician  
Reg. No. 69548

*Jagruti Dhale*  
Dr.JAGRUTI DHALE

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row 1, Phase 3, Aangan,  
Thakur Naga, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700000

Date: - 27/11/24

CTD: 24027/7278

Name: - Avinash Kumar Sahani

Sex/Age: 48/M

**EYE CHECK UP**

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision: 6/6                      6/6

Aided Vision: N16                      N16

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn		Sph	Cyl	Axis	Vn
Distance									
Near									

Colour Vision: Normal/Abnormal

Remark: Normal

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 81700000

Sph      Cyl      Axis      Vn

• PATIENT NAME : MR . AVINASH KUMAR SAHANI	• SEX : MALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 48 YEARS
• CID NO : 2402717278	• DATE : 27/01/2024

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

**ECHO & DOPPLER FINDINGS :**

- Grade I diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present
- No left ventricular hypertrophy seen.
- All cardiac chambers appear normal in size.
- All cardiac valves show normal structure and physiological function
- No significant stenosis nor regurgitation seen
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion seen.
- TAPSE and MAPSE measured to 18 mm and 16 mm respectively.
- Mild TR jet. PASP by TR jet measured to 22 mm Hg
- Visual estimation of LVEF of 60 %.

**MEASUREMENTS:**

IVS d (mm)	08	Ao (mm)	32
IVS s (mm)	12	LA (mm)	31
LVIDd (mm)	37	EPSS (mm)	02
LVIDs ( mm)	20	EF SLOPE (ml/s)	70
Pwd (mm)	09	MV (mm)	20
Pws (mm)	14		

Conti....2

• PATIENT NAME : MR . AVINASH KUMAR SAHANI	• SEX : MALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 48 YEARS
• CID NO : 2402717278	• DATE : 27/01/2024

**DOPPLER: Mitral E / A**

Mitral (m/s)	0.7	Aortic (m/s)	1.30
Tricuspid (m/s)	0.8	Pulmonary (m/s)	0.8

TDI  $e' < a'$

Septal  $e' = 0.06$  m/s

Lateral  $e' = 0.06$  m/s

Septal  $a' = 0.09$  m/s

Lateral  $a' = 0.1$  m/s

Septal  $s' = 0.05$  m/s

Lateral  $s' = 0.06$  m/s

Septal  $E/e' = 11$



**Dr. P. Bhatjiwale, M.D**

**PG cert in Clinical Cardiology,**

**Fellowship in 2 D Echo & Doppler Studies**

**Reg. No 68857**

**NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris and does not rule out CAD**

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

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





CID : 2402717278  
Name : Mr AVINASH KUMAR SAHANI  
Age / Sex : 48 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 27-Jan-2024  
Reported : 27-Jan-2024 / 10:08

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Application To Scan the Code

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.7 cm), 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 measures 12 mm and CBD measures 2.6 mm appears normal.

**GALL BLADDER:** Gall bladder not visualized, Post cholecystectomy status.

**PANCREAS:** The pancreas appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 10.1 x 4.0 cm. Left kidney measures 10.0 x 4.7 cm.

**Simple cortical cyst is noted at upper pole of right kidney measuring 1.2 X 1.2 cm.**

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis seen.

### SPLEEN:

The spleen is normal in size (10.8 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 reveal no intraluminal abnormality.

**PROSTATE:** The prostate is normal in size and measures 4.4 x 2.9 x 2.8 cm volume is 18 cc.

### IMPRESSION:

**GRADE I FATTY LIVER.**

**RIGHT RENAL SIMPLE CORTICAL CYST.**

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

DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024012708160614>



CID : 2402717278  
Name : Mr AVINASH KUMAR SAHANI  
Age / Sex : 48 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 27-Jan-2024  
Reported : 27-Jan-2024 / 12:57

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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.

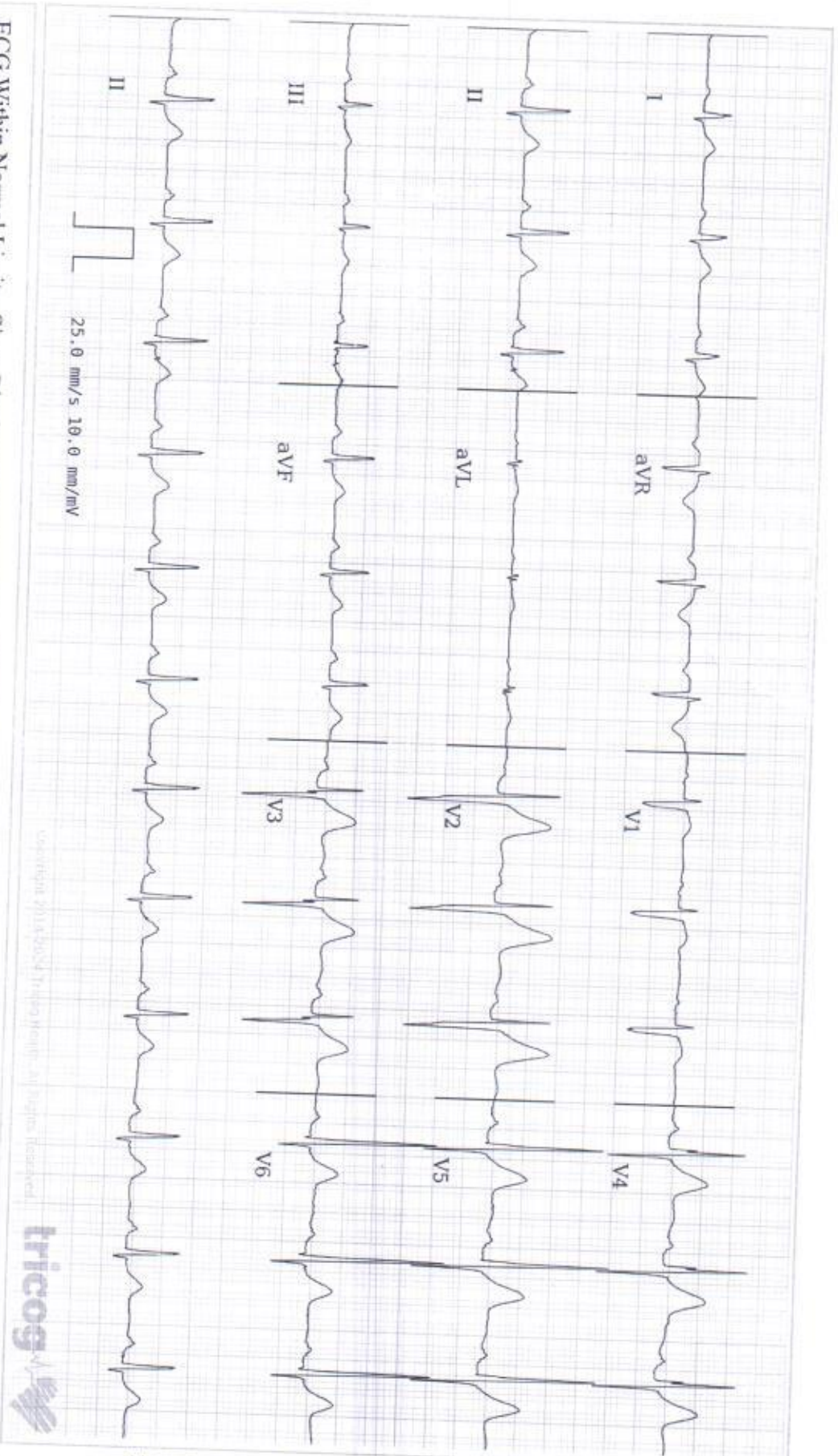
**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

DR. Akash Chhari  
MBBS, MD, Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024012708160585>

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**  
Patient Name: AVINASH KUMAR SAHANI  
Patient ID: 2402717278  
Date and Time: 27th Jan 24 9:21 AM



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

Age 48 NA  
years months  
Gender Male  
Heart Rate 77bpm  
Patient Vitals  
BP: 150/90 mmHg  
Weight: 63 kg  
Height: 172 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

Measurements  
QRSD: 90ms  
QT: 356ms  
QTcB: 402ms  
PR: 178ms  
P-R-T: 59° 69° 52°

REPORTED BY

*[Signature]*

DR AKHIL PARULLEKAR  
MBBS MD, MEDICINE, DNB Cardiology  
Cardiologist  
201502483

Disclaimer: This analysis is for reporting based on 12-lead ECG and should be used as an advisory tool. Clinical history, symptoms, and results of other diagnostic and non-invasive tests and need to be interpreted by a qualified physician. 24-hour vital signs are not monitored by this device and our device is not for use in life-threatening situations.

