



CID : 2326618659
Name : MR.VIJAY BAVISKAR
Age / Gender : 43 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.15	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.3	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	29.1	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.0	20-40 %	
Absolute Lymphocytes	1734.0	1000-3000 /cmm	Calculated
Monocytes	10.0	2-10 %	
Absolute Monocytes	510.0	200-1000 /cmm	Calculated
Neutrophils	52.9	40-80 %	
Absolute Neutrophils	2697.9	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	
Absolute Eosinophils	147.9	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	181000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
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 8 2-15 mm at 1 hr. Sedimentation

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



MC-2111

Bmhasakar

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



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Reported : 23-Sep-2023 / 14:20

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	97.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	92.8	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	

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



MC-2111

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Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	25.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.0	6-20 mg/dl	Calculated
CREATININE, Serum	1.14	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	82	(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	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	142	135-148 mmol/l	ISE
POTASSIUM, Serum	3.9	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	107	98-107 mmol/l	ISE

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



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Dr.KETAKI MHASKAR
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Pathologist



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Reported : 23-Sep-2023 / 12:13

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



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Collected : 23-Sep-2023 / 09:21
Reported : 23-Sep-2023 / 14:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	1.316	<4.0 ng/ml	CLIA

Clinical Significance:

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

Interpretation:

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

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

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

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



Anupa

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



CID : 2326618659
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Age / Gender : 43 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner
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Collected : 23-Sep-2023 / 09:33
Reported : 23-Sep-2023 / 17:33

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (5.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



MC-2111

Bmhasakar

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



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Name : MR.VIJAY BAVISKAR
Age / Gender : 43 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 23-Sep-2023 / 09:21
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Pale yellow	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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



MC-2111

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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.

Refernces:

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

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



Dr. Vrushi Shroff

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



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Name : MR.VIJAY BAVISKAR
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Consulting Dr. : -
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	236.9	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	30.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	134.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	92.8	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	41.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



J. Thakker

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



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Collected : 23-Sep-2023 / 09:21
Reported : 23-Sep-2023 / 18:20

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.53	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 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 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:

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)



MC-2111

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Pathologist



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*** End Of Report ***



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Collected : 23-Sep-2023 / 09:21
Reported : 23-Sep-2023 / 12:46

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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	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	19.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	38.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	81.2	40-130 U/L	Colorimetric

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



MC-2111

Bmhasakar

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

Authenticity Check



Use a QR Code Scanner
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CID : 2326618659
Name : Mr vijay baviskar
Age / Sex : 43 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 23-Sep-2023
Reported : 23-Sept-2023 / 13:07

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.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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Access

ReportNo=2023092309140756

Date:-
Name:- **Vijay. baul'skar**
CID: 2326618659
Sex / Age: 43 / m

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE LE
6/6 6/6
N/6 N/6

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal
✓

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vm Ekalanesh,
Above Tansa, near L. T. Road,
Borivali (West), Mumbai - 400 092.

CID : 2326618659
Name : Mr vijay baviskar
Age / Sex : 43 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 23-Sep-2023
Reported : 23-Sept-2023 / 11:10

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins it measures 14.2 cm . 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 it measures 8.9 mm and CBD appears normal it measures 3.2 mm.

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 10.4 x 4.2 cm and Left kidney measures 10.7 x 4.4 cm .

SPLEEN:

The spleen is normal in size and echotexture. it measures 10.3 cm 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 3.6 x 3.5 x 3.0 cm size and volume is 21 cc.

Click here to view images <<ImageLink>>

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IMPRESSION:

**No significant abnormality is seen.
For clinical correlation and follow up.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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



DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: VIJAY BAVISKAR
Patient ID: 2326618659

Date and Time: 23rd Sep 23 10:36 AM

Age 43 11 27
years months days

Gender Male

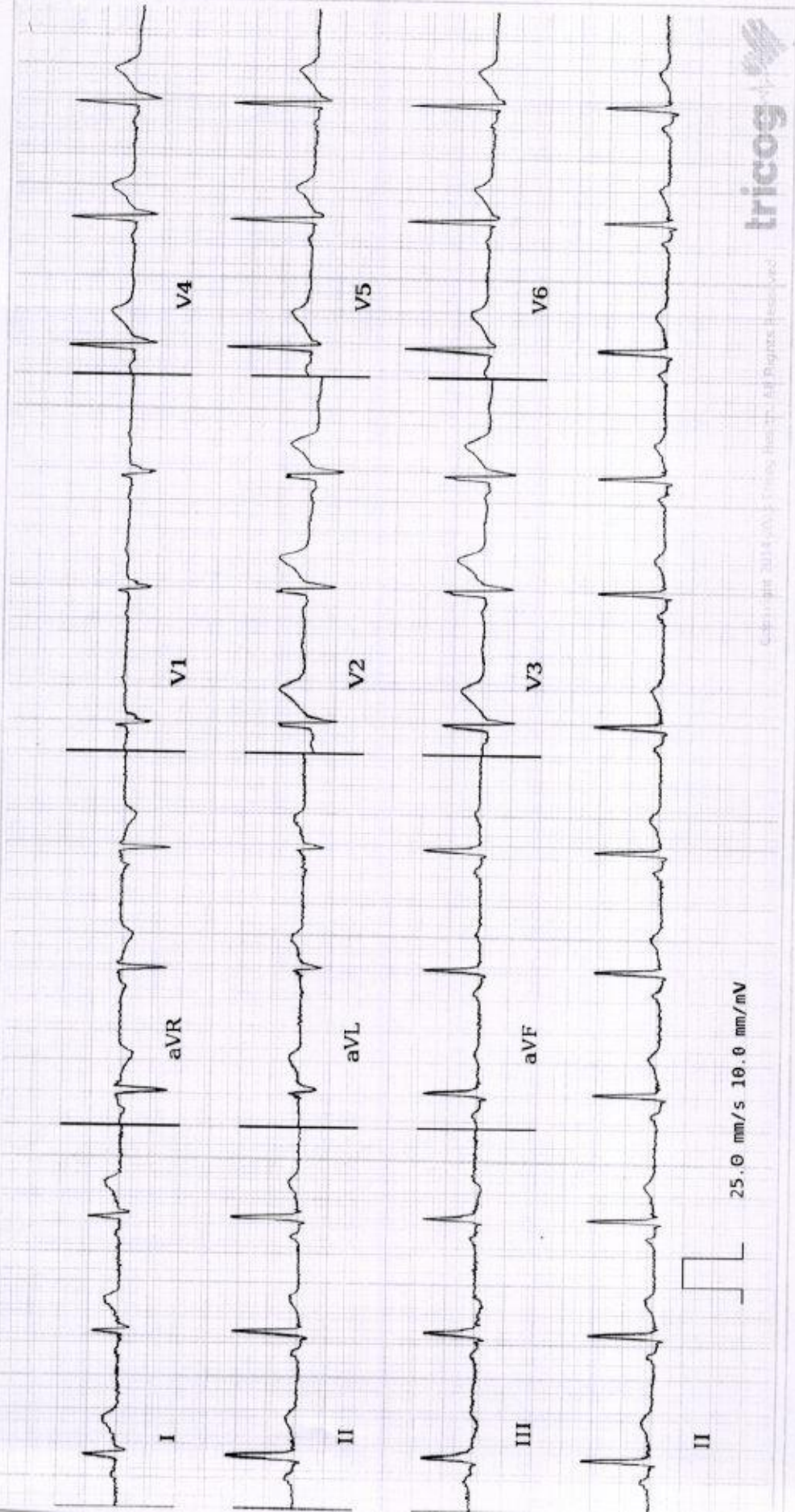
Heart Rate 76bpm

Patient Vitals

BP: 120/80 mmHg
Weight: 71 kg
Height: 178 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 92ms
QT: 356ms
QTcB: 400ms
PR: 142ms
P-R-T: 74° 72° 35°



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

REPORTED BY

[Signature]

Dr Nitin Sonavane
M.B.B.S.AFLI, D.DIAB.D.CARD
Consultant Cardiologist
87714

Disclaimer: 1) Ambisys is this report is based on ECG alone and should be used as an adjunct in clinical history, symptoms, and results of other investigations and not to be interpreted by a qualified physician. 2) Patient's vital signs covered by the clinician and not derived from the ECG.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: VIJAY BAVISKAR

Date: 23-09-2023 Time: 10:40

Age: 43 Gender: M Height: 178 cms Weight: 71 Kg ID: 2326618659

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce Predicted Max HR: 177 Target HR: 150 (85% of Pr. MHR)

Exercise Time: 0:09:01 Achieved Max HR: 164 (93% of Pr. MHR)

Max BP: 170/80 Max BP x HR: 27880 Max Mets: 10.1

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	01:07	1	0	0	81	120/80	9720	0.7 V2	2.4 V2
Standing	00:15	1	0	0	75	120/80	9000	0.7 V2	2.4 V2
HyperVentilation	00:13	1	0	0	77	120/80	9240	0.8 V2	2.4 V2
PreTest	00:08	1	1.6	0	86	120/80	10320	0.8 V5	2.1 V2
Stage: 1	03:00	4.7	2.7	10	122	120/80	14640	-0.5 II	1.9 V2
Stage: 2	03:00	7	4	12	142	150/80	21300	-0.7 V4	2.1 V2
Stage: 3	03:00	10.1	5.5	14	164	170/80	27880	-0.8 V4	2.1 V2
Peak Exercise	00:01	10.1	6.8	16	164	170/80	27880	-0.8 V4	2.1 V2
Recovery1	01:00	1	0	0	132	170/80	22440	0.6 V2	2.3 V2
Recovery2	01:00	1	0	0	108	150/80	16200	0.3 V2	2.2 V2
Recovery3	00:36	1	0	0	106	130/80	13780	0.3 V2	2.4 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:01 achieving a work level of 10.1 METS.
 Resting Heart Rate, initially 81 bpm rose to a max. heart rate of 164bpm (93% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 170/80 mmHg
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

DR. NITIN SONAVANE
M.B.B.S.APLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. 47714

Ref. Doctor: ---

Doctor: **DR. NITIN SONAVANE**

SCHILLER
The Art of Diagnostics

(Summary Report edited by User)
Cardiovit CS-20 Version:3.4

Suburban Diagnostics Pvt. Ltd. Borivali
 23/09/2023 10:40 AM
 Vijay B. Baviskar
 Sonavane Nitin
 47714



VITAY BAVTSKAR (43 M)

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

Brice Protocol
STLevel(mm) STSlope(mV/s)

ID: 2320618059
Stage: Supine

Date: 23-09-2023
Speed: 0 km/h

Exec Time: 0:00:30
Slope: 0%

Stage Time: 01:07
THR: 150 bpm

HR: 81 BPM
BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

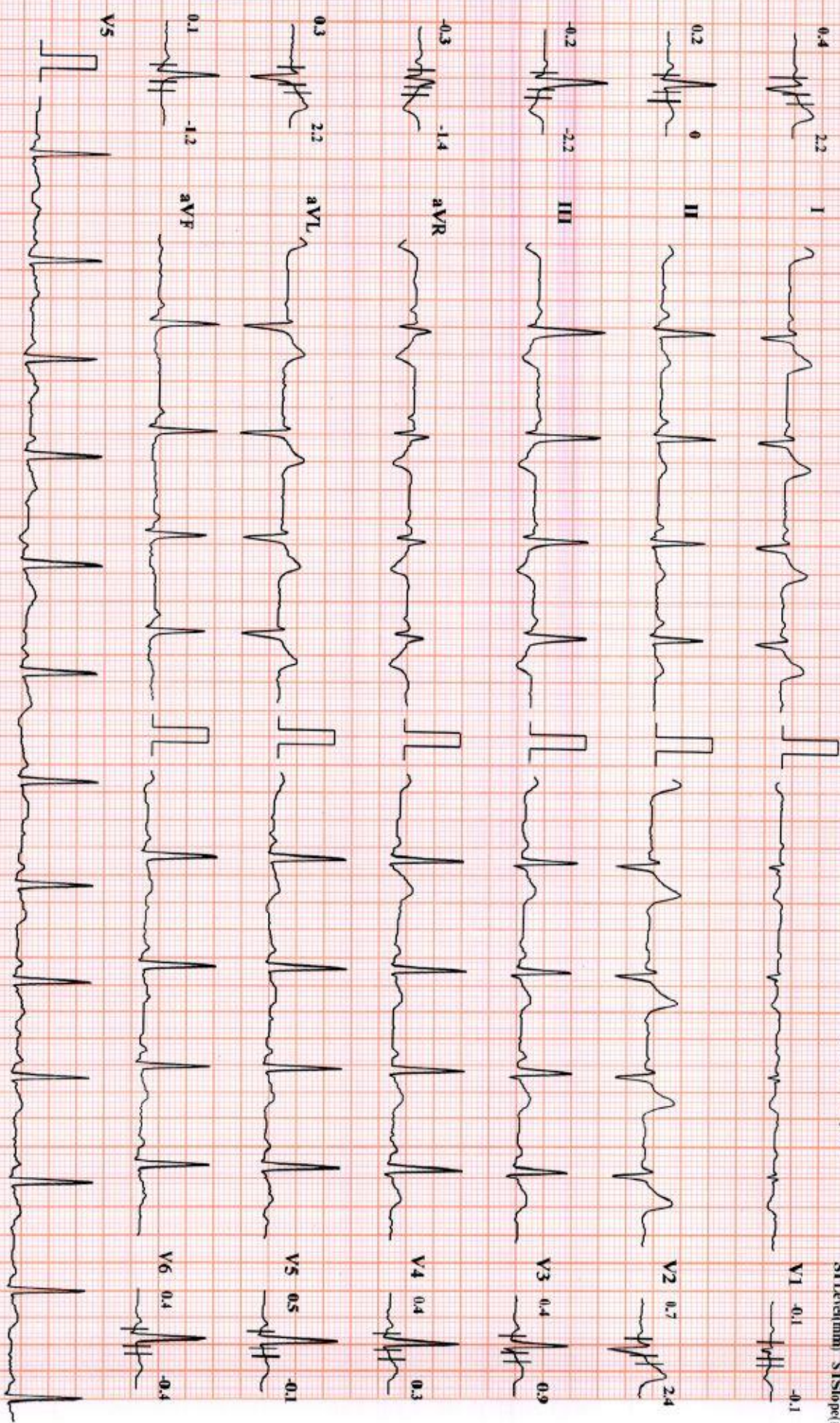


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

VIJAY BAVISKAR (43 M)

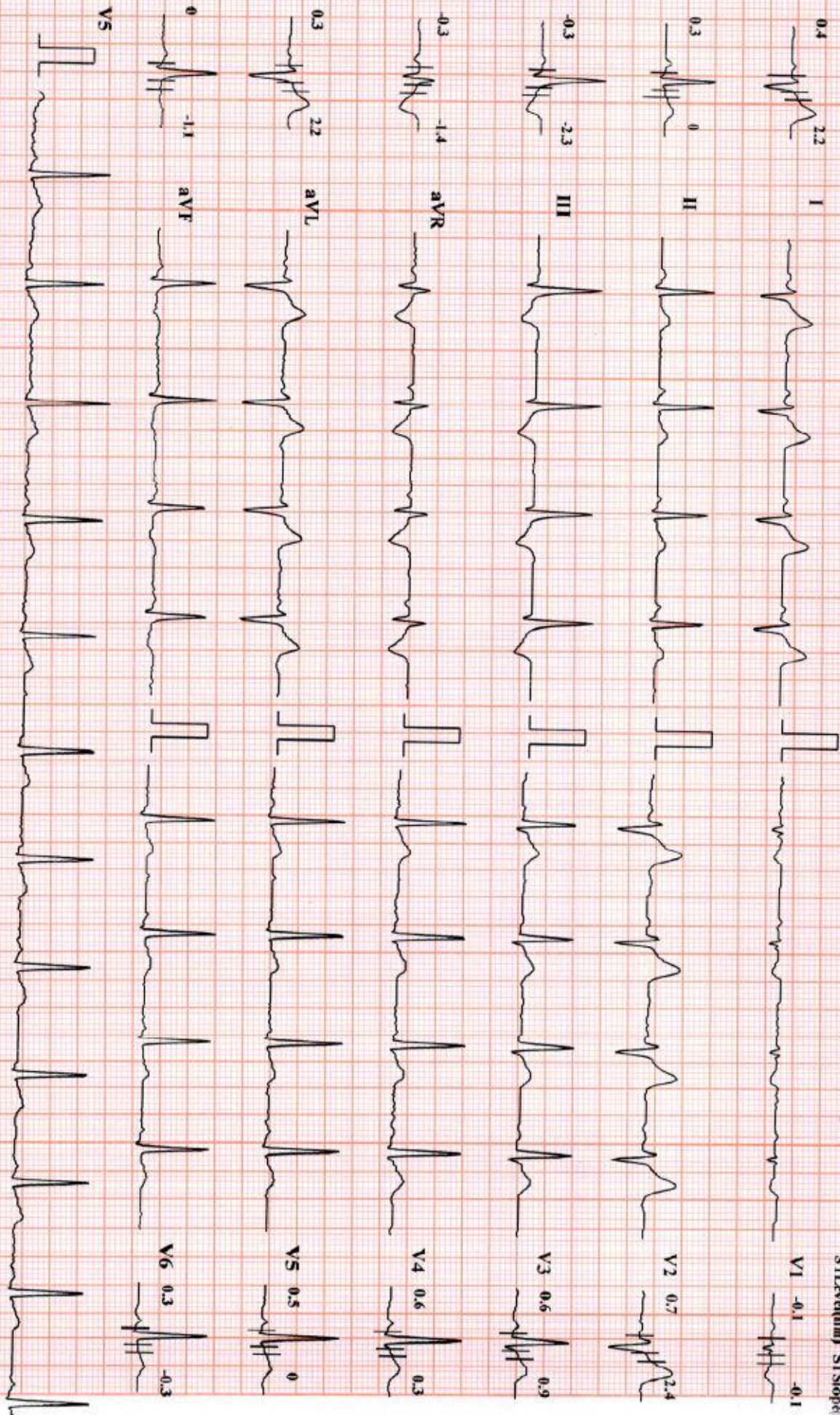
Bruce Protocol
STISlope(mm) STISlope(mV/s)

ID: 2326618659
Stage: Standing

Date: 23-09-2023
Speed: 0

Exec Time: 0:00:00
Slope: 0 %
THR: 150 bpm

HR: 75 bpm
BP: 120/80 mmHg
STISlope(mm) STISlope(mV/s)



VIJAY BAVISKAR (43 M)

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2326618059
Stage: HyperVentilation

Date: 23-09-2023
Speed: 0

Exec Time : 0:00:00
Slope: 0 %

Stage Time: 00:13
THR: 150 bpm

HR: 77 bpm
BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

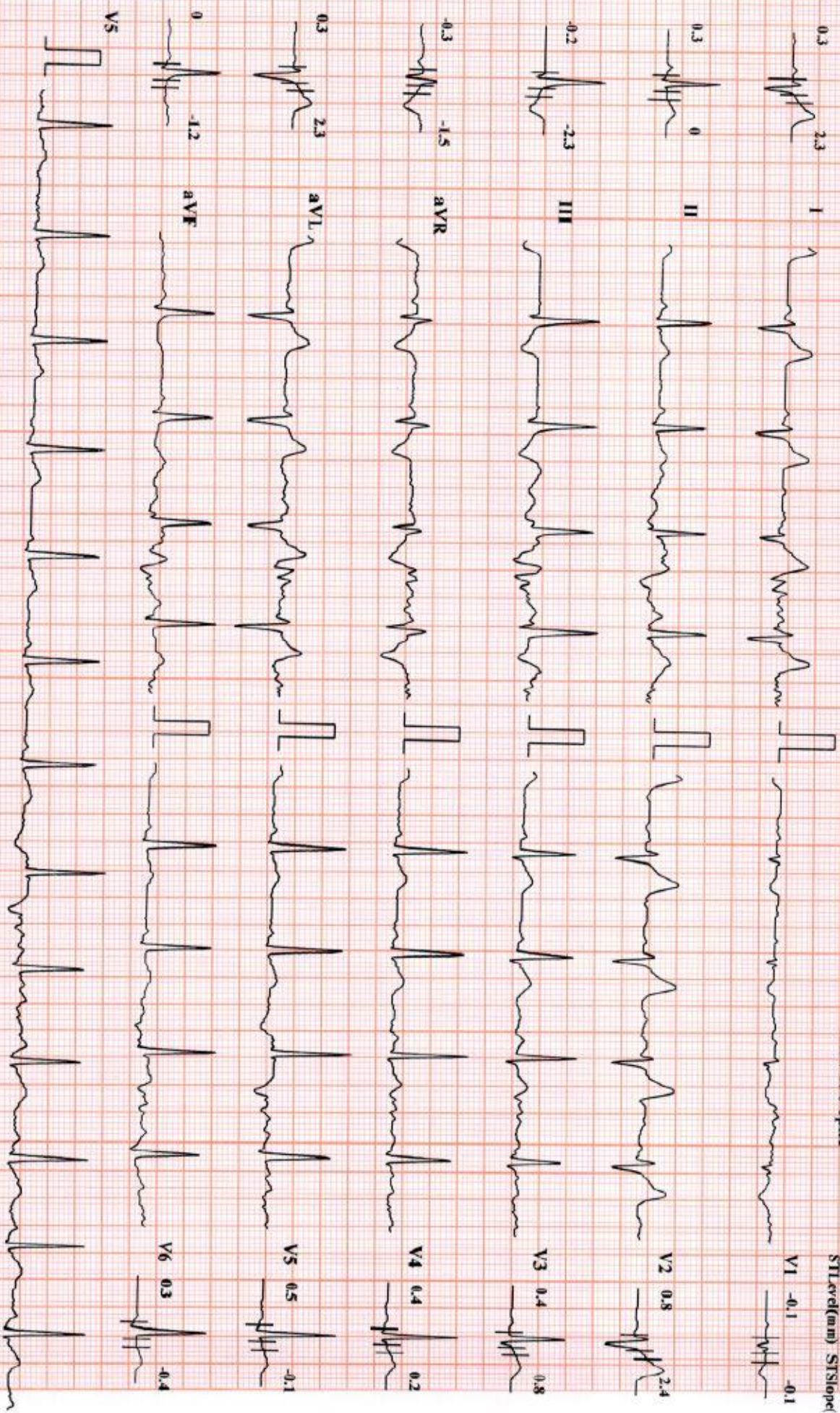


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

VIJAY BAVISKAR (43 M)

Bruce Protocol

ID: 2326618659

Date: 23-09-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 122 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 150 bpm

BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

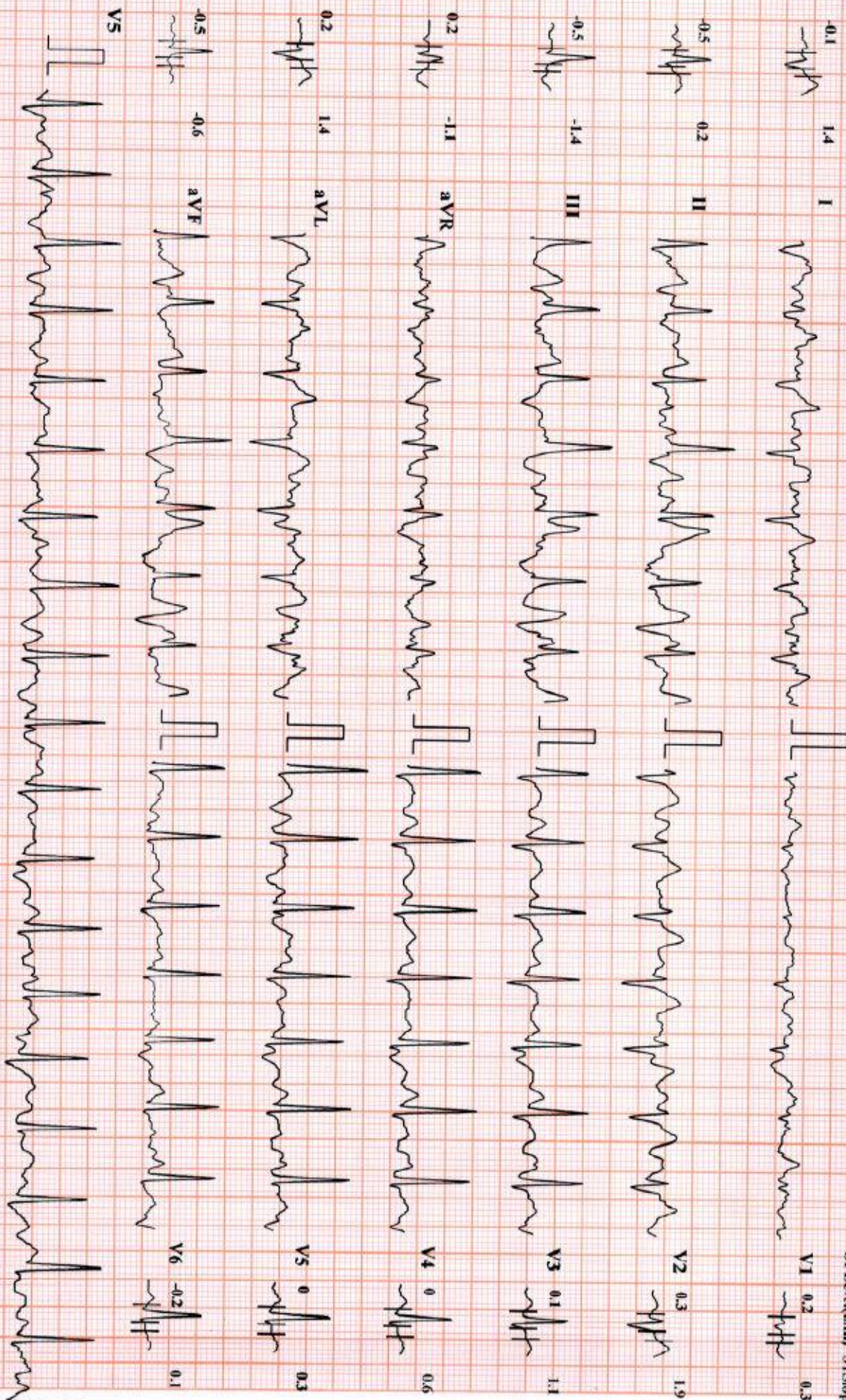


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



VIJAY BAVISKAR (43 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2326618659

Stage: 2

Date: 23-09-2023

Speed: 4 kmph

Exec Time : 0:06:00

Slope: 12 %

Sage Time: 03:00

THR: 150 bpm

HR: 142 bpm

BP: 150/89 mmHg

STLevel(mm) STSlope(mV/s)

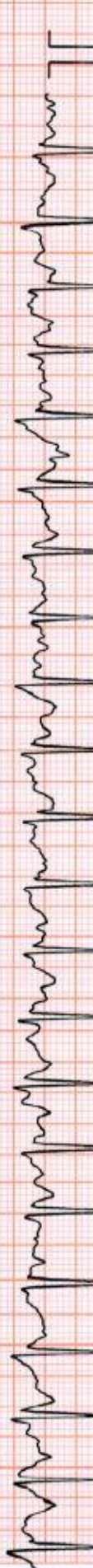
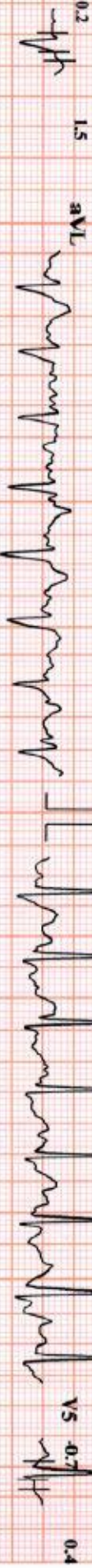
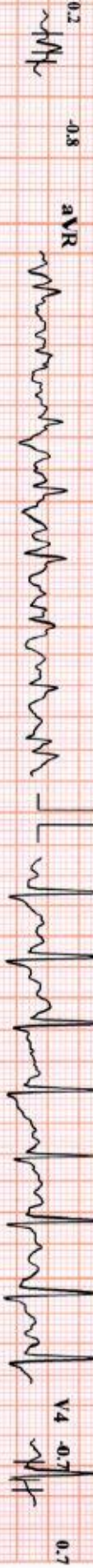
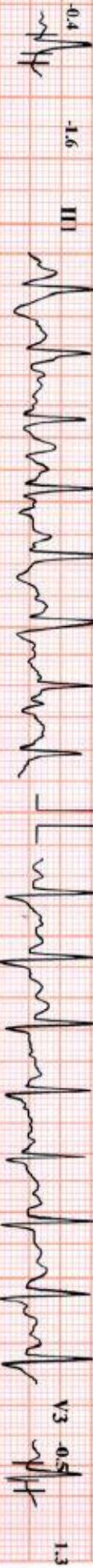
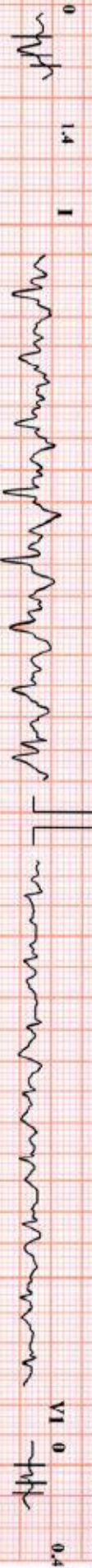


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBRBAN DIANOSTICS PVT. LTD. BORIVALI

VIJAY BAVISKAR (43 M)

Bruce Protocol

ID: 2326618659

Date: 23-09-2023

Exec Time : 0:09:00

Stage Time: 03:00

HR: 164 bpm

STISlope(mm) STISlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 150 bpm

BP: 170/80 mmHg
STISlope(mm) STISlope(mV/s)

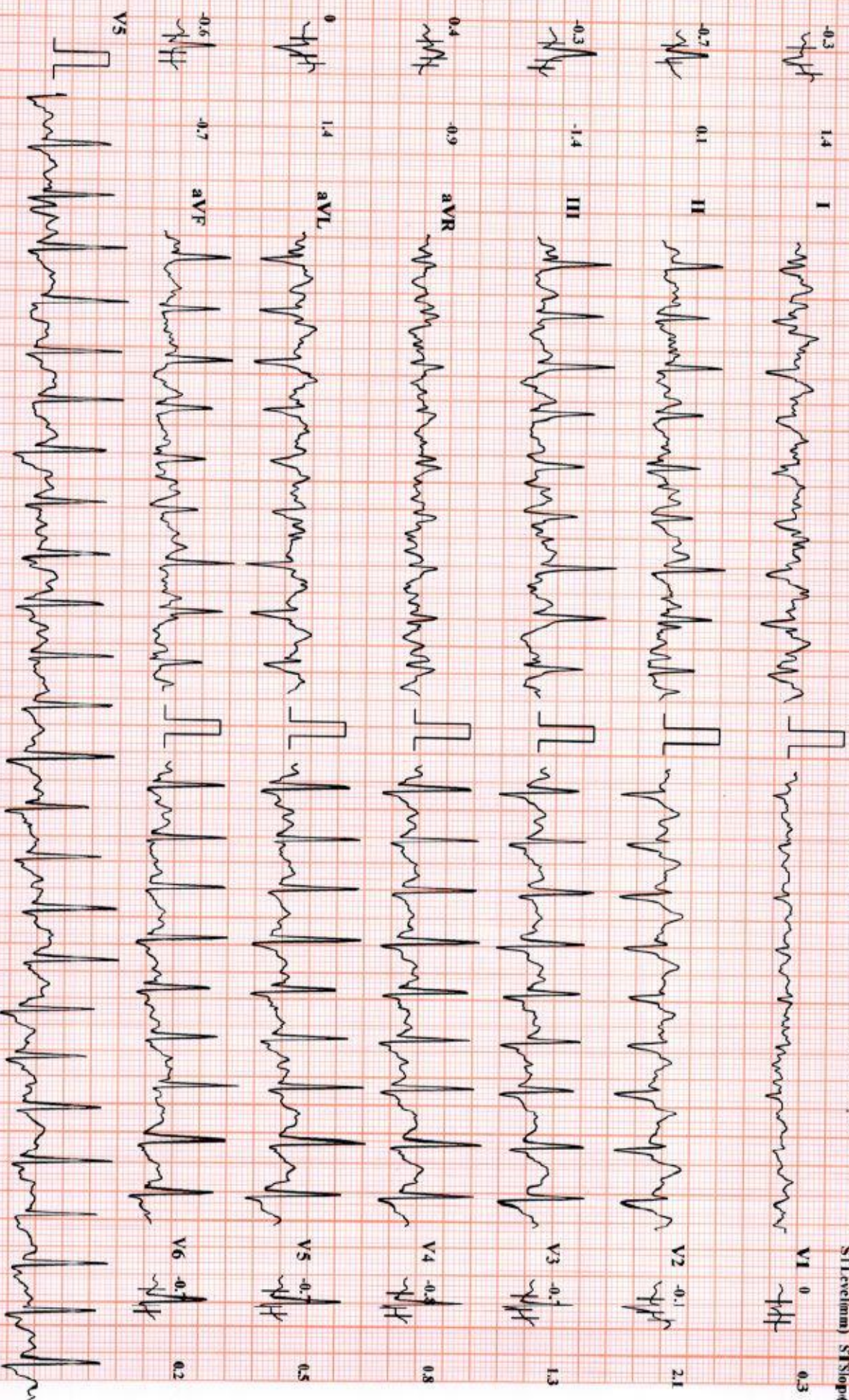


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



VIJAY BAVISKAR (43 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2326618659
Stage: 4 Peak Exercise

Date: 23-09-2023
Speed: 6.8 kmph

Exec Time : 0:09:01
Slope: 16 %

Stage Time: 00:01
THR: 150 bpm

HR: 164 bpm
BP: 170/80 mmHg
STLevel(mm) STSlope(mV/s)

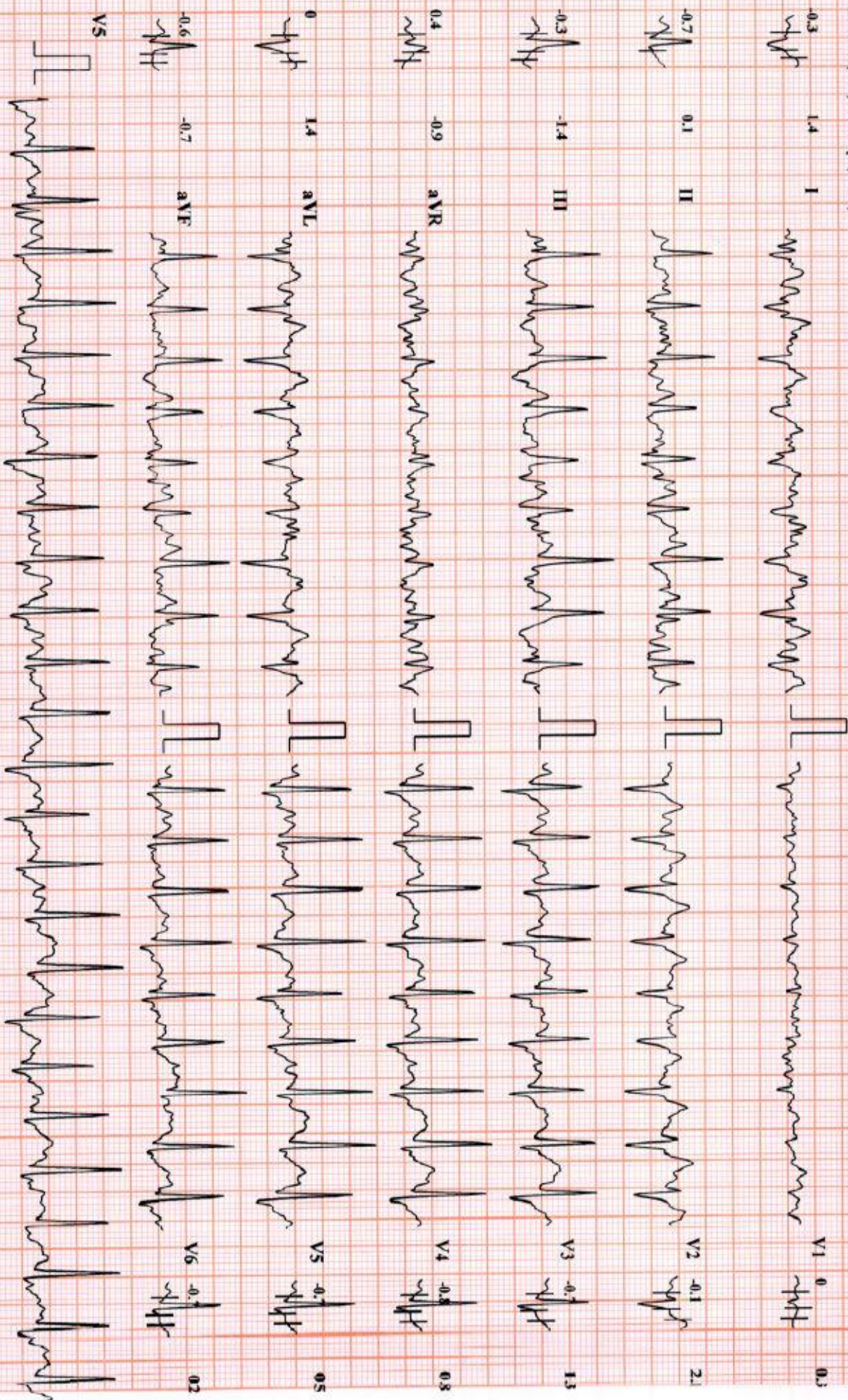


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS20 Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

VIJAY BAVISKAR (43 M)

Bruce Protocol

ID: 2326618659

Date: 23-09-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 132 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 150 bpm

BP: 170/80 mmHg
STLevel(mm) STSlope(mV/s)

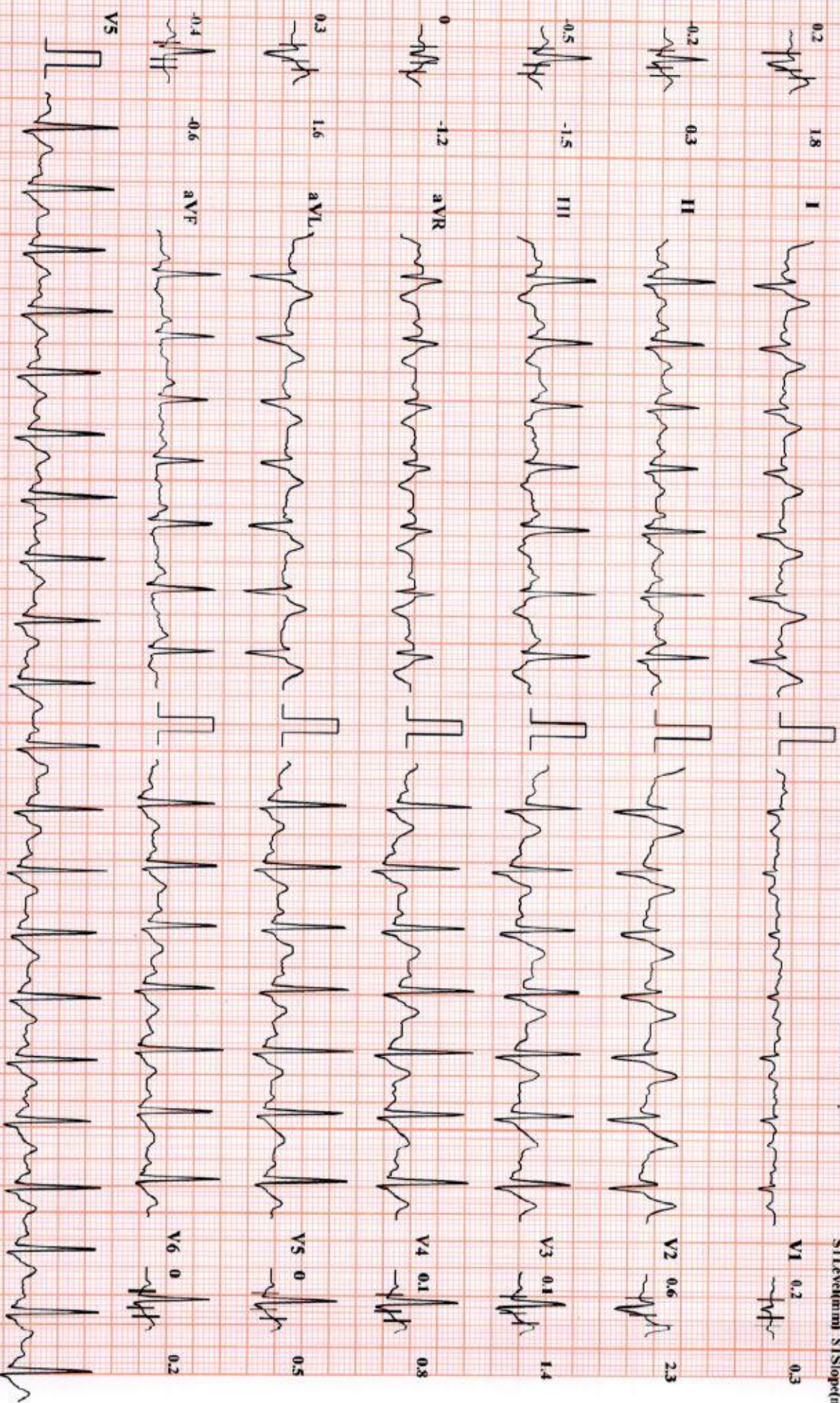


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

VIJAY BAVISKAR (43 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2326618659

Stage: Recovery2

Date: 23-09-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 01:00

THR: 150 bpm

HR: 108 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

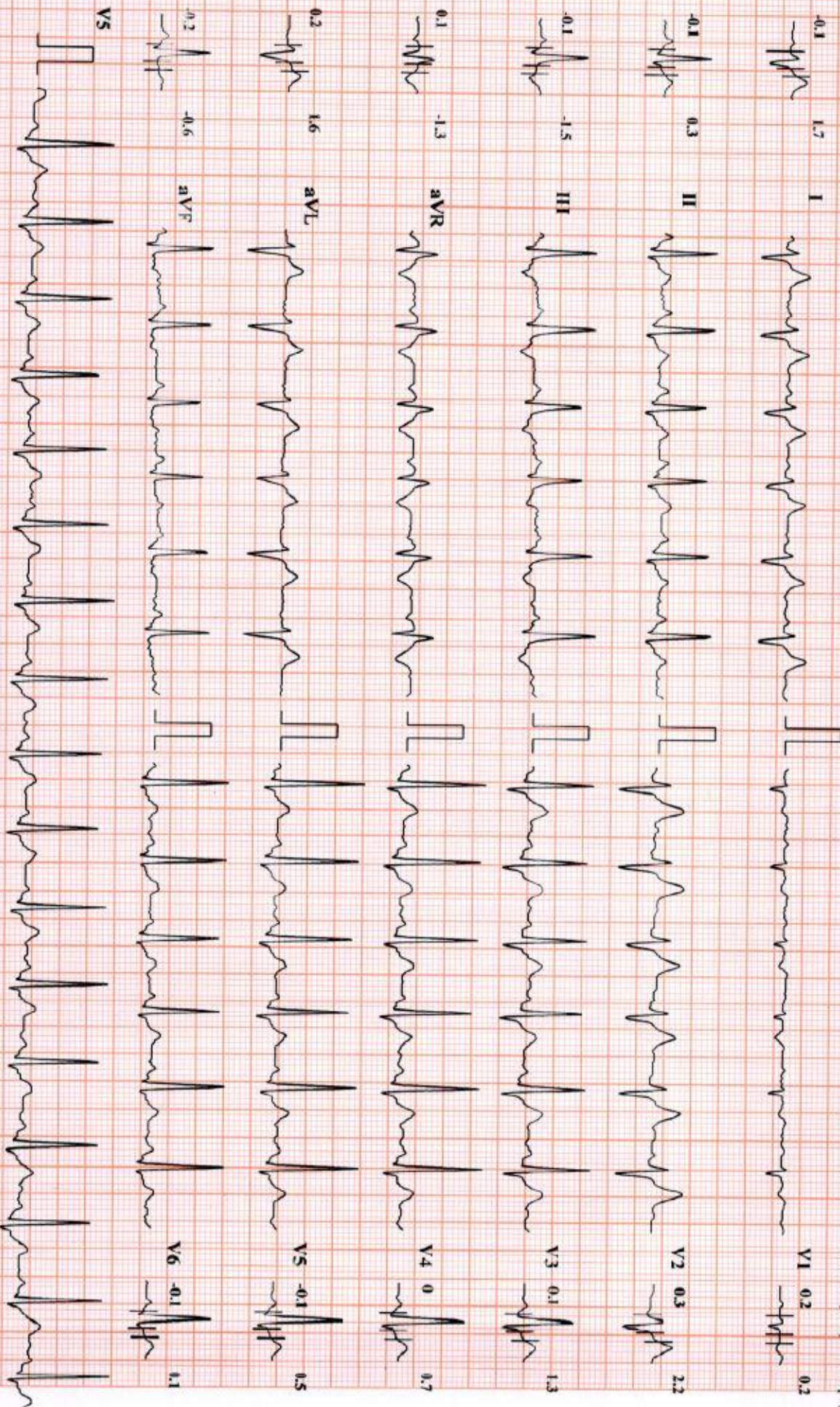


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

VIJAY BAVISKAR (43 M)

Bruce Protocol

STISlope(mm) STISlope(mV/s)

ID: 2126618659

Stage: Recovery³

Date: 23-09-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 00:21

THR: 150 bpm

HR: 114 bpm

BP: 130/80 mmHg

STISlope(mm) STISlope(mV/s)

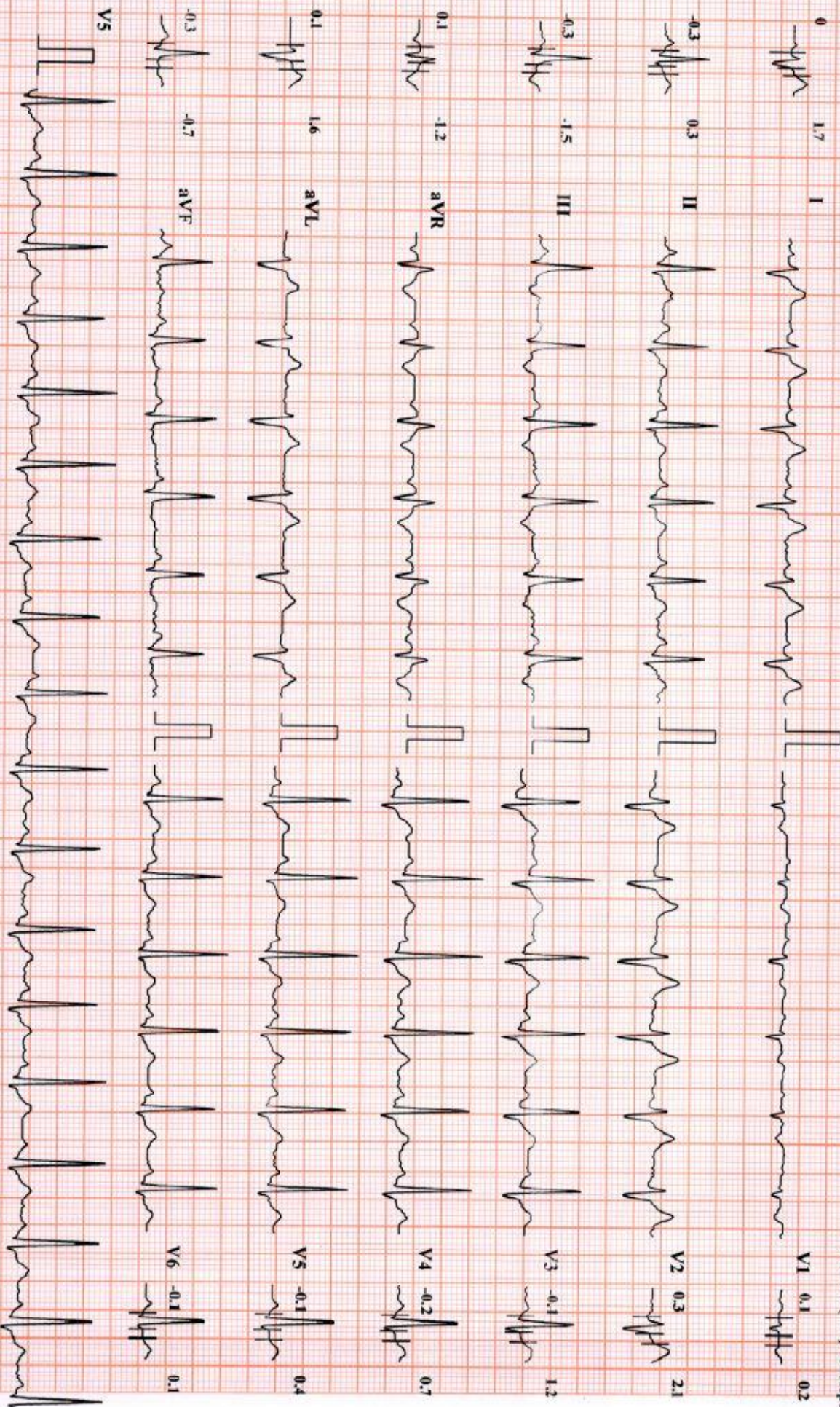


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms