



CID : 2308421647
Name : MR.SOMIL DESAI
Age / Gender : 50 Years / Male
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 25-Mar-2023 / 09:27
Reported : 25-Mar-2023 / 12:22

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.69	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.2	40-50 %	Calculated
MCV	83.6	81-101 fl	Measured
MCH	28.5	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5900	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.6	20-40 %	
Absolute Lymphocytes	2159.4	1000-3000 /cmm	Calculated
Monocytes	10.5	2-10 %	
Absolute Monocytes	619.5	200-1000 /cmm	Calculated
Neutrophils	47.7	40-80 %	
Absolute Neutrophils	2814.3	2000-7000 /cmm	Calculated
Eosinophils	4.5	1-6 %	
Absolute Eosinophils	265.5	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	41.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	313000	150000-410000 /cmm	Elect. Impedance
MPV	7.5	6-11 fl	Measured
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		



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Microcytosis	-
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 15 2-15 mm at 1 hr. Sedimentation

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



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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.4	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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*** End Of Report ***

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





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	29.3	19.29-49.28 mg/dl	Calculated
BUN, Serum	13.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	1.17	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	70	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	5.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.6	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.4	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	4.2	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	98-107 mmol/l	IMT

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



Namrata

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 ***



Namrata

Dr.NAMRATA RAUL
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Biochemist



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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	0.352	<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, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by 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.

Reference:

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

Anupa

Dr. ANUPA DIXIT
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Consultant Pathologist & Lab Director





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert

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



Dr. Vrushi Shroff

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



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Collected :
Reported :

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Name : MR.SOMIL DESAI
Age / Gender : 50 Years / Male
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 25-Mar-2023 / 09:25
Reported : 25-Mar-2023 / 15:56

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.



Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST



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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 CPL, Andheri West

*** End Of Report ***

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MC-2111





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	199.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	155.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	43.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	156.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	125.4	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	31.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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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	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.133	0.55-4.78 microIU/ml	CLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.58	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.40	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	20.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	21.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	18.0	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	76.8	46-116 U/L	Modified IFCC

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Anupa

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Consultant Pathologist & Lab Director

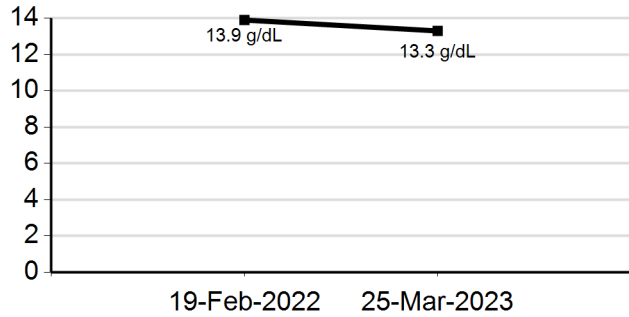




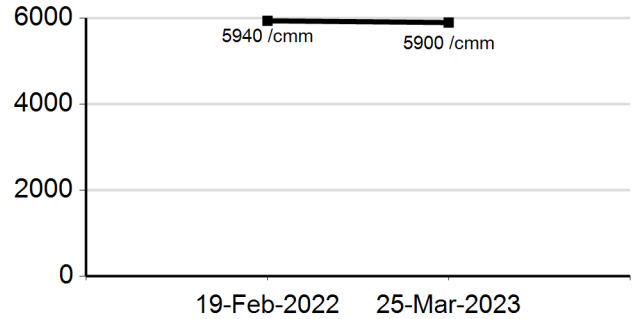
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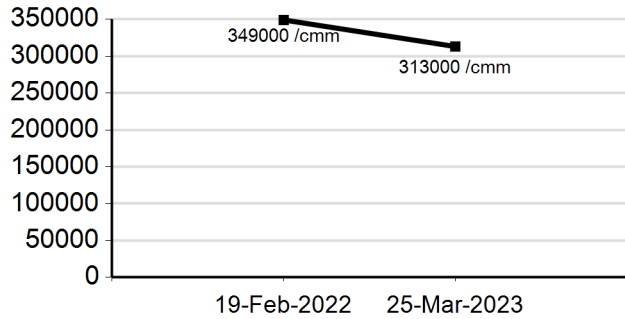
Haemoglobin



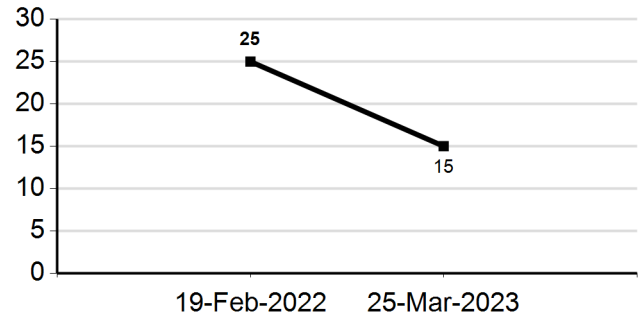
WBC Total Count



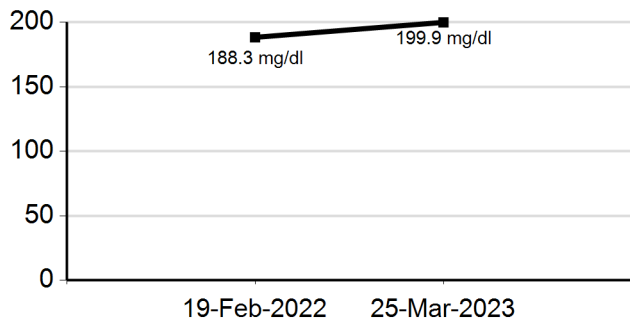
Platelet Count



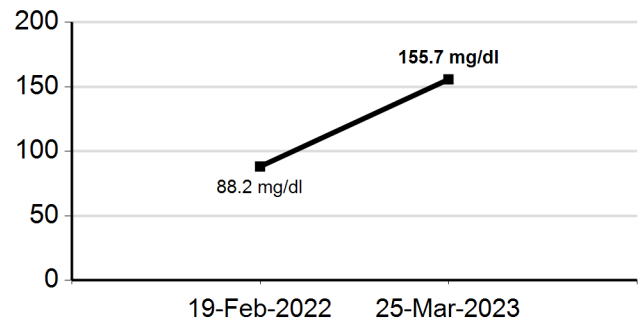
ESR



CHOLESTEROL



TRIGLYCERIDES

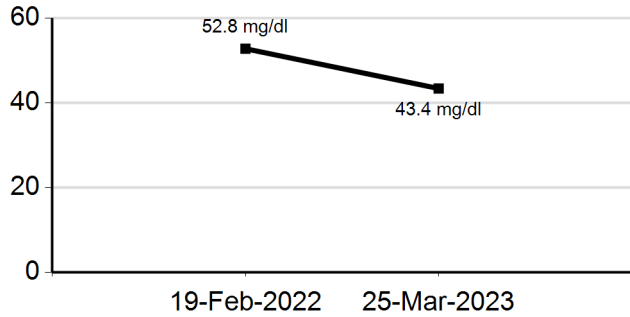




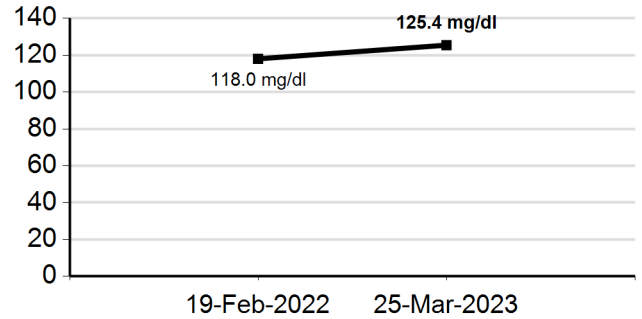
Use a QR Code Scanner
 Application To Scan the Code

CID : 2308421647
Name : MR.SOMIL DESAI
Age / Gender : 50 Years / Male
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

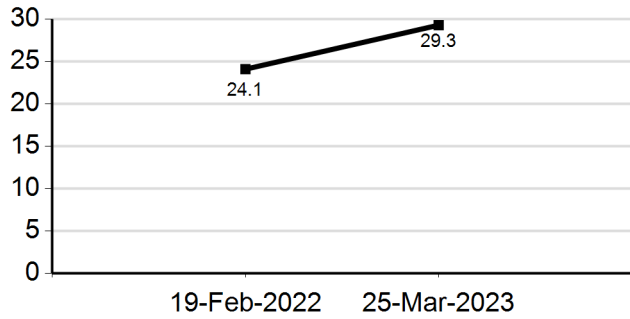
HDL CHOLESTEROL



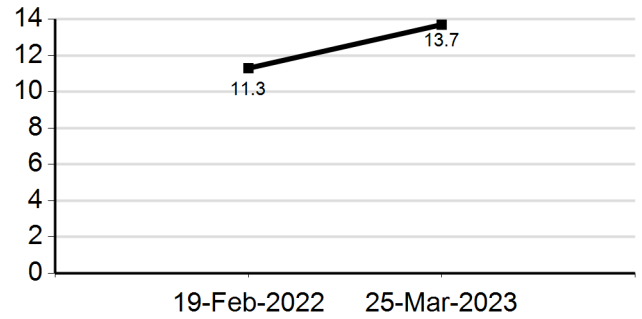
LDL CHOLESTEROL



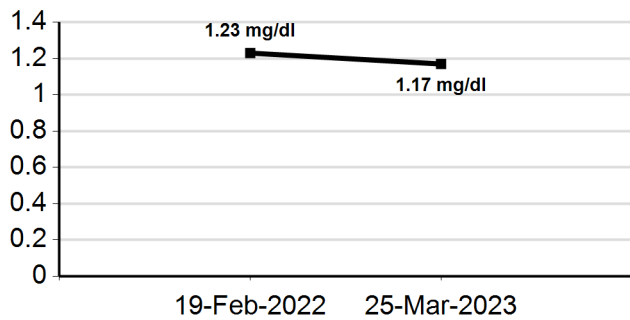
BLOOD UREA



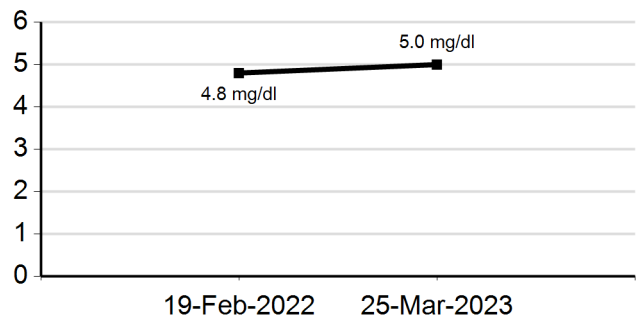
BUN



CREATININE



URIC ACID

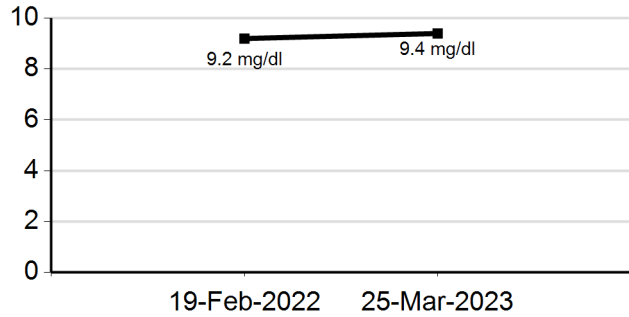




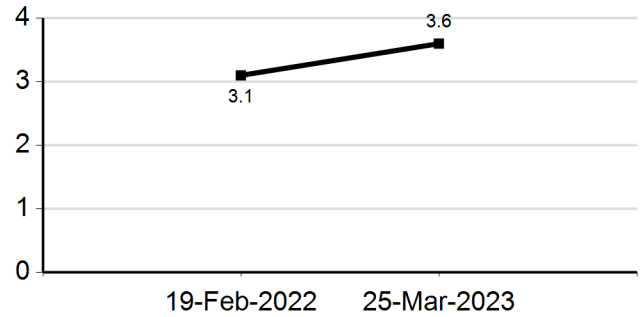
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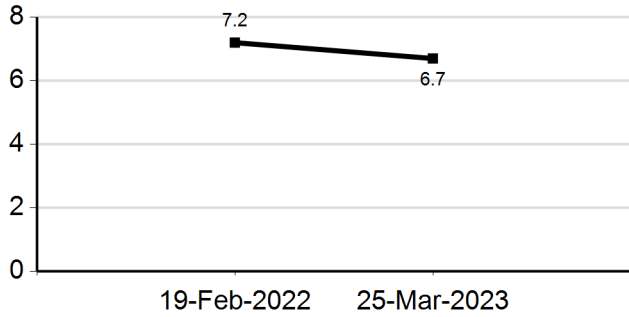
CALCIUM



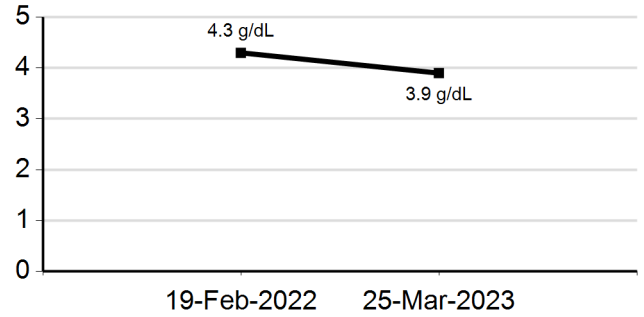
PHOSPHORUS



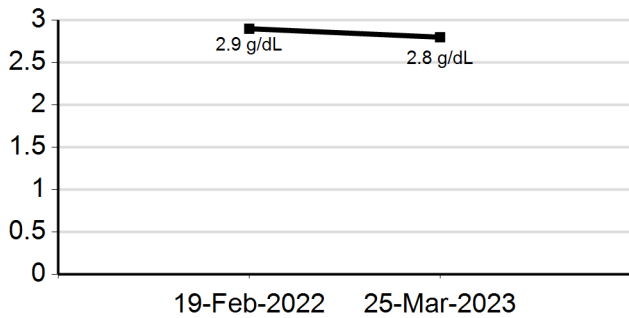
TOTAL PROTEINS



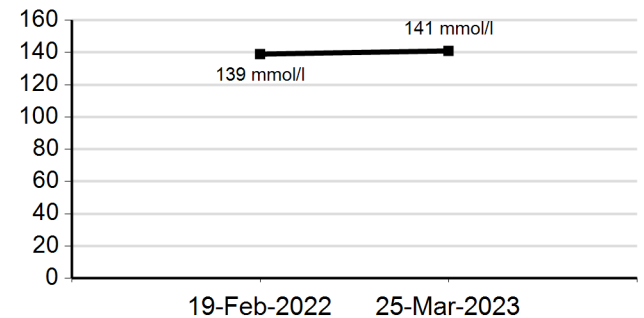
ALBUMIN



GLOBULIN



SODIUM

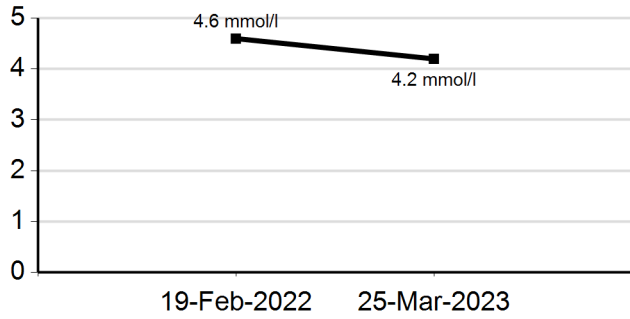




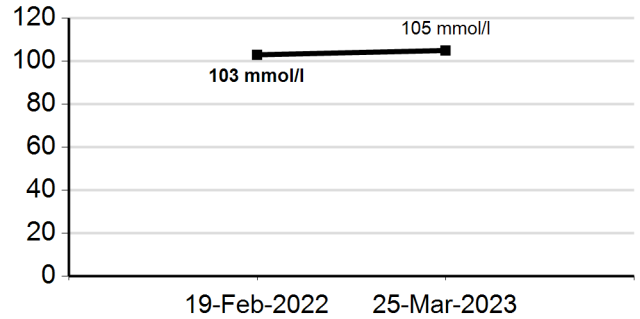
Use a QR Code Scanner Application To Scan the Code

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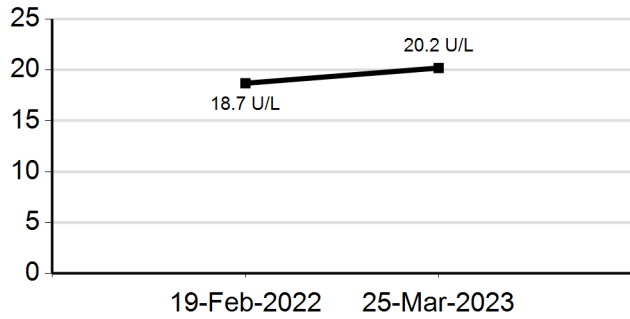
POTASSIUM



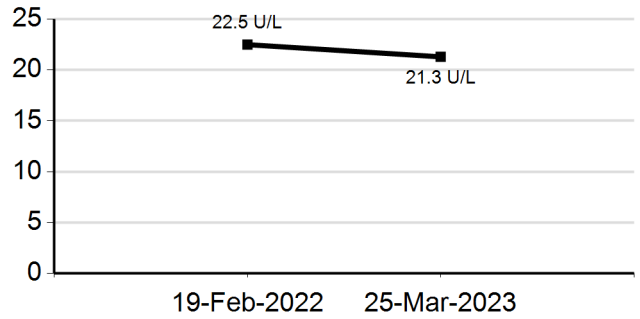
CHLORIDE



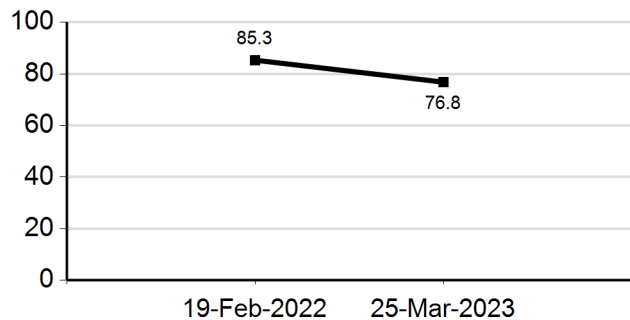
SGOT (AST)



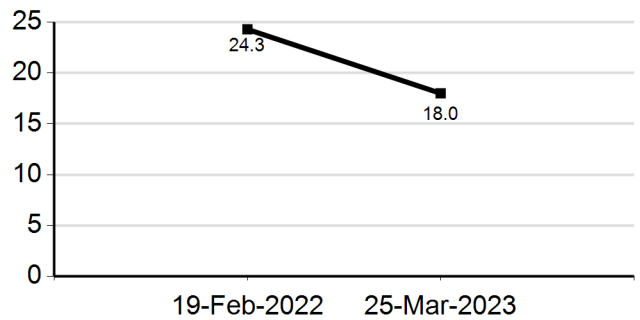
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

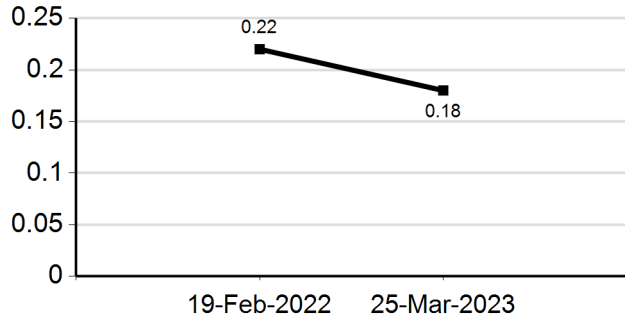




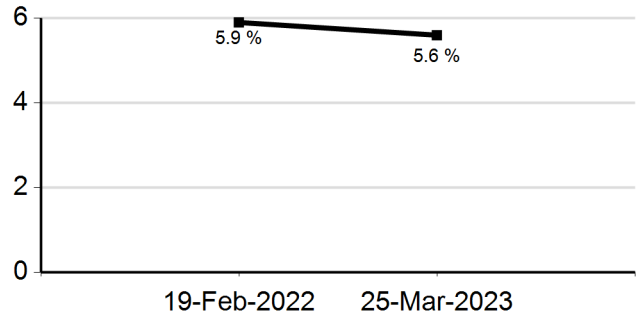
Use a QR Code Scanner Application To Scan the Code

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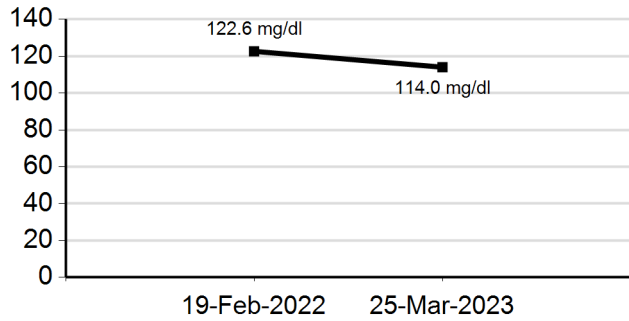
BILIRUBIN (DIRECT)



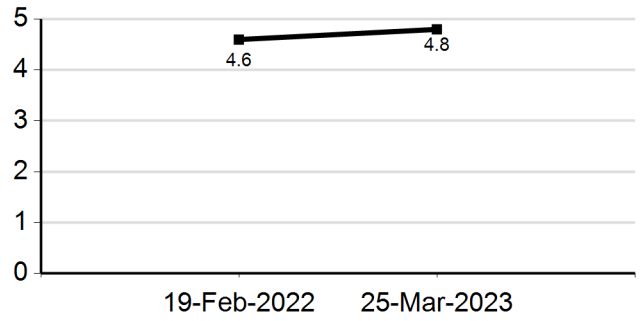
Glycosylated Hemoglobin (HbA1c)



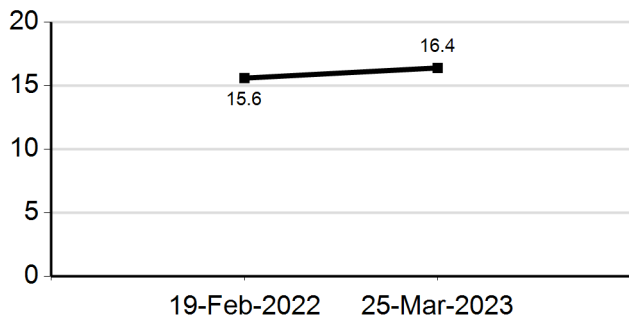
Estimated Average Glucose (eAG)



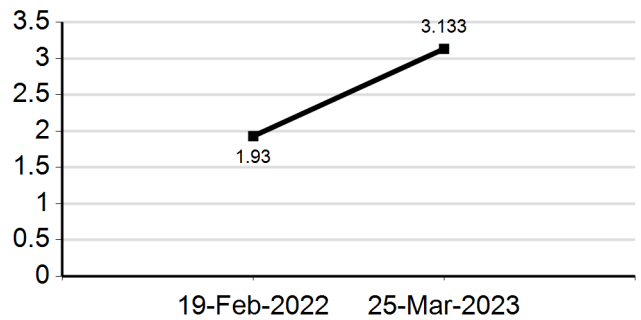
Free T3



Free T4



sensitiveTSH



SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: SOMIL DESAI
Patient ID: 2308420927

Date and Time: 25th Mar 23 9:20 AM

Age **50** **11** **3**
years months days

Gender **Male**

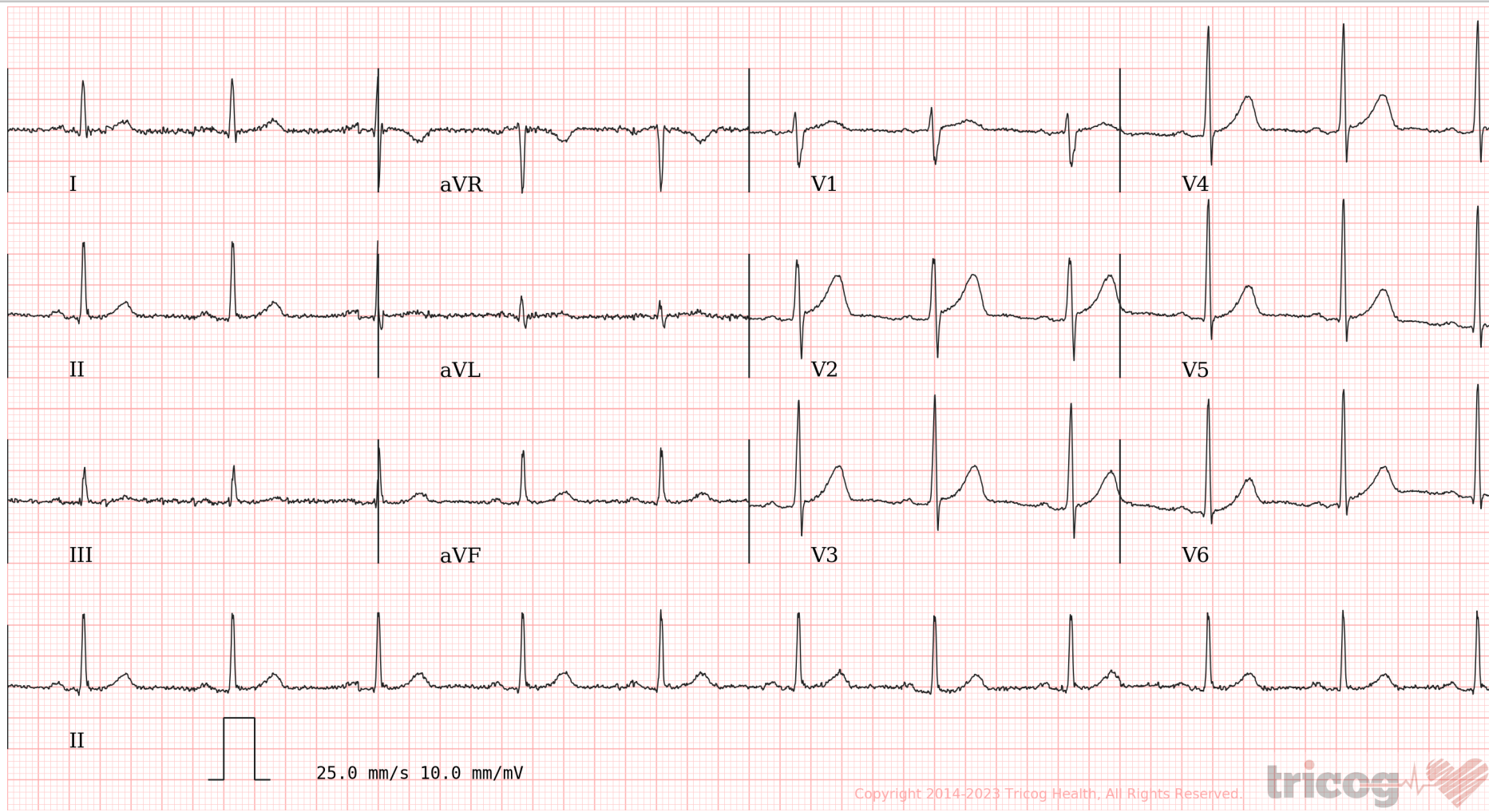
Heart Rate **67bpm**

Patient Vitals

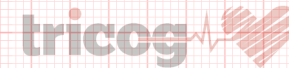
BP: 110/80 mmHg
Weight: 82 kg
Height: 175 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 88ms
QT: 406ms
QTc: 429ms
PR: 172ms
P-R-T: 43° 55° 48°



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

REPORTED BY

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

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.



9967207906.

Desai

Suburban Diagnostics India Pvt Ltd
Shop No.8/10/19/20, Wing -A, Bonanza Building,
Sahar Plaza, Near Kohincor Hotel,
Below J B Nagar Metro Station,
Andheri -Kurla Road, Andheri East, Mumbai -400059

Date: - 25/3/23

CID: 2308420927

Name: - Somil Desai

Sex / Age: 50/M

EYE CHECK UP

Chief complaints: using bifocal glasses since 10yrs.

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: Distance $\left\{ \begin{array}{l} R +6/9 \\ L +6/9 \end{array} \right.$ Near $\left\{ \begin{array}{l} R + N/24 \\ L + N/24 \end{array} \right.$

Aided Vision: Distance $\left\{ \begin{array}{l} R + 6/6 \\ L + 6/6 \end{array} \right.$ Near Aided $\left\{ \begin{array}{l} R + N/15 \\ L + N/15 \end{array} \right.$

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/9				6/6
Near				N/24				N/15

Colour Vision: Normal / Abnormal

Remark: Both eyes Normal.

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

Patient Name :-MR.SOMIL DESAI Age:- 50 Yrs Sex :- M

REF.DR:-

DATE:-25-03-2023

CIDNO. 2308421647

2 D ECHO DOPPLER

Summary:

1. Normal LV size with normal LV systolic function(LVEF 60%)
2. No diastolic dysfunction.
3. No RWMA
4. No obvious valvular pathology.
5. IVC normal
6. No pericardial effusion.
7. No pulmonary hypertension. PASP= 22 mm HG

Left Ventricular assessment:

Size and thickness: normal

RWMA: None obvious

Function: Normal systolic function, No diastolic dysfunction.

LVEF (Estimated): 60%

Mass/Thrombus: Nil.

Right Ventricular assessment:

Size and thickness: Normal.

Systolic function: Normal.

Mass/Thrombus: Nil.

Atria:

Size: Appears normal.

Mass/Thrombus: Nil.

Mitral Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Trivial

Tricuspid Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: trivial

Aortic Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: Nil.
Aortic root: Normal.

Pulmonary Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: Nil.

Sub costal view:

IVC – Normal.

Supra sternal view:

Aortic arch: Normal.

Pericardium: No obvious pericardial effusion.

Dimensions & Doppler measurements:

LA	24	mm	E's		cm/s	E'L	--	cm/s	E'TV	--	cm/s
AoA	20	mm	E/E's	4		E/E'L	--		E/E'TV	--	
IVSd	10	mm	Ss		cm/s	SL	--	cm/s	STV	--	cm/s
LVIDd	42	mm	Evel	0.95	m/s	RV EDA	--	cm ²	SPAP	22	mmHg
PWd	10	mm	Avel	0.5	m/s	RV ESA	--	cm ²	DPAP	--	mmHg
LVIDs	22	mm	MVDT		ms	RV FAC	--	%	MPAP	--	mmHg
LA vol		ml	E/A	>1		LVOTd		cm	AT _{PV}	--	ms
RA vol		ml	MAPSE	N	cm	RVOTd	--	cm	PH _{AD}	--	Wu
IVC	10	mm	TAPSE	N	cm	ARPHT	--	ms	LVEDP	--	mmHg

	Max Vel m/s	Max PG mmHg	Mean PGmmHg	VTI	Valve area cm ²
AV	1.2	4			N
PV					N
MV					N
LVOT	1.1	3			N
RVOT					N

.....End of Report.....

DR. DINESH ROHIRA
ECHO CARDIOLOGIST

Dr Dinesh Rohira
MBBS, DNB (Cardiology)
Registration No 2008040837

CID# : 2308421647

Name : MR.SOMIL DESAI

Age / Gender : 50 Years/Male

Consulting Dr. :

Collected : 25-Mar-2023 / 09:23

Reg.Location : J B Nagar, Andheri East (Main Centre)

Reported : 27-Mar-2023 / 12:42

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO PRESENT MEDICAL COMPLAINTS.

EXAMINATION FINDINGS:

Height (cms):	175 CMS	Weight (kg):	80 KGS
Temp (0c):	AFBERILE	Skin:	NAD
Blood Pressure (mm/hg):	110/80 MMHG	Nails:	NAD
Pulse:	75/MIN	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: S1 S2 HEARD

Respiratory: AEBE

Genitourinary: NAD

GI System: NAD

CNS: NAD

IMPRESSION:

CLIENT IS IN GOOD GENERAL HEALTH

ADVICE:

CHIEF COMPLAINTS:

- | | |
|-----------------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |

CENTRAL PROCESSING LAB: 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# : 2308421647

Name : MR.SOMIL DESAI

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Consulting Dr. :

Collected : 25-Mar-2023 / 09:23

Reg.Location : J B Nagar, Andheri East (Main Centre)

Reported : 27-Mar-2023 / 12:42

- | | |
|--|--|
| 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 | LASER ORTHOPADIC SURGERY IN LEFT KNEE JOINT 2017 |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|--------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | VEG |
| 4) Medication | PAN 40 |

*** End Of Report ***

Dr.Anjana Maheshwari

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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Name : MR.SOMIL DESAI
Age / Gender : 50 Years / Male
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 25-Mar-2023 / 09:25
Reported : 25-Mar-2023 / 15:56

Use a QR Code Scanner
Application To Scan the Code

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.



Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST