

PHYSICAL EXAMINATION REPORT

Patient Name	Rohitash Gupta	Sex/Age	M/60yrs.
Date	7/8/2024	Location	Thane

History and Complaints

c/o - DM
- Hoarseness of voice

EXAMINATION FINDINGS:

Height (cms):	165	Temp (0c):	②
Weight (kg):	58.1	Skin:	
Blood Pressure	140/80	Nails:	NAD
Pulse	76/min	Lymph Node:	

Systems :

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

Impression: ↓ Hb, ↑ ESR, ↓ T3 (3.4)
BSL ^F PP (Impaired), ↓ GFR.
↑ HbA1c (6.5)
High TG's, ↓ HDL, ↑ Non HDL Chol.
↑ B/L BV Prominence.

USG -
Fatty Liver,
Both kidneys
small in size -
B/L Iugular
Hemia.

PHYSICAL EXAMINATION REPORT

Patient Name	Rohitash Gupta	Sex/Age	M/60yrs.
Date	7/8/2024	Location	Thane

History and Complaints

c/o - DM .
- Hoarseness of voice .

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Height (cms):	165	Temp (0c):	37
Weight (kg):	58.1	Skin:	
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Pulse	76/min	Lymph Node:	

Systems :

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

Impression: ↓ Hb, ↑ ESR. ↓ T3 (3.4)
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USG -
Fatty Liver,
Both kidneys
small in size.
Inguinal
Hernia.

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Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

↓ Hb, ↑ ESR. ↓ T3 (3.14)
 BSL ^F PP (Impaired), ↓ GFR.
 ↑ HbA1c (6.5)
 High TG's, ↓ HDL, ↑ NonHDL Chol.
 ↑ BIL BV Prominence.

USG -
 Fatty Liver,
 Both kidneys
 small in size.
 ↑ Inguinal
 Hemata.

Advice:

- Iron supplement + Surgeon's consultation
- Low Fat, Low sugar Diet, Reg Exercise
- Repeat sugar Profile, Thyroid Profile (3 months)
- Physician's cons. for Dyslipidemia
- ENT Consultation for Hoarseness of voice

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

PERSONAL HISTORY:

1)	Alcohol	} (No) (No) Veg OHA's
2)	Smoking	
3)	Diet	
4)	Medical	

Dr. Manasee Kulkarni
M.B.B.S
2006/09/3439
8/8/24

CID : 2422009977
Name : MR.ROHTASH GUPTA
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 07-Aug-2024 / 08:37
Reported : 07-Aug-2024 / 11:26

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.15	4.5-5.5 mil/cmm	Elect. Impedance
PCV	37.7	40-50 %	Measured
MCV	90.8	80-100 fl	Calculated
MCH	29.2	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7820	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	36.8	20-40 %	
Absolute Lymphocytes	2877.8	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	586.5	200-1000 /cmm	Calculated
Neutrophils	52.3	40-80 %	
Absolute Neutrophils	4089.9	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	265.9	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	211000	150000-400000 /cmm	Elect. Impedance
MPV	10.6	6-11 fl	Calculated
PDW	19.5	11-18 %	Calculated
RBC MORPHOLOGY			
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 33 2-20 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
- Bridgen 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 G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Name : MR.ROHTASH GUPTA
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Aug-2024 / 12:09
Reported : 07-Aug-2024 / 14:02

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	125.2	Non-Diabetic: < 100 mg/dl Impaired Fastng Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	186.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Name : MR.ROHTASH GUPTA
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Aug-2024 / 08:37
Reported : 07-Aug-2024 / 12:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	19.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.1	6-20 mg/dl	Calculated
CREATININE, Serum	1.13	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	74	(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

TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.3	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.0	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.8	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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Age / Gender : 60 Years / Male
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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	6.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	139.8	mg/dl	Calculated

Kindly correlate clinically.

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

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

CID : 2427009977
Name : MR.ROHTASH GUPTA
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 07-Aug-2024 / 08:37
Reported : 07-Aug-2024 / 13:18

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.717	<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 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

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Reported : 07-Aug-2024 / 13:18

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



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

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Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 07-Aug-2024 / 08:37
Reported : 07-Aug-2024 / 16:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
MICROSCOPIC EXAMINATION			
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	-

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

Vandana Kulkarni
Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

CID : 2422009977
Name : MR.ROHTASH GUPTA
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected : 07-Aug-2024 / 08:37
Reported : 07-Aug-2024 / 13:54

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
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>			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Crystals	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	0-20/hpf	
Yeast	Absent	Absent	

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Others

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



Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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Authenticity Check
Use a QR Code Scanner Application To Scan the Code

Collected : 07-Aug-2024 / 08:37
Reported : 07-Aug-2024 / 13:00

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 Semi-automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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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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	192.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	302.4	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	38.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	153.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.9	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	50.5	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

Kindly correlate clinically.
Note : LDL test is performed by direct measurement.

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*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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



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Collected : 07-Aug-2024 / 08:37
Reported : 07-Aug-2024 / 12:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.07	0.35-5.5 microIU/ml microIU/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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

CID : 2422009977
Name : MR. ROHTASH GUPTA
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



Use a QR Code Scanner
Application To Scan the Code

Collected : 07-Aug-2024 / 08:37
Reported : 07-Aug-2024 / 12:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.62	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	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	19.5	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	17.9	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	17.1	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	76.8	40-130 U/L	PNPP

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

Dr. Imran Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



Authenticity Check
Use a QR Code Scanner Application To Scan the Code

CID : 2422009977
Name : MR.ROHTASH GUPTA
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Aug-2024 / 12:09
Reported : 07-Aug-2024 / 15:49

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

Dr. Imran Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2422009977
Name : Mr rohtash gupta
Age / Sex : 60 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 07-Aug-2024
Reported : 08-Aug-2024 / 9:53

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size (13.2 cm) and *shows increased echorefectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is partially distended. No obvious calculus.

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

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: *Both kidneys are slightly small in size.*

Right kidney measures 8.2 x 3.7 cm. Left kidney measures 8.4 x 4.3 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

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

PROSTATE: Prostate is normal in size and echotexture and measures 3.0 x 3.3 x 4.3 cm in dimension and 23 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

There is a 1.1 cm defect in the right inguinal region with herniation of mesentery and bowel within, suggestive of right inguinal hernia.

There is a 1.0 cm defect in the left inguinal region with herniation of mesentery and bowel within, suggestive of left inguinal hernia.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024080708354268>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085 | CIN No.: L74899DL1963-PC0005502

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Smart, Premier Road, Vidyavihar West, Mumbai - 400086

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code!

CID : 2422009977
Name : Mr rohtash gupta
Age / Sex : 60 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 07-Aug-2024
Reported : 08-Aug-2024 / 9:53

IMPRESSION:

- GRADE I FATTY INFILTRATION OF LIVER.
- BOTH KIDNEYS ARE SLIGHTLY SMALL IN SIZE.
- BILATERAL INGUINAL HERNIAS AS DESCRIBED ABOVE.

Advice: Clinical co-relation sos further evaluation 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.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024080708354268>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-1B, Rohini, New Delhi - 110085. | CIN No.: L74699DL1900153153200

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report



2162 (2522009977) / ROHTASH GUPTA / 60 Yrs / M / 165 Cms / 58 Kg
 Date: 07 / 08 / 2024 11:45:32 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	071	44 %	140/80	089	00	
Standing	00:23	0:13	00.0	00.0	01.0	076	48 %	140/80	106	00	
HV	00:38	0:15	00.0	00.0	01.0	077	48 %	140/80	107	00	
ExStart	01:04	0:26	00.0	00.0	01.0	075	47 %	140/80	105	00	
PeakEX	01:58	0:54	01.7	10.0	02.1	136	85 %	150/80	204	00	
Recovery	02:58	1:00	00.0	00.0	02.1	106	68 %	150/80	158	00	
Recovery	03:58	2:00	00.0	00.0	02.1	081	51 %	130/80	105	00	
Recovery	04:58	3:00	00.0	00.0	02.1	074	46 %	130/80	096	00	
Recovery	05:23				00.0	000	0 %	---	000	00	

FINDINGS :

Exercise Time : 00:54
 Initial HR (ExStrt) : 75 bpm 47% of Target 160
 Initial BP (ExStrt) : 140/80 (mm/Hg)
 Max Workload Attained : 2.1 Poor response to induced stress
 Max ST Dep Lead & Avg ST Value: 11 & -1.1 mm In PeakEX
 Test End Reasons : Feeling Uncomfortable, Fatigue

Max HR Attained 136 bpm 85% of Target 160
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)
 Regd. 49972

Doctor : DR. SHAILAJA PILLAI



REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 76.0 bpm, and the maximum predicted Target Heart Rate 160.0. The BP increased at the time of generating report as 150/0/80 0 mmHg The Max Dep went upto 0.7. 0.0 Ectopic Beats were observed during the Test

CONCLUSIONS:

1. Stress test seems negative for ischemia.
2. No significant ST T changes seen
3. Blood pressure response to exercise is normal.
4. Accelerated chronotropic response.

Disclaimer : Negative stress test does not rule out CAD.

Dr. SHAILAJA PILLAI
M.D. (GEN. MED.)
RNO. 49972

Doctor : DR. SHAILAJA PILLAI



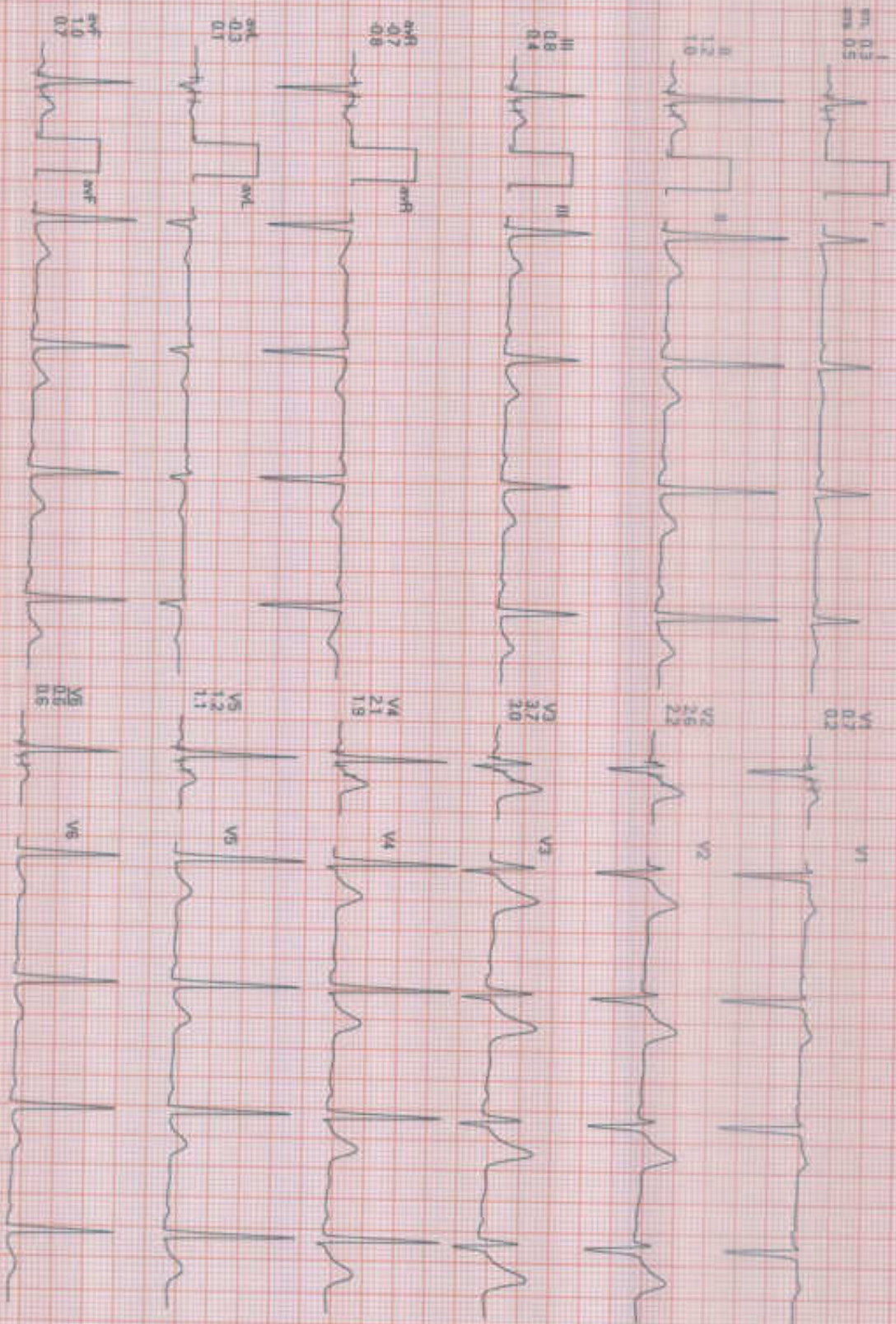
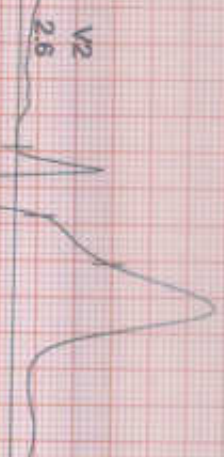
2162 (A222009371) / ROHTASH GUPTA / 60 Yrs / M / 165 Oms / 58 Kg / HR : 71

Date: 07 / 06 / 2024 11:45:32 AM METS: 1.0/71 bpm 44% of THR BP: 140/80 mmHg Raw ECG/BLC On/Notch On/PRF 0.05 Hz

EXTime: 00:00 0.0 mph. 0.0%

25 mm/sec 1.0 cm/mV

30 ms Figure 1



REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

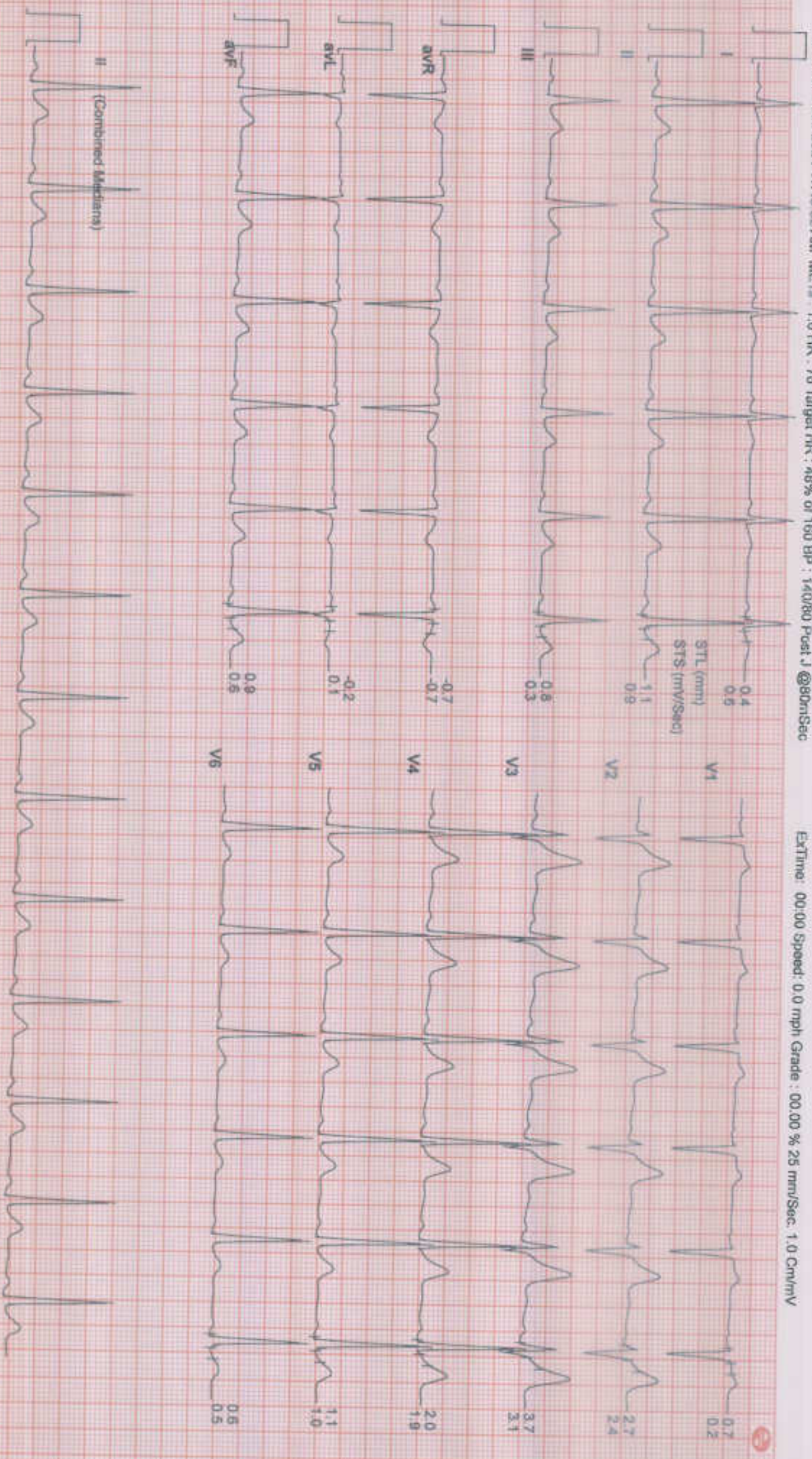
2162 / ROHTASH GUPTA / 60 Yrs / Male / 165 Cm / 58 Kg

Date: 07 / 08 / 2024 11:45:32 AM METs : 1.0 HR : 76 Target HR : 48% of 160 Bp : 140/80 Post J @80m/Sec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

STANDING (00:00)



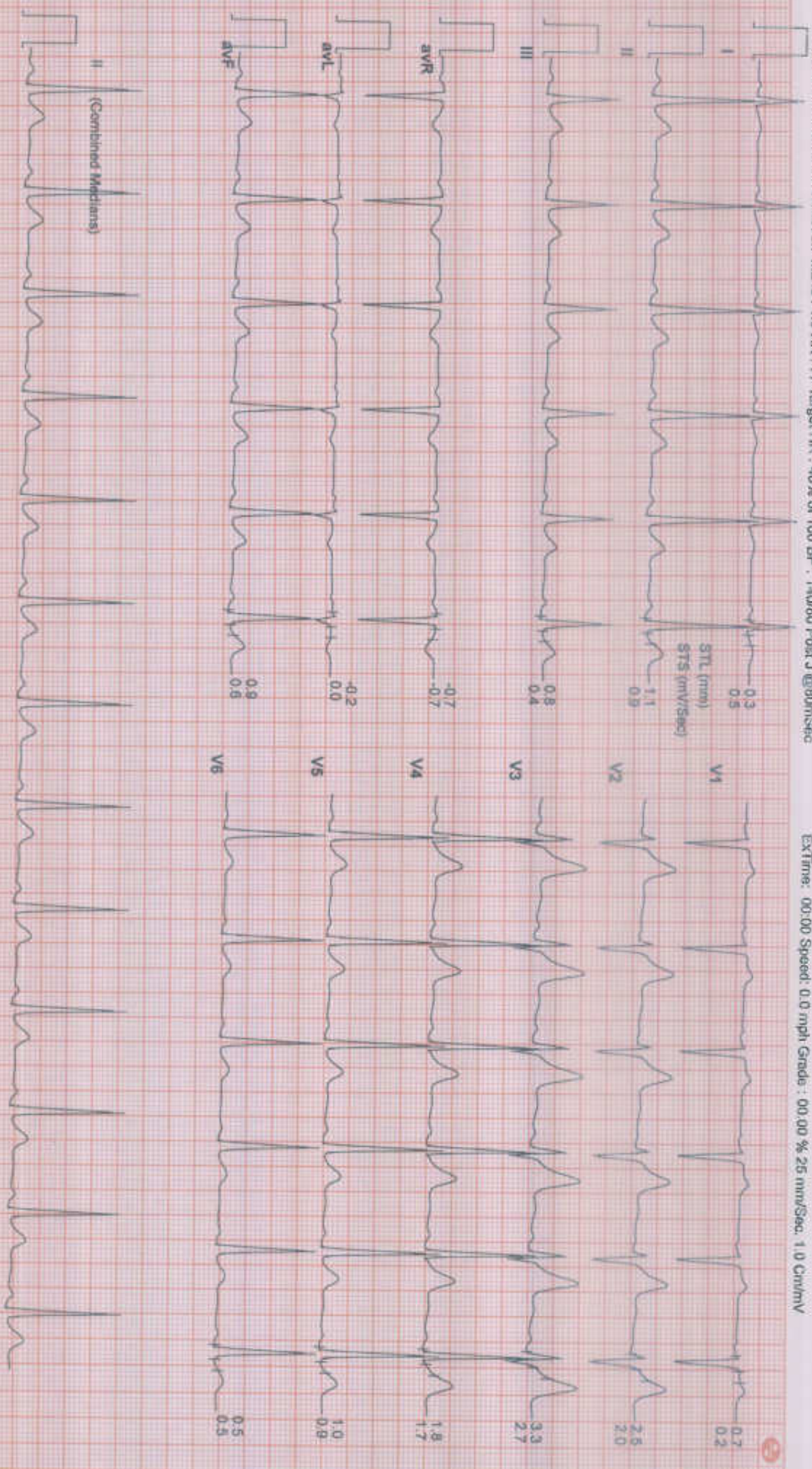
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2162 / ROHTASH GUPTA / 60 Yrs / Male / 165 Cm / 58 Kg

Date: 07 / 08 / 2024 11:45:32 AM METs : 1.0 HR : 77 Target HR : 46% of 160 BP : 140/80 Post J @ 80mSec

6X2 Combine Medians + 1 Rhythm HV (00:00)

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec, 1.0 Cm/mV



II
(Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

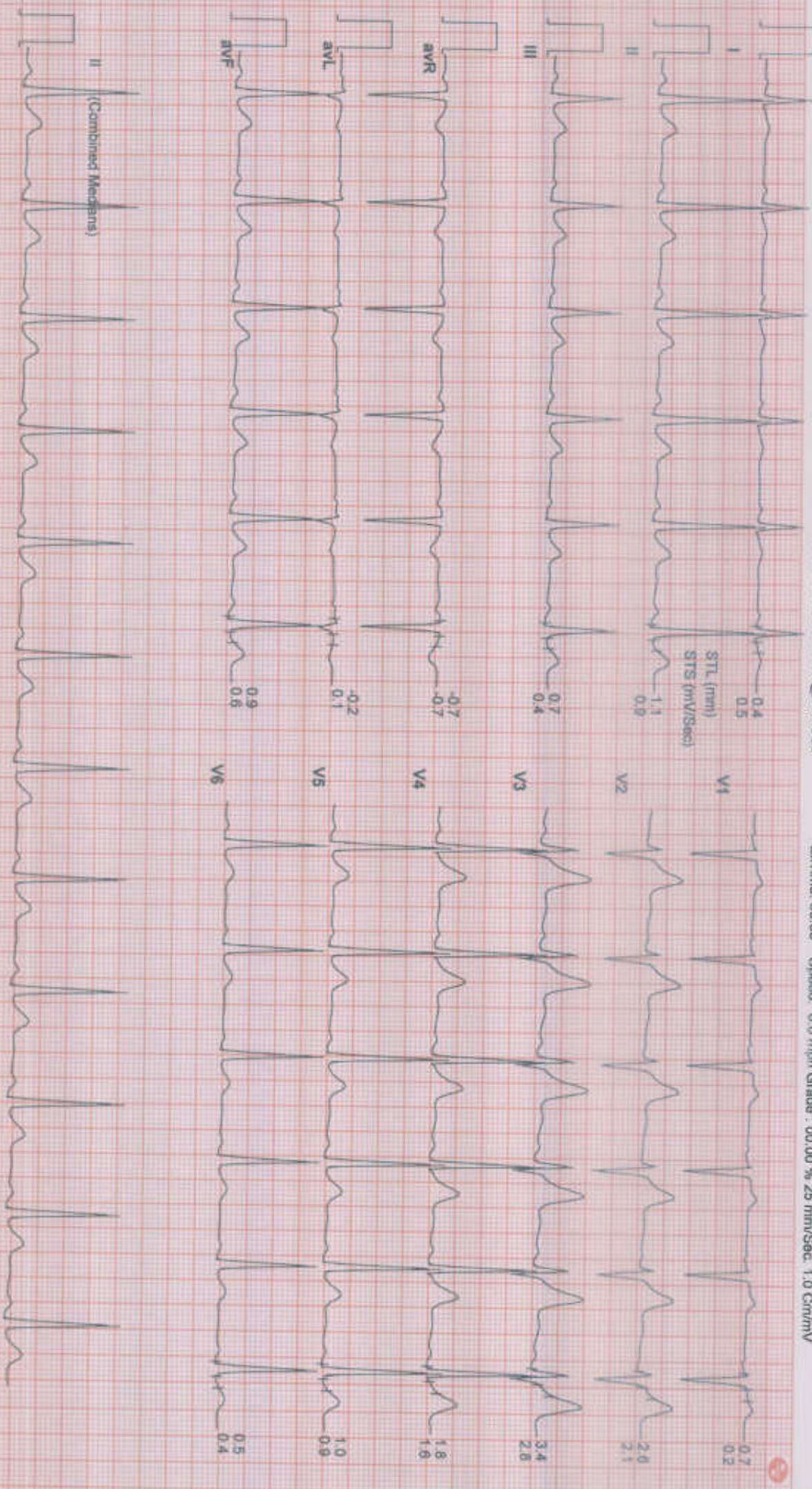
2162 / ROHTASH GUPTA / 60 Yrs / Male / 165 Cm / 58 Kg

Date: 07 / 06 / 2024 11:45:32 AM METs : 1.0 HR : 75 Target HR : 47% of 160 BP : 140/80 Post J @30mSec

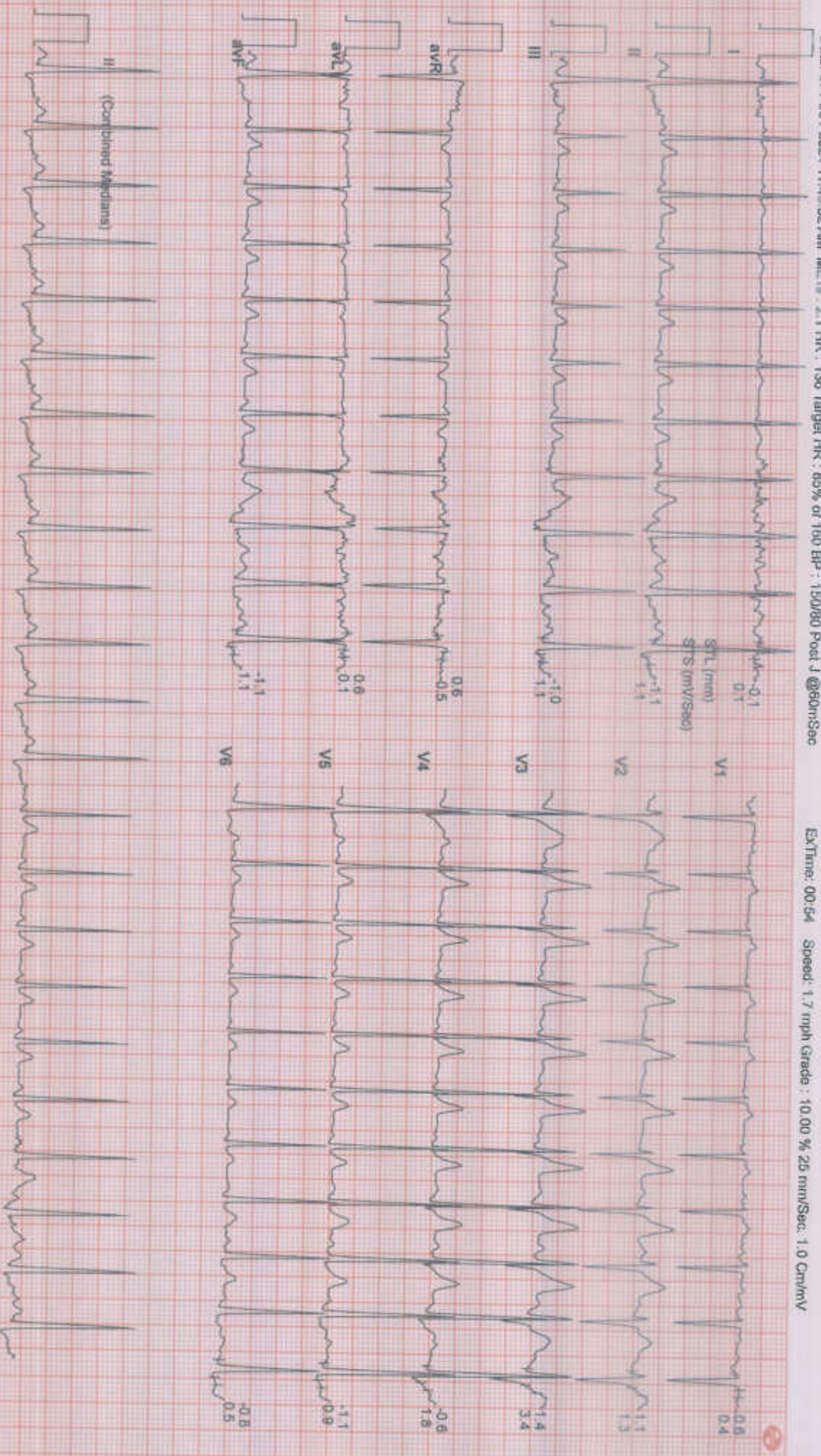
6X2 Combine Medians + 1 Rhythm

ExStir

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

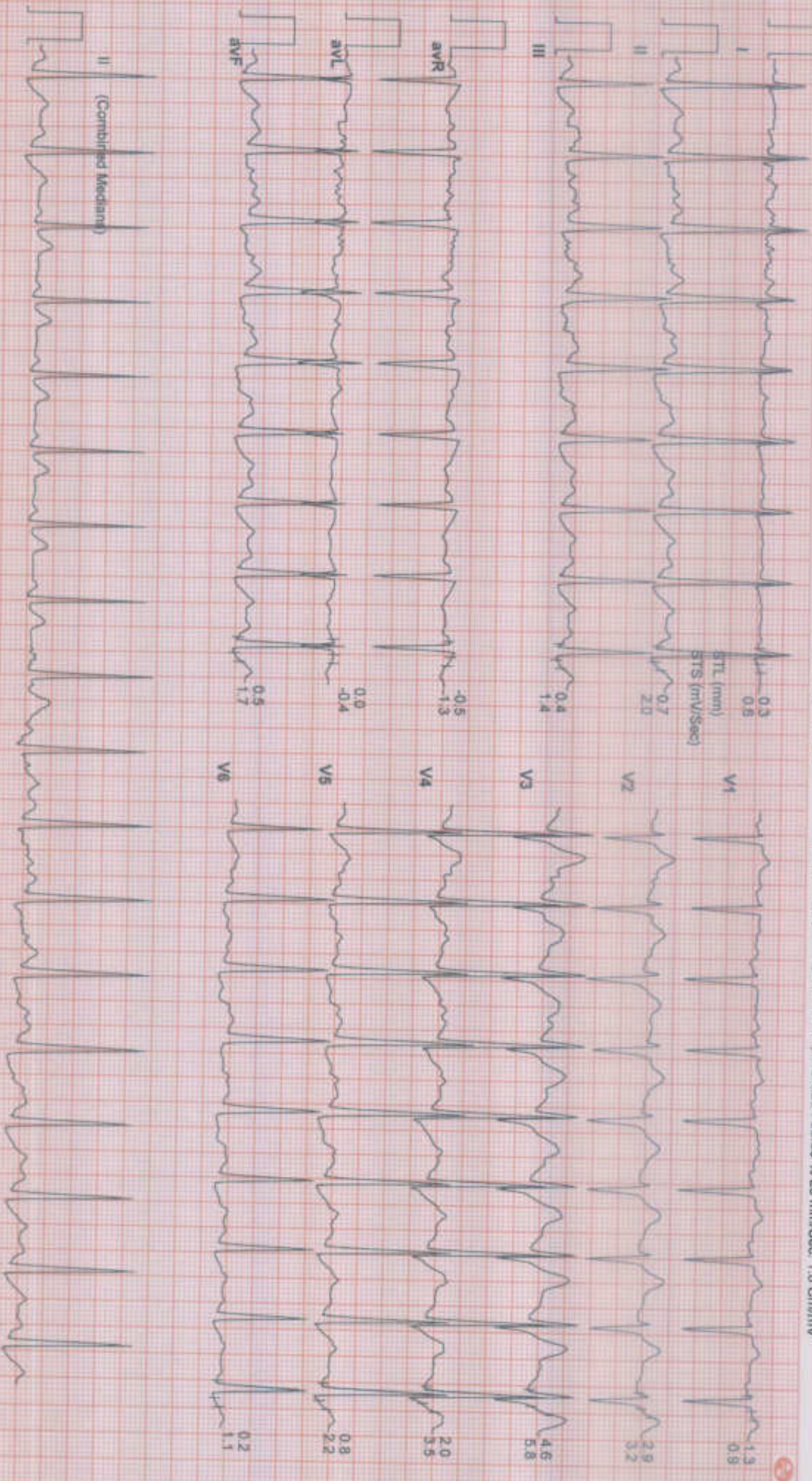
2162 / ROHTASH GUPTA / 60 Yrs / Male / 165 Cm / 58 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



Date: 07 / 08 / 2024 11:45:32 AM METs : 2.1 HR : 106 Target HR : 66% of 160 BP : 150/80 Post J @7mSec

ExTime: 00:34 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/IV



II
(Combined Median)

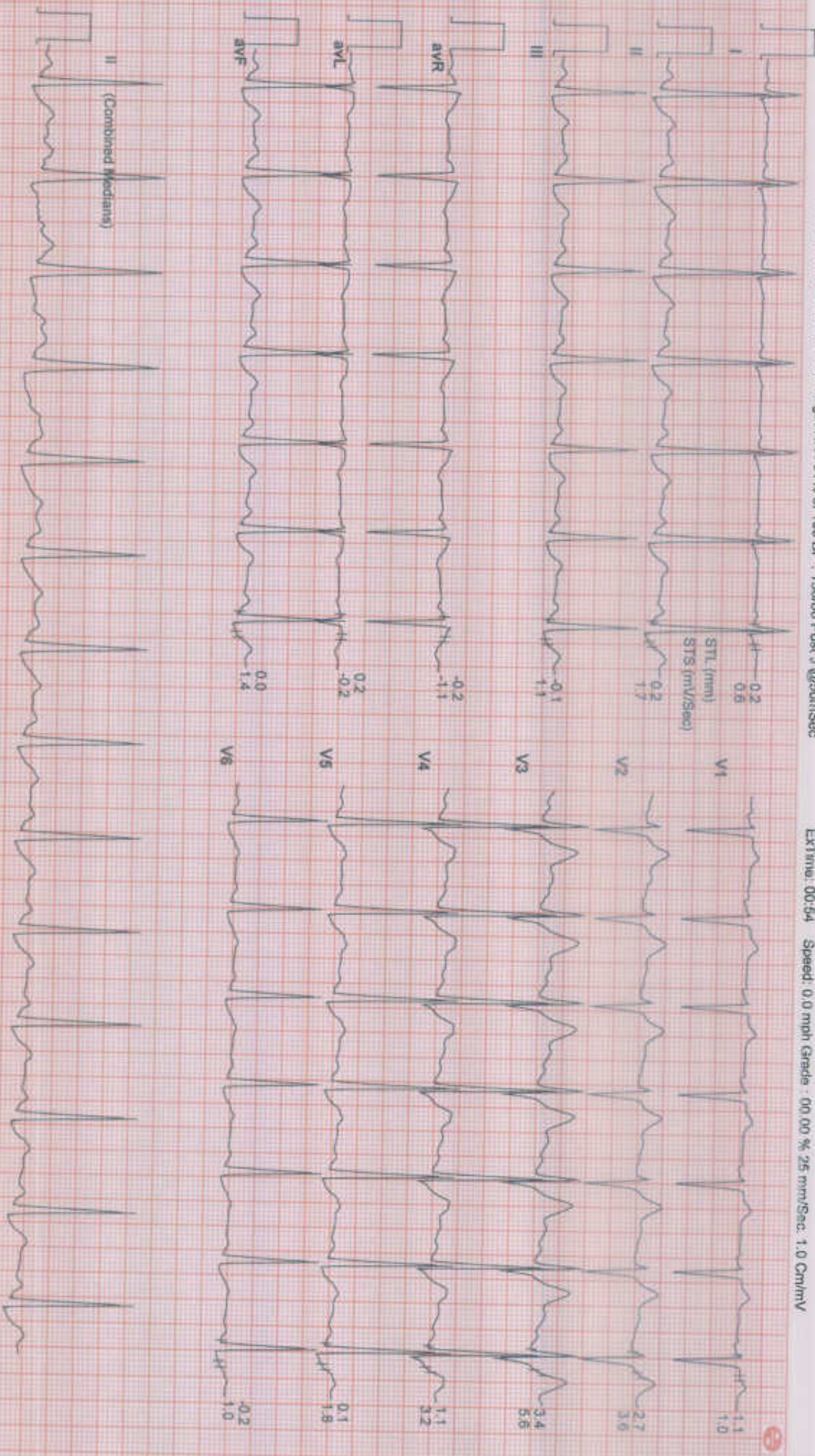
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2162 / ROHTASH GUPTA / 60 Yrs / Male / 165 Cm / 58 Kg

Date: 07 / 08 / 2024 11:45:32 AM METs : 2.1 HR : 91 Target HR : 51% of 160 BP : 130/80 Post J @50mmSec

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)

ExTime: 00:54 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

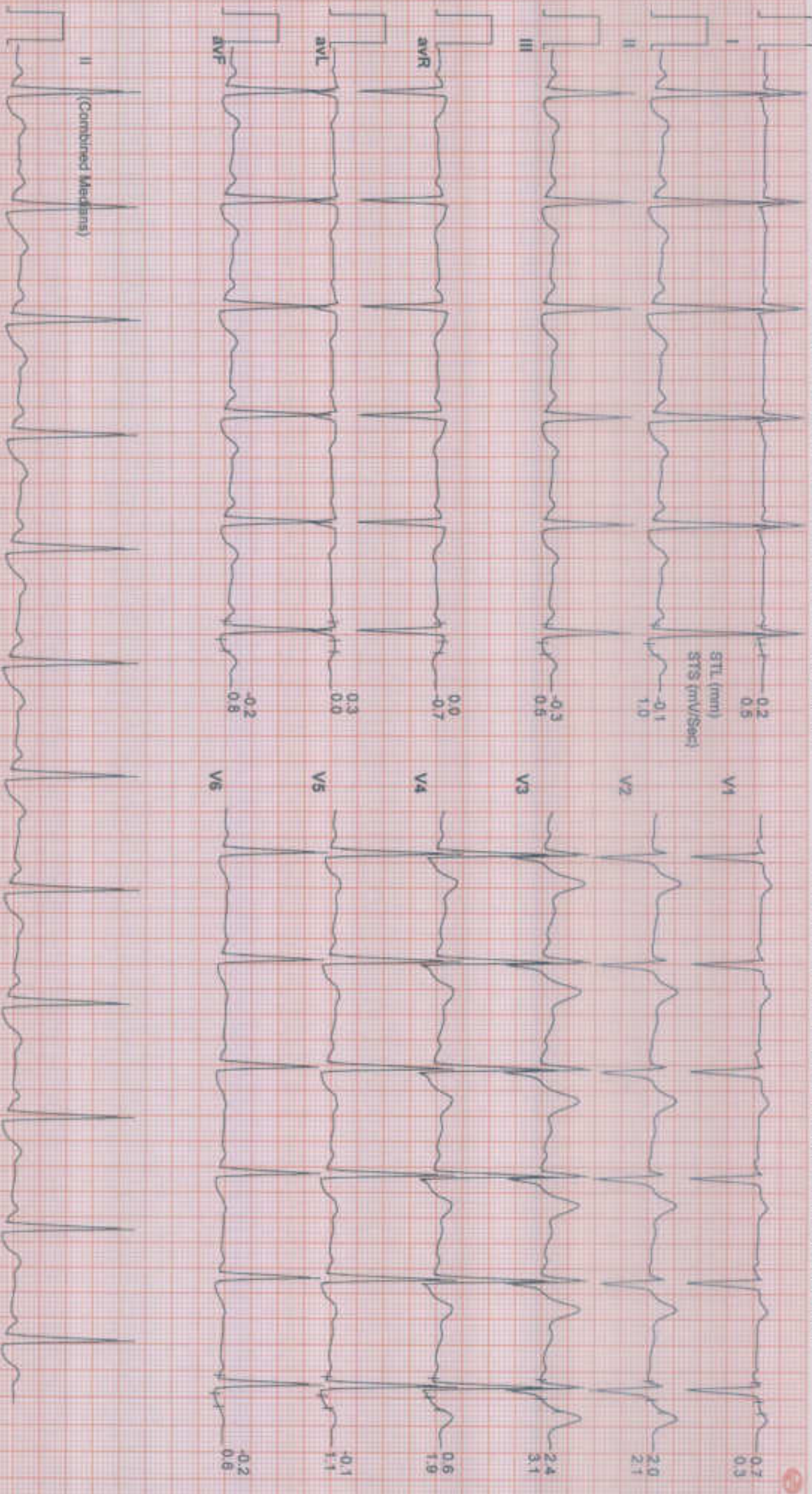
2162 / ROHTASH GUPTA / 60 Yrs / Male / 165 Cm / 58 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (03:00)



Date: 07 / 08 / 2024 11:45:32 AM METs : 2.1 HR : 74 Target HR : 45% of 160 BP : 130/60 Post J @30mSec

ExTime: 00:54 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2162 / ROHTASH GUPTA / 60 Yrs / Male / 165 Cm / 68 Kg

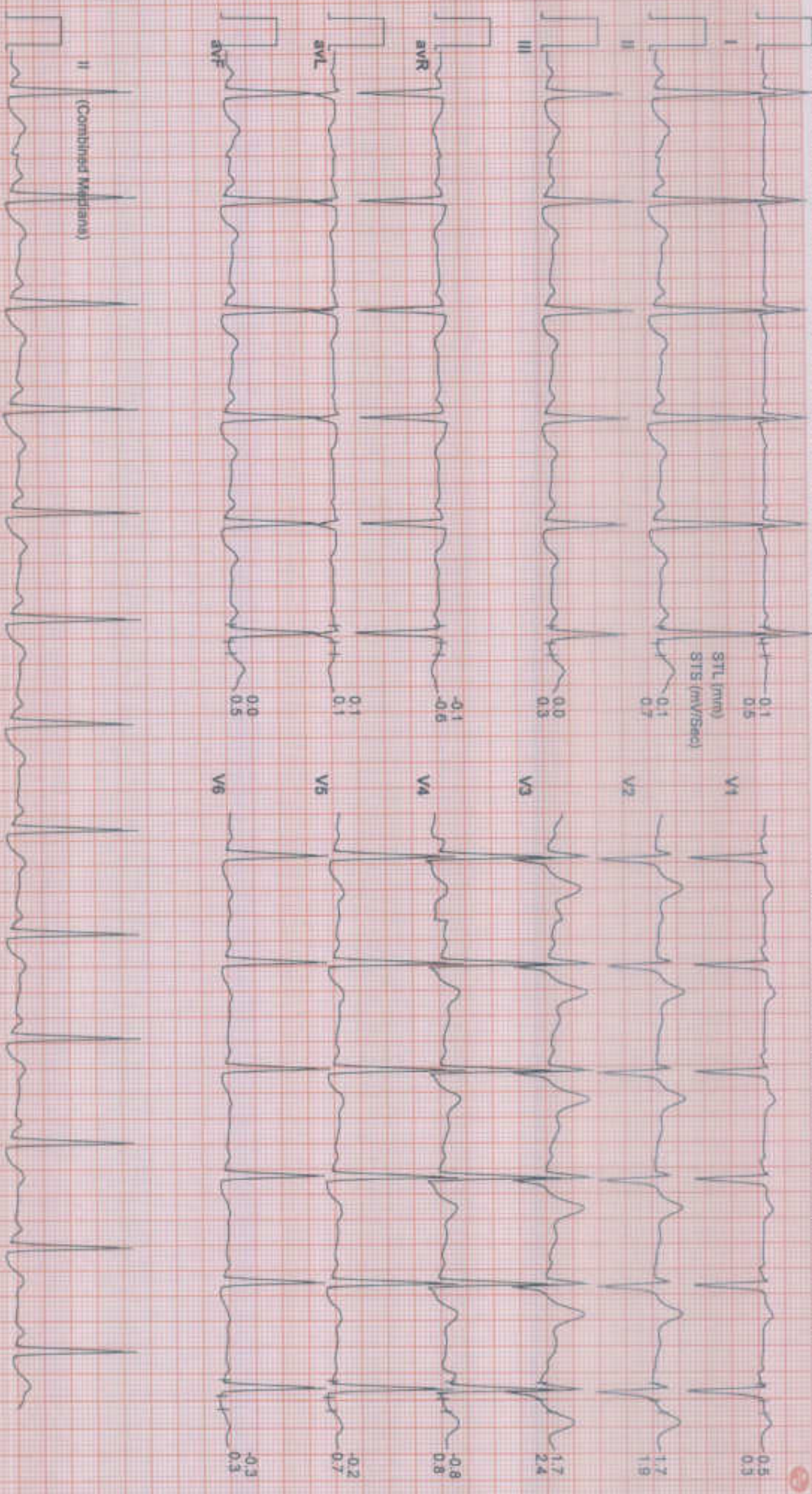
6X2 Combine Medians + 1 Rhythm

Recovery : (03:25)



Date: 07 / 08 / 2024 11:45:32 AM METs : 1.0 HR : 70 Target HR : 49% of 160 BP : 130/80 Post J @80mmSec

ExTime: 00:54 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



Date:- 7/8/24 CID: 24220 09877
Name:- Rohitash Gupta Spz / Age: 17-68

EYE CHECK UP

Chief complaints: *REV*

Systemic Diseases: *Nil*

Past history: *Nil*

Unaided Vision: *BR 6/24 RIVB 7-36*

Aided Vision: *BR 6/12 RIVB 7-6*

Refraction:

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

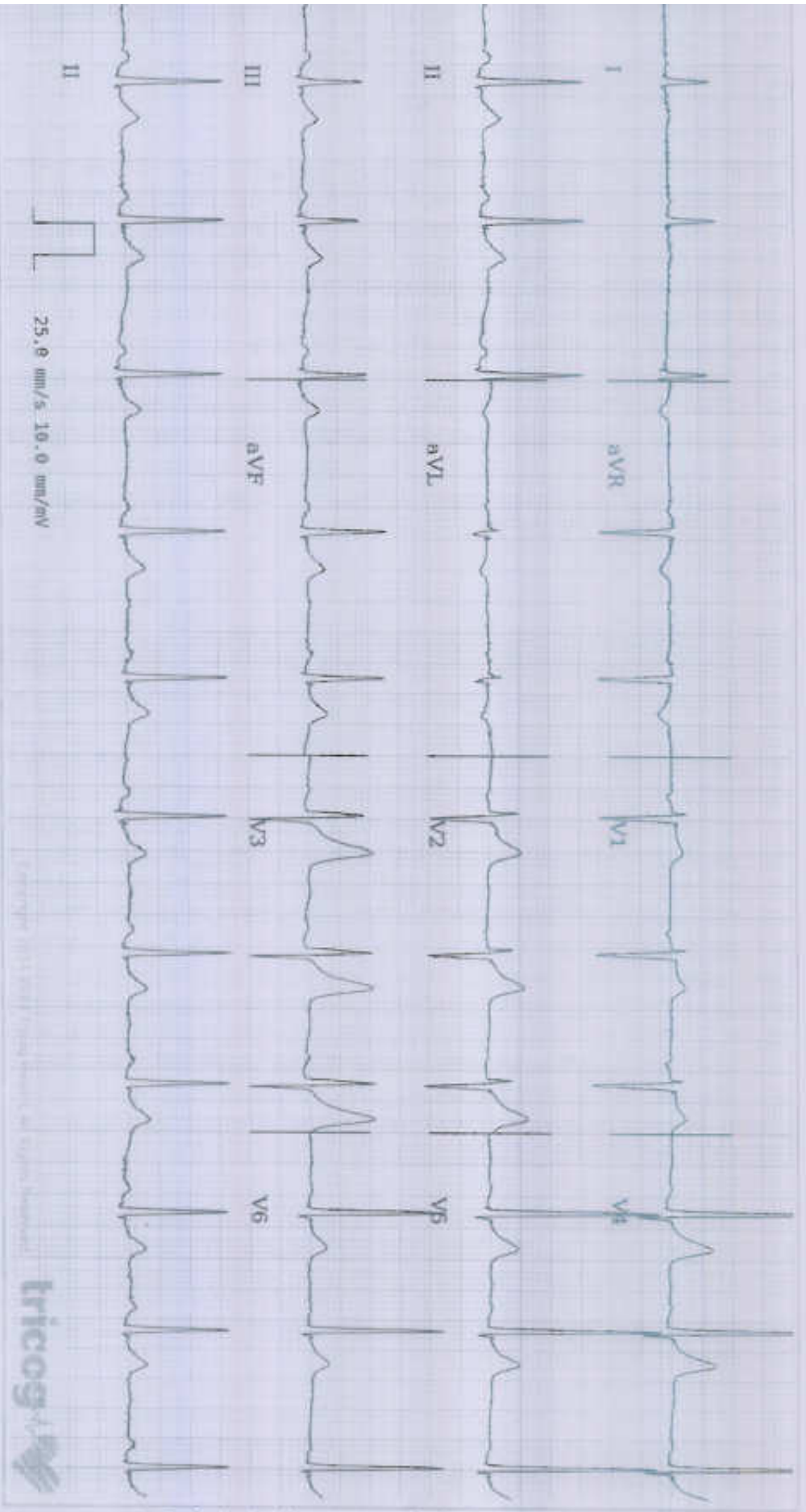
Colour Vision: Normal / ~~Abnormal~~

Remark: *VSC OWL*

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST

Patient Name: **ROHTASH GUPTA**
Patient ID: **2422009977**

Date and Time: **7th Aug 24 8:50 AM**



Age: **60** NA NA
years months days

Gender: **Male**

Heart Rate: **68bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements

QRSd: 86ms
QT: 358ms
QTcB: 380ms
PR: 150ms
P-R-T: 78° 66° 82°

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

REPORTED BY

DR SEJAL A. PILLAI
MBBS, MD Physician
AND Physician
40972



Diagnosis is based on the report is based on ECG done and should be used as a guide only. It is not a substitute for a clinical examination and history of your doctor. Data and time is reported by a qualified physician. This report is for reference only and should not be used for any other purpose.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code!

CID : 2422009977
Name : Mr rohtash gupta
Age / Sex : 60 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 07-Aug-2024
Reported : 07-Aug-2024 / 12:08

X-RAY CHEST PA VIEW

Rotation +

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

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

Dr. Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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