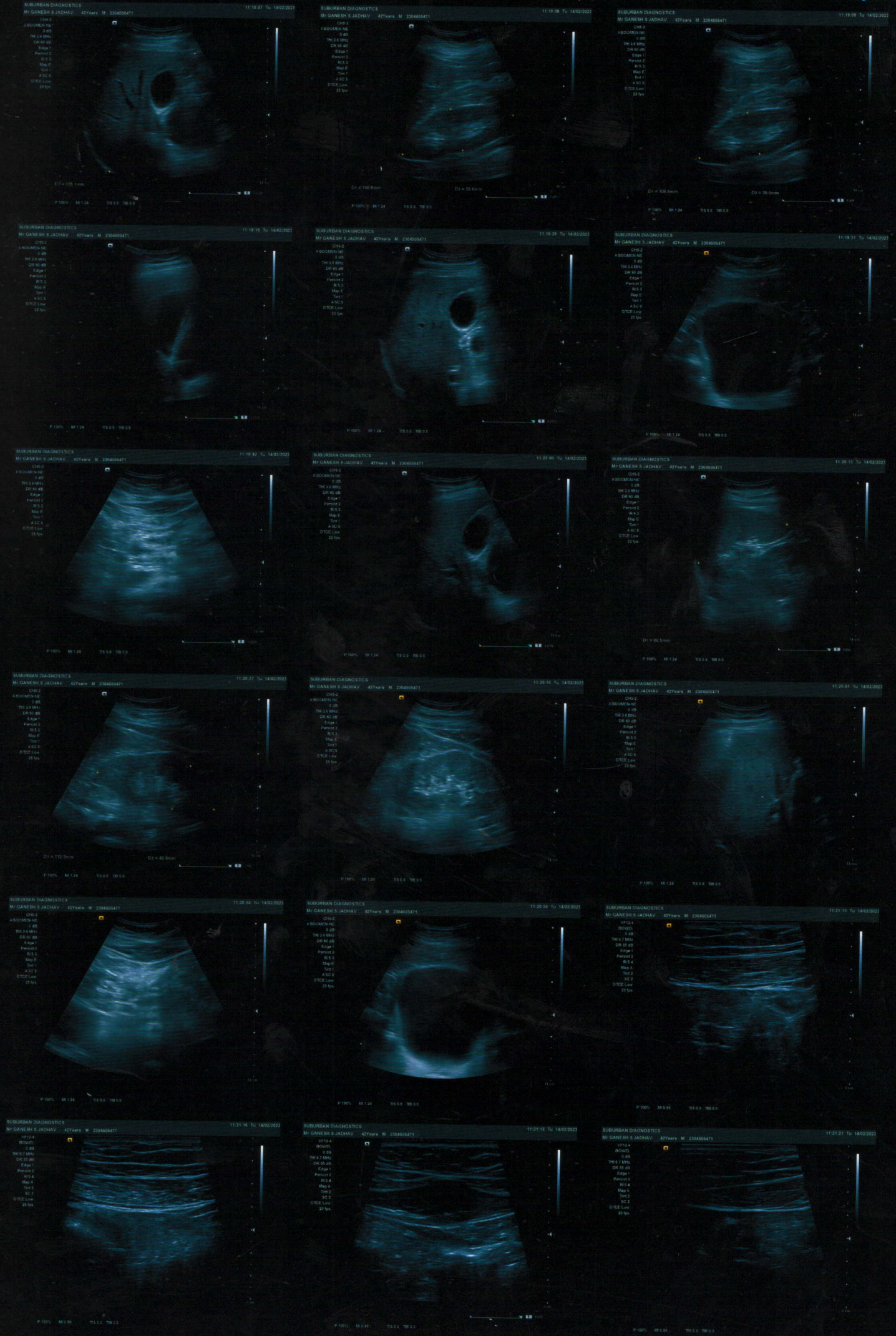


SUBURBAN DIAGNOSTIC CENTRE

Name : Mr GANESH S JADHAV 042Y / M

14 Feb 2023 Study : EM



Ganesh Jadhav
42/M

2D

14-2-23

PHY2.

R
E
P
O
R
T

History and Complaints:
mn

EXAMINATION FINDINGS:			
Height (cms):	178	Weight (kg):	97 BMI
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80	Nails:	Healthy
Pulse:	78	Lymph Node:	Not Palpable

Systems
Cardiovascular: S1,S2 Normal No Murmurs
Respiratory: Air Entry Bilaterally Equal
Genitourinary: Normal
GI System: Soft non tender No Organomegaly
CNS: Normal

IMPRESSION:
FIT
 ↑ non HDL, LDL.

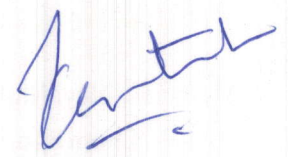
ADVICE: Diet + Regular exercise

CHIEF COMPLAINTS:		2015 now not on med.
1)	Hypertension:	TCL no 40, stopped. 1y.
2)	IHD:	
3)	Arrhythmia:	
4)	Diabetes Mellitus :	
5)	Tuberculosis :	
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 :	NR
14)	Cancer/lump growth/cyst :	
15)	Congenital disease :	
16)	Surgeries :	

PERSONAL HISTORY:

1)	Alcohol	monthly x 10 years	
2)	Smoking		no.
3)	Diet		med.
4)	Medication		MR



Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA)
 MMC Regd - 2012 103018



DENTAL CHECK - UP

Name:- Ganesh Jadhav

CID :

Sex / Age 42 / M

Occupation:-

Date: 14/2/23

Chief complaints:-

Medical / dental history:-

[Handwritten signature]

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ:
- b) Facial Symmetry:

2) Intra Oral Examination:

- a) Soft Tissue Examination:
- b) Hard Tissue Examination:
- c) Calculus:

[Large handwritten signature]

Stains:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="checkbox"/>	Missing	#	Fractured
<input type="checkbox"/>	Filled/Restored	RCT	Root Canal Treatment
<input checked="" type="checkbox"/>	Cavity/Caries	RP	Root Piece

Advised:

Dentist consultation

[Handwritten signature]

Provisional Diagnosis:-

Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | Stress Test/TMT | 2D Echo | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

Date:- 14-2-23

CID:

Name:- Ganesh Jadhav

Sex / Age: 12 / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

Handwritten notes: } on
y corrected c spec

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/6	_____			6/6
Near	_____			N8	_____			N8

Colour Vision: Normal / ~~Abnormal~~

Remark: Reading glasses

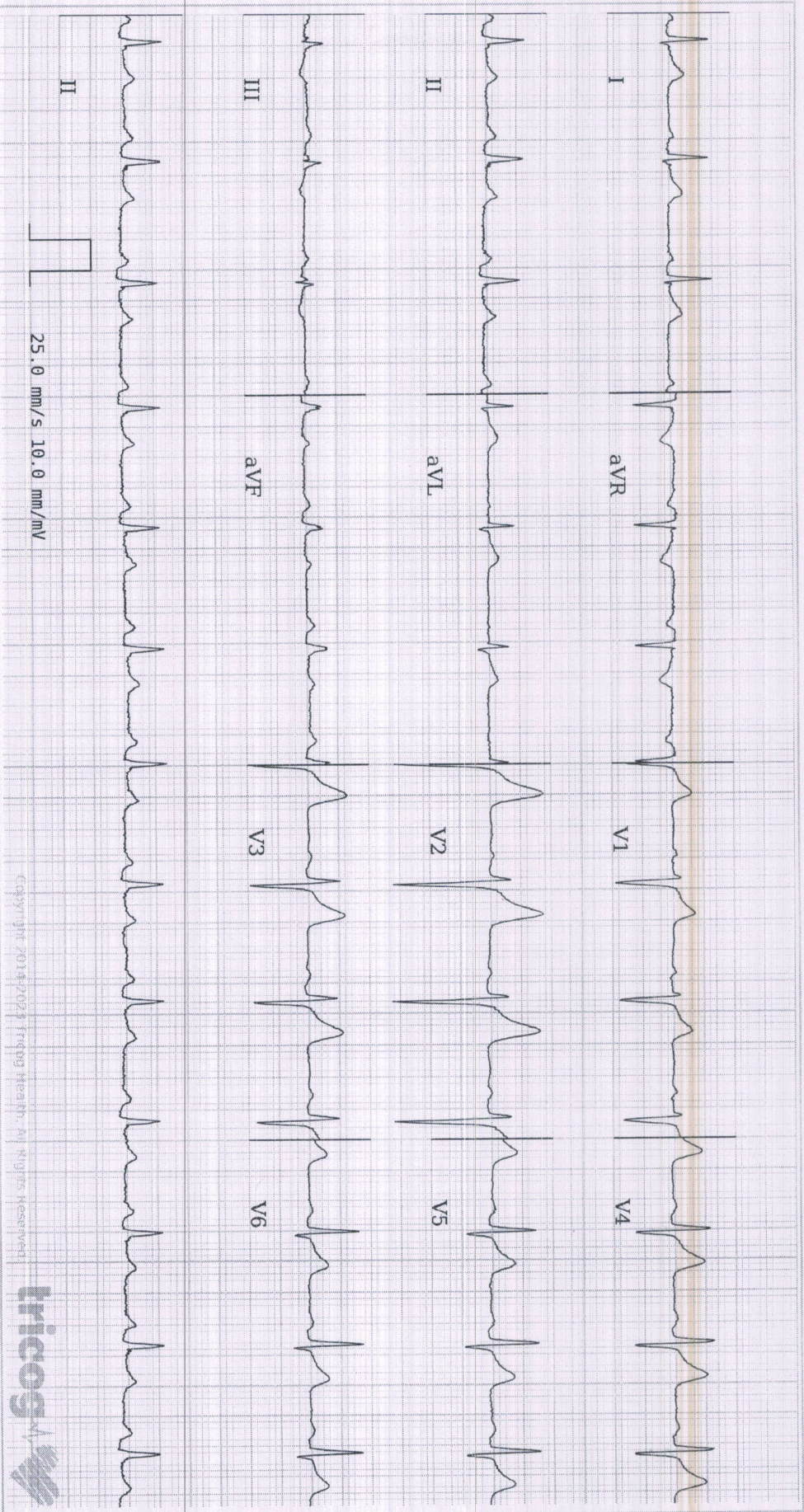
[Signature]

Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018

Patient Name: GANESH S JADHAV
Patient ID: 2304505471

SUBURBAN DIAGNOSTICS - PIMPLE SAUDAGAR, PUNE
Date and Time: 14th Feb 23 10:17 AM



Age **42** 8 9
years months days

Gender **Male**

Heart Rate **79bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 97 kg

Height: 178 cm

Pulse: 78 bpm

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 96ms

QT: 344ms

QTc: 394ms

PR: 168ms

P-R-T: 57° 43° 21°

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

REPORTED BY

Dr. Kratika Ingole
MBBS, DDM, PG in Diabetology (USA)
2012103018

SUBURBAN DIAGNOSTIC (I) PVT. LTD.
"Fortuna" Ground Floor, Near Shivat
Garden Chowk, Next to Radha Krishna
Hotel, Pimple Saudagar, Pune-411 027.

भारत सरकार
Government of India



जधव गणेश शिवाजीराव
Jadhav Ganesh Shivajirao
जन्म तारीख / DOB : 05/06/1980
पुरुष / Male



7404 7813 5838

आधार - सामान्य माणसाचा अधिकार

[Handwritten Signature]

Authenticity Check



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CID : 2304505471
Name : Mr GANESH S JADHAV
Age / Sex : 42 Years/Male
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 14-Feb-2023
Reported : 14-Feb-2023 / 11:12

ULTRASOUND ABDOMEN AND PELVIS

Liver- Normal in size (13.5 cm), shape with raised echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized portion of CBD appears normal in calibre. Portal vein appears normal.

Gall bladder- partially distended with normal wall thickness. No calculus or mass lesion is visualized. No pericholecystic collection.

Pancreas- Head and body are visualized and appear normal in size, shape and echo pattern. No focal lesion seen. No peripancreatic collection noted.

Spleen - Appears normal in size (8.8cm), shape & echo pattern. No focal lesion seen.

Kidneys- Right kidney - 10.8 x 3.9 cm, Left kidney - 11.2 x 4.3 cm, both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation. No hydronephrosis, hydroureter or calculus noted.

Urinary bladder- Is partially distended & shows normal wall thickness. No calculus or mass lesion is noted.

Prostate - appears normal in size, shape and echo-pattern for age. No focal lesion .

No free fluid in abdomen and pelvis. Visualized bowel loops are well distended appear grossly normal and show normal peristalsis. No evidence of enlarged lymph nodes.

IMPRESSION:

Grade 1 fatty liver.

Advice - Clinical correlation and further evaluation if clinically indicated.

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

This report is prepared and physically checked by Dr. Divya Chaudhary before dispatch.

Dr. Divya Chaudhary
MBBS, M.D. RADIODIAGNOSIS,
DNB, RADIOLOGIST
MMC Reg - 2016/01/0064

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Page no 1 of 1

CID : 2304505471
Name : Mr GANESH S JADHAV
Age / Sex : 42 Years/Male
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 14-Feb-2023
Reported : 14-Feb-2023 / 18:14

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X-RAY CHEST PA VIEW

Trachea is central.
Slightly prominent bronchovascular markings are noted bilaterally.
Visualized bilateral lung fields otherwise appear grossly normal.
Both hila appear normal.
Cardiac silhouette has grossly normal appearance for age.
Bilateral costophrenic and cardiophrenic angles appear grossly normal.
Visualized bony thorax and soft-tissues are grossly normal for age.

IMPRESSION :

No other significant abnormality detected

Advice – Clinical correlation and further evaluation if clinically indicated.



Dr. SATYAJEET S. GHODAKE
MBBS, MD, DNB, MNAMS.
Regd. No. 2013/05/1417
Consultant Radiologist

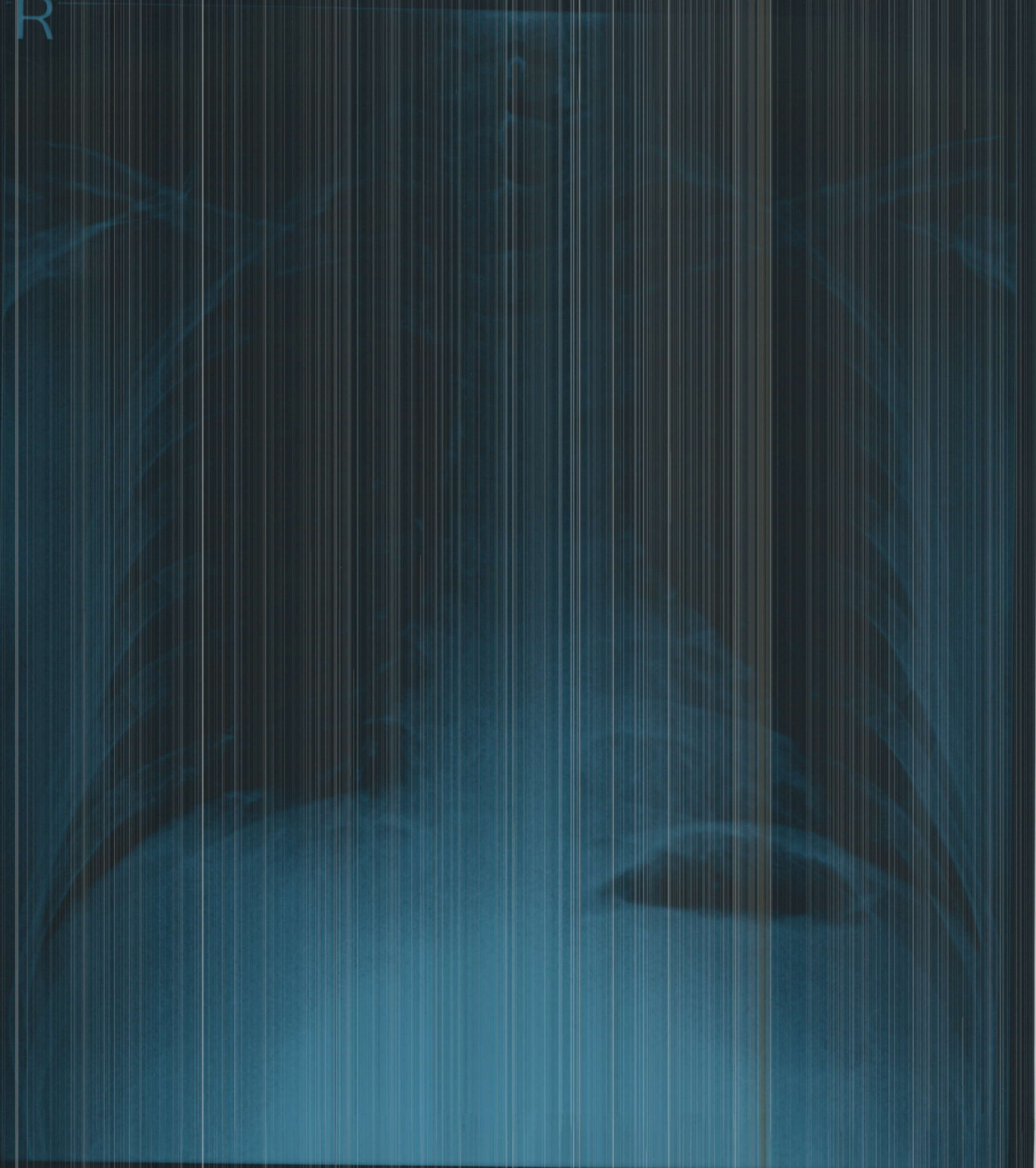
-----End of Report-----

This report is prepared and physically checked by DR SATYAJEET before dispatch.
Investigations have their own limitations. Solitary radiological investigation never leads to a final diagnosis. They should be always correlated with clinical and pathological examinations.

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Page no 1 of 1

R



Mr GANESH S JADHAV M 042Y 2304505471 CHEST PA 2/14/2023
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR



CID : 2304505471
Name : MR.GANESH S JADHAV
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 14-Feb-2023 / 09:44
Reported : 14-Feb-2023 / 13:16

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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	16.6	13.0-17.0 g/dL	Spectrophotometric
RBC	6.27	4.5-5.5 mil/cmm	Elect. Impedance
PCV	54.5	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	26.5	27-32 pg	Calculated
MCHC	30.5	31.5-34.5 g/dL	Calculated
RDW	11.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6800	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.7	20-40 %	
Absolute Lymphocytes	2223.6	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	482.8	200-1000 /cmm	Calculated
Neutrophils	57.8	40-80 %	
Absolute Neutrophils	3930.4	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	108.8	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	54.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	331000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	14.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



CID : 2304505471
Name : MR.GANESH S JADHAV
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Consulting Dr. : -
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Hypochromia	Mild
Microcytosis	-
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***




**Dr.SHAMLA
KULKARNI
MD (PATH)
Consultant Pathologist**



CID : 2304505471
Name : MR.GANESH S JADHAV
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

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Reported : 14-Feb-2023 / 21:46

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	81.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.6	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	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***



**Dr.SHAMLA
KULKARNI
M.D.(PATH)
Pathologist**



CID : 2304505471
Name : MR.GANESH S JADHAV
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.1	6-20 mg/dl	Calculated
CREATININE, Serum	1.06	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	81	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***



Dr. Shamla Kulkarni

**Dr.SHAMLA
KULKARNI
MBBS M.D (Pathology)**



CID : 2304505471
Name : MR.GANESH S JADHAV
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 Pune Lab, Pune Swargate

*** End Of Report ***



MC-2463

Dr. Shamla Kulkarni

**Dr.SHAMLA
KULKARNI
MBBS M.D (Pathology)**



CID : 2304505471
Name : MR.GANESH S JADHAV
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 14-Feb-2023 / 09:44
Reported : 14-Feb-2023 / 14:42

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	1.04	0.03-2.5 ng/ml	ECLIA

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate



Dr. Shamla Kulkarni

**Dr. SHAMLA
KULKARNI
M.D.(PATH)
Pathologist**



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CID : 2304505471
Name : MR.GANESH S JADHAV
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected :
Reported :

*** End Of Report ***



CID : 2304505471
Name : MR.GANESH S JADHAV
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 14-Feb-2023 / 09:44
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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)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight Hazy	Clear	-
Volume (ml)	50	-	-
<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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

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 Pune Lab, Pune Swargate

*** End Of Report ***



MC-2463

Dr. Shamla Kulkarni

**Dr.SHAMLA
KULKARNI
MBBS M.D (Pathology)**



CID : 2304505471
Name : MR.GANESH S JADHAV
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Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

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Reported : 14-Feb-2023 / 16:01

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

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

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

References:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



Shamla Kulkarni

**Dr.SHAMLA
KULKARNI
MD (PATH)
Consultant Pathologist**



CID : 2304505471
Name : MR.GANESH S JADHAV
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

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Reported : 14-Feb-2023 / 15:04

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	159.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	108.1	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	20.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	138.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	22.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.6	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***



J Thakker

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



CID : 2304505471
Name : MR.GANESH S JADHAV
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 14-Feb-2023 / 09:44
Reported : 14-Feb-2023 / 15:26

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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	4.7	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.3	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.39	0.35-4.94 microlU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microlU/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 & heart failure, severe burns, trauma & surgery etc.



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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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.66	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	21.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	32.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	34.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	63.1	40-130 U/L	Colorimetric

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*** End Of Report ***



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