

PHYSICAL EXAMINATION REPORT

Patient Name	Margurtha S	Sex/Age	M - 59
Date	19/2/2024	Location	Thane

History and Complaints

C/O - Acidity
- Migraine.

EXAMINATION FINDINGS:

Height (cms):	164	Temp (0c):	Ⓜ
Weight (kg):	65.8	Skin:	NAD
Blood Pressure	130/100	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:
Respiratory:
Genitourinary:
GI System:
CNS:

} NAD

Impression: - Borderline High (Diastolic) B.P.
- Eosinophilia.
↑ TC's, ↓ HDL, ↑ Non HDL.
↑ Creatinine

Advice:

- Monitor B.P.
- Treatment of Eosinophilia
- Low fat Diet, Reg. Exercise
- Repeat Lipid Profile (6 Months)

- 1) Hypertension:
- 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
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

Nil

Migraine
Acidity

Nil

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

No No

Mixed
Tab. Diclofen (5.05)

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439
(Signature)
20/2/24

Date:- 18/2/24
 Name:- Manjunath T. CID: 2405000598
 Sex / Age: M - 35

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 13/20 6/36 21/30

Aided Vision: 13/20 6/36 21/30 HL

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: USC over 3 weeks

MR. PRAKASH KUDVA

 SR. OPTOMETRIST



CID : 2405000548
Name : MR.MANJUNATHA TS
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 08:52
Reported : 19-Feb-2024 / 12:18

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.65	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.4	40-50 %	Measured
MCV	84.0	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5310	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	36.8	20-40 %	
Absolute Lymphocytes	1954.1	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	377.0	200-1000 /cmm	Calculated
Neutrophils	45.8	40-80 %	
Absolute Neutrophils	2432.0	2000-7000 /cmm	Calculated
Eosinophils	9.8	1-6 %	
Absolute Eosinophils	520.4	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	26.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	323000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	8.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-

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Collected : 19-Feb-2024 / 08:52
Reported : 19-Feb-2024 / 11:40

Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 10 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;40(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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Reported : 19-Feb-2024 / 16:12

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	81.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: ≥/ = 126 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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*** End Of Report ***

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Reported : 19-Feb-2024 / 12:30

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	11.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.98	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	101	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.5	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	143	135-148 mmol/l	ISE
POTASSIUM, Serum	5.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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

Imjawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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Collected : 19-Feb-2024 / 08:52
Reported : 19-Feb-2024 / 13:09

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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 G B Road Lab, Thane West

*** End Of Report ***

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M.D (Path)
Pathologist



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Collected : 19-Feb-2024 / 08:52
Reported : 19-Feb-2024 / 13:03

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	1.38	<4.0 ng/ml	CLIA

Kindly note change in platform w.e.f. 24-01-2024

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Reported : 19-Feb-2024 / 13:03

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

*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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Collected : 19-Feb-2024 / 08:52
Reported : 19-Feb-2024 / 14:05

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legalis Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
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 Inert

*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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Reported : 19-Feb-2024 / 13:07

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
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 Rh 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 G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar
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Pathologist

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	193.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	174.0	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	33.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	159.2	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	124.0	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	35.2	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

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

*** End Of Report ***

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.02	0.35-5.5 microIU/ml mIU/ml	ECLIA

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Interpretation:

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

Clinical Significance:

- 1) TSH Values between high abnormal upto 15 microU/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.

Durnal 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 200%. 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. J. O. Koukourit 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
MD (Path)
Pathologist

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Consulting Dr. : -
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.65	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.40	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	25.8	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	42.9	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	141.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	124.4	40-130 U/L	PNPP

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*** End Of Report ***

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Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 15:59

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

G. R. Fartade

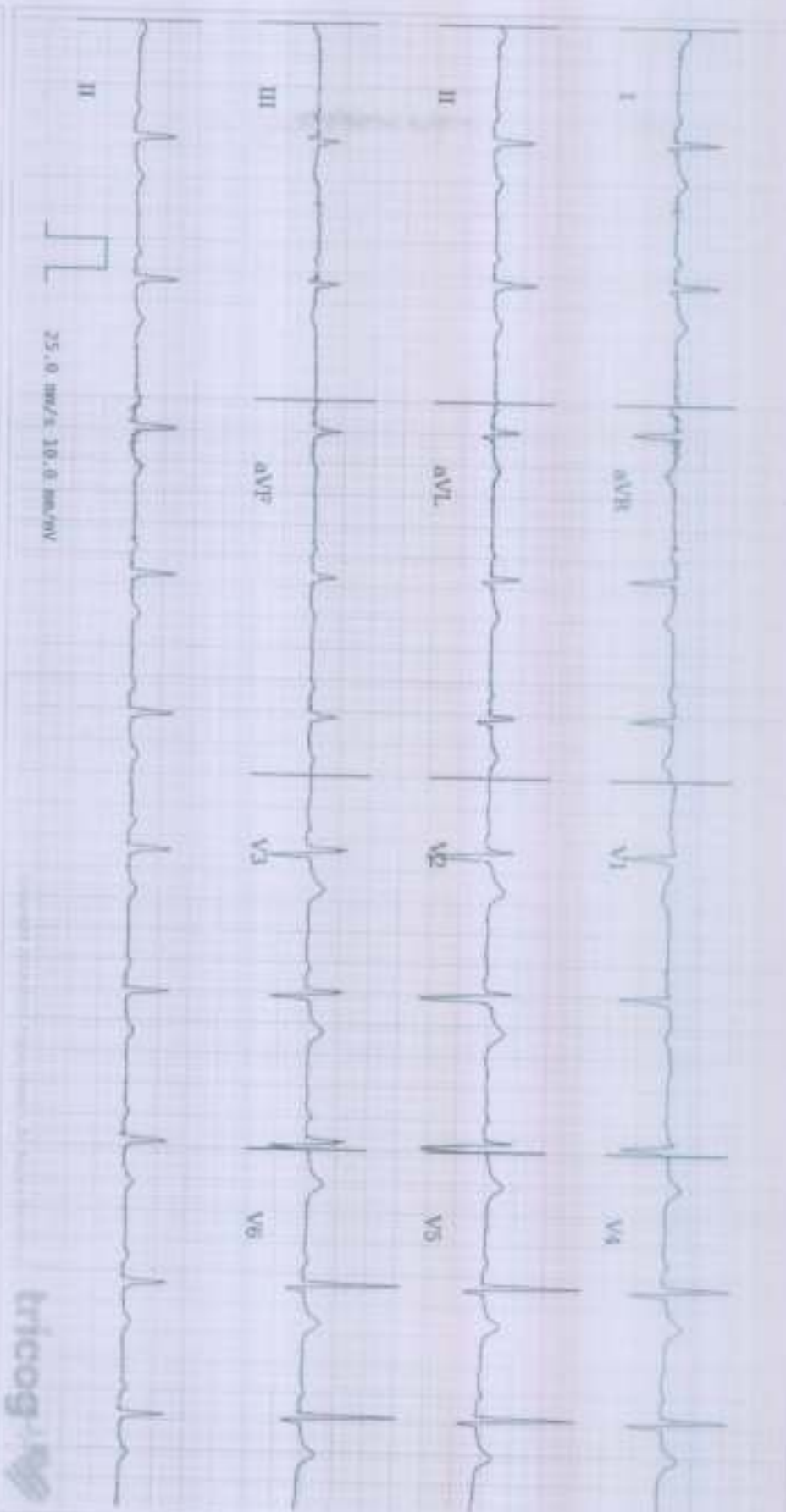
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Patient Name: **MANJUNATHA TS**
 Patient ID: **2405000548**

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Date and Time: **19th Feb 24 9:13 AM**



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

Age: **39** years
 Sex: **Male**

Heart Rate: **60bpm**

Patient Vitals
 BP: NA
 Weight: NA
 Height: NA
 Pulse: NA
 SpO2: NA
 Resp: NA
 O2sat: NA

Measurements
 QRSd: 102ms
 QT: 398ms
 QTd: 417ms
 PR: 171ms
 P-R-T: 45° 43° 16°



REPORTED BY

[Signature]

DR MANJUNATHA TS
 MD
 MBBS
 DNB
 DCH
 DGO
 DGO
 DGO

Information: This report is for the patient's use only. It is not intended to be used for legal purposes. The information contained herein is for informational purposes only and should not be used for medical diagnosis or treatment. The information contained herein is for informational purposes only and should not be used for medical diagnosis or treatment.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

File#: _____

Report

865 (2405000548) / MANJUNATHA TS / 39 Yrs / M / 164 Cms / 65 Kg
 Date: 19 / 02 / 2024 09:11:52 AM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:08	00.0	00.0	01.0	075	41%	120/90	000	00	
Standing	00:21	0:13	00.0	00.0	01.0	075	41%	120/90	000	00	
HV	00:29	0:08	00.0	00.0	01.0	073	40%	120/90	000	00	
ExStart	00:36	0:07	00.0	00.0	01.0	074	41%	120/90	000	00	
BRUCE Stage 1	03:36	3:00	01.7	10.0	04.7	127	70%	120/90	152	00	
BRUCE Stage 2	06:36	3:00	02.5	12.0	07.1	151	83%	140/90	211	00	
PeakX	08:57	0:21	03.4	14.0	07.5	159	86%	150/90	238	00	
Recovery	07:57	1:00	00.0	00.0	01.2	128	71%	150/90	192	00	
Recovery	08:57	2:00	00.0	00.0	01.0	104	57%	130/90	135	00	
Recovery	08:58	2:01	00.0	00.0	01.0	104	57%	130/90	135	00	

FINDINGS :

Exercise Time : 08:21
 Initial HR (ExStrt) : 74 bpm 41% of Target 181
 Initial BP (ExStrt) : 0/0 (mm/Hg)
 Max Workload Attained : 7.5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -1.1 mm in Stage 2
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 159 bpm 88% of Target 181
 Max BP Attained 150/90 (mm/Hg)

DR. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



EMail: drshailajapillai@suburbandiagnostics.com
665/VAJUNATHA TS / 39 Yrs / M / 164 Cms / 65 Kg Date: 19 / 02 / 2024 09:11:52 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill
PROCEDURE DONE: Graded exercise treadmill stress test.
STRESS ECG RESULTS: The initial HR was recorded as 75.0 bpm, and the maximum predicted Target Heart Rate 181.0. The BP increased at the time of generating report as 150/99.0 mmHg. The Max Dip went upto 0.0. 0.0 Ectopic Beats were observed during the Test.
The Test was completed because of Heart Rate Achieved.
CONCLUSIONS:
1. Stress test is negative for ischemia
2. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

805 (2405200548) / MAANKUNATHA TS / 39 Yrs / M / 164 Cm / 65 Kg / HR : 75

Date: 18/02/2024 00:11:52 AM

4X 10 sec Paper

NETS: 1.0/75 bpm 41% of THR BP: - - - mmHg Flow ECG/EIC/OW/NUM/OW/HE: 0.05 HV/LF 35 Hz

SUPINE (00:01)



ExTime: 00:08:00 right - 0:05
55 mm/Sec 1.0 Cm/Div

PR 0.16
QR 0.08
RW 0.04

V1 43
V2 43

V1
V2

PR 0.16
QR 0.08
RW 0.04

V3 43
V4 43

V3
V4

PR 0.16
QR 0.08
RW 0.04

V5 43
V6 43

V5
V6

PR 0.16
QR 0.08
RW 0.04

V7 43
V8 43

V7
V8

PR 0.16
QR 0.08
RW 0.04

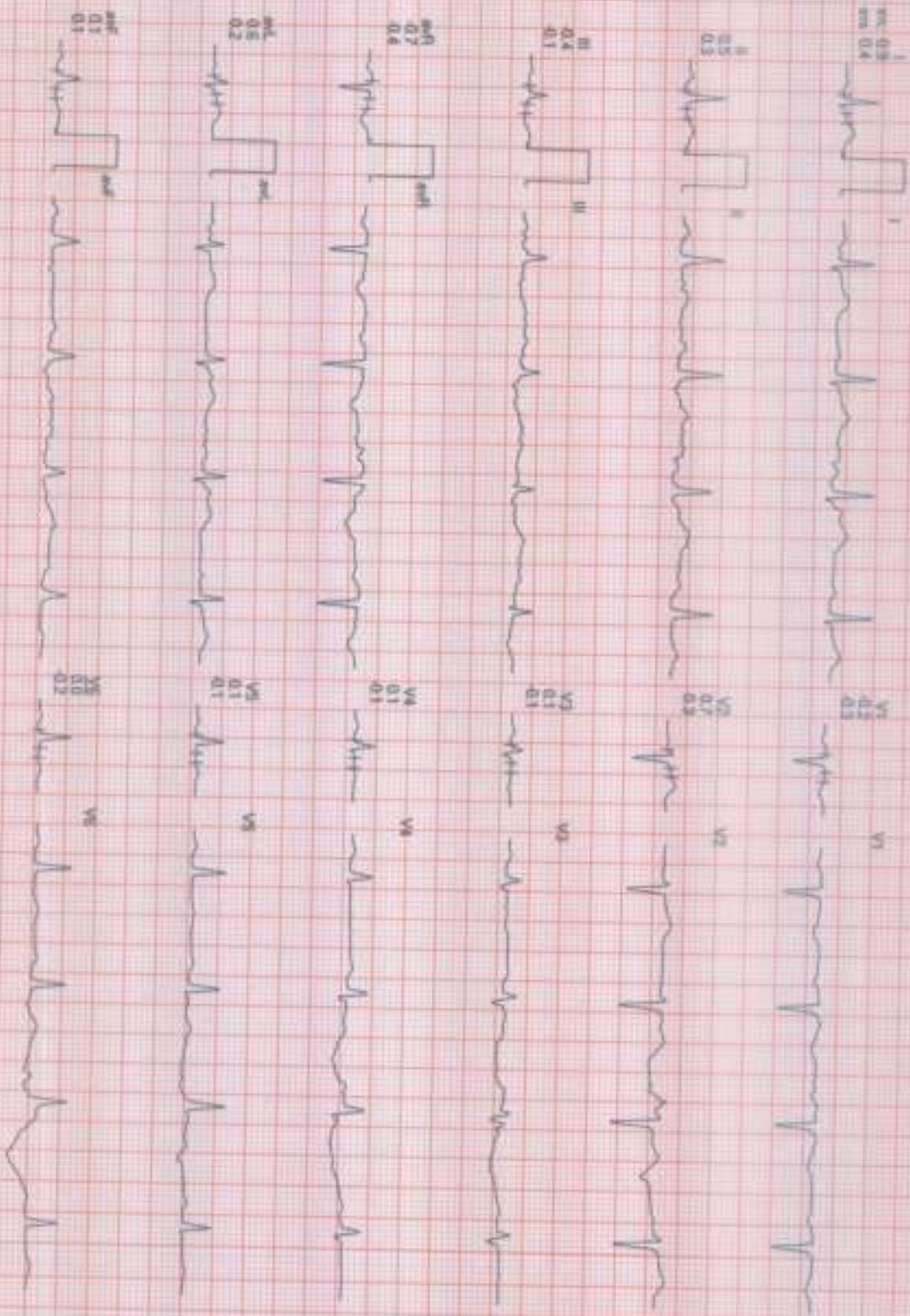
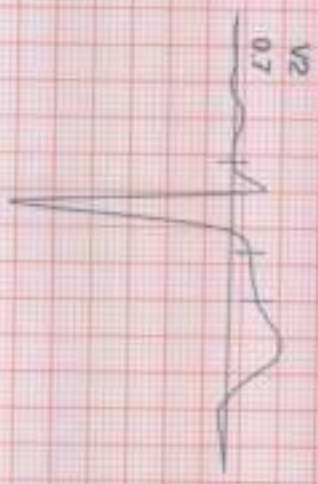
V9 43
V10 43

V9
V10

PR 0.16
QR 0.08
RW 0.04

V11 43
V12 43

V11
V12



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

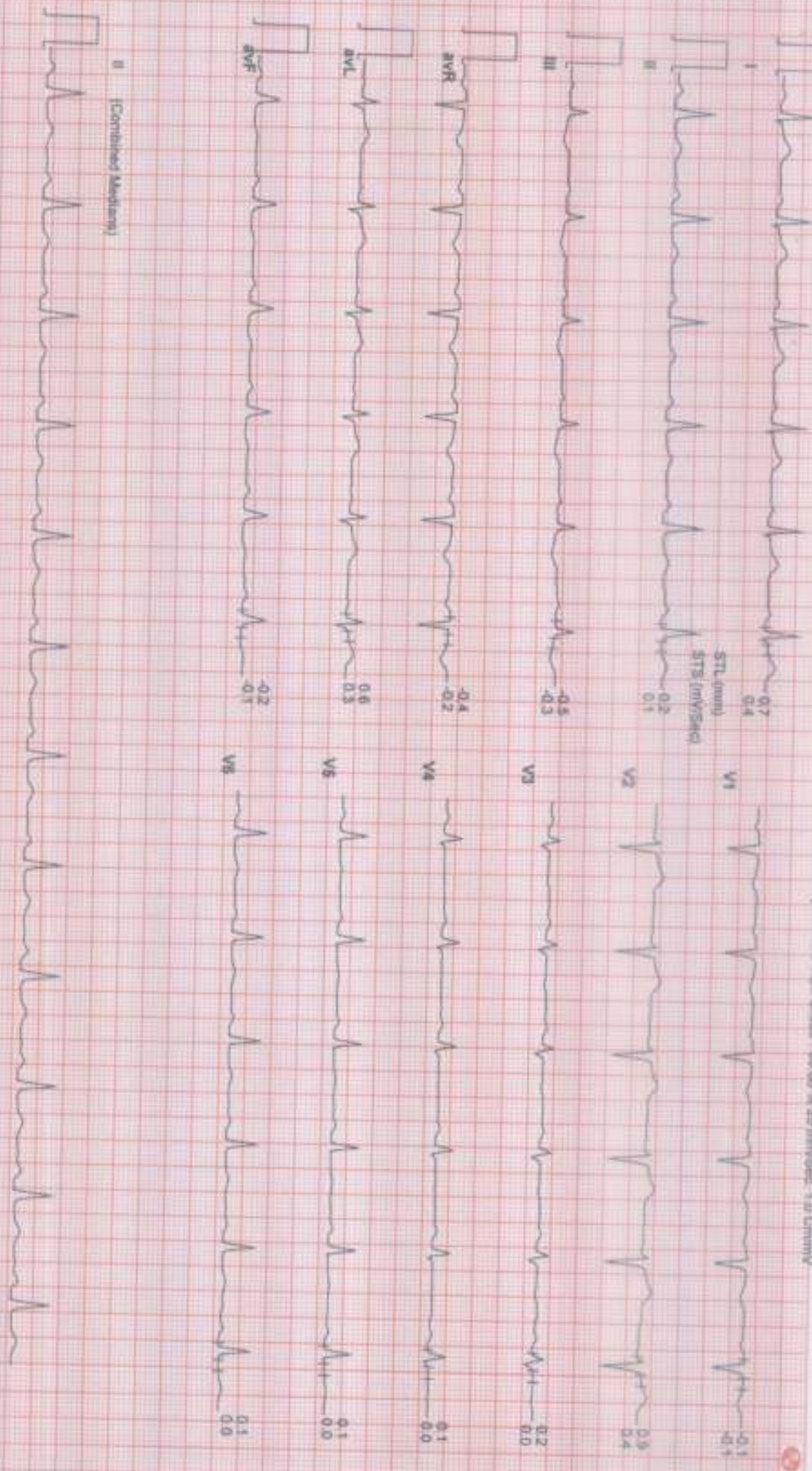
685 / MANJUNATHA TS / 39 Yrs / Male / 164 Cm / 65 Kg

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



Date: 19/02/2024 09:11:52 AM METs : 1.0 HR : 75 Target HR : 41% of 181 BP : 0/0 Post J @ 0minSec

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)

665 / MANJUNATHA TS / 39 Yrs / Male / 164 Cm / 65 Kg

Date: 19 / 02 / 2024 09:11:52 AM METN : 1.0 HR : 73 Target HR : 40% of 181 BP : 0/0 Post J @60mmSec

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

6X2 Combine Medians + 1 Rhythm

HV (00:00)

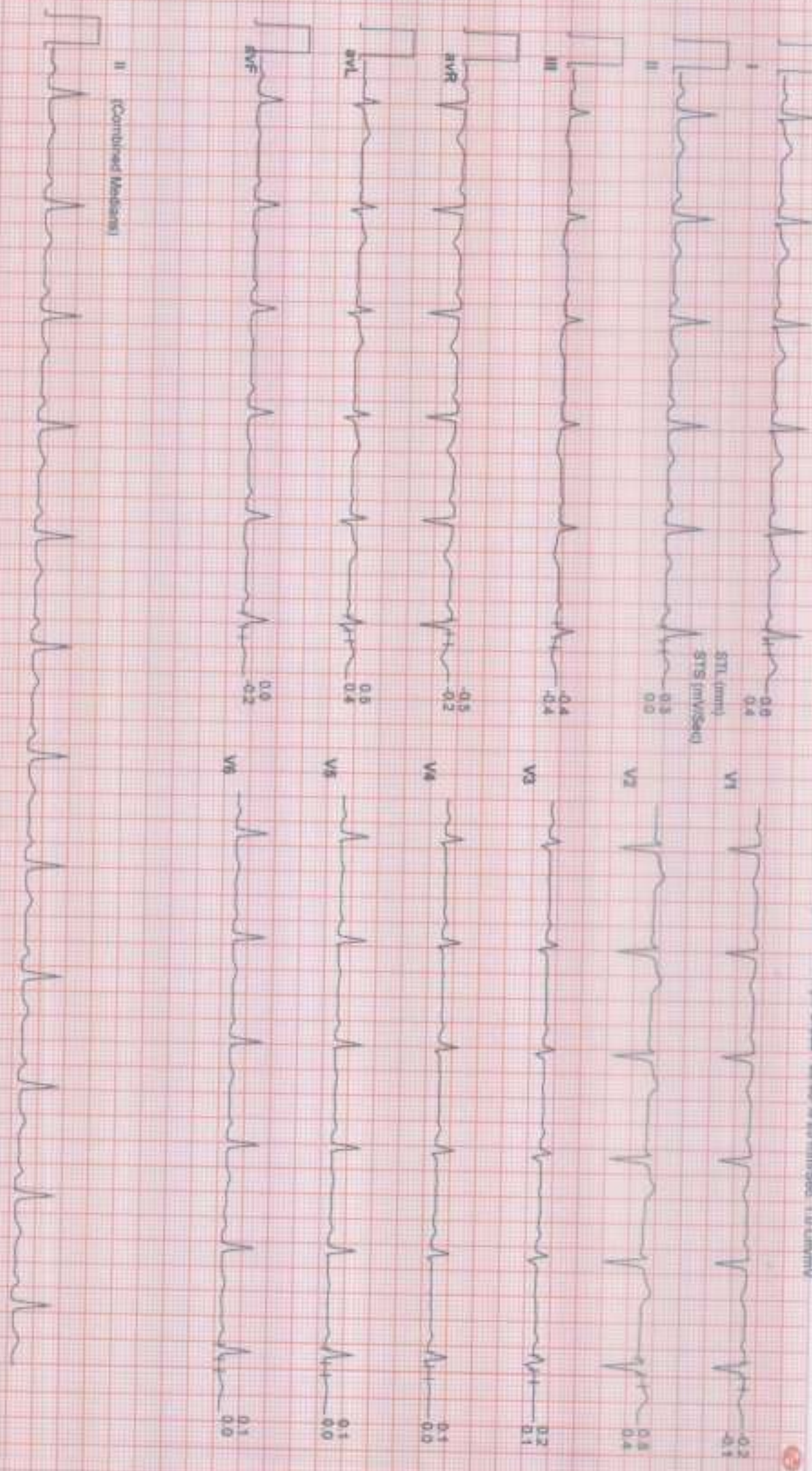


SUBURBAN DIAGNOSTICS (THANE GB ROAD)

P955 / MANJUNATHA TS / 39 Yrs / Male / 164 Cm / 65 Kg

Date: 19 / 02 / 2024 09:11:52 AM METR: 1.0 HR: 74 Target HR: 41% of 181 BP: 90/60 Post / @30mmSec

ExTime: 00:100 Speed: 0.0 mm/Grads 00.00 % 25 mm/Sec 1.0 Cm/mV



6X2 Combine Medians + 1 Rhythm
ExStrt



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

865 / MANJUNATHA TS / 39 Yrs / Male / 164 Cm / 65 Kg

Date: 19 / 02 / 2024 09:11:52 AM METN : 4.7 HR : 127 Tmpnt HR : 70% of 181 BP : 120/90 Prod J @10nSec

ExTime: 03:00 Speed: 1.7 High Grade: 10.00 % 25 mm/Sec 1.0 ConvMv

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



II (Continued Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

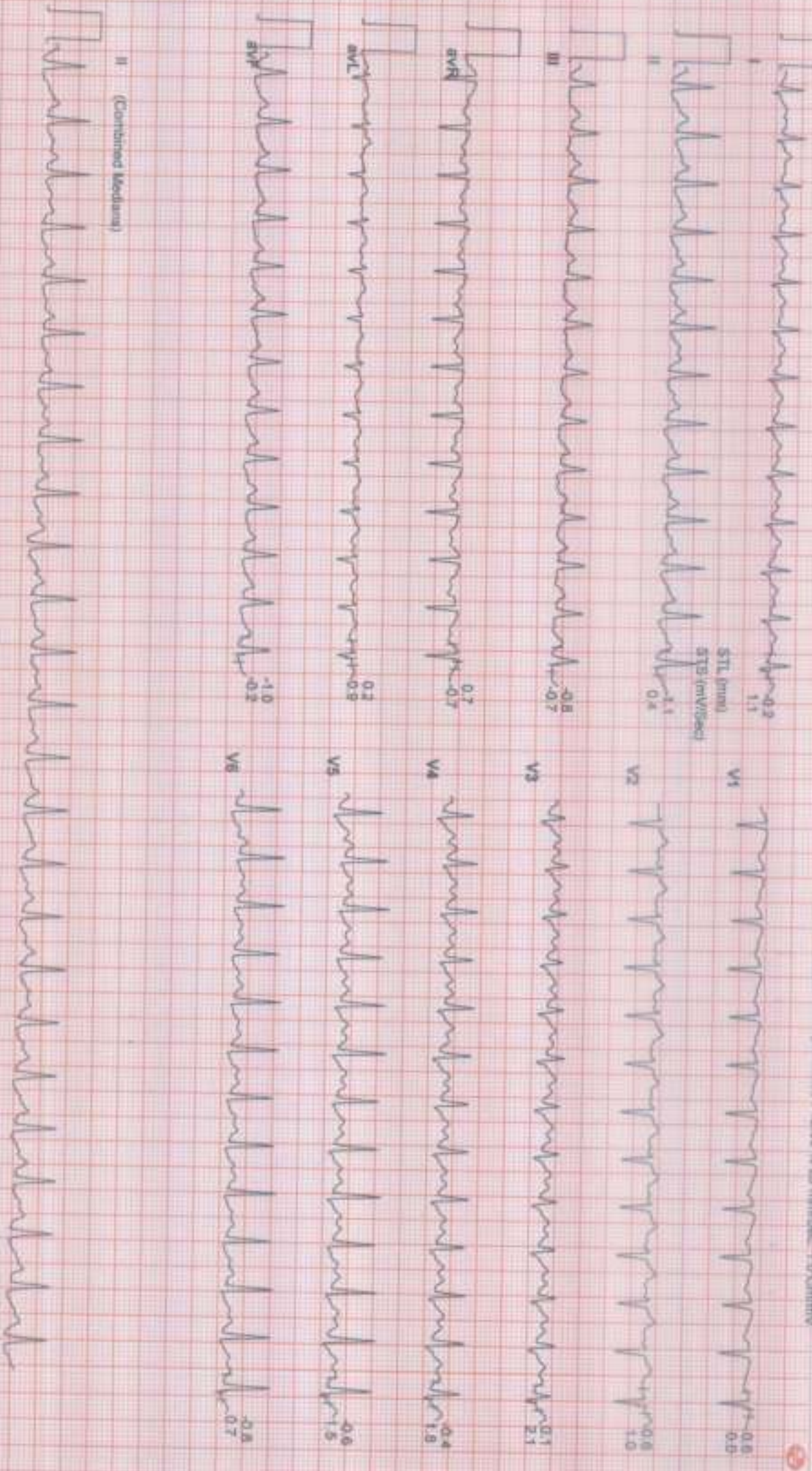
B65 / MANUNATHA TS / 39 Yrs / Male / 164 Cm / 65 Kg

Date: 19/02/2024 08:11:52 AM METN : 7.1 HR : 151 Target HR : 83% of 181 BP : 140/90 Poul J @SionSpec

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)



ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec 1.0-QminIV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

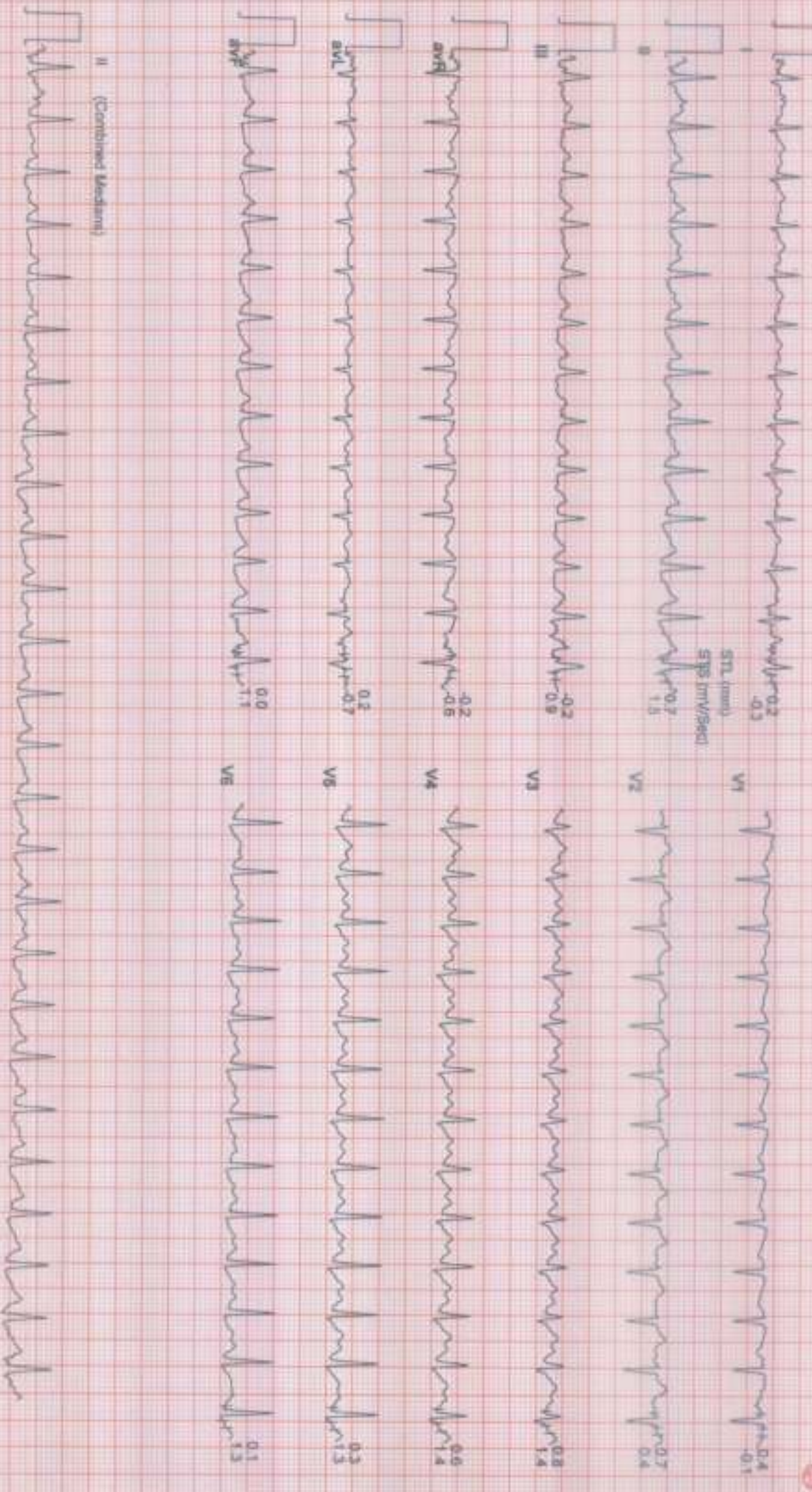
666 / MANJUNATHA TS / 39 Yrs / Male / 164 Cm / 65 Kg

6X2 Combine Medians + 1 Rhythm
PeakEX



Date: 19/02/2024 09:11:52 AM METS : 7.5 HR : 159 Target HR : 88% of 181 BP : 150/90 Post J @60mSec

ExTime: 06:21 Speed: 3.4 mm/Grds : 14.00 % 25 mm/Sec : 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

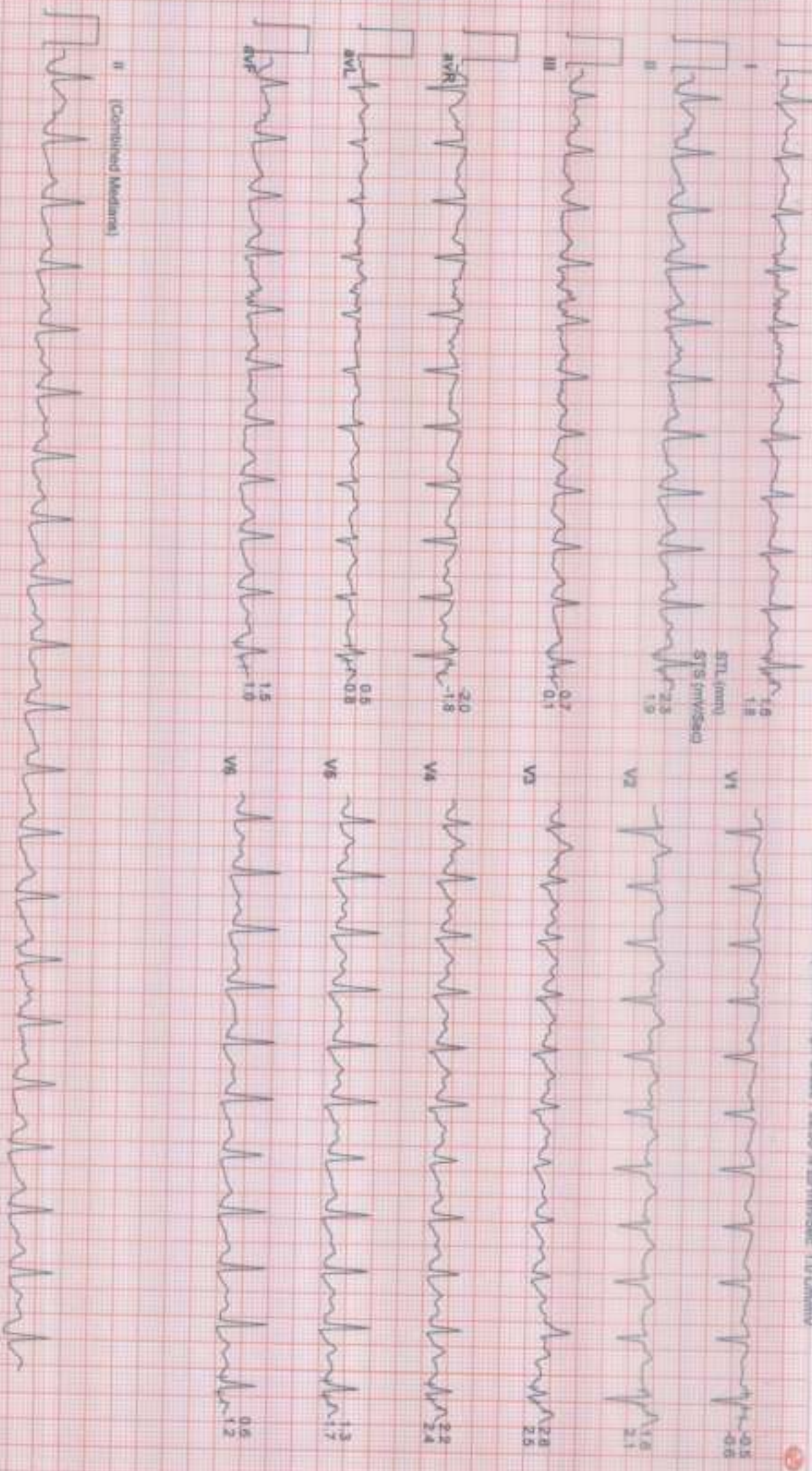
695 / MANJUNATHA TS / 39 Yrs / Male / 164 Cm / 65 Kg

Date: 19 / 02 / 2024 08:11:52 AM METs : 1.1 HR : 128 Target HR : 71% of 181 BP : 150/90 Post J @Gandhi

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



ExTime: 08:21 Speed: 0.0 mph Grade: 00.00 % 35 mm/Sec 1.0 Cm/mV



II (Combined Median)

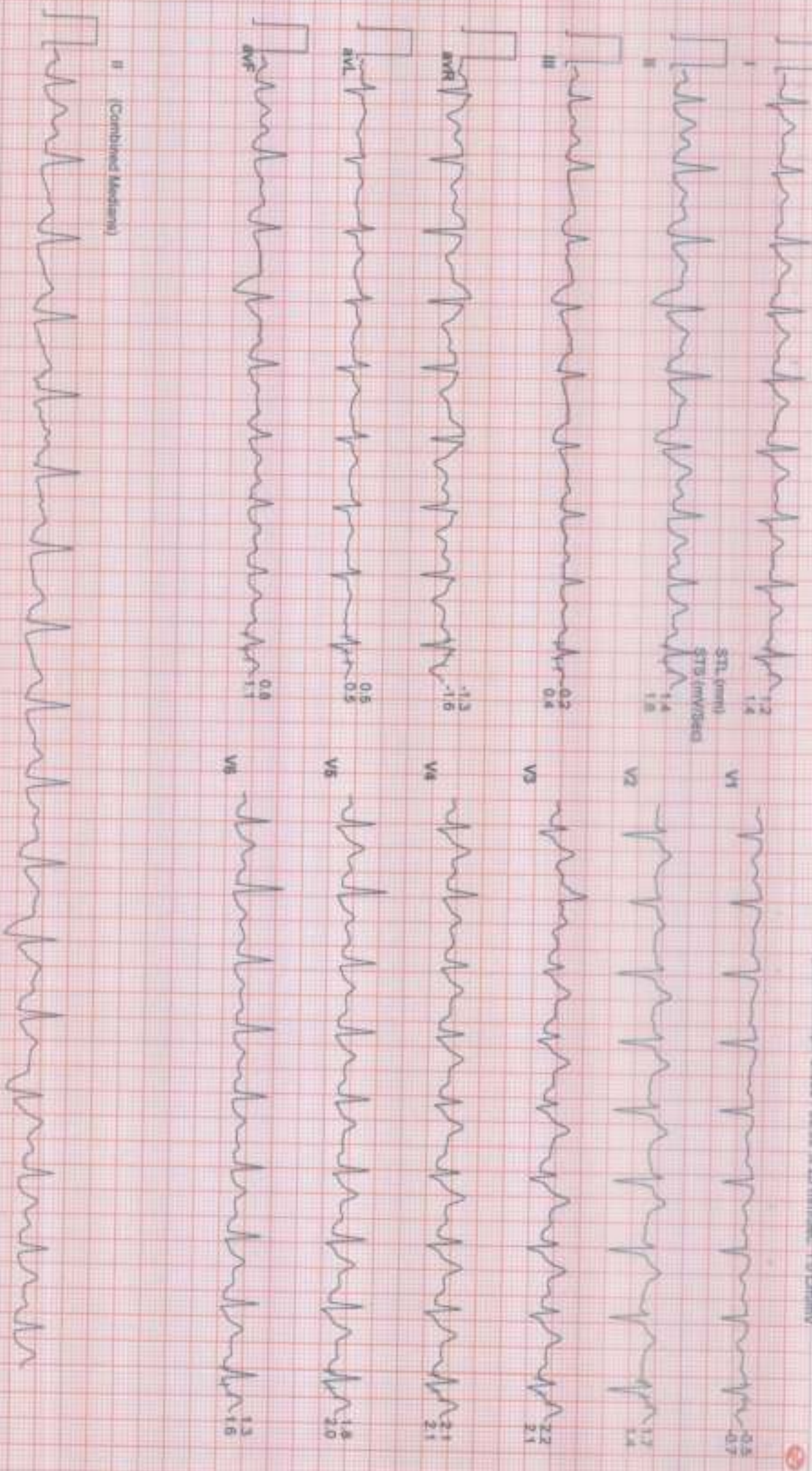
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

666 / MANJUNATHA TS / 39 Yrs / Male / 164 Cm / 65 Kg

Date: 19/02/2024 09:11:52 AM METs : 1.0 HR : 104 Target HR : 87% of 161 BP : 130/90 Post J @sonic

ExTime: 06:21 Speed: 0.0 mm/s Guide: 00:00 % 25 mm/Sec 1.9 Cm/mV

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

555 / MANJUNATHA TS / 39 Yrs / Male / 164 Cm / 65 Kg

Date: 19 / 02 / 2024 06:11:52 AM METs : 1.0 HR : 104 Target HR : 57% of 181 BP : 130/90 Post J @00nSec

ExTime: 06:21 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 CalmV

6X2 Combine Medians + 1 Rhythm
Recovery : (02:01)

