

SUBURBAN DIAGNOSTICS - KHAR WEST

Patient Name: SANJAY BHAGOLIWAL
Patient ID: 2231622918

Date and Time: 12th Nov 22 11:33 AM

Age **56** **4** **23**
years months days

Gender **Male**

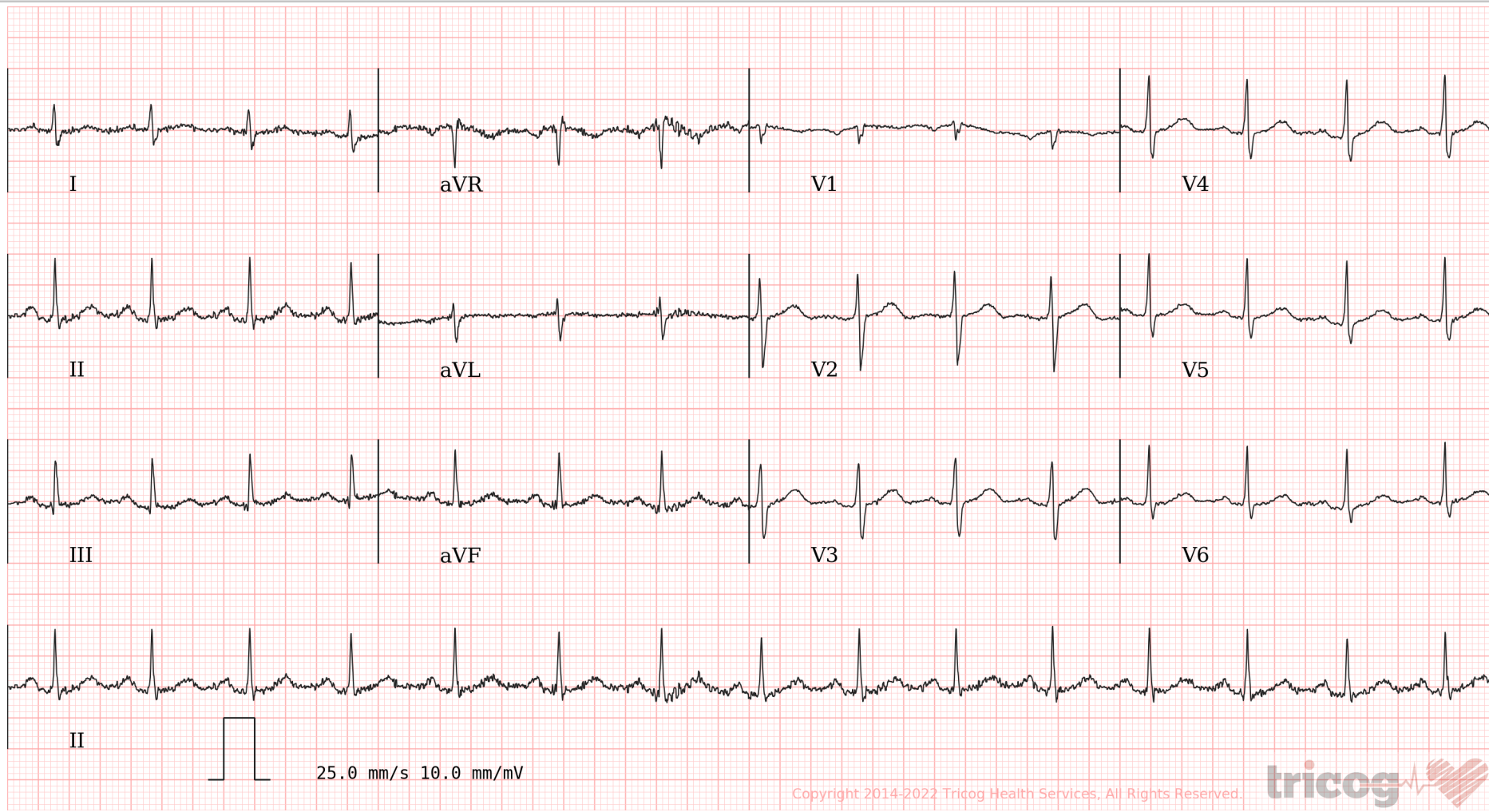
Heart Rate **93bpm**

Patient Vitals

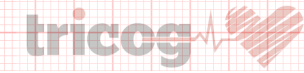
BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 86ms
QT: 372ms
QTc: 462ms
PR: 168ms
P-R-T: 61° 77° 67°



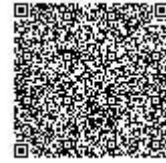
Copyright 2014-2022 Tricog Health Services, All Rights Reserved.



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

REPORTED BY

Dr. Girish Agarwal
MD Medicine
2002/02/478



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622918
Name : Mr SANJAY BHAGOLIWAL
Age / Sex : 56 Years/Male
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022/10:43

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is 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.

SUGGEST CLINICAL CORRELATION.

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622918
Name : Mr SANJAY BHAGOLIWAL
Age / Sex : 56 Years/Male
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022/10:43



CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 14:15

Use a QR Code Scanner
Application To Scan the Code

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.40	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.1	40-50 %	Calculated
MCV	85.3	80-100 fl	Measured
MCH	28.9	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5770	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.3	20-40 %	
Absolute Lymphocytes	1400	1000-3000 /cmm	Calculated
Monocytes	8.5	2-10 %	
Absolute Monocytes	490	200-1000 /cmm	Calculated
Neutrophils	59.5	40-80 %	
Absolute Neutrophils	3400	2000-7000 /cmm	Calculated
Eosinophils	7.4	1-6 %	
Absolute Eosinophils	430	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	197000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Measured
PDW	12.9	11-18 %	Calculated



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 16:00

RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 6 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 12:58
Reported : 12-Nov-2022 / 18:13

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	140.3	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 CPL, Andheri West
*** End Of Report ***



Anupa

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



CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 14:09

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.75	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	115	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	6.4	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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



Anupa

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



CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 15:11

Use a QR Code Scanner
Application To Scan the Code

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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 14:09

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.528	0.03-3.5 ng/ml	ECLIA



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 14:09

R
E
P
O
R
T

Clinical Significance:

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

Interpretation:

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

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

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

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

Reference:

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

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



Anupa

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



CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 17:48

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	-		

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



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical Services)



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 13:49

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
Rh TYPING	POSITIVE

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical
Services)



CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 14:17

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	157.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	94.4	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	37.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	119.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	101.0	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	18.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical Services)



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 14:09

**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	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.61	0.35-5.5 microIU/ml	ECLIA



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 14:09

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 trasiently altered becuase 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 CPL, Andheri West
*** End Of Report ***



Anupa

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



CID : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 09:50
Reported : 12-Nov-2022 / 14:17

Use a QR Code Scanner
Application To Scan the Code

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	0.99	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.35	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.64	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	32.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	40.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	34.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	46.8	40-130 U/L	Colorimetric

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



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical Services)

CID# : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years/Male
Consulting Dr. : -
Reg.Location : Khar West (Main Centre)

SID# : 177805616674
Registered : 12-Nov-2022 / 09:48
Collected : 12-Nov-2022 / 09:48
Reported : 14-Nov-2022 / 11:28
Printed : 14-Nov-2022 / 11:33

EYE-GENERAL EXAM

Parameter

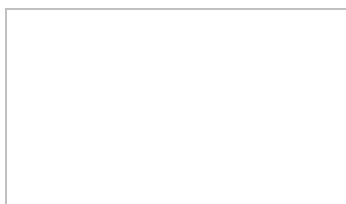
**Biological Ref Method
Range**

	RIGHT EYE	LEFT EYE
DISTANCE VISION		
NEAR VISION		

COLOUR VISION:

IMPRESSION:

*** End Of Report ***



Dr.RAFAT PARKAR
MBBS
CONSULTANT PHYSICIAN

CID#	: 2231622918	SID#	: 177805616674
Name	: MR.SANJAY BHAGOLIWAL	Registered	: 12-Nov-2022 / 09:48
Age / Gender	: 56 Years/Male	Collected	: 12-Nov-2022 / 09:48
Consulting Dr.	: -	Reported	: 14-Nov-2022 / 11:28
Reg.Location	: Khar West (Main Centre)	Printed	: 14-Nov-2022 / 11:33

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms):	167 CMS	Weight (kg):	86 KGS
Temp (0c):	AFEBRILE	Skin:	NORMAL
Blood Pressure (mm/hg):	120 / 80 mmHg	Nails:	NORMAL
Pulse:	94/MIN	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: S1 S2 (+) , NO MURMUR
Respiratory: LUNGS CLEAR , AEBE
Genitourinary: NORMAL
GI System: ABD - SOFT , NON TENDER , Lo So
CNS: NORMAL

**IMPRESSION: EOSINOPHILS - 7.4 , HBA1C - 5.7 , HDL CHOL - 37.6 , NON HDL CHOL - 119.5 ,
USG ABD - ABNORMAL FINDINGS ARE NOTED (REPORT ATTACHED) , ALL OTHER
ATTACHED REPORTS ARE WNL.**

ADVICE: CONSULT FAMILY PHYSICIAN IN VIEW OF ABOVE FINDINGS .

CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD	NO
3) Arrhythmia	NO

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

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

For Feedback - customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**

CID# : 2231622918
Name : MR.SANJAY BHAGOLIWAL
Age / Gender : 56 Years/Male
Consulting Dr. : -
Reg.Location : Khar West (Main Centre)

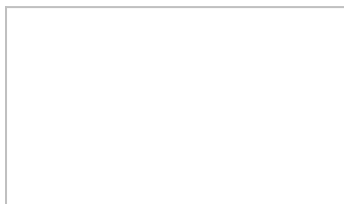
SID# : 177805616674
Registered : 12-Nov-2022 / 09:48
Collected : 12-Nov-2022 / 09:48
Reported : 14-Nov-2022 / 11:28
Printed : 14-Nov-2022 / 11:33

4) Diabetes Mellitus	NO
5) Tuberculosis	NO
6) Asthama	NO
7) Pulmonary Disease	NO
8) Thyroid/ Endocrine disorders	NO
9) Nervous disorders	NO
10) GI system	NO
11) Genital urinary disorder	NO
12) Rheumatic joint diseases or symptoms	NO
13) Blood disease or disorder	NO
14) Cancer/lump growth/cyst	NO
15) Congenital disease	NO
16) Surgeries	NO
17) Musculoskeletal System	NO

PERSONAL HISTORY:

1) Alcohol	NIL
2) Smoking	NIL
3) Diet	VEG
4) Medication	NIL

*** End Of Report ***



Rafat
Dr.RAFAT PARKAR
MBBS
CONSULTANT PHYSICIAN