

CID : 2430021275
Name : MR.AJEET KUMAR
Age / Gender : 51 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

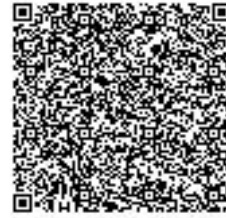
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.62	4.5-5.5 mil/cmm	Elect. Impedance
PCV	36.3	40-50 %	Measured
MCV	79	80-100 fl	Calculated
MCH	26.4	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6460	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.9	20-40 %	
Absolute Lymphocytes	2300.0	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	460.0	200-1000 /cmm	Calculated
Neutrophils	54.0	40-80 %	
Absolute Neutrophils	3490.0	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	170.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	211000	150000-400000 /cmm	Elect. Impedance
MPV	11.5	6-11 fl	Calculated
PDW	25.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
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 15 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
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

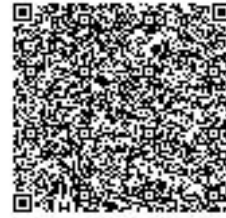
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*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reg. Location : Kandivali East (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

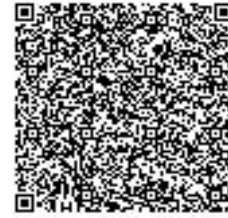
<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	90.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	80.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reg. Location : Kandivali East (Main Centre)

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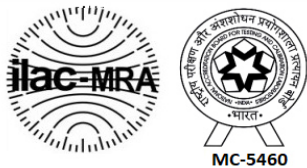
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.77	0.73-1.18 mg/dl	Enzymatic
eGFR, Serum	108	(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	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	6.4	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.0	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.0	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	139	136-145 mmol/l	IMT
POTASSIUM, Serum	4.6	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	98-107 mmol/l	IMT

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



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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Reg. Location : Kandivali East (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

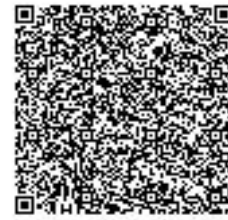
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*** End Of Report ***



J. Thakker

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.182	<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

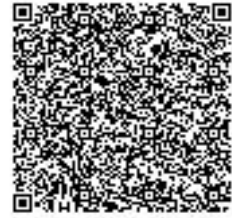
Limitations:

- 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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Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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Collected : 26-Oct-2024 / 09:28
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
EXAMINATION OF FAECES

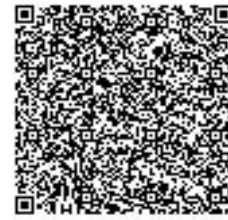
<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
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	-
Reducing Substances	-	Absent	Benedicts

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Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

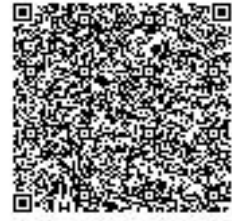


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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.004	1.002-1.035	Refractive index
Reaction (pH)	7	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.2	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	0.1	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2.1	0-29.5/hpf	
Yeast	Absent	Absent	



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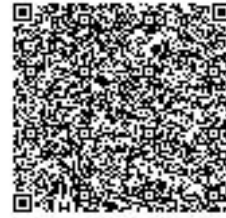
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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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*** End Of Report ***

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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:

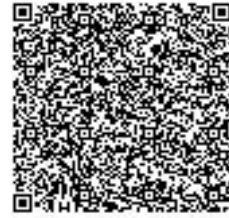
1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***



Dr. Vrushi Shroff

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIPID PROFILE

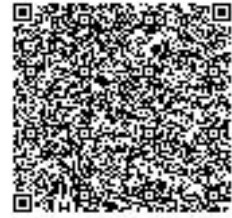
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	193.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	115	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	42.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	151.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.1	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	23.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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Anupa

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	4.008	0.55-4.78 microU/ml	CLIA



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Interpretation:

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

Clinical Significance:

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

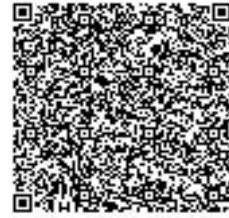
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



CID : 2430021275
Name : MR.AJEET KUMAR
Age / Gender : 51 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

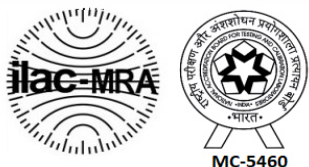
Collected : 26-Oct-2024 / 09:28
Reported : 26-Oct-2024 / 15:49

Use a QR Code Scanner
Application To Scan the Code

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

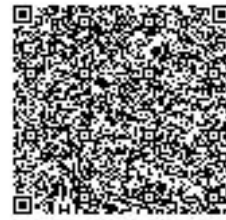
<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.62	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.43	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	26.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	37.0	10-49 U/L	Modified IFCC
GAMMA GT, Serum	66.7	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	70.3	46-116 U/L	Modified IFCC

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



Use a QR Code Scanner
Application To Scan the Code

CID : 2430021275
Name : MR.AJEET KUMAR
Age / Gender : 51 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 26-Oct-2024 / 09:28
Reported : 26-Oct-2024 / 16:45

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
FUS and KETONES

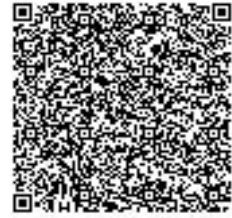
<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Anupa

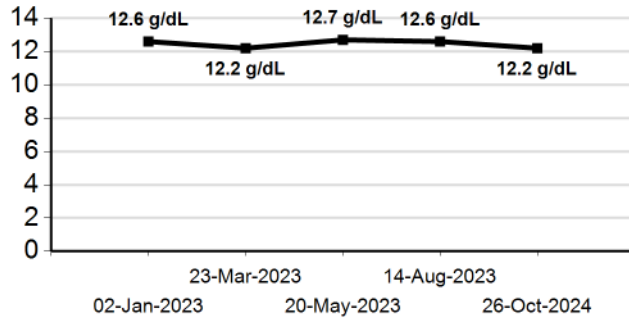
Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



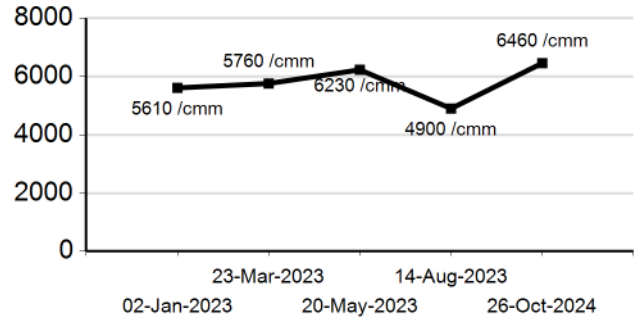
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 Age / Gender : 51 Years / Male
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 Reg. Location : Kandivali East (Main Centre)

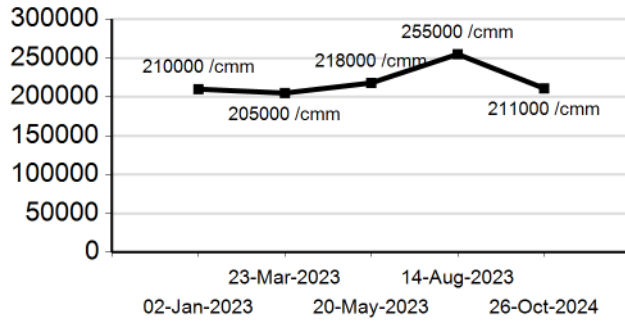
Haemoglobin



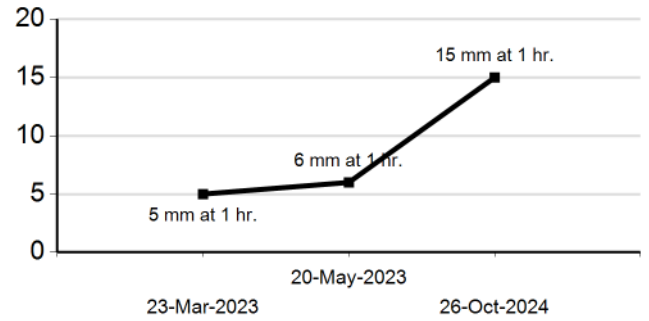
WBC Total Count



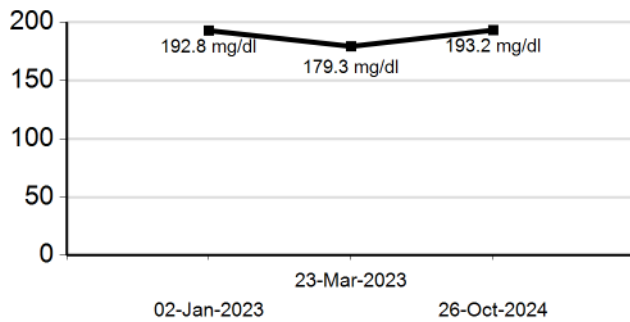
Platelet Count



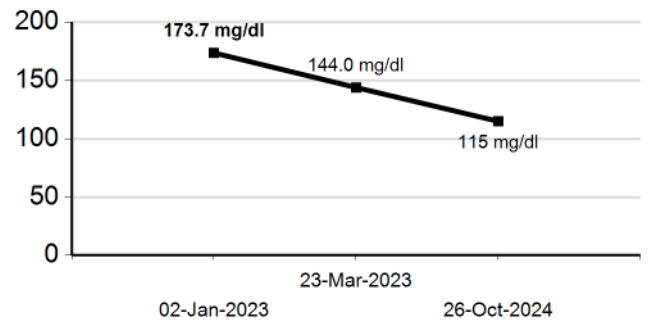
ESR

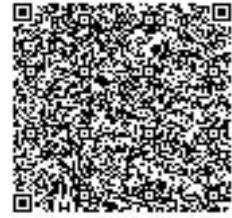


CHOLESTEROL



TRIGLYCERIDES

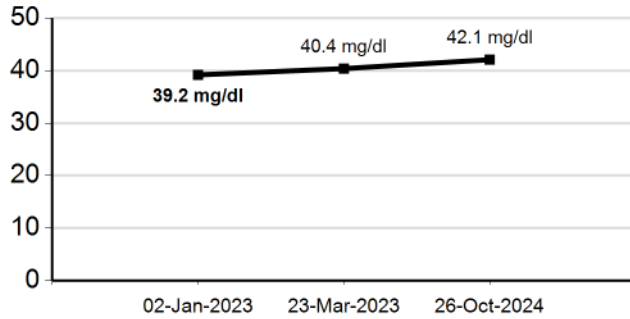




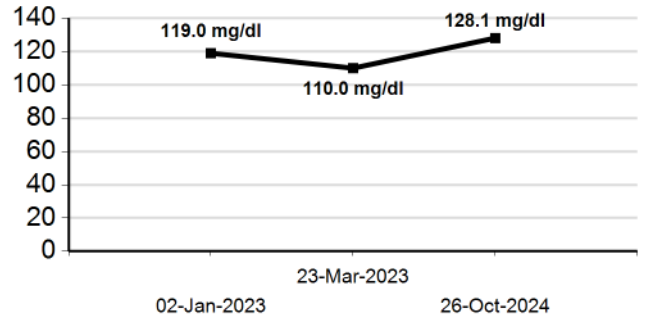
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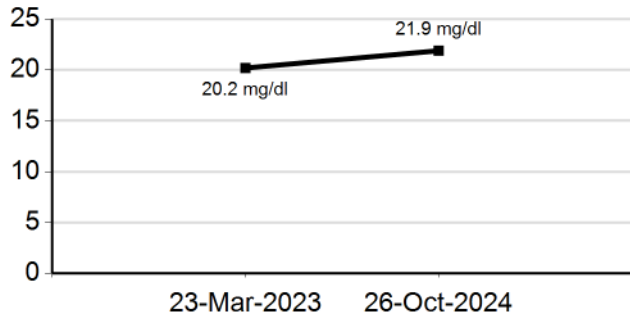
HDL CHOLESTEROL



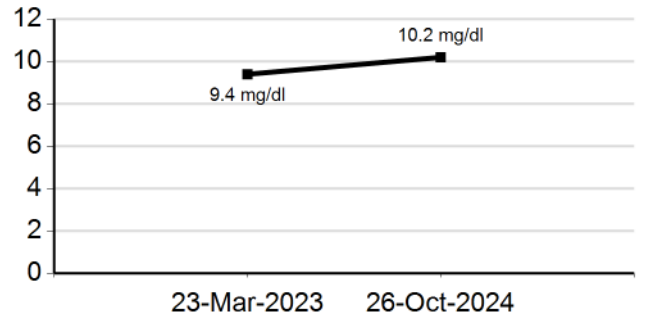
LDL CHOLESTEROL



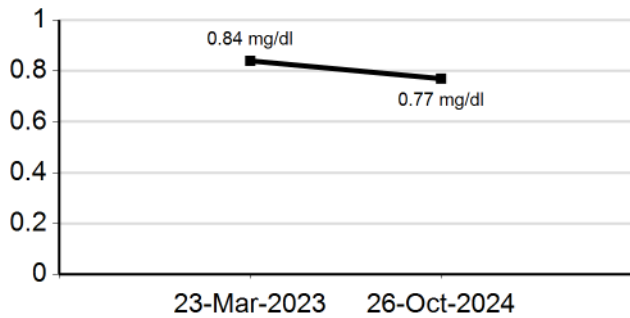
BLOOD UREA



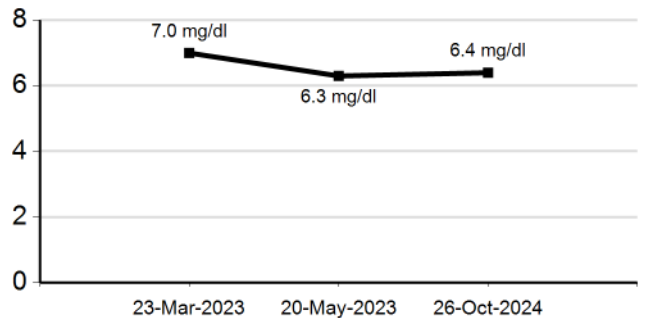
BUN

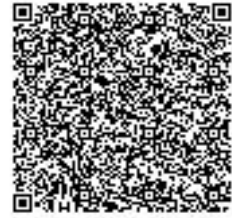


CREATININE



URIC ACID

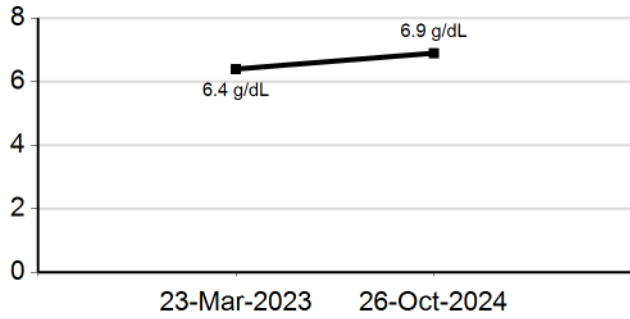




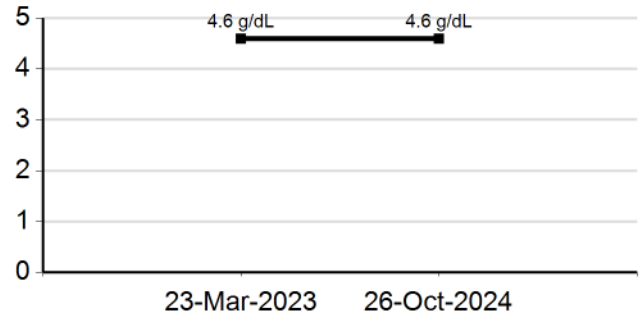
Use a QR Code Scanner Application To Scan the Code

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 Age / Gender : 51 Years / Male
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 Reg. Location : Kandivali East (Main Centre)

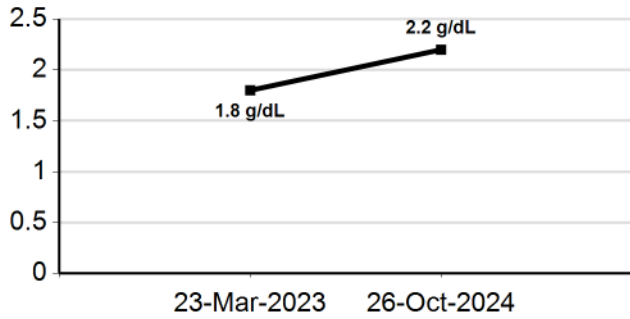
TOTAL PROTEINS



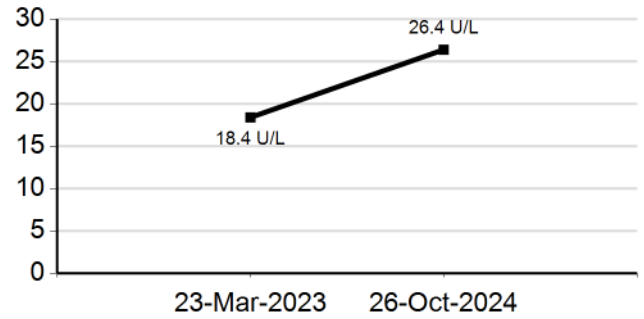
ALBUMIN



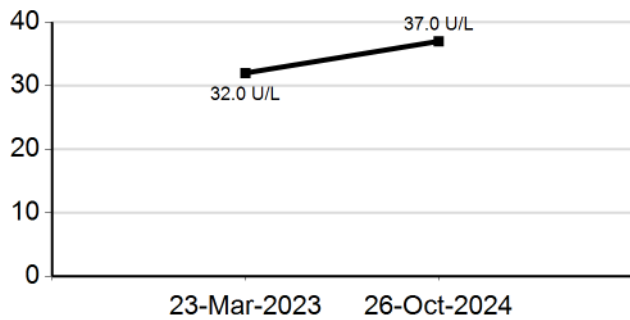
GLOBULIN



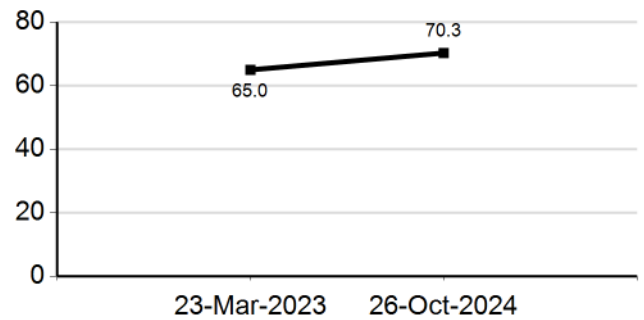
SGOT (AST)

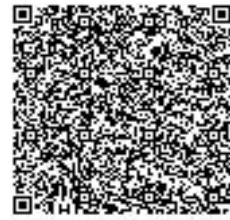


SGPT (ALT)



ALKALINE PHOSPHATASE

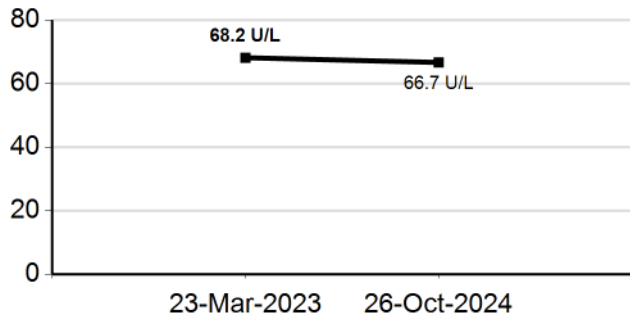




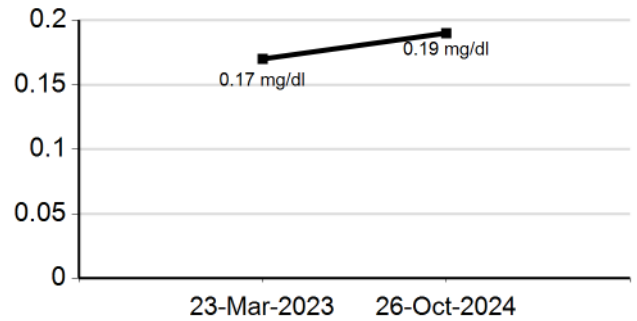
Use a QR Code Scanner
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CID : 2430021275
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 Reg. Location : Kandivali East (Main Centre)

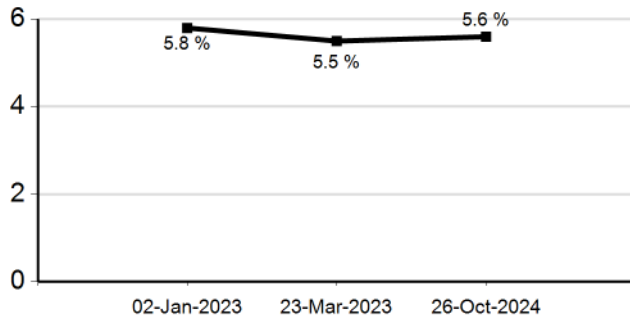
GAMMA GT



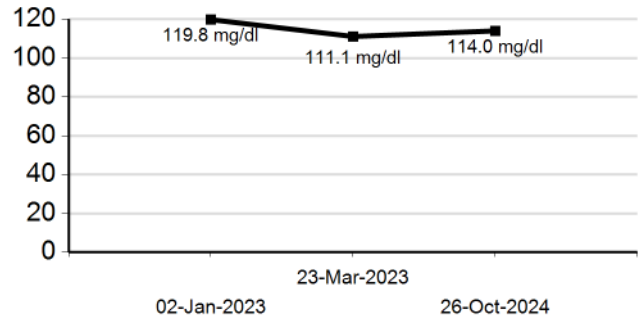
BILIRUBIN (DIRECT)



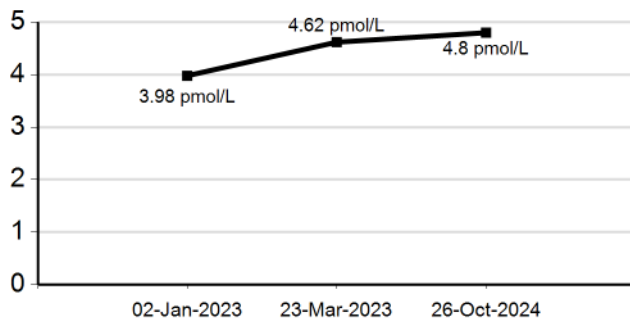
Glycosylated Hemoglobin (HbA1c)



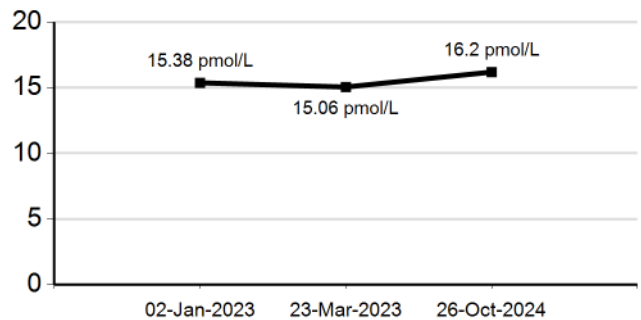
Estimated Average Glucose (eAG)

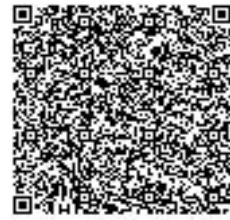


Free T3



Free T4

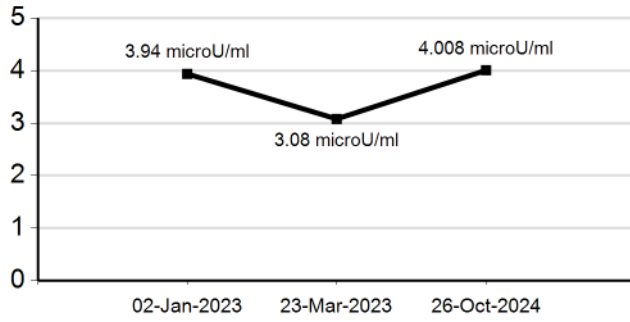




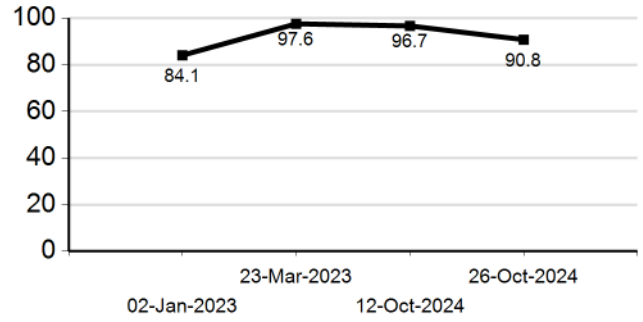
Use a QR Code Scanner
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CID : 2430021275
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Consulting Dr. : -
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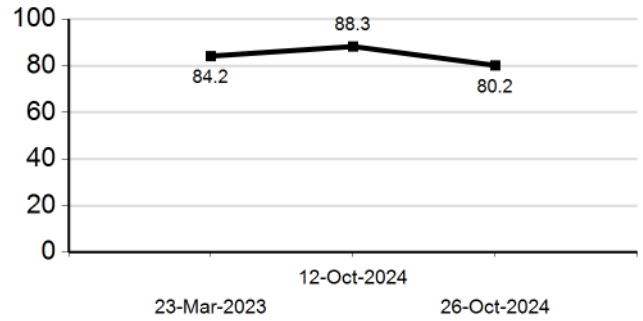
sensitiveTSH



GLUCOSE (SUGAR) FASTING

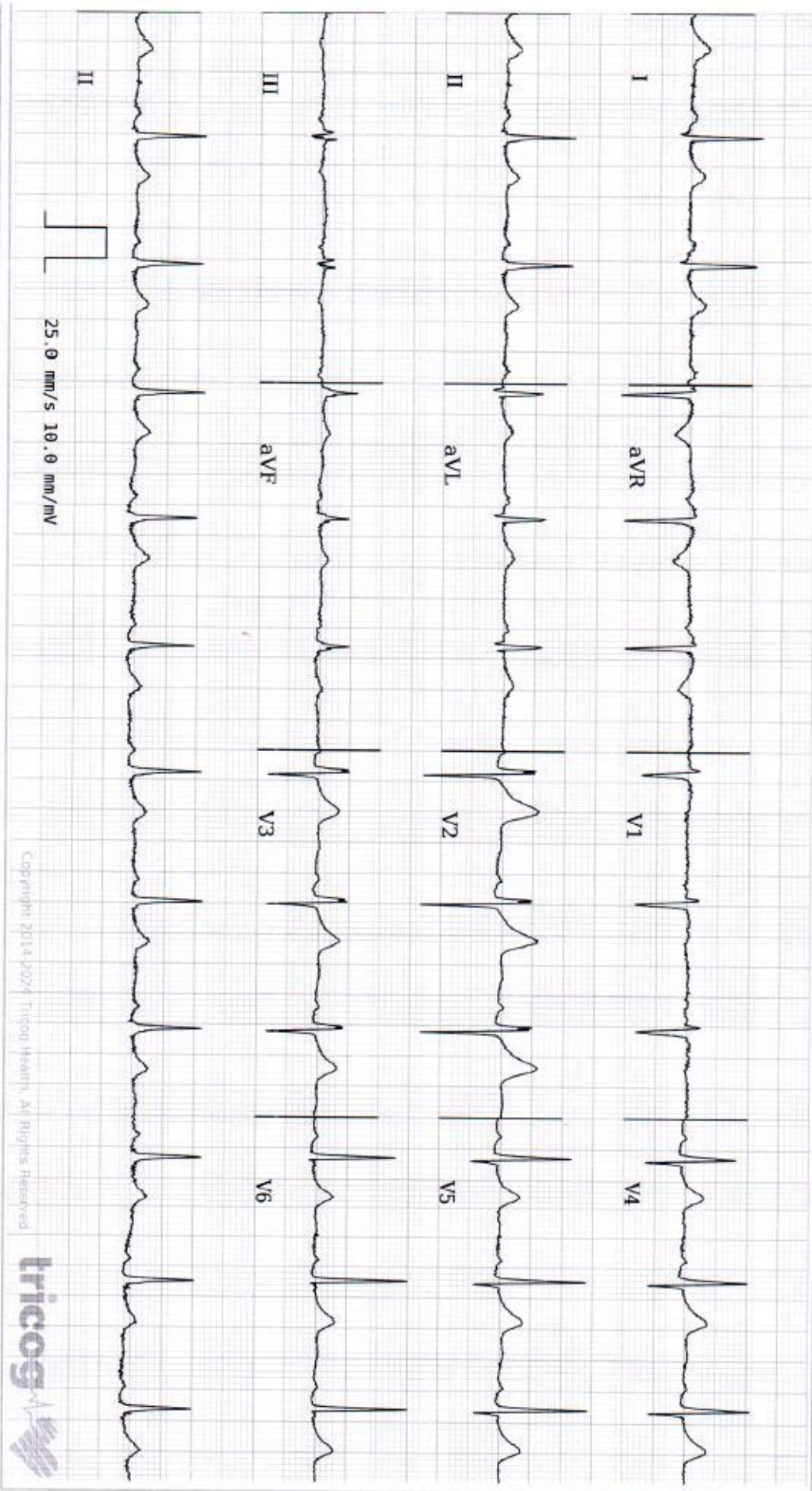


GLUCOSE (SUGAR) PP



Patient Name: AJEET KUMAR
Patient ID: 2430021275

SUBURBAN DIAGNOSTICS - KANDIVALI EAST
Date and Time: 26th Oct 24 10:56 AM



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Age **51** NA NA
years months days

Gender **Male**

Heart Rate **72bpm**

Patient Vitals

BP: 140/80 mmHg

Weight: 94 kg

Height: 176 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 78ms

QT: 402ms

QTcB: 440ms

PR: 136ms

P-R-T: 13° 32° 21°

REPORTED BY

DR AKHIL PARULEKAR
MBBS MD MEDICINE, DNB Cardiology
Cardiologist
2012082483

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

CID : 2430021275
Name : Mr AJEET KUMAR
Age / Sex : 51 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 26-Oct-2024
Reported : 26-Oct-2024 / 10:06

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.1cm), shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 11.1 x 5.2 cm. Left kidney measures 10.2 x 5.6 cm.

SPLEEN:

The spleen is normal (10.2 cm) in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and volume is 20 cc.

Click here to view images <<[ImageLink]>>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1905PLC045288

Page no 1 of 2

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 Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

CID : 2430021275
Name : Mr AJEET KUMAR
Age / Sex : 51 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 26-Oct-2024
Reported : 26-Oct-2024 / 10:06

IMPRESSION:

Grade I fatty liver.

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



DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTIC KANDIVALI EAST

REPORT



EMail:
266 / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg Date: 24 - 10 - 2024 05:58:58 PM Refd By : MEDIWHEEL

REPORT :

Heart Rate 87.0 bpm Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 05:26 Mins. METS 6.7
Test End Reason, DYSPNEA Target Heart Rate 169.0

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NO
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NO
REASON FOR TERMINATION	:	DYSPNEA
EXERCISE TOLERANCE	:	FAIR
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	

ST DEPRESSION NOTED NO ANGINA DYSPNEA NOTED
STRESS TEST IS POSITIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR
GIVEN DURATION OF EXERCISE.
DISCLAIMER Negative test does not rule out coronary artery disease Positive stress test is suggestive of but not confirmative of coronary artery disease. Hence
clinical correlation is mandatory.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101
Tel : 617000000

Dr. Drakshil P. Parulekar,

M.B.B.S., M.D., Medicine
DNB Cardiology

Reg. No. 2012082483

Doctor : DR.AKSHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Report



Email:

266 (2430021275) / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg
 Date: 24 - 10 - 2024 05:58:58 PM Refd By : MEDIWHEEL Examined By: DR AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	081	48%	140/80	113	00	
Standing	00:31	0:26	00.0	00.0	01.0	087	51%	140/80	121	00	
HV	00:38	0:07	00.0	00.0	01.0	075	44%	140/80	105	00	
ExStart	01:06	0:28	00.0	00.0	01.0	084	50%	140/80	117	00	
BRUCE Stage 1	04:06	3:00	02.7	10.0	04.7	128	76%	140/80	179	00	
PeakEx	06:32	2:26	04.0	12.0	06.7	140	83%	160/80	224	00	
Recovery	07:32	1:00	00.0	00.0	01.0	107	63%	160/80	171	00	
Recovery	08:09				00.0	000	0%	---	000	00	

FINDINGS :

Exercise Time : 05:26
 Initial HR (ExStrt) : 84 bpm 50% of Target 169
 Initial BP (ExStrt) : 140/80 (mm/Hg)
 Max Workload Attained : 6.7 Fair response to induced stress
 Duke Treadmill Score : 05.4
 Test End Reasons : Dyspnea

Max HR Attained 140 bpm 83% of Target 169
 Max BP Attained 160/80 (mm/Hg)

Dr. Akhil P. Parulekar,
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

Doctor : DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aangan,
 Thakur Vihar, Kandivali (West),
 Mumbai - 400104.
 Tel : 61700000

SUBURBAN DIAGNOSTIC KANDIVALI EAST

SUPINE (00:05)



266 (2430021275) / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg / HR : 81

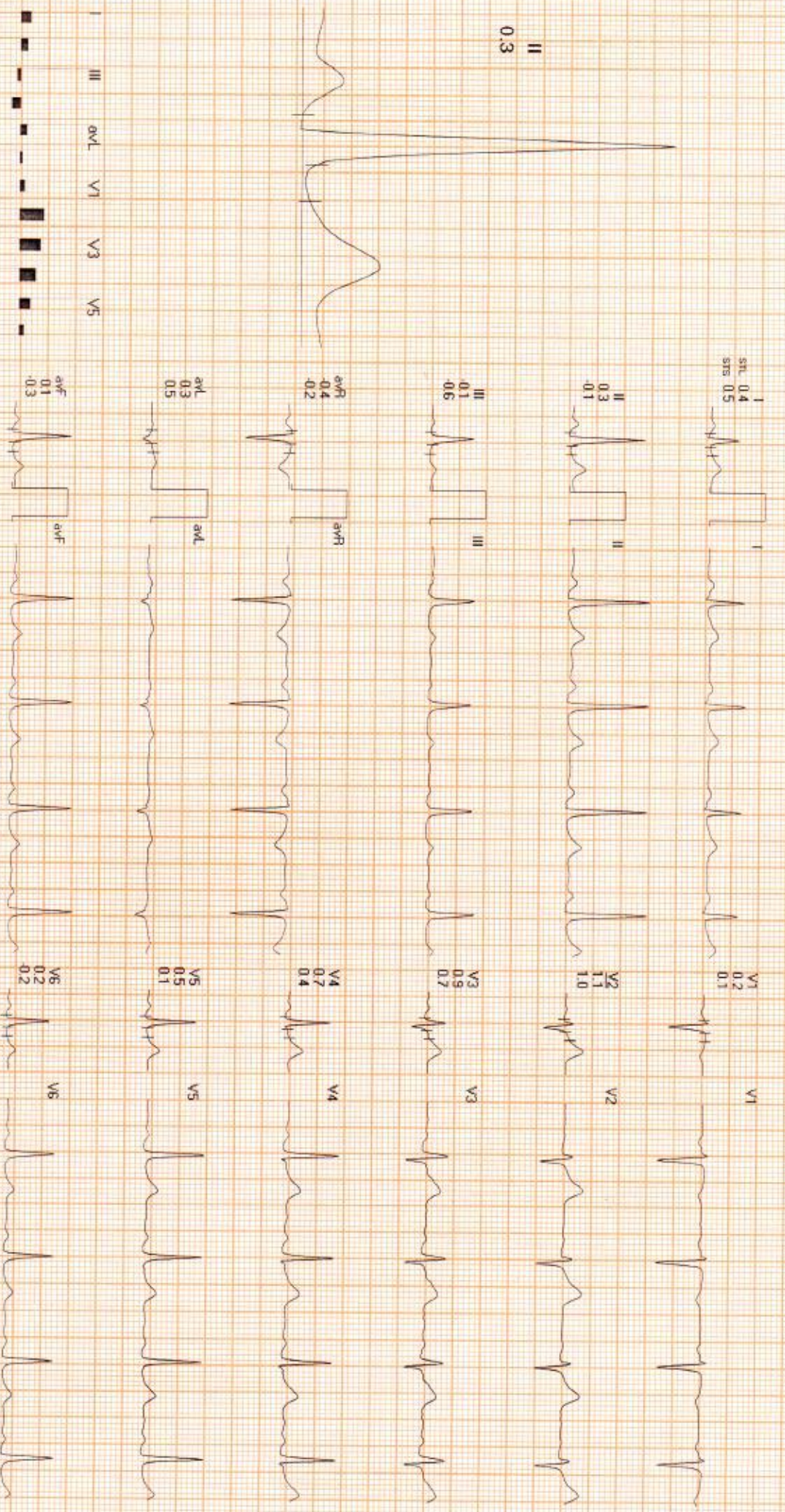
Date: 24 - 10 - 2024 05:58:58 PM

METS: 1.0/ 81 bpm 48% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 KmPh. 00%

4X 50 ms Paper J

25 mm/Sec. 1.0 Cm/mV



REMARKS
II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTIC KANDIVALI EAST

STANDING (00:26)



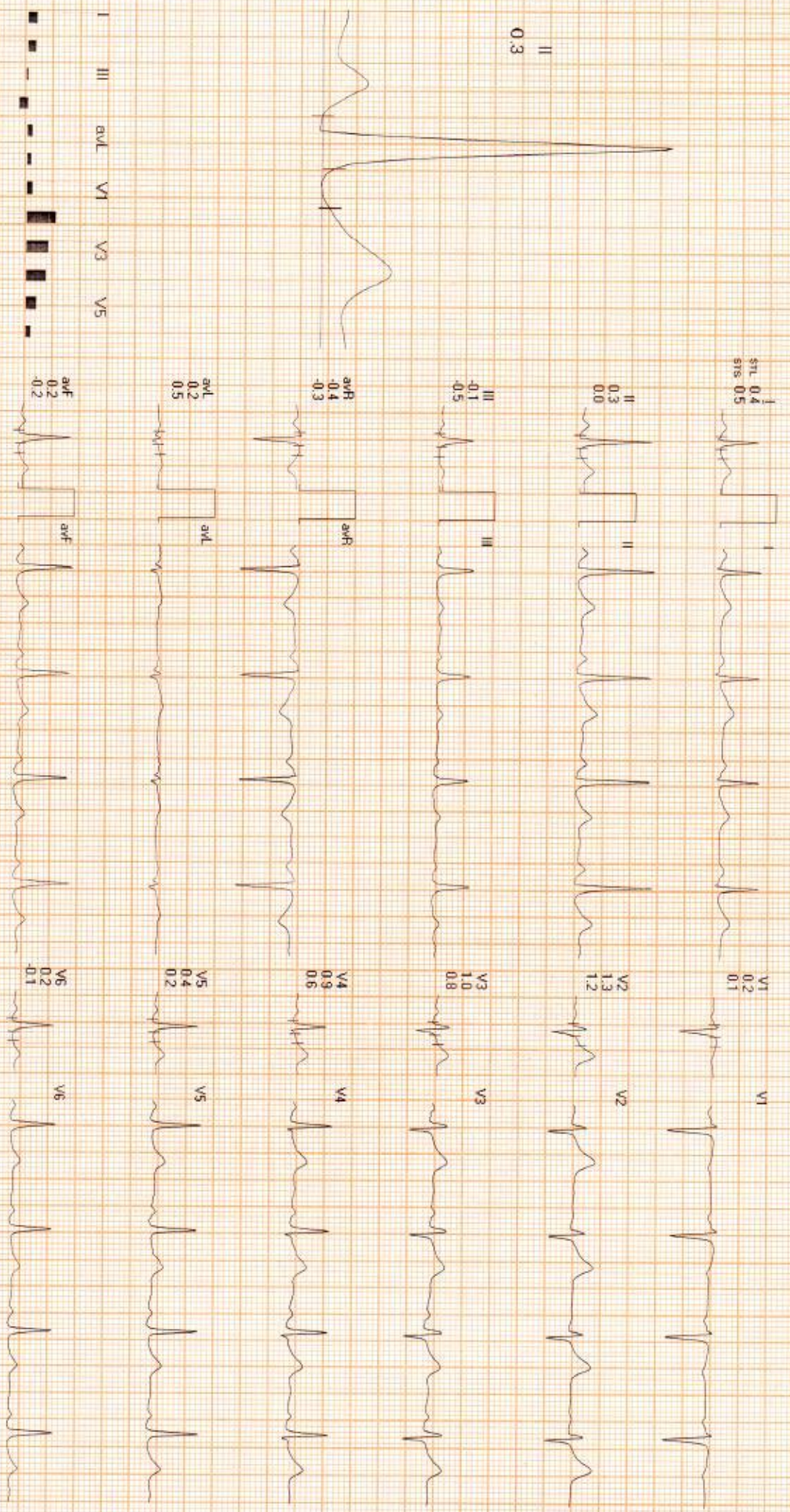
266 (2430021275) / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg / HR : 87

Date: 24 - 10 - 2024 05:58:58 PM METS: 1.0/ 87 bpm 51% of THR BP: 140/80 mmHg Raw ECG/ BLC Orig/ Notch Orig/ HF 0.05 Hz/ LF 35 Hz

4X 30 ms Post J

EXTime: 00:00 0.0 KmPh. 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

HV (00:07)



266 (2430021275) / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg / HR : 75

Date: 24 - 10 - 2024 05:58:58 PM

METS: 1.0/75 bpm 44% of THR

BP: 140/80 mmHg

Raw ECG/BLC On/Noch On/HF 0.05 Hz/LF 35 Hz

4X

80 ms Post J

ExtTime: 00:00 0.0 Kmph 0.0%



STL 0.4
STS 0.5

V1 0.2
V2 0.0

V1

II 0.4
III 0.3

V2 1.3
V3 1.2

V2

II 0.4

III 0.0
aVR 0.3

V3 1.0
V4 0.8

V3

aVR 0.4
aVL 0.4

V4 0.8
V5 0.6

V4

aVL 0.2
aVF 0.4

V5 0.5
V6 0.3

V5

aVF 0.2
aVR 0.0

V6 0.3
V7 0.1

V6



REMARKS:

II aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

ExStit



266 (2430021215) / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg / HR : 84

Date: 24 - 10 - 2024 05:58:58 PM

METS: 1.0/ 84 bpm 50% of THR BP: 140/80 mmHg Paw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Km/h 0.0%

4X 80 ms Post-I

25 mm/Sec 1.0 Cm/mV

STL 0.4
STS 0.4



V1 0.3
0.1



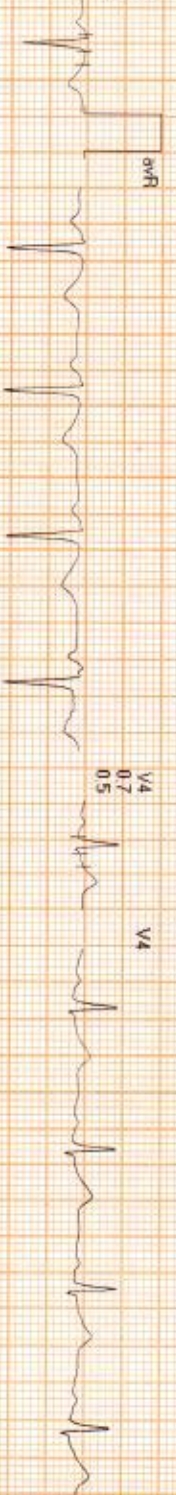
II 0.4
0.1



III 0.0
-0.4



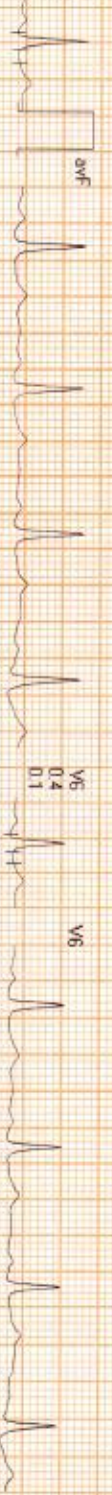
aVR -0.4
-0.3



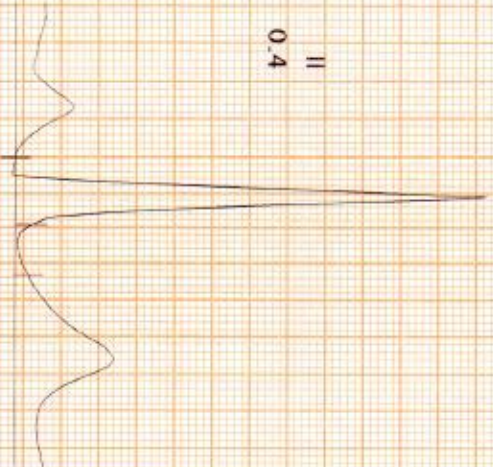
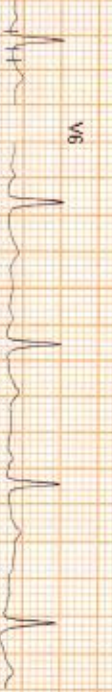
aVL 0.1
0.4



aVF 0.2
-0.2



V6 0.4
0.1



II 0.4



I aVL V1 V3 V5



II aVR aVF V2 V4 V6

REMARKS

SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 1 (03:00)



266 (2430021275) / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg / HR : 128

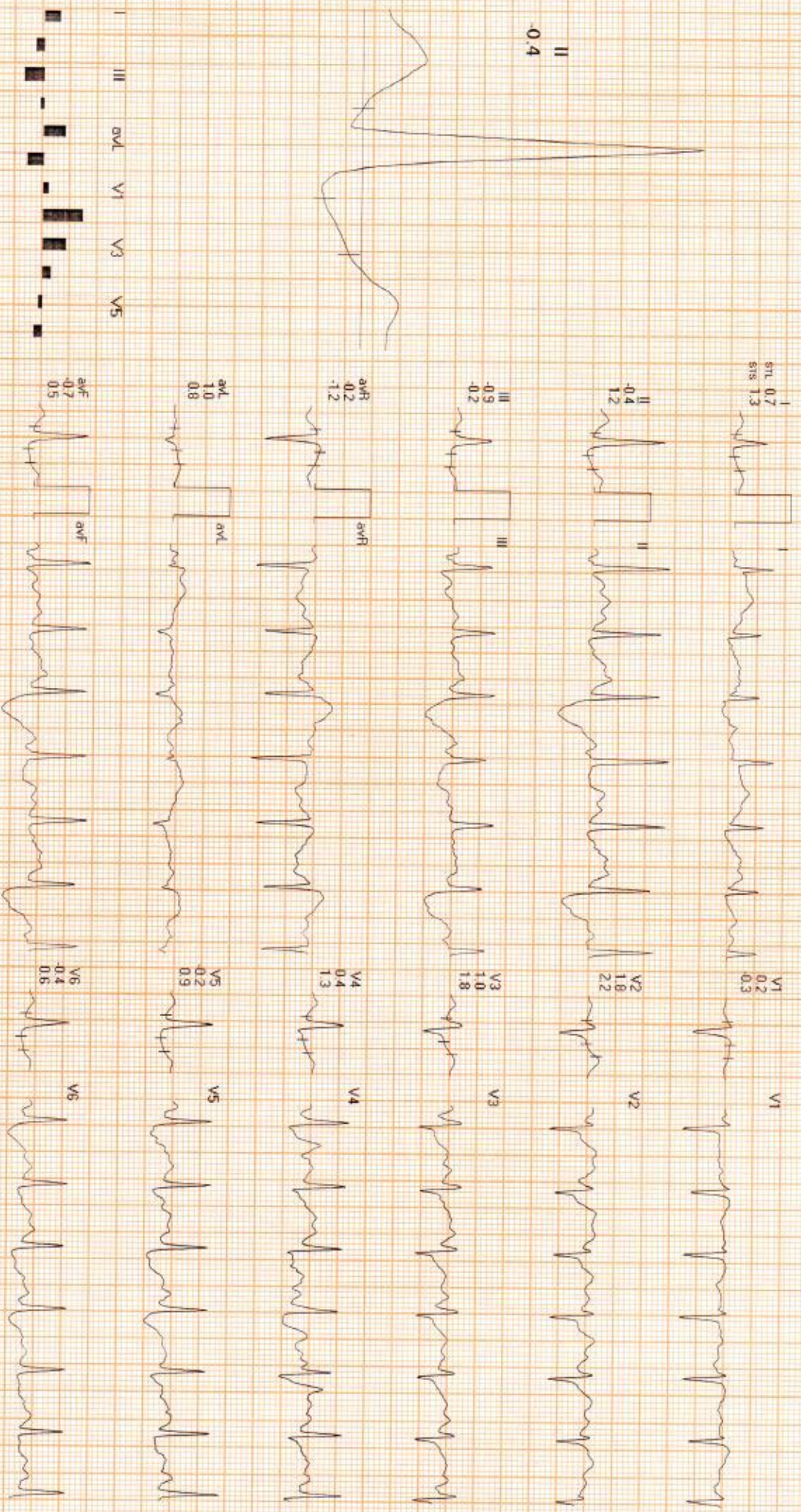
Date: 24 - 10 - 2024 05:58:58 PM

METS: 4.7 / 128 bpm 76% of THR BP: 140/80 mmHg Paw ECG/ BLC Onv/ Notch Onv/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Kmph, 100%

4X 80ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

PeakEx



266 (2430021275) / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg / HR : 140

Date: 24 - 10 - 2024 05:58:58 PM

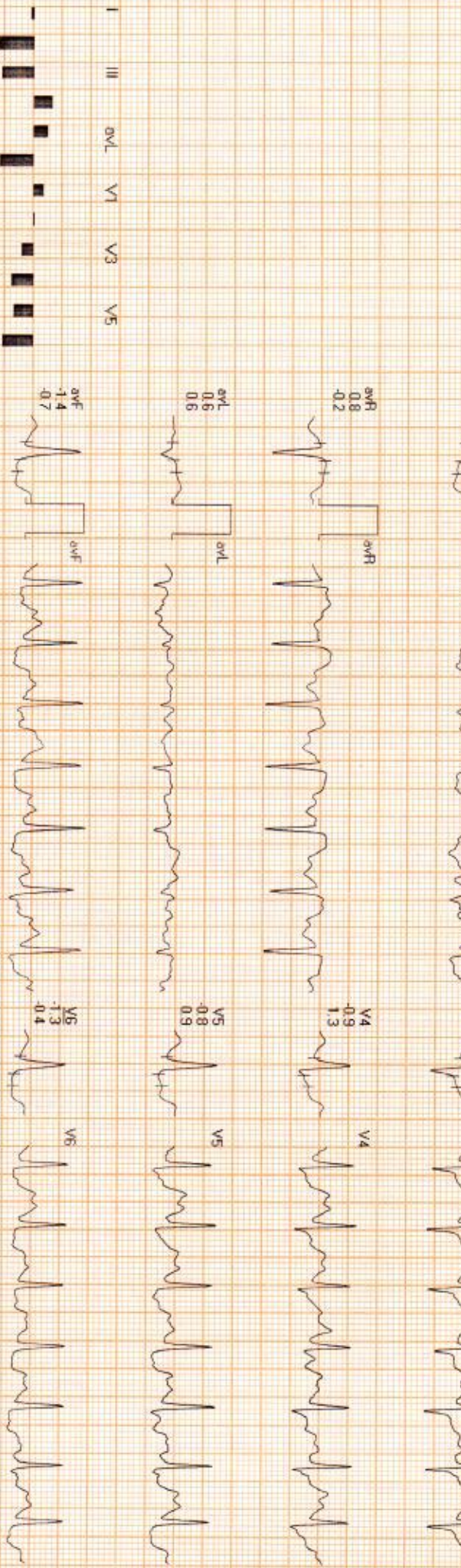
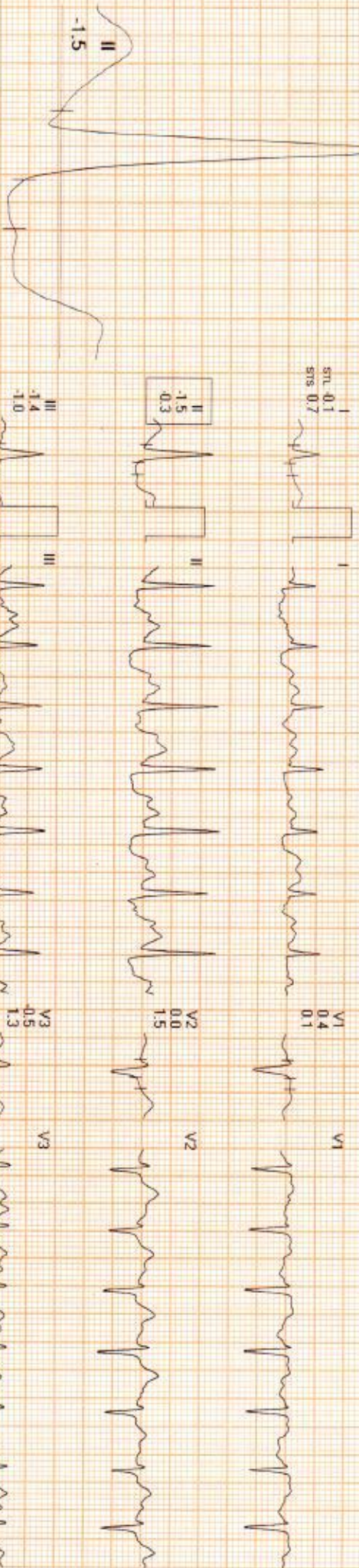
METS: 6.7 / 140 bpm 83% of THR

BP: 160/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 05:26 4.0 KmPh. 12.0%

4X 60 ms Paper J

25 mm/Sec 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (00:31)

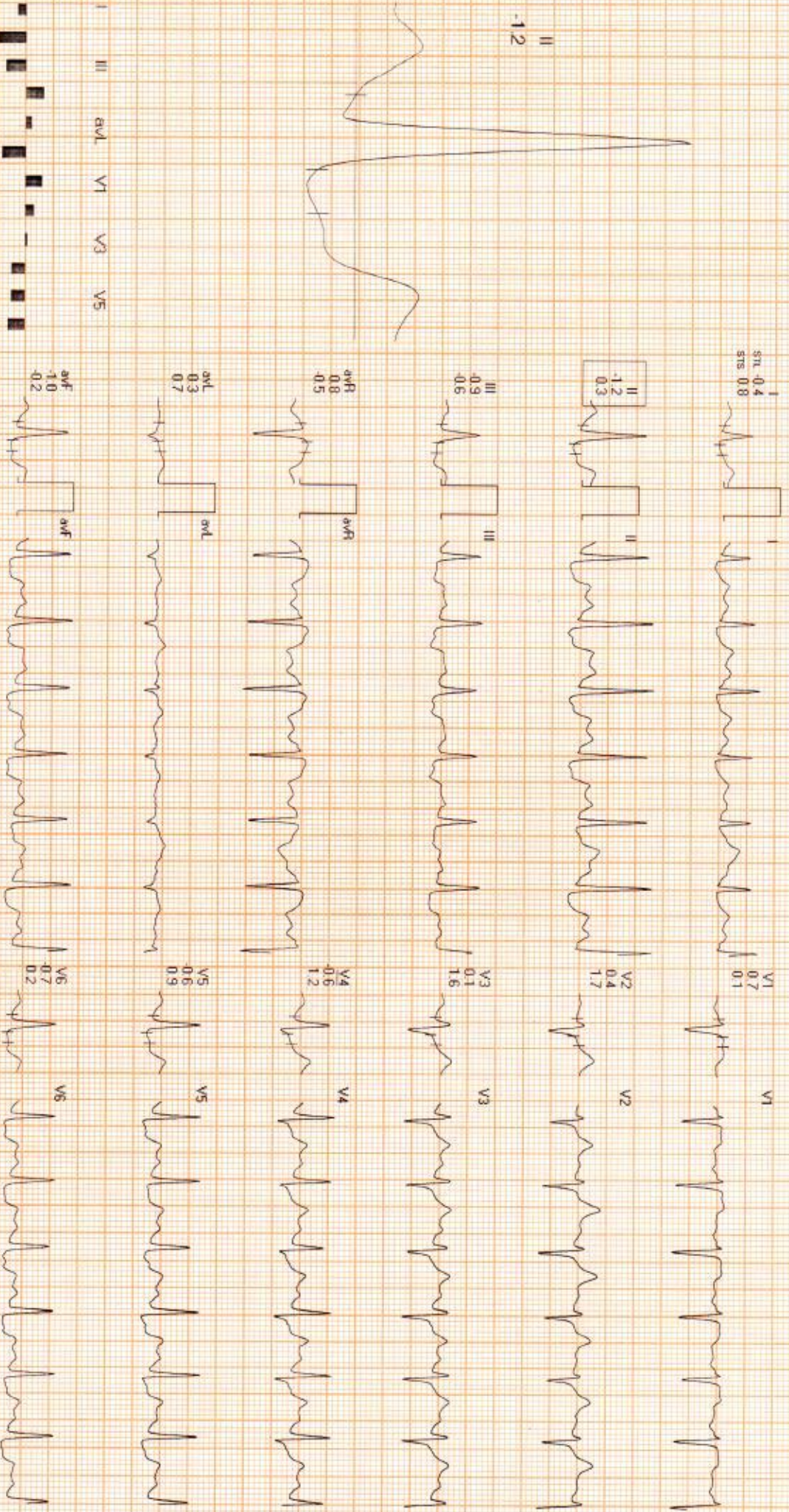


266 (2430021275) / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg / HR : 132

Date 24 - 10 - 2024 05:58:58 PM METS: 1.5/132 bpm 78% of THR BP: 160/80 mmHg Raw ECG/BLC On/Noch On/HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 05:26 0.0 kmph 0.0% 25 mm/Sec 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (01:00)



266 (2430021275) / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg / HR : 107

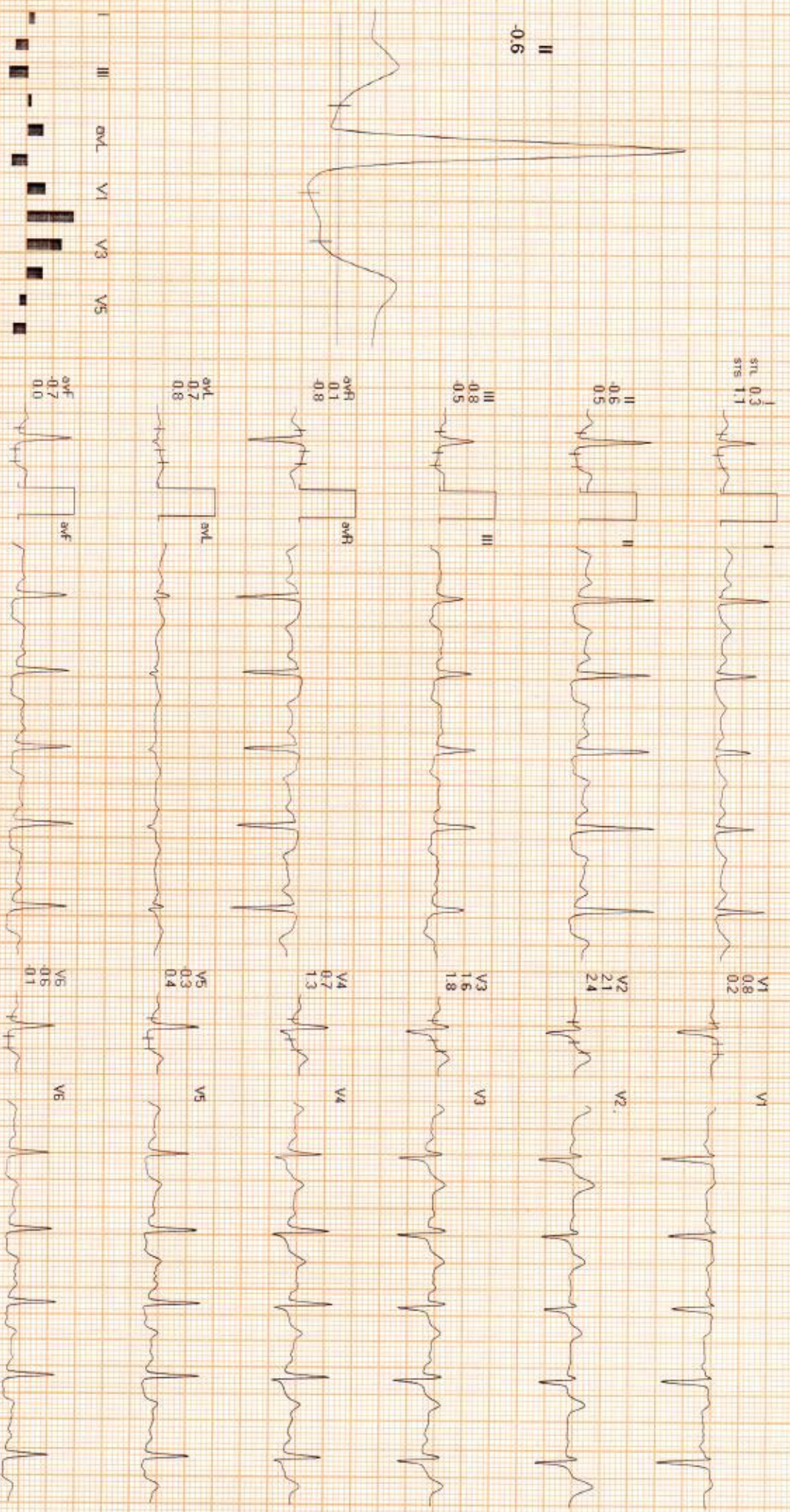
Date: 24 - 10 - 2024 05:58:58 PM

MAETS: 1.0/ 107 bpm 63% of THR. BP: 160/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 05:26 0.0Kmph. 0.0%

4X 80 mS Post J

25 mm/5 sec. 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTIC KANDIVALI EAST

266 (2430021275) / AJEET KUMAR / 51 Yrs / M / 176 Cms / 94 Kg / HR 90

Date: 24 - 10 - 2024 05:58:58 PM METS: 1.0/90 bpm 53% of THR BP: 160/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

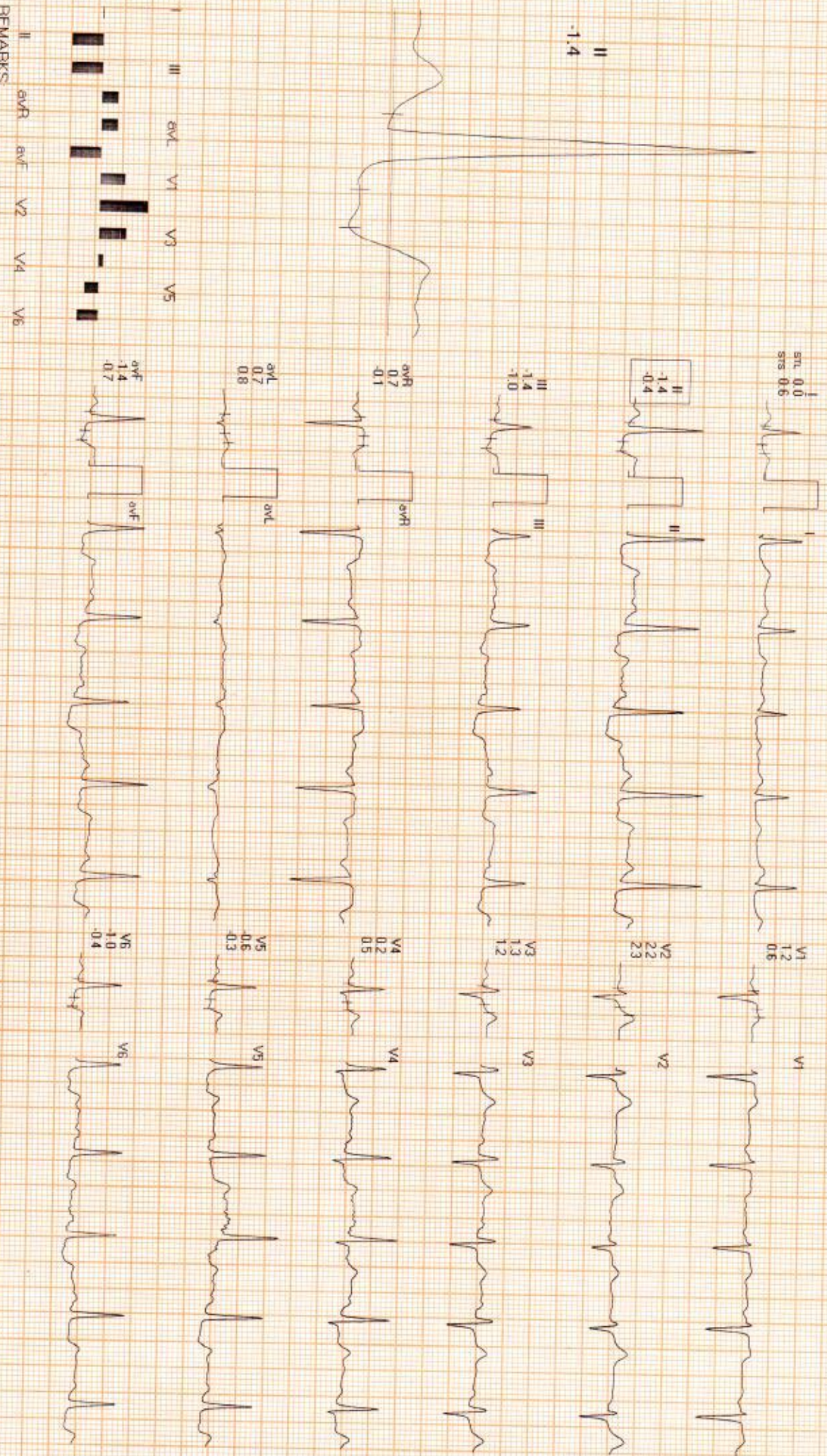
ExTime: 05:26 0.0 Km/ph 0.0%

Recovery : (01:37)



4X 80 mS Pos J

25 mm/Sec 1.0 Cm/mV



REMARKS: