



CID : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years / Male
 Consulting Dr. : -
 Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code
 Collected : 24-Sep-2022 / 09:14
 Reported : 24-Sep-2022 / 12:07

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.17	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.7	40-50 %	Calculated
MCV	84	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.6	20-40 %	
Absolute Lymphocytes	1897.2	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	365.8	200-1000 /cmm	Calculated
Neutrophils	59.3	40-80 %	
Absolute Neutrophils	3676.6	2000-7000 /cmm	Calculated
Eosinophils	4.2	1-6 %	
Absolute Eosinophils	260.4	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	216000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated



CID : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years / Male
 Consulting Dr. : -
 Reg. Location : Swargate, Pune (Main Centre)

Collected : 24-Sep-2022 / 09:14
 Reported : 24-Sep-2022 / 11:33

Use a QR Code Scanner
 Application To Scan the Code

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 5 2-20 mm at 1 hr. Westergren

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



MC-2463



Shruti Ramteke
 Dr.SHRUTI RAMTEKE
 M.B.B.S, DCP (PATH)
 Pathologist



CID : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years / Male
 Consulting Dr. : -
 Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

Collected : 24-Sep-2022 / 11:54
 Reported : 24-Sep-2022 / 16:03


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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	110.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	166.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Present (+++)	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Present (+++)	Absent	
Urine Ketones (PP)	Absent	Absent	

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



MC-2463


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



CID : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years / Male
 Consulting Dr. : -
 Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

Collected : 24-Sep-2022 / 09:14
 Reported : 24-Sep-2022 / 12:35

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	42.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	19.8	6-20 mg/dl	Calculated
CREATININE, Serum	1.24	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	63	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
URIC ACID, Serum	2.2	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

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



MC-2463

Shruti Ramteke
 Dr.SHRUTI RAMTEKE
 M.B.B.S, DCP (PATH)
 Pathologist



CID : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years / Male
 Consulting Dr. : -
 Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

Collected : 24-Sep-2022 / 09:14
 Reported : 24-Sep-2022 / 12:35

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	9.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	231.7	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



MC-2463

Shruti Ramteke
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2226723170
Name : MR.JAMSHED ELAVIA
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 24-Sep-2022 / 09:14
Reported : 24-Sep-2022 / 12:30

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	0.888	0.03-4.5 ng/ml	ECLIA



Use a QR Code Scanner
Application To Scan the Code

CID : 2226723170
Name : MR.JAMSHED ELAVIA
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 24-Sep-2022 / 09:14
Reported : 24-Sep-2022 / 12:30

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 Pune Lab, Pune Swargate

*** End Of Report ***



MC-2463


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



CID : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years / Male
 Consulting Dr. : -
 Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

Collected : 24-Sep-2022 / 09:14
 Reported : 24-Sep-2022 / 16:03

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	+++	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Others	Yeast cells : Occasional		

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



MC-2463

Dr.SHRUTI RAMTEKE
 M.B.B.S, DCP (PATH)
 Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2226723170
Name : MR.JAMSHED ELAVIA
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 24-Sep-2022 / 09:14
Reported : 24-Sep-2022 / 12:35

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

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

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

*** End Of Report ***



MC-2463

Shruti Ramteke
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years / Male
 Consulting Dr. : -
 Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

Collected : 24-Sep-2022 / 09:14
 Reported : 24-Sep-2022 / 12:35

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	132.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	103.0	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	30.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	102.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.0	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	21.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



MC-2463

Shruti Ramteke
 Dr.SHRUTI RAMTEKE
 M.B.B.S, DCP (PATH)
 Pathologist



CID : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years / Male
 Consulting Dr. : -
 Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code
 Collected : 24-Sep-2022 / 09:14
 Reported : 24-Sep-2022 / 13:39

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.1	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.9	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.47	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



CID : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years / Male
 Consulting Dr. : -
 Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code
 Collected : 24-Sep-2022 / 09:14
 Reported : 24-Sep-2022 / 13:39

Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:


- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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

*** End Of Report ***



MC-2463


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



CID : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years / Male
 Consulting Dr. : -
 Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

Collected : 24-Sep-2022 / 09:14
 Reported : 24-Sep-2022 / 12:35

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	0.37	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	19.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	119.6	40-130 U/L	Colorimetric

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



MC-2463

Shruti Ramteke
 Dr.SHRUTI RAMTEKE
 M.B.B.S, DCP (PATH)
 Pathologist

भारत सरकार
आधार

PDF PRINTOUT



जमशेद नोशीर ईलावीया
Jamshed Noshir Elavia
जन्म तारीख/DOB: 27/04/1962
पुरुष/ MALE
Mobile No: 8806967292

8167 7081 4889
VID : 9147 3282 3822 7049

माझे आधार, माझी ओळख

[Handwritten Signature]

CID# : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years/Male
 Consulting Dr. : -
 Reg.Location : Swargate, Pune (Main Centre)

Collected : 24-Sep-2022 / 09:05
 Reported : 24-Sep-2022 / 14:36

PHYSICAL EXAMINATION REPORT

History and Complaints:

H/O HTN 20yrs DM 10yrs

EXAMINATION FINDINGS:

Height (cms):	162cm	Weight (kg):	67kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80mmHg	Nails:	Healthy
Pulse:	74/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1 S2 Normal No Murmurs
Respiratory: Normal
Genitourinary: Normal
GI System: Soft non tender no Organomegaly
CNS: Normal

IMPRESSION:

*HTN ✓ DM ✓ ↑ creatinine
 ✓ fatty liver ✓ BEP*

ADVICE:

*— consult family physician
 — low fat diet
 — Ref to Urologist*

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |

Dr. I. U. BAMB
 M.B.B.S., M.D. (Medicine)
 Reg. No. 39452

CID# : 2226723170
 Name : MR.JAMSHED ELAVIA
 Age / Gender : 60 Years/Male
 Consulting Dr. :-
 Reg.Location : Swargate, Pune (Main Centre)

Collected : 24-Sep-2022 / 09:05
 Reported : 24-Sep-2022 / 14:36

- | | |
|--|-------------------------|
| 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 | FOR # Rt Leg 50yrs back |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|-----------------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Mixed |
| 4) Medication | for HTN with DM |

*** End Of Report ***

Dr.I U BAMB

Name: Jamshed Elavir

Sex / Age: 60th / M

CID: 222 67 23170

Date: 25/9/22

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye	Left Eye
Distance Vision With Glasses	Right Eye 6/6	Left Eye 6/6
Near Vision Without Glasses	Right Eye	Left Eye
Near Vision With Glasses	Right Eye 2/6	Left Eye 2/6

GENERAL EXAMINATION:

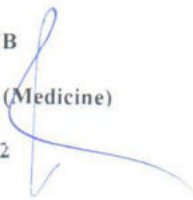
LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION

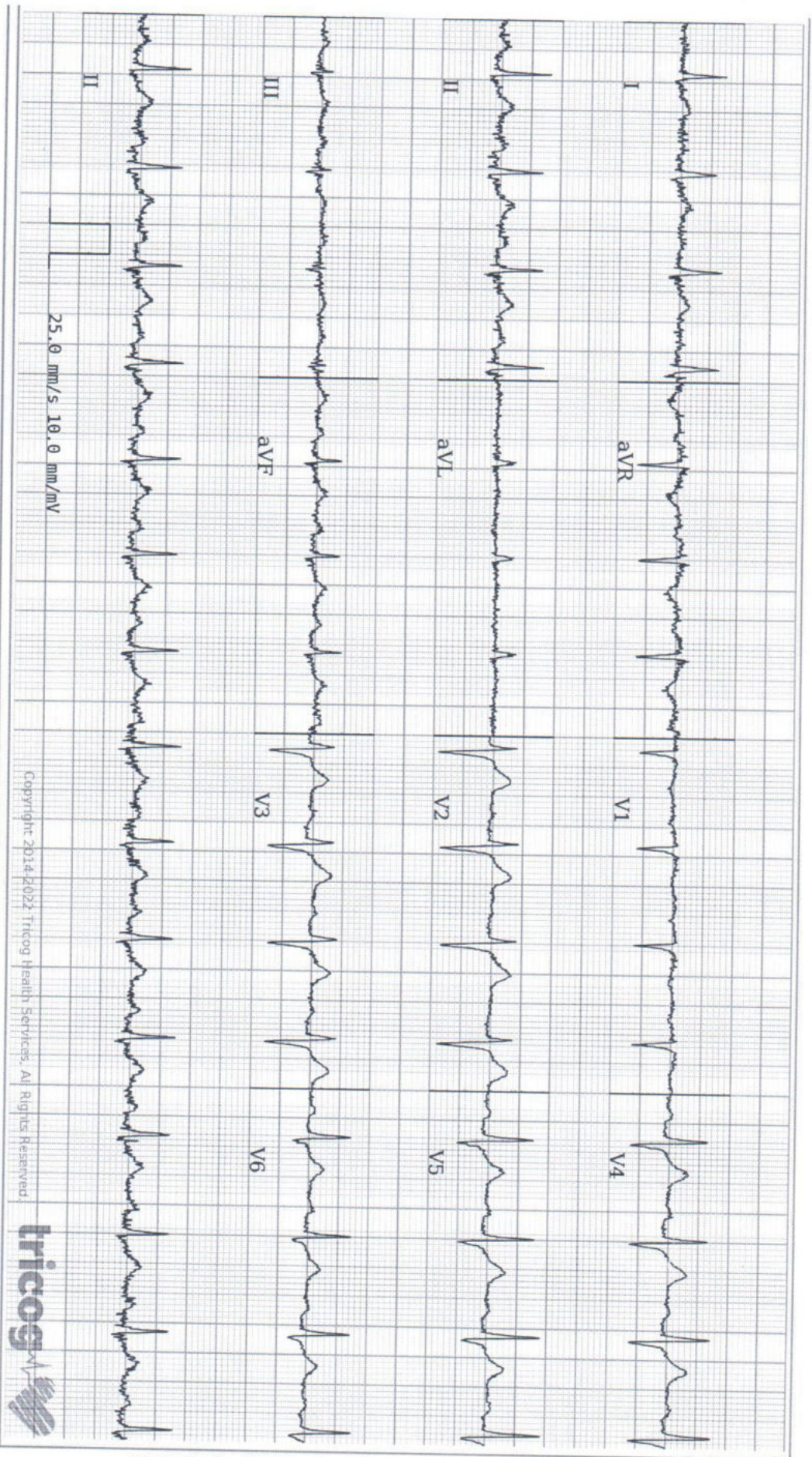


DR I.U.BAMB

M.B.B.S MD (Medicine)

Reg No 39452





Copyright 2014-2022 Tricog Health Services. All Rights Reserved



Age **60** 4 28
years months days

Gender **Male**

Heart Rate **92bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 67 kg

Height: 162 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 88ms

QT: 352ms

QTc: 435ms

PR: 184ms

P-R-T: 68° 35° 54°

REPORTED BY

Dr. I. V. BAMB
M.B.B.S. (Medicine)
Reg. No. 39452
cardiologist

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

SUBURBAN DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall,
Near Panchami Hotel,
Shahu College Road, Pune-411 009.
Tel: 020-41094509

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.

Patient Name: Mr. Jamshed Elavia Ref : Arcofemi

Age /Sex: 60/M

Date: 26/09/2022

C.I.D.: 2226723170

2D ECHO REPORT

FINDINGS-

- Normal chamber dimensions
- No Regional wall motion abnormality.
- No concentric LVH
- Good LV systolic function, LVEF-60%
- Normal cardiac valves
- Intact IAS/IVS.
- No LV Clot /PE/Vegetation.

DOPPLER:-

- No LV DD
- No PH, RVSP- 20 mm HG
- No AS/AR/Trivial MR/Grade I TR

Measurements (mm):- AO-29, LA-25, IVS-10, PW-10, LVIDd-40, LVIDs-28, LVEF-60%

Impression:- NORMAL STUDY WITH GOOD LV FUNCTION (LVEF-60%)



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

Dr RAJESH WAGH
MD (MEDICINE), DM (CARDIOLOGY).
Reg.No.2006/03/1928

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

CID	: 2226723170	SID	: 177804610183
Name	: MR.JAMSHED ELAVIA	Registered	: 24-Sep-2022 / 09:05
Age / Gender	: 60 Years/Male	Collected	: 24-Sep-2022 / 09:05
Ref. Dr	: -	Reported	: 24-Sep-2022 / 10:40
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 24-Sep-2022 / 10:39

USG WHOLE ABDOMEN (SCREENING-Only Corporates)

LIVER: Normal in size (measures 13.6 cms) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal.Portal vein and common bile duct show normal caliber.

GALL BLADDER : Partially distended. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 9.1 x 4.3 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 9.6 x 4.5 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitonium and flanks obscured due to bowel gas.
No evidence of lymphnodes noted.
No free fluid in abdomen.


URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.
Pre void volume :- 354 cc Post void volume :- 67 cc (**significant**)

PROSTATE : Enlarged in size.
It measures 3.7 x 3.6 x 3.5 cm (volume 25.9 cc)

IMPRESSION :
Normal size liver with fatty changes.
Mild prostatic enlargement with significant post void residue.

Clinical correlation is indicated.

*** End Of Report ***


Dr.NIKHIL JOSHI
MBBS , DMRE
CONSULTANT RADIOLOGIST

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

CID	: 2226723170	SID	: 177804610183
Name	: MR.JAMSHED ELAVIA	Registered	: 24-Sep-2022 / 09:05
Age / Gender	: 60 Years/Male	Collected	: 24-Sep-2022 / 09:05
Ref. Dr	: -	Reported	: 24-Sep-2022 / 11:55
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 24-Sep-2022 / 11:55

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.


The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

*** End Of Report ***


Dr. NIKHIL JOSHI
MBBS, DMRE
CONSULTANT RADIOLOGIST