

Mr. Mahesh Gavali

All performed reports within
range



Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544



CID : 2305622111
Name : MR.MAHESH GAVALI
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 09:53
Reported : 25-Feb-2023 / 14:27

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.81	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.6	40-50 %	Calculated
MCV	90.7	80-100 fl	Calculated
MCH	31.4	27-32 pg	Calculated
MCHC	34.6	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5070	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	31.9	20-40 %	Calculated
Absolute Lymphocytes	1617.3	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	Calculated
Absolute Monocytes	339.7	200-1000 /cmm	Calculated
Neutrophils	57.4	40-80 %	Calculated
Absolute Neutrophils	2910.2	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	Calculated
Absolute Eosinophils	167.3	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	Calculated
Absolute Basophils	35.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	349000	150000-400000 /cmm	Elect. Impedance
MPV	7.1	6-11 fl	Calculated
PDW	9.4	11-18 %	Calculated
RBC MORPHOLOGY			



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- 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-ESR 4 2-15 mm at 1 hr. Sedimentation

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

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	66.9	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	

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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	14.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.83	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet in Renal Disease)
TOTAL PROTEINS, Serum	8.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	3.7	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	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.397	0.03-2.5 ng/ml	ECLIA

Clinical Significance:

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

Interpretation:

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

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, 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.

Reference:

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
EXAMINATION OF FAECES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	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	2-3	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein: (1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose: (1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl, 4+ -1000 mg/dl)
- Ketone: (1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

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

PARAMETER	RESULTS
ABO GROUP	AB
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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	171.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	65.2	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	70.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	101.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88	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	13	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated

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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	5.4	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	12.9	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.23	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.

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Interpretation:

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

Clinical Significance:

- 1) TSH Values between high abnormal upto 15 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)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.31	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	19.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	30.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	106.1	40-130 U/L	Colorimetric

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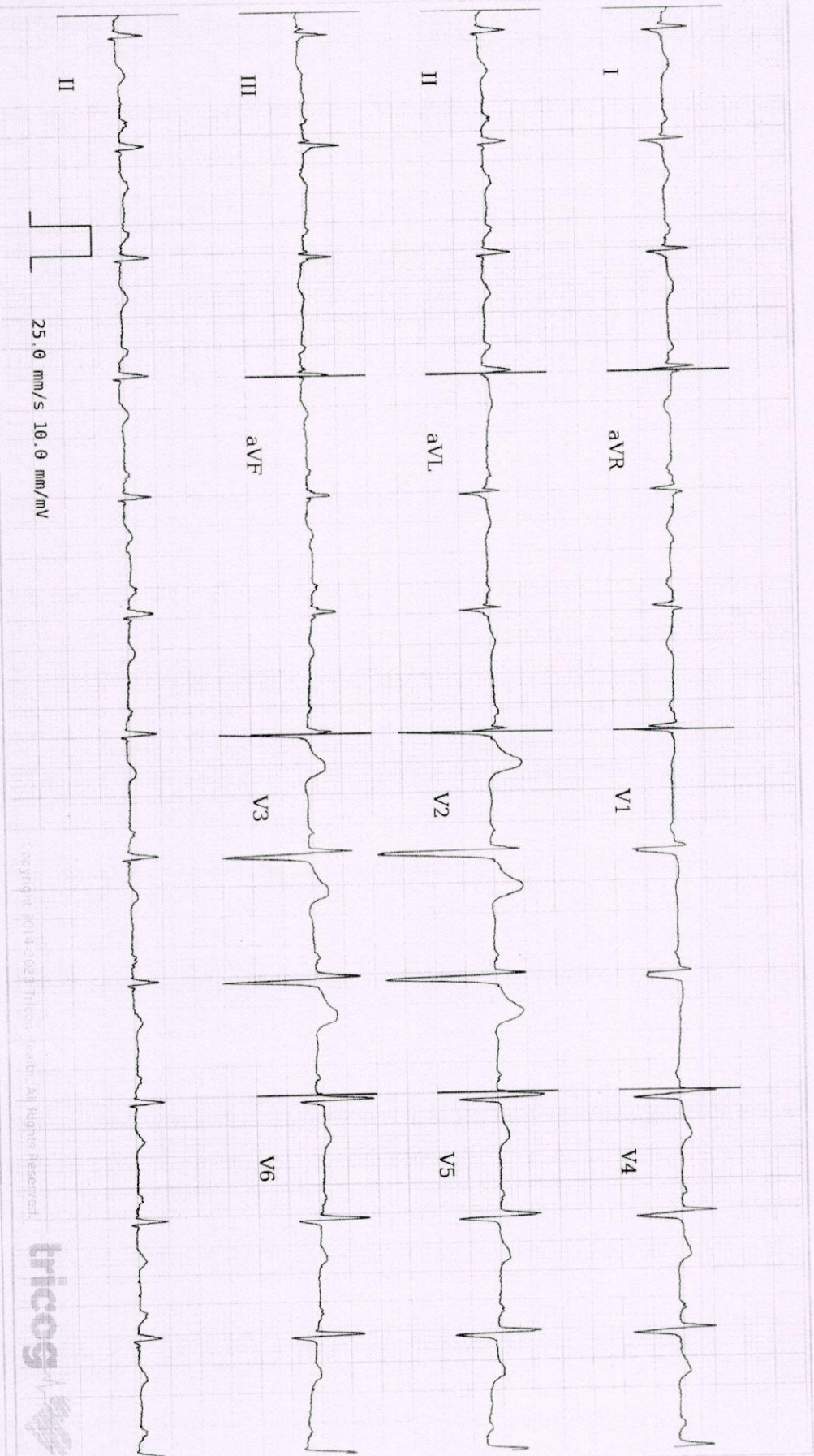


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Pathologist

Patient Name: MAHESH GAVALI
Patient ID: 2305622111

SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE
Date and Time: 25th Feb 23 9:49 AM



25.0 mm/s 10.0 mm/mV

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Age 38 3 11
years months days

Gender Male

Heart Rate 76bpm

Patient Vitals

BP: 110/70 mmHg
Weight: 53 kg
Height: 176 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 100ms
QT: 394ms
QTc: 443ms
PR: 140ms
P-R-T: 30° 89° 17°

REPORTED BY

[Signature]

Dr. Milind Shinde
MBBS, DNB Medicine
2011051544



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.

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Application To Scan the Code

USG (ABDOMEN + PELVIS)

LIVER : The liver is normal in size, shape and smooth margins.
It shows normal 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.
The visualized gall bladder appears normal.
No evidence of pericholecystic fluid is seen.

PANCREAS : The pancreas is well visualised and appears normal.
No evidence of solid or cystic mass lesion is noted.

KIDNEYS : Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN : The spleen is normal in size, shape and echotexture.
No evidence of focal lesion is noted.

URINARY BLADDER : The urinary bladder is well distended.
It shows thin walls and sharp mucosa.
No evidence of calculus is noted.
No mass or diverticulum is seen.

PROSTATE : The prostate is normal in size and echotexture.
Visualized small bowel loops appear non-dilated.
Gaseous distension of large bowel loops.
There is no evidence of any lymphadenopathy or ascitis.

Click here to view images <<ImageLink>>

Page no 1 of 2

CID : 2305622111
Name : Mr MAHESH GAVALI
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Lulla Nagar, Pune Main Centre

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 11:29

Use a QR Code Scanner
Application To Scan the Code

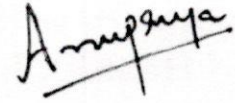
IMPRESSION :

➤ No significant abnormality seen.

Advice - Clinical and lab correlation.

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

This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

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Page no 2 of 2

CID : 2305622111
Name : Mr MAHESH GAVALI
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Lulla Nagar, Pune Main Centre
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 10:15

Use a QR Code Scanner
Application To Scan the Code

X-RAY CHEST PA VIEW

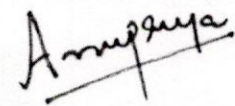
Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

Click here to view images <<ImageLink>>

Page no 1 of 1

Suburban Diagnostics Lullanagar

Patient Details	Date: 25-Feb-23	Time: 11:06:29 AM
Name: MAHESH GAVALI ID: 2305622111		
Age: 38 y	Sex: M	Height: 176 cms
Clinical History: NIL		Weight: 53 Kgs

Medications: NIL

Test Details

Protocol: Bruce	Pr.MHR: 182 bpm	THR: 163 (90 % of Pr.MHR) bpm
Total Exec. Time: 6 m 19 s	Max. HR: 173 (95% of Pr.MHR) bpm	Max. Mets: 10.20
Max. BP: 138 / 92 mmHg	Max. BP x HR: 23874 mmHg/min	Min. BP x HR: 6930 mmHg/min
Test Termination Criteria: Target HR attained		

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 11	1.0	0	0	102	110 / 70	-0.64 III	1.06 V2
Standing	0 : 7	1.0	0	0	108	110 / 70	-0.85 III	1.42 V2
Hyperventilation	0 : 6	1.0	0	0	99	110 / 70	-0.64 III	1.42 V2
1	3 : 0	4.6	1.7	10	135	120 / 78	-1.49 V5	2.12 V2
2	3 : 0	7.0	2.5	12	157	134 / 88	-2.34 V5	3.18 V3
Peak Ex	0 : 19	10.2	3.4	14	173	138 / 92	-5.31 V5	4.25 V3
Recovery(1)	1 : 0	1.8	1	0	121	138 / 92	-3.18 V3	4.25 V3
Recovery(2)	1 : 0	1.0	0	0	117	138 / 92	-0.85 aVR	3.54 V4
Recovery(3)	1 : 0	1.0	0	0	121	138 / 92	-0.64 III	2.83 aVL
Recovery(4)	1 : 0	1.0	0	0	118	138 / 92	-0.64 III	2.83 aVL
Recovery(5)	0 : 3	1.0	0	0	120	138 / 92	-0.85 III	1.42 aVL

Interpretation

The patient exercised according to the Bruce protocol for 6 m 19 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 102 bpm, rose to a max. heart rate of 173 (95% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 138 / 92 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnoea/significant ST T changes during test/recovery.

Stress Test is **NEGATIVE** for Inducible Myocardial Ischemia.

Disclaimer :

Negative Stress Test does not rule out Coronary Artery Diseases.

Positive Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: BOB

(Summary Report edited by user)


Doctor: DR.MILIND SHINDE

(c) Schiller Healthcare India Pvt. Ltd. V 4.51



Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544



MAHESH GAVALI (38 M)

Protocol: Bruce

ID: 2305622111

Stage: Supine

Date: 25-Feb-23

Speed: 0 mph

Exec Time: 0 n 0 s

Grade: 0 %

Stage Time: 0 m 5 s

(THR: 163 bpm)

HR: 111 bpm

B.P: 110 / 70

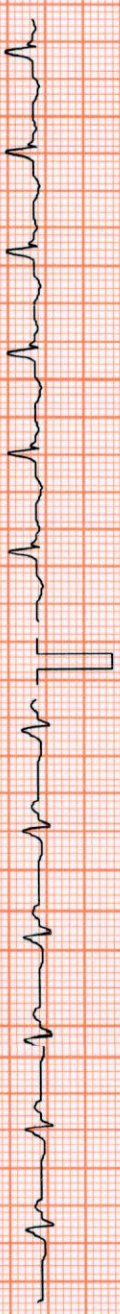
Suburban Diagnostics Lullanagar

Test Report

ST Level (mm) ST Slope (mV/s)

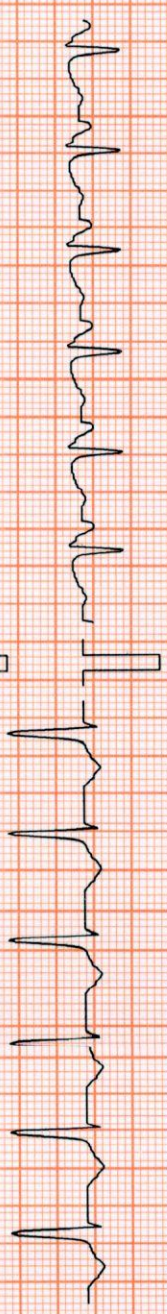
ST Level (mm) ST Slope (mV/s)

I 0.0 0.0



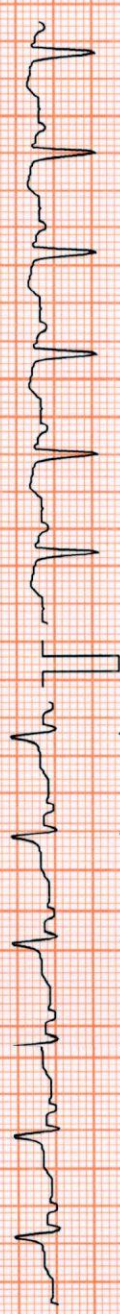
V1 0.2 0.4

II -0.2 0.0



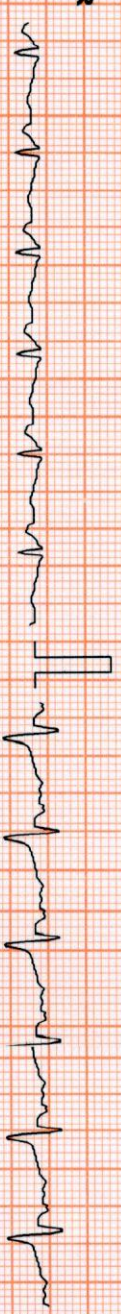
V2 0.8 1.4

III -0.8 -0.7



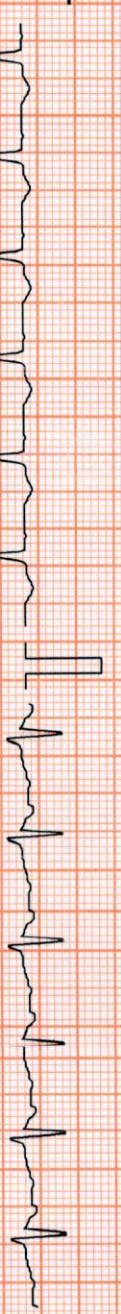
V3 -0.4 0.4

aVR 0.0 0.0



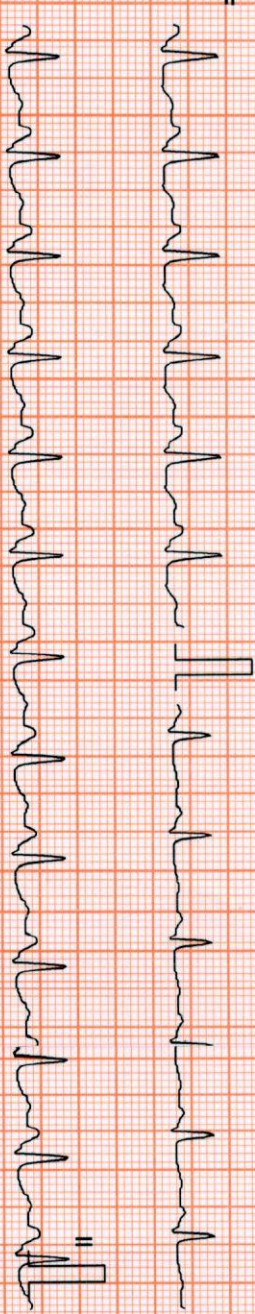
V4 -0.2 0.7

aVL 0.4 0.4



V5 0.0 0.4

aVF -0.4 0.0



V6 0.0 0.4

Chart Speed: 25 mm/sec
Schiller Spandan V 4.5f

Filter: 35 Hz

Mains Fit: ON

Amp: 10 mm

Iso = R - 60 ms

J = + 60 ms

Post J = + 60 ms

Linked Median



MAHESH GAVALI (38 M)

ID: 230622111

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 108 bpm

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

I 0.0 0.0

V1 0.2 0.4

II -0.2 0.0

V2 0.8 1.4

III -0.8 -0.7

V3 -0.4 0.4

aVR 0.0 -0.4

V4 0.0 0.7

aVL 0.4 0.4

V5 -0.2 0.0

aVF -0.4 0.0

V6 0.0 0.4

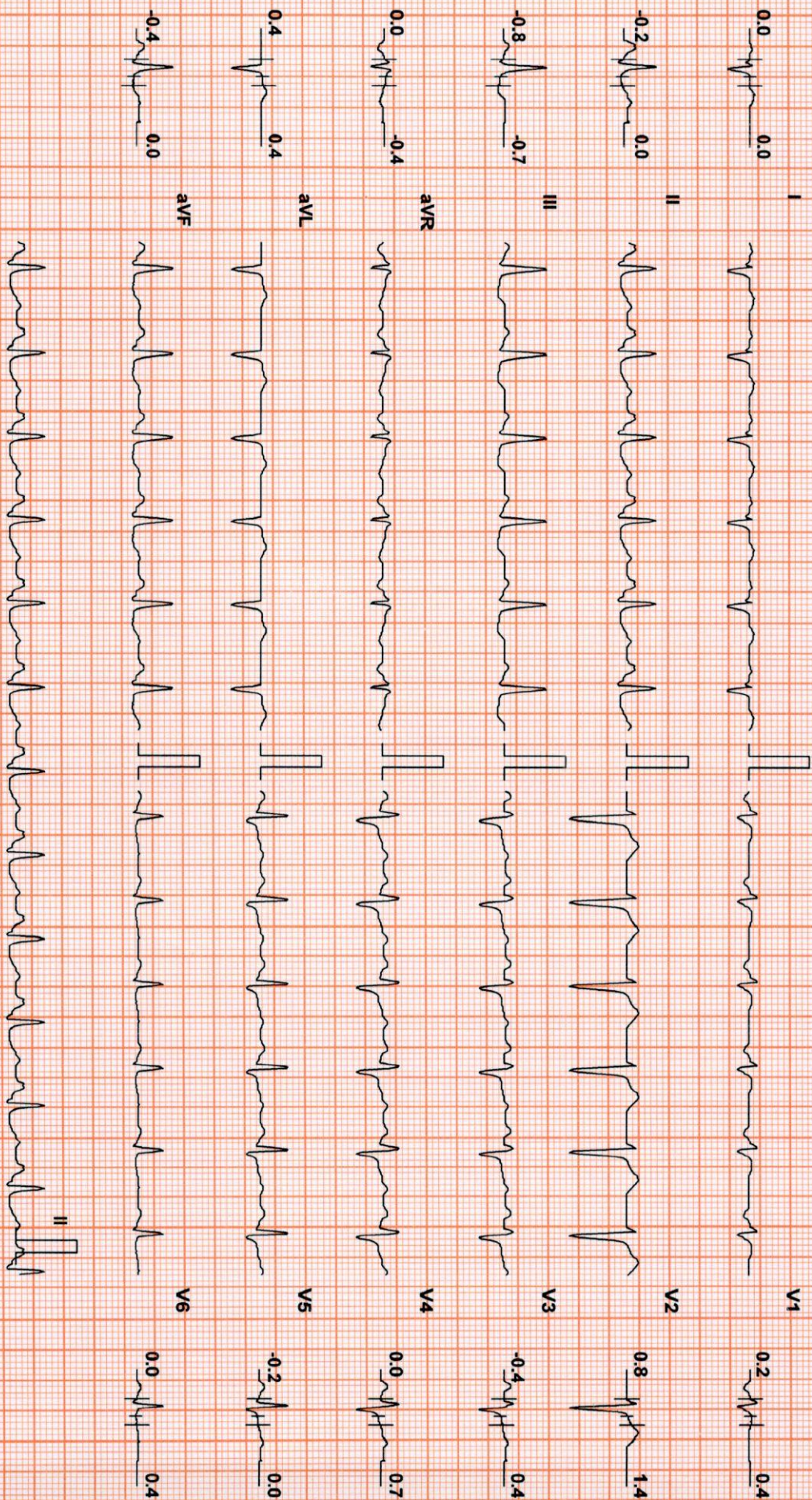


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.5f

Linked Median



MAHESH GAVALI (38 M)

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

ID: 2305622111

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 99 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV/s)

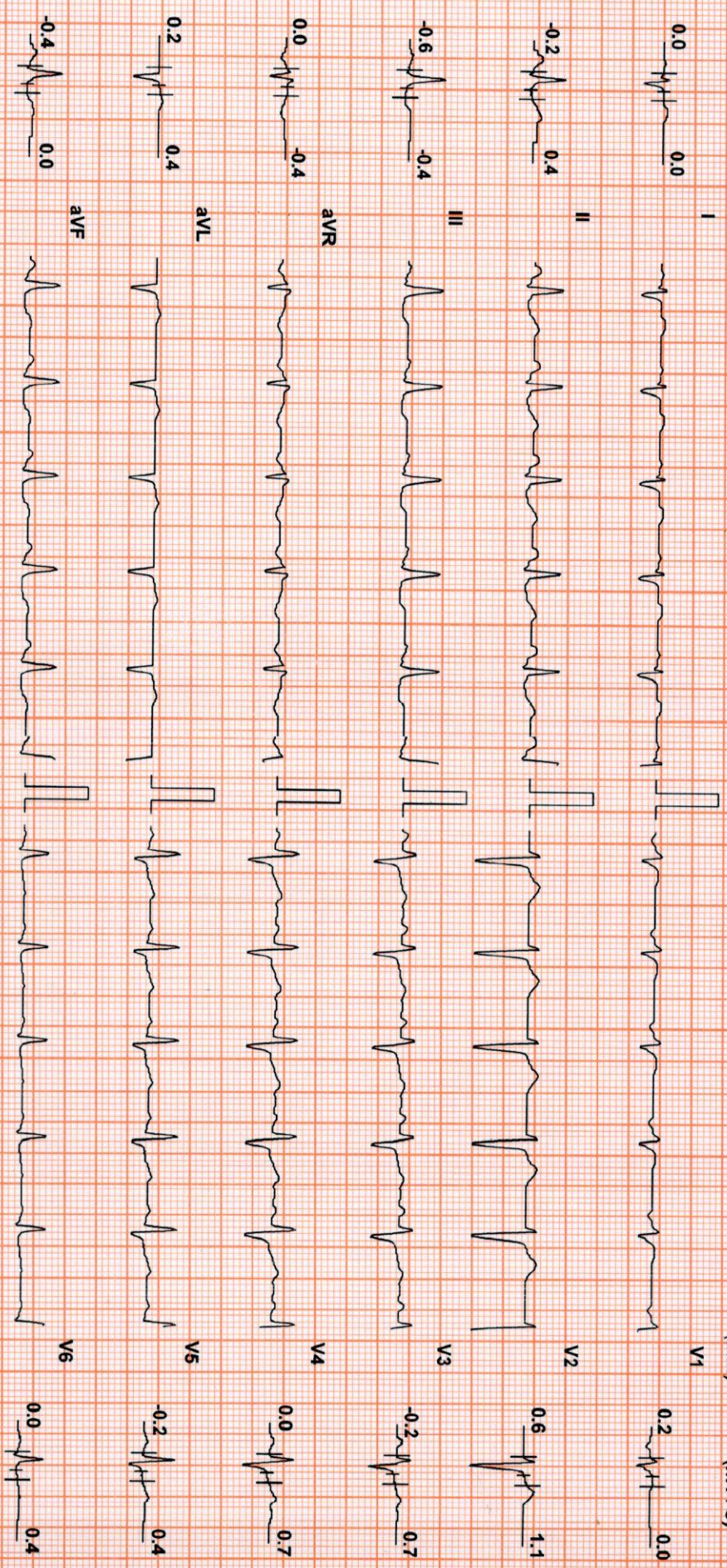


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isa = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MAHESH GAVALI (38 M)

ID: 2305622111

Date: 25-Feb-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 135 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

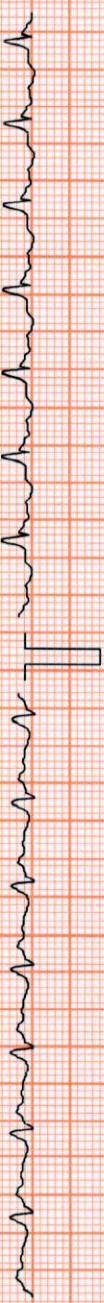
(THR: 163 bpm)

B.P: 120 / 78

ST Level (mm) ST Slope (mV/s)

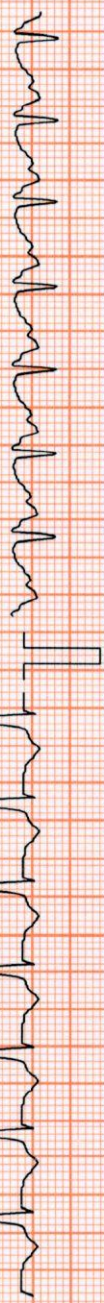
ST Level (mm) ST Slope (mV/s)

0.4 0.0 I



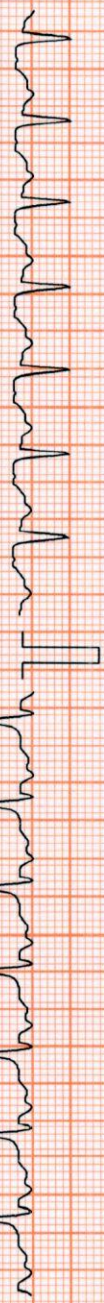
0.2 0.0 V1

0.0 1.1 II



1.3 1.8 V2

-0.8 0.4 III



0.0 0.7 V3

-0.2 -0.7 aVR



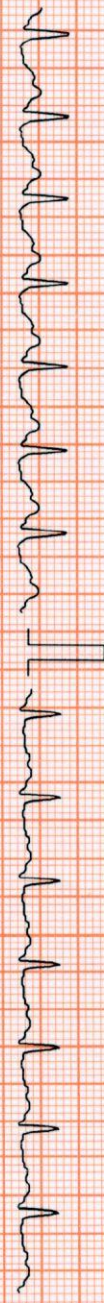
0.0 1.1 V4

0.4 0.0 aVL



-0.2 0.0 V5

-0.6 0.7 aVF



0.0 0.4 V6



Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MAHESH GAVVALI (38 M)

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 163 bpm)

B.P: 134 / 88

ID: 230562211

Date: 25-Feb-23 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 158 bpm

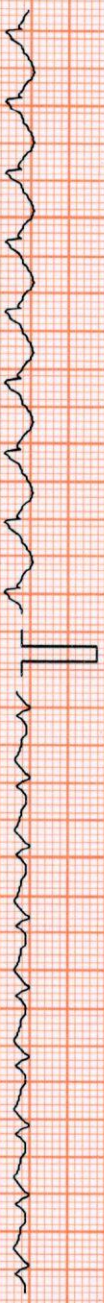
Suburban Diagnostics Lullanagar

Test Report

ST Level (mm) ST Slope (mV/s)

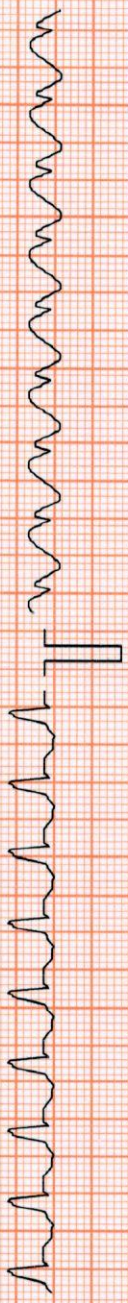
ST Level (mm) ST Slope (mV/s)

0.2 -1.1



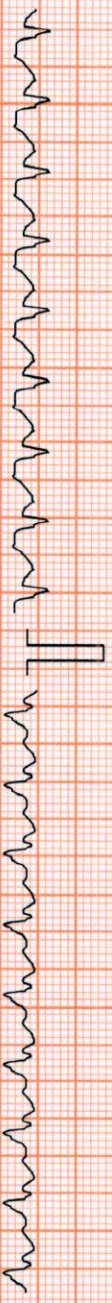
V1 0.2 -0.4

-0.6 1.4



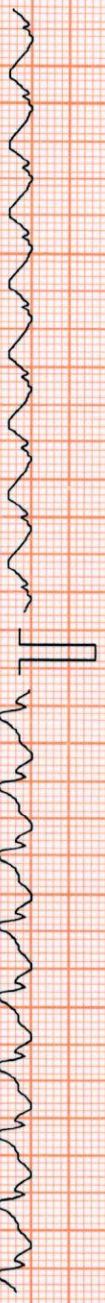
V2 1.1 1.8

-1.3 0.0



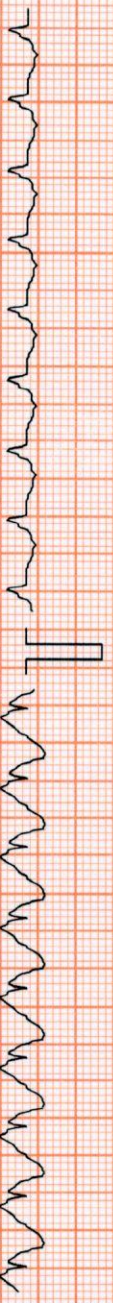
V3 0.4 1.4

0.0 -1.8



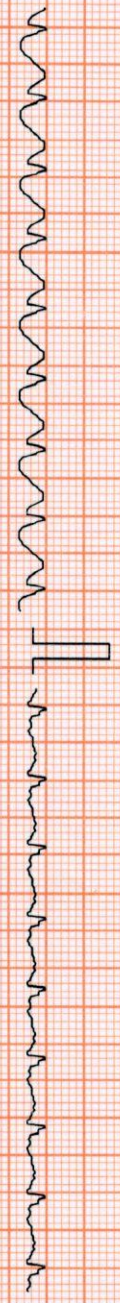
V4 0.2 2.1

0.8 0.7



V5 1.3 3.2

-1.1 0.7



V6 -0.2 -0.4

Chart Speed: 25 mm/sec
Schiller Spandart V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MAHESH GAVALI (38 M)

ID: 2305622111

Date: 25-Feb-23

Exec Time: 6 m 13 s

Stage Time: 0 m 13 s

HR: 163 bpm

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 163 bpm)

B.P: 138 / 92

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

I 0.4 0.7

V1 0.0 -0.7

II -0.4 0.7

V2 1.5 2.5

III -1.1 -0.7

V3 -1.5 3.2

aVR 0.0 -1.1

V4 0.6 2.5

aVL 0.6 0.7

V5 4.9 2.8

aVF -0.6 0.4

V6 0.2 0.7

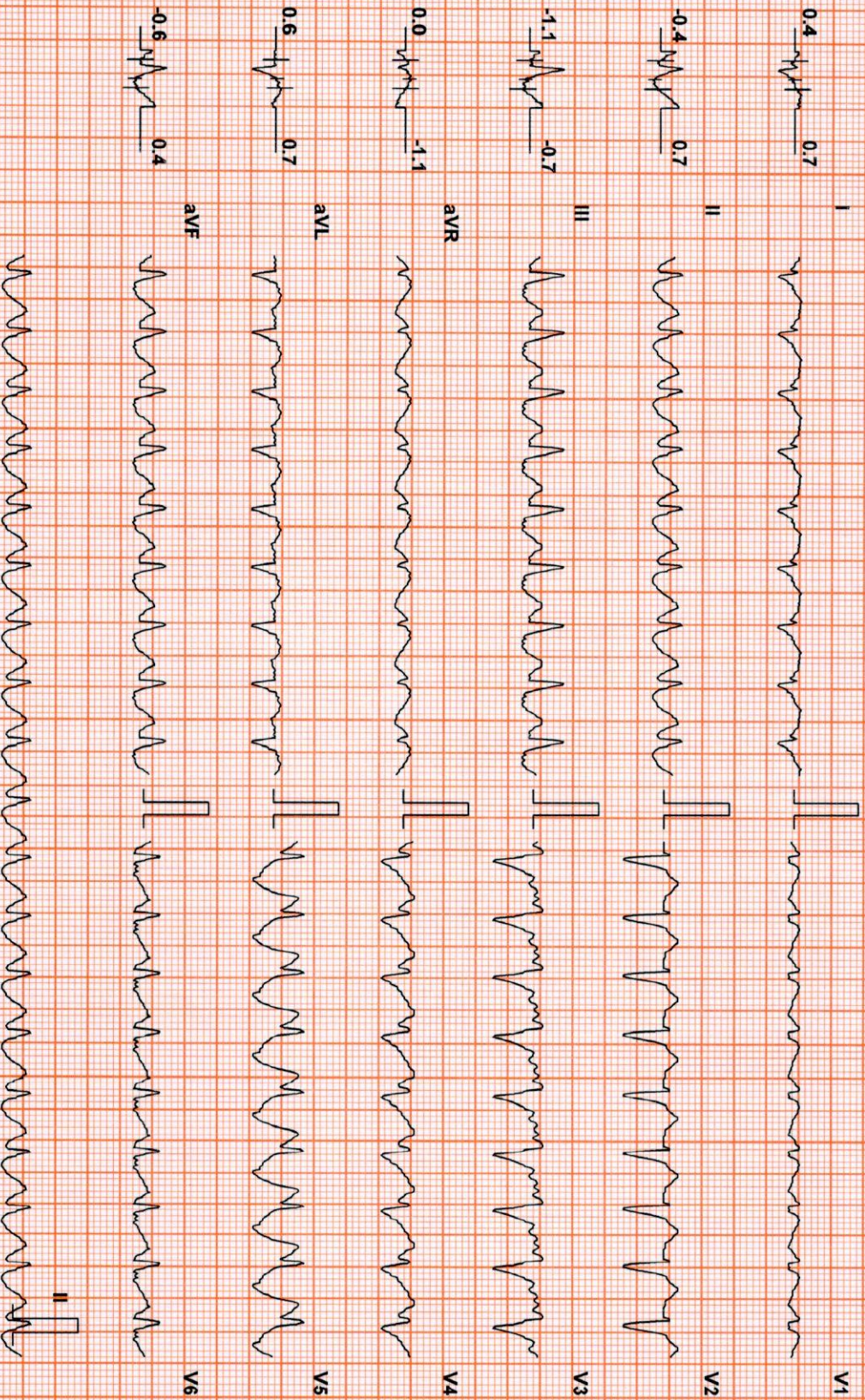


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.51

Linked Median



MAHESH GAVALLI (38 M)

Suburban Diagnostics Lullanagar

Test Report

ID: 2305622111

Date: 25-Feb-23

Exec Time : 6 m 19 s Stage Time : 0 m 54 s HR: 123 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 138 / 92

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

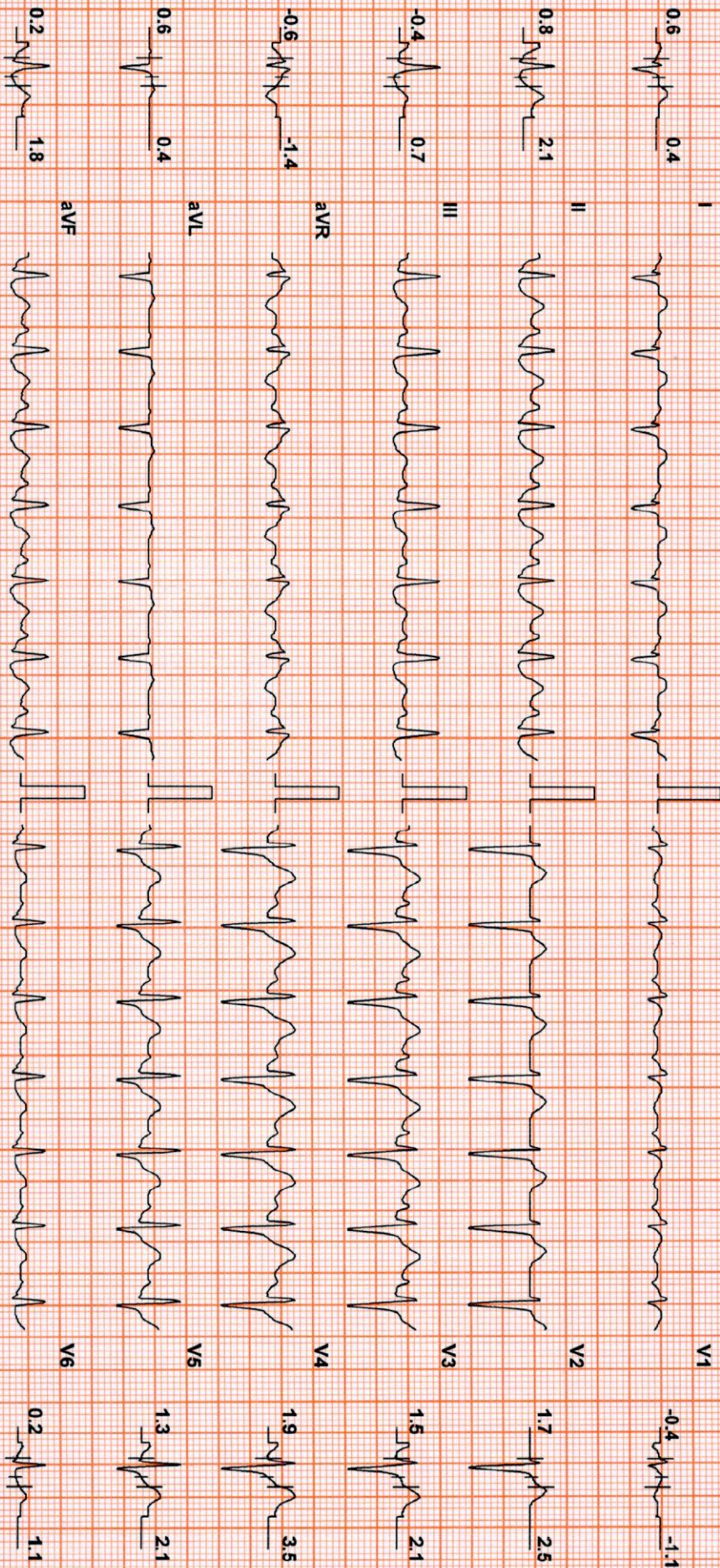


Chart Speed: 25 mm/sec
Schlier Spanden V 4.5f

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MAHESH GAVALI (38 M)

ID: 230622111

Date: 25-Feb-23

Exec Time : 6 m 19 s

Stage Time : 0 m 54 s

HR: 112 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 138 / 92

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

I

V1

0.2 0.0

-0.2 -0.4

II

V2

0.4 1.4

1.1 1.4

III

V3

-0.4 0.4

0.4 1.4

aVR

V4

-0.6 -1.1

0.8 1.8

aVL

V5

0.4 0.0

0.4 1.1

aVF

V6

0.0 1.1

0.2 0.7

Chart Speed: 25 mm/sec
Schiller Spandan V.4.5f

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MAHESH GAVALLI (38 M)

Suburban Diagnostics Lullianagar

Test Report

Protocol: Bruce

ID: 2305622111

Date: 25-Feb-23

Exec Time : 6 m 19 s

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

ST Level (mm)

ST Slope (mV/s)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 138 / 92

ST Level (mm)

ST Slope (mV/s)

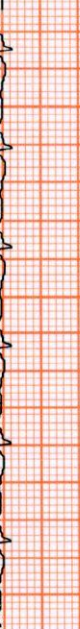
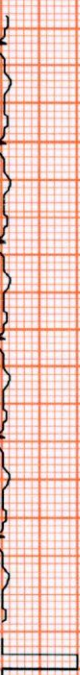
Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

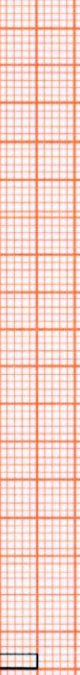
B.P: 138 / 92

0.0 0.0



0.0 -0.4

II



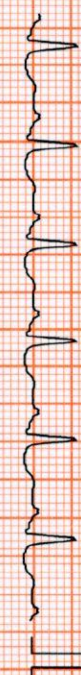
0.8 1.4

III



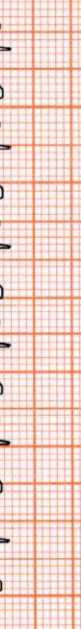
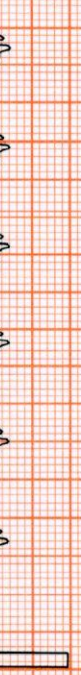
0.0 0.7

aVR



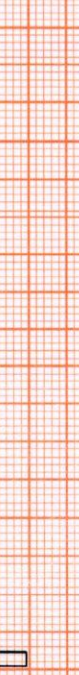
0.4 1.4

aVL



0.0 0.4

aVF



0.0 0.4

II



0.0 0.4

Chart Speed: 25 mm/sec
Schiller Spandan V.4.31

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MAHESH GAVALI (38 M)

ID: 2305622-111

Date: 25-Feb-23 Exec Time : 6 m 19 s Stage Time : 0 m 54 s HR: 117 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P.: 138 / 92

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

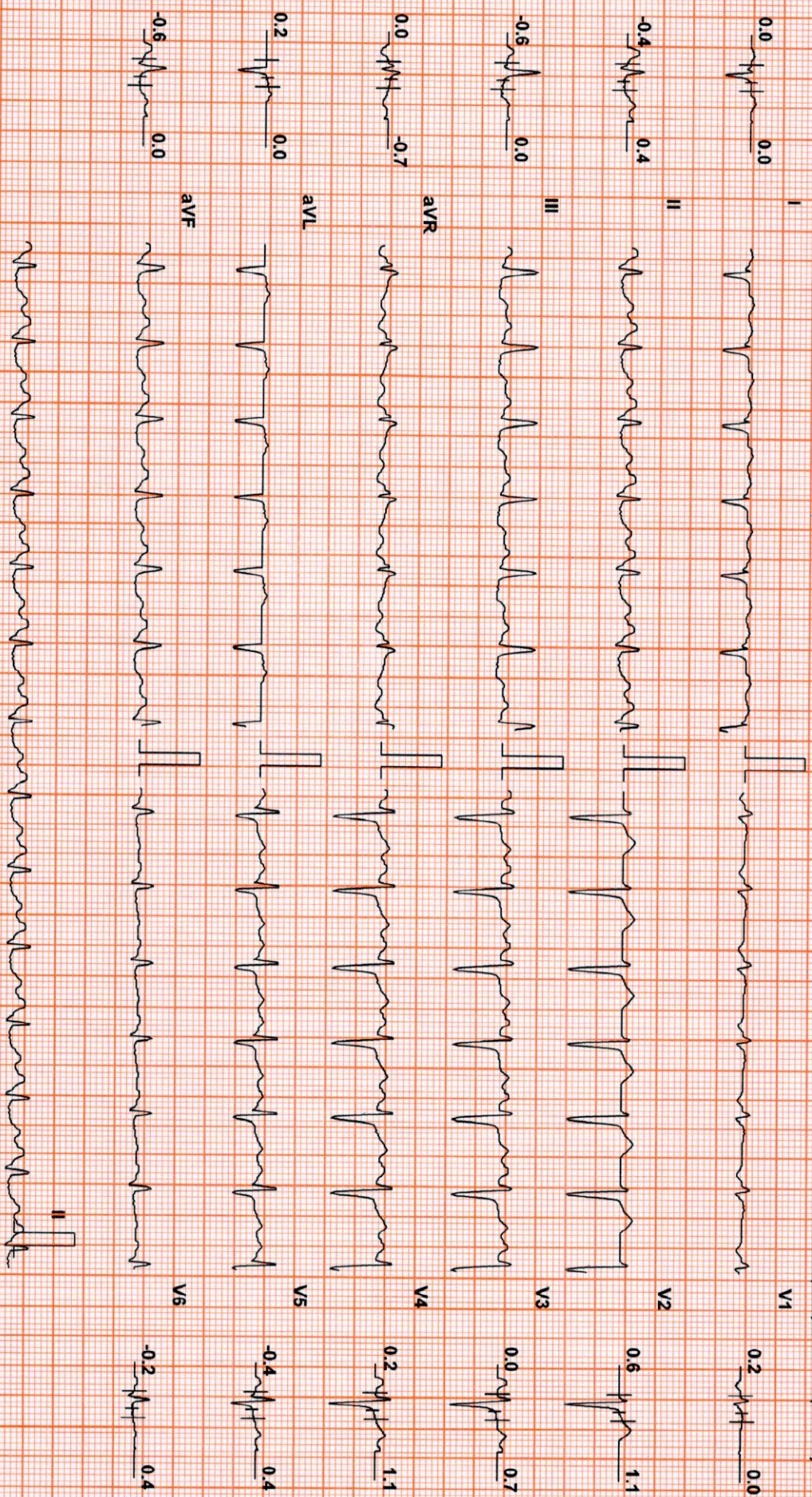


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandem V 4.57

Linked Median



MAHESH GAVALI (38 M)

ID: 2305622111

Date: 25-Feb-23

Exec Time : 6 m 19 s Stage Time : 0 m 57 s HR: 117 bpm

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 138 / 92

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

I

V1

0.0 0.0

0.2 0.0

II

V2

-0.4 0.4

0.6 1.1

III

V3

-0.6 0.0

0.0 0.7

avR

V4

0.0 -0.7

0.2 1.1

avL

V5

0.2 0.0

-0.4 0.4

avF

V6

-0.6 0.0

-0.2 0.4

Chart Speed: 25 mm/sec
Schlier Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = V + 60 ms

Linked Median