

PATIENT NAME : MR. SUSHIL SEHGAL	SEX : MALE
REFERRED DR : ----	AGE : 40YEARS
CID NO : 2405001187	DATE : 19/02/2024

Height: 168 cm	Weight: 66 Kg	BSA: 1.75 m²
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Indication: Annual health check-up

Image quality: Fair

ECG: Sinus Rhythm

TRANSTHORACIC ECHOCARDIOGRAPHY REPORT:

Summary :

- LV and RV are normal in size and function.
- No significant valvular pathology.
- IVC is normal in size with good collapse. No significant PAH (SPAP~25mmHg).

LV assessment: Size and thickness: Normal.

RWMA: No.

Function: Normal.

LVEF(estimated): 55-60%

Mass/Thrombus: Nil.

RV assessment:

Size: Normal.

Function: Normal.

Mass/Thrombus: Nil.

Atria:

Size: Normal.

Mass/Thrombus: Nil.

Mitral Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

Tricuspid Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Trivial.

NAME: MR. SUSHIL SEHGAL

CID NO: 2405001187

Aortic Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

Pulmonary Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

Subcostal view: IVC- Normal.

Suprasternal view: Aortic arch: Normal.

Pericardium: No evidence of pericardial effusion.

LA(cm)	3.2	E's(cm/s)		E'L	
AoA(cm)	1.4	E/E's		E/E'L	
IVSd(cm)	0.9	Evel(m/s)	0.8	E'TV	
LVIDd(cm)	4.5	Avel(m/s)	0.4	STV	
PWd(cm)	0.9	MVDT	235	TR Vmax	
LA vol(ml)		E/A	2	TR max(mmHg)	
RA vol(ml)		MAPSE(cm)		LVEDP(mmHg)	
IVC(cm)	1	TAPSE(cm)		MPA	
LVOTd(cm)	1.7	PHAD(WU)		SPAP(mmHg)	

	Max vel m/s	Max PG mmHg	Mean PG mmHg	VTI	Valve area(cm ²)
AV	1.3	7			
PV	1	4			
MV					
TV					
LVOT					
RVOT					


DR. AJITA BHOSALE.
M.B.B.S/P.G.D.C.C (DIP.CARDIOLOGY).

Disclaimer: 2d echocardiography is an observer dependent investigation. Minor variation in reports are possible when done by two different examiners or even by same examiner done on two different occasions. These variations may not necessarily indicate change in the underlying cardiac condition. Previous reports must be provided to improve clinical correlation.

NAME: MR. SUSHIL SEHGAL

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*** End Of Report ***



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Name : MR.SUSHIL SEHGAL
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Feb-2024 / 10:13
Reported : 19-Feb-2024 / 16:58

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.93	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.4	40-50 %	Calculated
MCV	90.0	81-101 fl	Measured
MCH	29.9	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4910	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.5	20-40 %	
Absolute Lymphocytes	1440	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	370	200-1000 /cmm	Calculated
Neutrophils	57.9	40-80 %	
Absolute Neutrophils	2840	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	200	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	40	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	220000	150000-410000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Measured
PDW	13.7	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 5 2-15 mm at 1 hr. Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

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

Limitations:

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

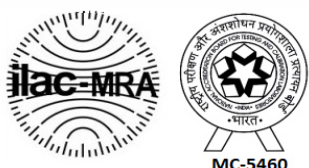
Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	103.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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*** End Of Report ***



Anupa

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.89	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

eGFR, Serum	111	(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
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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	4.9	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.0	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.3	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	139	136-145 mmol/l	IMT
POTASSIUM, Serum	5.1	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	106	98-107 mmol/l	IMT

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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 40/2D ECHO
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 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.47	<4.0 ng/ml	CLIA

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



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Clinical Significance:

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

Interpretation:

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

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

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

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

Note : The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

Reference:

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

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

*** End Of Report ***



Dr. Trupti Shetty

Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



CID : 2405001187
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Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	40	-	-
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	
Others	-		

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

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

Reference: Pack inert

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*** End Of Report ***



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Dr.VRUSHALI SHROFF
M.D.(PATH)
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	AB
Rh TYPING	Negative

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 ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	240.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	69.0	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	63.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	177.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	163.2	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	13.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.4	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.544	0.55-4.78 microIU/ml mIU/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)

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*** End Of Report ***



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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	0.43	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.30	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	21.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	23.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	23.3	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	107.7	46-116 U/L	Modified IFCC

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



Dr. VRUSHALI SHROFF

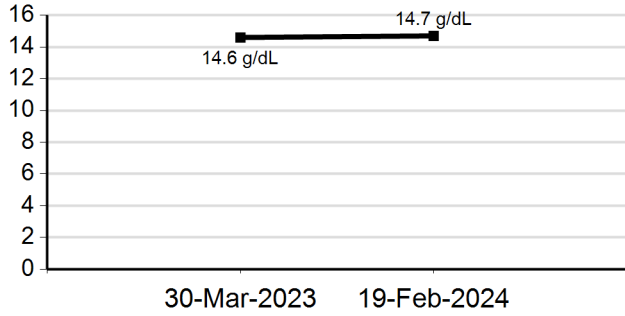
Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



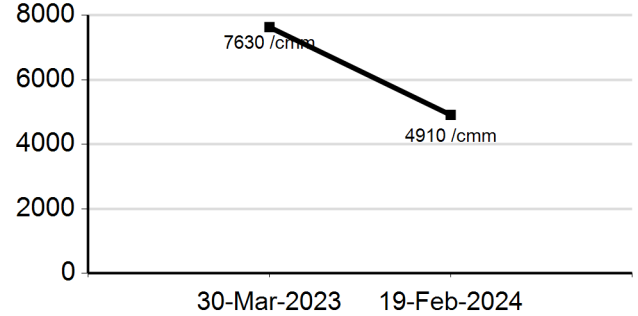
Use a QR Code Scanner
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CID : 2405001187
Name : MR.SUSHIL SEHGAL
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

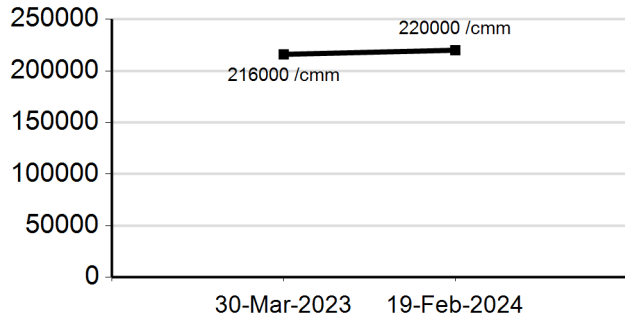
Haemoglobin



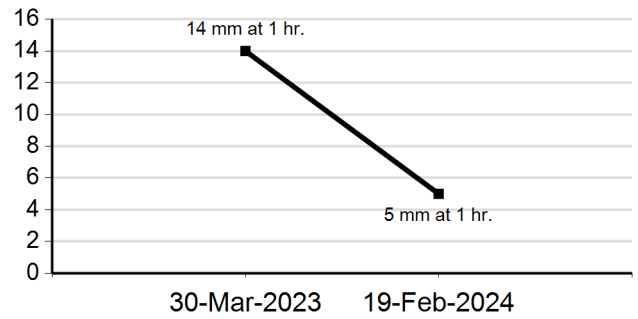
WBC Total Count



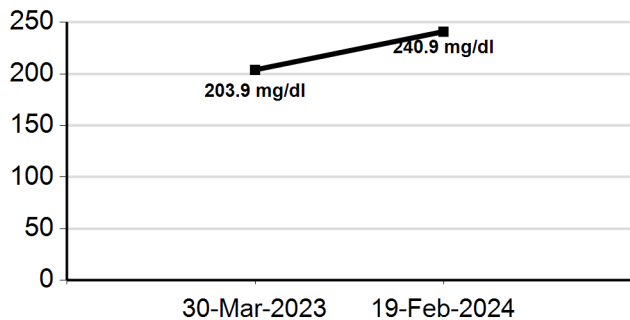
Platelet Count



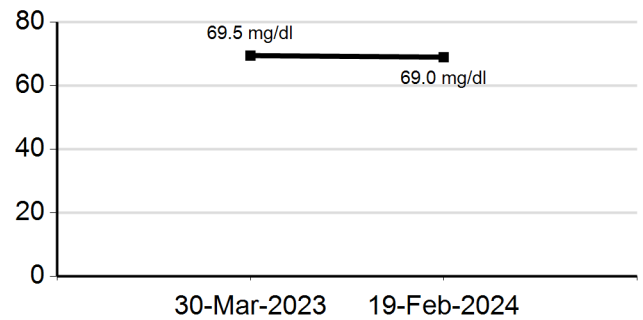
ESR



CHOLESTEROL



TRIGLYCERIDES

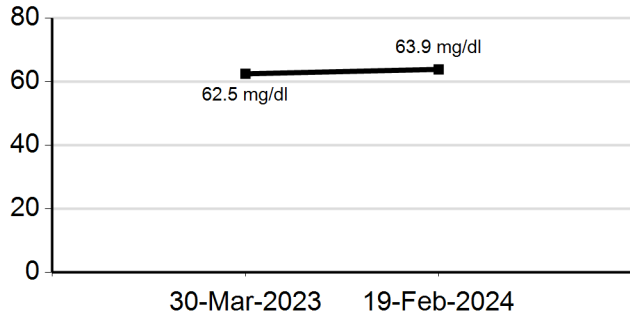




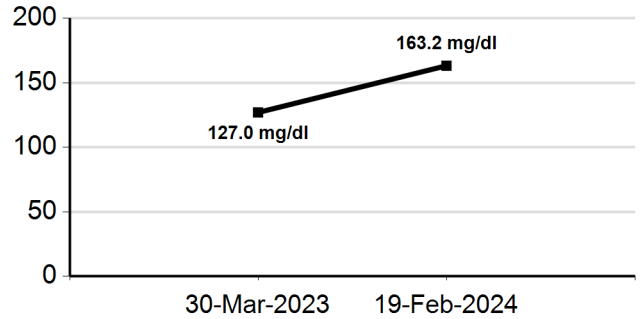
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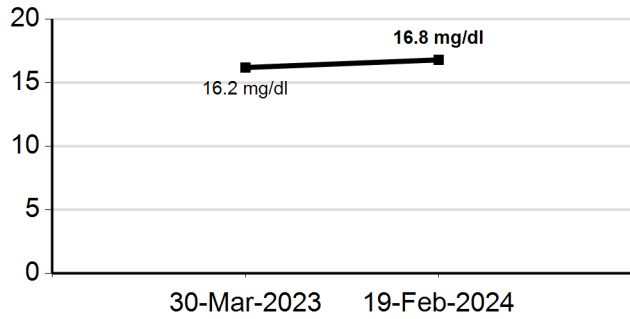
HDL CHOLESTEROL



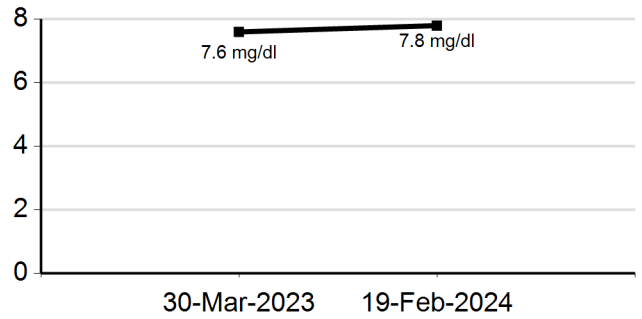
LDL CHOLESTEROL



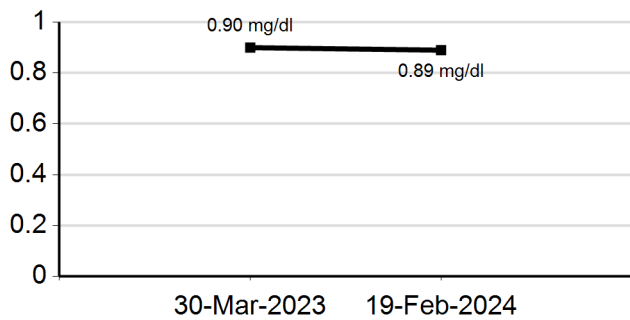
BLOOD UREA



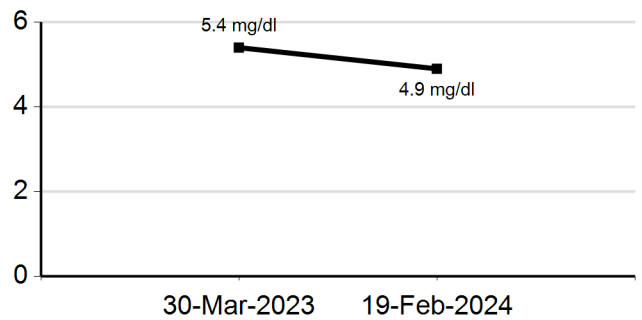
BUN



CREATININE



URIC ACID

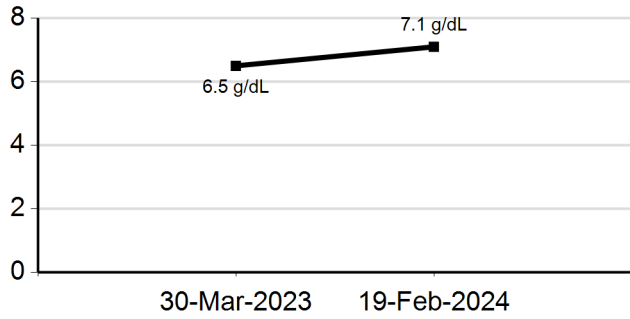




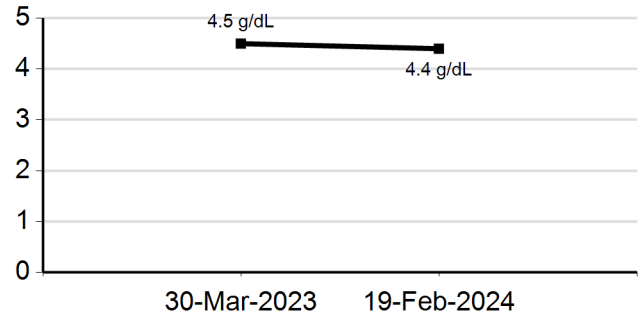
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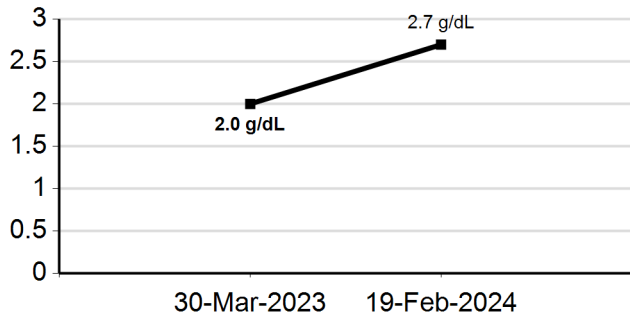
TOTAL PROTEINS



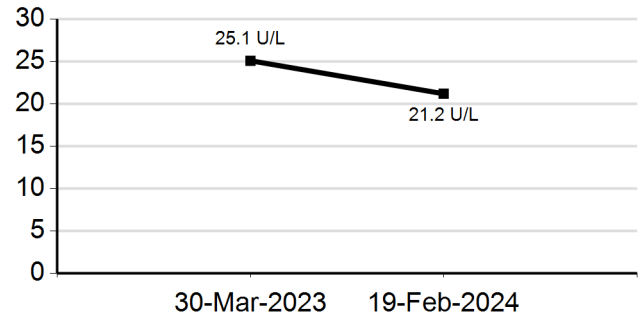
ALBUMIN



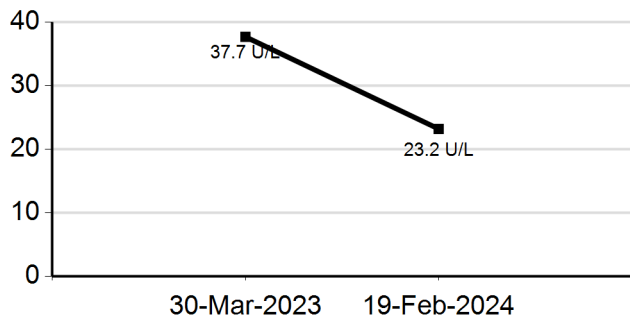
GLOBULIN



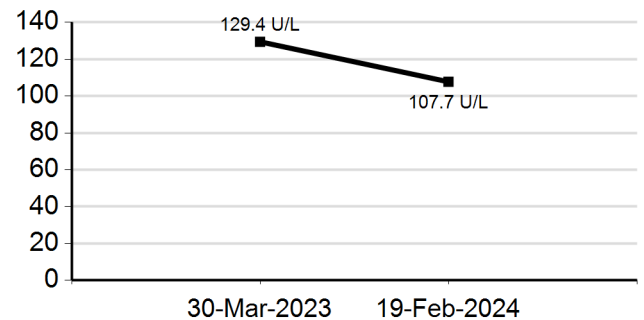
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

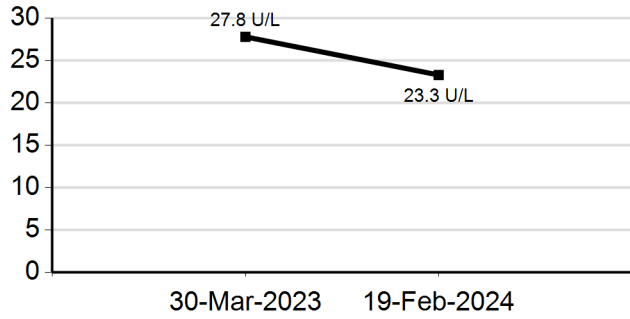




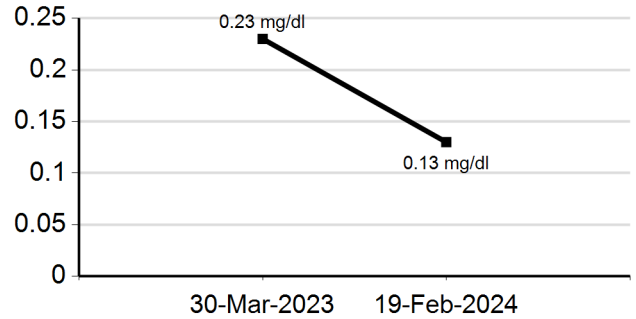
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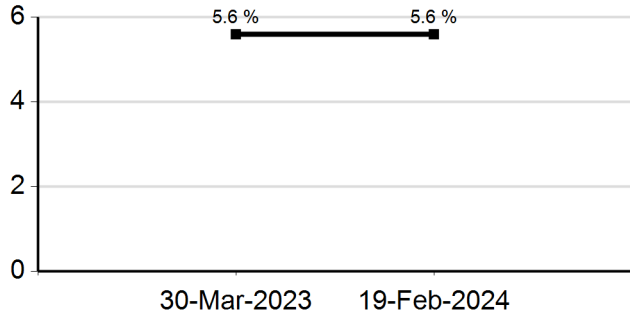
GAMMA GT



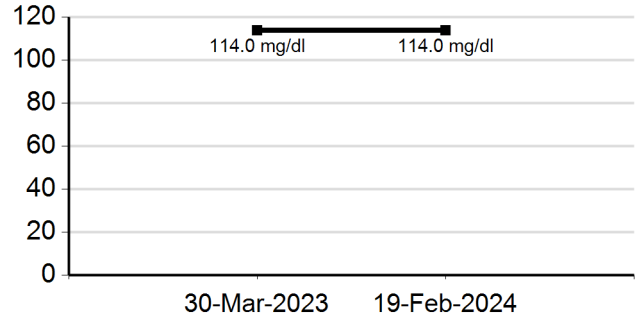
BILIRUBIN (DIRECT)



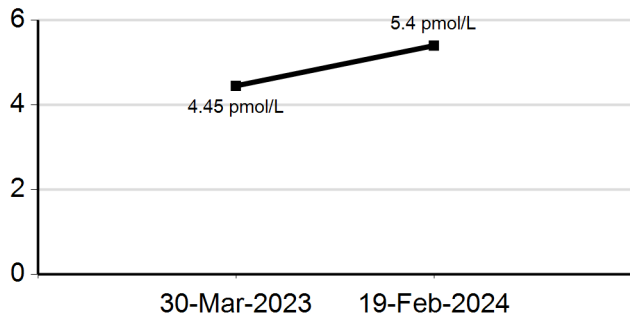
Glycosylated Hemoglobin (HbA1c)



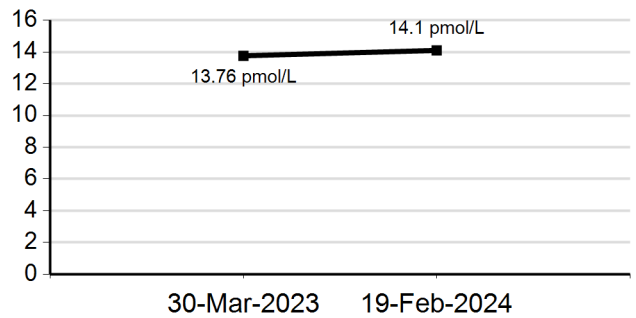
Estimated Average Glucose (eAG)



Free T3



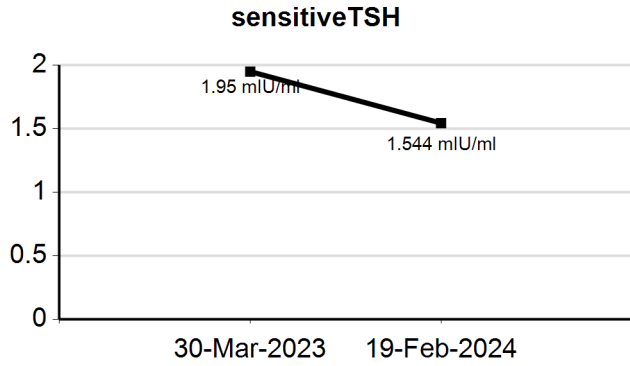
Free T4



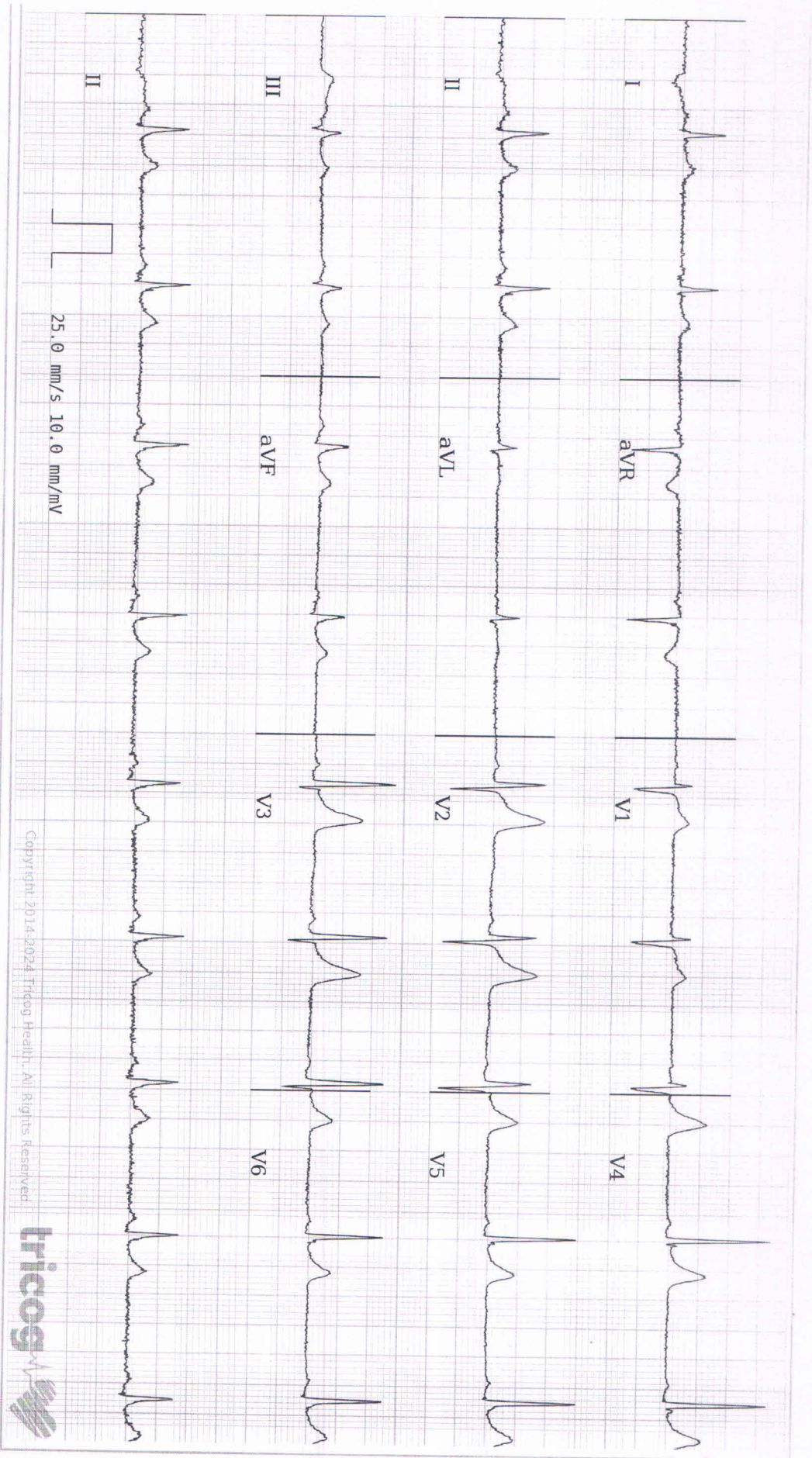


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Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)



SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST
 Patient Name: **SUSHIL SEHGAL**
 Patient ID: **2405001187**
 Date and Time: **19th Feb 24 11:05 AM**



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Age **40** NA NA
 years months days

Gender **Male**

Heart Rate **56bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **66 kg**

Height: **168 cm**

Pulse: **56 bpm**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **80ms**

QT: **366ms**

QTcB: **353ms**

PR: **120ms**

P-R-T: **31° 44° 53°**

ECG Within Normal Limits: Sinus Bradycardia. Early repolarization with an ascending ST segment. Please correlate clinically.

REPORTED BY

[Signature]

Dr. Ajita Biosale
 M.B.B.S/P.G.D.C.C (DIP, Cardiology)
 2013062200



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.

Age / Gender : 40 Years/Male

Consulting Dr. :

Collected : 19-Feb-2024 / 09:58

Reg.Location : Mahavir Nagar, Kandivali West (Main Centre)

Reported : 20-Feb-2024 / 11:12

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms):	168	Weight (kg):	66.7
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	110/70	Nails:	Healthy
Pulse:	56/MIN	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: NAD

GI System: Soft non tender No Organomegaly

CNS: NAD

IMPRESSION: HEALTHY.

ADVICE: REGULAR EXERCISE. HEALTHY DIET.

CHIEF COMPLAINTS:

- | | |
|------------------------|----|
| 1) Hypertension: | NO |
| 2) IHD: | NO |
| 3) Arrhythmia: | NO |
| 4) Diabetes Mellitus : | NO |
| 5) Tuberculosis : | NO |
| 6) Asthama: | NO |
| 7) Pulmonary Disease : | NO |

Age / Gender : 40 Years/Male
 Consulting Dr. :
 Reg.Location : Mahavir Nagar, Kandivali West (Main Centre)
 Collected : 19-Feb-2024 / 09:58
 Reported : 20-Feb-2024 / 11:12

- 8) Thyroid/ Endocrine disorders : NO
- 9) Nervous disorders : NO
- 10) GI system : NO
- 11) Genital urinary disorder : NO
- 12) Rheumatic joint diseases or symptoms : NO
- 13) Blood disease or disorder : NO
- 14) Cancer/lump growth/cyst : NO
- 15) Congenital disease : NO
- 16) Surgeries : NO

PERSONAL HISTORY:

- 1) Alcohol NO
- 2) Smoking NO
- 3) Diet VEG
- 4) Medication NIL

*** End Of Report ***



[Signature]
Dr. Ajita Bhosale
 PHYSICIAN
Dr. AJITA BHOSALE
 Reg. No. 2013/062200
 MBBS/D. Cardiology

Date:- 19/02/24

CID: 2405001187

Name:- MR. Sushil Sehgal.

Sex / Age: m/40 years.

EYE CHECK UP

Chief complaints: — NO

Systemic Diseases: — NO

Past history: — NO

Unaided Vision: — NO

Aided Vision: — NO

Refraction: $\text{R} \text{ } 6/6$ $\text{L} \text{ } 6/6$

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	/			6/6	/			6/6
Near	/			N/6	/			N/6

Colour Vision: Normal / Abnormal

Remark: Normal vision





भारत सरकार
GOVERNMENT OF INDIA



Sushil Sehgal

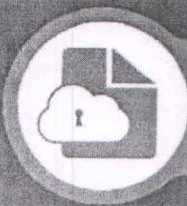
1983-06-27

Male

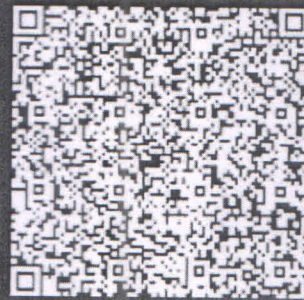
xxxxxxxxx2095

Address:

C/O: G R Sehgal Chauhan Niwas - Boileauganj Shimla
Urban(T) Near Kamna Devi Mandir Shimla - Himachal
Pradesh 171005



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आधार-आम आदमी का अधिकार



CID : 2405001187
Name : Mr SUSHIL SEHGAL
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024/11:38

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.7 cm), echotexture, shape and smooth margins. It shows normal echogenicity. 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 shows normal wall thickness. No evidence of gall stones or mass lesions seen

PANCREAS:

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

KIDNEYS:

Right kidney measures 9.5 x 3.9 cm. Left kidney measures 9.5 x 4.7 cm.
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 (8.3 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

PROSTATE:

The prostate is normal measuring 3.6 x 2.9 x 2.7 cm, volume 15.0 cc.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.
There is no evidence of any lymphadenopathy or ascites.



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Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024/11:38

IMPRESSION:

- **No significant abnormality detected**

ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319



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Centre

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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-----

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319



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