



CID : 2432016094
Name : MR.TEJPRAKASH TULSIAN
Age / Gender : 54 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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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	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.87	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.2	40-50 %	Measured
MCV	91	80-100 fl	Calculated
MCH	30.8	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	15.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8320	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	2740.0	1000-3000 /cmm	Calculated
Monocytes	9.4	2-10 %	
Absolute Monocytes	780.0	200-1000 /cmm	Calculated
Neutrophils	51.3	40-80 %	
Absolute Neutrophils	4240.0	2000-7000 /cmm	Calculated
Eosinophils	5.3	1-6 %	
Absolute Eosinophils	440.0	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	70.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	232000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	17.4	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 **23** 2-20 mm at 1 hr. Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sick 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
- Brigiden 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 Borivali Lab, Borivali West

*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	101.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

Note: ADA recommendations, AACC, Wallach’s interpretation of diagnostic tests 10th edition.

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	134.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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Note: ADA recommendations, AACC, Wallach’s interpretation of diagnostic tests 10th edition.

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Bmhasakar

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Pathologist



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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	13.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	104	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	143	135-148 mmol/l	ISE
POTASSIUM, Serum	5.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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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	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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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J Thakker

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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	1.275	<4.0 ng/ml	CLIA

Clinical Significance:

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

Interpretation:

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

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

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

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

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

Reference:

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



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Dr.ANUPA DIXIT
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Consultant - Pathologist



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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	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	7.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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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 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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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	188.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	116.0	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	36.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	151.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	129.0	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	22.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.08	0.35-5.5 microIU/ml microU/ml	ECLIA



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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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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	0.63	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	43.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	57.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	37.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	109.0	40-130 U/L	Colorimetric

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

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

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*** End Of Report ***



Dr.MILLU JAIN
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Pathologist



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Age / Sex : 54 Years/Male
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Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 11:33

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 15.3 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 10.2 x 5.5 cm. Left kidney measures 11.7 x 5.7 cm.

A calculus of size 5.6 mm seen in upper pole of right kidney.

A calculus of size 3 mm seen in mid pole left kidney.

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 2.8 x 4.2 x 3.0 cm and prostatic weight is 19 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/rISViewer/NeuradViewer/>

sionNo=2024111509072364

Access

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector 18, Rohini, New Delhi - 110085. | CIN No: L74899DL1999PLC045378

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aastor, 27 Floor, Sundevarn Complex, Above Mercedes Showroom, Andher West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dharm, Premier Road, Vidyavihar West, Mumbai - 400086.

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

Authenticity Check



Use a QR Code Scanner
Application to Scan the Code

CID : 2432016094
Name : Mr TEJPRAKASH TULSIAN
Age / Sex : 54 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 11:33

Opinion:

- Grade I fatty infiltration of liver.
- Bilateral renal calculi.

For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

Dr. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sessionNo=2024111509072364

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74999DL1995PLC065102

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., A-101, 2nd Floor, Bantewari Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400033.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Omart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-41700000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Name: MR. TEJ PRAKASH TULSIAN

Age / Gender : 54 Years/Male

Consulting Dr. :

Reg. Location : Borivali West (Main Centre)

Collected : 15-Nov-2024 / 09:06

Reported : 16-Nov-2024 / 12:17

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):

Temp (0c): Afebrile

Blood Pressure (mm/hg): 130/80

Pulse: 86/min

Weight (kg):

Skin: NAD

Nails: NAD

Lymph Node: Not palpable

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

IMPRESSION:

CXR

chest } *physician led*

ADVICE:

*USG
SGOT, PT*

physician led

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

Name : MR. TEJPRAKASH TULSIAN

Age / Gender : 54 Years/Male

Consulting Dr. :

Collected : 15-Nov-2024 / 09:06

Reg.Location : Borivali West (Main Centre)

Reported : 16-Nov-2024 / 12:17


- | | |
|--|----|
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

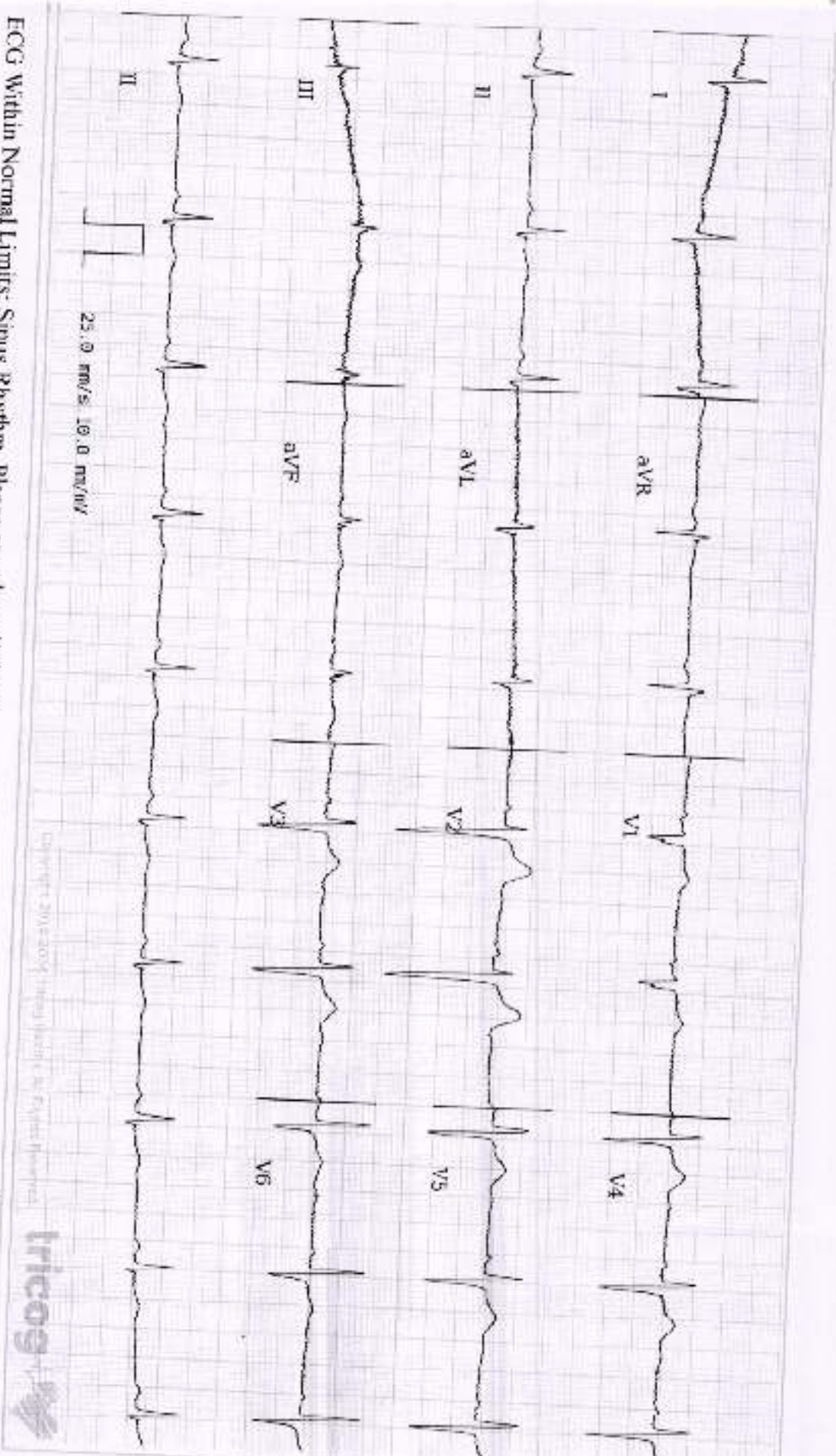
- | | |
|---------------|------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Vegetarian |
| 4) Medication | No |

*** End Of Report ***

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Mini Elegance
Above Tata Showroom, L.T. Road,
Borivali West, Mumbai - 400086


Dr. NITIN SONAVANE
PHYSICIAN

DR. NITIN SONAVANE
M.B.B.S. AFPH, D. DIAB, D. CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714



25.0 mm/s 10.0 mm/mV

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Age: **54** NA NA
years months days

Gender: **Male**

Heart Rate: **60bpm**

Patient Vitals

- BP: NA
- Weight: NA
- Height: NA
- Pulse: NA
- SpO2: NA
- Resp: NA
- Oxibs: NA

Measurements

- QRSD: 98ms
- QT: 414ms
- QTcB: 414ms
- PR: 158ms
- P-R-T: 80° 42° 72°

REPORTED BY

[Signature]

Dr. Nisha Sengupta
M.A.B.S. (AI) D.D. (AI) D.C. (AI)
Consultant Cardiologist
5714

Disclaimer: This report is for informational purposes only. It is not intended to be used as a substitute for clinical judgment. Interpretation and correlation of other findings and symptoms should be provided by a qualified physician. The information contained herein is for informational purposes only and should not be used for any other purpose.

CID : 2432016094
Name : Mr TEJPRAKASH TULSIAN
Age / Sex : 54 Years/Male
Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 15-Nov-2024
Reported : 16-Nov-2024 / 12:34

X-RAY CHEST PA VIEW

There is a well defined oval pleural based soft tissue opacity with rounded margins noted in left mid zone. Suggested HRCT for further evaluation.

Rest of the 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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

Pranali

Dr. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

Click here to view images <http://3.111.232.119:8181/IRISViewer/NeoradViewer?Access=1&ReportNo=2024111509072328>

Date:-

CID:

Name:- **Tejprakash**

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NIH }
 RE LE
 6/6 6/6
 M/6 M/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
 301& 302, 3rd Floor, Vrihatharama
 Above Tanishq Mall, L.T. Road,
 Borivali (W), Mumbai - 400 092

Name: TEJPRAKASH TULSIAN

Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:00 achieving a work level of 7.8 METS.
Resting Heart Rate, initially 67 bpm rose to a max. heart rate of 147bpm (89% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 140/70 mmHg rose to a maximum Blood Pressure of 160/80 mmHg

Moderate Effort tolerance
Normal HR & BP Response
No Angina or Arrhythmias
Resting ECG shows ST depression in leads III, aVF
No Significant S-T Change Noted During Exercise
IMPRESSION:
Stress test Negative for Stress inducible ischaemia.

DISCLAIMER: Negative stress test does not rule out ischemic heart disease and visa versa.
Clinical correlation is mandatory

Suburban Diagnostics Pvt. Ltd.
3018-302
Above
Borivali (W.)

CL. K.L.

Sneha Shetty
Dr. Sneha Shetty
MBBS, PGCC
Clinical Cardiology
Reg. No. 2008/03/0660
SNEHA SHETTY

Ref. Doctor: ARCOFEMI

SUBURBAN DIAGNOSTICS PVT. LTD.

Date: 15-11-2024 Time: 15:02

Name: **TEJPRAKASH TULSIAN**

Age: 54

Gender: M

Height: 170 cms

Weight: 84 Kg

ID: 2432016094

Clinical History:

Medications:

Test Details:

Protocol: Bruce

Predicted Max HR: 166

Target HR: 141 (85% of Pr. MHR)

Exercise Time: 0:07:00

Achieved Max HR: 147 (89% of Pr. MHR)

Max BP: 160/80

Max BP x HR: 23520

Max Mets: 7.8

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:15	1	0	0	67	140/70	9380	0.4 V2	0.2 V4
Standing	00:07	1	0	0	69	140/70	9660	-0.9 IV	0.3 V2
Wager/Ventilation	00:05	1	3	0	64	140/70	8960	-0.2 II	0.2 V2
PreTest	00:06	1	1.6	0	65	140/70	9100	-0.2 III	0.2 V3
Stage 1	00:00	4.9	2.7	10	112	150/80	16800	-1.2 V5	0.3 I
Stage 2	03:00	7	4	12	140	150/80	23520	-1.9 V6	-0.6 aVR
Peak Exercise	01:00	7.8	5.5	14	147	160/80	20000	-1.1 III	1.5 V3
Recovery1	01:30	1	0	0	123	160/80	20000	-1.5 V2	-0.9 V6
Recovery2	01:00	1	0	0	104	140/70	14140	-0.4 aVR	0.2 V2
Recovery3	01:00	1	0	0	86	140/70	12040	-0.4 V6	0.2 III
Recovery4	00:12	1	0	0	91	140/70	12740	-0.9 V6	0.2 III

SUBURBAN DIAGNOSTICS PVT. LTD.

TEJAPRAKASH TULSIAN (54 M)
ID: 2432016094
Stage: Supreme

Date: 15-11-2024
Speed: 0 km/h

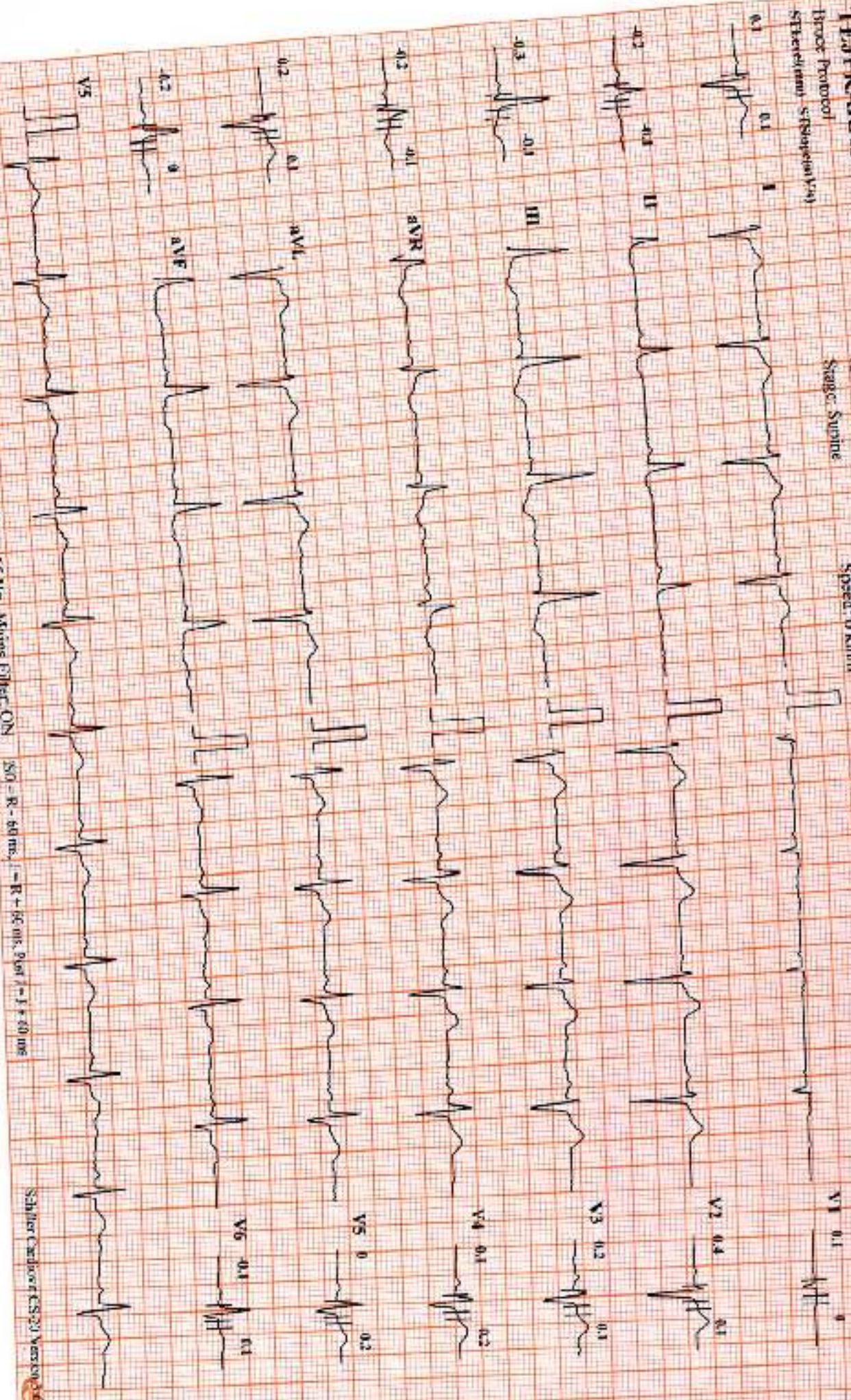
Exec Time: 0:00:00
Slope: 0%

Stage Time: 00:19
THR: 141 bpm

HR: 67 bpm

100% of THR
BP: 140/70 mmHg
STI: excellent ST/Slope: V/A

Brocc: Protroof
ST/Sec: (mm) ST/Slope: (V/A)



Print Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Moving Filter ON

50 - R - 60 ms, -R + 60 ms, Purl f - f + 60 ms

SUBURBAN DIAGNOSTICS PVT. LTD.

TEJPRAKASH TULSIAN (54 M)
 ID: 2433016094
 Stage: Standing

Date: 5-11-2024
 Speed: 0

Exec Time: 04:00:00
 Slope: 0%

Stage Time: 00:05
 THR: 141 bpm

HR: 69 bpm

15% of THR
 BP: 140/70 mmHg
 STISlope(mV/s)

Brace Protocol
 STISlope(mV/s)

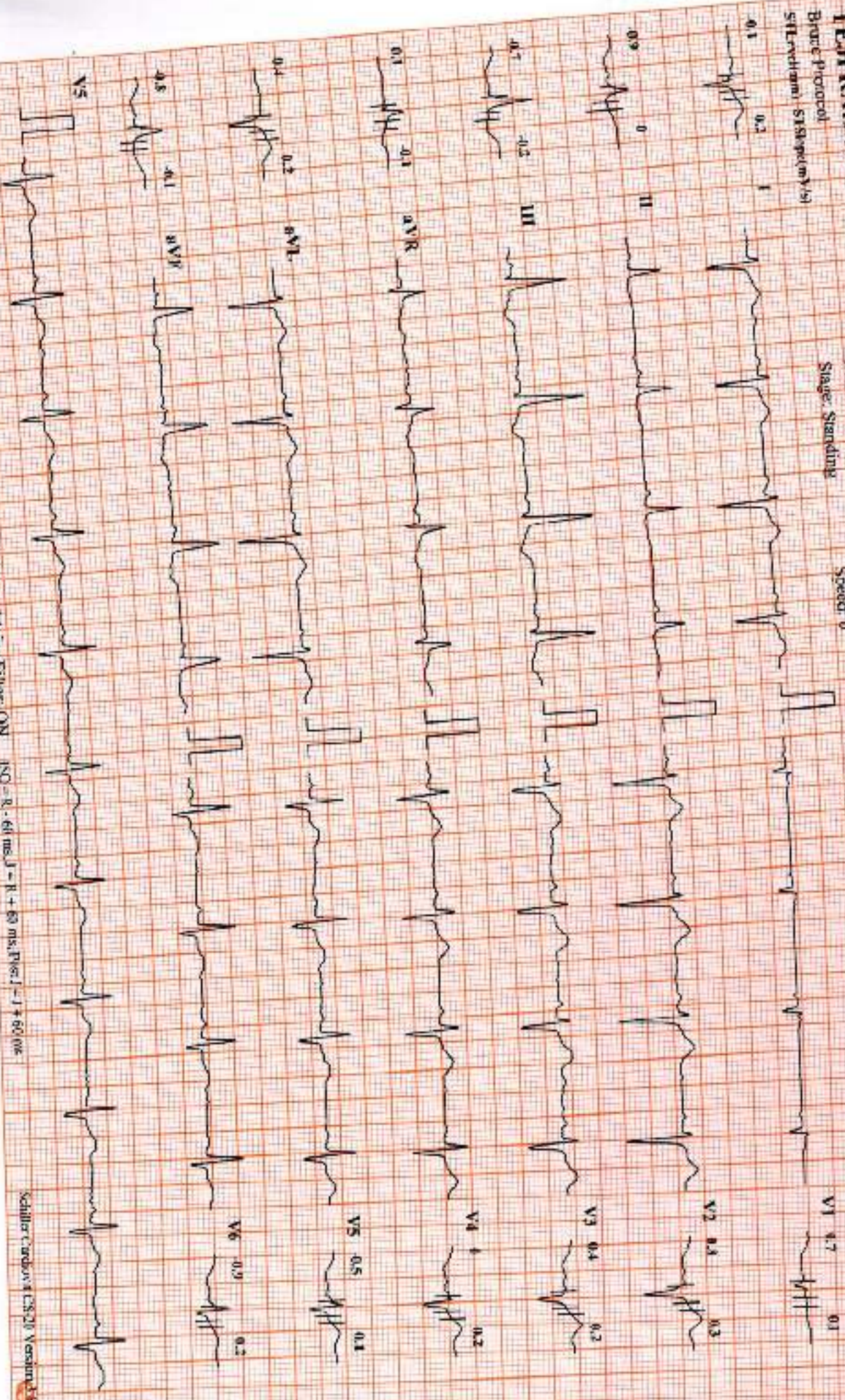


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ECG = R - 60 ms, J - R + 60 ms, P - J + 60 ms

SUBURBAN DIAGNOSTICS PVT. LTD.

TEJPRAKASH TULSIAN (54 M)

ID: 1432016094

Date: 15-11-2024

Exec Time: 0:00:00

Stage Time: 00:07

THR: 141 bpm

HR: 64 bpm

45% of TIR
bP: 140/70 mmHg
STL: (medium) STIS: (system V9)

Brace Protocol
ST: (medium) ST: (system V9)

Stage: 1 (Hyper Ventilation)

Speed: 0

Slope: 0%

V1 0.2 0.1



I



II



III



aVR



aVL



aVF



V1



V2



V3



V4



V5



V6



V5



V6



V7



V8



V9

Chart Speed: 25 mm/Sec

Amplitude: 10mm/mV

Filter: 35 Hz, Memos Filter ON

ISO + R - 60 us, L - R + 50 ms, Post J - 2 + 60 ms

SUBURBAN DIAGNOSTICS PVT. LTD.

TEJPRAKASH TULSIAN (54 M)
ID: 2432016094

Date: 15-11-2024
Speed: 2.5 mmph

Exec Time: 0:03:00
Slope: 10 %

Stage Time: 03:00
Tf IR: 141 bpm

HR: 112 bpm
75% of HR
BP: 150/80 mmHg
STL: vedhoni STSlope: V/s

Trace Produced
STL: vedhoni STSlope: V/s

Stage: 1

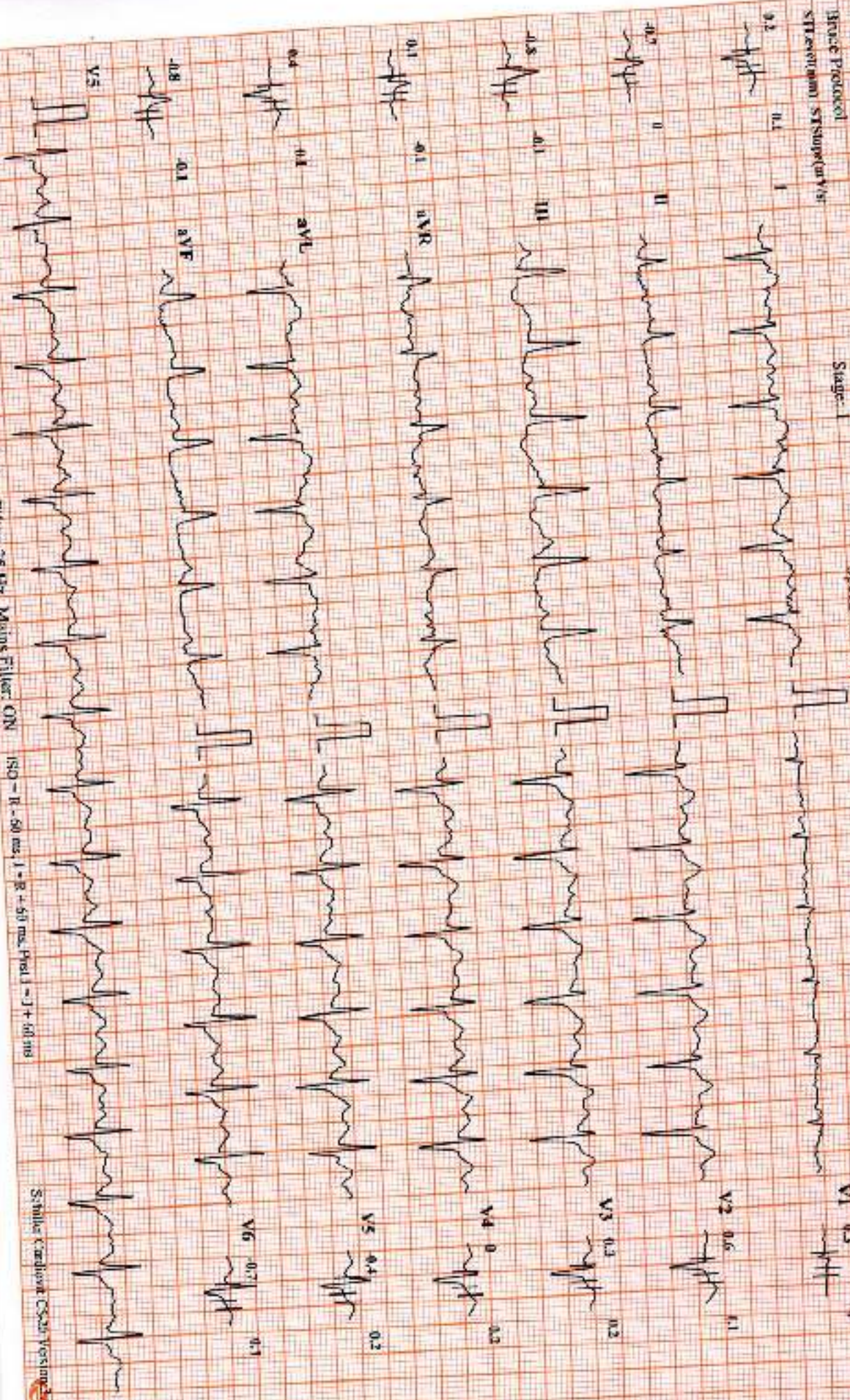


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO - R - 50 ms, I - R + 50 ms, Prol I - J + 60 ms

SUBURBAN DIAGNOSTICS PVT. LTD.

TEJPRAKASH TULSIAN (54 M)
UID: 2432016094

Date: 15-11-2024
Speed: 4 mmph

Exec Time: 0:06:00
Scope: 12 %

Stage Time: 03:00
THR: 141 bpm

HR: 140 bpm
99% of THR
BP: 50/80 mmHg
ST1: 60mm ST2: 60mm ST3: 60mm

Basic Protocol
ST1: 60mm ST2: 60mm ST3: 60mm

Stage: 2

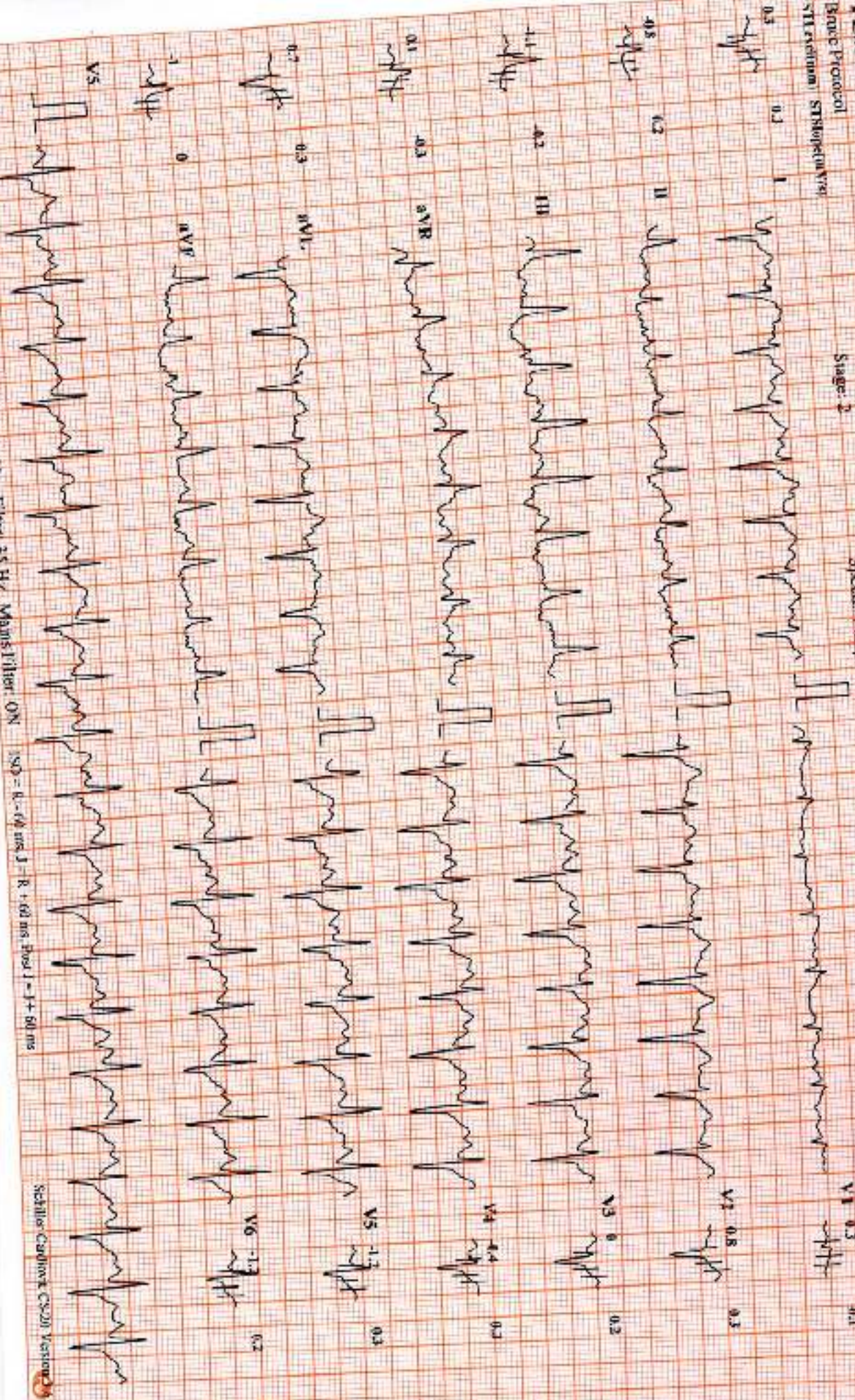


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

SD = 0.1ms J = R + 60ms Pos 1 = J + 60ms

SUBURBAN DIAGNOSTICS PVT. LTD.

HR: 147 bpm

104% of THR
B/P: 160/80 mmHg
STress (d/min): ST Supel (mV/s)

TEJPRAKASH TULSIAN (54 M)

ID: 2432016094

Date: 15-11-2024

Sage Time: 01:00

Exec Time: 6:07:00

THR: 141 bpm

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Brace Protocol
STress (d/min) ST Supel (mV/s)

VI 0.5 0.2

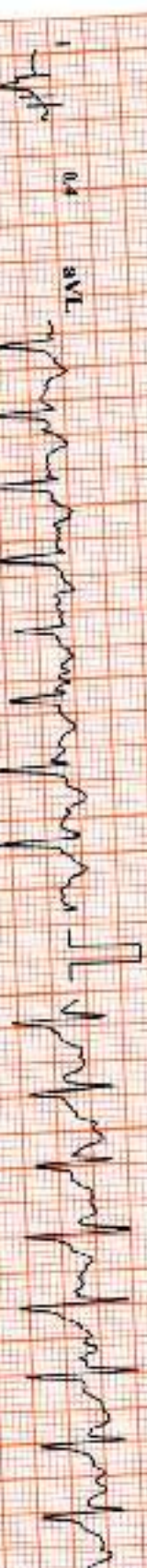
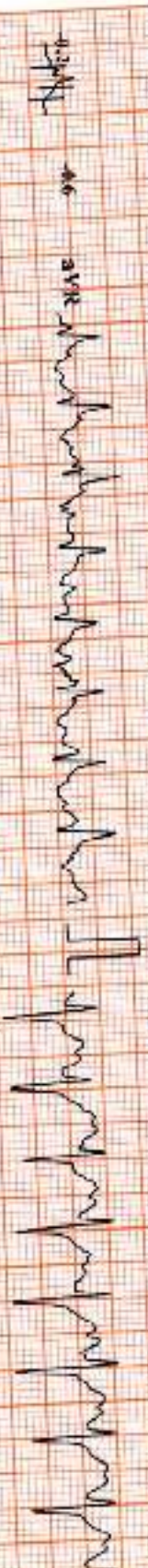


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz, Main Filter: ON

SO - R - 6G ms, J - R + 60 ms, PwL - J - 50 ms

SUBURBAN DIAGNOSTICS PVT. LTD.

FEJPRAKASH TULSIAN (54 M)

ID: 2432016094

Date: 15-11-2024

Exam Time: 00:00

Stage Time: 01:00

HR: 125 bpm

89.6 g/L Hb

BP: 160/90 mmHg

STL: (sdnms) STS: (sdnms)

Brace Protocol
ST-Lead(s): STS(sen/nt/s)

Stage: Recovery: 1

Speed: 0 kmph

Slope: 0%

THR: 141 bpm

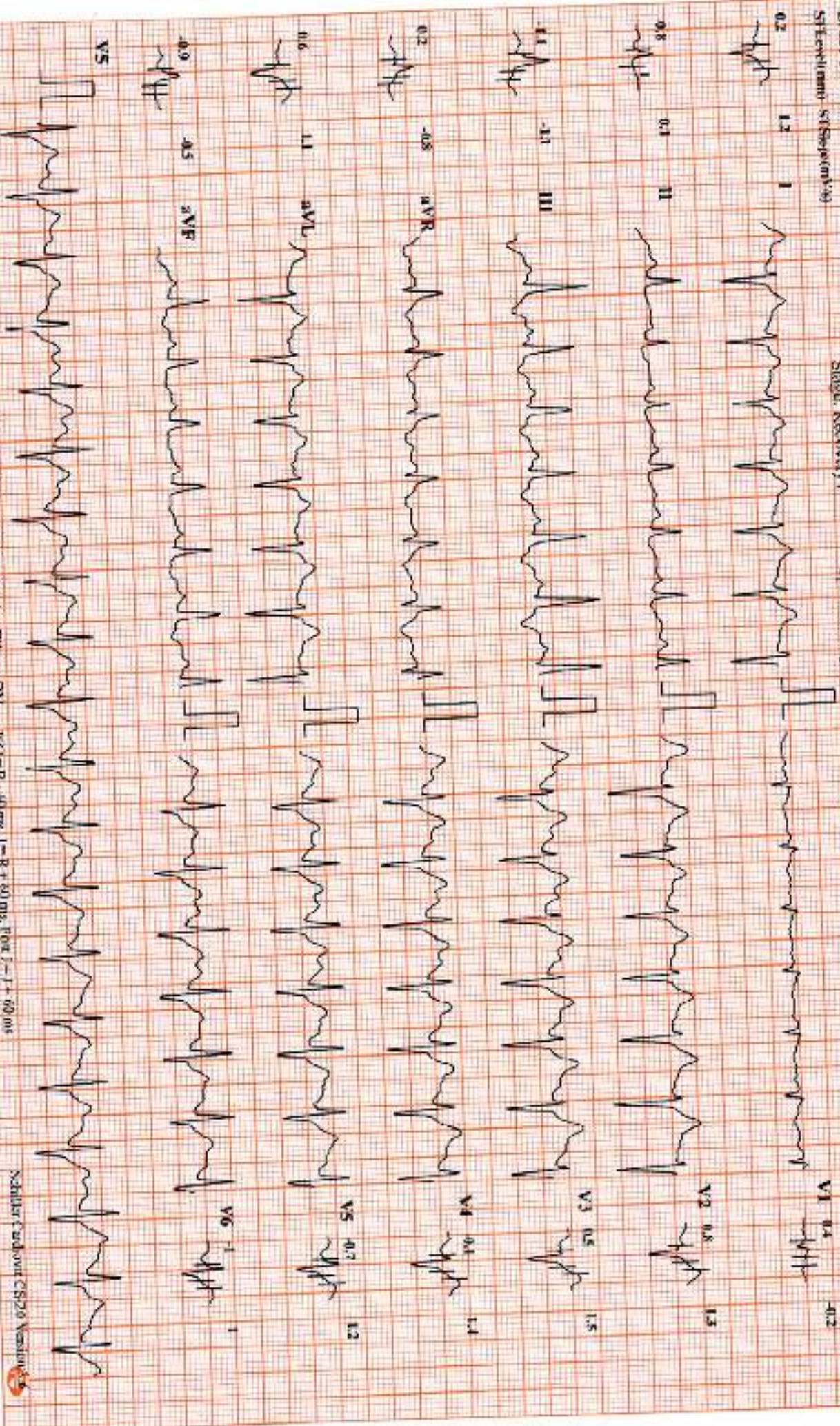


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Main Filter: ON

ECG - R - 60 ms, J - R + 60 ms, P or J - J + 60 ms

SUBURBAN DIAGNOSTICS PVT. LTD.

TEJPRAKASH TULSIAN (54 M)
ID: 2432016094
Stage: Recovery/2

Date: 15-11-2024
Speed: 0 kmph

Exec Time: 00:30
Slope: 0%

Stage Time: 01:30
THR: 141 bpm

HR: 101 bpm

72% of THR
RR: 140/80 mmHg
ST: (sodium) ST: (sodium)

V1 0.2 0.2



Chest Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J - 60 ms

STUBBAN DIAGNOSTICS PVT. LTD.

FEJPRAKASH TULSIAN (54 M)

ID: 24320 (6094)

Date: 15-11-2024

Exec Time: 00:00

Stage Time: 01:00

HR: 86 bpm

61% of TIR

SP: 140/70 mmHg

STL: normal STS: normal V12

Brace Protocol
STL: normal STS: normal V12

Stage: Recovery V3

Speed: 6 kmph

Slope: 0%

THR: 141 bpm

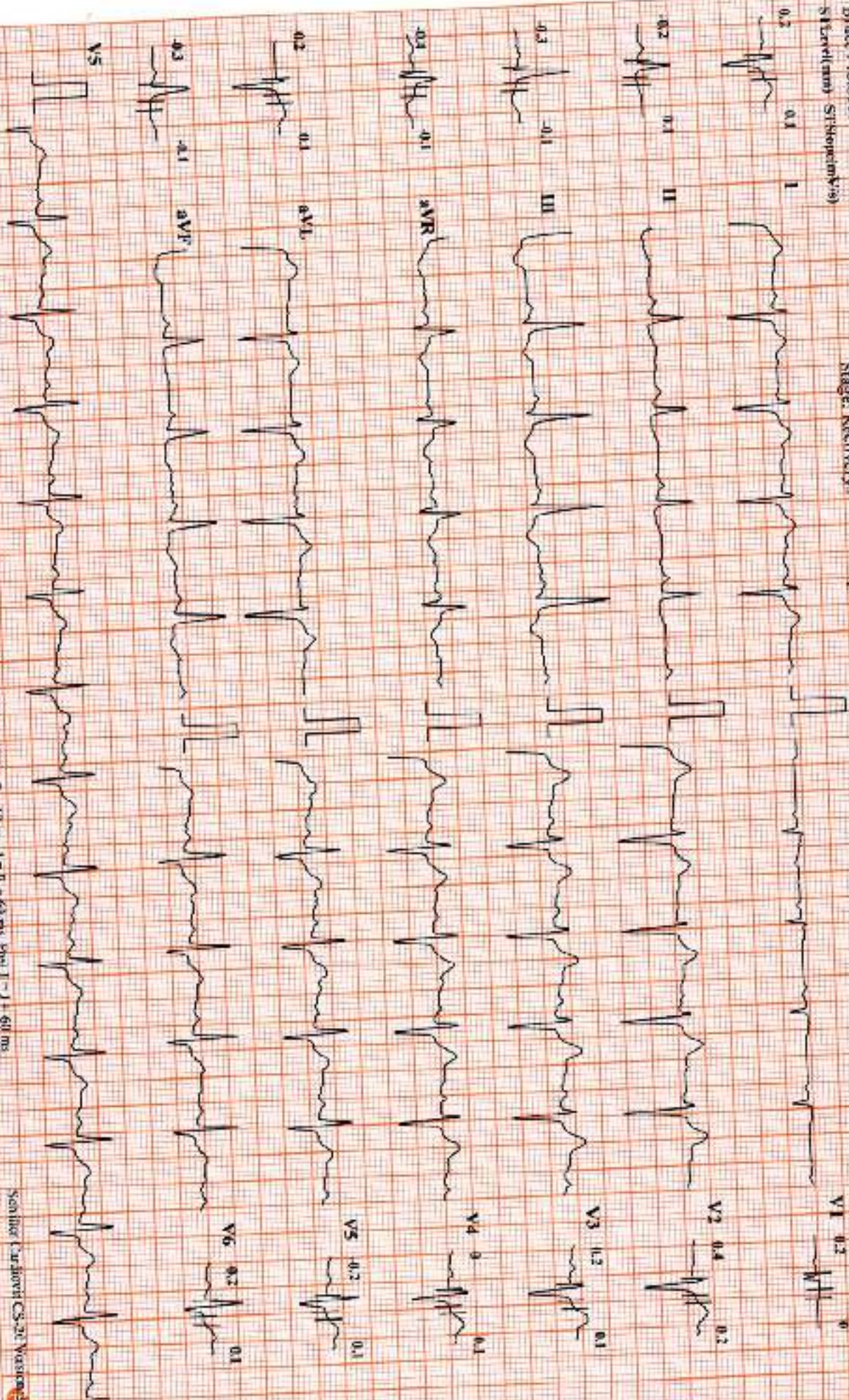


Chart Speed: 25 mm/sec

Amplitude: 10 mm/mV

Filter: 35 Hz, Main Filter: ON

ISO - R - 60 ms, J - R - 60 ms, P - J - 1 + 60 ms

SUBURBAN DIAGNOSTICS PVT. LTD.

TEJPRAKASHI TULSIAN (54 M)

ID: 2412016094

Date: 15-11-2024

Exam Time: 00:00

Study Time: 00:12

HR: 91 bpm

65% of HR

BP: 140/70 mmHg

STL: (mm) STStopSec: %

Bruce Protocol
STLevel(mm) STStopSec: %

Stage: Recover 4

Speed: 0 kmph

Slope: 0 %

THR: 141 bpm

V1 0.3

0

V2 0.4

0.2

V3 0.3

0.2

V4 -0.2

0.2

V5 -0.2

0.1

V6 -0.5

0.1

aVR -0.1

0.1

aVL 0.3

0.1

aVF -0.1

0.1

VS

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

0.1

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Main Filter: ON

180 - R - 60 ms, J - R - 60 ms, Ppr J - 1 - 60 ms

Schiller Cardio CS:20 Vmax 2.5