



CID : 2429113366
Name : MR. PARDEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 17-Oct-2024 / 08:13
Reported : 17-Oct-2024 / 11:17

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	13.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.50	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.3	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	29.0	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5400	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.7	20-40 %	
Absolute Lymphocytes	2035.8	1000-3000 /cmm	Calculated
Monocytes	5.1	2-10 %	
Absolute Monocytes	275.4	200-1000 /cmm	Calculated
Neutrophils	47.5	40-80 %	
Absolute Neutrophils	2565.0	2000-7000 /cmm	Calculated
Eosinophils	8.8	1-6 %	
Absolute Eosinophils	475.2	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	48.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	186000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	13.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 17-Oct-2024 / 14:01

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	86.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	85.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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



Bmhasakar

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



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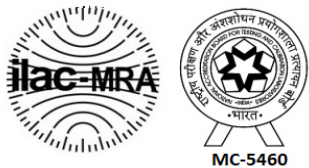
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	14.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	6.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.84	0.73-1.18 mg/dl	Enzymatic
eGFR, Serum	112	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

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

TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	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	5.9	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.4	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.1	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	140	136-145 mmol/l	IMT
POTASSIUM, Serum	4.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

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



Anupa

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 ***



Bmhasakar

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.597	<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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*** End Of Report ***



Dr.ANUPA DIXIT
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.015	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	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	1-2	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	3-4	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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Bmhasakar

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Pathologist



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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

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*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	172.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86	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	39.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	133.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.1	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	17.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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*** End Of Report ***



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Collected : 17-Oct-2024 / 08:13
 Reported : 17-Oct-2024 / 16:27

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	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.435	0.55-4.78 microU/ml	CLIA



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Interpretation:

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

Clinical Significance:

- 1) TSH Values between high abnormal 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 at least 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 ***



Anupa

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M.D.(PATH)
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.53	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	28.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	24.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	20.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	60.6	46-116 U/L	Modified IFCC

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

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

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

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Reg. Date : 17-Oct-2024
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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.6 cm), 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 and appears normal. 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:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 9.6 x 4.4 cm. Left kidney measures 10.7 x 4.8 cm.

SPLEEN:

The spleen is normal in size (10 cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size and volume is 15 cc.

IMPRESSION:

No significant abnormality is seen.

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

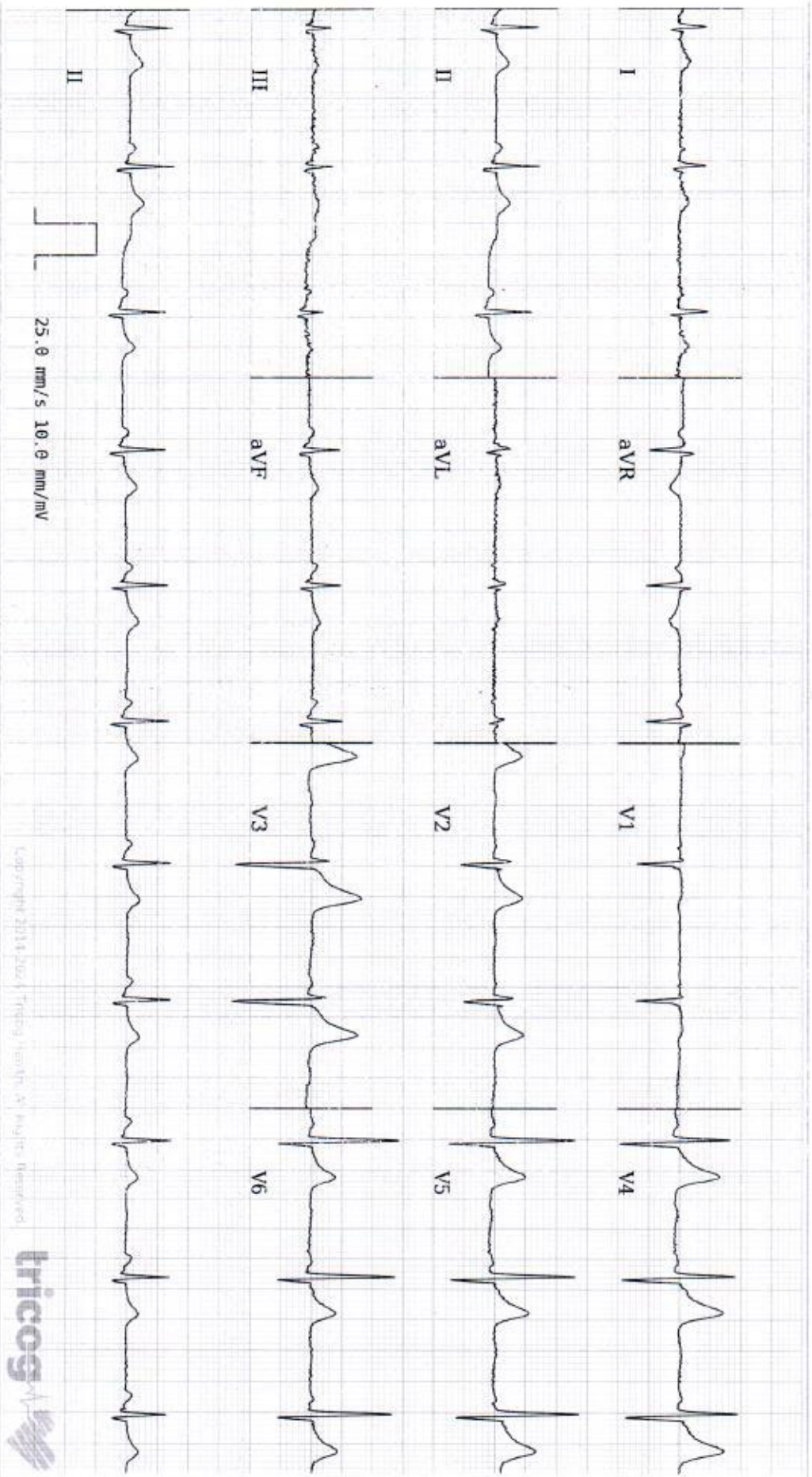
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MD Radio diagnosis
Reg no.2019/01/0135

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Patient Name: PARDEEP KUMAR
Patient ID: 2429113366

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: 17th Oct 24 8:55 AM



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Age 42 NA NA
years months days

Gender Male

Heart Rate 66bpm

Patient Vitals

BP: 120/70 mmHg

Weight: 81 kg

Height: 173 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms

QT: 368ms

QTcB: 385ms

PR: 118ms

P-R-T: 73° 53° 50°

REPORTED BY

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

Disclaimer: 1) Analysis of 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 tests to be prescribed by a qualified physician. 2) Patient vitals were not obtained by the physician and are not derived from the ECG.



EMail: 224 / **PR:** RADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg Date: 15 - 10 - 2024 07:33:47 PM Refd By : MEDIWHEEL

REPORT :

Heart Rate 94.0 bpm Systolic BP 150.0 mmHg Diastolic BP 90.0 mmHg
 Exercise Time 07:28 Mins. METS 8.6
 Test End Reason , Heart Rate Achieved Target Heart Rate 178.0

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NO
ACTIVITY	MODERATE ACTIVE
MEDICATION	NO
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED NO ANGINA STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative test does not rule out coronary artery disease. Positive stress test is suggestive of but not confirmative of coronary artery disease. Hence clinical correlation is mandatory.

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SUBURBAN DIAGNOSTIC KANDIVALI EAST

Email:

Report



224 (2429113366) / PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg
 Date: 15 - 10 - 2024 07:33:47 PM Refd By : MEDIWHEEL Examined By: DR AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	077	43 %	130/90	100	00	
Standing	00:56	0:48	00.0	00.0	01.0	094	53 %	130/90	122	00	
HV	01:08	0:12	00.0	00.0	01.0	083	47 %	130/90	107	00	
ExStart	01:24	0:16	00.0	00.0	01.0	093	52 %	130/90	120	00	
BRUCE Stage 1	04:24	3:00	02.7	10.0	04.7	114	64 %	130/90	148	00	
BRUCE Stage 2	07:24	3:00	04.0	12.0	07.1	134	75 %	130/90	174	00	
PeakEx	08:52	1:28	05.5	14.0	08.6	155	87 %	150/90	232	00	
Recovery	09:52	1:00	00.0	00.0	01.1	113	63 %	150/90	169	00	
Recovery	10:52	2:00	00.0	00.0	01.0	092	52 %	150/90	138	00	
Recovery	11:17	2:26	00.0	00.0	01.0	085	48 %	150/90	127	00	

FINDINGS :

Exercise Time : 07:28
 Initial HR (ExStrt) : 93 bpm 52% of Target 178
 Initial BP (ExStrt) : 130/90 (mm/Hg)
 Max Workload Attained : 8.6 Fair response to induced stress
 Duke Treadmill Score : 05.9
 Test End Reasons : Heart Rate Achieved

Max HR Attained 155 bpm 87% of Target 178
 Max BP Attained 150/90 (mm/Hg)

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Doctor: DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

SUPINE (00:08)

224 (2429113366) / PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg / HR : 77



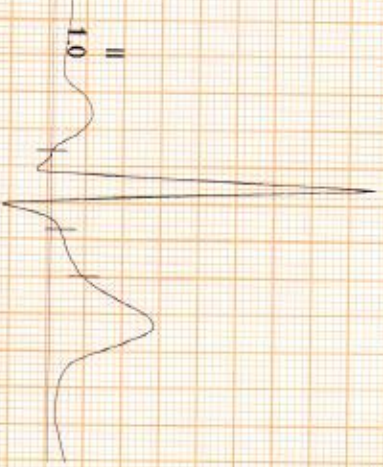
Date: 15 - 10 - 2024 07:33:47 PM

METS: 1.0/77 bpm 43% of THR BP- 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 00:00:00 KmPh: 0.0%

4X 90 mS Post J

25 mm/Sec. 1.0 Cm/mV



ST1 0.5
ST5 0.4

II 1.0
0.9



V1 0.1
0.1
-0.1



III 0.5
0.5



V2 3.6
2.5



avR -0.7
-0.6



V4 2.9
2.2



avL 0.0
-0.1



V5 1.5
1.2



avF 0.7
0.7



V6 0.9
0.8



REMARKS:
II avR avF V2 V4 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

224 (2429113366) / PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg / HR : 94

Date: 15 - 10 - 2024 07:33:47 PM METS: 1.0/ 94 bpm 53% of THR BP: 130/90 mmHg Raw ECG/E/LC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

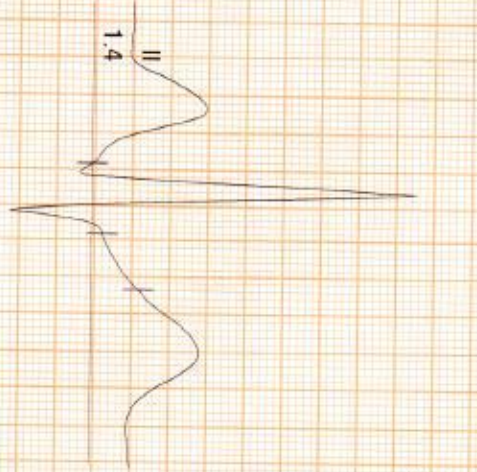
4X 80 mS Post J

STANDING (00:48)



Extme: 00:00 0.0 Kmph, 0.0%

25 mm/Sec: 1.0 Cm/mV



I
STL 0.5
STR 0.5

V1
0.2
0.3

II
1.4
1.3

V2
0.9
0.8

III
0.9
0.8

V3
2.9
2.4

aVR
-1.0
-0.9

V4
2.5
2.1

aVL
0.2
0.2

V5
1.5
1.4

aVF
1.2
1.0

V6
1.1
1.0



II aVR aVF V2 V4 V6

REMARKS:



SUBURBAN DIAGNOSTIC KANDIVALI EAST

HV (00:12)



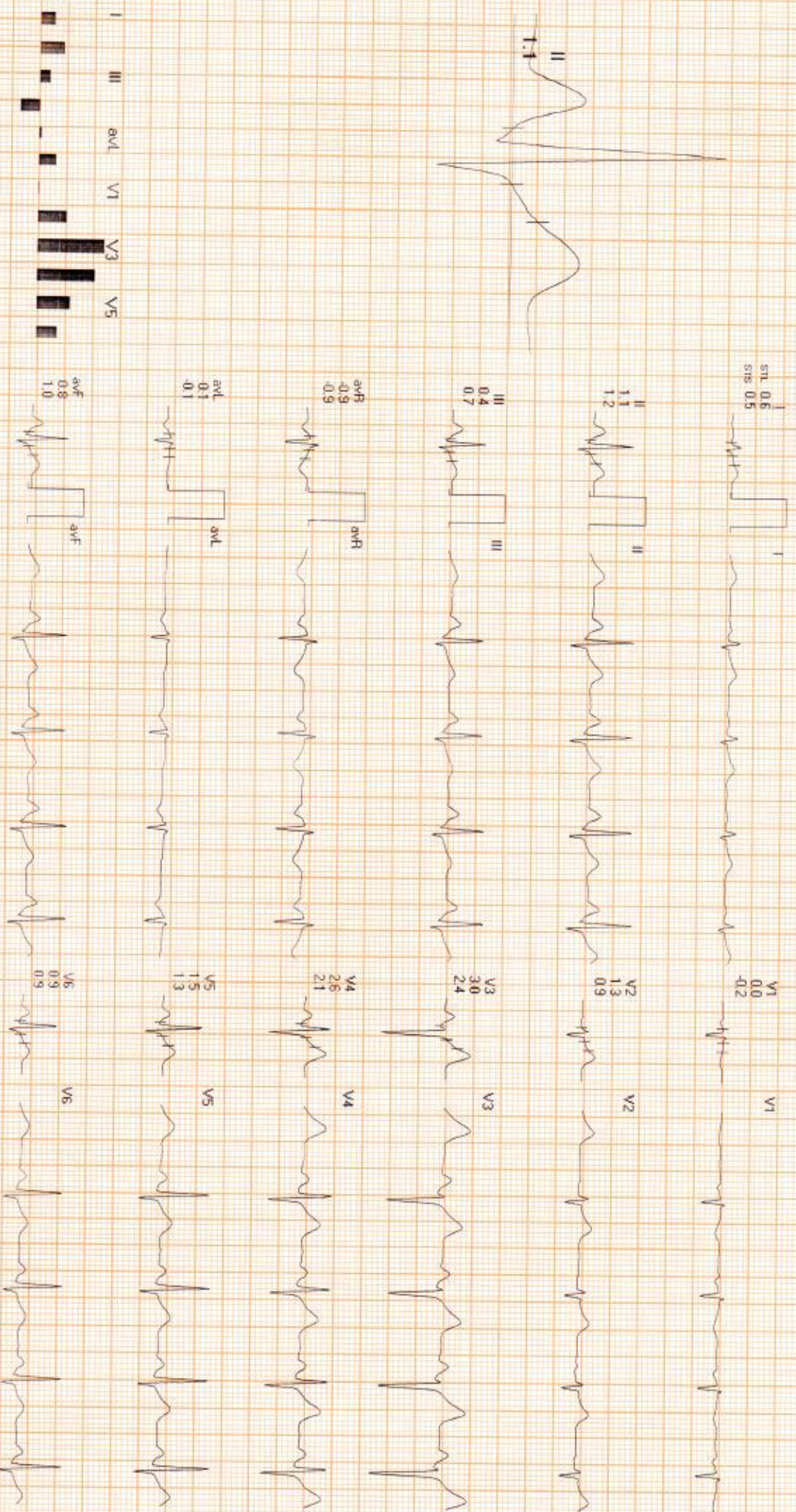
224 (242913386) // PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg / HR : 83

Date: 15 - 10 - 2024 (7:33:47 PM)

METS: 1.0/83 bpm 47% of THR BP- 130/90 mmHg Row ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

EXTime: 00:00:0.0 KmPh 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS: aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

EXSirt



224 (2429113366) / PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg / HR : 93

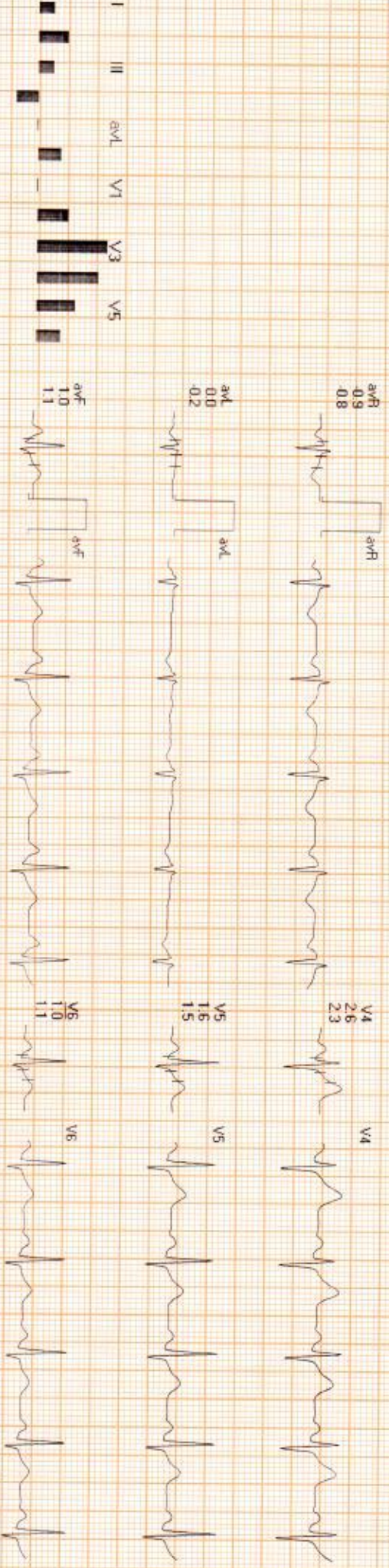
Date: 15 - 10 - 2024 07:33:47 PM

METS: 1.0/ 93 bpm 52% of THR BP: 130/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmpt. 0.0%

4X 90 MS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 1 (03:00)

224 (2429113366) / PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg / HR : 114



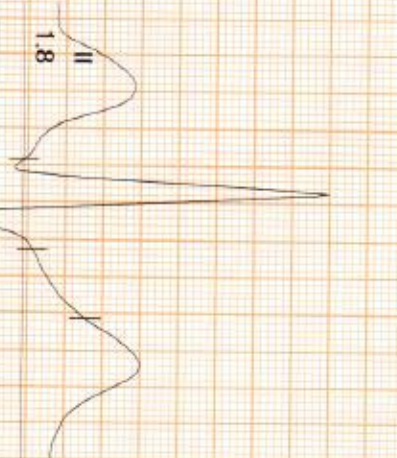
Date: 15-10-2024 07:33:47 PM

METS: 4.7/114 bpm 64% of THR BP: 130/90 mmHg

ExtTime: 03:00 2.7 Kmph 10.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



I
STL 0.6
STB 0.6

II
1.8
1.8

III
1.2
1.2

aVR
-1.2
-1.2

aVL
-0.3
-0.3

aVF
1.5
1.5

V1
-0.3
-0.5

V2
0.7
0.7

V3
3.0
2.8

V4
2.9
2.8

V5
1.9
1.9

V6
1.4
1.4



REMARKS: aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 2 (03:00)

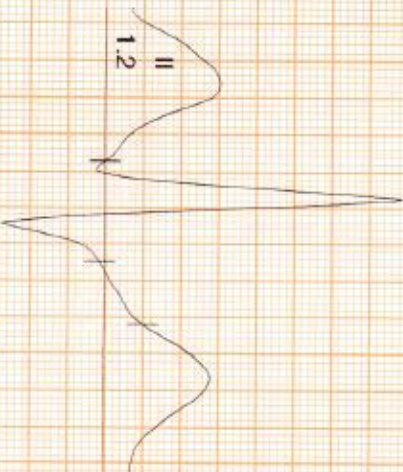
224 (2429113366) / PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg / HR : 134



Date: 15-10-2024 07:33:47 PM METS: 7.1/134 bpm 75% of THR BP: 130/90 mmHg Row ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 60 m/s Post J

ExTime: 06:00 4.0 Km/h 12.0% 25 mm/Sec 1.0 Cm/mV



STL 0.3
STB 0.6

I 1.2
II 1.2
2.0

III 0.9
1.4

aVR -0.7
-1.3

aVL -0.3
-0.4

aVF 1.0
1.7

V1 0.2
0.7

V2 0.3
0.5

V3 2.5
3.1

V4 1.9
2.9

V5 1.1
2.0

V6 1.0
1.6



REMARKS:



SUBURBAN DIAGNOSTIC KANDIVALI EAST

PeakEx



224 (2429113386) / PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg / HR : 155

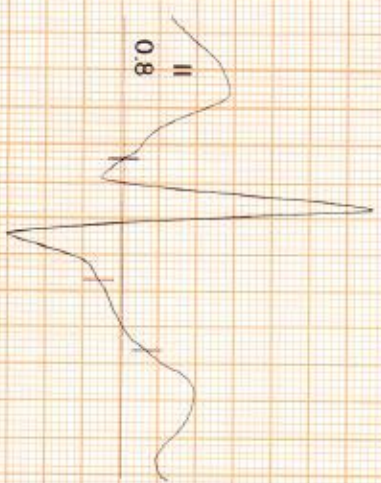
Date 15-10-2024 07:33:47 PM

METS: 8.6 / 155 bpm 87% of THR BP: 150/90 mmHg Raw ECG/BLC On/Naich On/HF 0.05 Hz/LF 35 Hz

ExTime: 07:28 5.5 KmPh 14.0%

4X 80 mg Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

224 (242913366) / PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg / HR : 113

Recovery : (01:00)



Date: 15 - 10 - 2024 07:33:47 PM

METS: 1.1/113 bpm 63% of THR. BP: 150/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTIME: 07:28 0.0 KmPh, 0.0%

4X 70ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.9
STB 0.8

V1 -0.2
V2 -1.0

II 25
III 32

V2 0.8
V3 0.7

II 25

III 16
aVR -1.7
aVL -0.8

V3 4.3
V4 3.9
V5 2.5
V6 1.8

aVR -1.7
aVL -0.8

V4 4.8
V5 3.4

aVR -1.7
aVL -0.8

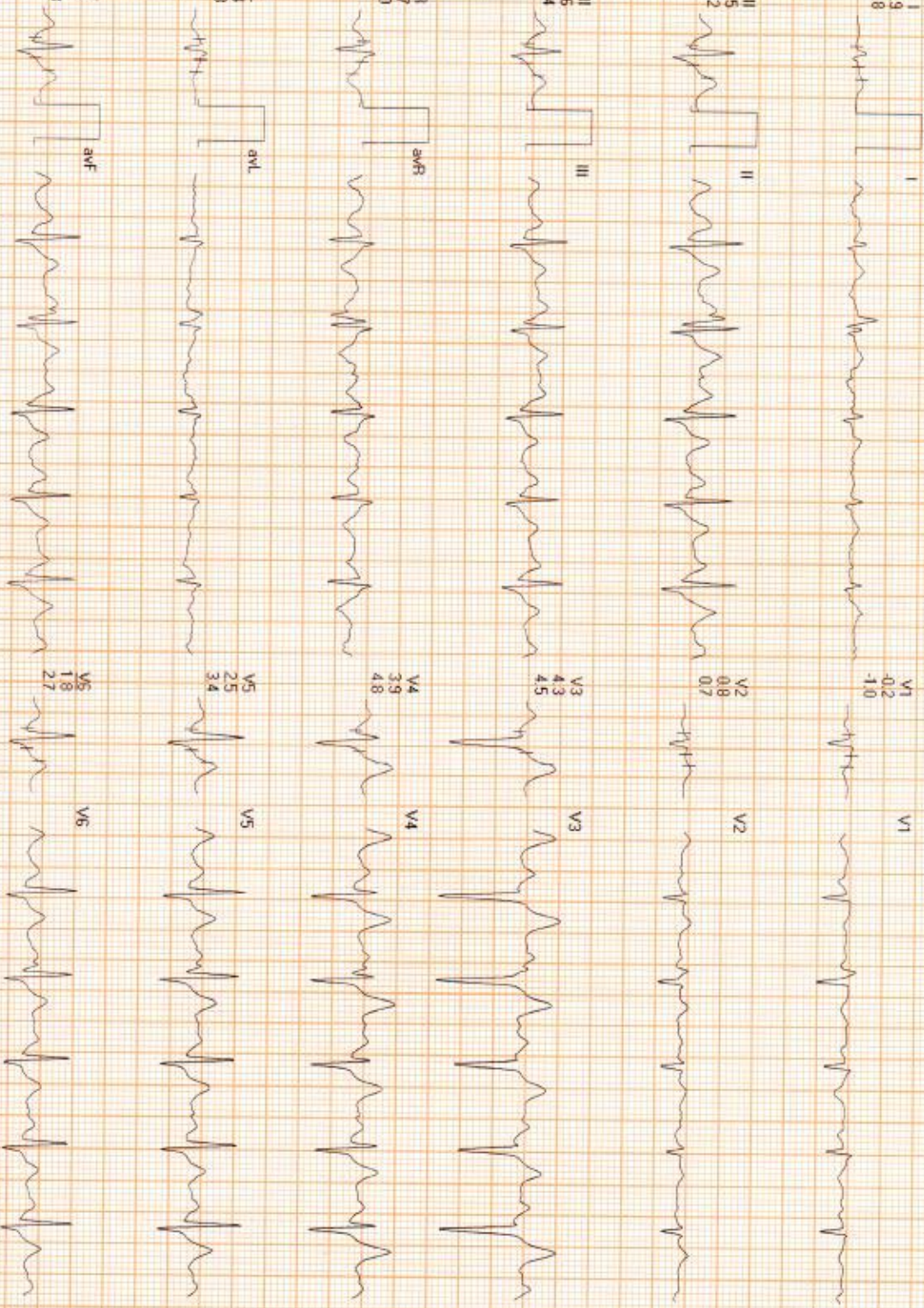
V5 2.7
V6 2.1

aVR -1.7
aVL -0.8

V6 2.8



REMARKS



SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (02:00)

224 (2429113386) / PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg / HR : 92



Date: 15 - 10 - 2024 07:33:47 PM

METS: 1.07/92 bpm 52% of THR BP: 150/90 mmHg Row ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTIME: 07:28 0.0 Kmph, 0.0%

4X 80ms Post J

25mm/Sec 1.0 Cm/mV

STL 0.7
STS 0.8

V1 -0.1
V2 -0.8



V1

II 1.6
III 2.2

V2 1.0
V3 0.8



V2

1.6

III 0.9
IV 1.4

V3 2.9
V4 2.9



V3

aVR -1.1
aVL -1.5

V4 3.0
V5 3.2



V4

aVL -0.1
aVF -0.3

V5 1.7
V6 2.1



V5

aVF 1.3
aV6 1.8

V6 1.0
V7 1.5



V6



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (02:25)

224 (2429113366) / PRADEEP KUMAR / 42 Yrs / M / 173 Cms / 81 Kg / HR 85



Date: 15 - 10 - 2024 07:33:47 PM

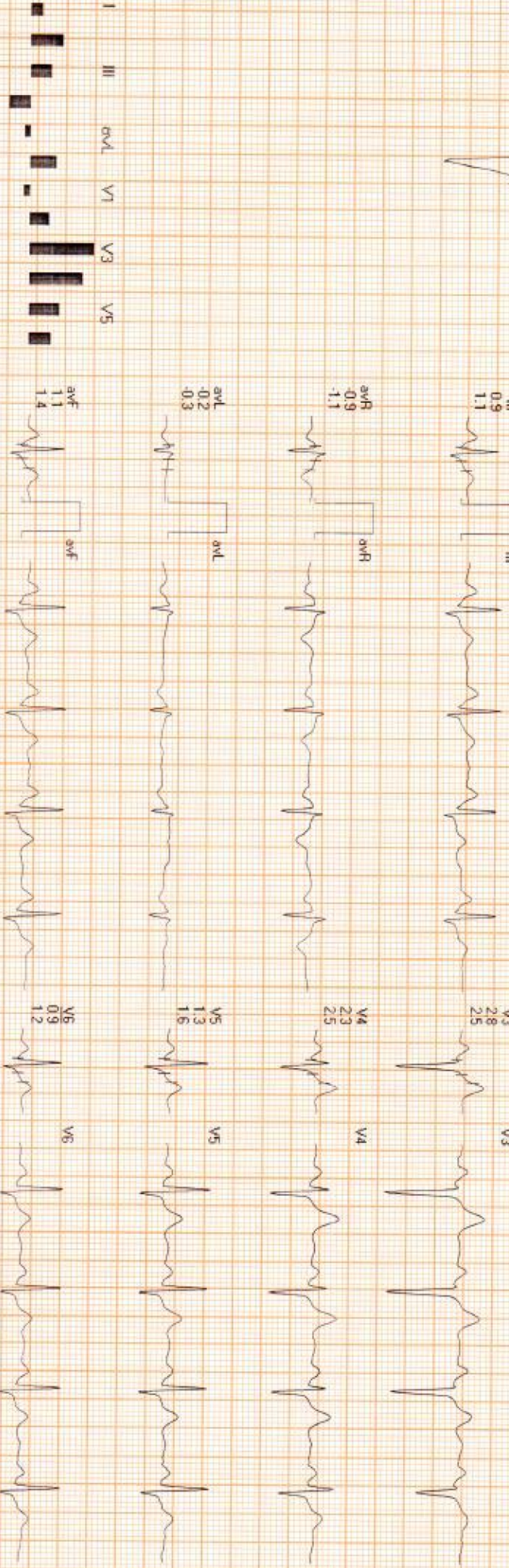
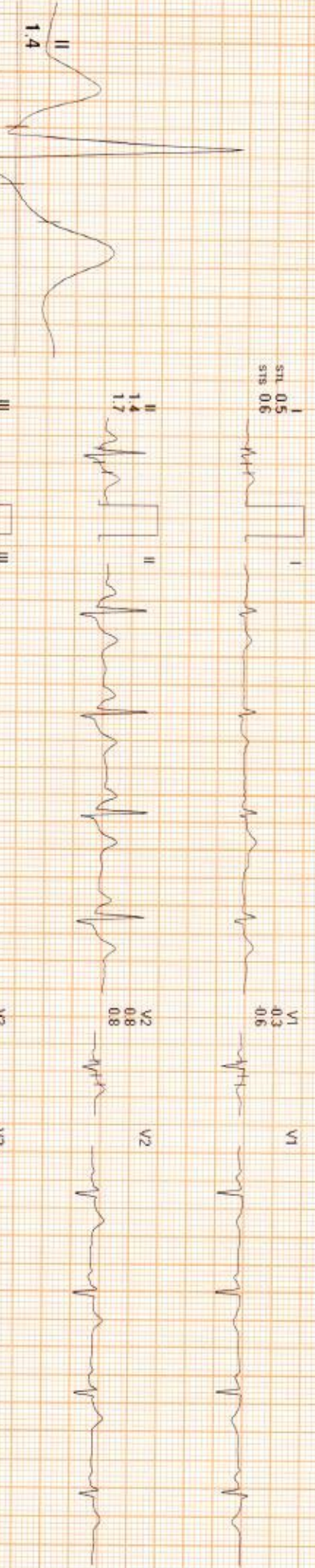
METS: 1.0/ 85 bpm 48% of THR BP: 150/90 mmHg Row ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 35 Hz

EXTIME: 07:28 0.0 KmPh, 0.0%

4X

80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6