

Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

Microcytosis

**Reg. Location**: Bhayander East (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected

Reported

:19-Oct-2024 / 10:17

:19-Oct-2024 / 16:45

R

E

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

	CBC (Complete Blood	d Count), Blood	
<u>PARAMETER</u>	RESULTS	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	11.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.25	4.5-5.5 mil/cmm	Elect. Impedance
PCV	35.5	40-50 %	Measured
MCV	68	80-100 fl	Calculated
MCH	22.5	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	15.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6520	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS		
Lymphocytes	27.5	20-40 %	
Absolute Lymphocytes	1793.0	1000-3000 /cmm	Calculated
Monocytes	8.7	2-10 %	
Absolute Monocytes	567.2	200-1000 /cmm	Calculated
Neutrophils	61.7	40-80 %	
Absolute Neutrophils	4022.8	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	104.3	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	32.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorba	nce & Impedance method/Micros	scopy.	
PLATELET PARAMETERS			
Platelet Count	279000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	16.5	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	+		



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

**Reg. Location**: Bhayander East (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected: 19-Oct-2024 / 10:17

Reported

:19-Oct-2024 / 16:14

Macrocytosis -

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others -

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Note: Features suggest thalassemia trait.

Advice: Hb electrophoresis & Reticulocyte count.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 14 2-15 mm at 1 hr. Sedimentation



CID : 2429332215

Name : MR.JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr.

Reg. Location : Bhayander East (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected

: 19-Oct-2024 / 10:17

Reported :19-Oct-2024 / 16:45

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 Borivali Lab, Borivali West \*\*\* End Of Report \*\*









Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

Reg. Location

: Bhayander East (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

:19-Oct-2024 / 12:50 :19-Oct-2024 / 17:02

Hexokinase

Hexokinase

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

# <u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting

85.9

Non-Diabetic: < 100 mg/dl

Impaired Fasting Glucose:

Collected

Reported

100-125 mg/dl

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 110.2 Non-Diabetic: < 140 mg/dl Plasma PP Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

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









Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. :

Reg. Location

: Bhayander East (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected

Reported

:19-Oct-2024 / 10:17

:19-Oct-2024 / 17:22

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	21.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.8	6-20 mg/dl	Calculated
CREATININE, Serum	1.00	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	95	(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	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	7.8	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*





Dr.JAGESHWAR MANDAL CHOUPAL MBBS, DNB PATH Pathologist

Page 5 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

**Reg. Location**: Bhayander East (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected

: 19-Oct-2024 / 10:17

**Reported** :19-Oct-2024 / 16:56

# VITAMIN B12

PARAMETERRESULTSBIOLOGICAL REF RANGEMETHODVITAMIN B12, Serum216.0187-883 pg/mlECLIA

# Intended Use:

- Vitamin B12 is also referred to as cyanocobalamin/cobalmin.
- It is essential in DNA synthesis, haematopoiesis & CNS integrity.
- It cannot be synthesized in the human body & is seldom found in products of plant origin.
- The absorption of Vit B12 depends on the presence of Intrinsic factor (IF) & may be due to lack of IF secretion by the gastric mucosa (e.g. gastrectomy, gastric atrophy) or intestinal malabsorption (e.g. ileal resection, small intestinal diseases).
- Dietary Sources of vitamin B12 are meat, fish, eggs & dairy products.

# Clinical Significance:

- Vitamin B12 or folate are both of diagnostic importance for the recognition of vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia.
- Untreated deficiencies will lead to megaloblastic anemia, irreversible central nervous system degeneration, peripheral neuropathies, dementia, poor cognitive performance & depression.

# Interpretation:

Increased In- Vit B12 supplements, chronic granulocytic leukemia, COPD, Chronic renal failure, diabetes, leucocytosis, hepatitis, cirrhosis, obesity, polycythemia vera, protein malnutrition, severe CHF, uremia, Vit A intake, estrogens, drugs such as chloral hydrate. Decreased In- Inflammatory bowel disease, pernicious anaemia, strict vegetarians, malabsorption due to gastrectomy, smoking, pregnancy, multiple myeloma & haemodialysis. Alcohol & drugs like aminosalicylic acid, anticonvulsants, cholestyramine, cimetidine, colchicine, metformin, neomycin, oral contraceptives, ranitidine & triamterine also cause a decrease in Vit B12 levels.

Reflex Tests: Active B12 (holotranscobalamin), Folate, Homocysteine, Methylmalonic acid (MMA) and Intrinsic factor antibody & parietal cell antibody.

Limitations: Preservatives, such as fluoride and ascorbic acid may cause interference

Reference: Vitamin B12 Pack insert

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





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

Page 6 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

**Reg. Location**: Bhayander East (Main Centre)



Use a QR Code Scanner Application To Scan the Code

: 19-Oct-2024 / 10:17

**Reported** :19-Oct-2024 / 17:34

**HPLC** 

# 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

5.7 Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Collected

Estimated Average Glucose (eAG), EDTA WB - CC

116.9 mg/dl

g/dl

Calculated

## Intended use:

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

# Clinical Significance:

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

# Test Interpretation:

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

# Factors affecting HbA1c results:

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

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

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

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

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





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

Page 7 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

**Reg. Location**: Bhayander East (Main Centre)



Use a QR Code Scanner Application To Scan the Code

: 19-Oct-2024 / 10:17

**Reported** :19-Oct-2024 / 16:28

CLIA

Collected

# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

## Clinical Significance:

TOTAL PSA, Serum

• PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

0.574

- · 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.

<4.0 ng/ml

### 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, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5-α reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

## Limitations

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

**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

Page 8 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

Reg. Location

: Bhayander East (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Reported

Collected : 19-Oct-2024 / 10:17

:19-Oct-2024 / 16:28

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





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

Page 9 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

**Reg. Location**: Bhayander East (Main Centre)



Use a QR Code Scanner Application To Scan the Code

: 19-Oct-2024 / 10:17

:19-Oct-2024 / 16:56

# <u>VITAMIN D TOTAL (25-OH VITAMIN D)</u>

# <u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

25-hydroxy Vitamin D, Serum 21.2 Deficiency: < 10 ng/ml ECLIA

Insufficiency: 10 - 30 ng/ml Sufficiency: 30 - 100 ng/ml Toxicity: > 100 ng/ml

Collected

Reported

# Intended Use:

• Diagnosis of vitamin D deficiency

- · Differential diagnosis of causes of rickets and osteomalacia
- Monitoring vitamin D replacement therapy
- Diagnosis of hypervitaminosis D

Clinical Significance: Vitamin D is a steroid hormone known for its important role in regulating body levels of calcium and phosphorus and in the mineralization of bone. Measured 25-OH vitamin D includes D3 (Cholecalciferol) and D2 (Ergocalciferol) where D2 is absorbed from food and D3 is produced by the skin on exposure to sunlight. The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-OH vitamin D; and has a longer half life making it an analyte of choice for determination of the vitamin D status.

## Interpretation:

Increased In- D intoxication & Excessive exposure to sunlight

Decreased In: Lack of sunlight, Steatorrhea, Biliary and Portal cirrhosis, Pancreatic insufficiency, Inflammatory bowel disease, Alzheimer's disease, Malabsorption, Thyrotoxicosis, Dietary osteomalacia, Anticonvulsant osteomalacia, Celiac disease and Rickets

Reflex Tests: Serum Calcium, PTH and BMD

# Limitation:

- For diagnostic purposes, results should be used in cunjunction with other data; e.g. symptoms, results of other tests, clinical impressions, etc.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients
  routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be
  observed.
- Various methods for measuring vitamin D are available but correlate with significant differences.

# Reference:

- Wallach's interpretation of diagnostic tests
- Vitamin D kit insert

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





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

Page 10 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

Reg. Location

: Bhayander East (Main Centre)

Authenticity Check

R

E

Use a QR Code Scanner Application To Scan the Code

Collected : 19-Oct-2024 / 10:17

**Reported** :19-Oct-2024 / 17:29

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	6.0	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
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	1-2	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	2-3	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

**Reg. Location**: Bhayander East (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected

Reported

: 19-Oct-2024 / 10:17 : 19-Oct-2024 / 17:29

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





Dr.JAGESHWAR MANDAL CHOUPAL MBBS, DNB PATH Pathologist

Page 12 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

Reg. Location

: Bhayander East (Main Centre)

Collected

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

: 19-Oct-2024 / 10:17

**Reported** :19-Oct-2024 / 17:39

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

PARAMETER RESULTS

ABO GROUP AB

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.

# Refernces:

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

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



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

Page 13 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. :

Reg. Location

: Bhayander East (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected

Reported

:19-Oct-2024 / 10:17

:19-Oct-2024 / 17:22

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	219.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	144.0	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	47.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	171.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	142.0	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	29.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*





Dr.JAGESHWAR MANDAL CHOUPAL MBBS, DNB PATH Pathologist

Page 14 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

Reg. Location

: Bhayander East (Main Centre)

Authenticity Check

R

E

Use a QR Code Scanner Application To Scan the Code

Collected : 19-Oct-2024 / 10:17

**Reported** :19-Oct-2024 / 16:56

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.62	0.35-5.5 microIU/ml microU/ml	ECLIA



CID : 2429332215

Name : MR.JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -Collected : 19-Oct-2024 / 10:17 Reg. Location : Bhayander East (Main Centre)

Reported :19-Oct-2024 / 16:56

Authenticity Check

Use a OR Code Scanner

Application To Scan the Code

### 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
- can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

# Limitations:

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

# Reference:

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

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





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

Page 16 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

Reg. Location

: Bhayander East (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

:19-Oct-2024 / 10:17

**Reported** :19-Oct-2024 / 17:22

Collected

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	31.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	52.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	126.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	79.3	40-130 U/L	Colorimetric

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*





Dr.JAGESHWAR MANDAL CHOUPAL MBBS, DNB PATH Pathologist

Page 17 of 18



Name : MR. JAYENDRA BHATKAR

Age / Gender : 45 Years / Male

Consulting Dr. : -

**Reg. Location**: Bhayander East (Main Centre)



Use a QR Code Scanner Application To Scan the Code

:19-Oct-2024 / 12:50

R

E

**Reported** :19-Oct-2024 / 19:09

Collected

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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

Urine Sugar (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

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





Dr.JAGESHWAR MANDAL CHOUPAL MBBS, DNB PATH Pathologist

Page 18 of 18

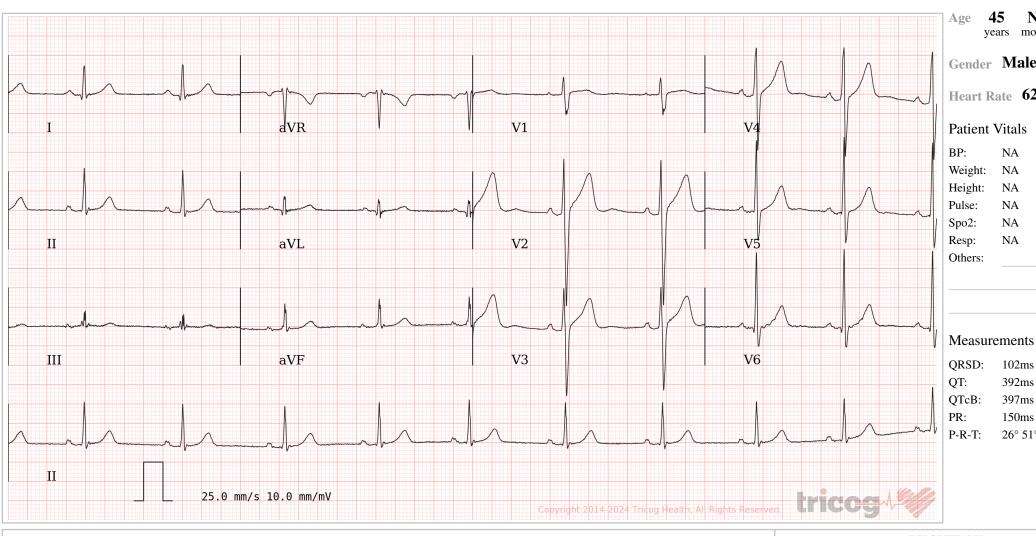
# SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: JAYENDRA BHATKAR

Date and Time: 19th Oct 24 10:35 AM

Patient ID: 2429332215



months days

Gender Male

Heart Rate 62bpm

NA NA NA NA NA NA

102ms 392ms 397ms 150ms 26° 51° 39°

ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani MBBS, D. Cardiology 2011/03/0587

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.

SUBURBAN

Name

: MR.JAYENDRA BHATKAR

Age / Gender : 45 Years/Male

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected

: 19-Oct-2024 / 09:55

R

E

P

0

R

T

Reported

: 19-Oct-2024 / 16:26

# PHYSICAL EXAMINATION REPORT

**History and Complaints:** 

No Coplaint

**EXAMINATION FINDINGS:** 

Height (cms): Temp (0c):

167

Afebrile

Blood Pressure (mm/hg): 130/80

Pulse:

76/min

Weight (kg):

Skin:

Nails:

Lymph Node:

NAD NAD

79

Not Palpable

Systems

NAD USG i' Sto St - Fatty Lived.,

IMPRESSION: E(4, exp, that are NN)

Lft, cgc, Lipra Reafile for Boarderleni

ADVICE: Vitanui - D - 21.2 rglmt.

L sepert consultation.

HIEF COMPLAINTS:
Hypertension:
HD

Aret

CHIEF COMPLAINTS:

1) Hypertension: 2)

Arrhythmia

No

4) Diabetes Mellitus

No

5) Tuberculosis

No No

6) Asthama

No

7) Pulmonary Disease

No

SUBURBAN

Name

: MR.JAYENDRA BHATKAR

Age / Gender : 45 Years/Male

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected

: 19-Oct-2024 / 09:55

R

E

0

T

Reported

: 19-Oct-2024 / 16:26

8) Thyroid/ Endocrine disorders	- No.
9) Nervous disorders	No
10) Gl system	No
11) Genital urinary disorder	No
12) Phoumatic in the	No
12) Rheumatic joint diseases or sympto	oms No
blood disease or disorder	No
14) Cancer/lump growth/cyst	No
15) Congenital disease	1000-01
16) Surgeries	No
	No
17) Musculoskeletal System	No

# PERSONAL HISTORY:

1) Alcohol No 2) Smoking No 3) Diet Mixed Medication No

\*\*\* End Of Report \*\*\*

CONSULTANT PHYSICIAN Reg. No. 2017/12/5553

SUBURBAN DIAGNOSTICS (I) PVT. LTD. Shop the 10t A 1st Place.

Kishidi Istidahi marka Reymond,
Near Thunga hierpaul, Mira-Bhy, Road,
Mira Road (East), Dist Thang - 401 105

Phone - 022 - 61700000

12348203 (2429332215) / JAYENDRA BHATKAR / 45 Yrs / M / 167 Cms / 79 Kg Date: 19 / 10 / 2024 01:09:14 PM Refd By : -- Examined By: DR.SMITA VALANI

130/80 087 00 130/80 087 00 130/80 089 00 140/80 173 00 150/80 232 00 170/80 289 00 170/80 289 00 170/80 289 00 130/80 190 00 130/80 145 00 130/80 145 00 130/80 145 00 130/80 155 00 130/80 155 00 130/80 155 00 140/80 155 00 140/80 155 00 140/80 155 00 130/80 155 00 130/80 155 00 130/80 155 00 140/80 150/80	00:03 0:03 0:00 0:00 0:00 0:07 38% 130/80 088 00:07 0:03 0:00 0:00 0:01 0:05 38% 130/80 088 00:07 0:03 0:00 0:00 0:10 0:07 38% 130/80 088 00:01 0:03 0:02 0:17 10:0 0:11 0:05 38% 130/80 088 00:12 0:02 0:17 10:0 0:11 0:05 38% 130/80 088 00:12 0:02 0:17 10:0 0:11 0:05 38% 130/80 088 00:13 0:02 0:17 10:0 0:11 1:55 89% 150/80 1288 00:145 1:03 0:04 0:00 0:01 127 73% 150/80 150/80 00:145 1:00 0:00 0:00 0:00 0:00 0:00 112 124 170/80 288 00:15 0:00 0:00 0:00 0:00 0:00 0:00 0:00	9 00:03 00:07 00:10 Stage 1 03:12 Stage 2 06:12 07:45	0.00				5		
10007   0.04   0.00   0.01   0.07   0.08   0.07	100,007   0.04   0.00	9 00:07 00:10 00:12 Stage 1 03:12 06:12 06:12	0.00			2000		КРР	PVC Comments
000,10	00,10	Stage 1 03:12 Stage 2 06:12	9			38%	130/80	087	8
11-55	11-53   1-50	Stage 1 03:12 Stage 2 06:12		5		38 %	130/80	087	00
11   11   12   12   13   13   13   13	11-55   1-50   1-7   10.0   01.1   069   39 %   130/80   058   130/80   058   130/80   058   130/80   058   130/80   058   130/80   058   130/80   058   130/80   058   130/80   058   130/80   130/80   130/80   130/80   130/80   130/80   130/80   130/80   130/80   130/80   130/80   130/80   140/80	Stage 1 03:12 Stage 2 06:12		2		38 %	130/80	087	1 8
11.53	11-53   3:00   01.7   10.0   04.7   124   71.%   140/80   172   173   133   03.4   14.0   07.4   145   140/80   173   173   03.4   14.0   08.7   170   97.%   140/80   288   150/80   288   150/80   288   150/80   288   170/80   288   170/80   288   170/80   288   170/80   288   170/80   288   170/80   288   170/80   288   170/80   288   170/80   288   170/80   189   170/80   189	Stage 1 03:12 Stage 2 06:12 07:45		01		30 %	130,000	200	3
17.5   06.12   3.00   02.5   12.0   07.1   155   89%   150/80   232     07.45   11.33   03.4   14.0   08.7   170   97%   170/80   289     08.45   11.00   01.1   00.0   01.2   154   88%   170/80   289     11.53   2.00   00.0   00.0   01.0   127   73%   150/80   150     11.53   4.08   00.0   00.0   01.0   112   64%   130/80   145     11.53   4.08   00.0   00.0   01.0   112   64%   130/80   145     11.53   4.08   00.0   00.0   01.0   112   64%   130/80   145     12.54   130/80 (mm/Hg)   130/80 (mm/Hg)   130/80 (mm/Hg)     130/80 (mm/Hg)   130/80 (mm/Hg)   130/80 (mm/Hg)     14.54   15.54   15.54   15.54   15.54   15.54   15.54   15.54     14.55   15.55   15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55   15.55     15.55   15.55   15.55     15.55   15.55   15.55	17.5   06.12   3.00   02.5   12.0   07.1   155   89%   150/80   173     17.5   17.3   03.4   14.0   08.7   170   97%   170/80   289     17.5   1.00   01.1   00.0   01.2   154   88%   170/80   289     17.5   2.00   00.0   00.0   01.0   111   63%   150/80   145     17.5   4.08   00.0   00.0   01.0   112   64%   130/80   145     18.5   17.5   130/80   145     19.5   130/80     19.5   130/	Stage 2 06:12 07:45				2 20 27	0000	000	99
07:45 1;33 03.4 14.0 08.7 170 87% 150/80 288 08:45 1;00 01.1 10.0 01.2 154 88 % 170/80 289 09:45 2:00 00.0 00.0 01.0 127 73 % 150/80 190 11;45 4:00 00.0 00.0 01.0 111 63 % 140/80 145 11:53 4:08 00.0 00.0 01.0 112 64 % 130/80 145 11:53 4:08 00.0 00.0 01.0 112 64 % 130/80 145 11:53 4:08 00.0 00.0 01.0 112 64 % 130/80 145 11:53 4:08 00.0 00.0 01.0 112 64 % 130/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 00.0 110 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 00.0 00.0 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 00.0 00.0 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 00.0 00.0 00.0 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 00.0 111 63 % 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 00.0 00.0 00.0 112 140/80 145 11:53 4:08 00.0 00.0 00.0 00.0 00.0 145 11:54 00.0 00.0 00.0 00.0 00.0 00.0 112 140/80	07:45 1;33 03.4 14.0 08.7 170 89.% 150/80 232 08:45 1;00 01.1 10.0 01.2 154 88 % 170/80 289 08:45 1;00 01.1 00.0 01.2 154 88 % 170/80 281 11:45 2:00 00.0 00.0 01.0 11.7 73 % 150/80 190 11:53 4:08 00.0 00.0 01.0 11.2 64 % 130/80 145  Set Time  107:33  Rax HR Attained 170/80 (mm/Hg)  108 bpm 39% of Target 175  Max HR Attained 170/80 (mm/Hg)  109:45 1:00 11.5 11.5 11.5 11.5 11.5 11.5 11.5 11	07:45				% : 0	140/80	173	00
11:53	08:45   1:00   01:1   00:0   012   154   88 %   170/80   288   00:0   00:0   00:0   01:0   127   73 %   150/80   150/8			5 8		% 68	150/80	232	00
11-53	11:53	47.00		80		87 %	170/80	289	90
11:53	2:00 00.0 01.0 117 73% 150/80 150 150 11:53 4:08 00.0 00.0 01.0 111 63% 140/80 155 150/80 155 150/80 155 150/80 155 150/80 155 150/80 155 150/80 145 150/8	08.43				88 %	170/80	281	8 8
11:53	11:53 4:08 00.0 01.0 111 63.% 140/80 155  12:53 4:08 00.0 00.0 01.0 112 64.% 130/80 155  13:69 bpm 39% of Target 175 Max HR Attained 170 bpm 97% of Target 175  130/80 (mm/Hg)  130/80 (mm/Hg)  145 Fair response to induced stress  15 Pex Strt)  16 Pep Lead & Avg ST Value: III & -2.8 mm in PeakEx  16 Reasons  17:53 4:08 00.0 00.0 01.0 112 64.% 130/80 145  18 Pattained 170/80 (mm/Hg)  18 Pattained 170/80 (mm/Hg)  19 Pex Strty  19 Per St	09:45				73 %	0000	107	3
11:53	11:53   4:08   00.0   01.0   112   64 %   140/80   155	11:45				2	150/80	190	8
se Time : 07:33	se Time  : 07:33  HR (Exstrt)  : 69 bpm 39% of Target 175  Hax HR Attained 170 bpm 97% of Target 175  orkLoad Attained  : 8.7 Fair response to induced stress  C Dep Lead & Avg ST Value: III & -2.8 mm in PeakEx  readmill Score  : 06:6  Id Reasons  : Test Complete    Nax HR Attained 170/80 (mm/Hg)	11.53				63 %	140/80	155	00
se Time  107.33  18 (ExStrt)  19 bpm 39% of Target 175  Max HR Attained 170 bpm 97% of Target 175  Nax BP Attained 170/80 (mm/Hg)  orkLoad Attained  18.7 Fair response to induced stress  Toep Lead & Avg ST Value: III & -2.8 mm in PeakEx  readmill Score  106.6  Id Reasons  1 Test Complete  Superiors  Attained 170/80 (mm/Hg)  Nax BP Attained 170/80 (mm/Hg)  Superiors  Attained 170/80 (mm/Hg)  Superiors  Attained 170/80 (mm/Hg)	se Time  107:33  12 (By bpm 39% of Target 175  13 (80 mm/Hg)  13 (80 mm/Hg)  14 (ExStrt)  15 (By Lead & Attained 170 bpm 97% of Target 175  15 (By Lead & Avg ST Value: IIt & -2.8 mm in PeakEx  readmill Score  10 (80 mm/Hg)  10 (90 mm/Hg)  11 (10 mm/Hg)  12 (11 mm/Hg)  13 (11 mm/Hg)  14 Reasons  15 (11 mm/Hg)  16 (11 mm/Hg)  17 mm/Hg)  18 mm/Hg)  19 mm/Hg)  10 mm/Hg)  10 mm/Hg)  10 mm/Hg)  11 mm/Hg)  12 mm/Hg)  13 mm/Hg)  14 mm/Hg)  15 mm/Hg)  16 mm/Hg)  17 mm/Hg)	3		5		64 %	130/80	145	00
ained : 8.7 Fair response to induced stress  & Avg ST Value: Ill & -2.8 mm in PeakEx  ore : 06.6  : Test Complete   Suman in PeakEx   Suma	ained : 8.7 Fair response to induced stress  & Avg ST Value : III & -2.8 mm in PeakEx  ore : 06.6  : Test Complete   SU   SU   SU   SU   SU   SU   SU   S		33 bpm 39% of Targe	175					
ore : 06.6  : Test Complete SU	ore : 06.6	Initial BP (Exstrt) 130	7/80 (mm/Hg) Fair response to it	duced stress	Max BP	ittained 170/80 (	97% of Targi mm/Hg)		WBBS SMITA UM.
: Test Complete	: Test Complete	Duke Treadmill Score	k -2.8 mm in Peak	EX					2011/02 CARCION
New Septical Expression No. 101-175 (1) PVT. LTD.  Notice Road (East) 101-175 (1) PVT. LTD.  Notice Road (East) 101-175 (1) PVT. LTD.  Phone. 022 617000 e. 401 90000	Near Thurst House 101-77  Nation Road (East) Christian C		t Complete					SUBURE	00, <850/5
Near Thomas Logidate 104 - 51 (S) (1) PV, LTD.  Notes Road (East), Dist. Thomas Library (LTD.)  Phone. 022 6170000 - 401, Out.	Neer Thurst Louis 101-71  Natia Road (East) 101-71  Phone - 012-6170							K. S.	ON DIAGNOCE.
Koad (East) Disk The Rey Mond	Koad (East), Disc. 12, Phone. 012, 61700							Near Thun	Entering Interior
100c. 022. 15mme 3by, Road								Mosd Ph	(East) But 11. Reymon.
	S								nc. 022 15 1500 8by Road.



Report

DOCTOR: DR SMITA VALANI



# EMail: 12348203 / JAYENDRA BHATKAR / 45 Yrs / M / 167 Cms / 79 Kg Date: 19 / 10 / 2024 01:09:14 PM Refd By : --

REPORT:

REASON FOR TERMINATION	: TARGET HR ACHIEVED	
EXERCISE TOLERANCE	: GOOD EFFORT TOLERANCE	
EXERCISE INDUCED ARRYTHMIAS	: NO ANGINA AND ANGINA EQUIVALENT	
	UPSLOPING ST NOTED DURING EXERCISE	
HAEMODYNAMIC RESPONSE	: GOOD INOTROPIC RESPONSE	
CHRONOTROPIC RESPONSE	GOOD CHRONOTROPIC RESPONSE	
FINAL IMPRESSION	: NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.	

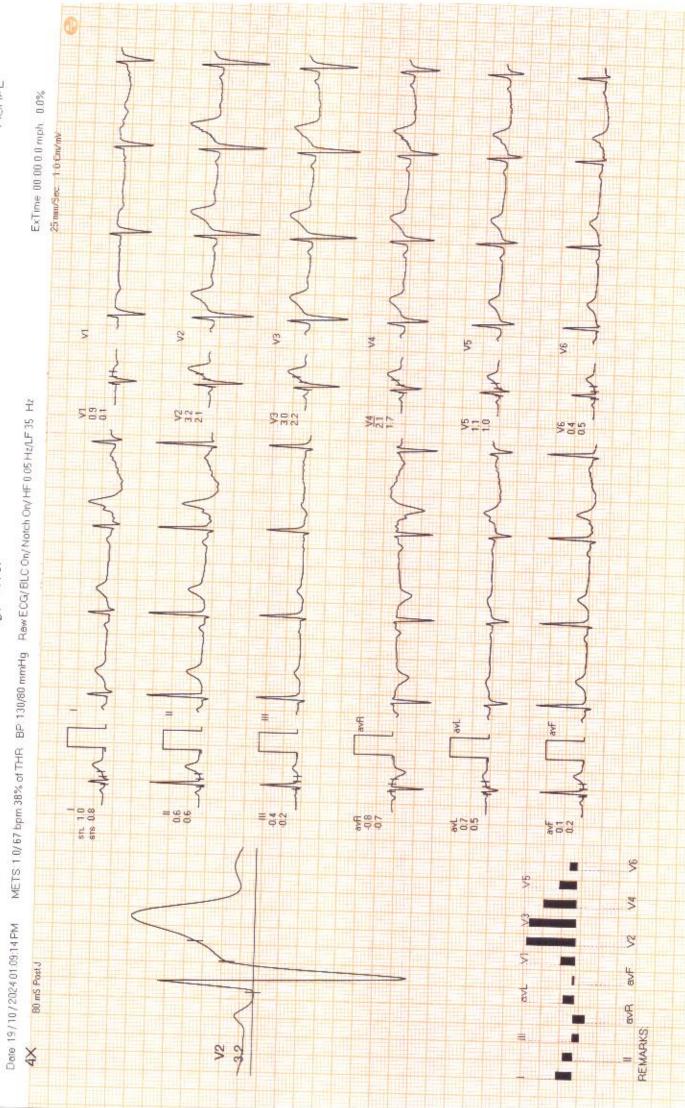
SUBURBAN DIAGNESTICS (I) PVT. LTD.

KShirii Banicaga Banish Banis

Doctor: DR SMITA VALANI

SUPINE (00:01)

12348203 (2429332215) / JAYENDRA BHATKAR / 45 Yrs / M / 167 Cms / 79 Kg / HR ; 67



ExTime: 00:00 0:0 mph, 0:0% 25 am/Sec 1.0 Cm/mV STANDING (00:00) 5 METS: 1.0/67 bpm 38% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF35 Hz 12348203 (2429332215) / JAYENDRA BHATKAR / 45 Yrs / M / 167 Cms / 79 Kg / HR .: 67 9VR -0.4 Date 19/10/202401:09:14 PM 4X 80 mS Post J

NB VB

74

3

av.R

REMARKS:



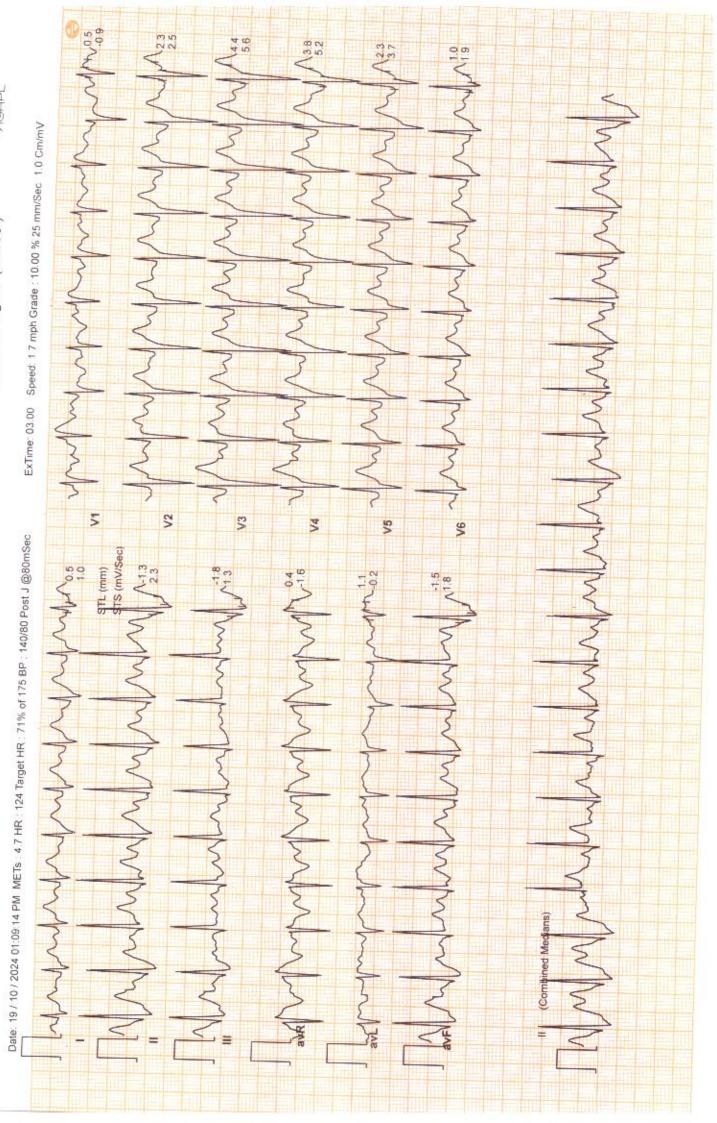
ExTime 00 00 0 0 mph, 0.0% 25 mm/Sec 1.0 Cm/mV ExStrt METS: 1.0/67 bpm 38% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz 12348203 (2429332215) / JAYENDRA BHATKAR / 45 Yrs / M / 167 Cms / 79 Kg / HR : 67 0.5 0.5 0.5 9/ 14 Date 19/10/202401.0914PM 22 4X 80 mS Post J av.R REMARKS:





12348203 / JAYENDRA BHATKAR / 45 Yrs / Male / 167 Cm / 79 Kg

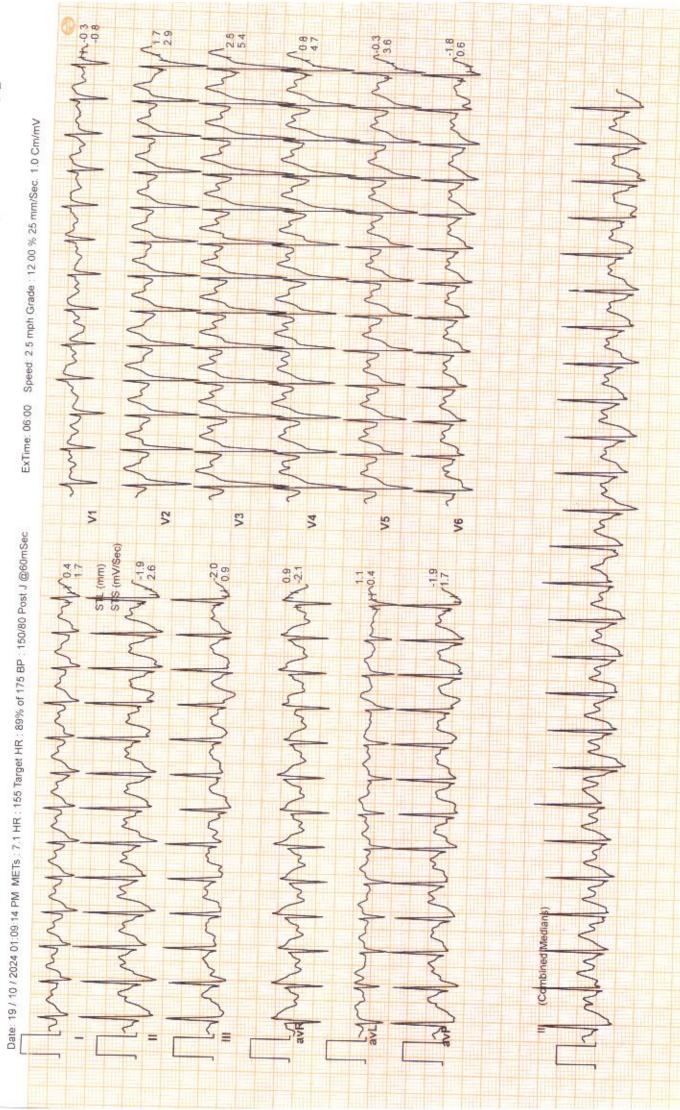
6X2 Combine Medians + 1 Rhythm BRUCE: Stage 1 (03:00)



12348203 / JAYENDRA BHATKAR / 45 Yrs / Male / 167 Cm / 79 Kg



6X2 Combine Medians + 1 Rhythm BRUCE: Stage 2 ( 03:00 )

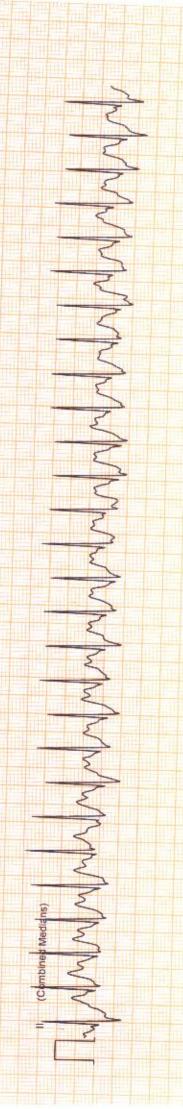




12348203 / JAYENDRA BHATKAR / 45 Yrs / Male / 167 Cm / 79 Kg

6X2 Combine Medians + 1 Rhythm PeakEx

WALLE OF THE STREET OF THE STR I AM MANDEN MANDEN OF WAS WELL AND WANTED OF THE STATE OF ExTime: 07:33 Speed: 3.4 mph Grade: 14:00 % 25 mm/Sec: 1.0 Cm/mV Date: 19 / 10 / 2024 01:09:14 PM METs: 8.7 HR: 170 Target HR: 97% of 175 BP: 170/80 Post J @60mSec



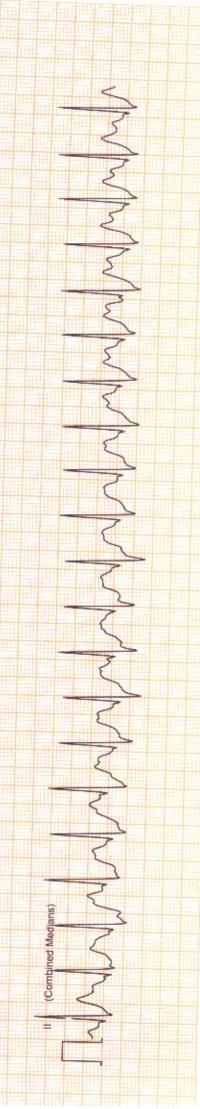




12348203 / JAYENDRA BHATKAR / 45 Yrs / Male / 167 Cm / 79 Kg

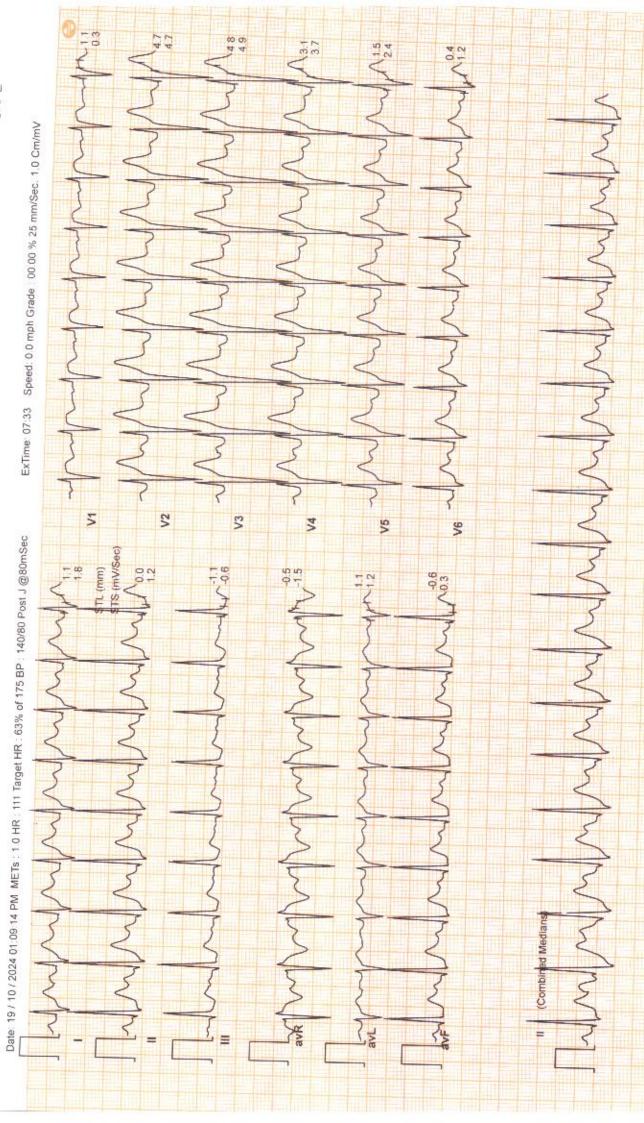
6X2 Combine Medians + 1 Rhythm Recovery : ( 02:00 )

INTERPORT OF THE PROPERTY OF T I SANDAMMINIMAN " " " ANDAMMINIMAN ISS ExTime: 07.33 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV Date: 19 / 10 / 2024 01:09:14 PM METs ; 1.0 HR ; 127 Target HR : 73% of 175 BP ; 150/80 Post J @60mSec



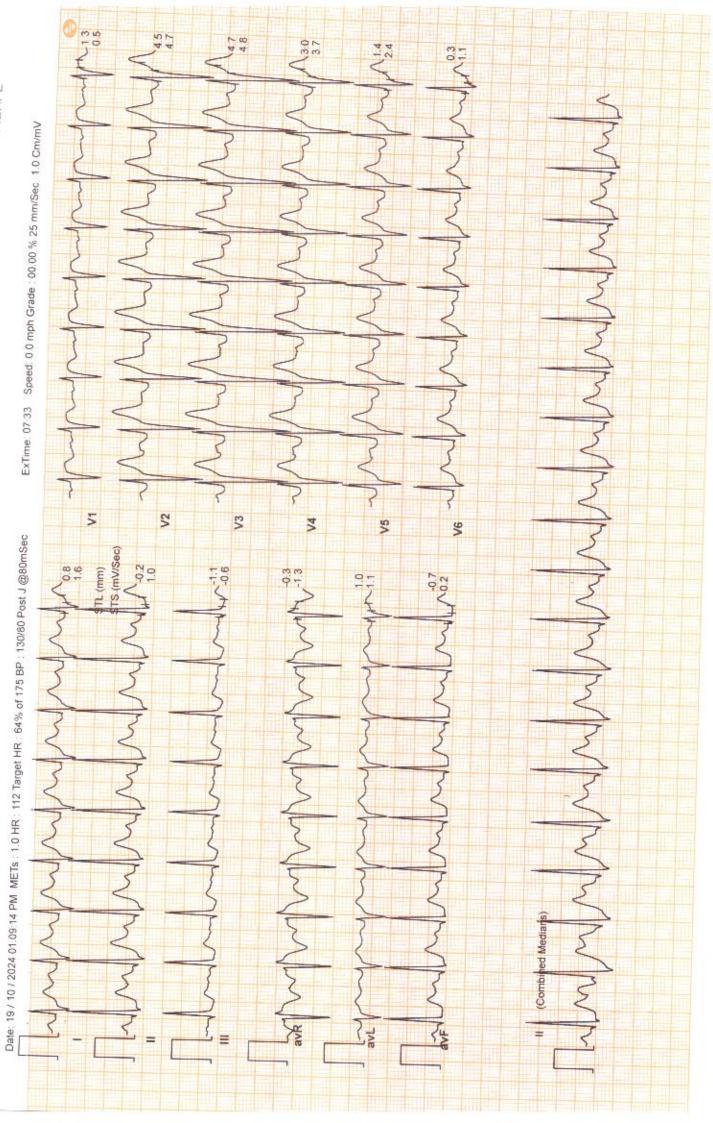
12348203 / JAYENDRA BHATKAR / 45 Yrs / Male / 167 Cm / 79 Kg

6X2 Combine Medians + 1 Rhythm Recovery : ( 04:00 )



12348203 / JAYENDRA BHATKAR / 45 Yrs / Male / 167 Cm / 79 Kg

6X2 Combine Medians + 1 Rhythm Recovery : ( 04:08 )





Date:- 19/10/24

Name:- Jayenahra Bhod Kay Sex/Age: 45/17

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

40

RE CE 616 616 1116 1170

Refraction:

(Right Eye)

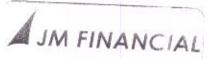
(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Near Thunga Hospital Service New Mira Road (East), Dist. Thane - 401 105





Jayendra Bhatkar

EMP Code 21855 Blood Group : AB +

Date of Birth 114-03-1979 Joining Date 01 08-2015

Department Information Technology - Broken

Emerg No 8104343068/912245057000

Designation : Associate

1st Flour, B Wing, Sussiveth IT Park, Plot No. 68 E. Off. Dettapade Road, Opp. Tete Sloei, Borivall (East), Mumber 400 006.

Date of issue 13-03-2023

J88 ML

SUBURBAN DIAGNOSTICS (I) FVT. LTD. Near Thank Hash Care Strong Condition of the Strong Co



# SUBURBAN DIAGNOSTICS

Patient: JAYENDRA BHATKAR

Refd.By:

Pred.Eqns: RECORDERS

: 19-Oct-2024 10:01 AM Date

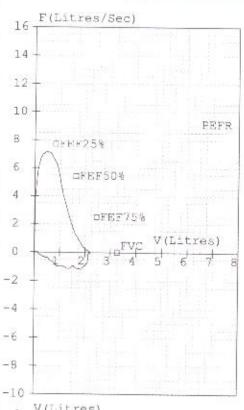
Age : 44 Yrs Height: 167 Cms

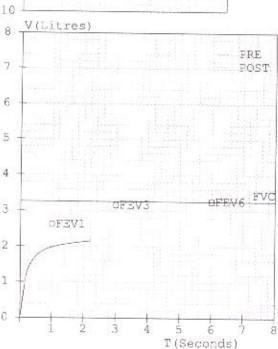
Weight: 89 Kgs : 2429332215 Gender : Male Smoker

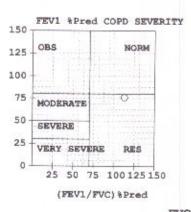
: No Eth. Corr: 100 Temp

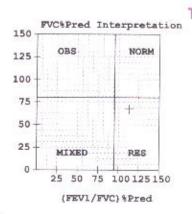


E









FVC Results										
Paramete	r	Pred	M.Pre	%Pred	M. Post	%Pred	%Imp			
FVC	(L)	03.24	02.17	067						
FEV1	(L)	02.63	01.99	076			900 NO. NO.			
FEV1/FVC	(%)	81.17	91.71	113			100 000 000			
FEF25-75	(L/s)	03.70	03.40	092						
PEFR	(L/s)	08.50	07.09	083			222			
FIVC	(L)		02.02				**** *** ***			
FEV.5	(L)		01.74							
FEV3	(L)	03.15	02.17	069						
PIFR	(L/s)		01.17							
FEF75-85	(L/s)		00.85							
FEF.2-1.2	2(L/s)	06.46	05.92	092			~ ~ ~			
FEF 25%	(L/s)	07.70	07.06	092						
FEF 50%	(L/s)	05.42	04.48	083						
FEF 75%	(L/s)	02.51	01.26	050			test (en. sal.)			
FEV.5/FVO	(%)		80.18							
FEV3/FVC	(%)	97.22	100.00	103			***			
FET	(Sec)		02.44							
ExplTime	(Sec)		00.07							
Lung Age	(Yrs)	044	055	125						
FEV6	(L)	03.24					No ext au			
FIF25%	(L/s)		01.17							
FIF50%	(L/s)		01.12							
FIF75%	(L/s)		00.81				700 000,000			

Pre Test COPD Severity

Restrictive stage COPD as FEV1/FVC >= 70% and FEV1 < 80%

Dr. Akhil P. Parulekar MBBS. MD. Medicine **DNB** Cardiology Reg. No. 2012082483

Pre Medication Report Indicates Mild Restriction as (FEV1/FVC) %Pred >95 and FVC%Pred <80



# SUBURBAN DIAGNOSTICS

E

Patient: JAYENDRA BHATKAR

Refd.By:

Pred.Eqns: RECORDERS

Date : 19-Oct-2024 10:02 AM

Age : 44 Yrs

Height : 167 Cms Weight : 89 Kgs

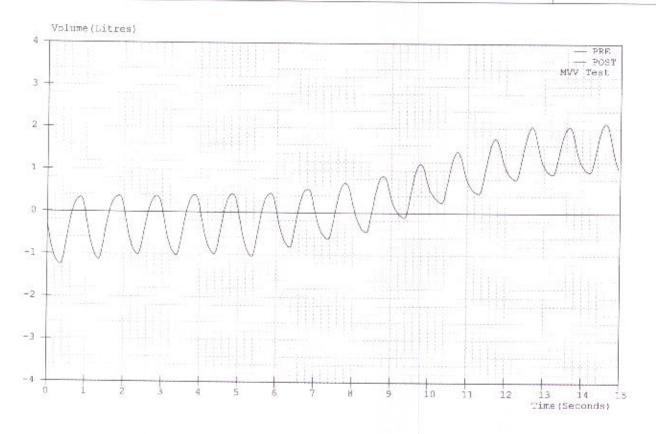
eignt : 89 kgs D : 2429332215 Gender : Male

Smoker : No Eth. Corr: 100

Temp :







# MVV Results

Parameter		Pred	M.Pre	%Pred	M. Post	%Pred	%Imp
MVV (L/m)	in)	126	081	0.64			
MRf (1/m:	in)		62.10				
MVT (L)			01.30			P 200	



Dr. Akhil P. Parulekar MBBS. MD. Medicine DNB Cardiology Reg. No. 2012082483



CID

: 2429332215

Name

: Mr JAYENDRA BHATKAR

Age / Sex

: 45 Years/Male

Ref. Dr

Reg. Location

: Bhayander East Main Centre

Authenticity Check



Use a QR Code Scanner Application To Scon the Code

Reg. Date

: 19-Oct-2024

Reported

: 19-Oct-2024 / 14:11

# USG WHOLE ABDOMEN

# LIVER:

The liver is normal in size (15.0 cm), normal in shape and shows smooth margins. It shows raised parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

# GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

# COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

# PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

# KIDNEYS:

Right kidney measures 9.0 x 4.0 cm. Lest kidney measures 10.5 x 4.5 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

The spleen is normal in size (8.0 cm) and echotexture. No evidence of focal lesion is noted.

# URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

Prevoid vol :- 450.0 cc

Postvoid vol :- Nil

# PROSTATE:

The prostate is normal in size 5.1 x 3.4 x 2.6 cm and weighs 22.0 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?

sionNo=2024101909581506

Acces

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PECc093280f 2



CID

: 2429332215

Name

: Mr JAYENDRA BHATKAR

Age / Sex

: 45 Years/Male

Ref. Dr

. 45 Icars/I

Reg. Location

: Bhayander East Main Centre

Authenticity Check



Use a QR Code Scanner Application To Scan the Cod®

Reg. Date

: 19-Oct-2024

Reported

: 19-Oct-2024 / 14:11

# IMPRESSION:

Grade I fatty infiltration of liver.

No other significant abnormality made out.

# Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

KLIPT FRA

Dr.FAIZUR KHILJI MBBS,RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?

Acces

sionNo=2024101909581506



CID

: 2429332215

Name

: Mr JAYENDRA BHATKAR

Age / Sex

: 45 Years/Male

Ref. Dr

.

Reg. Location

: Bhayander East Main Centre

Authenticity Check



Use a QR Code Scanner Application To Scan the Cod® E

0

T

Reg. Date

: 19-Oct-2024

Reported

: 19-Oct-2024 / 15:45

# 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-----

KLibi Fes

Dr.FAIZUR KHILJI MBBS,RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?

sionNo=2024101909581488

Acces