

Patient Name	P. PARASH SINGH V. GILASE	Date	09/12/2023
Age	44	UHID No	
Sex	M	Ref By	
Occupation		Phone No	
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS
PAST HISTORY
MEDICAL HISTORY

Typhoid - H/O 2 Childhood.
2000-2001 & COVID cough fever

Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
NO	NO	NO	NO	NO
Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
NO			NO	NO
Other History	COVID-19 2020 Home quarantine			

SURGICAL HISTORY

Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
NO				

CURRENT MEDICATIONS

Sr. No	Complaints	Dosage	Duration
	Multi vitamins		

No etc color blindness.

Near vision 6/6 B/L.

Distant vision → 6/6 R
L 6/6 R.

NAME	Prakrathung	Weight	82.7
BP	(130/110 mmHg)	Height	173
Pulse	72 bpm	SPO2	98
Temperature	36.5	Peripheral Pulses	+
Oedema	+	Breath Sound	++
Heart Sound	S1+S2		

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	/	Frequency of urine	/
Chills	/	Blood in urine	/
Recent weight gain	no	Incomplete empty of bladder	no
EYES		OBS/GYNE.	
Eye pain	/	Abnormal bleed	/
Spots before eyes	/	Vaginal Discharge	/
Dry eyes	no	Irregular menses	/
Wearing glasses	yes ready	Midcycle bleeding	no
Vision changes	/	MUSCULOSKELETAL	
Itchy eyes	/	Joint swelling	/
EAR/NOSE/THROAT		Joint pain	R hand pain tendonitis
Earaches	/	Limb swelling	/
Nose bleeds	/	Joint stiffness	/
Sore throat	/	INTEGUMENTARY (SKIN)	
Loss of hearing	/	Acne	/
Sinus problems	no	Breast pain	/
Dental problems	/	Change in mole	/
CARDIOVASCULAR		Breast	no
Chest pain	/	NEUROLOGICAL	
Heart rate is fast/slow	/	Confused	2016-2017
Palpitations	no	Sensation in limbs	hand 3rd low
Leg swelling	no	Migraines	no sugar
RESPIRATORY		Difficulty walking	Diabetes
Shortness of breath	/	PSYCHIATRIC	
Cough	/	Suicidal	Depression
Orthopnoea	/	Change in personality	/
Wheezing	/	Anxiety	/
Dyspnoea	no	Sleep Disturbances	/
Respiratory distress in sleep	/	Depression	/
GASTROINTESTINAL		Emotional	/
Abdominal pain	/		
Constipation	/		
Heartburn	GERD once in 3-4 months		
Vomiting	/		
Diarrhoea	/		
Melena	no		



भारत सरकार
Government of India



प्रकाशसिंग वंजी गिरासे
Prakashsing Vanji Girase
जन्म तारीख/DOB: 19/05/1979
पुरुष/ MALE

9006 8247 2281

VID : 9104 1930 5129 7159

माझी आधार, माझी ओळख

Pring

DR. SHILPA SINGH
MD (Physician) Russia D. Card
Reg. No.: MMC 2013/12/3680

Dr. Shilpa Singh
The City, New Market East,
Mumbai, Maharashtra - 400 101
Mobile No: 7509185000 / 7046050000



Report

VRX HEALTH CARE PVT. LTD

Name	: MR. PRAKASHSINGH GIRASE	Id	: VRX-34131
Age/Gender	: 44 years 6 months /M	Registered On	: 09/12/2023 10:11
Referred By	: MEDIWHEEL	Collected Time	: 09/12/2023 10:20
		Reported On	: 09/12/2023 15:32

Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

CBC-COMplete BLOOD COUNT

HAEMOGLOBIN	16.5	13.0 - 17.0 gm/dl	
RBC COUNT	5.64	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	47.3	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	83.87	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	29.26	27 - 32 pG	
MEAN CORP HB CONC (MCHC)	34.88	31.5 - 34.5 g/dl	
RDW	12.4	11.6 - 14.0 %	
WBC COUNT	5.3	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	57	40 - 80 %	
LYMPHOCYTES	36	20 - 40 %	
EOSINOPHILS	3	1 - 6 %	
MONOCYTES	5	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	236	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	10.4	6.78 - 13.46 %	
PDW	16.2	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

REMARKS
 EDTA Whole Blood - Tests done on Automated NIHON KONDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)
 All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

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N. Jain

Dr. Vipul Jain
M.D.(PATH)



ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE			
ESR	5	< 20 mm at the end of 1Hr.	WESTERGREN
<p>INTERPRETATION ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</p>			
BLOOD GROUP	AB NEGATIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

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9001:2015

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CHECKED BY - SNEHA G

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Report

VRX HEALTHCARE PVT. LTD

Name: *577 HbA1c job for Prakash* MR.PRAKASHSINGH GIRASE Age/Gender: 44 Year(s) 0 Month(s) 0 Day(s)/Male
 Referred By: N.A Client Name: N.A
 Collection Date: 09-12-2023 16:22:00 Report Release Date: 09-12-2023 19:23:52

Test	Investigation	Observed Value	Unit	Biological Reference Interval
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HbA1c (Whole Blood)

1	HbA1c-Glycated Haemoglobin EDTA Whole Blood, Method: HPLC	4.6	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10
2	Estimated Average Glucose (eAG) EDTA Whole Blood, Method: Calculated	85.32	mg/dL	90-120 mg/dL : Good control 121-150 mg/dL : Fair control 151-180 mg/dL : Unsatisfactory control >180 mg/dL : Poor control

Interpretation

- The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- To estimate the eAG from the HbA1c value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$.
- Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

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End Of Report



* The analyte is not in the lab scope.
 CRM No :6680314
 Sample Recd. Time: 09-12-2023 18:18
 Report Time: 09-12-2023 19:23
 Patient Name: MR.PRAKASHSINGH GIRASE



Authorized Signatory
 Dr. Pramod Ingale
 MD (Biochemistry)





Name	: MR. PRAKASHSINGH GIRASE	Id	: VRX-34131
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

FASTING BLOOD SUGAR

FBS	90.3	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl
 Diabetic : \geq 126 mg/dl
 Pre-Diabetic : 100 - 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140
 Diabetic : \geq 200 mg/dl
 Pre-Diabetic : 140- 199 mg/dl

Random Blood Glucose : Diabetic : \geq 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser.

**All Test Results are subjected to stringent International External and Internal Quality Control Protocols

PPBS

PPBS	152.2	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl
 Diabetic : \geq 126 mg/dl
 Pre-Diabetic : 100 - 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140
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Random Blood Glucose : Diabetic : \geq 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

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VRX

Dr. Vipul Jain
M.D.(PATH)



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CHECKED BY - SNEHA G

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MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

Lipid Test

TOTAL CHOLESTEROL	196.7	130 - 200 mg/dl	
TRIGLYCERIDES	190.5	25 - 160 mg/dl	
HDL CHOLESTEROL	41.1	35 - 80 mg/dl	
LDL CHOLESTEROL	117.5	< 100 mg/dl	
VLDL CHOLESTEROL	38.1	7 - 35 mg/dl	
LDL-HDL RATIO	2.86	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	4.79	2.5 - 4.0 mg/dl	

INTERPRETATION

SAMPLE - SERUM, PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics, Hypertension, With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

**All Test Results are subjected to stringent International External and Internal Quality Control Protocols.

--- End of the Report ---

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MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE			
LIVER FUNCTION TEST			
SGOT	31.8	5 - 40 U/L	
SGPT	37.8	5 - 45 U/L	
TOTAL BILIRUBIN	0.73	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.23	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.5	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	6.51	6.0 - 8.3 g/dl	
ALBUMIN	4.08	3.5 - 5.2 g/dl	
GLOBULIN	2.43	2.0 - 3.5 g/dl	
A/G RATIO	1.68	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	38.4	53 - 128 U/L	
GGT	31.4	3 - 60 U/L	

REMARKS
SAMPLE - SERUM, PLAIN
PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

--- End of the Report ---

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Age/Gender : 44 years 6 months /M
Referred By : MEDIWHEEL

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Investigations Observed Value Bio. Ref. Interval METHOD

MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

RENAL FUNCTION TEST

BLOOD UREA NITROGEN	10.0	7.0 - 20.5 mg/dl	
CREATININE	0.64	0.5 - 1.4 mg/dl	
URIC ACID	5.0	3.5 - 7.2 mg/dl	
CALCIUM	8.8	8.6 - 10.3 mg/dl	
PHOSPHORUS	2.9	2.5 - 4.5 mg/dl	
TOTAL PROTEINS	6.51	6.0 - 8.3 mg/dl	
ALBUMIN	4.08	3.5 - 5.2 mg/dl	
GLOBULIN	2.43	2.0 - 3.5 g/dl	
A-G RATIO	1.68	1.0 - 2.0 mg/dl	
SODIUM	140.5	135 - 148 mEq/l	
POTASSIUM	4.25	3.5 - 5.3 mEq/l	
CHLORIDES	100.3	98 - 107 mEq/l	

REMARKS

SAMPLE : SERUM,PLAIN

*BIOCHEMISTRY TESTS PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

*ELECTROLYTE PERFORMED ON PROLYTE ELECTROLYTE ANALYZER

--- End of the Report ---

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE			
URINE ROUTINE			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.025		
REACTION (PH)	6.5		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	1-2	< 6 hpf	
EPITHELIAL CELLS	2-4	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

--- End of the Report ---

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APPROVED BY

9001:2015

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CHECKED BY - SNEHA G

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Name: *Egghhvvk pph pph pph* MR.PRAKASHSINGH GIRASE Age/Gender: 44 Year(s) 0 Month(s) 0 Day(s)/Male
 Referred By: N.A Client Name: N.A
 Collection Date: 09-12-2023 16:22:00 Report Release Date: 09-12-2023 19:23:52

No.	Investigation	Observed Value	Unit	Biological Reference Interval
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Thyroid Profile - Total T3, Total T4, TSH (TFT)

1	Total T3 Serum, Method: CLIA	106.93	ng/dL	60 - 200
2	Total T4 Serum, Method: CLIA	9.66	µg/dL	4.5 - 14.5
3	TSH (Thyroid Stimulating Hormone) Serum, Method: CLIA	2.139	µIU/ml	0.35 - 5.5

Interpretation

- Triiodothyronine (T3) is produced by the thyroid gland and along with thyroxine (T4) help control the rate at which the body uses energy. Elevated T3 denote hyperthyroidism while low levels indicate hypothyroidism.
- The most common causes of thyroid dysfunction are related to autoimmune disorders. Graves disease causes hyperthyroidism, but it can also be caused by thyroiditis, thyroid cancer, and excessive production of TSH. Total T3 is used to assess thyroid function.
- Elevated T4 levels may indicate hyperthyroidism. They may also indicate other thyroid problems, such as thyroiditis or toxic multinodular goiter. Abnormally low levels of T4 may indicate: dietary issues, such as fasting, malnutrition, or an iodine deficiency, medications that affect protein levels, hypothyroidism, illness.
- Thyroid-stimulating hormone (TSH) stimulates the production and release of T4 (primarily) and T3. They help control the rate at which the body uses energy and are regulated by a feedback system. Most of the T4 circulates in the blood bound to protein, while a small percentage is free (not bound).
- Lab has estimated Total T4 reference intervals that are specific for India, using the indirect sampling technique following CLSI EP28-A3c document: Defining Establishing, and Verifying Reference Intervals in the Clinical Laboratory: Approved Guideline-Third Edition.
- Thyroid hormone status during pregnancy:

Pregnancy stage	TSH (µIU/ml)	T3 (ng/dl)	T4 (µg/dL)
First trimester	0.05-3.70	71-175	6.5-10.1
Second trimester	0.31-4.35	91-195	7.5-10.3
Third trimester	0.41-5.18	104-182	6.3-9.7

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* The analyte is not in the lab scope.
 CRM No :6680314
 Sample Recd. Time: 09-12-2023 18:18
 Report Time: 09-12-2023 19:23
 Patient Name: MR.PRAKASHSINGH GIRASE

Sm Ede

Authorized Signatory
Dr. Sunil Kode





Report

VRX HEALTHCARE PVT. LTD.

Name: MR. PRAKASHSINGH GIRASE Age/Gender: 44 Year(s) 0 Month(s) 0 Day(s)/Male
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Test Name	Observed Value	Unit	Biological Reference Interval
1) PSA -Total Serum, Method: CLIA	0.65	ng/ml	0 - 4

Interpretation

Prostate cancer is leading cancer in older men. Therefore, early detection is important and Prostate specific antigen (PSA) is widely used for this purpose. It is considered as one of the most promising tumor marker available. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to therapy. Its use as a screening method to detect prostate cancer is limited as it is prostate tissue specific and not a prostate cancer specific marker.

PSA exists in three forms-

- 1) PSA enveloped by protease inhibitor Alpha-2-macroglobulin- This form lacks immunoreactivity.
- 2) PSA enveloped by protease inhibitor Alpha-1-antichymotrypsin (ACT)
- 3) PSA not complexed to any protease inhibitor- This is called 'Free PSA'

The ACT bound PSA & Free PSA are collectively called 'Total PSA'

Free PSA alone has not been shown to be effective in patient management. Both Total and Free PSA concentrations should be determined on the same serum specimen to calculate the percentage of Free PSA.

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 Patient Name: MR. PRAKASHSINGH GIRASE

Sm Ede

Authorized Signatory
 Dr. Smita Kulkarni





Report

VRX HEALTH CARE PVT. LTI

Patient Name: MR.PRAKASH GIRASE

M/ 44 Yrs

Ref. by: MEDI WHEEL

Date: 09/12/2023

XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Both hila are symmetrical in outline size and shape.

Trachea is central in position and no mediastinal abnormality is visible.

Bilateral costophrenic angles are clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

Thanks for the reference.

With regards,

Dr. Saumil Pandya
MD, DNB Consultant Radiologist

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Patient Name: MR. PRAKASH GIRASE

M / 44 Yrs

Ref. by: MEDIWHEEL

Date: 09/12/2023

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 11 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and part of body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 10.5 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
10.5 x 4.9 cm	10.9 x 4.3 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

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

.....Continue On Page 2



(MR. PRAKASH GIRASE.....PG 2)

PROSTATE: It measures about 2.8 x 3.4 x 3.5 cm; volume is 17.3 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

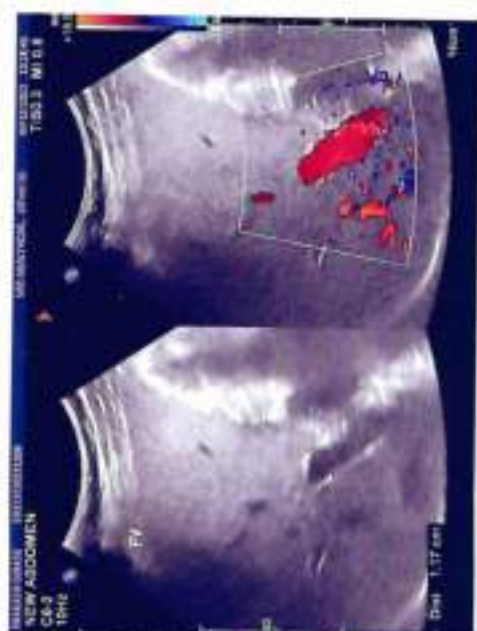
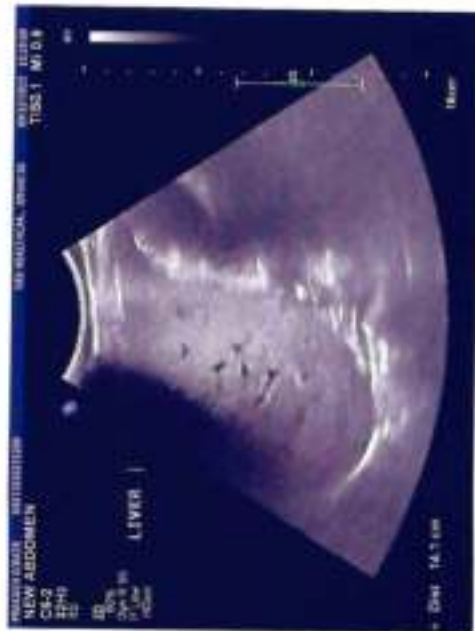
IMPRESSION:

- No significant abnormality is seen.

*Thanks for the reference.
With regards,*

Dr. Saumil Pandya
MD, DNB Consultant Radiologist

VRX HEALTHCARE PVT. LTD.
Shop No.34-35, Gayatri Shopping Building,
Behind Vastu Shilpa Mall,
Thakur village, Kandivli East,
Mumbai, Maharashtra - 400 101
Mobile No.: 7506165029 / 7049959029



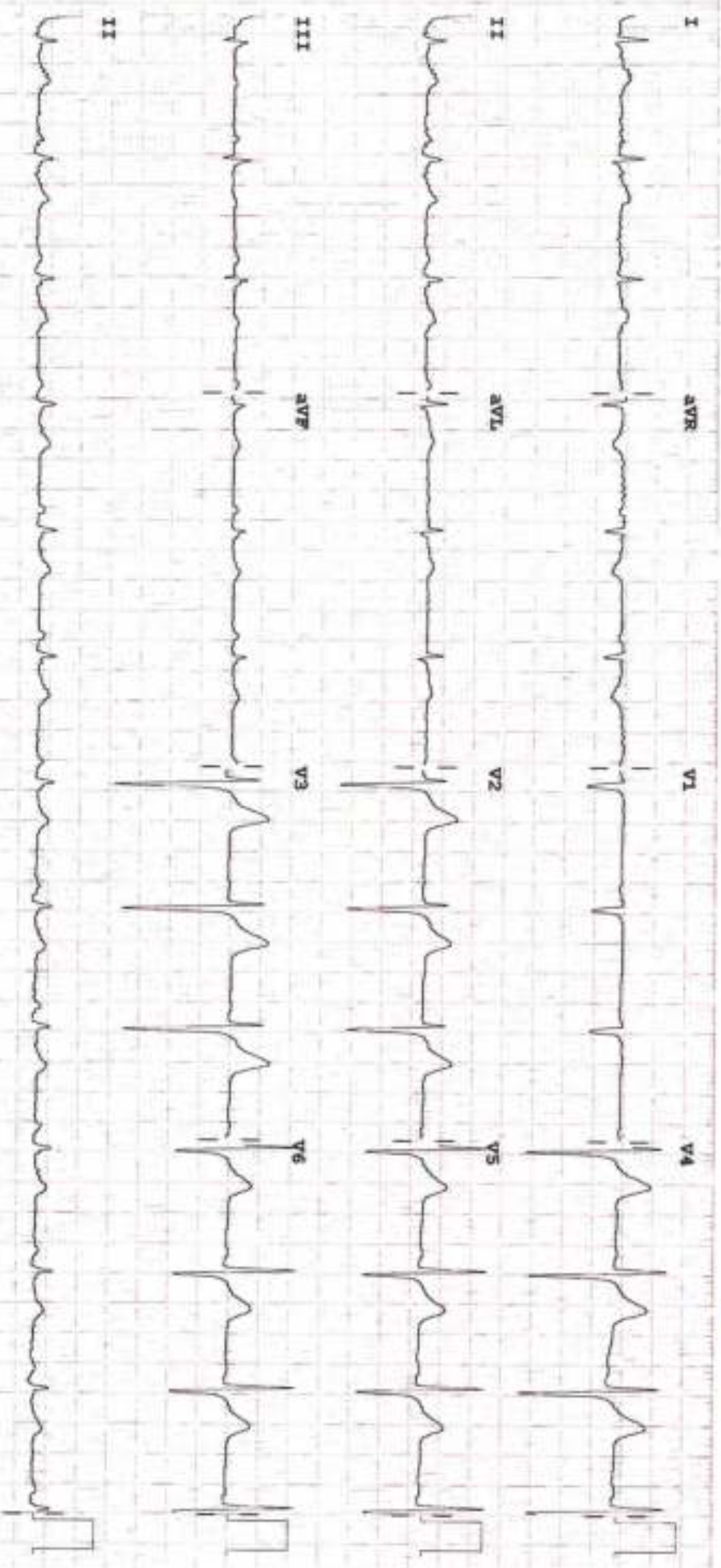


Rate 74 . Sinus rhythm
Borderline low voltage, extremely leads
PR 161
QRSD 89
QT 391
QTc 434
--AXIS--
P 72
QRS 49
T 36
12 Lead: Standard Placement

VRX HEALTHCARE PVT. LTD.
Shop No.34-35, Gayatri Satsang Building,
Bahadur Vardma Shivram Mall,
Thakur Village, Kandivall East,
Mumbai, Maharashtra - 400 101.
Mobile No.: 7506155999 / 7045959999

Dr. Shilpa Singh
CONC
Complete Cleanly.

[Signature]
DR. SHILPA SINGH
MD (Physician) Russia D. Card
Reg. No.: MMC2013/12/3680



Device: Speed: 25 mm/sec Iamp: 10 mm/mV Chest: 10.0 mm/mV P 50-0.50-40 Hz W 100B CL P?

UNI - EM

ELECTRONICS COMPLEX

INDORE

TREADMILL TEST REPORT

MR PRAKASH SING V GIRASE

ID : 157
 DATE : 09/12/2023
 AGE/SEX : 44 / M
 HT/WT : 173 / 83
 REF. BY : MEDIWHEEL

PROTOCOL : BRUCE
 HISTORY : NONE
 INDICATION : HEALTH CHECK UP
 MEDICATION : NONE

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/At	GRADE %	H.R. bpm	B.P. mmHg	RPE X100	ST LEVEL (MM)			METS
								TI	VI	VS	
SUPINE					71	130 / 100	92	1.7	-1.1	0.7	
STANDING					71	130 / 100	92	1.2	-0.7	0.5	
HYPERVENT					72	130 / 100	93	1.2	-0.6	0.5	
Stage 1	2:55	2:55	2.7	10	107	132 / 100	141	1.1	-0.5	0.7	4.67
Stage 2	5:55	2:55	4	12	121	140 / 100	169	1.1	-0.5	0.8	7.04
Stage 3	6:40	0:40	5.4	14	139	140 / 100	194	0.7	-0.5	0.4	7.74
Stage 3	8:19	2:19	5.4	14	157	160 / 100	251	0.6	-0.3	0.5	9.34
PK-EXERCISE	8:33	2:33	5.4	14	151	160 / 100	251	0.5	-0.4	0.6	9.34
RECOVERY	8:49	0:11			150	160 / 100	240	0.6	-0.3	0.7	
RECOVERY	9:49	1:01			118	160 / 100	188	0.5	-0.4	0.6	
RECOVERY	11:19	2:21			105	150 / 100	157	0.3	-0.2	0.3	
RECOVERY	11:43	2:55			97	150 / 100	145	0.3	-0.2	0.2	
RECOVERY	12:13	3:15			101	130 / 100	131	0.3	-0.3	0.2	

RESULTS

EXERCISE DURATION : 8:33
 MAX HEART RATE : 159 bpm 90 % of target heart rate 176 bpm
 MAX BLOOD PRESSURE : 160 / 100 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BR RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,

MAX WORK LOAD : 9.57 METS

CARDIO BEATS

VRX HEALTHCARE PVT. LTD.

Shop No.34/2T, Convent Spicing Building,
 Tera Road, Vedahe, Shivajinagar,
 Thakur Village, Khandwa East,
 Mumbai, Maharashtra - 490 101
 Mobile No. 7508558801 / 7015205892

DR. SHILPA SINGH

MD (Physician) Russia D. Card
 Reg. No.: MMC/2013/12/3680

UNI-EM

ELECTRONICS COMPLEX

INDORE

MR PRAKASH SING V GIRASE

ID : 151

DATE : 09/12/2023

AGE/SEX : 44 /M

HT/WT : 173 / 83

REF. BY : KRISHNELL

TREADMILL TEST REPORT

PROTOCOL : BRUCE

HISTORY : NONE

INDICATION : HEALTB CHECK UP

MEDICATION : NONE

IMPRESSIONS

GOOD EFFORT TOLERANCE

NORMAL CHRONOTROPIC RESPONSE

NORMAL INOTROPIC RESPONSE

NO ANGINA OR ARRHYTHMIA

NO SIGNIFICANT ST-T CHANGES AS COMPARED TO BASELINE ECG

CONCLUSION:- STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT HIGH WORK LOAD

Technician : DIKSHITA


DR SHILPA SINGH

DR. SHILPA SINGH

MD (Physician) Russia D. Card
Reg. No:- MMC 2013/12/3680

UNI-EM

MR PRAKASH SING V GIRASE
I.D. 157
Age 44/M
Date 09/12/2023

Rate 71bpm
B.P. 130/100

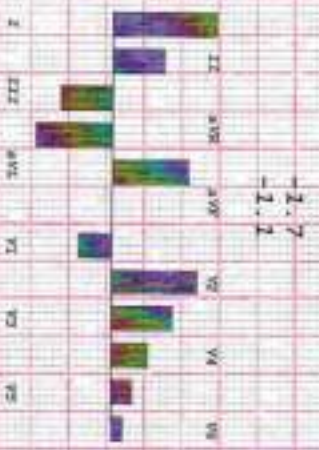
PRETEST
SUPINE

ST @ 10mm/mV
80ms PostCJ

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

UNI-EM

MR PRAKASH SING V GIRASE
I.D. 157
Age 44/M
Date 09/12/2023

Rate 71bpm
R.P. 130/100

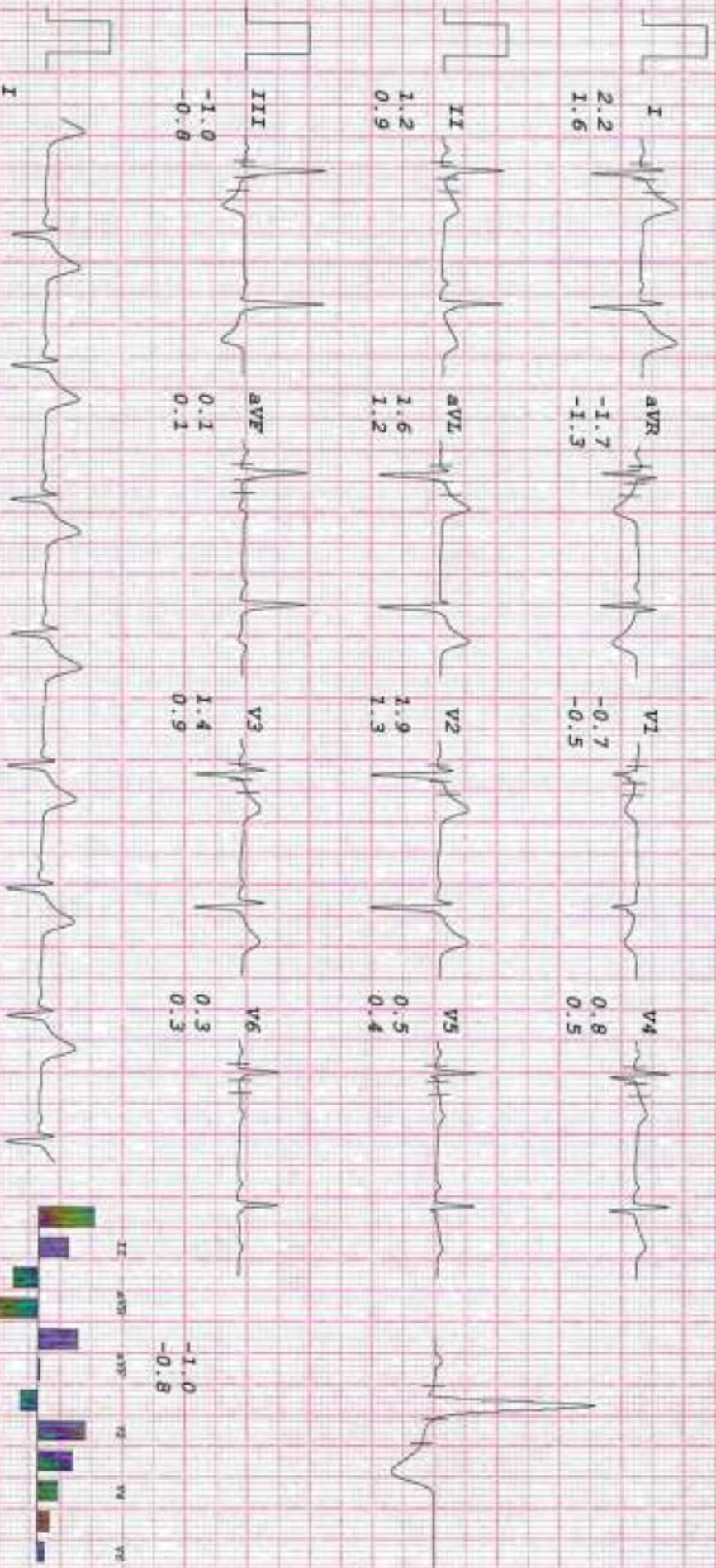
PRETEST
STANDING

ST @ 10mm/mV
80ms PostCJ

LINKED MEDIAN

Mag. X 2

III



UNI-EM

MR PRAKASH SING V GIRASE
I.D. 157
Age 44/M
Date 09/12/2023

RATE 72bpm
R.P. 130/100

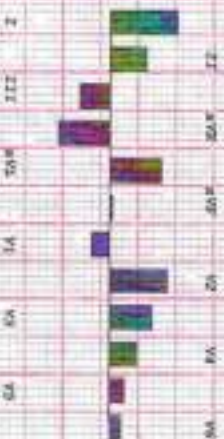
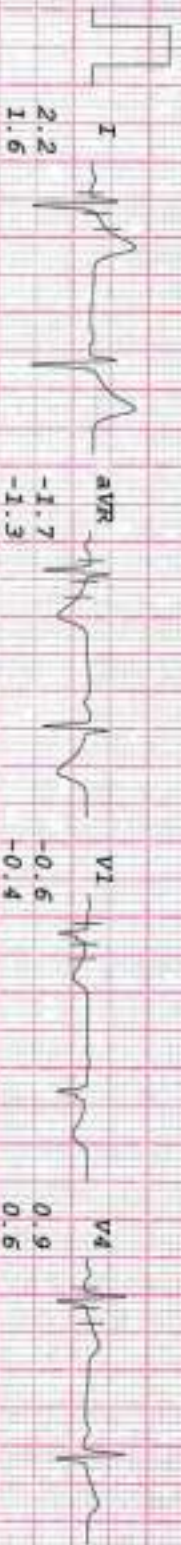
PRETEST
HYPERVENT
PHASE TIME 0:03

SP @ 10mm/mV
80ms PostCJ

LINKED MEDIAN

Mag. X 2

III



UNI-EM

MR PRAKASH SING V GIRASE
I.D. 157
Age 44/M
Date 09/12/2023

Rate 107bpm
R.P. 132/100

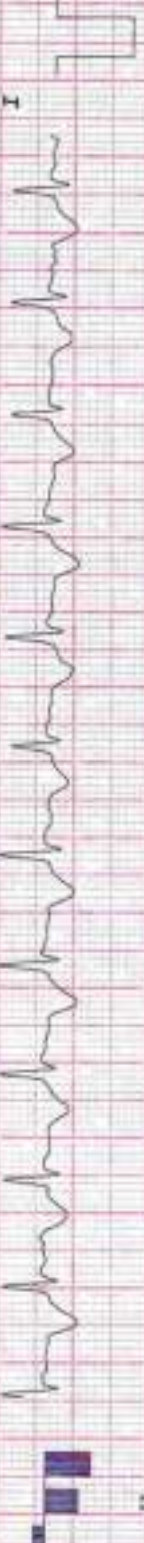
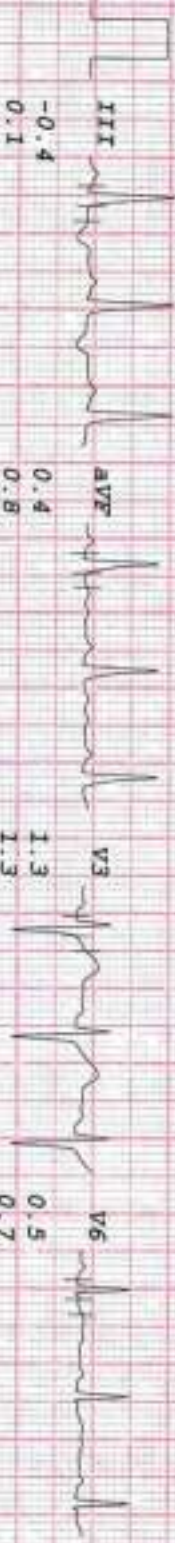
Brace Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostCJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

V1



-0.5
-0.3



CARDIO BEATS

UNI-EM

MR PRAKASH SING V GIRASE
I.D. 157
Age 44/M
Date 09/12/2023

Rate 121bpm
B.P. 140/100

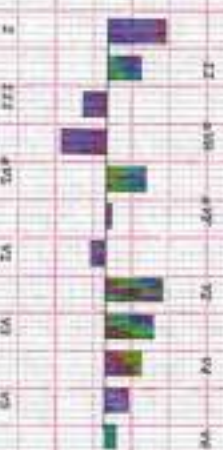
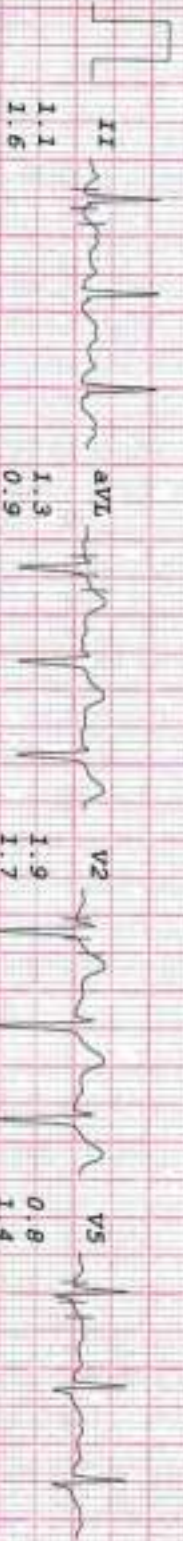
Brucce Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST # 10mm/mV
80ms PostCJ
Speed 4 km/hr
SLOPE 12 #

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

MyEKG/Clipboard200 Clipboard Connected

SW-EM - Indiana - Tel: 1-800-231-4000 Fax: 1-800-231-4000 www.sw-em.com

MR PRAKASH SING V GIRASE
 I.D. 157
 Age 44/M
 Date 09/12/2023

RATE 139bpm
 B.P. 140/100

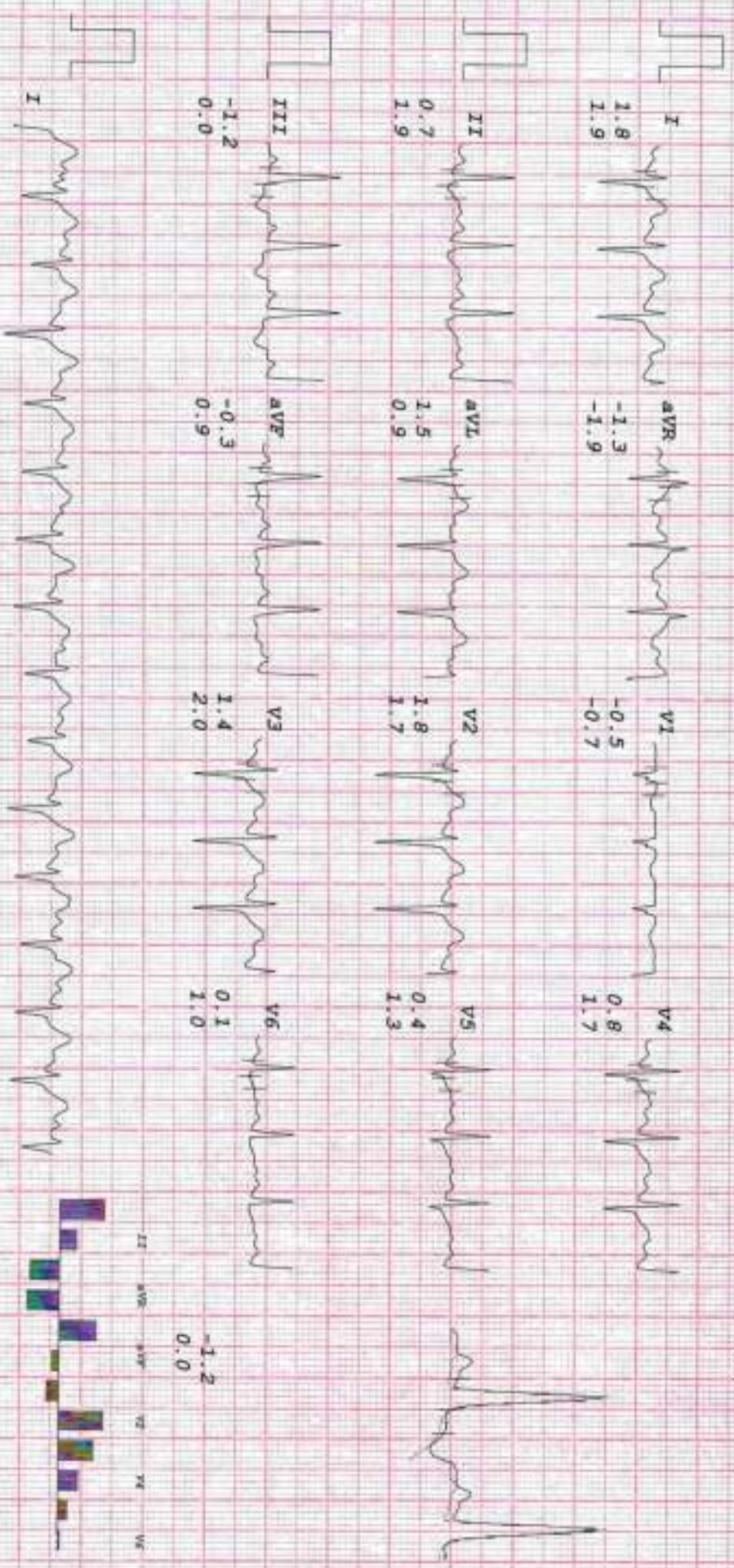
UNI-EM

Bruce
 Stage 3
 TOTAL TIME 6:40
 PHASE TIME 0:40

ST @ 10mm/mv
 8mm Post
 Speed 5.4 km/hr
 SLOPE 14 %

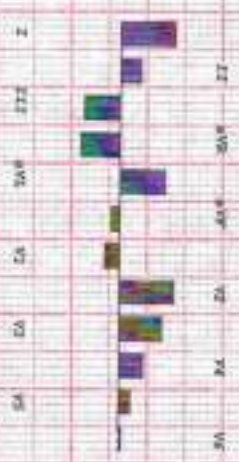
LINKED MEDIAN

Mag. X 2



III

-1.2
0.0



MR PRAKASH SING V GIRASE
 I.D. 157
 Age 44/M
 Date 09/12/2023

Rate 157bpm
 B.P. 160/100

UNI-EM

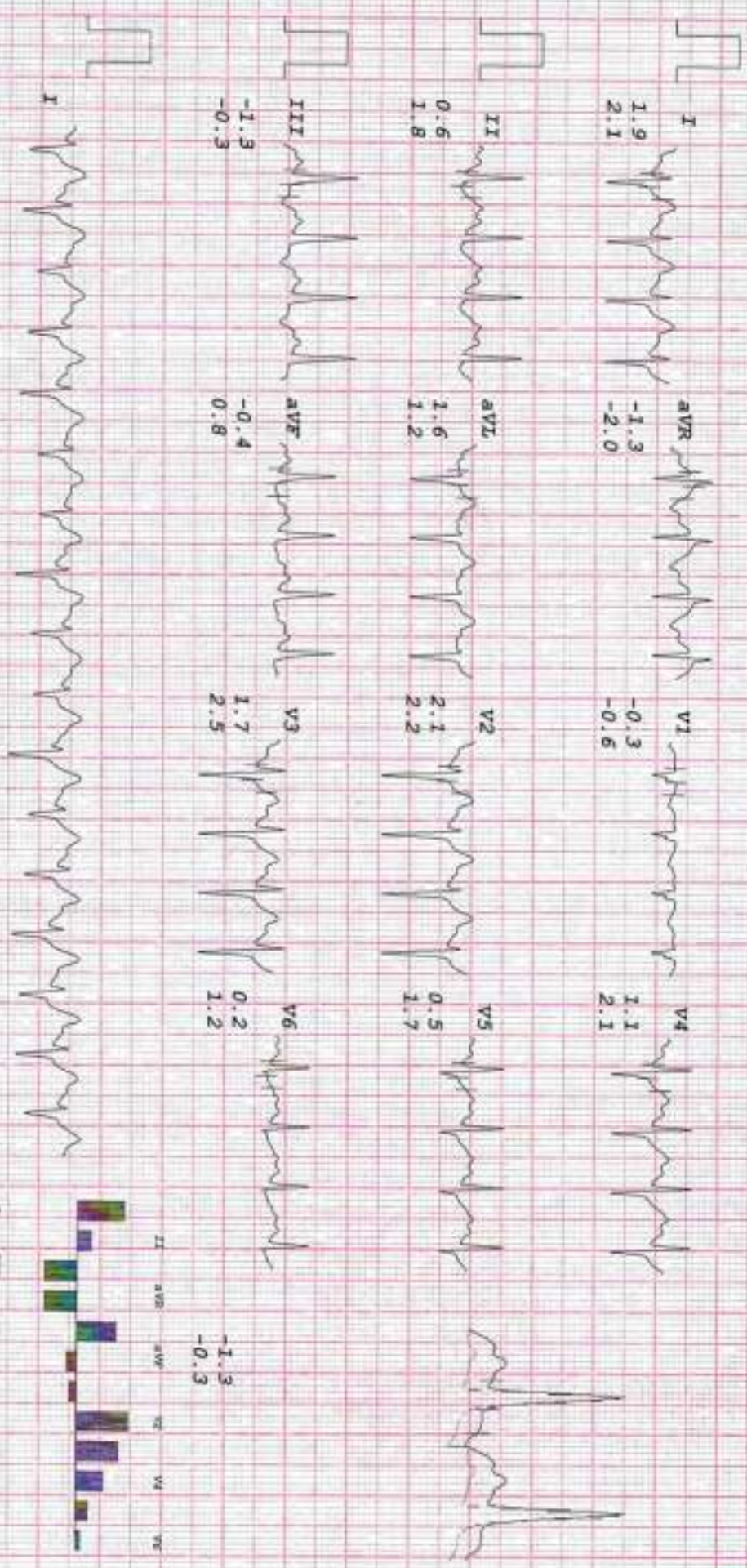
Bruce
 Stage 3
 TOTAL TIME 8:19
 PHASE TIME 2:19

ST @ 10mm/mV
 60mm PAPER
 Speed 5.4 km/hr
 SLOPE 14 °

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

MR PRAKASH SING V GIRAISE
 I.D. 157
 Age 44/M
 Date 09/12/2023

RATE 157bpm
 B.P. 160/100

UNI-EM

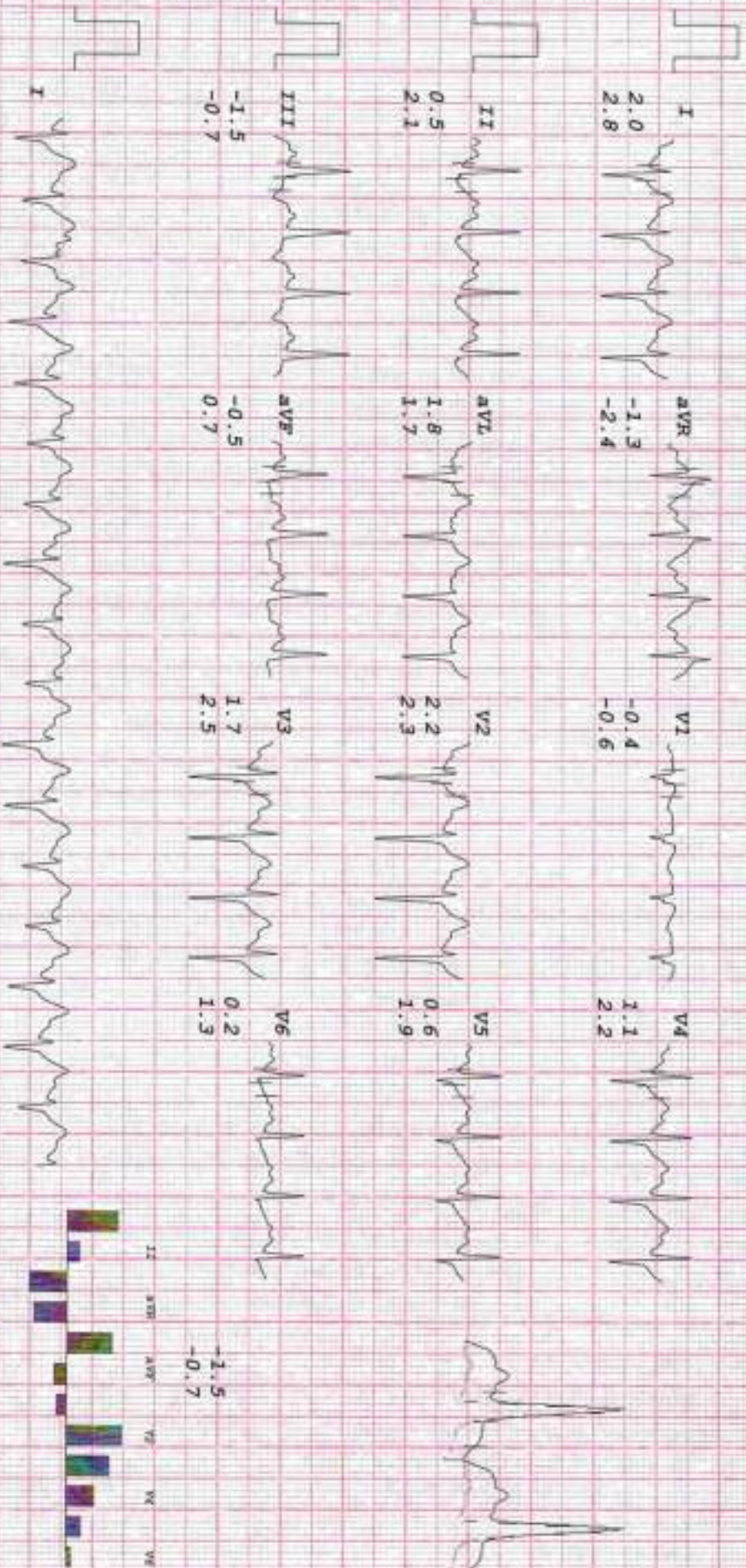
Bruce
 PR-EXERCISE
 TOTAL TIME 8:33
 PHASE TIME 2:33

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

MR PRAKASH SING V GIRASE
I.D. 157
Age 44/M
Date 09/12/2023

RATE 150bpm
B.P. 160/100

UNI-EM

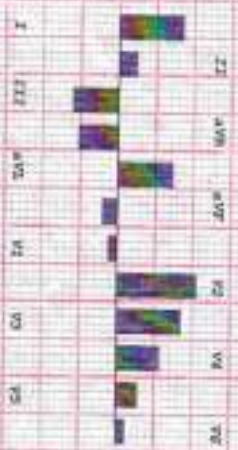
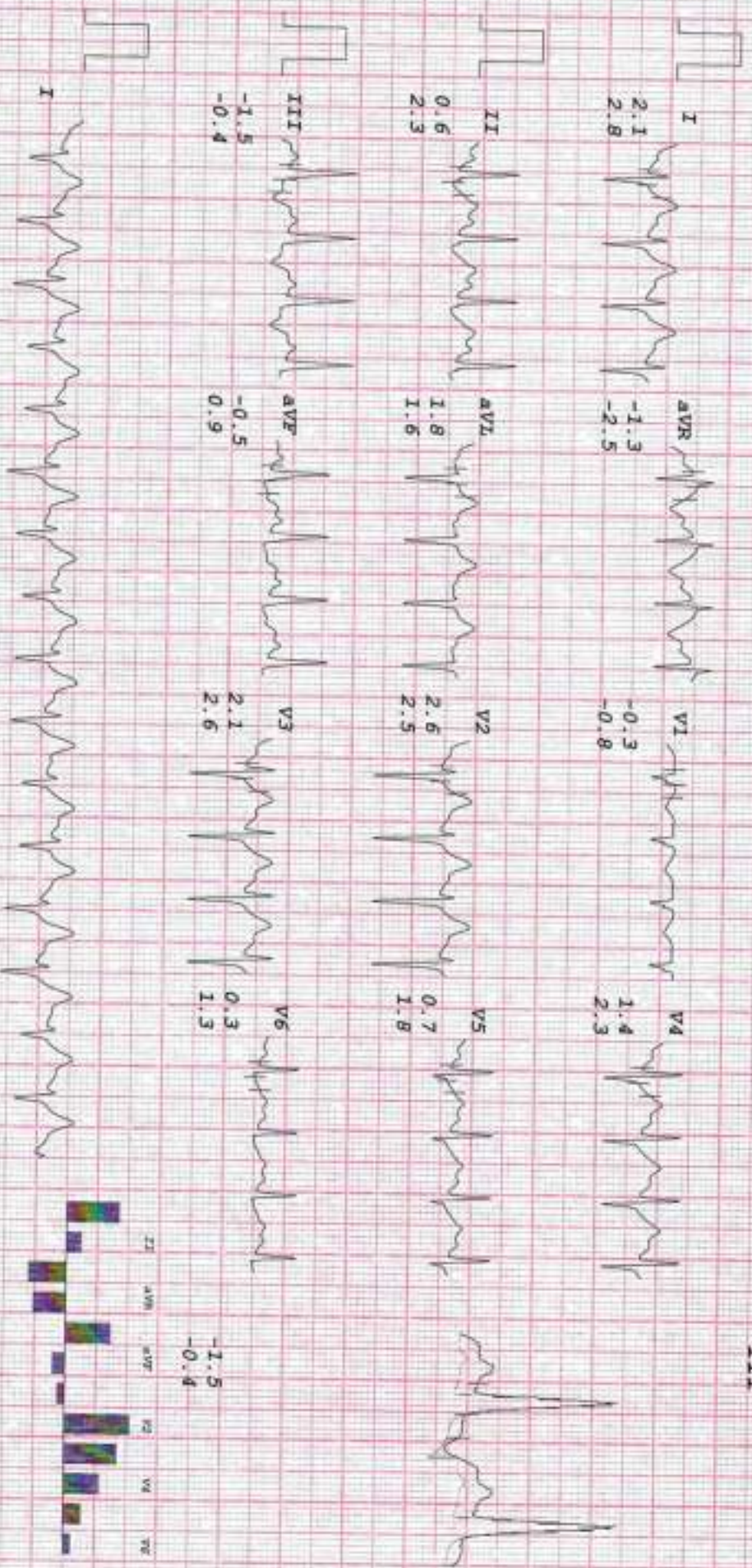
Brice
RECOVERY
TOTAL TIME 8:49
PHASE TIME 0:01

ST @ 10mm/mv
80ms Post J

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

MR. PRAKASH SING V GIRASE
I.D. 157
Age 44/M
Date 09/12/2023

RAPE 118bpm
B.P. 160/100

UNI-EM

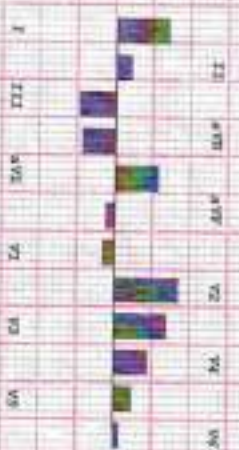
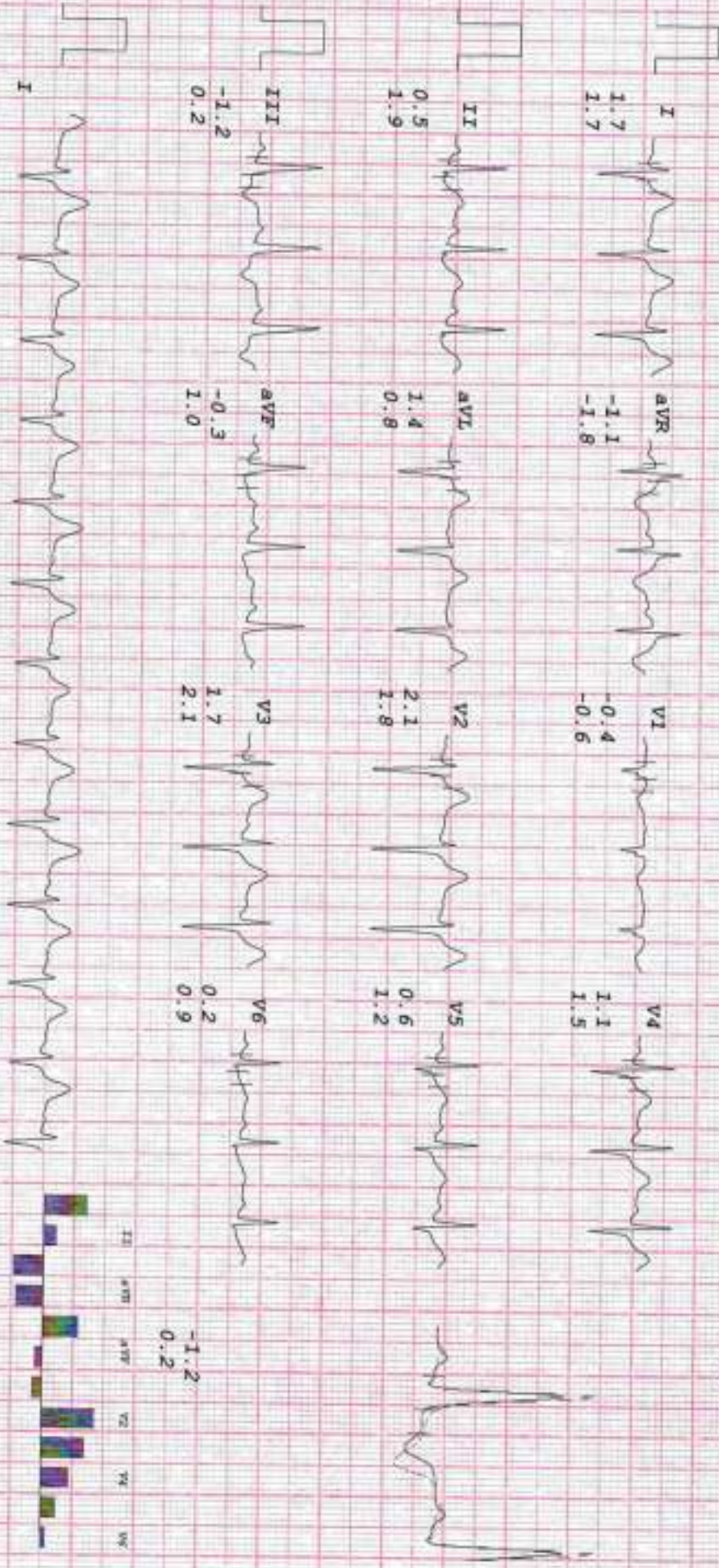
Brucce
RECOVERY
TOTAL TIME 9:49
PHASE TIME 1:01

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

MR PRAKASH SING V GIRASE
 I.D. 157
 Age 44/M
 Date 09/12/2023

Rate 105bpm
 B.P. 150/100

Bruce
 RECOVERY
 TOTAL TIME 11:09
 PHASE TIME 2:21

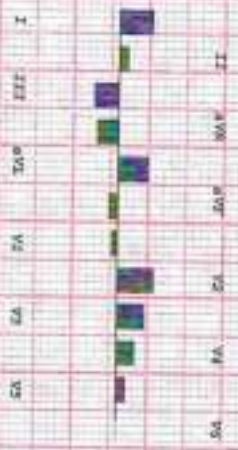
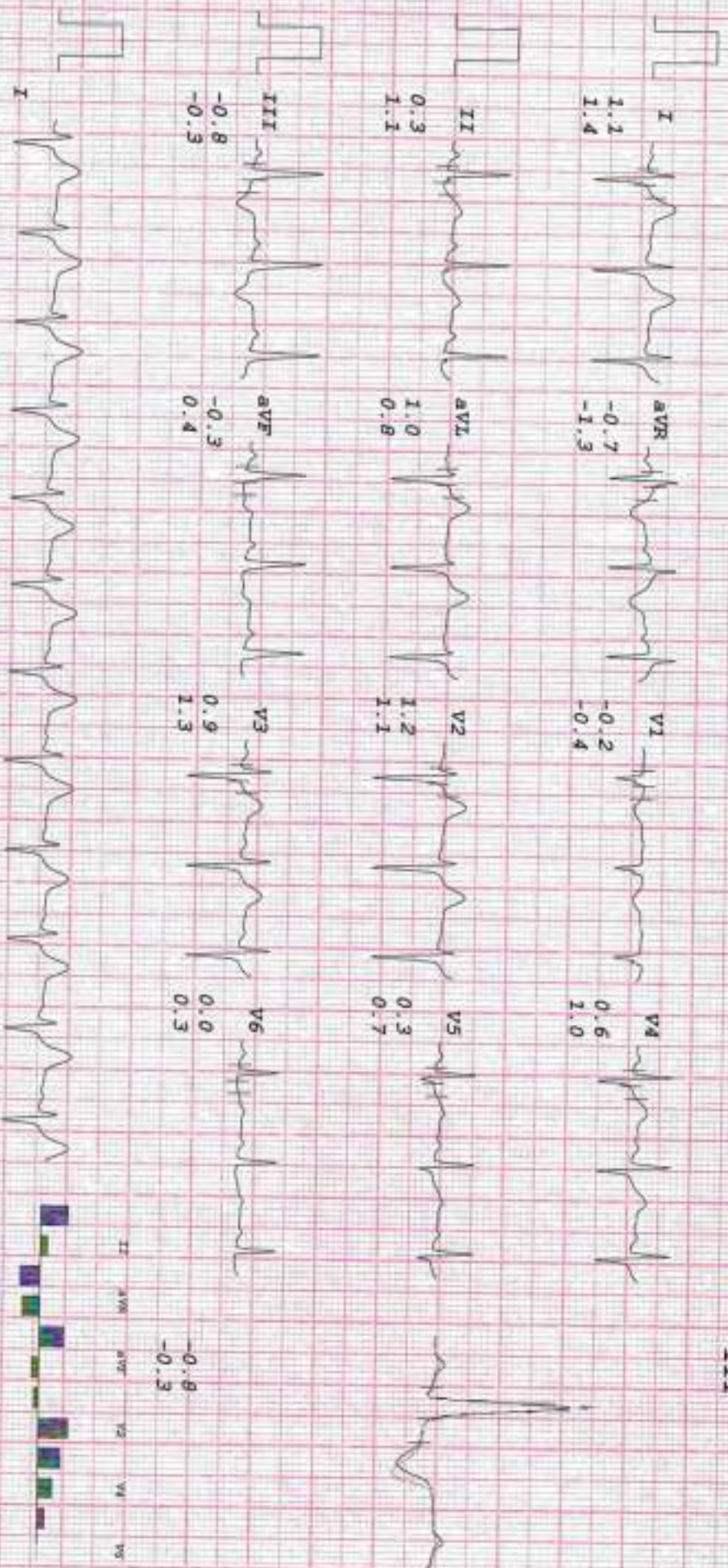
SP @ 10mm/mv
 80ms PostJ

UNI-EM

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

MR PRAKASH SING V GIRASE
I.D. 157
Age 44/M
Date 09/12/2023

Rate 101bpm
B.P. 130/100

UNI-EM

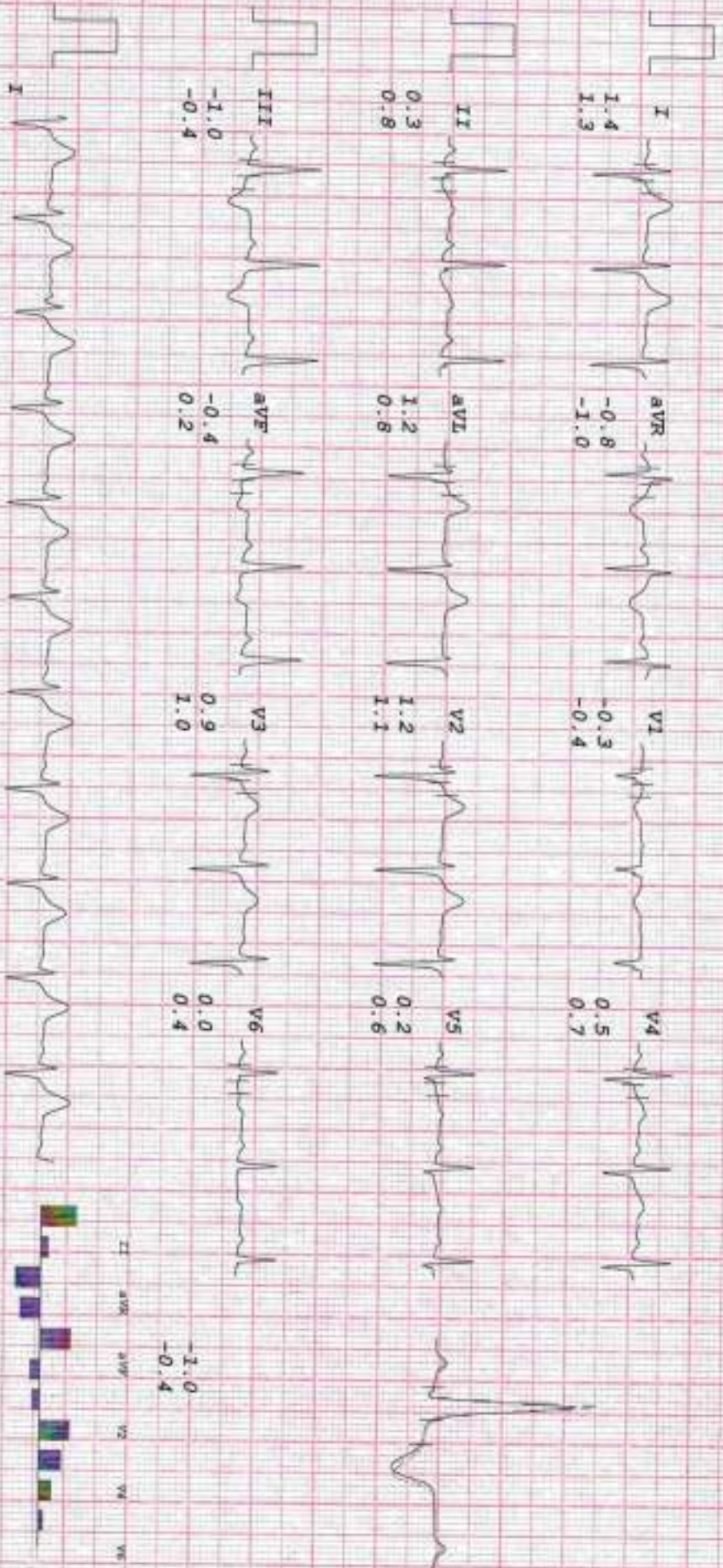
Brucce
RECOVERY
TOTAL TIME 12:03
PHASE TIME 3:15

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN

Mag. X 2

III





 GPS Map Camera

Mumbai, Maharashtra, India

C-402, Kandivali, Dattani Park, Thakur Village, Kandivali East,
Mumbai, Maharashtra 400101, India

Lat 19.212136°

Long 72.870599°

09/12/23 03:11 PM GMT +05:30

