

Dr. Alka Patnaik
M.B.B.S. C.G.O., Nagpur Reg. No. 73567
Dip. Psychotherapy-U.K. Reg. No. OF395
PGDHM

नेरा आचार



नेरा आचार
Pradeep Kumar
जन्म तारीख/DOB: 06/10/1981
लिंग/ GENDER: MALE
Mobile No: 9987114793
VID: 9169 0715 9506 0989



Dr. Alka Patnaik
M.B.B.S. C.G.O., Nagpur Reg. No 73567
Dip. Psychotherapy-U.K. Reg. No. OF395
PGDHM

DATE :- 26/02/24

To,

Suburban Diagnostics (India) Private Limited

SHOP NO 22 RAIKAR BHAVAN

NEAR NAVARATNA HOTEL

SECTOR 17 VASHI NAVI MUMBAI 400703

Phone No :- 022 6170 0000

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. PRADEEP KUMAR

don't want to performed the following tests:

- 1) Stool test
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 2405700702

Corporate/ TPA/ Insurance Client Name : Arcofermi

Thanking you.


Yours sincerely,

(Mr/Mrs/Ms. PRADEEP KUMAR)

PHYSICAL EXAMINATION REPORT

Patient Name	Mr Poadeep Kumae	Sex/Age	m/42
Date	26/02/28	CID	2405700702

History and Complaints

Klctd HT - 8 yr

EXAMINATION FINDINGS:

Height (cms):	156	Temp (0c):	Normal
Weight (kg):	64	Skin:	Normal
Blood Pressure	180/80	Nails:	Clubbing (+) Bleth ^{maximal} distal
Pulse	68/m	Lymph Node:	NP
BMI	23.2		

Systems :

Cardiovascular:	S ₁ , S ₂ Loud -
Respiratory:	ARDS
Genitourinary:	Normal -
GI System:	Normal -
CNS:	Normal

Impression: ECG: → Sinus Bradycardia
 Usa - Abdomen: → multiple subcutaneous lipoma

Advice: Referral to physician for ECG changes.

CHIEF COMPLAINTS:

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthama	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
10)	GI system	No
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptoms	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No
17)	Musculoskeletal System	No

PERSONAL HISTORY:

1) -	Alcohol	No
2)	Smoking	No
3)	Diet	veg
4)	Medication	Chikant 10mg x 5 Narfen 5mg o.d H7 - sig

SUBURBAN DIAGNOSTIC (II) PVT LTD.
FLAT NO. 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR - 17, VASHI,
NAVI MUMBAI - 400703


Dr. Alka Patnaik
M.B.B.S. C.G.O., Nager Reg. No. 73367
Dip. Psysextherapy-U.K. Reg. No. CF305
PGDHM

Date:- 26/02/24

CID: 2405700702

Name:- Mr. Roadeep kumar

Sex / Age: M / 42

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: - HT - 84 ✓

Past history: NY

Unaided Vision: 4/6

Aided Vision: - NO

Refraction: without glasses -

(Right Eye)


(Left Eye)

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

Colour Vision: Normal / Abnormal ✓

Remark:

SUBURBAN DIAGNOSTIC (I) PVT LTD.
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NAVI MUMBAI - 400703

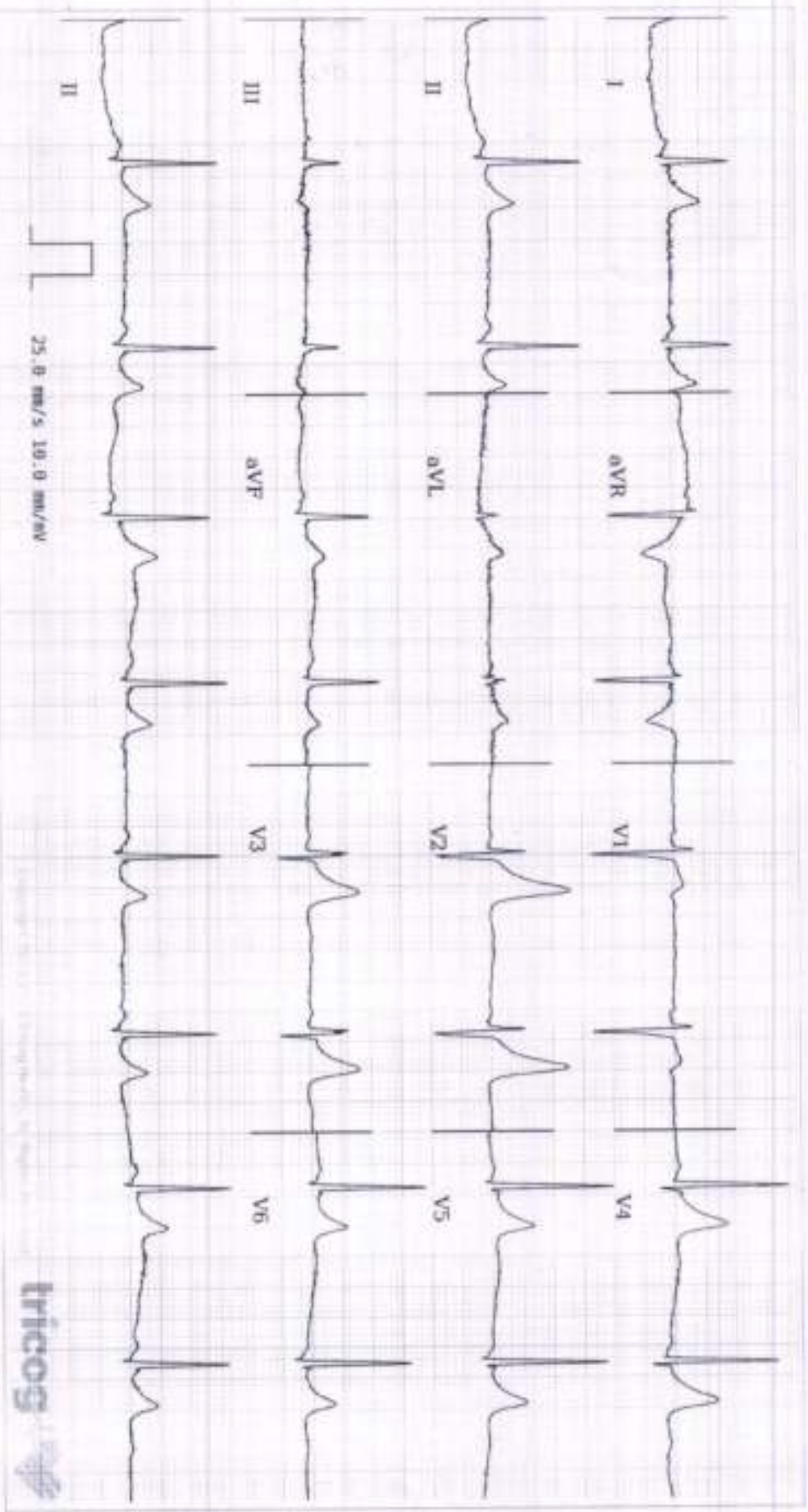

Dr. Alka Patnaik
M.B.B.S. C.G.O., Nagpur Reg. No. 1357
Dip. Psysextherapy-U.K. Reg. No. OF395
PGDHM



Patient Name: **PRADEEP KUMAR**
Patient ID: **2405700702**

SUBURBAN DIAGNOSTICS - VASHI

Date and Time: **26th Feb 24 11:14 AM**



25.0 mm/s 10.0 mm/mV



Age **42** NA NA
years months days

Gender **Male**

Heart Rate **54bpm**

Patient Vitals

BP: **130/80 mmHg**

Weight: **64 kg**

Height: **166 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others

Measurements

QRSd: **86ms**
QT: **386ms**
QTcB: **366ms**
PR: **186ms**
P-R-T: **39° 51° 26°**

REPORTED BY

[Signature]

Dr. Anshu Duggan
MDD (ECG)
Reg. 2006032070

This document is a copy of the report as based on ECG data and should be used as an adjunct to clinical history, symptoms, and results of other studies and investigations. It is not intended to be a substitute for a qualified physician. Printed under license by the physician and not derived from the ECG.



CID : 2405700702
Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 26-Feb-2024 / 09:39
Reported : 26-Feb-2024 / 11:47

Use a QR Code Scanner
Application To Scan the Code

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.13	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.5	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5830	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.0	20-40 %	
Absolute Lymphocytes	1574.1	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	402.3	200-1000 /cmm	Calculated
Neutrophils	64.6	40-80 %	
Absolute Neutrophils	3766.2	2000-7000 /cmm	Calculated
Eosinophils	0.7	1-6 %	
Absolute Eosinophils	40.8	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	46.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	159000	150000-400000 /cmm	Elect. Impedance
MPV	11.4	6-11 fl	Calculated
PDW	22.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-15 mm at 1 hr. Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

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

Limitations:

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

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

Reference:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2405700702
Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2405700702
Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Reported : 26-Feb-2024 / 14:04

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	10.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.71	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	117	(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 w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	4.4	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.7	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	135	135-148 mmol/l	ISE
POTASSIUM, Serum	5.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

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

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2405700702
Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Reported : 26-Feb-2024 / 12:24

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

GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***

Sonia Kher

Dr.SONIA KHER
M.D. (PATH)
Pathologist



CID : 2405700702
 Name : MR.PRADEEP KUMAR
 Age / Gender : 42 Years / Male
 Consulting Dr. : -
 Reg. Location : Vashi (Main Centre)

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 Reported : 26-Feb-2024 / 15:30

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.60	<4.0 ng/ml	CLIA

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



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Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Reported : 26-Feb-2024 / 15:30

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

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

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

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

Reference:

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

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

*** End Of Report ***



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



CID : 2405700702
Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Collected : 26-Feb-2024 / 09:39
Reported : 26-Feb-2024 / 22:38

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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



J. Thakker

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



CID : 2405700702
Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Reported : 26-Feb-2024 / 23:06

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



J Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



CID : 2405700702
Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Reported : 26-Feb-2024 / 14:04

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	203.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	124.5	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	40.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	162.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	138.0	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	24.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2405700702
Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Reported : 26-Feb-2024 / 13:57

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	6.36	0.35-5.5 microIU/ml	ECLIA

Kindly correlate clinically.



CID : 2405700702
Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Reported : 26-Feb-2024 / 13:57

Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2405700702
Name : MR.PRADEEP KUMAR
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.64	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	26.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	92.9	40-130 U/L	Colorimetric

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*** End Of Report ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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CID : 2405700702
Name : Mr PRADEEP KUMAR
Age / Sex : 42 Years/Male
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 26-Feb-2024
Reported : 26-Feb-2024/17:26

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.6 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 minimally 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 9.9 x 4.0 cm. Left kidney measures 10.3 x 4.9 cm.

SPLEEN:

The spleen is normal in size (10.0 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 reveals no intraluminal abnormality.

PROSTATE:

The prostate is normal in size, measures 2.2 x 3.1 x 2.7 cm and volume is 10.3 cc.

Evidence of multiple well-defined heterogenous predominantly hyperechoic lesions with linear echogenic striations with no internal/ peripheral vascularity are noted in subcutaneous plane in right and left flank region, largest measuring 2.9 x 0.8 cm in right flank region suggestive of multiple subcutaneous lipomas.

IMPRESSION:

Multiple subcutaneous lipomas as described above.

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

Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No. 2015/06/3297



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Reg. Date : 26-Feb-2024
Reported : 26-Feb-2024/17:26



CID : 2405700702
Name : Mr PRADEEP KUMAR
Age / Sex : 42 Years/Male
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 26-Feb-2024
Reported : 26-Feb-2024/18:19

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. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297



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Age / Sex : 42 Years/Male
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 26-Feb-2024
Reported : 26-Feb-2024/18:19

NAME :-MR.PRADEEP KUMAR	AGE :- 42 YRS
SEX :-MALE	DATE :- 26/02/2024
CID NO :-2405700702	

2D Echo and Colour doppler report

All cardiac chambers are normal in dimension
 No obvious resting regional wall motion abnormalities (RWMA)
 Interatrial and Interventricular septum – Appears Normal
 Valves – Structurally normal
 Good biventricular function.
 IVC is normal.
 Pericardium is normal.
 Great vessels - Origin and visualized proximal part are normal.
 No coarctation of aorta.

Doppler study

Normal flow across all the valves.
 No pulmonary hypertension.
 No diastolic dysfunction.

Measurements

Aorta annulus	16 mm
Left Atrium	29 mm
LVID(Systole)	18 mm
LVID(Diastole)	38 mm
IVS(Diastole)	10 mm
PW(Diastole)	9 mm
LV ejection fraction.	55-60%

Conclusion

Good biventricular function

No RWMA

Valves – Structurally normal
Trivial MR, TR.

No diastolic dysfunction

No PAH

* END OF THE REPORT *

Dr. Anirban Dasgupta
MBBS DNB
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Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

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