



सत्यमेव जयते  
भारत सरकार



आधार

भारतीय विशिष्ट पहचान अधिकरण

भारत सरकार  
Unique Identification Authority of India

Government of India

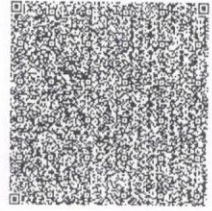
Enrollment No.: 0648/00386/53562

To  
Paul Santan Fernandes  
D/502, Anand Garden CHSL New link Road  
Kandarpada Dahisar West  
Mumbai  
Dahisar  
Mumbai Mumbai  
Maharashtra 400068  
9167460589

30/03/2013  
163672437



ME636724373FH



Suburban Diagnostic (I) Pvt. Ltd.  
3018 502, 3rd Floor, Anand ELEGANCE  
Above Tennis Jockey, L. T. Road,  
Borivli (West), Mumbai - 400 022.

आपका आधार क्रमांक / Your Aadhaar No. :

**3324 3002 9980**

मेरा आधार, मेरी पहचान

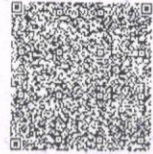


भारत सरकार

Government of India



Paul Santan Fernandes  
DOB : 30/05/1961  
Male



**3324 3002 9980**

मेरा आधार, मेरी पहचान

*Handwritten signature*

|                                               |                         |
|-----------------------------------------------|-------------------------|
| <b>CID NO: 2408216822</b>                     |                         |
| <b>PATIENT'S NAME: MR PAUL SANTANFERNADES</b> | <b>AGE/SEX: 62 Y/M</b>  |
| <b>REF BY: -----</b>                          | <b>DATE: 22/03/2024</b> |

**2-D ECHOCARDIOGRAPHY**

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic disfunction. No Doppler evidence of raised LVEDP.

|                                               |                         |
|-----------------------------------------------|-------------------------|
| <b>PATIENT'S NAME: MR PAUL SANTANFERNADES</b> | <b>AGE/SEX: 62 Y/M</b>  |
| <b>REF BY: -----</b>                          | <b>DATE: 22/03/2024</b> |


- |                        |          |
|------------------------|----------|
| 1. AO root diameter    | 3.0 cm   |
| 2. IVSd                | 1.1 cm   |
| 3. LVIDd               | 4.4 cm   |
| 4. LVIDs               | 2.4 cm   |
| 5. LVPWd               | 1.1 cm   |
| 6. LA dimension        | 3.6 cm   |
| 7. RA dimension        | 3.6 cm   |
| 8. RV dimension        | 3.0 cm   |
| 9. Pulmonary flow vel: | 0.9 m/s  |
| 10. Pulmonary Gradient | 3.4 m/s  |
| 11. Tricuspid flow vel | 1.4 m/s  |
| 12. Tricuspid Gradient | 8 m/s    |
| 13. PASP by TR Jet     | 18 mm Hg |
| 14. TAPSE              | 3.0 cm   |
| 15. Aortic flow vel    | 1.0 m/s  |
| 16. Aortic Gradient    | 4 m/s    |
| 17. MV:E               | 0.8 m/s  |
| 18. A vel              | 0.7 m/s  |
| 19. IVC                | 16 mm    |
| 20. E/E'               | 10       |

**Impression:**  
**Normal 2d echo study.**

**Disclaimer**

Echo may have inter/intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

  
**DR. S. NITIN**  
**Consultant Cardiologist**  
**Reg. No. 87714**



**CID** : 2408216822  
**Name** : Mr Paul santanfernades  
**Age / Sex** : 62 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 22-Mar-2024  
**Reported** : 22-Mar-2024 / 10:48

## USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size 13.4 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

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

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

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

**KIDNEYS:** Right kidney measures 11.1 x 4.1 cm. Left kidney measures 10.7 x 4.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is enlarged in size 13.6 cm, shape and echotexture. No focal lesion is seen.

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

**Pre void volume 353 cc, Post void volume - 78 cc.**

**PROSTATE:** Prostate is enlarged in size and echotexture. Prostate measures 4.7 x 3.9 x 4.4 cm and prostatic weight is 43.5 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032208341848>



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Name : Mr Paul santanfernades  
Age / Sex : 62 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 22-Mar-2024  
Reported : 22-Mar-2024 / 10:48

**Opinion:**

- Grade I fatty infiltration of liver .
- Mild splenomegaly.
- Mild prostatomegaly with significant post void residue.

*For clinical correlation and follow up.*

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

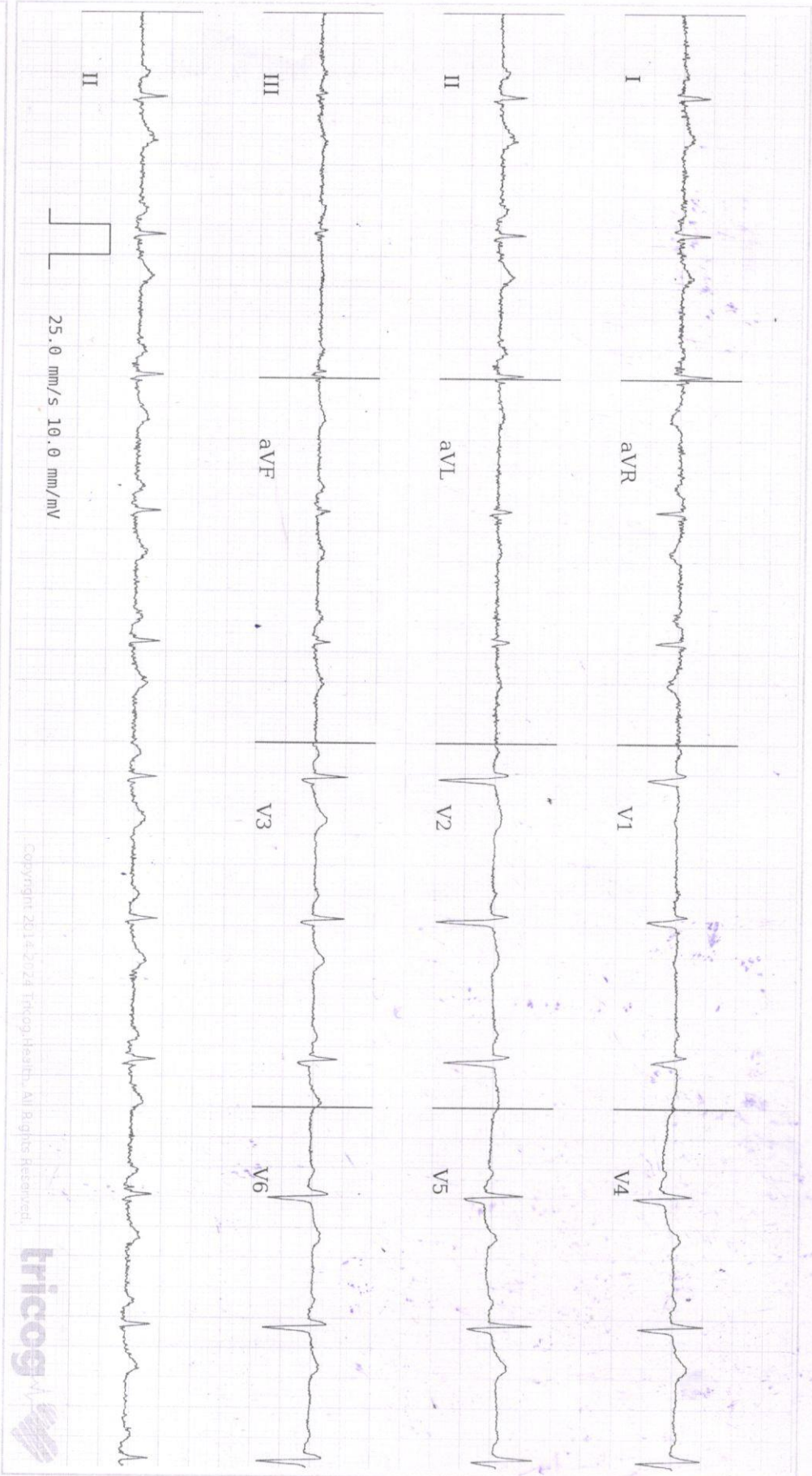
-----End of Report-----

DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032208341848>

Patient Name: PAUL SANTANFERNADES  
Patient ID: 2408216822

Date and Time: 22nd Mar 24 9:16 AM



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Age 62 NA NA  
years months days

Gender Male

Heart Rate 67bpm

Patient Vitals

BP: 100/70 mmHg

Weight: 79 kg

Height: 169 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 88ms

QT: 416ms

QTcB: 439ms

PR: 168ms

P-R-T: 51° 32° 43°

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

REPORTED BY

Dr. Nihar Sonawane  
M.B.B.S., AFLLI, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

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.

Date:-

CID: 2408216822

Name: Paul - Fernandes

Sex / Age: 62 / m

**EYE CHECK UP**

Chief complaints:

Systemic Diseases: NO

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

|          | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance |     |     |      |    |     |     |      |    |
| Near     |     |     |      |    |     |     |      |    |

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics Pvt. Ltd.  
301B, Suburban Diagnostics, Borivli West,  
Above Mercedes Showroom, L.I. Road,  
Borivli West, Mumbai - 400 092.



CID : 2408216822  
Name : MR. PAUL SANTANFERNADES  
Age / Gender : 62 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 22-Mar-2024 / 08:37  
Reported : 22-Mar-2024 / 11:25

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

**CBC (Complete Blood Count), Blood**

| PARAMETER                                                           | RESULTS | BIOLOGICAL REF RANGE | METHOD             |
|---------------------------------------------------------------------|---------|----------------------|--------------------|
| <b><u>RBC PARAMETERS</u></b>                                        |         |                      |                    |
| Haemoglobin                                                         | 11.3    | 13.0-17.0 g/dL       | Spectrophotometric |
| RBC                                                                 | 5.76    | 4.5-5.5 mil/cmm      | Elect. Impedance   |
| PCV                                                                 | 35.2    | 40-50 %              | Measured           |
| MCV                                                                 | 61      | 80-100 fl            | Calculated         |
| MCH                                                                 | 19.6    | 27-32 pg             | Calculated         |
| MCHC                                                                | 32.1    | 31.5-34.5 g/dL       | Calculated         |
| RDW                                                                 | 16.7    | 11.6-14.0 %          | Calculated         |
| <b><u>WBC PARAMETERS</u></b>                                        |         |                      |                    |
| WBC Total Count                                                     | 7450    | 4000-10000 /cmm      | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>                  |         |                      |                    |
| Lymphocytes                                                         | 21.2    | 20-40 %              |                    |
| Absolute Lymphocytes                                                | 1579.4  | 1000-3000 /cmm       | Calculated         |
| Monocytes                                                           | 8.6     | 2-10 %               |                    |
| Absolute Monocytes                                                  | 640.7   | 200-1000 /cmm        | Calculated         |
| Neutrophils                                                         | 54.8    | 40-80 %              |                    |
| Absolute Neutrophils                                                | 4082.6  | 2000-7000 /cmm       | Calculated         |
| Eosinophils                                                         | 15.0    | 1-6 %                |                    |
| Absolute Eosinophils                                                | 1117.5  | 20-500 /cmm          | Calculated         |
| Basophils                                                           | 0.4     | 0.1-2 %              |                    |
| Absolute Basophils                                                  | 29.8    | 20-100 /cmm          | Calculated         |
| Immature Leukocytes                                                 | -       |                      |                    |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. |         |                      |                    |
| <b><u>PLATELET PARAMETERS</u></b>                                   |         |                      |                    |
| Platelet Count                                                      | 226000  | 150000-400000 /cmm   | Elect. Impedance   |
| MPV                                                                 | 9.2     | 6-11 fl              | Calculated         |
| PDW                                                                 | 20.7    | 11-18 %              | Calculated         |
| <b><u>RBC MORPHOLOGY</u></b>                                        |         |                      |                    |
| Hypochromia                                                         | ++      |                      |                    |
| Microcytosis                                                        | ++      |                      |                    |





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**Name** : MR.PAUL SANTANFERNADES  
**Age / Gender** : 62 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Borivali West (Main Centre)

**Collected** : 22-Mar-2024 / 08:37  
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|                      |              |
|----------------------|--------------|
| Macrocytosis         | -            |
| Anisocytosis         | Mild         |
| Poikilocytosis       | Mild         |
| Polychromasia        | -            |
| Target Cells         | -            |
| Basophilic Stippling | -            |
| Normoblasts          | -            |
| Others               | -            |
| WBC MORPHOLOGY       | -            |
| PLATELET MORPHOLOGY  | -            |
| COMMENT              | Eosinophilia |

Note : Features suggest Thalassemia trait.  
 Advice : Hb electrophoresis & Reticulocyte count.

For eosinophilia

Advice :  
 1) Stool examination for parasites  
 2) Allergy testing

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      5                      2-20 mm at 1 hr.                      Sedimentation



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Collected : 22-Mar-2024 / 08:37  
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**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 \*\*\*



*Bmhasakar*

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



CID : 2408216822  
Name : MR. PAUL SANTANERNADES  
Age / Gender : 62 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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Reported : 22-Mar-2024 / 19:42

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

| PARAMETER                                | RESULTS | BIOLOGICAL REF RANGE                                                                             | METHOD     |
|------------------------------------------|---------|--------------------------------------------------------------------------------------------------|------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 103.8   | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >= 126 mg/dl   | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 142.6   | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >= 200 mg/dl | Hexokinase |
| Urine Sugar (Fasting)                    | +++     | Absent                                                                                           |            |
| Urine Ketones (Fasting)                  | Absent  | Absent                                                                                           |            |
| Urine Sugar (PP)                         | +++     | Absent                                                                                           |            |
| Urine Ketones (PP)                       | Absent  | Absent                                                                                           |            |

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



*Bmhasakar*

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



CID : 2408216822  
Name : MR. PAUL SANTANERNADES  
Age / Gender : 62 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

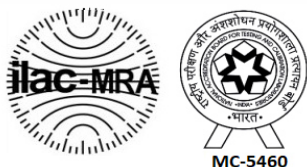
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**KIDNEY FUNCTION TESTS**

| PARAMETER                                                                            | RESULTS | BIOLOGICAL REF RANGE                                                                                                                                                                            | METHOD              |
|--------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| BLOOD UREA, Serum                                                                    | 33.6    | 19.29-49.28 mg/dl                                                                                                                                                                               | Calculated          |
| BUN, Serum                                                                           | 15.7    | 9.0-23.0 mg/dl                                                                                                                                                                                  | Urease with GLDH    |
| CREATININE, Serum                                                                    | 0.78    | 0.73-1.18 mg/dl                                                                                                                                                                                 | Enzymatic           |
| Note: Kindly note in change in reference range w.e.f. 07-09-2023                     |         |                                                                                                                                                                                                 |                     |
| eGFR, Serum                                                                          | 101     | (ml/min/1.73sqm)<br>Normal or High: Above 90<br>Mild decrease: 60-89<br>Mild to moderate decrease: 45-59<br>Moderate to severe decrease: 30-44<br>Severe decrease: 15-29<br>Kidney failure: <15 | Calculated          |
| Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023 |         |                                                                                                                                                                                                 |                     |
| TOTAL PROTEINS, Serum                                                                | 6.3     | 5.7-8.2 g/dL                                                                                                                                                                                    | Biuret              |
| ALBUMIN, Serum                                                                       | 4.1     | 3.2-4.8 g/dL                                                                                                                                                                                    | BCG                 |
| GLOBULIN, Serum                                                                      | 2.2     | 2.3-3.5 g/dL                                                                                                                                                                                    | Calculated          |
| A/G RATIO, Serum                                                                     | 1.9     | 1 - 2                                                                                                                                                                                           | Calculated          |
| URIC ACID, Serum                                                                     | 4.6     | 3.7-9.2 mg/dl                                                                                                                                                                                   | Uricase/ Peroxidase |
| PHOSPHORUS, Serum                                                                    | 3.5     | 2.4-5.1 mg/dl                                                                                                                                                                                   | Phosphomolybdate    |
| CALCIUM, Serum                                                                       | 8.9     | 8.7-10.4 mg/dl                                                                                                                                                                                  | Arsenazo            |
| SODIUM, Serum                                                                        | 138     | 136-145 mmol/l                                                                                                                                                                                  | IMT                 |
| POTASSIUM, Serum                                                                     | 4.4     | 3.5-5.1 mmol/l                                                                                                                                                                                  | IMT                 |
| CHLORIDE, Serum                                                                      | 106     | 98-107 mmol/l                                                                                                                                                                                   | IMT                 |

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



*Dr. Vrushi Shroff*

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



CID : 2408216822  
Name : MR. PAUL SANTANFERNADES  
Age / Gender : 62 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

| PARAMETER                                     | RESULTS | BIOLOGICAL REF RANGE                                                                    | METHOD     |
|-----------------------------------------------|---------|-----------------------------------------------------------------------------------------|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 6.5     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 139.8   | 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 Borivali Lab, Borivali West

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



*Bmhasakar*

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



CID : 2408216822  
 Name : MR. PAUL SANTANFERNADES  
 Age / Gender : 62 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Borivali West (Main Centre)

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|------------------|----------------|-----------------------------|---------------|
| TOTAL PSA, Serum | 2.806          | <4.0 ng/ml                  | CLIA          |

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



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**Name** : MR.PAUL SANTANFERNADES  
**Age / Gender** : 62 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Borivali West (Main Centre)

**Collected** : 22-Mar-2024 / 08:37  
**Reported** : 22-Mar-2024 / 12:16

**Clinical Significance:**

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

**Interpretation:**

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

**Decreased In-** Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- $\alpha$ -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 \*\*\*



*Anupa*

**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**



CID : 2408216822  
Name : MR. PAUL SANTANFERNADES  
Age / Gender : 62 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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

| <u>PARAMETER</u>                      | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u>      |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <b><u>PHYSICAL EXAMINATION</u></b>    |                |                             |                    |
| Color                                 | Pale yellow    | Pale Yellow                 | -                  |
| Reaction (pH)                         | 6.0            | 4.5 - 8.0                   | Chemical Indicator |
| Specific Gravity                      | 1.005          | 1.001-1.030                 | Chemical Indicator |
| Transparency                          | Clear          | Clear                       | -                  |
| Volume (ml)                           | 40             | -                           | -                  |
| <b><u>CHEMICAL EXAMINATION</u></b>    |                |                             |                    |
| Proteins                              | Absent         | Absent                      | pH Indicator       |
| Glucose                               | 3+             | 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        |
| <b><u>MICROSCOPIC EXAMINATION</u></b> |                |                             |                    |
| Leukocytes(Pus cells)/hpf             | 0-1            | 0-5/hpf                     |                    |
| Red Blood Cells / hpf                 | Absent         | 0-2/hpf                     |                    |
| Epithelial Cells / hpf                | 1-2            |                             |                    |
| Casts                                 | Absent         | Absent                      |                    |
| Crystals                              | Absent         | Absent                      |                    |
| Amorphous debris                      | Absent         | Absent                      |                    |
| Bacteria / hpf                        | 3-4            | Less than 20/hpf            |                    |
| Others                                | -              |                             |                    |

Result rechecked  
Kindly correlate clinically.





CID : 2408216822  
Name : MR.PAUL SANTANFERNADES  
Age / Gender : 62 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 22-Mar-2024 / 08:37  
Reported : 22-Mar-2024 / 16:32

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



*Bmhasakar*

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



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

| PARAMETER | RESULTS  |
|-----------|----------|
| ABO GROUP | B        |
| Rh TYPING | POSITIVE |

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J. Thakker*

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



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

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE                                                                                                                          | METHOD                 |
|----------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| CHOLESTEROL, Serum               | 116.5   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl                                                                  | CHOD-POD               |
| TRIGLYCERIDES, Serum             | 118.0   | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | Enzymatic colorimetric |
| HDL CHOLESTEROL, Serum           | 34.2    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl                                                               | Elimination/ Catalase  |
| NON HDL CHOLESTEROL, Serum       | 82.3    | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated             |
| LDL CHOLESTEROL, Serum           | 58.7    | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated             |
| VLDL CHOLESTEROL, Serum          | 23.6    | < /= 30 mg/dl                                                                                                                                 | Calculated             |
| CHOL / HDL CHOL RATIO, Serum     | 3.4     | 0-4.5 Ratio                                                                                                                                   | Calculated             |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.7     | 0-3.5 Ratio                                                                                                                                   | Calculated             |

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



*Dr. Vrushi Shroff*

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



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

| <u>PARAMETER</u>    | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|-----------------------------|---------------|
| Free T3, Serum      | 4.3            | 3.5-6.5 pmol/L              | CLIA          |
| Free T4, Serum      | 13.2           | 11.5-22.7 pmol/L            | CLIA          |
| sensitiveTSH, Serum | 1.183          | 0.55-4.78 microIU/ml        | CLIA          |



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**Interpretation:**

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

**Clinical Significance:**

- 1) TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

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

**Reference:**

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

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



*Anupa*

**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**



CID : 2408216822  
Name : MR. PAUL SANTANERNADES  
Age / Gender : 62 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (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    | 1.01           | 0.2-1.1 mg/dl               | Vanadate oxidation |
| BILIRUBIN (DIRECT), Serum   | <b>0.42</b>    | 0-0.3 mg/dl                 | Vanadate oxidation |
| BILIRUBIN (INDIRECT), Serum | 0.59           | <1.1 mg/dl                  | Calculated         |
| TOTAL PROTEINS, Serum       | 6.3            | 5.7-8.2 g/dL                | Biuret             |
| ALBUMIN, Serum              | 4.1            | 3.2-4.8 g/dL                | BCG                |
| GLOBULIN, Serum             | <b>2.2</b>     | 2.3-3.5 g/dL                | Calculated         |
| A/G RATIO, Serum            | 1.9            | 1 - 2                       | Calculated         |
| SGOT (AST), Serum           | 23.1           | <34 U/L                     | Modified IFCC      |
| SGPT (ALT), Serum           | 30.3           | 10-49 U/L                   | Modified IFCC      |
| GAMMA GT, Serum             | 25.2           | <73 U/L                     | Modified IFCC      |
| ALKALINE PHOSPHATASE, Serum | 54.9           | 46-116 U/L                  | Modified IFCC      |

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



*Dr. VRUSHALI SHROFF*

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

# SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: PAUL SANTANFERNADES

Date and Time: 22nd Mar 24 9:16 AM

Patient ID: 2408216822

Age **62** **NA** **NA**  
years months days

Gender **Male**

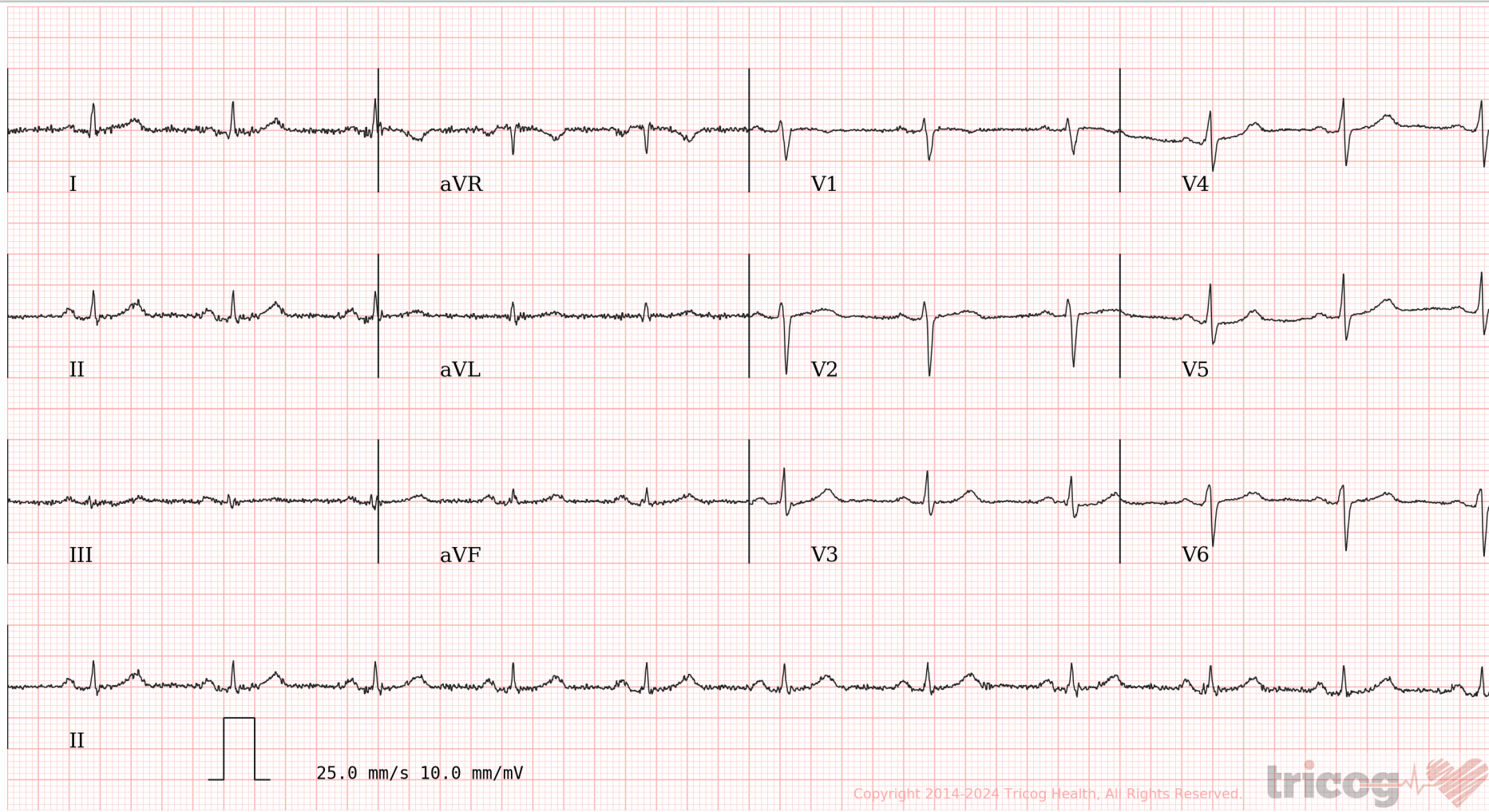
Heart Rate **67bpm**

### Patient Vitals

BP: 100/70 mmHg  
Weight: 79 kg  
Height: 169 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 88ms  
QT: 416ms  
QTcB: 439ms  
PR: 168ms  
P-R-T: 51° 32° 43°



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

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714



**CID** : 2408216822  
**Name** : Mr Paul santanfernades  
**Age / Sex** : 0 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 22-Mar-2024  
**Reported** : 22-Mar-2024/10:48

## **USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size 13.4 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

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

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

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

**KIDNEYS:** Right kidney measures 11.1 x 4.1 cm. Left kidney measures 10.7 x 4.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is enlarged in size 13.6 cm , shape and echotexture. No focal lesion is seen.

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

**Pre void volume 353 cc, Post void volume - 78 cc.**

**PROSTATE:** Prostate is enlarged in size and echotexture. Prostate measures 4.7 x 3.9 x4.4 cm and prostatic weight is 43.5 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.





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**Age / Sex** : 0 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 22-Mar-2024  
**Reported** : 22-Mar-2024/10:48

**Opinion:**

- **Grade I fatty infiltration of liver .**
- **Mild splenomegaly.**
- **Mild prostatomegaly with significant post void residue.**

***For clinical correlation and follow up.***

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

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

**DR.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**



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CID : 2408216822  
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Reg. Location : Borivali West

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**X-RAY CHEST PA VIEW**

Prominent bronchovascular markings are seen bilaterally in both lower zones.

Rest of the lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**Kindly correlate clinically.**

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

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

**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

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Name : MR.PAUL SANTANFERNADES

Age / Gender : 62 Years/Male

Consulting Dr. :

Collected : 22-Mar-2024 / 08:33

Reg.Location : Borivali West (Main Centre)

Reported : 23-Mar-2024 / 08:01

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

Nil

**EXAMINATION FINDINGS:**

Height (cms): 169  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 100/70  
Pulse: 72/min

Weight (kg): 79  
Skin: Normal  
Nails: Normal  
Lymph Node: Not palpable

**Systems**

Cardiovascular: Normal  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

**IMPRESSION:**

USG - physician ref.  
Urine sugar  
HbA1C

**ADVICE:**

**CHIEF COMPLAINTS:**

- 1) Hypertension: No
- 2) IHD No
- 3) Arrhythmia No

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- |                                          |                            |
|------------------------------------------|----------------------------|
| 4) Diabetes Mellitus                     | Since 20years              |
| 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                            | Hydrosile surgerie in 1986 |
| 17) Musculoskeletal System               | No                         |

**PERSONAL HISTORY:**

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

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

**DR. NITIN SONAVANE**  
M.B.B.S., M.D., D.I.C.C., D.I.P.T.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. 137714

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**PHYSICIAN**

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