



SUBURBAN DIAGNOSTICS (I) PVT LTD
FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI - 400703

Dr. Alka Patil
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367
Dip. Psychotherapy-U.K. Reg. No. OF365

PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Dhondiba Patil	Sex/Age	male/56
Date	30/12/2023	CID	2336418139

History and Complaints

No cl
Clo pan in lower abdomen, pelvis.
difficulty in micturition

EXAMINATION FINDINGS:

Height (cms):	165	Temp (0c):	Normal
Weight (kg):	73	Skin:	Normal
Blood Pressure	140/80	Nails:	Normal
Pulse	68/m	Lymph Node:	HP
BMI	26.8		

Systems :

Cardiovascular:	S. & Qaud, No murmur
Respiratory:	AREB.
Genitourinary:	Difficulty in micturition.
GI System:	Acidity Sor.
CNS:	Normal

Impression:

USG Abdomen: → mild prostaticomegaly with ~~difficult~~ significant postvoidal urine

Advice: Referral to Urologist for prostaticomegaly

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	Normal
11)	Genital urinary disorder	Difficulty in micturition
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	NAD

PERSONAL HISTORY:		
1)	Alcohol	No
2)	Smoking	No
3)	Diet	veg
4)	Medication	No

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Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367
Dip. Physiotherapy-U.K. Reg. No. Of 335

Date:- 30/12/2023

CID: 2336418139

Name:- Mr. Dhondiba Patil

Sex / Age: m/56

EYE CHECK UP

Chief complaints: *no*

Systemic Diseases: *no*

Past history: *nil*

Unaided Vision: *no*

Aided Vision: *Yes*

Refraction: *with glass.*

(Right Eye)

(Left Eye)

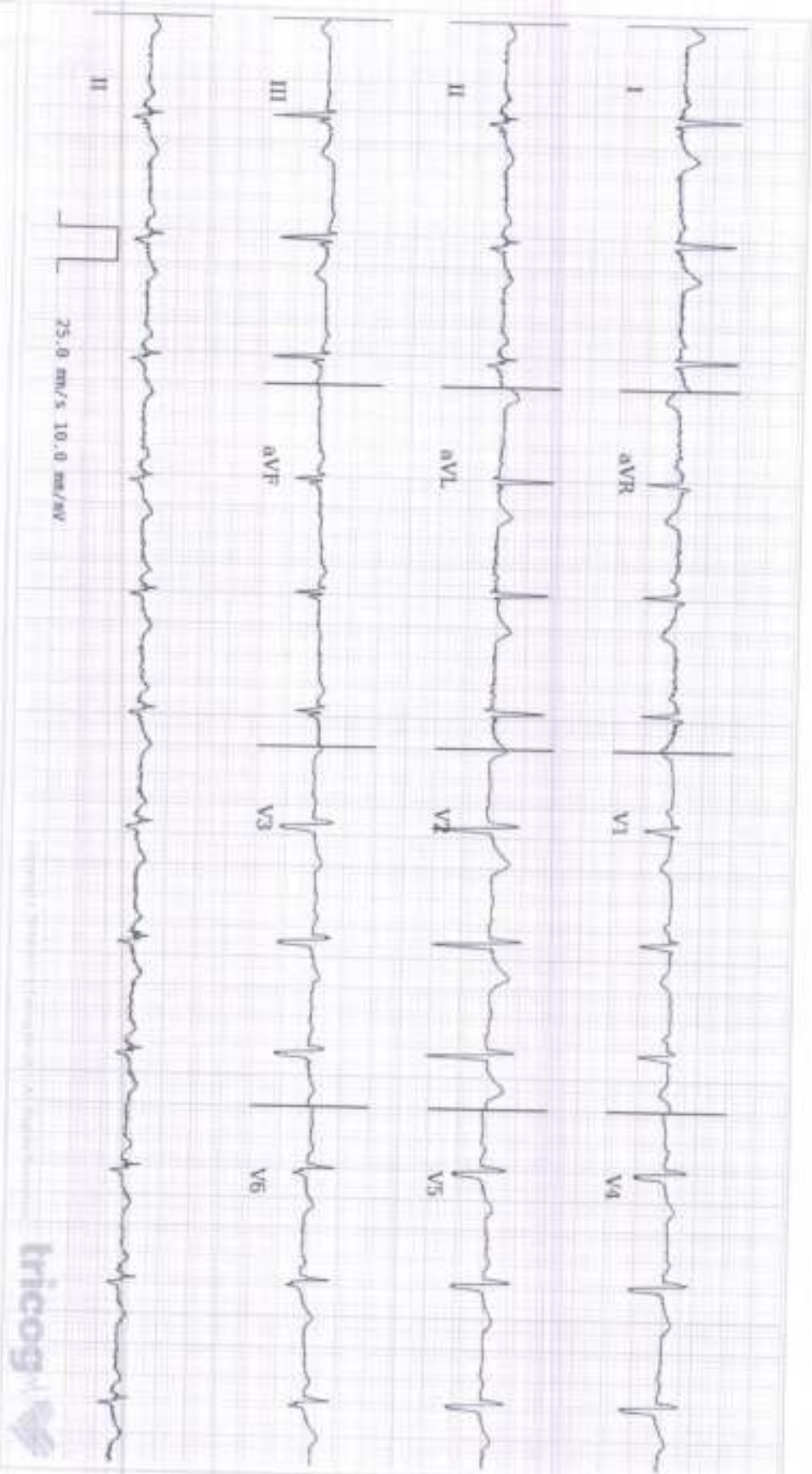
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/6	_____			6/6
Near	_____			20/6	_____			20/6

Colour Vision: Normal / Abnormal

Remark:

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AS
Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367
Dip. Psychotherapy-U.K. Reg. No. OF395



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

Age **56** NA NA
years months days

Gender **Male**

Heart Rate **77bpm**

Patient Vitals

BP: **140/80 mmHg**

Weight: **73 Kg**

Height: **165 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **98ms**
QT: **372ms**
QTcB: **420ms**
PR: **150ms**
P-R-T: **58° -23° 5°**



REPORTED BY

[Signature]

Dr. Anshu Chaudhary
MD, DM, DNB
Reg. 2001000000000000

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CID : 2336418139
Name : MR.DHONDIBA PATIL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 30-Dec-2023 / 08:40
Reported : 30-Dec-2023 / 14:14

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.86	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.4	40-50 %	Measured
MCV	93	80-100 fl	Calculated
MCH	30.7	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6600	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.3	20-40 %	
Absolute Lymphocytes	2131.8	1000-3000 /cmm	Calculated
Monocytes	5.2	2-10 %	
Absolute Monocytes	343.2	200-1000 /cmm	Calculated
Neutrophils	40.4	40-80 %	
Absolute Neutrophils	2666.4	2000-7000 /cmm	Calculated
Eosinophils	20.7	1-6 %	
Absolute Eosinophils	1366.2	20-500 /cmm	Calculated
Basophils	1.4	0.1-2 %	
Absolute Basophils	92.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	171000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	16.9	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	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 10 2-20 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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	81.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	76.4	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	

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

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age / Gender : 56 Years / Male
Consulting Dr. : -
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	24.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.17	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	73	(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	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	5.6	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.2	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	146	135-148 mmol/l	ISE
POTASSIUM, Serum	5.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	91	98-107 mmol/l	ISE

Result rechecked.
Kindly correlate clinically.

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

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 SDRL, Vidyavihar Lab

*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Reg. Location : Vashi (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.870	<4.0 ng/ml	CLIA

Clinical Significance:

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

Interpretation:

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

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

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

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present ++	-	-
Concentration Method (for ova)	No ova detected	Absent	-

*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 : 2336418139
Name : MR.DHONDIBA PATIL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 30-Dec-2023 / 08:40
Reported : 30-Dec-2023 / 15:32

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	30	-	-
<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	10-12	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 ***



Dr. Vrushi Shroff

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



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

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

*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/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	157.4	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	39.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	136.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	31.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.12	0.35-5.5 microIU/ml mIU/ml	ECLIA



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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 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 : 2336418139
Name : MR.DHONDIBA PATIL
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 30-Dec-2023 / 08:40
Reported : 30-Dec-2023 / 15:24

Use a QR Code Scanner
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.63	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	19.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	22.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	33.6	40-130 U/L	Colorimetric

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

J. Mujawar

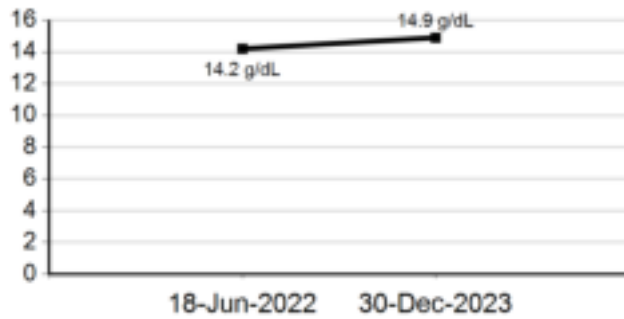
Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



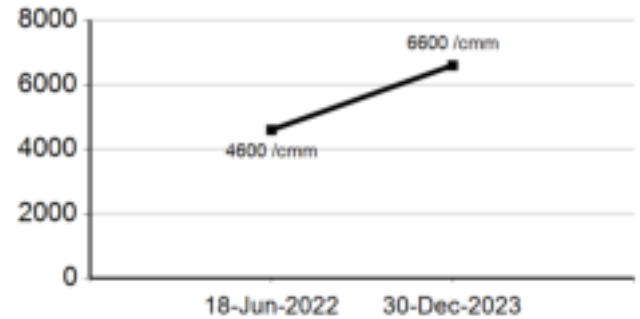
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 Application To Scan the Code

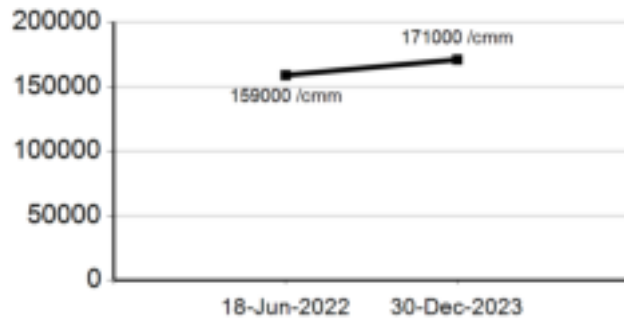
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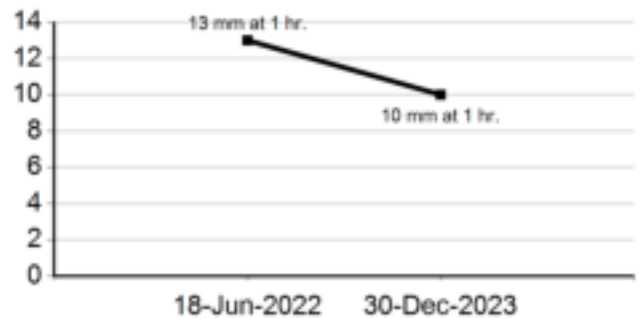
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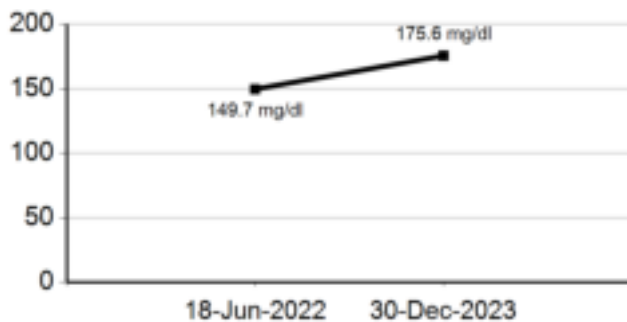
Platelet Count



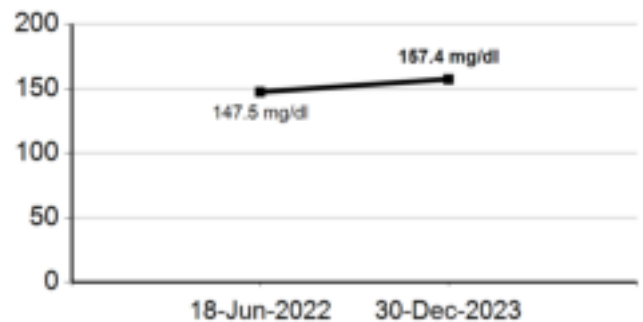
ESR



CHOLESTEROL



TRIGLYCERIDES

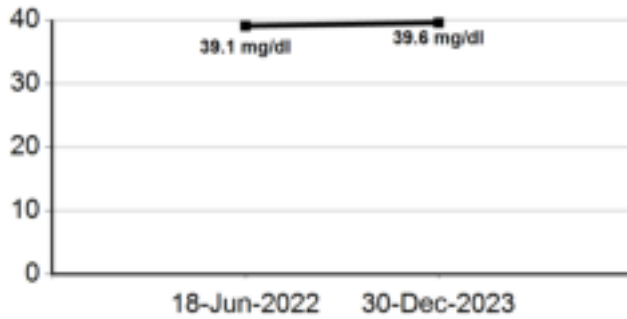




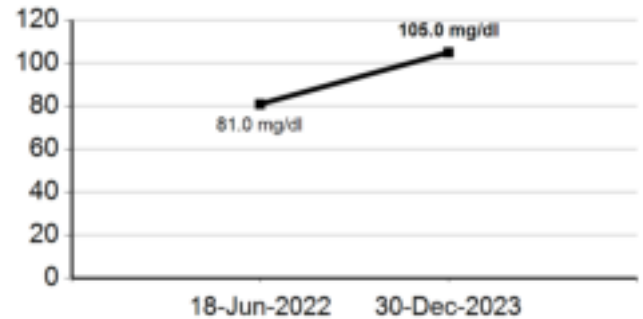
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 Name : MR.DHONDIBA PATIL
 Age / Gender : 56 Years / Male
 Consulting Dr. : -
 Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

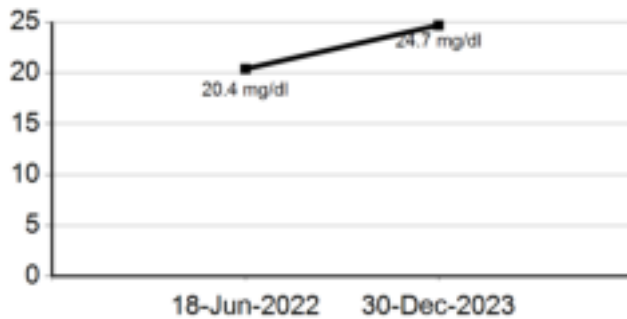
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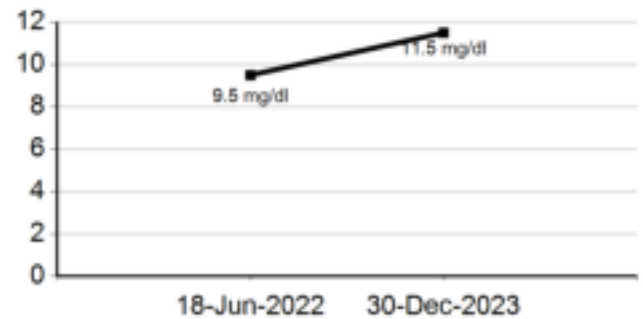
LDL CHOLESTEROL



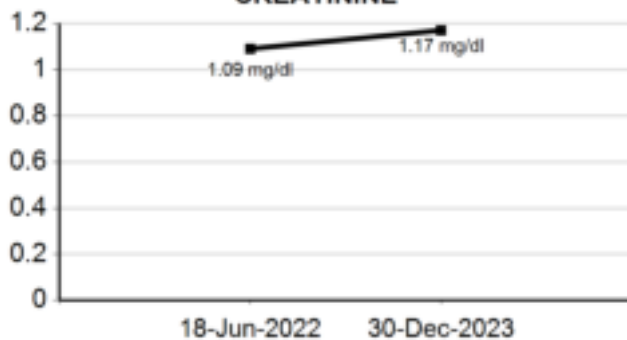
BLOOD UREA



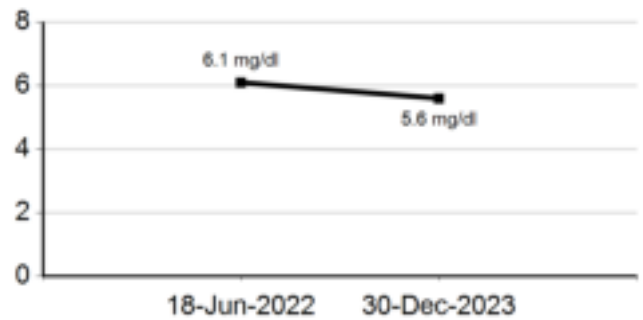
BUN



CREATININE



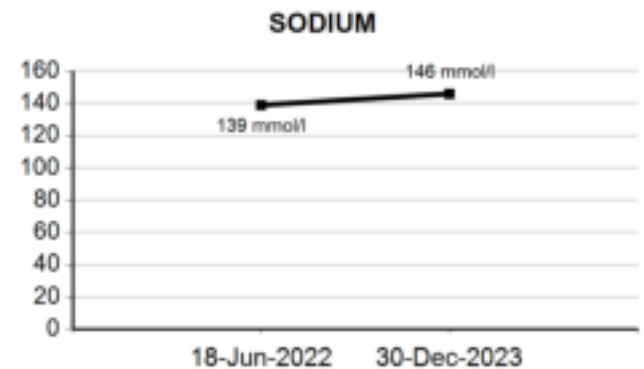
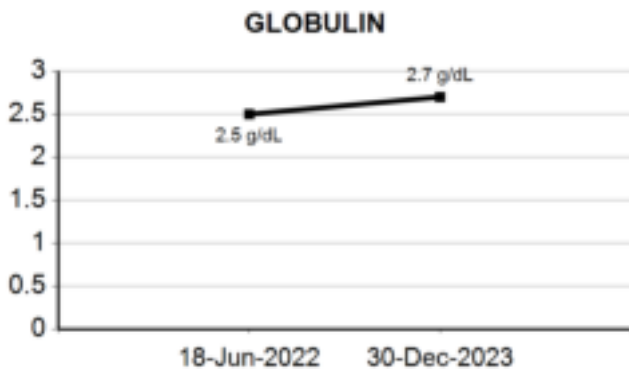
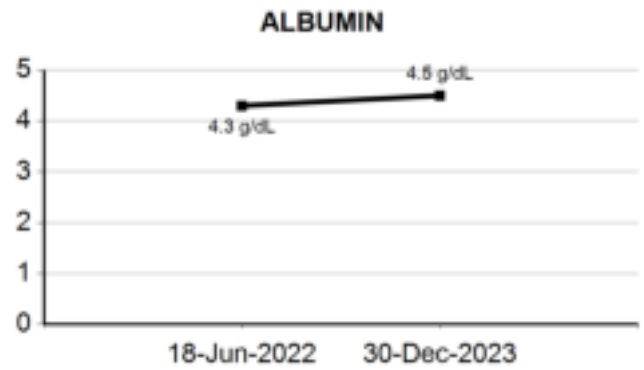
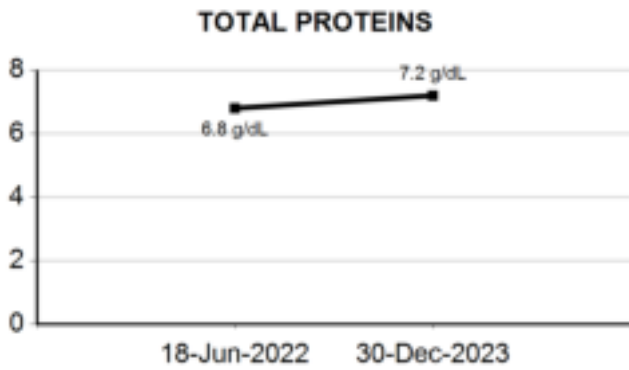
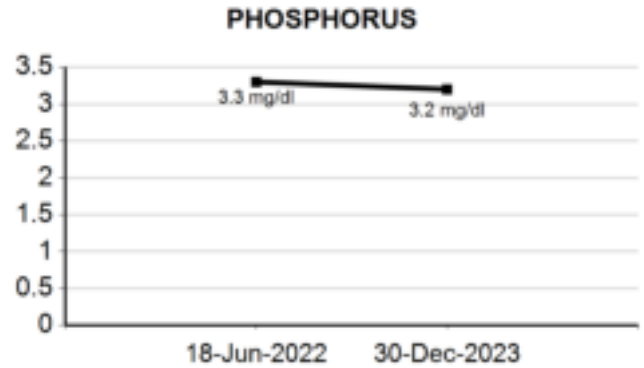
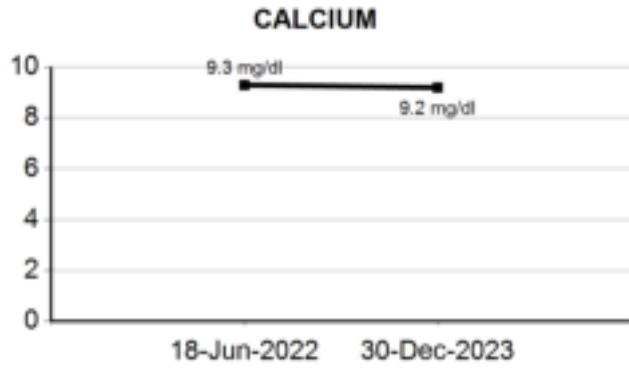
URIC ACID





CID : 2336418139
 Name : MR.DHONDIBA PATIL
 Age / Gender : 56 Years / Male
 Consulting Dr. : -
 Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

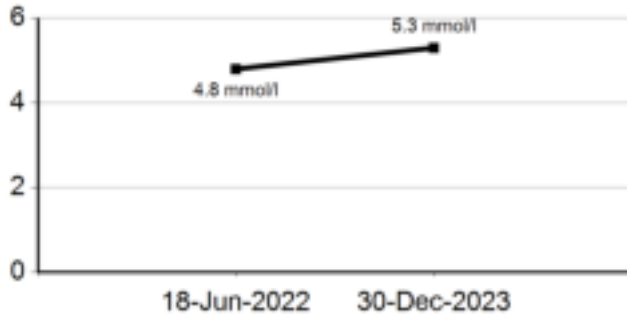




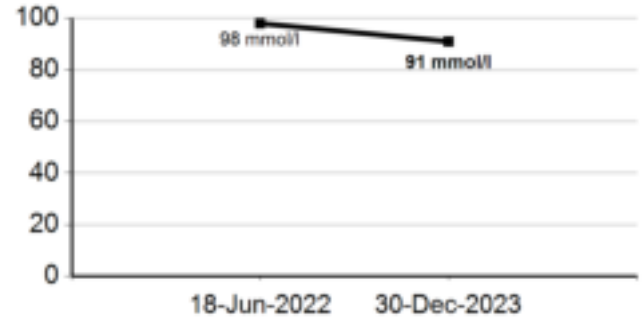
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Use a QR Code Scanner
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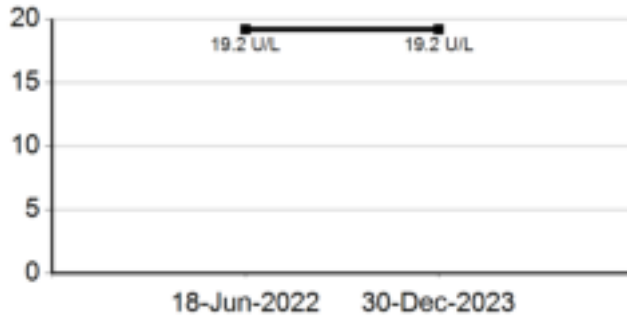
POTASSIUM



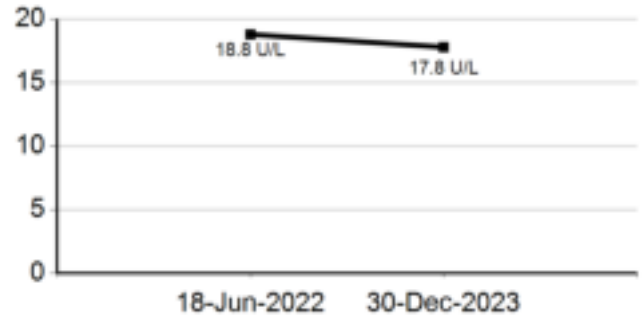
CHLORIDE



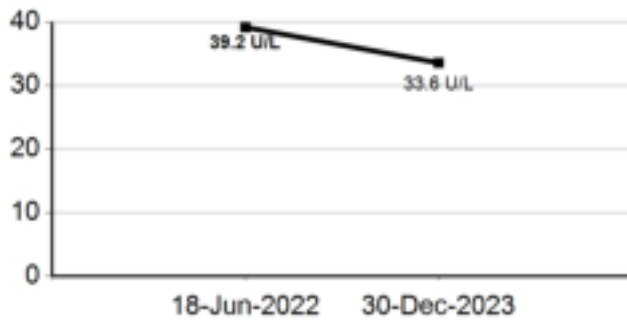
SGOT (AST)



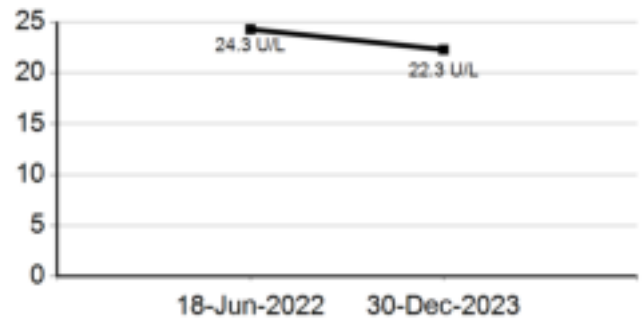
SGPT (ALT)



ALKALINE PHOSPHATASE



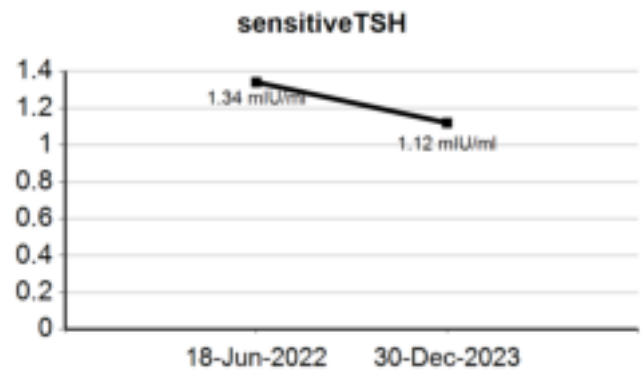
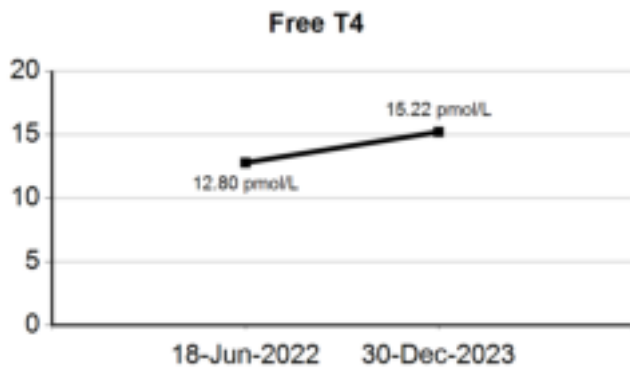
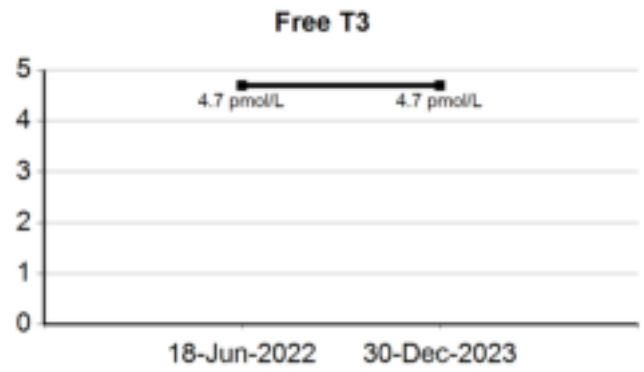
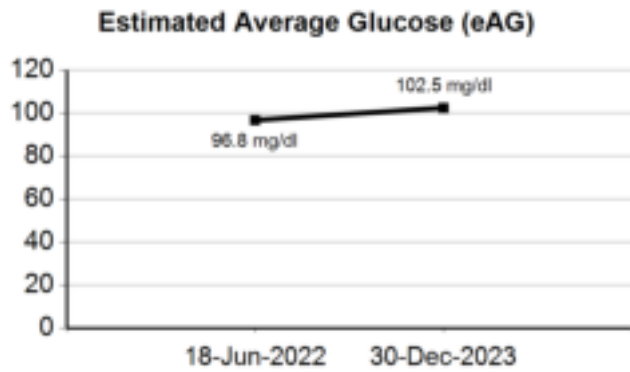
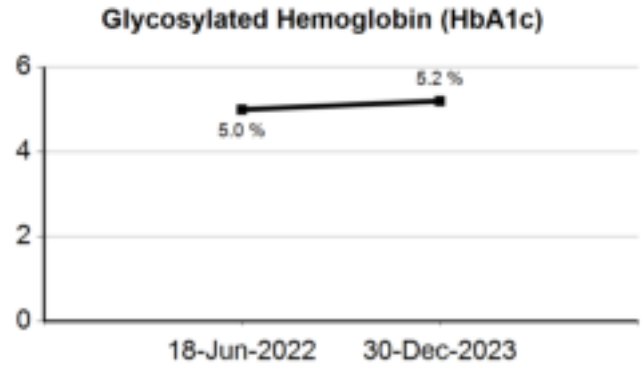
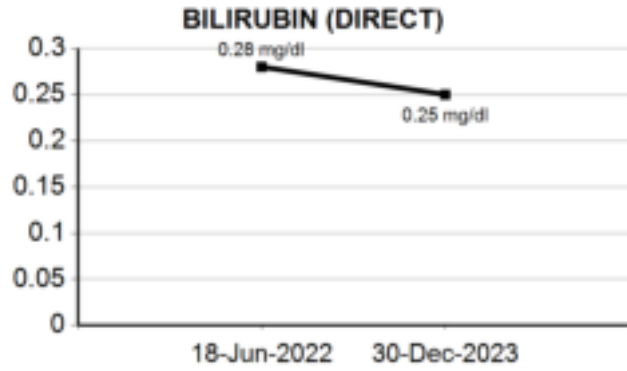
GAMMA GT





Use a QR Code Scanner Application To Scan the Code

CID : 2336418139
 Name : MR.DHONDIBA PATIL
 Age / Gender : 56 Years / Male
 Consulting Dr. : -
 Reg. Location : Vashi (Main Centre)



SUBURBAN DIAGNOSTICS VASHI

Report



Email:

283 (2336418139) / MR.DHONDIBA PATIL / 56 Yrs / M / 165 Cms / 73 Kg
 Date: 30 / 12 / 2023 11:52:14 AM Refd By : ARCOFEMI HEALTHCARE LIMITED Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	110	67%	140/80	154	00	
Standing	00:13	0:04	00.0	00.0	01.0	110	67%	140/80	154	00	
HV	00:16	0:03	00.0	00.0	01.0	110	67%	140/80	154	00	
Warm Up	00:21	0:05	00.0	00.0	01.0	100	61%	140/80	140	00	
ExStart	00:25	0:04	01.7	10.0	01.1	095	58%	140/80	133	00	
BRUCE Stage 1	03:25	3:00	01.7	10.0	04.7	098	60%	150/80	147	00	
BRUCE Stage 2	06:25	3:00	02.5	12.0	07.1	113	69%	160/80	180	00	
BRUCE Stage 3	09:25	3:00	03.4	14.0	10.2	140	85%	170/80	238	00	
PeakEx	09:44	0:19	04.2	16.0	10.6	144	88%	170/80	244	00	
Recovery	10:44	1:00	00.0	00.0	04.2	131	80%	160/80	209	00	
Recovery	11:44	2:00	00.0	00.0	01.0	090	55%	160/80	144	00	
Recovery	11:57	2:14	00.0	00.0	01.0	088	54%	160/80	140	00	

FINDINGS :

Exercise Time : 09:19
 Initial HR (ExStrt) : 95 bpm 58% of Target 164
 Initial BP (ExStrt) : 140/80 (mm/Hg)
 Max Workload Attained : 10.6 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -0.8 mm in ExStart
 Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 144 bpm 88% of Target 164
 Max BP Attained 170/80 (mm/Hg)

Signature
Dr. Anirban Dasgupta
 M985 DNB

SUBURBAN DIAGNOSTICS (I) PVT LTD
 FLAT NO 101 ANAND SAGAR CHS
 ABOVE RAJKAMAL SHOP
 SECTOR 17 VASHI
 NAVI MUMBAI - 400703

Reg. No. 2005/02/0920
 Suburban Diagnostics (Vashi)

Doctor : DR ANIRBAN DASGUPTA



EMail: 283 / MR. DHONDIBA PATIL / 56 Yrs / M / 165 Cms / 73 Kg Date: 30 / 12 / 2023 11:52:14 AM Refd By : ARCOFEMI HEALTHCARE LIMITED

REPORT :

FAIR EFFORT TOLERANCE
NORMAL HEART RATE AND BP RESPONSE
NO ANGINA / ANGINA EQUIVALENTS NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN
DURING THE EXERCISE AND RECOVERY OF THE TEST

IMPRESSION:
STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISHAEMIA

DISCLAIMER: NEGATIVE STRESS TEST DOES NOT RULE OUT CORONARY ARTERY DISEASE
POSITIVE STRESS TEST IS SUGGESTIVE BUT NOT CONFIRMATORY OF CORONARY ARTERY DISEASE
HENCE CLINICAL CORRELATION IS MANDATORY.

SUBURBAN DIAGNOSTICS (I) PVT LTD
FLAT NO 101 A WAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI - 400703


Dr. Anirban Dasgupta

M695 DNB
Reg. No. 2005/02/0920
Suburban Diagnostics (Vashi)

Doctor : DR ANIRBAN DASGUPTA

SUBURBAN DIAGNOSTICS VASHI

SUPINE (00:01)

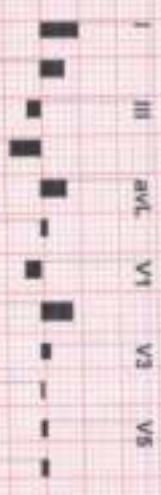
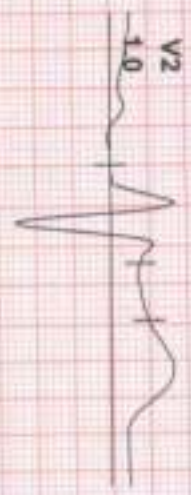
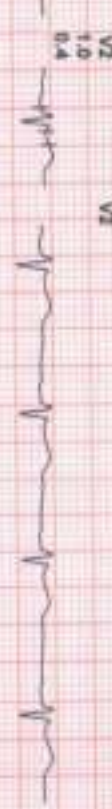
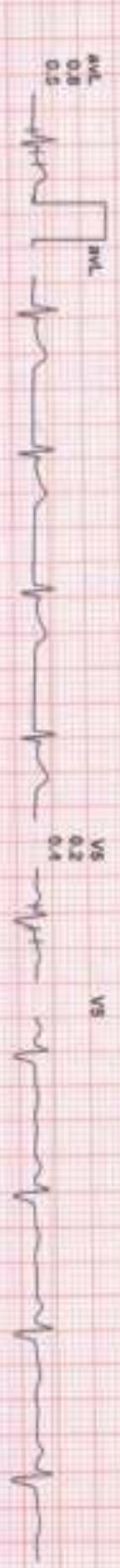
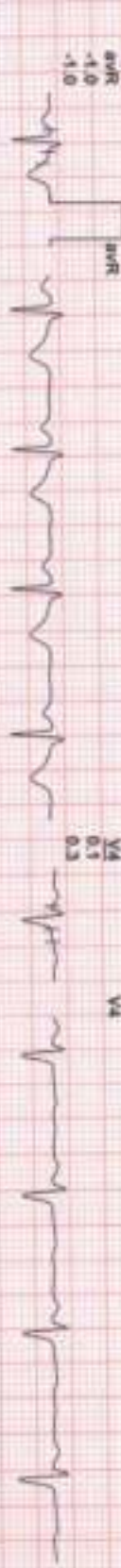


283 (2336418139) / MR DHONDIBA PATIL / 56 Yrs / M / 165 Cms / 73 Kg / HR : 110

Date: 30 / 12 / 2023 11:52:14 AM METS: 1.0/110 bpm 67% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 MS Post J

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec, 1.0 Cm/Div



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

SUBURBAN DIAGNOSTICS VASHI

STANDING (00:00)

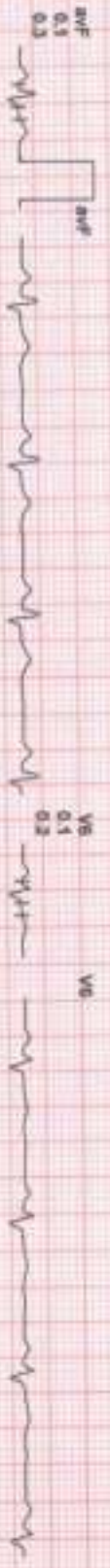
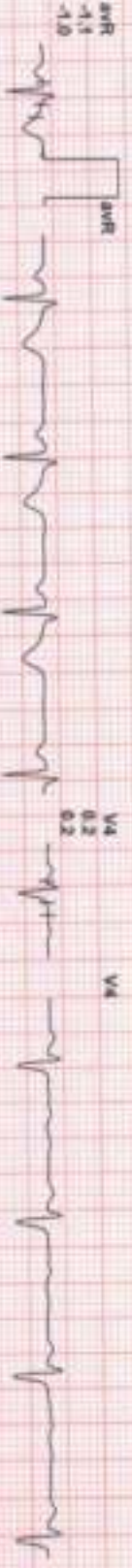
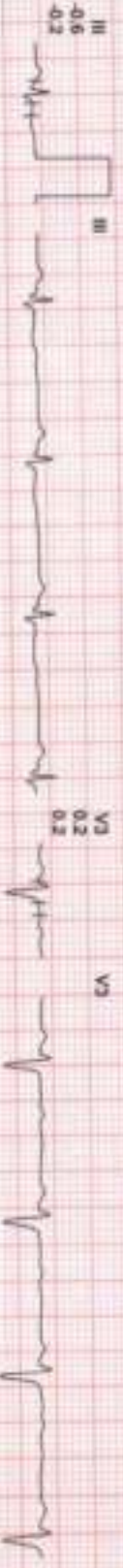
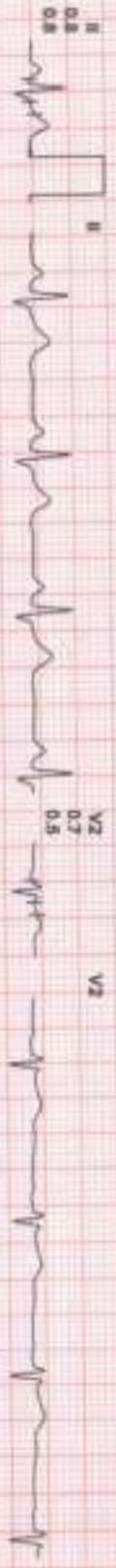


283 (2336418139) / MR DHONDIBA PATIL / 56 Yrs / M / 165 Cms / 73 Kg / HR : 110

Date: 30 / 12 / 2023 11:52:14 AM METS: 1.0/ 110 bpm 67% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 ms Post J

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec, 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS VASHI

HV (00:00)

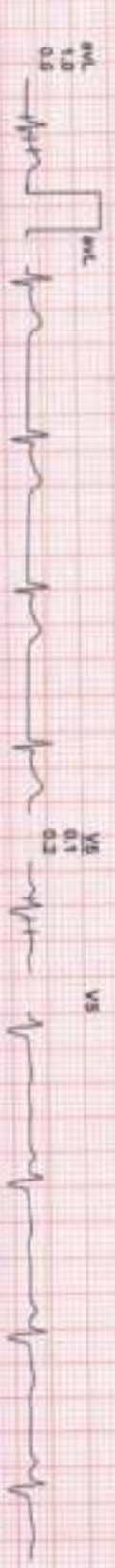


283 (2336418139) / MR. DHONDIBA PATIL / 56 Yrs / M / 165 Cms / 73 Kg / HR : 100

Date: 30 / 12 / 2023 11:52:14 AM METS: 1.0/ 100 bpm 61% of THR BP: 140/80 mmHg Raw ECG BLC On/ Notch On/ HF 0.05 Hz/LS 35 Hz

4X 80 MS Post J

ExTime: 00:00 0.0 mph, 0.0%
26 mm/Sec, 1.0 Cm/IV



REMARKS:

SUBURBAN DIAGNOSTICS VASHI

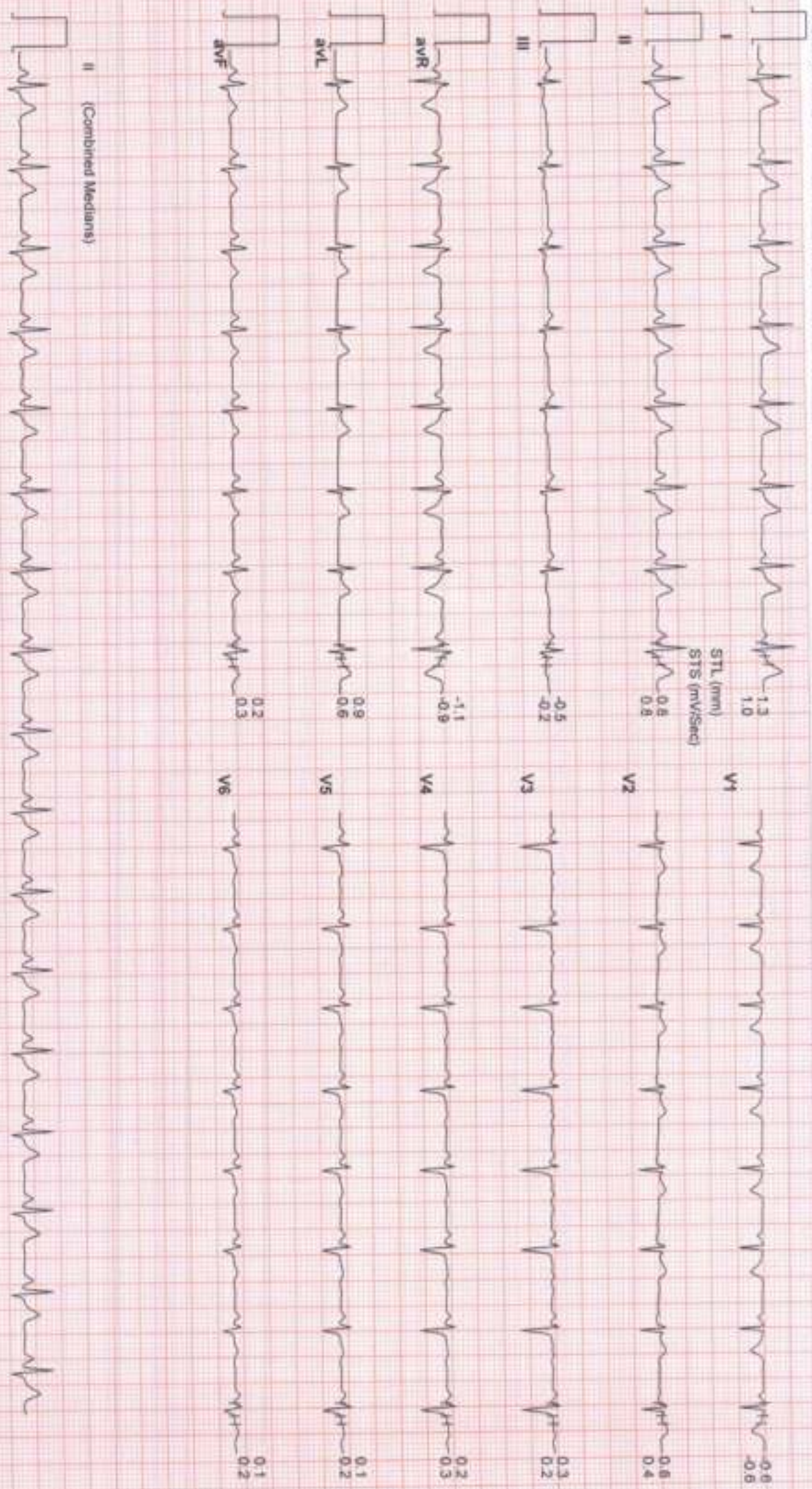
283 / MR. DHONDIBA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm
WARM UP (00:00)



Date: 30 / 12 / 2023 11:52:14 AM METs : 1.0 HR : 100 Target HR : 61% of 164 BP : 140/80 Post J @60mSec

ExTime: 00:00 Speed: 1.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

283 / MR. DHONDIBA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

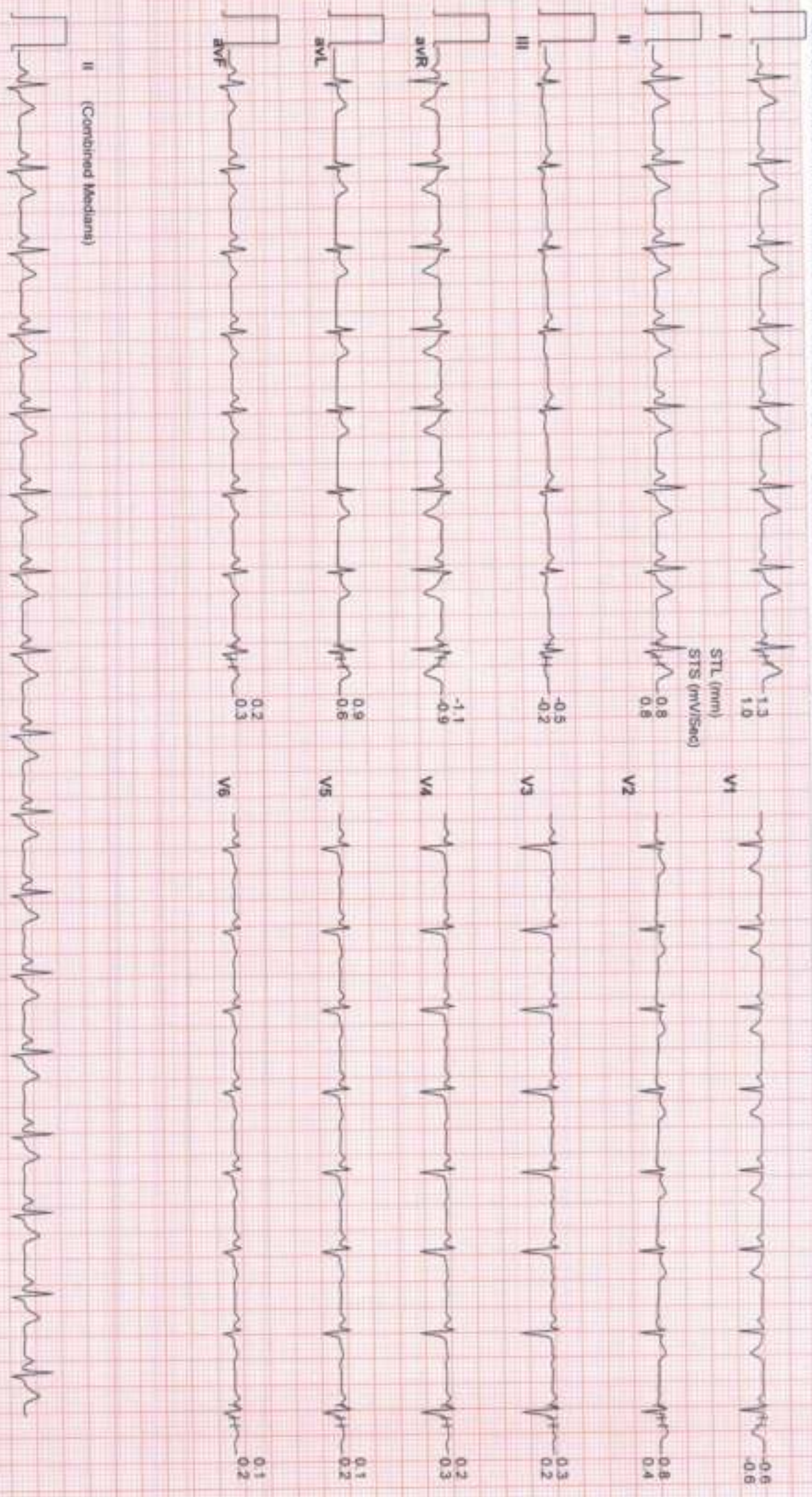
6X2 Combine Medians + 1 Rhythm

ExStr



Date: 30 / 12 / 2023 11:52:14 AM METs : 1.0 HR : 100 Target HR : 61% of 164 BP : 140/80 Post J @80mSec

EXTIME: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

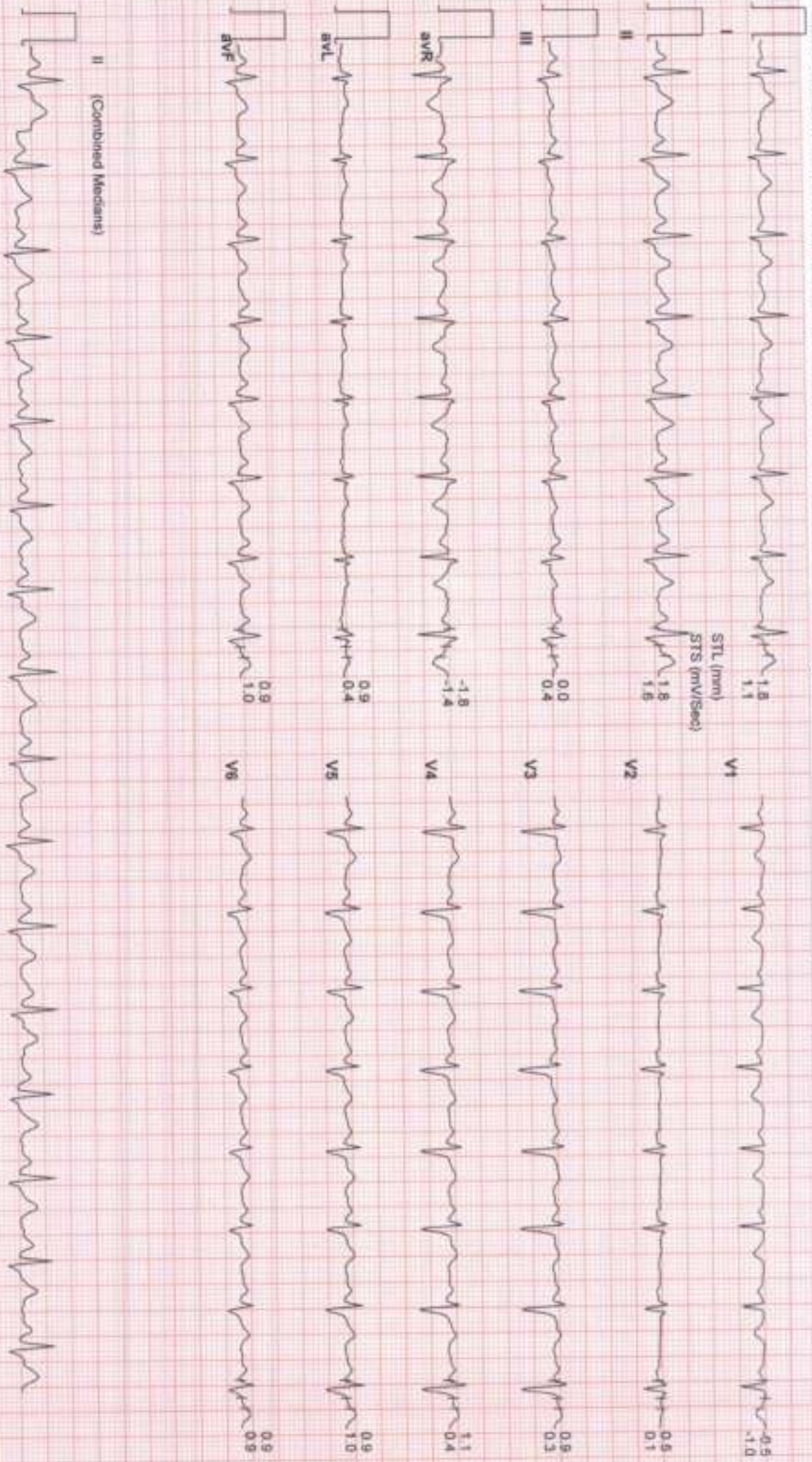
283 / MR DHONDIYA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

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



Date: 30 / 12 / 2023 11:52:14 AM METs : 4.7 HR : 98 Target HR : 60% of 164 BP : 150/90 Post J @90mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

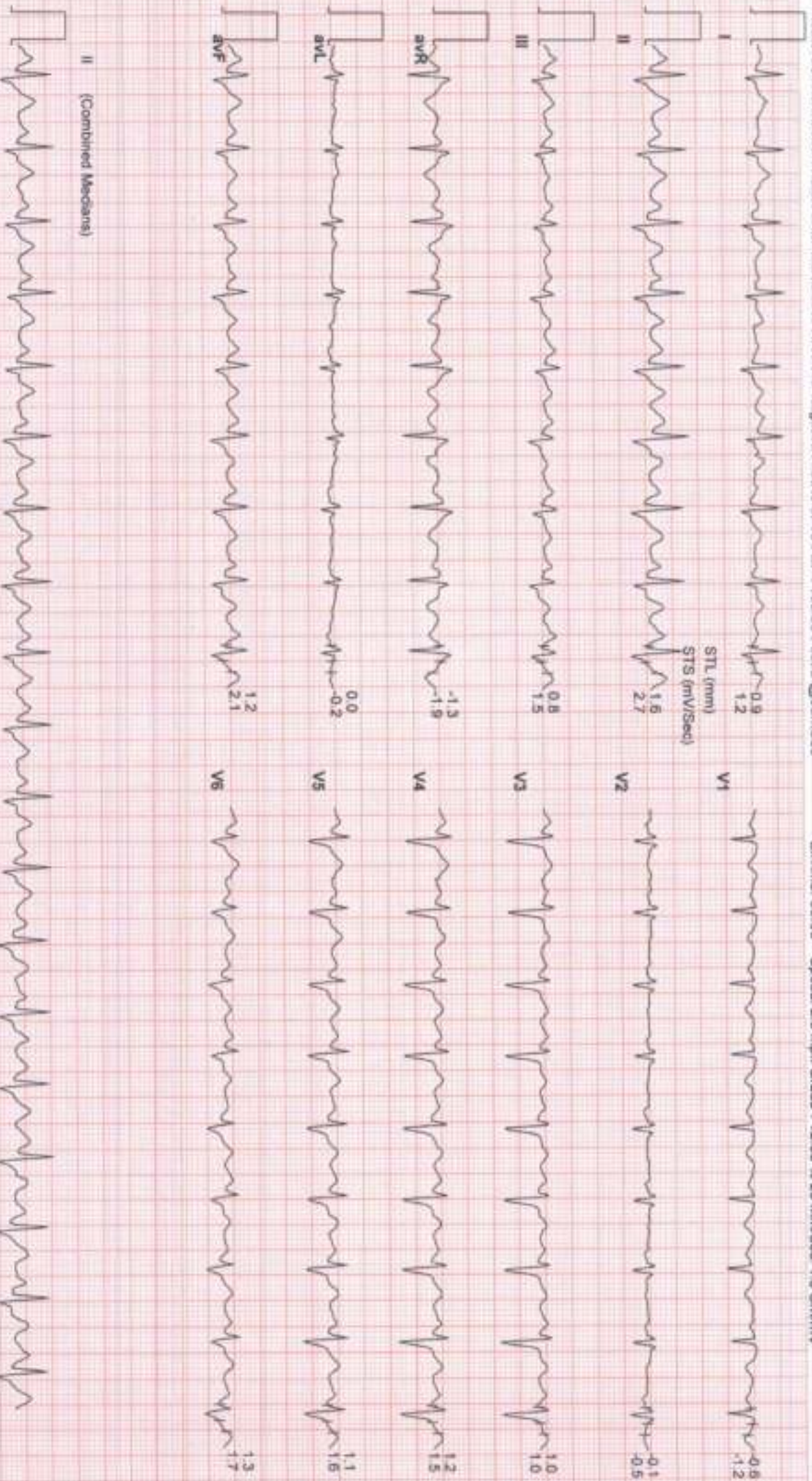
283 / MR. DHONDIBA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

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



Date: 30 / 12 / 2023 11:52:14 AM METs : 7.1 HR : 113 Target HR : 69% of 164 BP : 160/80 Post J @90mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/IV



SUBURBAN DIAGNOSTICS VASHI

283 / MR. DHONDIBA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 3 (03:00)



Date: 30 / 12 / 2023 11:52:14 AM METs : 10.2 HR : 140 Target HR : 85% of 164 BP : 170/80 Post J @50mSec

ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



STL (mm)
STS (mV/Sec)

V1

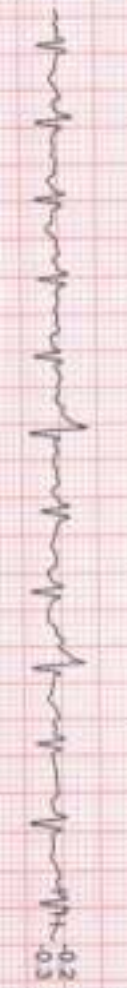


0.2
0.7

0.5
0.9



V2



0.3
2.2

0.2
0.3



V3



0.1
1.5

0.2
0.6

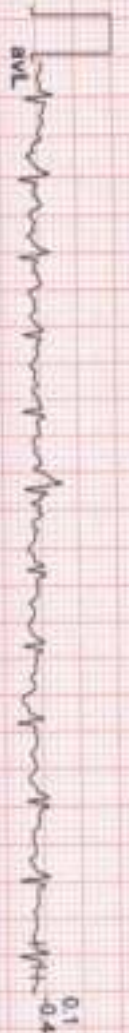


V4



0.3
1.5

0.1
1.0



V5



0.1
0.4

0.3
1.7



V6



0.2
1.9

0.5
1.1

II (Combined Medians)



SUBURBAN DIAGNOSTICS VASHI

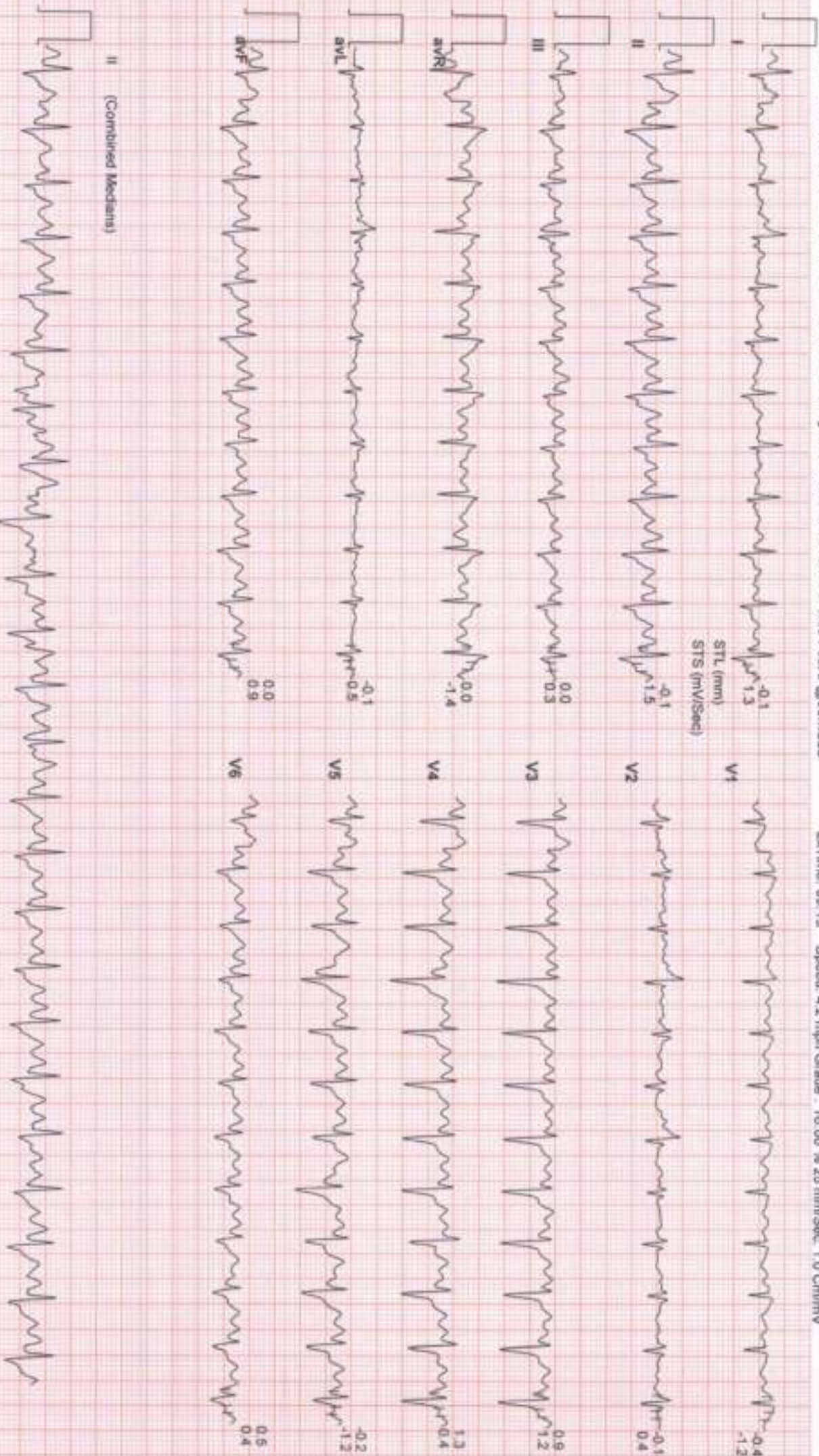
283 / MR DHONDIBA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm
PeaEX



Date: 30 / 12 / 2023 11:52:14 AM METS : 10.6 HR : 144 Target HR : 68% of 164 BP : 170/80 Post J @60mSec

ExTime: 09:19 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

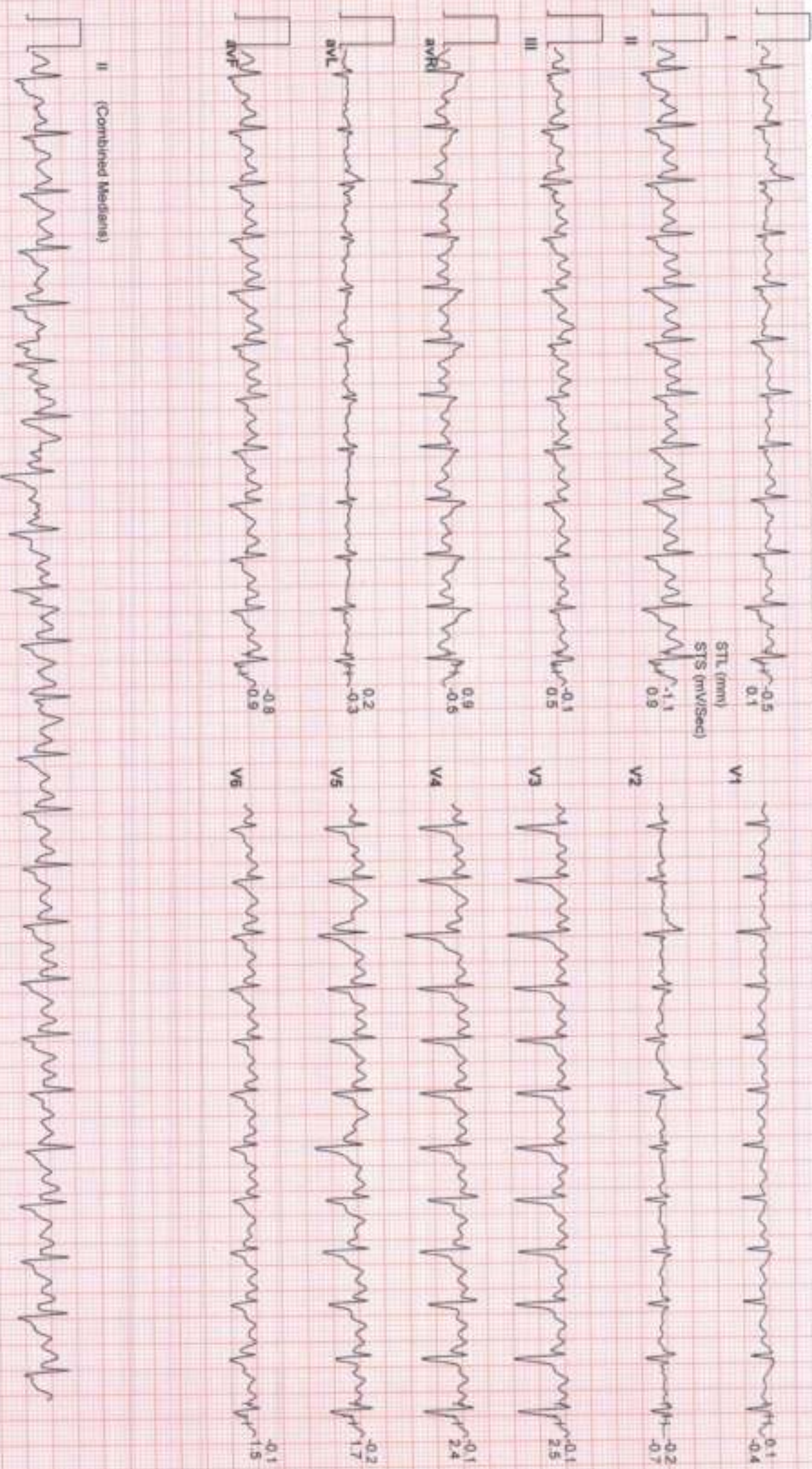
283 / MR.DHONDIBA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (00:07)



Date: 30 / 12 / 2023 11:52:14 AM METs : 9.4 HR : 146 Target HR : 89% of 164 BP : 170/80 Post J @60mSec

ExTime: 09:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

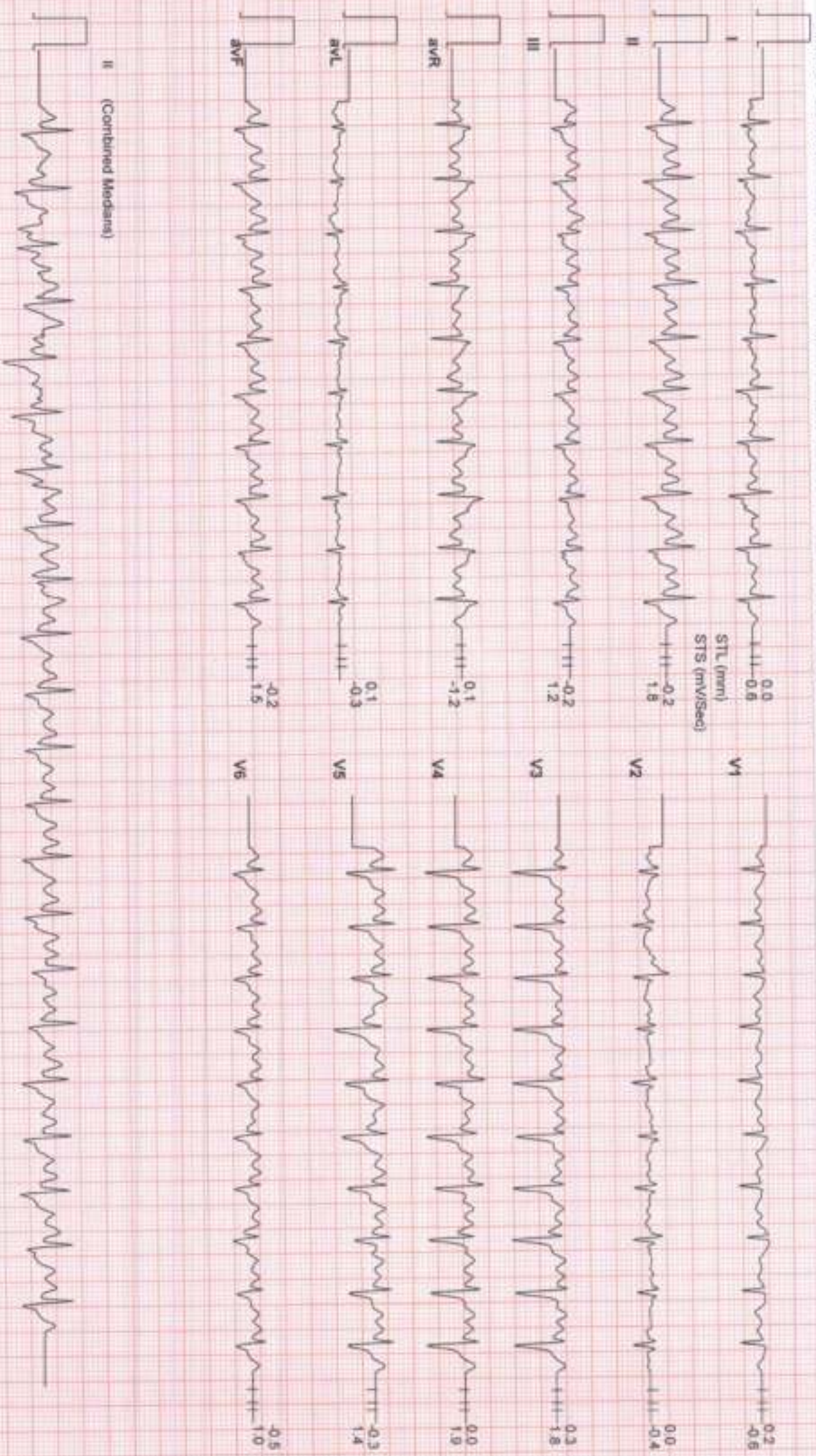
283 / MR.DHONDIBA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (00:26)



Date: 30 / 12 / 2023 11:52:14 AM METs : 7.5 HR : 146 Target HR : 89% of 164 BP : 170/80 Post J @60mSec

ExTime: 09:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

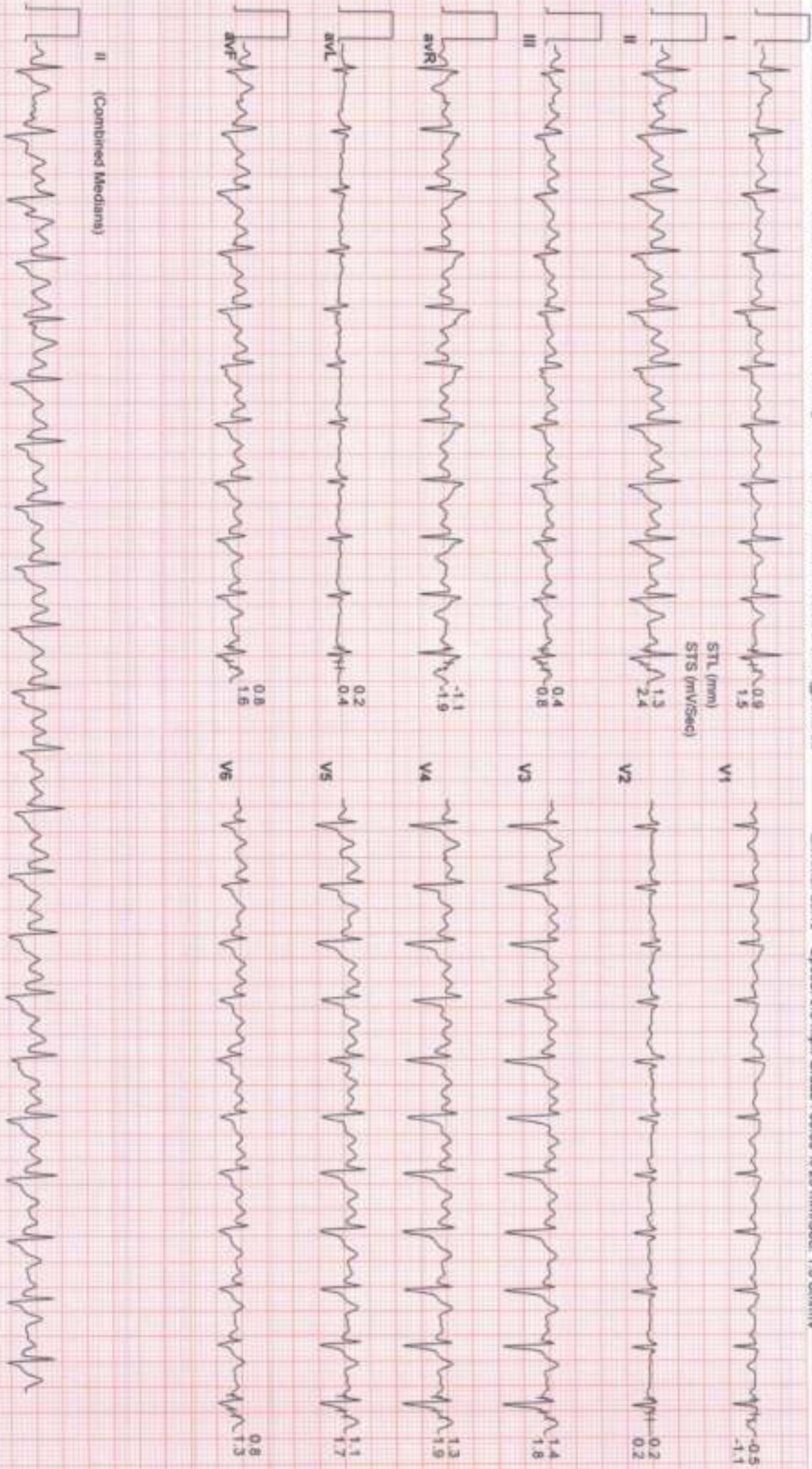
283 / MR DHONDIBA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

Date: 30 / 12 / 2023 11:52:14 AM METs : 4.2 HR : 131 Target HR : 80% of 164 BP : 160/80 Post J @80mSec

ExTime: 09:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



SUBURBAN DIAGNOSTICS VASHI

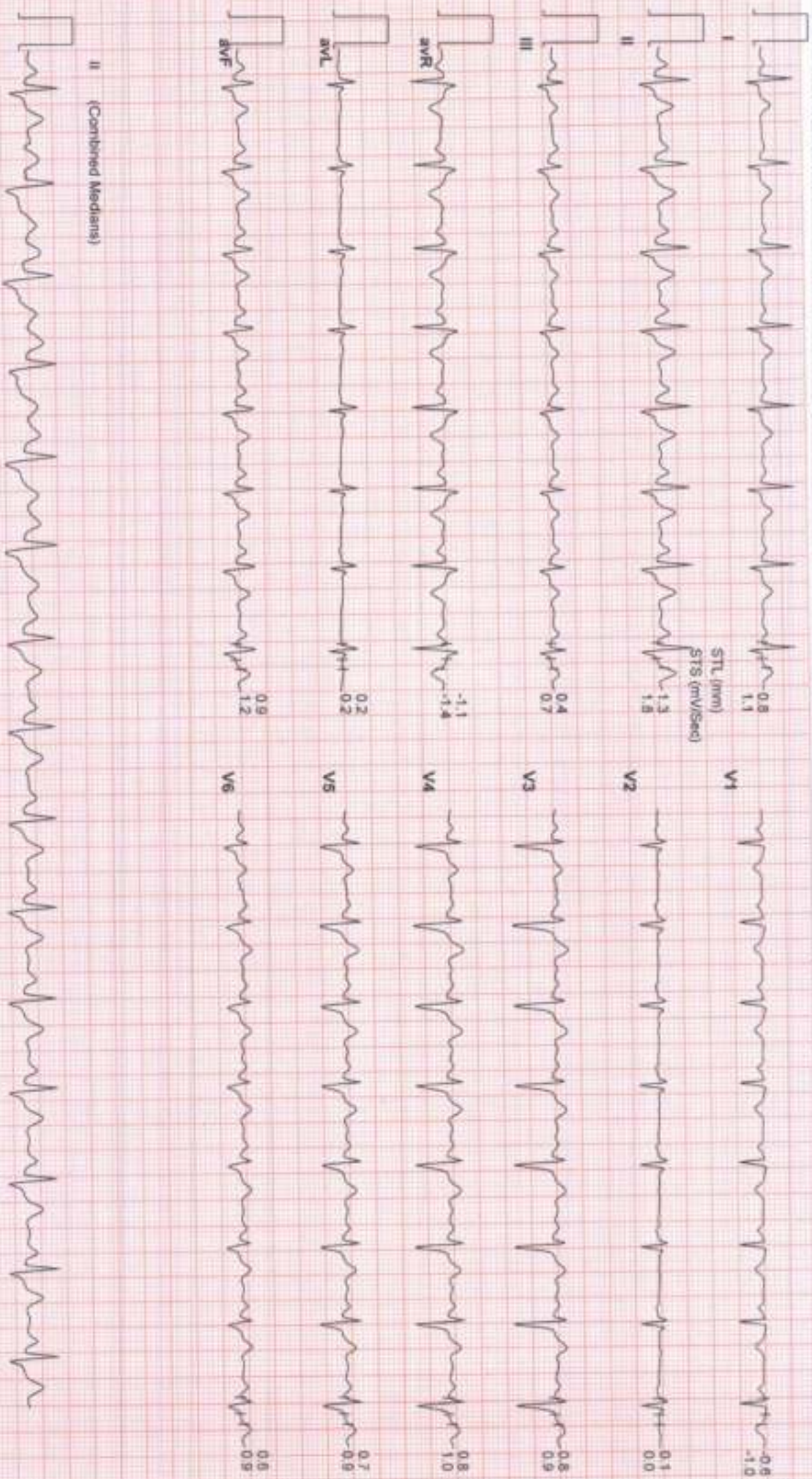
283 / MR.DHONDIBA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

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



Date: 30 / 12 / 2023 11:52:14 AM METs : 1.0 HR : 90 Target HR : 55% of 164 BP : 160/80 Post J @80ms/Sec

ExTime: 00:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

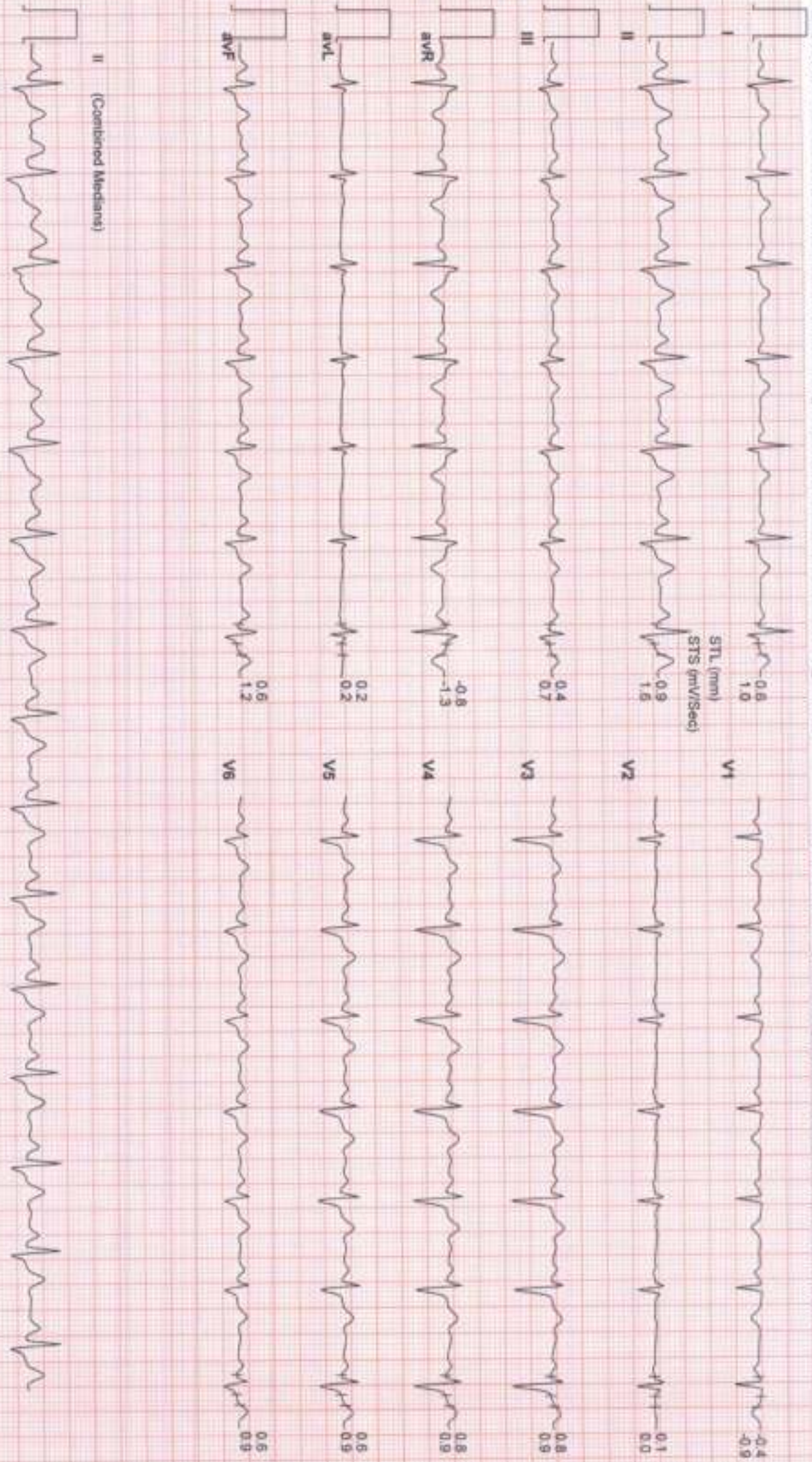
283 / MR. DHONDIBA PATIL / 56 Yrs / Male / 165 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:13)



Date: 30 / 12 / 2023 11:52:14 AM METs : 1.0 HR : 68 Target HR : 54% of 164 BP : 160/80 Post J @90mSec

ExTime: 09:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV





CID : 2336418139
Name : Mr DHONDIBA PATIL
Age / Sex : 56 Years/Male
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 30-Dec-2023
Reported : 30-Dec-2023/10:43

USG WHOLE ABDOMEN

SUBOPTIMAL SCAN DUE TO EXCESSIVE BOWEL GASES.

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

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

Right kidney measures 8.7 x 4.3 cm.

Left kidney measures 9.4 x 3.5 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

Gaseous distention of bowel loops is noted.

URINARY BLADDER:

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

Prevoid volume - 328cc,

Postvoid residue - 37cc (significant).

PROSTATE:

The prostate is enlarged in size. It measures 5.1 x 3.1 x 3.2 cm and volume is 27.1cc.

IMPRESSION:

Mild prostatomegaly with significant postvoid residual urine.

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2336418139
Name : Mr DHONDIBA PATIL
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CID : 2336418139
Name : Mr DHONDIBA PATIL
Age / Sex : 56 Years/Male
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 30-Dec-2023
Reported : 30-Dec-2023/11:11

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 Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist



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CID : 2336418139
Name : Mr DHONDIBA PATIL
Age / Sex : 56 Years/Male
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 30-Dec-2023
Reported : 30-Dec-2023/11:11