SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2406818159		
Name	: MR.PARESH GANKUTKAR		
Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 08-Mar-2024 / 09:35
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 08-Mar-2024 / 12:17

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	**11.7**	13.0-17.0 g/dL	Spectrophotometric
RBC	4.78	4.5-5.5 mil/cmm	Elect. Impedance
PCV	**35.2**	40-50 %	Measured
MCV	**74**	80-100 fl	Calculated
MCH	**24.5**	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	**15.8**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	9050	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	20.4	20-40 %	
Absolute Lymphocytes	1846.2	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	606.4	200-1000 /cmm	Calculated
Neutrophils	62.6	40-80 %	
Absolute Neutrophils	5665.3	2000-7000 /cmm	Calculated
Eosinophils	**9.9**	1-6 %	
Absolute Eosinophils	**896.0**	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	36.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	**405000**	150000-400000 /cmm	Elect. Impedance
MPV	7.5	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Mild		

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Corporate Identity Number (CIN): U85110MH2002PTC136144

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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	**50**	2-15 mm at 1 hr.	Sedimentation

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

Interpretation:
Factors that increase ESR: Old age, Pregnancy,Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

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

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

Reference:

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

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

*** End Of Report ***

ilac-MRA

MC-6201

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

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 08-Mar-2024 / 20:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	**136.8**	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	136.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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MC-6201

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

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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	26.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	117	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	**3.7**	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.0	1 - 2	Calculated
URIC ACID, Serum	4.1	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	98-107 mmol/l	ISE

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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	**7.0**	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	154.2	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.

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 08-Mar-2024 / 14:56

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

PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	1.230	<4.0 ng/ml	CLIA

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

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

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

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

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

Reference:

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

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

*** End Of Report ***

ilac-MRA MC-5460

Dr.ANUPA DIXIT
M.D.(PATH)
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 Borivali Lab, Borivali West

*** End Of Report ***

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MC-6201

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	A
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

Refernces:

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

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*** End Of Report ***

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MC-5460

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Pathologist

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	73.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	99.6	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	**21.1**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	52.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	33.0	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	19.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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MC-6201

Dr.JYOT THAKKER
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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 08-Mar-2024 / 12:10

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.08	0.35-5.5 microIU/ml	ECLIA

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Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

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REPORT

CID	: 2406818159		
Name	: MR.PARESH GANKUTKAR		
Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 08-Mar-2024 / 09:35
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 08-Mar-2024 / 12:10

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 becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

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

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

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

*** End Of Report ***

ilac-MRA

MC-6201

Bmhaskar

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

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REPORT

CID	: 2406818159		
Name	: MR.PARESH GANKUTKAR		
Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 08-Mar-2024 / 09:35
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 08-Mar-2024 / 12:17

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.38	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.14	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	**3.7**	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.0	1 - 2	Calculated
SGOT (AST), Serum	24.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	**107.0**	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	114.0	40-130 U/L	Colorimetric

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

*** End Of Report ***

ilac-MRA

MC-6201

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

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
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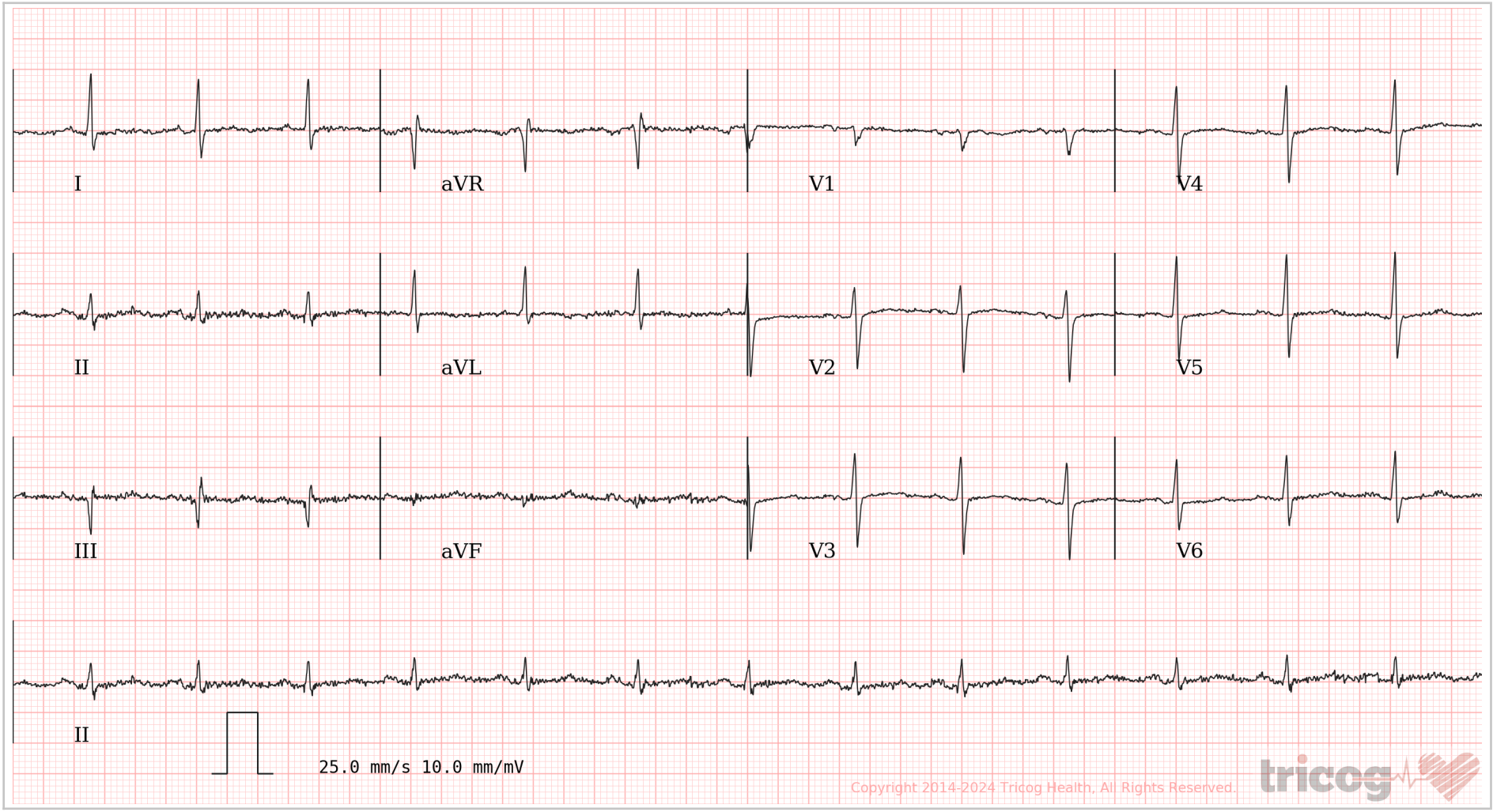
SUBURBAN DIAGNOSTICS - BORIVALI WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: GANKUTKAR PARESH ANAND Date and Time: 8th Mar 24 11:24 AM
Patient ID: 2406818159



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Age 40 years NA months NA days

Gender **Male**

Heart Rate **84bpm**

Patient Vitals

BP:	NA
Weight:	NA
Height:	NA
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	80ms
QT:	392ms
QTcB:	463ms
PR:	176ms
P-R-T:	51° 2° 70°

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

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.

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REPORT

CID	: 2406818159		
Name	: Mr GANKUTKAR PARESH ANAND		
Age / Sex	: 40 Years/Male		
Ref. Dr	:	**Reg. Date**	: 08-Mar-2024
Reg. Location	: Borivali West	**Reported**	: 08-Mar-2024/12:44

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.

Old Fracture noted in 6th, 7th and 8th ribs on left side

Kindly correlate clinically

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319

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REPORT

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Name	: Mr GANKUTKAR PARESH ANAND		
Age / Sex	: 40 Years/Male		
Ref. Dr	:	**Reg. Date**	: 08-Mar-2024
Reg. Location	: Borivali West	**Reported**	: 08-Mar-2024/12:44

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SUBURBAN DIAGNOSTICS
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REPORT

CID	: 2406819464		
Name	: MR.PARESH GANKUTKAR		
Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 08-Mar-2024 / 13:18
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 08-Mar-2024 / 16:53

HEPATITIS "B" SURFACE ANTIGEN (HBsAg)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Hepatitis "B" Surface Antigen (HBsAg), Serum	Nonreactive(0.10)	Reactive (>/= 1.00 Index) Non-Reactive (< 1.00 Index)	CLIA

Note: Kindly note in change in method w.e.f. 28-12-2023

Clinical Significance:

- HBsAg is the surface antigen of Hepatitis B.
- It is used to diagnose Hepatitis B infection, carriers of HBV, to assess the progression and prognosis of disease process and to screen blood donors.
- HBsAg is the first serological marker after infection with HBV, appearing 1-10 weeks after exposure and 2-8 weeks after onset of clinical symptoms.
- HBsAg persists during acute phase and clears during convalescence period.
- Failure to clear HBsAg within 6 months indicates a chronic carrier state.
- Hepatitis B causes infection of the liver with clinical features ranging from absent or mild disease to severe liver failure.
- Hepatitis B is transmitted primarily by body fluids, especially serum. It can also spread by sexual contact and from mother to fetus.
- In most patients, HBV hepatitis is self limited and patient recovers; about 1-2 % of normal adolescents and adults have persistent viral replication resulting in chronic hepatitis.

Reflex Tests:

- HBV DNA
- Anti HBcIgM
- HBeAg and Anti HBe

Limitations of the test:

- Heterophile antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays.
- Patients routinely exposed to animals or animal serum products can be prone to this interference.

Reference:

- HBsAg (Generation II) kit pack insert
- Bakerman's ABC's of Interpretive Laboratory Data
- Wallach's Interpretation of Diagnostic Tests
- Henry's Clinical Diagnosis and Management by Laboratory methods

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

*** End Of Report ***

ilac-MRA

MC-5460

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

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REPORT

CID	: 2406819464		
Name	: MR.PARESH GANKUTKAR		
Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 08-Mar-2024 / 13:18
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 08-Mar-2024 / 16:51

HEPATITIS 'C' VIRUS (HCV) ANTIBODIES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
HCV, Serum	Nonreactive(0.06)	Nonreactive: < 0.80 Index Equivocal: >/= 0.80- <1.00 Index Reactive: >/=1.00 Index	CLIA

Note: Kindly note in change in method and reference range w.e.f.02-01-2024

Test Specifications:
This Anti HCV test is designed to detect antibodies to putative structural and non structural proteins of HCV genome.

Interpretation:
1) All reactive samples should be confirmed by supplemental assays like HCV RNA.
2) A non-reactive result does not exclude the possibility of exposure to or infection with HCV.
3) Patients with auto-immune liver disease may show falsely reactive results.

Clinical Significance:
1) Hepatitis C is one of six hepatitis viruses identified so far, including A, B, D, E, and G, that are known to cause the disease.
2) Hepatitis C (HCV) is a virus that causes an infection of the liver that is characterized by liver inflammation and damage.
3) The most common test for HCV looks for antibodies in the blood that are produced in response to an HCV infection.

Intended Use:
1) Hepatitis C antibody tests are used to screen individuals for the infection, including, for example, people with no signs or symptoms but with risk factors, people who have symptoms associated with hepatitis or liver disease, or those who have been exposed to the virus.
2) In Chronic Liver diseases.

Reflex Tests:
1) Liver function tests, HCV RNA
3) Radiological investigation (USG Abdomen)

Limitations of the test:
1) The detection of anti-HCV antibodies indicates a present or past infection with hepatitis C virus, but does not differentiate between acute, chronic or resolved infection
2) The antibody concentration may be beneath the detection limit of this assay or the patient´s antibodies do not react with the antigens used in this test.

Reference:
1) Anti HCV kit insert
2) Lavanchy D. The global burden of hepatitis C. Liver Int 2009;29(s1):74-81.
3) Hepatitis C WHO report WHO/SCD/SCR/LYO/2003 http://www.who.int/csr/disease/hepatitis/Hepc.pd

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

*** End Of Report ***

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MC-5460

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

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REPORT

CID	: 2406819464		
Name	: MR.PARESH GANKUTKAR		
Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 08-Mar-2024 / 13:18
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 08-Mar-2024 / 16:27

HIV 1+O/2 Antibodies & HIV 1 p24 Antigen

PARAMETER	RESULTS		METHOD
HIV 1+O/2 Antibodies and HIV 1 p24 Antigen, Serum	Nonreactive(0.199)	Non reactive: <1.0 Index Reactive: >/=1.0 Index	CLIA

Note: Kindly note in change in method w.e.f.28-12-2023

Test specifications:

- CLIA: Relative Sensitivity: 100% (100/100) Relative Specificity: 100% (100/100) with a 95% confidence interval (CI) of 99.60%-99.84%.
- ECLIA: Sensitivity 100%, Specificity 99.63%
- CMIA: Analytical sensitivity of < 50 pg/mL to HIV-1 p24 Ag, Specificity >/= 99.5% interval (CI) of 99.08%-100.0%.
- ELFA: Sensitivity -100.00% (95% confidence interval: 99.29% - 100.00%).
- Tridot (Immunofiltration)- Sensitivity:100%, Specificity:100%

Intended Use:

- The HIV Ag/Ab (Generation IV) assay is for the simultaneous qualitative detection of HIV p24 antigen and antibodies to human immunodeficiency virus type 1 and/or type 2 (HIV-1/HIV-2) in human serum or plasma.
- This assay is intended to be used as an aid in the diagnosis of HIV-1/HIV-2 infection and as a screening test for donated blood and plasma.
- An HIV Ag/Ab result does not distinguish between the detection of HIV p24 antigen, HIV-1 antibody, or HIV-2 antibody.

Clinical Significance:

- Human Immunodeficiency Virus (HIV) infection is the cause of Acquired Immunodeficiency Syndrome (AIDS) as well as symptomatic disease prior to development of AIDS.
- HIV transmission is due to direct contact with infected body fluids; primarily blood, semen, vaginal and cervical secretions, breast milk and amniotic fluid.
- The contact is usually mediated by sexual contact, IV drug abuse & blood exposure.
- Antibodies against HIV are nearly always detected in AIDS patients and HIV infected asymptomatic individuals.
- HIV 2 virus is similar to HIV 1 virus, however is less pathogenic, have longer latency period with slower progression to disease, lower viral titres and lower rates of vertical and horizontal transmission.

Confirmatory Test: HIV RNA PCR

Limitations of the test:

- Heterophile antibodies in human serum can react with reagent immunoglobulins, interfering with in-vitro immunoassays.
- Patients routinely exposed to animals or animal serum products can be prone to this interference.

Reference:

- HIV kit pack insert
- Wallach's Interpretation of Diagnostic Tests
- Bakerman's ABC's of Interpretive Laboratory Data

Disclaimer: Pre and post counselling for HIV test will be performed by referring physician/authority whenever patient is referred.

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

*** End Of Report ***

ilac-MRA

MC-5460

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

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID NO: 2406818159	
PATIENT'S NAME: MR.GANKUTKAR PARESH ANAND	AGE/SEX: 40 Y/M
REF BY: -----	DATE: 08/03/2024

2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. Mild Concentric LV Hypertrophy.
3. LVEF 55 % by bi-plane
4. Apical anterior septum hypokinetic.
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.

REPORT

PATIENT'S NAME: MR.GANKUTKAR PARESH ANAND	AGE/SEX: 40 Y/M
REF BY: -----	DATE: 08/03/2024

1.	AO root diameter	3.2 cm
2.	IVSd	1.3 cm
3.	LVIDd	4.3 cm
4.	LVIDs	2.3 cm
5.	LVPWd	1.3 cm
6.	LA dimension	3.6 cm
7.	RA dimension	3.7 cm
8.	RV dimension	3.0 cm
9.	Pulmonary flow vel:	0.7 m/s
10.	Pulmonary Gradient	2.4 m/s
11.	Tricuspid flow vel	1.3 m/s
12.	Tricuspid Gradient	8 m/s
13.	PASP by TR Jet	18 mm Hg
14.	TAPSE	2.7 cm
15.	Aortic flow vel	1.1 m/s
16.	Aortic Gradient	5 m/s
17.	MV:E	0.8 m/s
18.	A vel	0.5 m/s
19.	IVC	16 mm
20.	E/E'	10

Impression:

Mild Concentric LV Hypertrophy.
LVEF 55 % by bi-plane .
Apical anterior septum hypokinetic.

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

SUBURBAN DIAGNOSTICS

PRECISION TESTING - HEALTHY LIVING

REPORT

CID#	: 2406818159		
Name	: MR.PARESH GANKUTKAR		
Age / Gender	: 40 Years/Male		
Consulting Dr.	:	Collected	: 08-Mar-2024 / 09:31
Reg.Location	: Borivali West (Main Centre)	Reported	: 08-Mar-2024 / 15:05

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	171	**Weight (kg):**	91
Temp (0c):	Afebrile	**Skin:**	Normal
Blood Pressure (mm/hg):	130/80	**Nails:**	Normal
Pulse:	72/min	**Lymph Node:**	Not palpable

Systems

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

IMPRESSION:

B). Sugar
Gamma GT
HPZ ↓

Diabetologist ref^d

ADVICE:

CHIEF COMPLAINTS:

1)	**Hypertension:**	Since 2years
2)	**IHD**	1year back PTCA done
3)	**Arrhythmia**	No

CID# : 2406818159
Name : MR.PARESH GANKUTKAR
Age / Gender : 40 Years/Male
Consulting Dr. :
Reg.Location : Borivali West (Main Centre)

Collected : 08-Mar-2024 / 09:31
Reported : 08-Mar-2024 / 15:05

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

PERSONAL HISTORY:

1)	**Alcohol**	No
2)	**Smoking**	No
3)	**Diet**	Mix
4)	**Medication**	No

*** End Of Report ***

Suburban Diagnostics (I) Pvt. Ltd.
301& 302, 3rd ... Appearance
Above ... Road,
Borivali (West) ... 400 092.

Dr.NITIN SONAVANE
PHYSICIAN

DR. NITIN SONAVANE
M.B.B.S.,D.DIAB, D.CARD.
CONSULTANT CARDIOLOGIST
REGD. NO. - 87714

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID NO: 2406818159		
NAME:MR.GANKUTKAR PARESH ANAND	AGE: 40 YRS	SEX: MALE
REF. BY : ----	DATE: 08/03/2024	

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious 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: 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 normal in size, shape and echotexture. No focal lesion is seen.

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

PROSTATE: Prostate is normal in size and echotexture. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Opinion:

- **No significant abnormality is detected.**

For clinical correlation and follow up.

Dr. Vikrant Patil, MD
Consultant Radiologist
Reg no. 2014052421

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.