



CID : 2410810142  
Name : MR.NAKUL PAWAR  
Age / Gender : 40 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 17-Apr-2024 / 08:36  
Reported : 17-Apr-2024 / 12:45

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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	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.38	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.8	40-50 %	Measured
MCV	98	80-100 fl	Calculated
MCH	32.5	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4320	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	42.1	20-40 %	
Absolute Lymphocytes	1818.7	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	315.4	200-1000 /cmm	Calculated
Neutrophils	46.5	40-80 %	
Absolute Neutrophils	2008.8	2000-7000 /cmm	Calculated
Eosinophils	3.8	1-6 %	
Absolute Eosinophils	164.2	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	13.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	188000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	19.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 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
- Brigiden 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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	89.3	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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	20.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.94	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	105	(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	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	3.5	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	5.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

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



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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	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 Borivali Lab, Borivali West

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



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 Reported : 17-Apr-2024 / 14:06

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.394	<4.0 ng/ml	CLIA

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



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Reported : 17-Apr-2024 / 14:06

**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



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Collected : 17-Apr-2024 / 11:45  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (5.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	-
Reducing Substances	-	Absent	Benedicts

\*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**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
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)	20	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
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	3-4	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 \*\*\*



*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**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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*

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M.D. (PATH), DPB  
Pathologist and 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	157.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	80.0	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	41.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	115.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.0	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	15.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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



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**Dr.KETAKI MHASKAR**  
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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	5.4	0.35-5.5 microIU/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)

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



**Dr.JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.72	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	<b>0.37</b>	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	21.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	65.2	40-130 U/L	Colorimetric

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



*Bmhasakar*

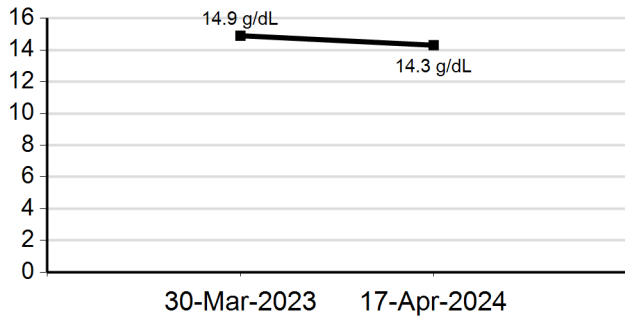
**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



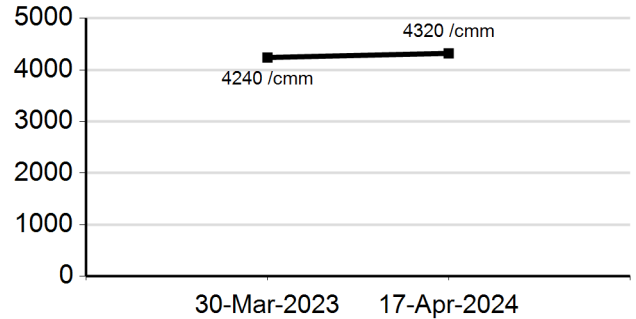
Use a QR Code Scanner Application To Scan the Code

**CID** : 2410810142  
**Name** : MR.NAKUL PAWAR  
**Age / Gender** : 40 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Bhayander East (Main Centre)

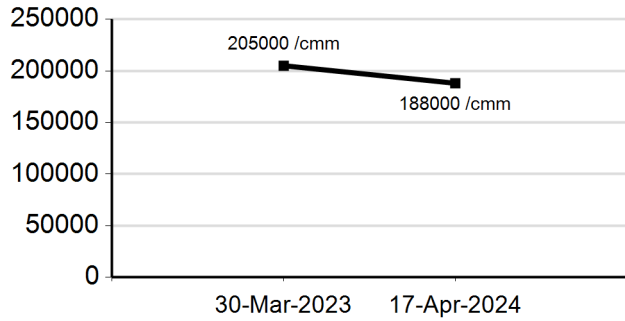
**Haemoglobin**



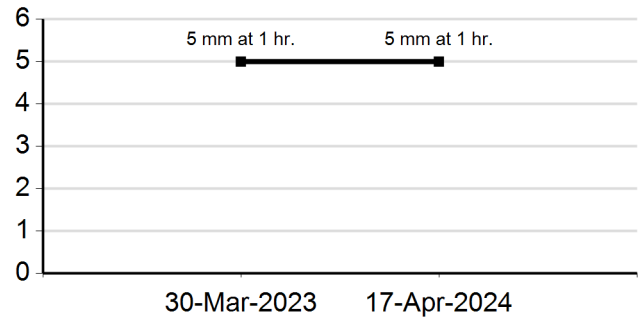
**WBC Total Count**



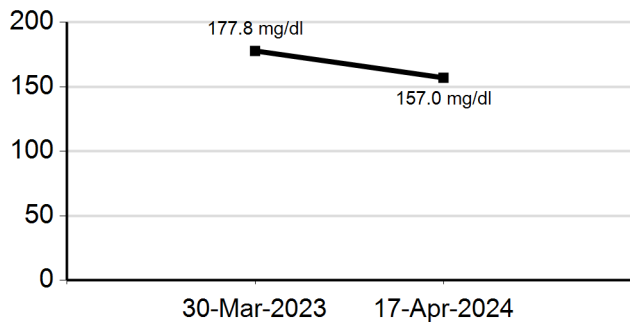
**Platelet Count**



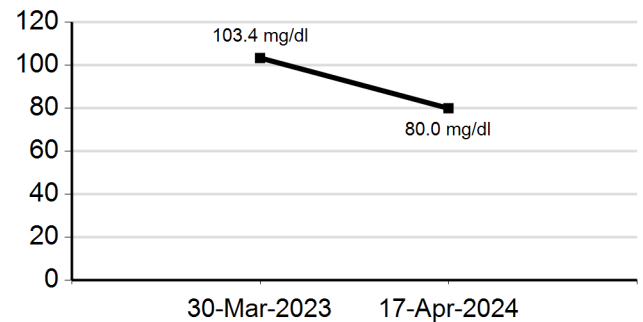
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

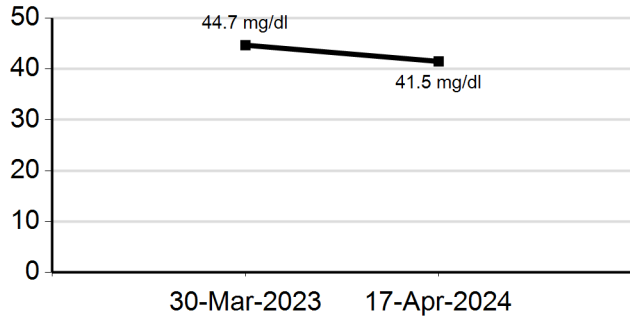




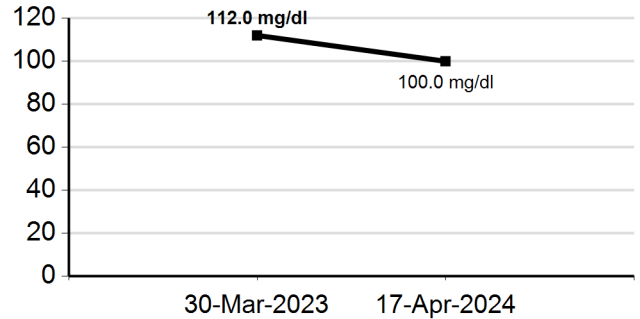
Use a QR Code Scanner Application To Scan the Code

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 Name : MR.NAKUL PAWAR  
 Age / Gender : 40 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Bhayander East (Main Centre)

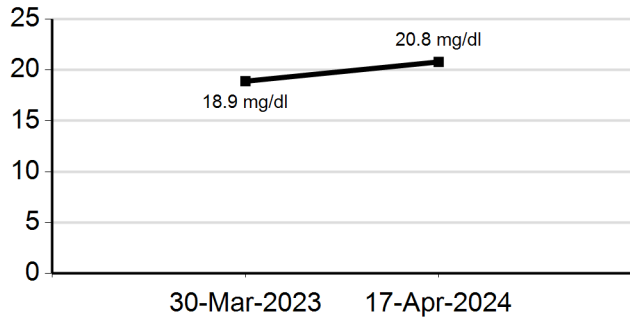
**HDL CHOLESTEROL**



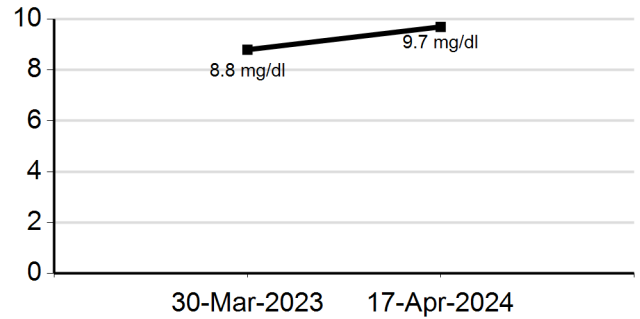
**LDL CHOLESTEROL**



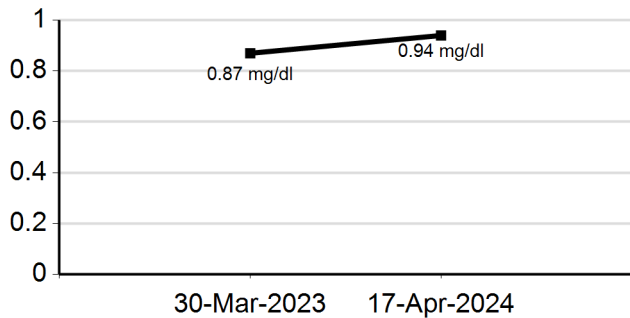
**BLOOD UREA**



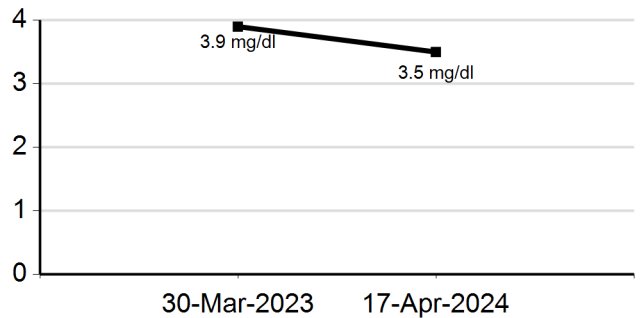
**BUN**



**CREATININE**



**URIC ACID**



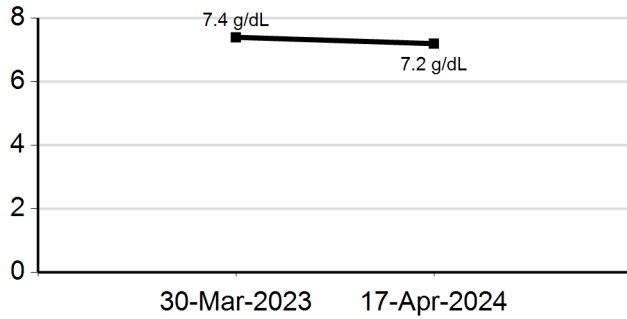




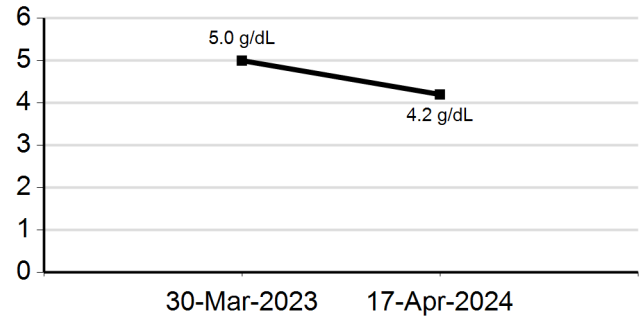
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Reg. Location : Bhayander East (Main Centre)

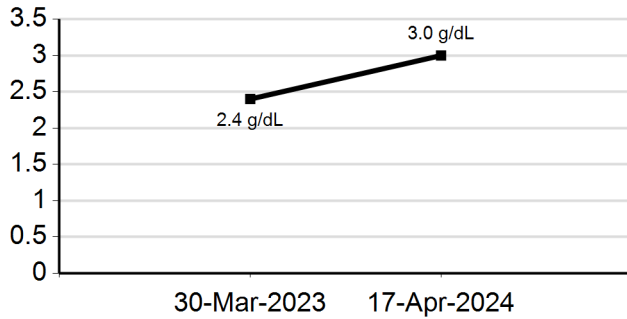
**TOTAL PROTEINS**



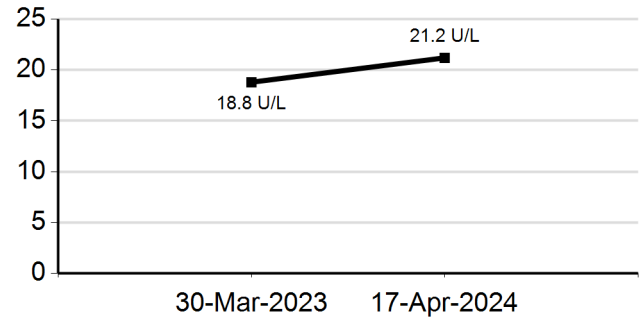
**ALBUMIN**



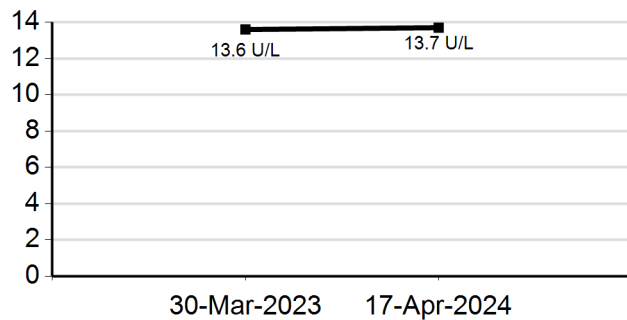
**GLOBULIN**



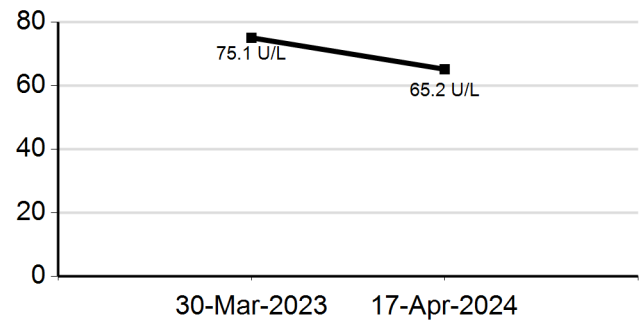
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

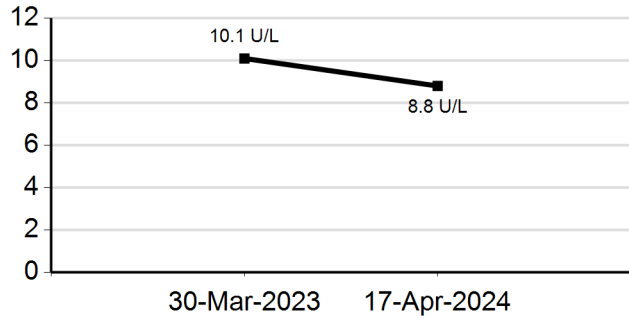




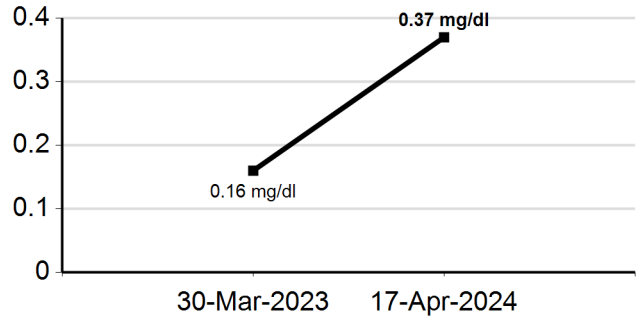
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 Consulting Dr. : -  
 Reg. Location : Bhayander East (Main Centre)

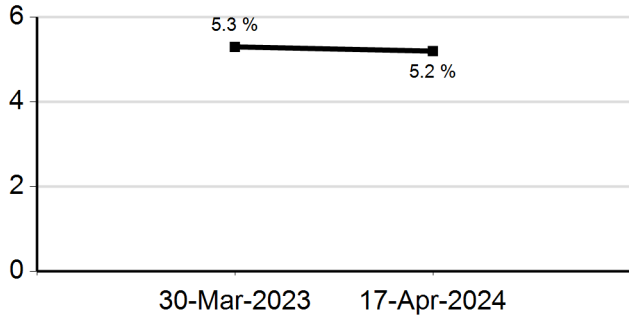
**GAMMA GT**



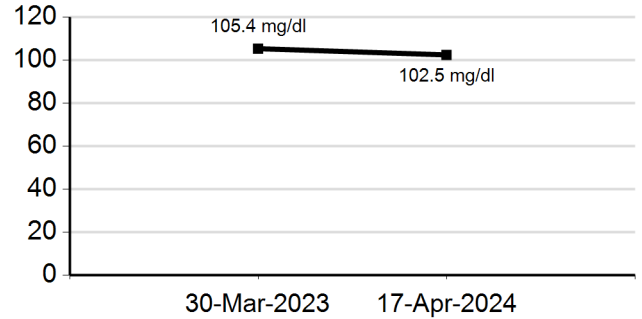
**BILIRUBIN (DIRECT)**



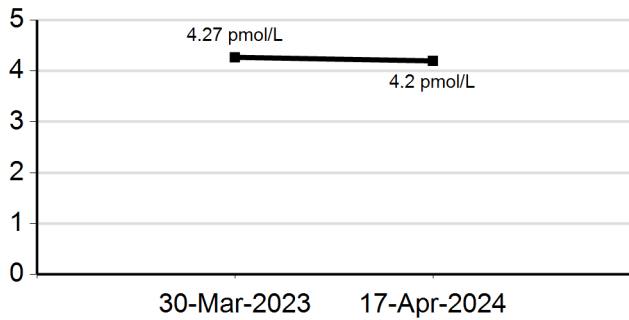
**Glycosylated Hemoglobin (HbA1c)**



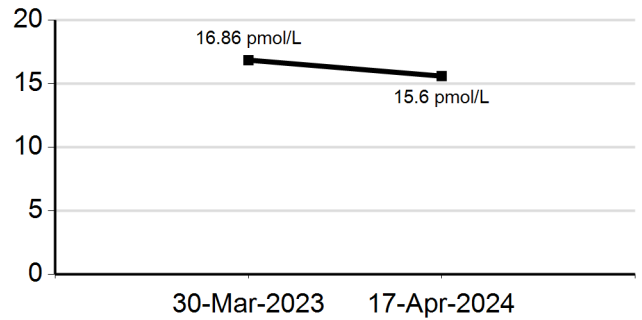
**Estimated Average Glucose (eAG)**



**Free T3**



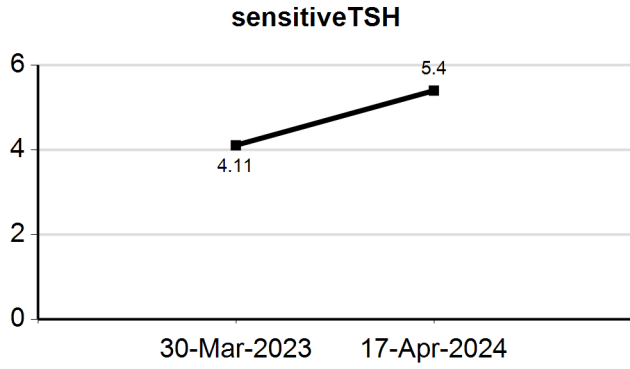
**Free T4**





Use a QR Code Scanner  
Application To Scan the Code

CID : 2410810142  
Name : MR.NAKUL PAWAR  
Age / Gender : 40 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2410810142  
Name : Mr NAKUL PAWAR  
Age / Sex : 40 Years/Male  
Ref. Dr :  
Reg. Location : Bhayander East Main Centre  
Reg. Date : 17-Apr-2024  
Reported : 17-Apr-2024 / 12:45

**USG WHOLE ABDOMEN**

**LIVER:**

The liver is normal in size (10.8 cm), normal in shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.(PV- 10.0 mm)

**GALL BLADDER:**

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of any calculus, mass lesion or sludge seen in the visualised lumen.

**COMMON BILE DUCT:**

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

**PANCREAS:**

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

**KIDNEYS:**

Right kidney measures 9.0 x 4.2 cm. Left kidney measures 9.2 x 4.2 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

**SPLEEN:**

The spleen is normal in size (8.9 cm) and echotexture. No evidence of focal lesion is noted.

**URINARY BLADDER:**

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

**PROSTATE:**

The prostate is normal in size 3.4 x 2.8 x 2.4 cm and weighs 12.0 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024041708332314>

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

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CID : 2410810142  
Name : Mr NAKUL PAWAR  
Age / Sex : 40 Years/Male  
Ref. Dr :  
Reg. Location : Bhayander East Main Centre

Reg. Date : 17-Apr-2024  
Reported : 17-Apr-2024 / 12:45

**IMPRESSION:**

- No other significant abnormality made out.

**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

Dr. Aisha Lakhani  
Mbbs, Md (Radio  
Diagnosis)  
Bhayander center

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024041708332314>

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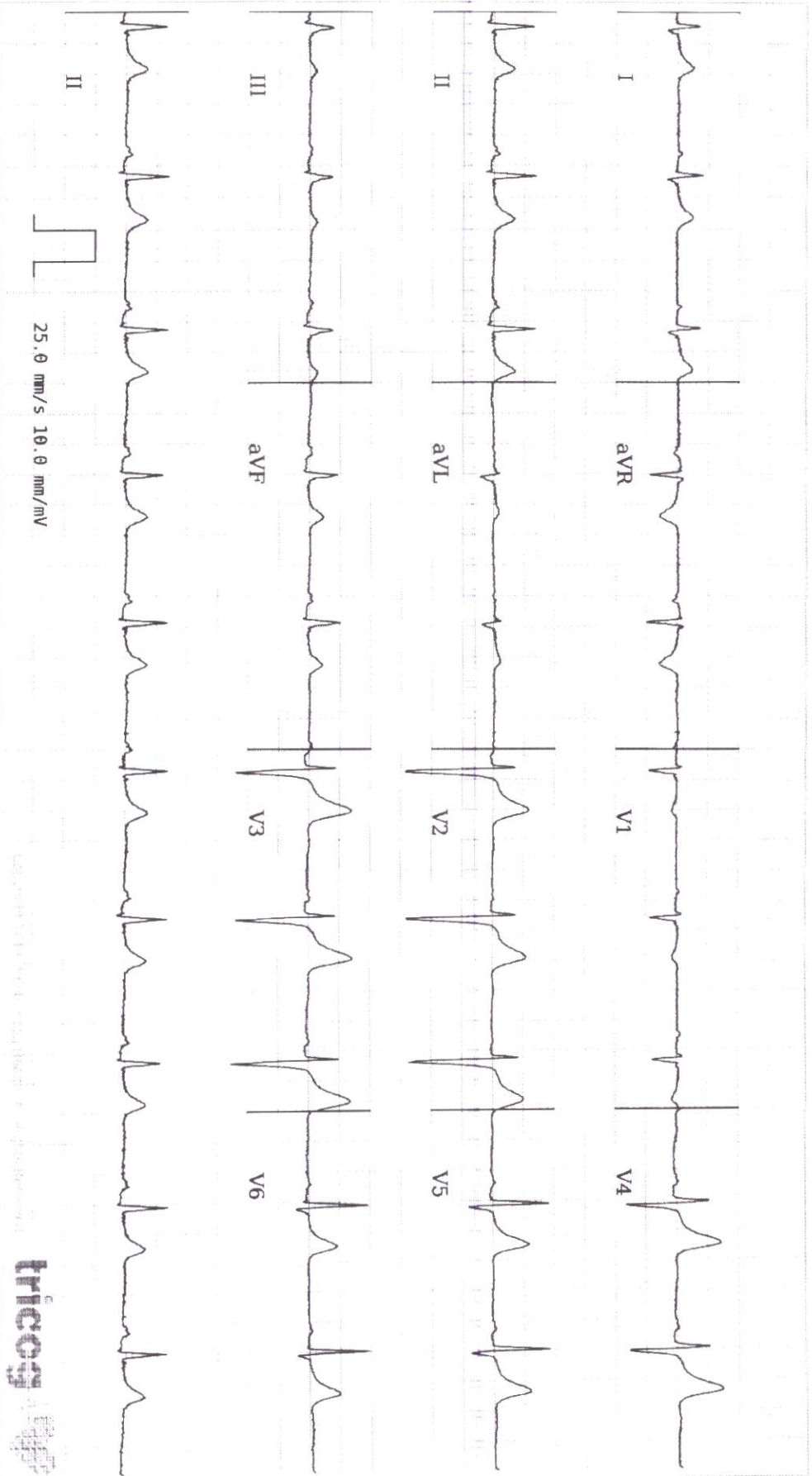
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**SUBURBAN DIAGNOSTICS - BHAYANDER EAST**

Patient Name: NAKUL PAWAR  
Patient ID: 2410810142

Date and Time: 17th Apr 24 8:44 AM



Age 40 NA NA  
years months days

Gender Male

Heart Rate 62bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 64 kg

Height: 174 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 98ms

QT: 404ms

QTcB: 410ms

PR: 158ms

P-R-T: 61° 66° 51°



ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

*[Signature]*

Dr. Smita Valani  
MBBS, D. Cardiology  
2011030587

Date:- 17/2/24  
 Name:- NAKUL Pawar  
 CID: 2410810142  
 Sex / Age: 40

**EYE CHECK UP**

Chief complaints:  
 Systemic Diseases: } NO  
 Past history:

Unaided Vision: RE LE  
 6/6 6/6  
 Aided Vision: N/A N/A

Refraction:

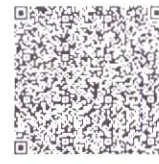
	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision:  Normal /  Abnormal

Remark:

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
 3rd Floor,  
 Near Thane Bypass, Raymond,  
 Mira Road (East), Dist. Thane - 401 105  
 Phone - 022 - 61700000

Authenticity Check



Use a QR Code Scanner  
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CID : 2410810142  
Name : Mr NAKUL PAWAR  
Age / Sex : 40 Years/Male  
Ref. Dr :  
Reg. Location : Bhayander East Main Centre  
Reg. Date : 17-Apr-2024  
Reported : 17-Apr-2024 / 10:52

### X-RAY CHEST PA VIEW

Both the lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

#### IMPRESSION:

- No obvious active parenchymal lesion made out.

Kindly correlate clinically.

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

Dr. Aisha Lakhani  
Mbbs, Md (Radio  
Diagnosis)  
Bhayander center

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024041708332291>

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**MAHARASHTRA STATE MOTOR DRIVING LICENCE**

DL No. MH03 20110032804      DO: 31-05-2011  
Valid Till: 30-05-2031 (NT)

10-03-2021  
FORM 7  
RULE 16 (2)

AUTHORIZATION TO DRIVE FOR DIVERSIFIED CLASS  
OF VEHICLES THROUGHOUT INDIA

DOB	DO
LMV	10-03-2021
MCWG	31-05-2011

DOB 12-06-1983    BG

Name: NAKUL PAWAR  
S/O of: HARIRAM PAWAR  
Add: E 402 SONAM SHIVILAS NEW GOLDEN NEST  
PHASE 15 ADRESHWAR ROAD BHAYANDER EAST  
THANE  
PIN: 401105

Signature & Seal of Issuing Authority: MH03

Signature/Thumb Impression of Holder

*Nakul*

*Ant*

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
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Mira Road (East), Dist. Thane - 401 105  
Phone: 022 - 61700000

**DR. ANITA CHANDRAN**  
CORPORATE  
Reg. No. 24/12/2005

• PATIENT NAME :MR.NAKUL PAWAR	• SEX : MALE
• REFERRED BY : DR. -----	• AGE : 40 YEARS
• CID NO : 2410810142	• DATE : 17/04/2024

## 2D-Echocardiogram & Doppler Report

### Cardiac Evaluation:

#### DIMENSIONS:

IVSd	9.4	mm
IVSs	11.0	mm
LVIDd	40.0	mm
LVIDs	27.3	mm
LVPWd	8.2	mm
LVPWS	12.7	mm
LVEF	60	%
AO	29.4	mm
LA	27.5	mm
AVC	14.9	mm

#### MORPHOLOGICAL DATA

Mitral Valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
IAS / IVS	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
Pericardium	Normal
LV Studies	Normal

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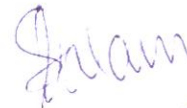
**DOPPLER DATA:**

Mitral E velocity	0.87	cm/s	
Mitral A velocity	0.54	cm/s	
Mitral E/A	1.61		
AV max	0.96	cm/s	PG 3.8 mmhg
PV max	1.04	cm/s	PG 4.3 mmhg
TR max	2.27	cm/s	PG 35 mmhg

**IMPRESSION:**

- Normal dimensions of all cardiac chambers.
- Good LV systolic Function. LVEF = 60 %.
- No RWMA.
- No clot/vegetation/effusion.
- No PH . (PASP by TR jet 35 mm Hg).

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



**DR. SMITA VALANI**  
**M.B.B.S., D. Cardiology**  
**Reg. No. 2011/03/0587**  
**CONSULTANT CARDIOLOGIST**

**REGD. OFFICE:** Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | **CIN No.:** L74899DL1995PLC065388

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Name : MR.NAKUL PAWAR

Age / Gender : 40 Years/Male

Consulting Dr. :

Collected : 17-Apr-2024 / 08:32

Reg.Location : Bhayander East (Main Centre)

Reported : 17-Apr-2024 / 12:56

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

No Complait

**EXAMINATION FINDINGS:**

Height (cms): 174

Weight (kg): 64

Temp (0c): Afebrile

Skin: NAD

Blood Pressure (mm/hg): 110/80

Nails: NAD

Pulse: 76/min

Lymph Node: Not palpable

**Systems**

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

*(A+ve)*

**IMPRESSION:**

*USG, ECG, CXR, CBC, Biochemistry  
all WNL*

**ADVICE:**

**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

Name : MR.NAKUL PAWAR

Age / Gender : 40 Years/Male

Consulting Dr. :

Collected : 17-Apr-2024 / 08:32

Reg.Location : Bhayander East (Main Centre)

Reported : 17-Apr-2024 / 12:56

- |  |    |
|--|----|
| 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       | Mixed |
| 4) Medication | No    |

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

**DR. ANITA CHOUDHARY**  
M.B.B.S.  
CONSULTANT PHYSICIAN  
Reg. No. 2017/12/5553

*Anita*

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Kshini Building, Above Raymond,  
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