



CID : 2408912945
Name : MR.ASHUTOSH BHALCHANDRA
Age / Gender : 50 Years / Male
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

Collected : 29-Mar-2024 / 09:39
Reported : 29-Mar-2024 / 14:51

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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
<u>RBC PARAMETERS</u>			
Haemoglobin	12.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.35	4.5-5.5 mil/cmm	Elect. Impedance
PCV	38.0	40-50 %	Calculated
MCV	87.4	81-101 fl	Measured
MCH	29.2	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6580	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.6	20-40 %	
Absolute Lymphocytes	2013.5	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	414.5	200-1000 /cmm	Calculated
Neutrophils	52.4	40-80 %	
Absolute Neutrophils	3447.9	2000-7000 /cmm	Calculated
Eosinophils	10.3	1-6 %	
Absolute Eosinophils	677.7	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	26.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	305000	150000-410000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Measured
PDW	12.2	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 **19** 2-15 mm at 1 hr. Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

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

Limitations:

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

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

Reference:

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

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

*** End Of Report ***



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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	106.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	187.7	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	

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



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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	28.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	13.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	1.21	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

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

TOTAL PROTEINS, Serum	6.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	6.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.4	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	8.9	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	135	136-145 mmol/l	IMT
POTASSIUM, Serum	4.6	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	101	98-107 mmol/l	IMT

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*** End Of Report ***



Dr. Vrushi Shroff

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	8.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	185.8	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.397	<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, 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.

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
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Collected : 29-Mar-2024 / 09:39
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

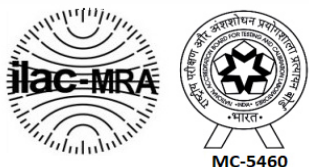
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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*** End Of Report ***



J. Thakker

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



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

PARAMETER	RESULTS
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

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*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	217.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	207.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	39.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	178.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	137.0	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	41.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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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	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.816	0.55-4.78 microIU/ml	CLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal 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

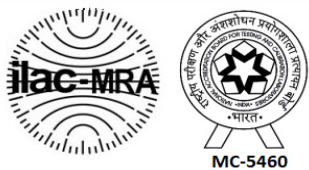
Limitations:

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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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	0.45	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	23.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	27.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	24.8	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	74.8	46-116 U/L	Modified IFCC

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Anupa

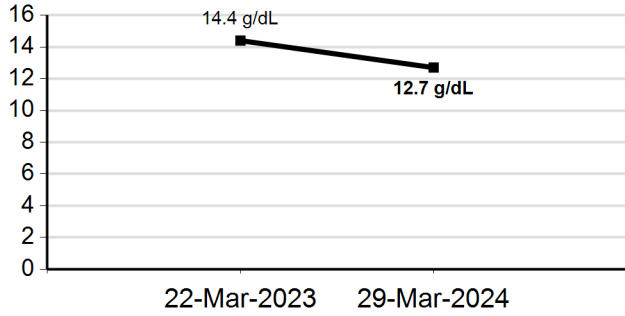
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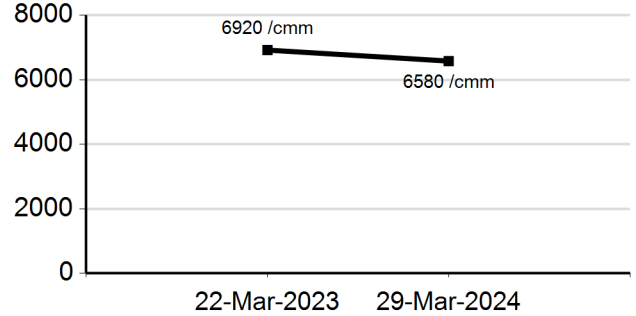
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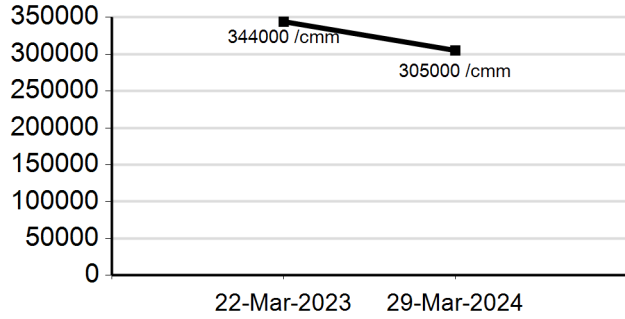
Haemoglobin



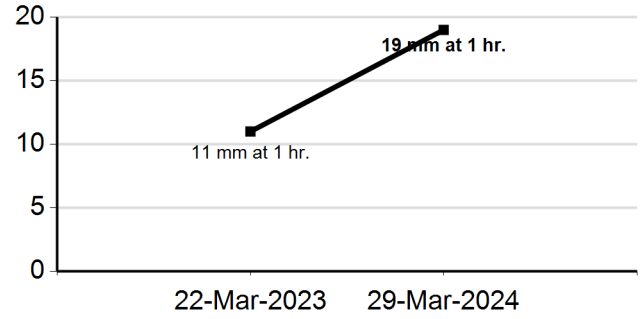
WBC Total Count



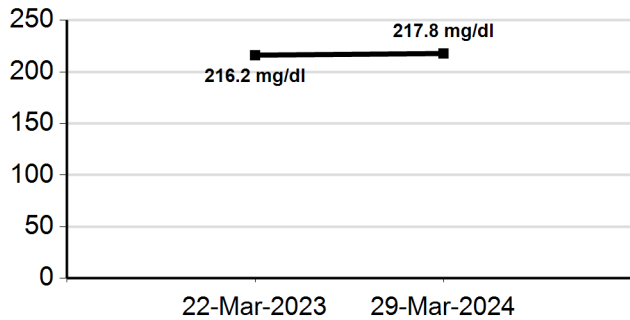
Platelet Count



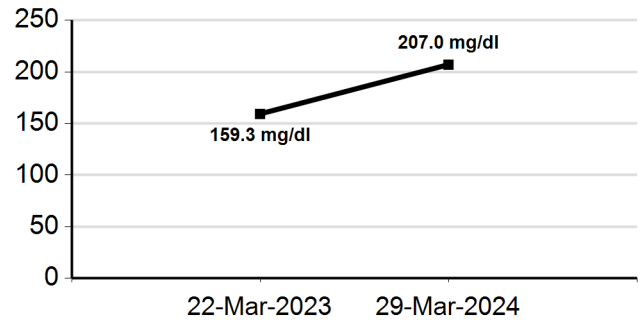
ESR



CHOLESTEROL



TRIGLYCERIDES

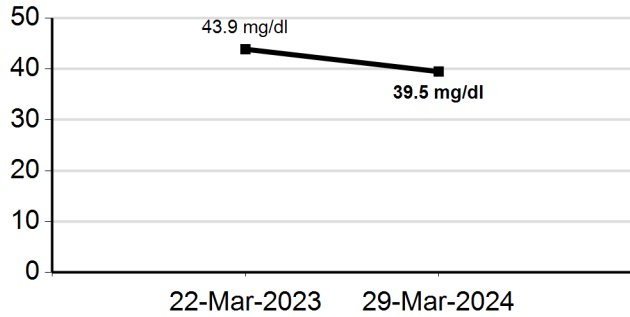




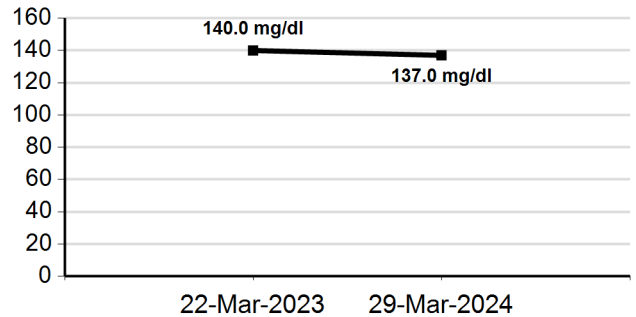
Use a QR Code Scanner
 Application To Scan the Code

CID : 2408912945
Name : MR.ASHUTOSH BHALCHANDRA
Age / Gender : 50 Years / Male
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

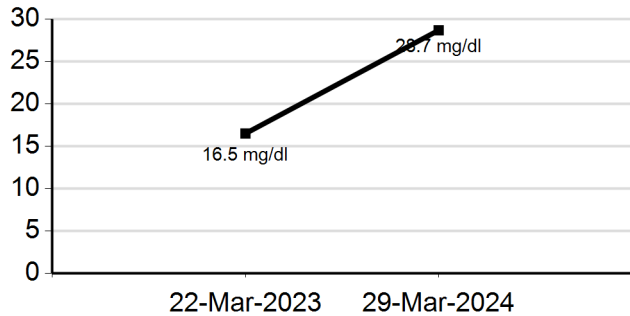
HDL CHOLESTEROL



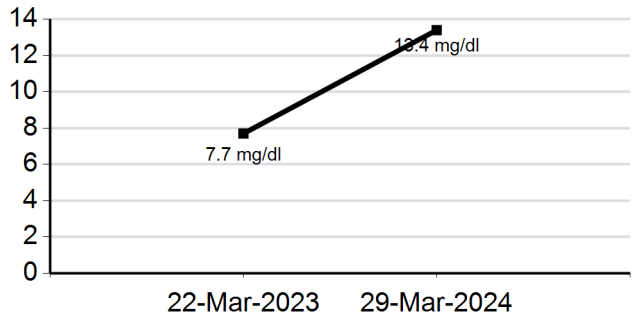
LDL CHOLESTEROL



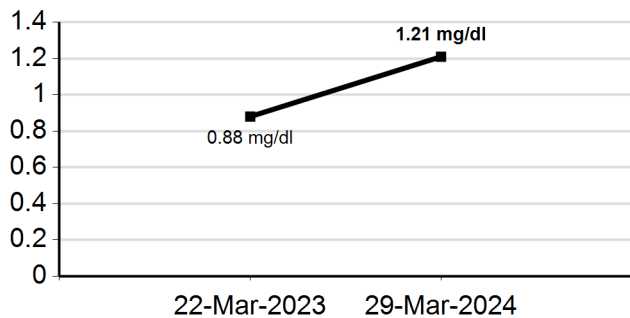
BLOOD UREA



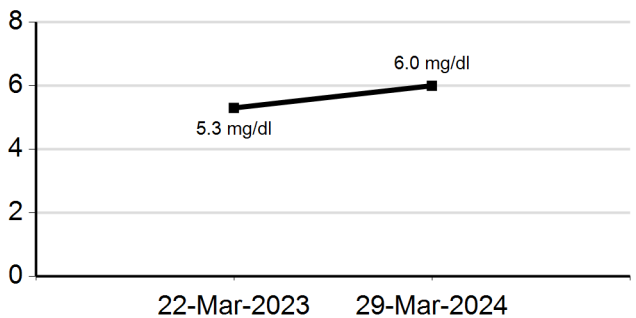
BUN



CREATININE



URIC ACID

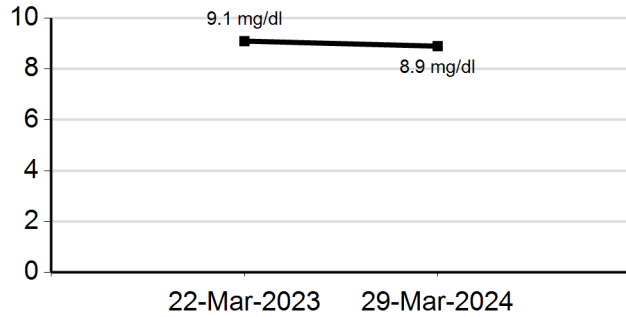




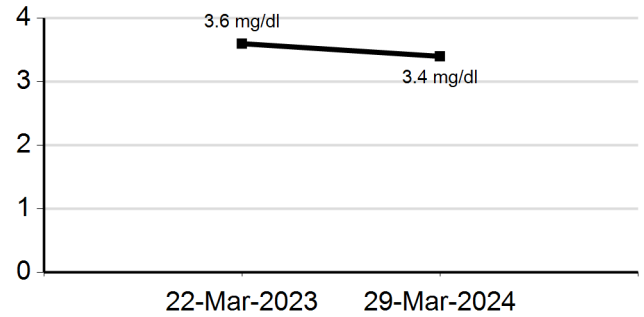
Use a QR Code Scanner
 Application To Scan the Code

CID : 2408912945
Name : MR.ASHUTOSH BHALCHANDRA
Age / Gender : 50 Years / Male
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

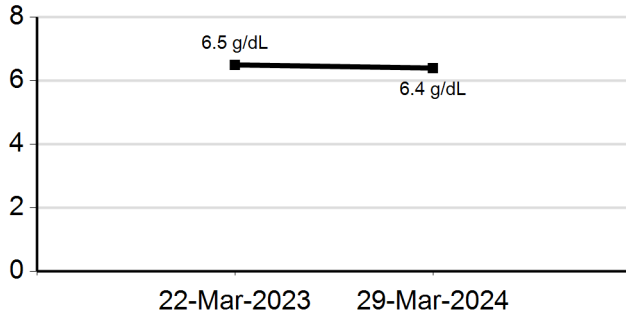
CALCIUM



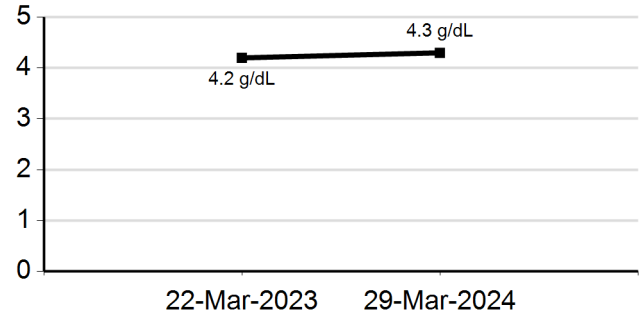
PHOSPHORUS



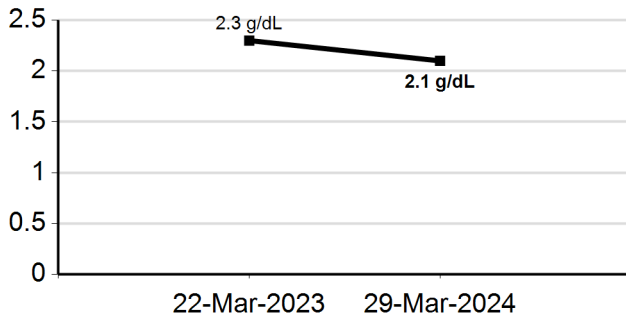
TOTAL PROTEINS



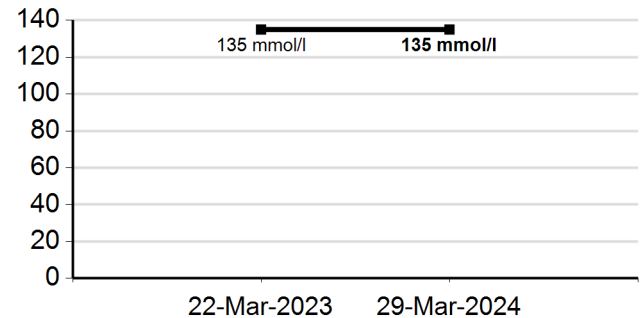
ALBUMIN



GLOBULIN



SODIUM

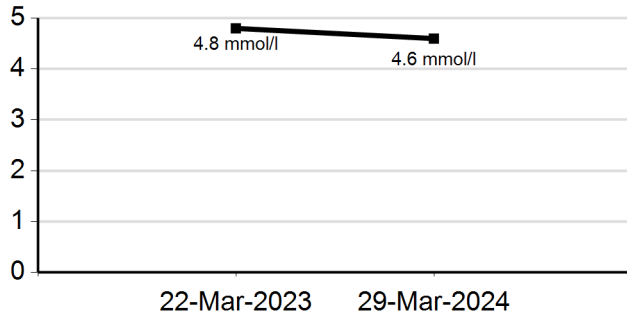




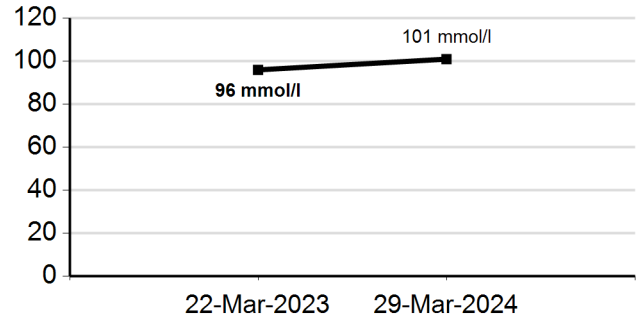
Use a QR Code Scanner
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Age / Gender : 50 Years / Male
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

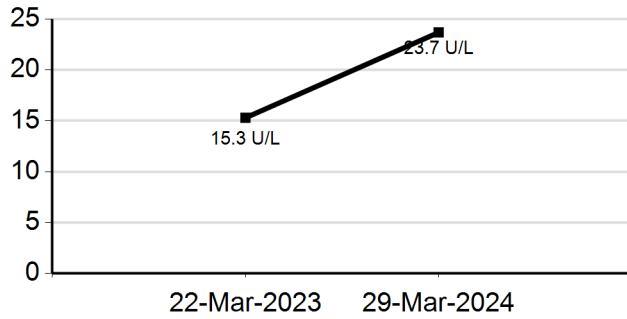
POTASSIUM



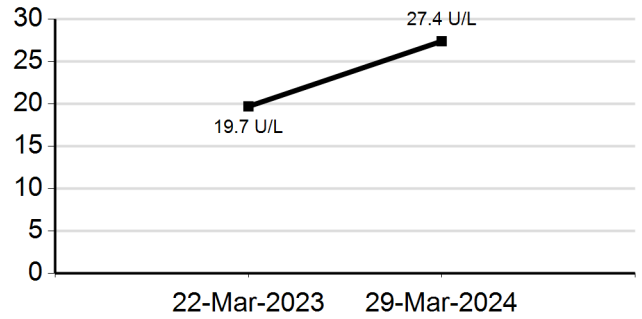
CHLORIDE



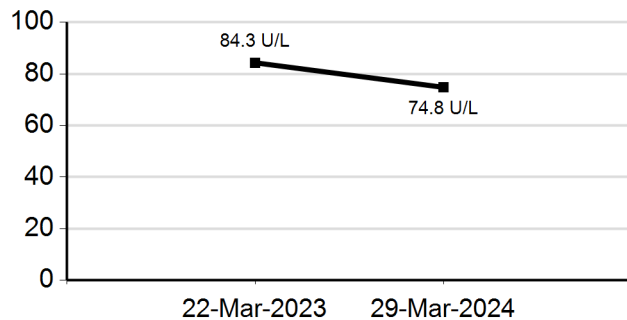
SGOT (AST)



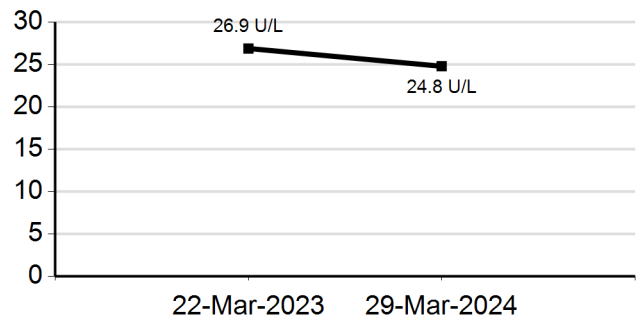
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

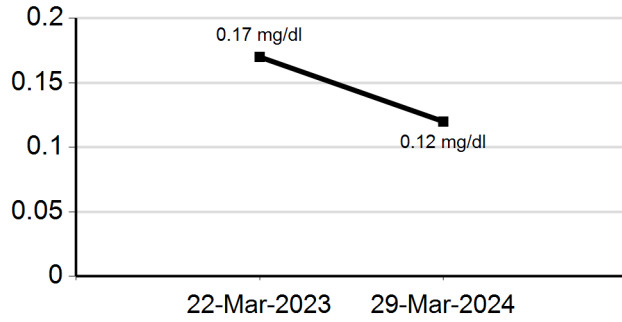




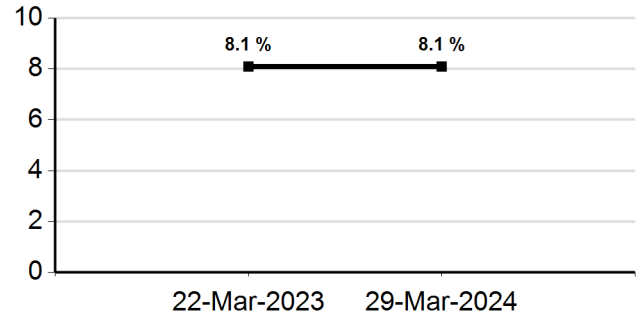
Use a QR Code Scanner Application To Scan the Code

CID : 2408912945
 Name : MR.ASHUTOSH BHALCHANDRA
 Age / Gender : 50 Years / Male
 Consulting Dr. : -
 Reg. Location : Juhu, Vile Parle West (Main Centre)

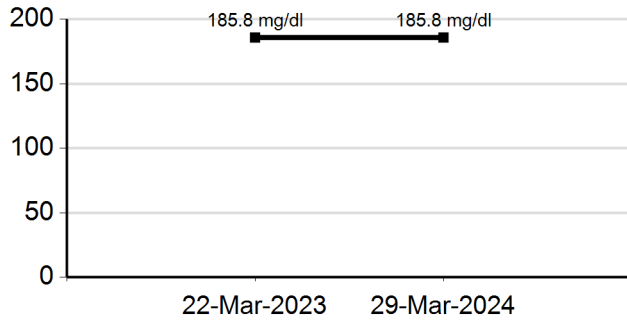
BILIRUBIN (DIRECT)



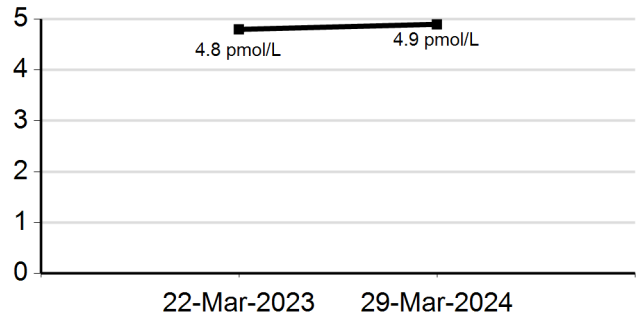
Glycosylated Hemoglobin (HbA1c)



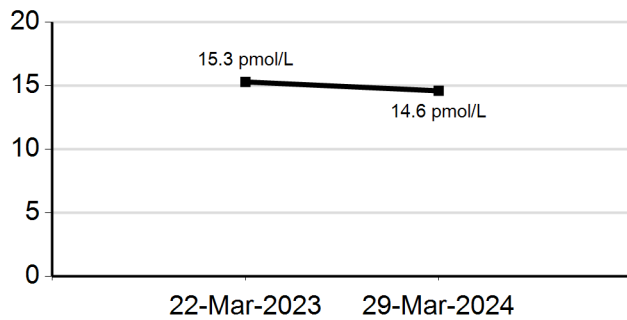
Estimated Average Glucose (eAG)



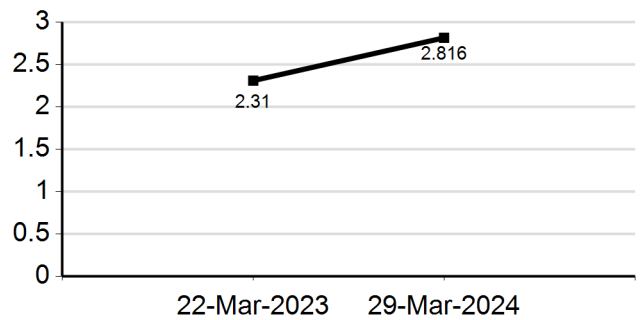
Free T3



Free T4



sensitiveTSH



CID# : **2408912945**
Name : MR.ASHUTOSH BHALCHANDRA
Age / Gender : 50 Years/Male
Consulting Dr. : Collected : 29-Mar-2024 / 08:51
Reg.Location : Juhu, Vile Parle West (Main Centre) Reported : 30-Mar-2024 / 10:55

PHYSICAL EXAMINATION REPORT

History and Complaints:

K/c/o HTN, Diabetes on medication.

EXAMINATION FINDINGS:

Height (cms):	177 cms	Weight (kg):	85 Kgs.
Temp (0c):	177 cms.	Skin:	Normal
Blood Pressure (mm/hg):	140/90 mmHg	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible,no murmurs.

Respiratory: AEBE,No added sound

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

HB -12.7, EOSINOPHILS-10.3, ESR-19, GLYCO HB -8.1, TRIG -207.0, CHOL-217.8, LDL-137.0, HDL-39.5, USG ABDOMEN - MILD HEPATOMEGALY WITH GRADE 1 FATTY CHANGES, MILDLY ENLARGED PROSTATE

ADVICE:

KINDLY VISIT FAMILY PHYSICIAN WITH REPORTS FOR FOLLOW UP.

CHIEF COMPLAINTS:

- 1) **Hypertension:** Yes on tab CTD 12.5 since 1 year
- 2) **IHD** No
- 3) **Arrhythmia** No
- 4) **Diabetes Mellitus** Yes Glycomet GP3 since 3 yrs.
- 5) **Tuberculosis** No

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**

CID# : **2408912945**
Name : **MR.ASHUTOSH BHALCHANDRA**
Age / Gender : **50 Years/Male**
Consulting Dr. :
Reg.Location : **Juhu, Vile Parle West (Main Centre)**
Collected : **29-Mar-2024 / 08:51**
Reported : **30-Mar-2024 / 10:55**

- | | |
|---|---------------|
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | Yes - Acidity |
| 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 | Tab-CTD12.5, olzex 20, Glycomet GP3 |

*** End Of Report ***

P.R. Wadhvani

Dr.PRIYANKA WADHWANI
M.B.B.S
Consultant - Corporate Services

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID# : 2408912945
Name : MR.ASHUTOSH BHALCHANDRA
Age / Gender : 50 Years/Male
Consulting Dr. : Collected : 29-Mar-2024 / 08:51
Reg.Location : Juhu, Vile Parle West (Main Centre) Reported : 30-Mar-2024 / 10:55

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CID# : **2408912945**
Name : **MR.ASHUTOSH BHALCHANDRA**
Age / Gender : **50 Years/Male**
Consulting Dr. : _____ Collected : **29-Mar-2024 / 08:51**
Reg.Location : **Juhu, Vile Parle West (Main Centre)** Reported : **30-Mar-2024 / 10:55**

- | | |
|---|---------------|
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| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | Yes - Acidity |
| 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 | Tab-CTD12.5, olzex 20, Glycomet GP3 |

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

P.R. Wadhvani

Dr.PRIYANKA WADHWANI
M.B.B.S
Consultant - Corporate Services

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

CID : 2408912945
Name : Mr ASHUTOSH BHALCHANDRA
Age / Sex : 50 Years/Male
Ref. Dr :
Reg. Location : Juhu, Vile Parle West Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 11:04

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Application To Scan the Code

USG ABDOMEN AND PELVIS

LIVER: appears enlarged in size,(16.2cms) and shows bright echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion. Portal vein and CBD is normal.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. No pericholecystic free fluid is seen. There is no evidence of any obvious calculus.

PANCREAS: Pancreas head and part of body is seen, appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.
Right kidney measures 11.6 x 4.3 cm.
Left kidney measures 12.1 x 4.7 cm.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen. No free fluid or significant lymphadenopathy is seen.
Bowel loops are grossly normal.

URINARY BLADDER: is distended and normal. Wall thickness is within normal limits.
Prevoid volume measures 268 cc. Post-void volume measures 14 cc.

PROSTATE: Prostate is mildly enlarged in size and measures 4.1 x 3.7 x 3.6 cm - volume is 30 g.

SEMINAL VESICLES: Seminal vesicles are normal.


IMPRESSION:

- MILD HEPATOMEGALY WITH FATTY CHANGES(GRADE-I).
- MILDLY ENLARGED PROSTATE.

CLINICAL CORRELATION IS SUGGESTED.

(Please note that the imaging conclusions need to be correlated with clinical findings and other investigations for a final diagnosis.)

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


DR. ZARNA SHAH
M.B.B.S DMRE
CONSULTANT RADIOLOGIST
REG NO. 90639

Click here to view images <<ImageLink>>

Patient's Name : Mr.ASHUTOSH BHALCHANDRA

Age : 50Yrs/ Male

Requesting Doctor :

Date : 29/03/2024

Indication : Routine check up.

CID No :2408912945

2D-ECHOCARDIOGRAPHY REPORT

No thinning / scarring / dyskinesia of LV wall noted.
Normal LV systolic function. LVEF = 55-60 %.
Good RV function.

Structurally Normal MV/ AV / TV / PV.
No valvular pathology.

LV / LA / RA / RV Normal in dimension.
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION, LVEF= 55-60 %
NO RWMA, NO VALVULAR PATHOLOGY.
TRIVIAL MR,TR+
NO PAH,PASP=28mmHg.
NO LVDD.
IVC NORMAL

LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.85	cm/s
LVIDd	46	mm	Mitral Valve A velocity	0.5	cm/s
LVPWd	10	mm	E/A Ratio	>1	-
IVSs	16	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	26	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	4	-
AO	24	--	Aortic valve		
			AVmax	1.2	cm/s
			AV Peak Gradient	8	mmHg
2D STUDY			LVOT Vmax	1.1	cm/s
LVOT	20	mm	LVOT gradient	6	mmHg
LA	32	mm	Pulmonary Valve		
RA	28	mm	PVmax	--	cm/s
RV [RVID]	24	mm	PV Peak Gradient	--	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.4	cm/s
			PASP	28	mmHg

End Of Report

DR. DINESH ROHIRA
MBBS, DNB (Gen. Medicine)
Cons. Physicians, Echocardiologist
REG. NO. 2808/04/0837

DR. DINESH ROHIRA
ECHOCARDIOLOGIST

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

CID : 2408912945
Name : Mr ASHUTOSH BHALCHANDRA
Age / Sex : 50 Years/Male
Ref. Dr :
Reg. Location : Juhu, Vile Parle West Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 17:54

Use a QR Code Scanner
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X-RAY CHEST PA VIEW

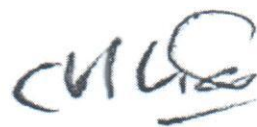
Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

SUGGEST: CLINICAL CORRELATION.

NOTE: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X-rays are known to have inter-observer variations. Further follow-up imaging may be needed in some cases for confirmation/exclusion of diagnosis. Not all fractures may be visible in given X-ray views; hence clinical correlation is suggested in cases of swelling and restricted movements. Please interpret accordingly. Thanks for your reference.

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



DR. MANOHAR MUTTEPAR
MBBS DMRD
CONSULTANT RADIOLOGIST
2007/12/3989

Click here to view images <<ImageLink>>



25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

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Age **50** NA N₁
years months day

Gender **Male**

Heart Rate **81bpm**

Patient Vitals

BP: **140/90 mmHg**

Weight: **85 kg**

Height: **140 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **80ms**

QT: **356ms**

QTcB: **413ms**

PR: **144ms**

P-R-T: **54° 72° 49°**

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

REPORTED BY

ALM

Dr. Raj Amber
MBBS, DNB Medicine
2015053015

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 vials are as ordered by the clinician and not derived from the ECG.

Date:- 29.3.24
Name:- Ashutosh Save

CID: 2408912945
Sex / Age: 50 / M

EYE CHECK UP

Chief complaints:
Systemic Diseases:
Past history:

Nil

Unaided Vision:

Aided Vision: wears bifocal specs.

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/62	—	—	—	6/6
Near	—	—	—	N6	—	—	—	N6

Colour Vision: Normal / Abnormal

Remark: Continue same specs

Dr. (Mrs.) ANILKAWADHWANI
M.B.B.S.(MUM)
Reg No 52507

Suburban Diagnostics (I) Pvt. Ltd.
Ambika Park No. 54, 1st Flnd CHS,
43 S Road, 10 Juhu Scheme,
Vile Parle (W), Mumbai - 400 049
Tel: 26705076 / 26705015



भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No. : 0648/22904/03051

To
Ashutosh Bhalchandra Save
आशुतोष भालचंद्र सावे
S/O Bhalchandra Save
B-504, Juhu-Grihaswapna CHS Ltd
Gulmohar X Road No 4, JVPD Scheme
Near Millenium Club
Juhu
Juhu, Mumbai,
Maharashtra - 400049
9769215634

064832012
Vile Parle (W) - 400 040
Tel.: 26705076 / 26705015
Suburban Districts (I) Pvt. Ltd.
Vile Parle (W) - 400 040
Tel.: 26705076 / 26705015



KA603837236FH

60383723



29.03.2024

आपका आधार क्रमांक / Your Aadhaar No. :

3072 9081 9360

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India

आशुतोष भालचंद्र सावे
Ashutosh Bhalchandra Save



जन्म तिथि / DOB 14/04/1973

पुरुष / Male

3072 9081 9360



मेरा आधार, मेरी पहचान

Vile Parle (W) - 400 040
Tel.: 26705076 / 26705015
Suburban Districts (I) Pvt. Ltd.
Vile Parle (W) - 400 040
Tel.: 26705076 / 26705015