

**PHYSICAL EXAMINATION REPORT**

Patient Name	Hemant Padhan	Sex/Age	M/61
Date	19/10/24	Location	Thane.

**History and Complaints**

H/O - Urinary Reflux Surgery  
 - L, Compression Surgery, Adrenal gland tumour.  
 - Cholecystectomy  
 cataract.

C/O - HTN (15 yrs), pain in R2. Lumbar Region.

**EXAMINATION FINDINGS:**

Height (cms):	175	Temp (0c):	⊖
Weight (kg):	74.3	Skin:	NAD
Blood Pressure	150/90	Nails:	
Pulse	76/44	Lymph Node:	

Systems : w/o Medication.

- Cardiovascular:
- Respiratory:
- Genitourinary:
- GI System:
- CNS:
- Impression:

NAD.

BSL (PP) - Impaired.  
 ↓ HDL, ↑ Non HDL chol.  
 ECG - Sinus Bradycardia.  
 USG - B/L Renal Scarring,  
 R - Renal Hydronephrosis, 2 DEHO - AR, Diastolic Dysfunction.

**Advice:**

- Low Fat, Low sugar Diet
- Repeat sugar & Lipid Profile (Monthly)
- Nephrologist's Consultation.
- Cardiologist's Consultation.

1)	Hypertension:	Yes (15 yrs.)	
2)	IHD	Nil	
3)	Arrhythmia		
4)	Diabetes Mellitus		
5)	Tuberculosis		
6)	Asthama		
7)	Pulmonary Disease		
8)	Thyroid/ Endocrine disorders		
9)	Nervous disorders		
10)	GI system		H/O-GERD, Pain in Abdomen
11)	Genital urinary disorder		
12)	Rheumatic joint diseases or symptoms		
13)	Blood disease or disorder		Nil
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries		Cataract, Uterine Reflux, Adrenal gland tumour.
17)	Musculoskeletal System	Nil	

L1 compression.  
Cholelithiasis.

**PERSONAL HISTORY:**

- 1) Alcohol
  - 2) Smoking
  - 3) Diet
  - 4) Medication
- Avoid milk & Bakery products, Early Dinner.
- Antihypertensive - For GERD

*Manasee Kulkarni*

**Dr. Manasee Kulkarni**  
M.B.B.S

2005/09/3439  
22/10/25



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CID : 2429331127  
Name : MR. HEMANT PRADHAN  
Age / Gender : 61 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 08:08  
Reported : 19-Oct-2024 / 12:12

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.20	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.1	40-50 %	Measured
MCV	79.1	80-100 fl	Calculated
MCH	26.7	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	6110	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	26.7	20-40 %	
Absolute Lymphocytes	1631.4	1000-3000 /cmm	Calculated
Monocytes	9.5	2-10 %	
Absolute Monocytes	580.5	200-1000 /cmm	Calculated
Neutrophils	59.9	40-80 %	
Absolute Neutrophils	3659.9	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	220.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	18.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	242000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	11.9	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	Mild
Microcytosis	Occasional



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      6                      2-20 mm at 1 hr.                      Sedimentation

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

**Interpretation:**

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

**Limitations:**

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

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

**Reference:**

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
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 Fasting	93.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	142.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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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	16.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	1.09	0.73-1.18 mg/dl	Enzymatic
eGFR, Serum	77	(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

TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	5.2	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.8	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	137	136-145 mmol/l	IMT
POTASSIUM, Serum	4.1	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
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*Anupa Dixit*  
**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant - 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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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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Collected : 19-Oct-2024 / 08:08  
Reported : 19-Oct-2024 / 13:26

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	1.755	<4.0 ng/ml	CLIA

**Clinical Significance:**

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

**Interpretation:**

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

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b>CHEMICAL EXAMINATION</b>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<b>MICROSCOPIC EXAMINATION</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	-

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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*H. V. Kulkarni*  
**Dr. VANDANA KULKARNI**  
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	-
Transparency	Clear	Clear	-
<b>CHEMICAL EXAMINATION</b>			
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
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>			
(WBC) Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/hpf	
Yeast	Absent	Absent	
Others	-		

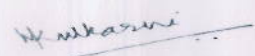


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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**BLOOD GROUPING & Rh TYPING**

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

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	189.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	136	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	39.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	150.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	123.0	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	27.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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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	5.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.031	0.55-4.78 microU/ml	CLIA



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**Interpretation:**

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

**Clinical Significance:**

1) TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until 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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



Dr. ANUPA DIXIT  
M.D.(PATH)  
Consultant - Pathologist





CID : 2429331127  
Name : MR.HEMANT PRADHAN  
Age / Gender : 61 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 08:08  
Reported : 19-Oct-2024 / 13:24

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.99	0.2-1.1 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.35	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.64	<1.1 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	18.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	17.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	33.5	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	72.4	46-116 U/L	Modified IFCC

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



*Anupa Dixit*  
Dr. ANUPA DIXIT  
M.D.(PATH)  
Consultant - Pathologist



Use a QR Code Scanner  
 Application To Scan the Code

CID : 2429331127  
 Name : MR. HEMANT PRADHAN  
 Age / Gender : 61 Years / Male  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 11:18  
 Reported : 19-Oct-2024 / 16:18

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
 \*\*\* End Of Report \*\*\*

*V. Kulkarni*

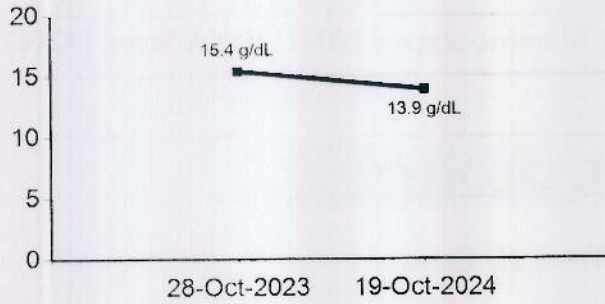
**Dr. VANDANA KULKARNI**  
 M.D ( Path )  
 Pathologist



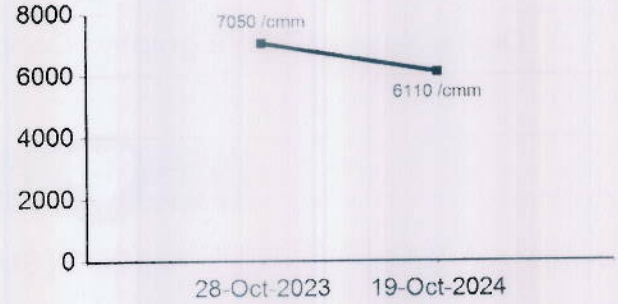
Use a QR Code Scanner Application To Scan the Code

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 Reg. Location : G B Road, Thane West (Main Centre)

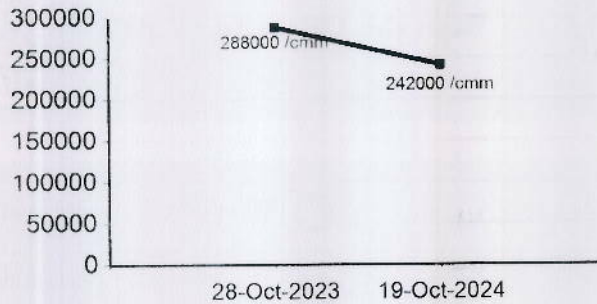
**Haemoglobin**



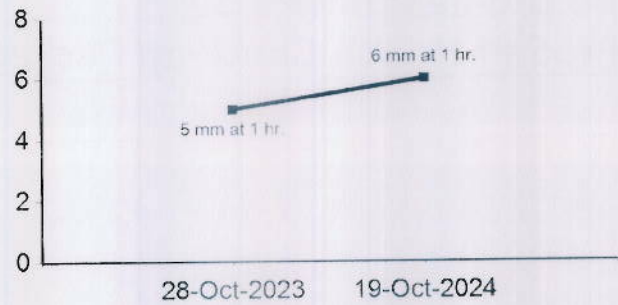
**WBC Total Count**



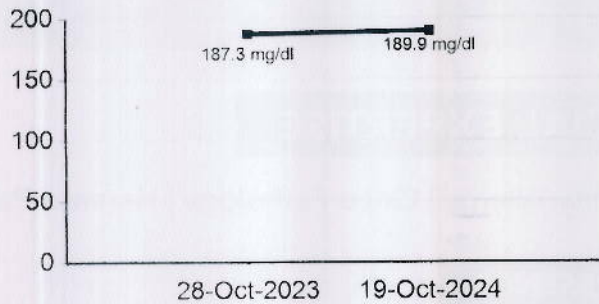
**Platelet Count**



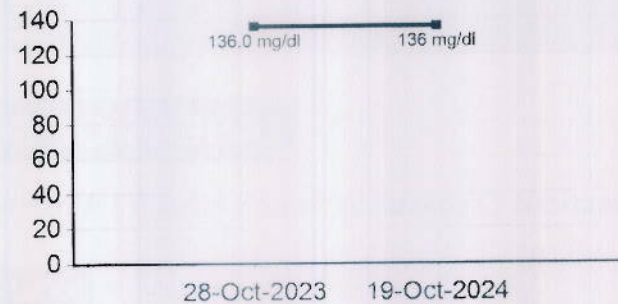
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

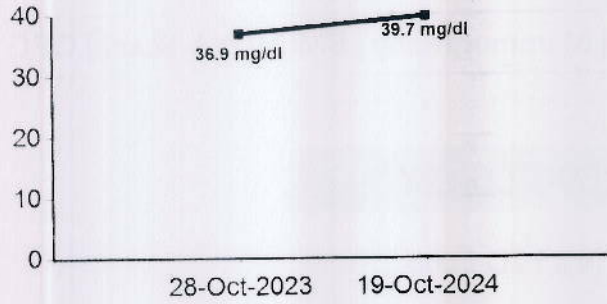




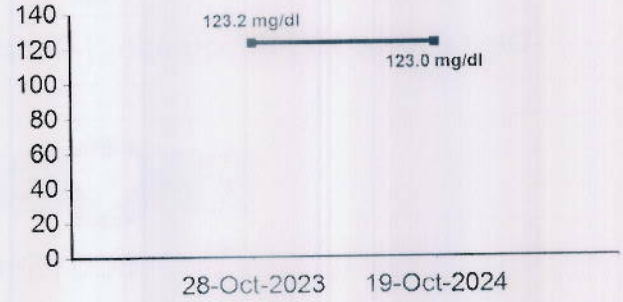
Use a QR Code Scanner  
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Age / Gender : 61 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

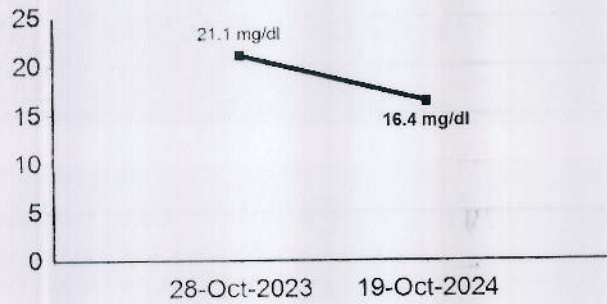
**HDL CHOLESTEROL**



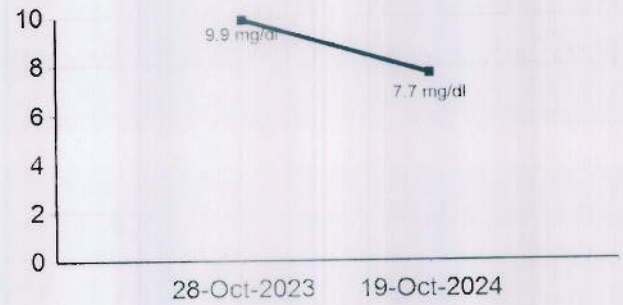
**LDL CHOLESTEROL**



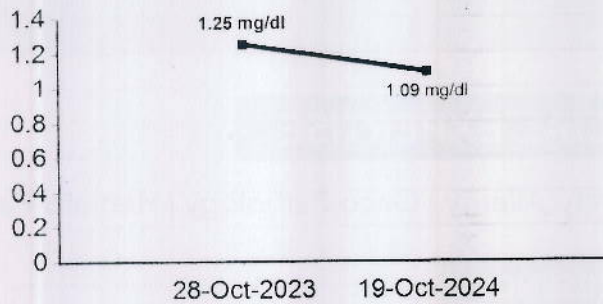
**BLOOD UREA**



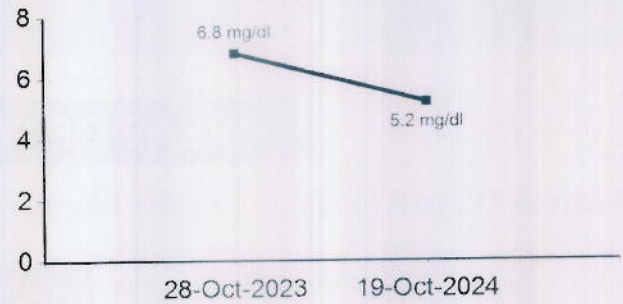
**BUN**



**CREATININE**



**URIC ACID**

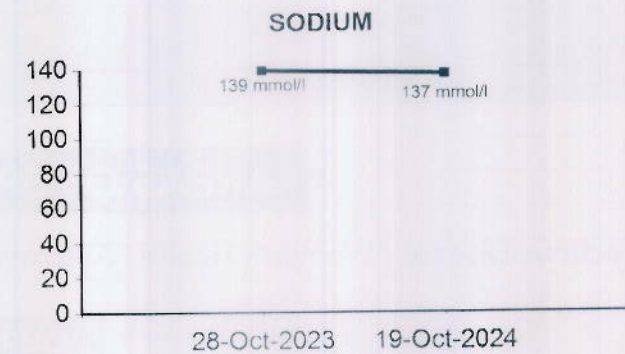
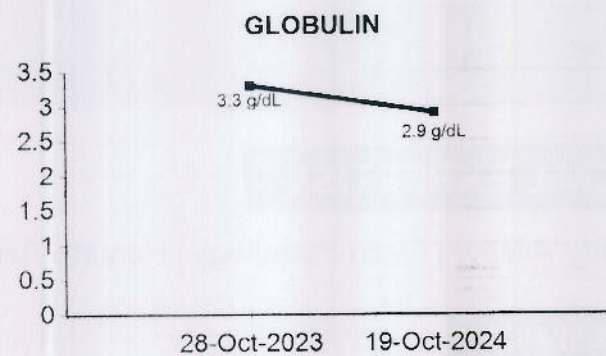
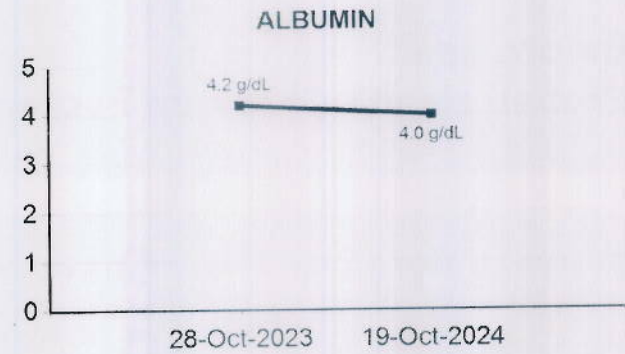
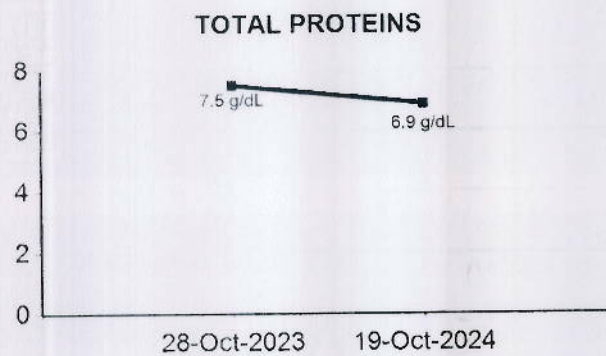
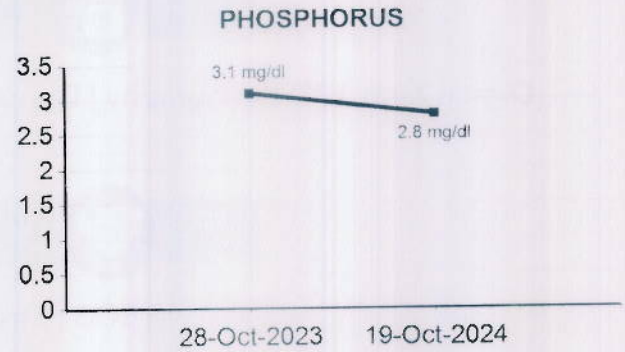
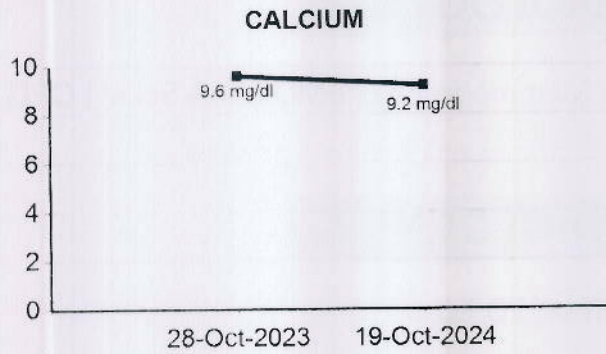


Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2429331127  
Name : MR. HEMANT PRADHAN  
Age / Gender : 61 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)



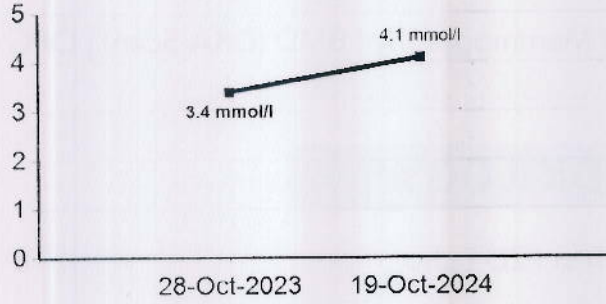
Authenticity Check



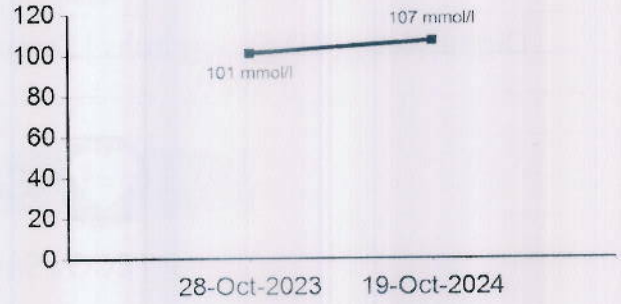
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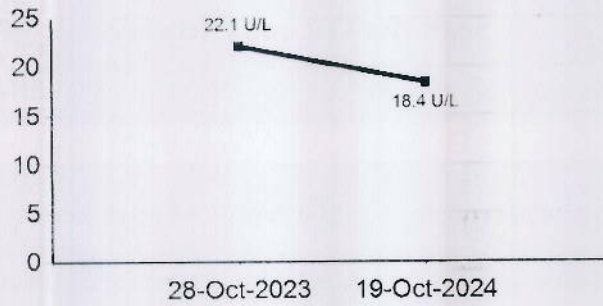
**POTASSIUM**



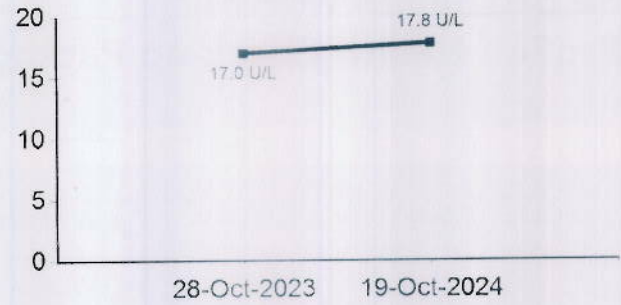
**CHLORIDE**



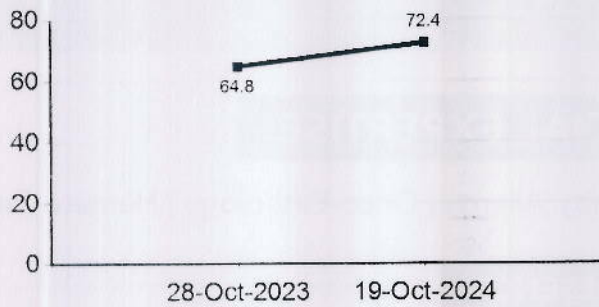
**SGOT (AST)**



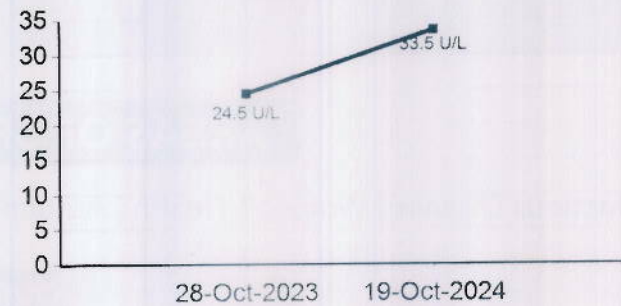
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



**GAMMA GT**

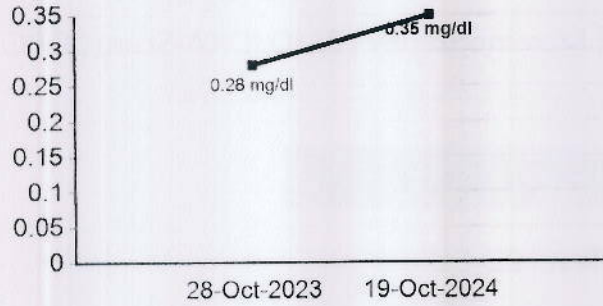




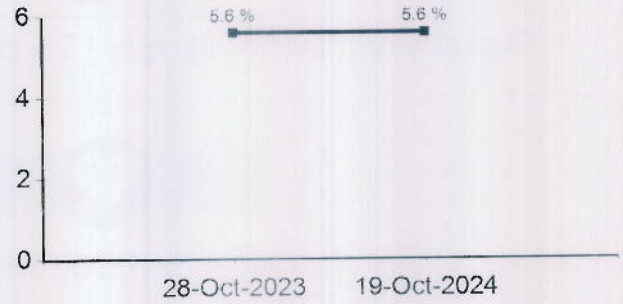
Use a QR Code Scanner Application To Scan the Code

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 Reg. Location : G B Road, Thane West (Main Centre)

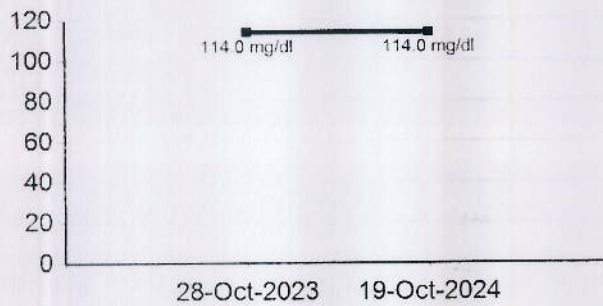
**BILIRUBIN (DIRECT)**



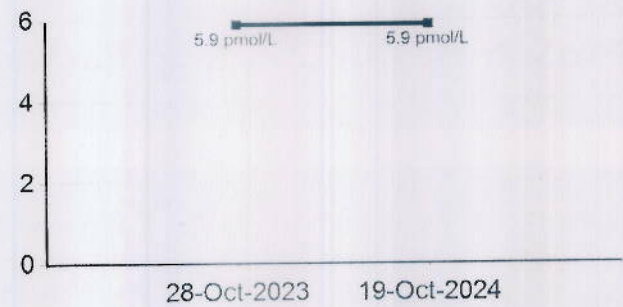
**Glycosylated Hemoglobin (HbA1c)**



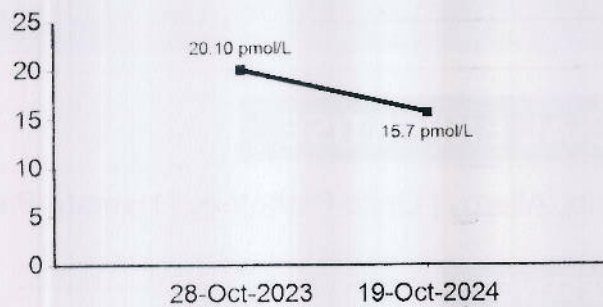
**Estimated Average Glucose (eAG)**



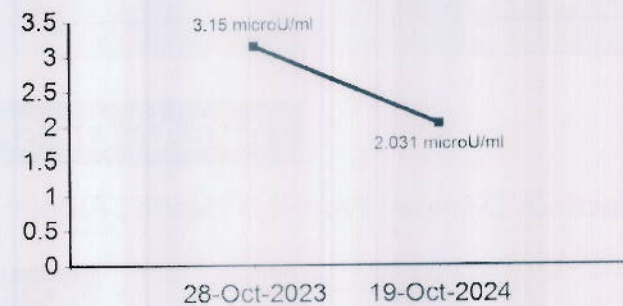
**Free T3**



**Free T4**



**sensitiveTSH**

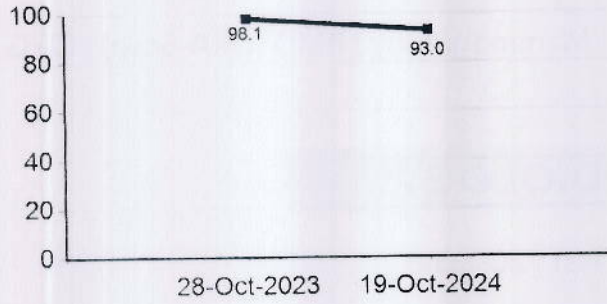




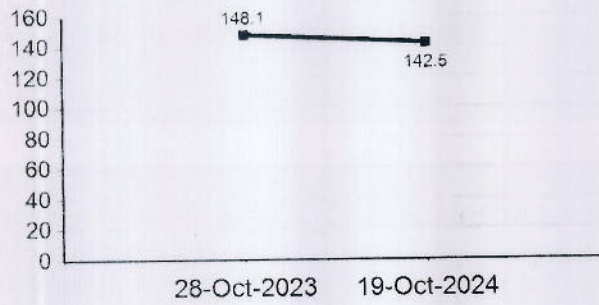
Use a QR Code Scanner  
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CID : 2429331127  
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Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

**GLUCOSE (SUGAR) FASTING**



**GLUCOSE (SUGAR) PP**





Authenticity Check

Use a QR Code Scanner  
Application To Scan the Code

CID : 2429331127  
Name : Mr HEMANT PRADHAN  
Age / Sex : 61 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 19-Oct-2024  
Reported : 19-Oct-2024 / 14:31

**X-RAY CHEST PA VIEW**

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

**IMPRESSION:****NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

**Dr Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024101908051294>

# SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: HEMANT PRADHAN  
 Patient ID: 2429331127

Date and Time: 19th Oct 24 8:28 AM



PRECISE TESTING • HEALTHIER LIVING

Age: 61 years NA  
 months days

Gender: Male

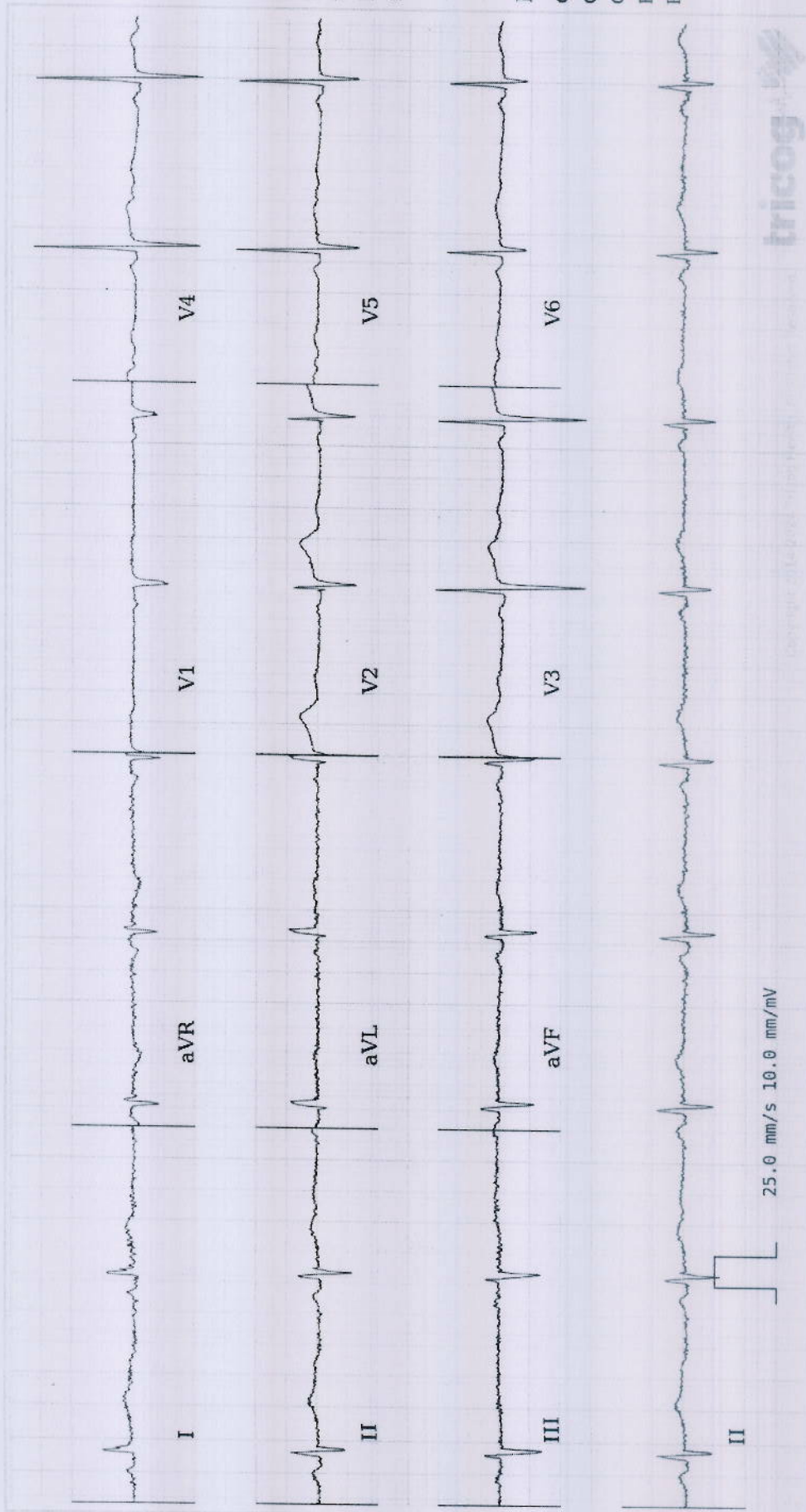
Heart Rate: 54bpm

**Patient Vitals**

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

**Measurements**

QRSD: 78ms  
 QT: 454ms  
 QTcB: 430ms  
 PR: 156ms  
 P-R-T: 46° -27° 35°



REPORTED BY

DR SHAILAJA PILLAI  
 MBBS, MD Physician  
 MD Physician  
 49972

Sinus Bradycardia. Please correlate clinically.

Disclaimer: If 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 collected by the clinician and not derived from the ECG.

Reg. No. : 2429331127	Sex : MALE
Name : MR. HEMANT PRADHAN	Age : 61 YRS
Ref. By : -----	Date : 19.10.2024

## 2D ECHOCARDIOGRAPHY

### M - MODE FINDINGS :

#### LEFT VENTRICLE :

LVIDD	48	mm
LVIDS	31.3	mm
LVEF	63	%
FS	34	%
IVS	11.4	mm
PW	9.5	mm

#### AORTIC VALVE :

LADd	31.3	mm
AODd	34.7	mm
ACS	18.5	mm

Pulmonary valve study : Normal

1. RA.RV.LA.LV. Sizes are :Normal
2. Left ventricular contractility : Normal  
Regional wall motion abnormality : Absent.  
Systolic thickening : Normal
3. Mitral, tricuspid , pulmonary valves are : Normal.**SCLEROTIC AORTIC VALVE**  
No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter – atrial and inter – ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : **1. GRADE I DIASTOLIC DYSFUNCTION.**  
**2.TRIVIAL AORTIC REGURGITATION.**  
**3.Normal Flow and gradient across other valves.**  
**4. No shunt / coarctation.**  
**5. No pulmonary hypertension.**

**IMPRESSION :**

- **ALL CHAMBER DIMANSIONS ARE NORMAL.**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.LVEF=63%**
- **GRADE I DIASTOLIC DYSFUNCTION.**
- **SCLEROTIC AORTIC VALVE WITH TRIVIAL AORTIC REGURGITATION.**
- **NORMAL RV SYSTOLIC FUNCTION.**
- **NO PULMONARY HYPERTENSION.**
- **ALL VALVE ARE NORMAL.**



**DR. S.C. DEY**  
**M.D, D.M.**  
**(CARDIOLOGIST)**

Reg. No. : 2429331127	Sex : MALE
Name : MR. HEMANT PRADHAN	Age : 61 YRS
Ref. By : -----	Date : 19.10.2024

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size (12.6 cm) and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is not visualised (post cholecystectomy status)

**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. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.7 x 4.6 cm. Left kidney measures 9.3 x 4.7 cm. **Bilateral renal cortical scarring noted.** Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. **There is no evidence of any hydronephrosis, hydroureter in right kidney. Left Renal mild hydronephrosis & proximal hydroureter., however n evidence of any obstructive calculus noted.**

**SPLEEN:** Spleen is normal in size (9.6 cm), shape and echotexture. No focal lesion is seen.

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

Prevoid volume is 161 cc.

Postvoid Volume - 23 cc.

**PROSTATE:** *Prostate is mildly enlarged in size and shows normal echotexture 36 cc in volume. No evidence of any focal lesion.*

No free fluid or significant lymphadenopathy is seen.


Reg. No. : 2429331127	Sex : MALE
Name : MR. HEMANT PRADHAN	Age : 61 YRS
Ref. By : -----	Date : 19.10.2024

**IMPRESSION:**

- **BILATERAL RENAL CORTICAL SCARRING.**
- **LEFT RENAL MILD HYDRONEPHROSIS & PROXIMAL HYDROURETER., HOWEVER N EVIDENCE OF ANY OBSTRUCTIVE CALCULUS NOTED.ADV- CT KUB FOR FURTHER EVUATION.**
- **MILD PROSTATOMEGALY.**

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.

**Advice: Clinical co-relation and further imaging evaluation if indicated.**

  
**DR. SHIVANGINI V. INGOLE**  
**M.B.B.S., DMRE**  
**(CONSULTANT RADIOLOGIST)**  
**REG NO. 2018/12/6130**