

PHYSICAL EXAMINATION REPORT

Patient Name	Anil Bhojwani	Sex/Age	M/59
Date	27/3/2024	Location	Thane

History and Complaints

C/O - Rt - Shoulder
(Restriction in Movement)

EXAMINATION FINDINGS:

Height (cms):	172	Temp (0c):	37.0
Weight (kg):	59	Skin:	
Blood Pressure	150/90	Nails:	NAD
Pulse	80/min	Lymph Node:	

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

Proximal High B.P.
Urine - 15-18 RBCs
↑ Non HDL
↑ BIL
↑ LVH
ASV Prominence
Prostataugaly

Advice:

- Monitor BP.
- Cardiologist's Consultation.
- Drink Plenty of Liquids.
- Low Fat, Low Sugar Diet, Reg. Exercise

1)	Hypertension:	Nil
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthma	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

Fissure
Rt. Shoulder Restriction.

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

! No
No
Mixed.
No

Rt. upper Arm Pain,

[Signature]

Dr. Manasee Kulkarni
M.B.B.S

2005/09/2439

Date: 27/10/24

CID: 2402705475

Name: Anil Bhopwani

Sex / Age: M / 59

EYE CHECK UP

Chief complaints: RCN

Systemic Diseases: All

Past history: Nil

Unaided Vision:

3/12 @ 2 NA N/12

Aided Vision:

3/6 R/S/H

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Pass / Fail

Remark:

USC

MR. PRAKASH KUDVA
BR. OPTOMETRIST

Authenticity Check



Use a QR Code Scanner application to Scan the Code

CID : 2408705475
Name : MR.BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
Reported : 27-Mar-2024 / 15:02

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF. RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.93	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.0	40-50 %	Measured
MCV	87.2	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	12.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	3710	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.3	20-40 %	
Absolute Lymphocytes	1087.0	1000-3000 /cmm	Calculated
Monocytes	9.3	2-10 %	
Absolute Monocytes	345.0	200-1000 /cmm	Calculated
Neutrophils	60.9	40-80 %	
Absolute Neutrophils	2259.4	2000-7000 /cmm	Calculated
Eosinophils	0.5	1-6 %	
Absolute Eosinophils	18.6	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	216000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	14.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner Application To Scan the Code

CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
Reported : 27-Mar-2024 / 12:56

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 11 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
- Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(3):1443-50.

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

*** End Of Report ***

Dr. Imran Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



Use a QR Code Scanner Application To Scan This Code

CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 12:37
Reported : 27-Mar-2024 / 17:09

R
E
P
O
R
T

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	114.7	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	
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 ***

Dr. Imran Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
Reported : 27-Mar-2024 / 15:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	14.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.83	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	101	(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 v.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	4.0	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	2.8	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	H-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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

J. Mujawar
Dr. IMRAN MEJAWAR
M.D (Path)
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
Reported : 27-Mar-2024 / 15:31

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 glyrated 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 G-B Road Lab, Thane West
*** End Of Report ***

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



Use a QR Code Scanner Application To Scan the Code

CID : 2408705475
 Name : MR. BHOJWANI ANIL CHANDER
 Age / Gender : 59 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
 Reported : 27-Mar-2024 / 12:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	1.578	<4.0 ng/ml	CLIA

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

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
Reported : 27-Mar-2024 / 12:48

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate disease.
- 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 (esophagus and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction.

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

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by 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 Dixit
Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:47
Reported : 27-Mar-2024 / 13:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
MICROSCOPIC EXAMINATION			
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
*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
Reported : 27-Mar-2024 / 13:33

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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legalis Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Grless Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	15-18	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert

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

F. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane-West (Main Centre)



Collected : 27-Mar-2024 / 09:38
Reported : 27-Mar-2024 / 14:00

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

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by 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 reagglutinins 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 G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
Reported : 27-Mar-2024 / 15:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	183.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: > / = 240 mg/dl	CHO-POD
TRIGLYCERIDES, Serum	55.7	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	48.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	134.2	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	11.2	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

*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



CID : 2408705475
 Name : MR. BHOJWANI ANIL CHANDER
 Age / Gender : 59 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
 Reported : 27-Mar-2024 / 16:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.65	0.35-5.5 microu/ml	ECLIA



CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
Reported : 27-Mar-2024 / 16:48

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 microU/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 failure, 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 statins & 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 200%. 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 4 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 Frazer (AACC Press)

*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



Use a QR Code Scanner Application To Scan the Code

CID : 2408705475
Name : MR. BHOJWANI ANIL CHANDER
Age / Gender : 59 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:38
Reported : 27-Mar-2024 / 14:30

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.67	0.1-1.2 mg/dl	Dlazo
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Dlazo
BILIRUBIN (INDIRECT), Serum	0.41	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dl	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dl	BGG
GLOBULIN, Serum	2.5	2.3-3.5 g/dl	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	20.0	3-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	18.3	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA -GT, Serum	12.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	58.0	40-130 U/L	PHPP

*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

Authenticity Check



Use QR Code Scanner
Application To Scan the Code

CID : 2408705475
Name : Mr BHOJWANI ANIL CHANDER
Age / Sex : 59 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 27-Mar-2024
Reported : 27-Mar-2024 / 13:54

X-RAY CHEST PA VIEW

Rotation +

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

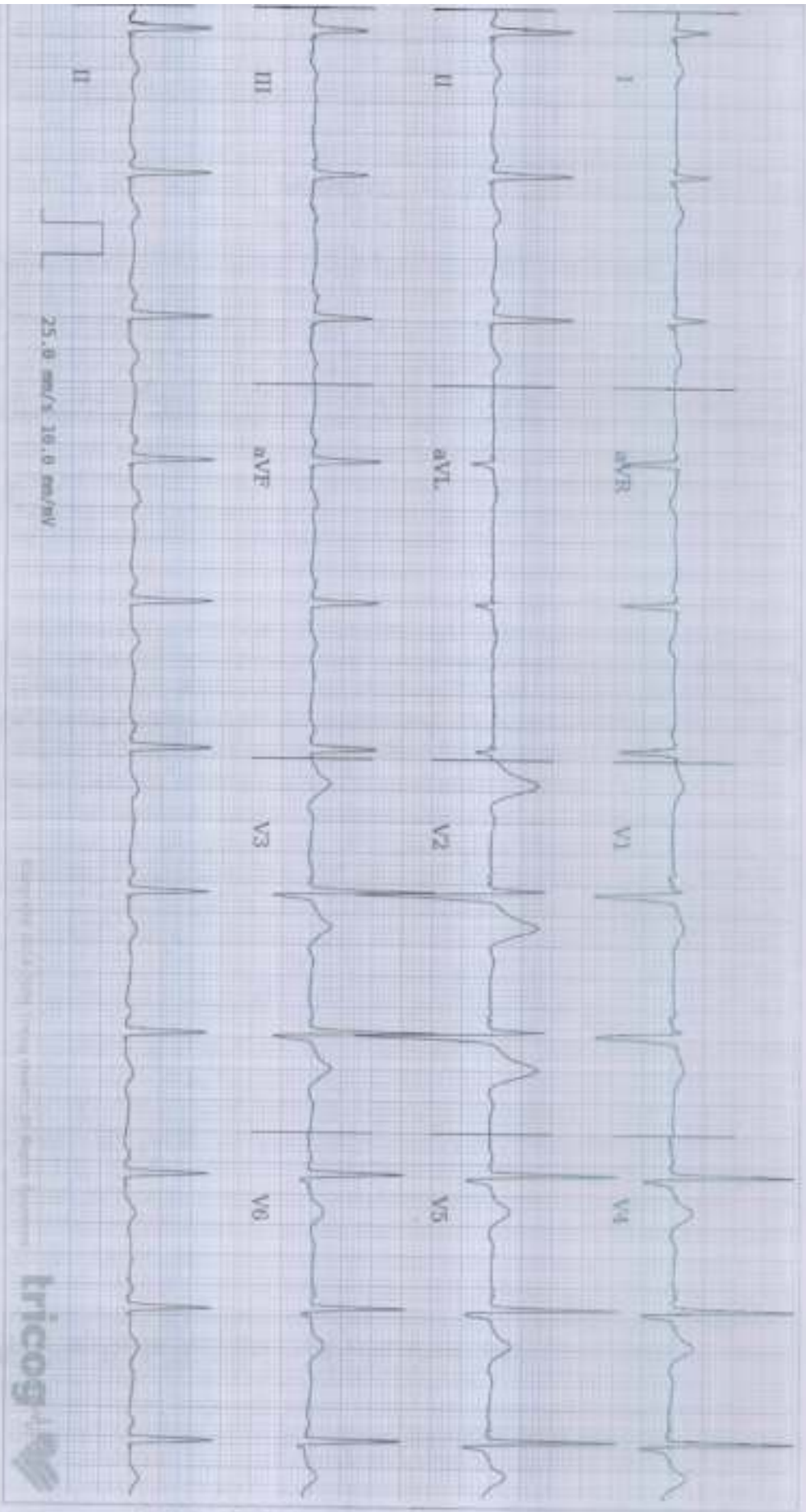
The skeleton under review appears normal.

Suggest clinico pathological co-relation.

-----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=0024032709360695>



Age: **59** NA NA
years months days

Gender: **Male**

Heart Rate: **60bpm**

Patient Vitals

BP: **150/90** mmHg

Weight: **59** kg

Height: **172** cm

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **112ms**

QT: **394ms**

QTcB: **413ms**

PR: **125ms**

P-R-T: **62° 71° 33°**

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

REPORTED BY

[Signature]

DR. SHALINA PILLAI
MBBS, MD (Physic)
MD (Physic)
44072



REG NO : 2408705475	SEX : MALE
NAME : MR. BHOJWANI ANIL CHANDER	AGE : 59 YRS
REF BY DR : -----	DATE : 27.03.2024

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS:

LVIDD	53	mm
LVIDS	28	mm
LVEF	60	%
IVS	15	mm
PW	6	mm
AO	18	mm
LA	38	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - atrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MR. BHOJWANI ANIL CHANDER

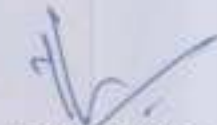
COLOR DOPPLER:

- Mitral valve doppler - E- 1.0 m/s, A 0.5 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.4 m/s, PG 8.9 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION:

- MILD CONCENTRIC HYPERTROPHY OF LV
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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



DR. YOGESH KHARCHE
DNB (MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.

Authenticity Check



Use a QR Code Scanner
Application To Scan the QR Code

CID : 2408705475
Name : Mr BHOJWANI ANIL CHANDER
Age / Sex : 59 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 27-Mar-2024
Reported : 27-Mar-2024 / 13:40

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

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

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas partially visualised, visualised part appears normal.

KIDNEYS: Right kidney measures 10.1 x 4.3 cm. Left kidney measures 9.9 x 4.3 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits. Prevoid volume is 240 cc Postvoid volume is Nil.

PROSTATE: Prostate is mildly enlarged in size and measures 3.8 x 4.7 x 3.5 cm in dimension and 34 cc in volume. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024032709360714>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. [CIN No.:174890DL1957-CC-5-B-1]

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., A-501, 2nd Floor, Sundarvan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline West Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-4170-0000 | E-MAIL: customer.service@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Authenticity Check



Use a QR Code Scanner
Application to Scan the Code

CID : 2408705475
Name : Mr BHOJWANI ANIL CHANDER
Age / Sex : 59 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 27-Mar-2024
Reported : 27-Mar-2024 / 13:40

IMPRESSION:

- MILD PROSTATOMEGALY.

Advice: Clinical co-relation sos further evaluation and follow up.

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.

-----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/NeonadViewer?AccessionNo=2024032709360714>