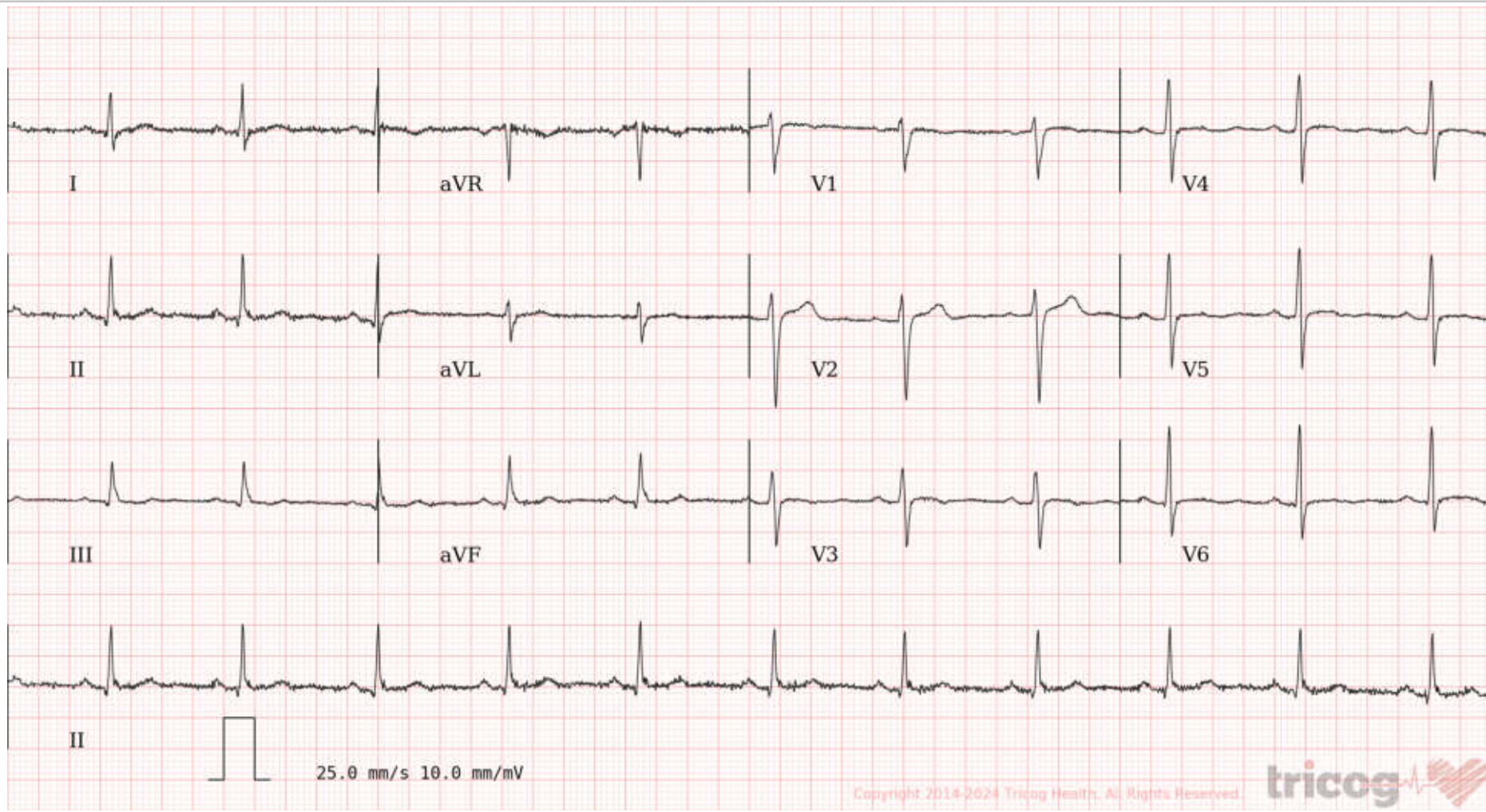


# SUBURBAN DIAGNOSTICS - MALAD WEST



Patient Name: PRADYUMNA KUMAR KHARE Date and Time: 21st Sep 24 10:54 AM  
Patient ID: 2426523917



Age **48** **NA** **NA**  
years months days

Gender **Male**

Heart Rate **70bpm**

### Patient Vitals

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

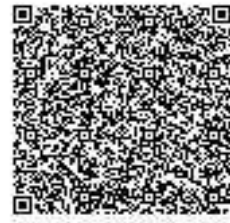
### Measurements

QRSD: 94ms  
QT: 378ms  
QTcB: 408ms  
PR: 160ms  
P-R-T: 49° 64° 32°

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

REPORTED BY

DR SONALI HONRAO  
MD ( General Medicine)  
Physician  
2001/04/1882



CID : 2426523917  
Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.06	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.2	40-50 %	Calculated
MCV	87.4	80-100 fl	Measured
MCH	28.8	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6730	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.3	20-40 %	
Absolute Lymphocytes	1433.5	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	551.9	200-1000 /cmm	Calculated
Neutrophils	68.3	40-80 %	
Absolute Neutrophils	4596.6	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	114.4	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	33.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	157000	150000-400000 /cmm	Elect. Impedance
MPV	12.3	6-11 fl	Measured
PDW	28.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		







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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	96.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	171.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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



*J Thakker*

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



CID : 2426523917  
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Reg. Location : Malad West (Main Centre)

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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	14.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.97	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	96	(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	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	142	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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*J Thakker*

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Pathologist and AVP (Medical Services)



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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	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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.

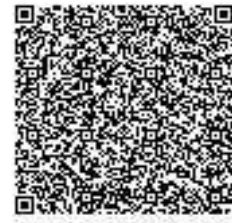
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*Swati*

**Dr.SWATI ARORA**  
M.D. (PATH)  
Pathologist



CID : 2426523917  
Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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





CID : 2426523917  
Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years / Male  
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Reg. Location : Malad West (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.014	1.002-1.035	Refractive index
Reaction (pH)	5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	0.9	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	Absent	
Bacteria / hpf	9.9	0-29.5/hpf	
Yeast	0.0	Absent	
Others	-		



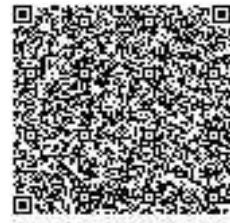
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**Dr.SWATI ARORA**  
**M.D. (PATH)**  
**Pathologist**



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Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

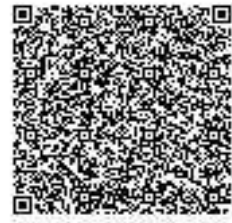
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*J Thakker*

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Pathologist & AVP( Medical Services)





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	166.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	167.1	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	48.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	118.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.0	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	33.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.22	0.35-5.5 microIU/ml microU/ml	ECLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

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

**Reference:**

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

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



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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	1.25	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.36	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.89	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	36.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	71.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	53.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	96.6	40-130 U/L	Colorimetric

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



*J. Thakker*

**Dr. JYOT THAKKER**  
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Age / Gender : 48 Years / Male  
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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>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Trace	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
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*M Jain*

**Dr.MILLU JAIN**  
M.D.(PATH)  
Pathologist

CID# : 2426523917  
Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years/Male  
Consulting Dr. : Collected : 21-Sep-2024 / 10:01  
Reg.Location : Malad West (Main Centre) Reported : 23-Sep-2024 / 12:22

## **PHYSICAL EXAMINATION REPORT**

### **History and Complaints:**

Nil

### **EXAMINATION FINDINGS:**

<b>Height (cms):</b>	156	<b>Weight (kg):</b>	63
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	140/80	<b>Nails:</b>	Normal
<b>Pulse:</b>	74/min	<b>Lymph Node:</b>	Not Palpable

### **Systems**

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

### **IMPRESSION:**

Impaired Glyco Hb

### **ADVICE:**

Lifestyle modification

### **CHIEF COMPLAINTS:**

- |                             |             |
|-----------------------------|-------------|
| 1) <b>Hypertension:</b>     | Since 1 yrs |
| 2) <b>IHD</b>               | No          |
| 3) <b>Arrhythmia</b>        | No          |
| 4) <b>Diabetes Mellitus</b> | No          |
| 5) <b>Tuberculosis</b>      | No          |
| 6) <b>Asthama</b>           | No          |

**CENTRAL PROCESSING LAB:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

**For Feedback -** [customerservice@suburbandiagnositics.com](mailto:customerservice@suburbandiagnositics.com) | [www.suburbandiagnositics.com](http://www.suburbandiagnositics.com)



CID# : 2426523917

Name : MR.PRADYUMNA KUMAR KHARE

Age / Gender : 48 Years/Male

Consulting Dr. :

Collected : 21-Sep-2024 / 10:01

Reg.Location : Malad West (Main Centre)

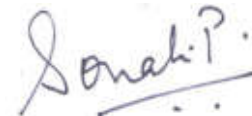
Reported : 23-Sep-2024 / 12:22

- |  |    |
|--|----|
| 7) Pulmonary Disease                     | No |
| 8) Thyroid/ Endocrine disorders          | No |
| 9) Nervous disorders                     | No |
| 10) GI system                            | No |
| 11) Genital urinary disorder             | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder            | No |
| 14) Cancer/lump growth/cyst              | No |
| 15) Congenital disease                   | No |
| 16) Surgeries                            | No |
| 17) Musculoskeletal System               | No |

**PERSONAL HISTORY:**

- |               |                 |
|---------------|-----------------|
| 1) Alcohol    | Occasionally    |
| 2) Smoking    | Occasionally    |
| 3) Diet       | Mostly veg      |
| 4) Medication | Some RX for HTN |

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



**Dr.Sonali Honrao**  
**MD physician**

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

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SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone:

**EXERCISE STRESS TEST REPORT**

Patient Name: PRADYUMNA KUMAR, KHARE  
 Patient ID: 2426523917  
 Height: 159 cm  
 Weight: 63 kg

DOB: 15.04.1976  
 Age: 48yrs  
 Gender: Male  
 Race: Asian

Study Date: 21.09.2024  
 Test Type: --  
 Protocol: BRUCE

Referring Physician: --  
 Attending Physician: DR SONALI HONRAO  
 Technician: --

Medications:

Medical History:

Reason for Exercise Test:Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	85	140/80	
	STANDING	00:15	0.00	0.00	80	140/80	
	HYPERV.	00:14	0.00	0.00	82	140/80	
	WARM-UP	00:11	1.00	0.00	85		
EXERCISE	STAGE 1	03:00	1.70	10.00	108	150/80	
	STAGE 2	03:00	2.50	12.00	131	160/80	
	STAGE 3	03:00	3.40	14.00	151	170/80	
	STAGE 4	00:15	4.20	16.00	155		
RECOVERY		03:02	0.00	0.00	99	170/80	

The patient exercised according to the BRUCE for 9:15 min:s, achieving a work level of Max. METS: 10.80. The resting heart rate of 85 bpm rose to a maximal heart rate of 157 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 140/80 mmHg, rose to a maximum blood pressure of 170/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

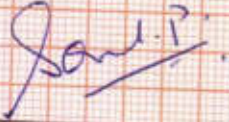
Summary: Resting ECG: normal.  
 Functional Capacity: normal.  
 HR Response to Exercise: appropriate.  
 BP Response to Exercise: normal resting BP - appropriate response.  
 Chest Pain: none.  
 Arrhythmias: none.  
 ST Changes: none.  
 Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.



Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.



Physician

Technician

**Dr. SONALI HONRAO**

MD PHYSICIAN

REG. NO. 2001/04/1882

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**

102-104, Elnorini Centre,

Opp. Goregaon Sports Club,

Link Road, Malad (W), Mumbai - 400 064.



PRADYUMNA KUMAR, KHARE  
Patient ID 2426523917

21-09-2024  
1:02:54pm

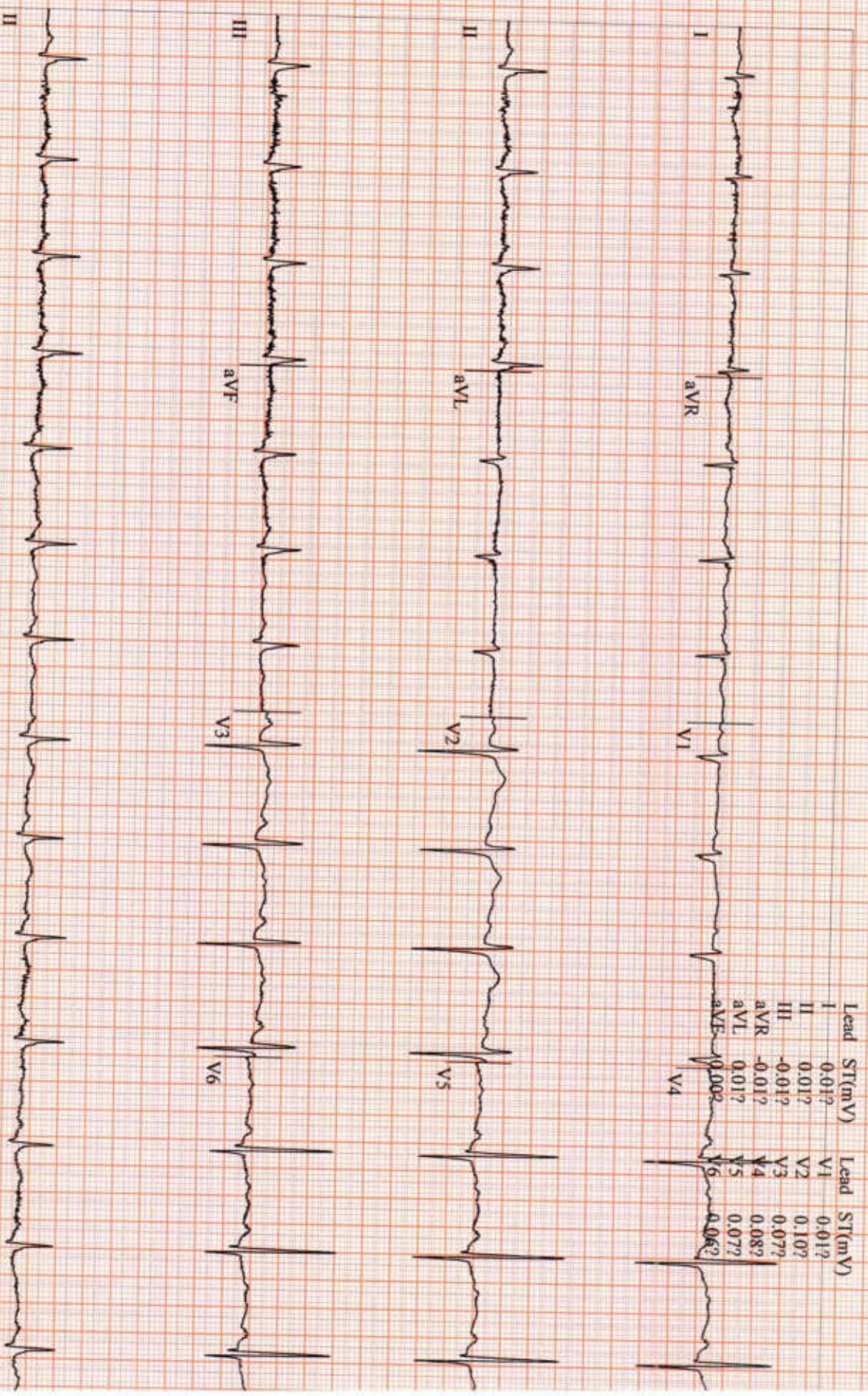
85 bpm  
140/80 mmHg

12-Lead Report  
PRETEST  
SUPINE  
00:12

BRUCE  
0.0 mph  
0.0 %

Measured at 60ms Post J  
Auto Points

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 1:02:35pm



PRADYUMNA KUMAR, KHARE

Patient ID 2426523917

21.09.2024

1:03:06pm

12-Lead Report

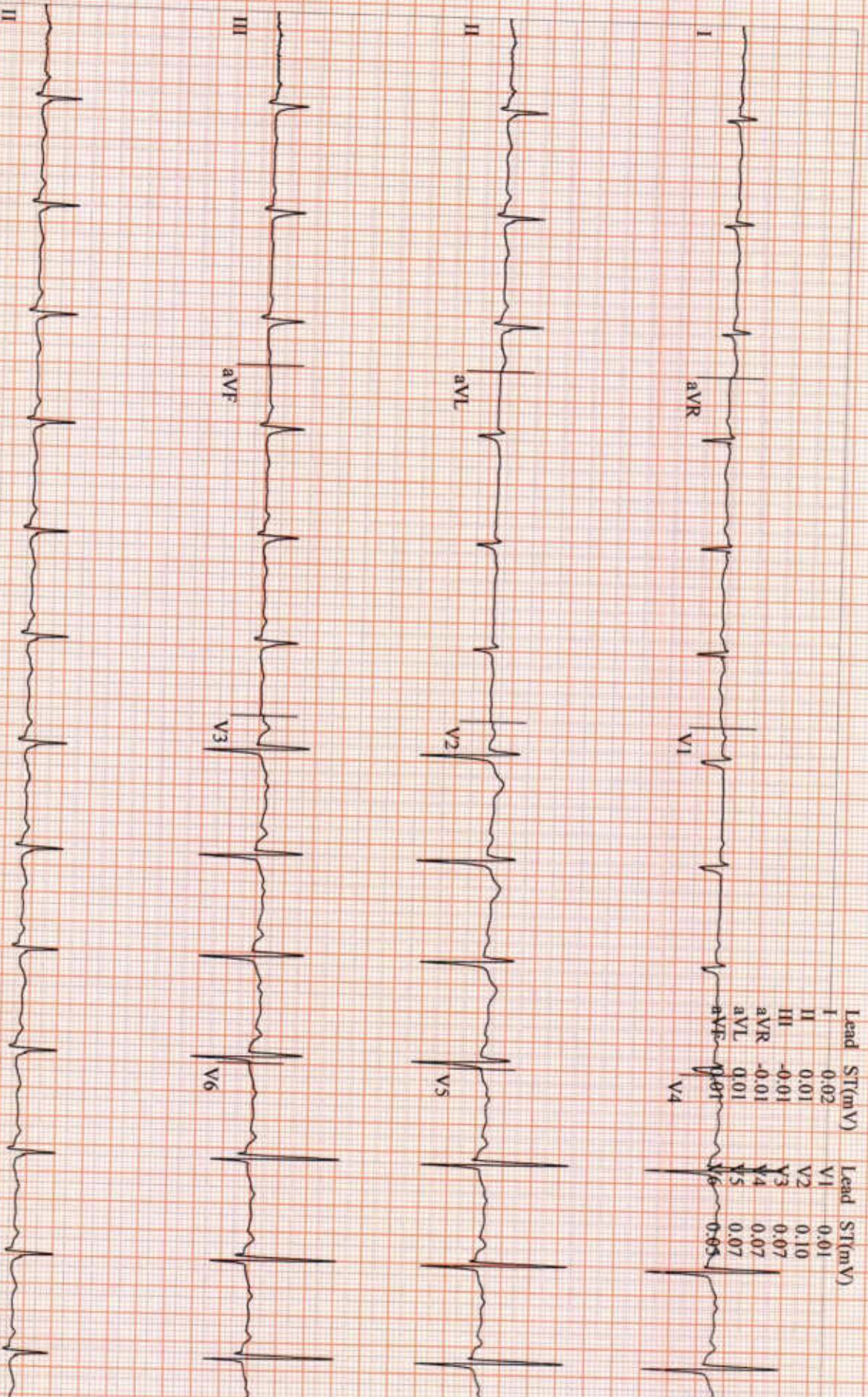
81 bpm  
140/80 mmHg

PRETEST  
STANDING  
00:25

BRUCE  
0.0 mph  
0.0 %

Measured at 60ms Post J  
Auto Points

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 1:02:35pm



PRADYUMNA KUMAR, KHARE

Patient ID 2426523917

21.09.2024

81 bpm  
140/80 mmHg

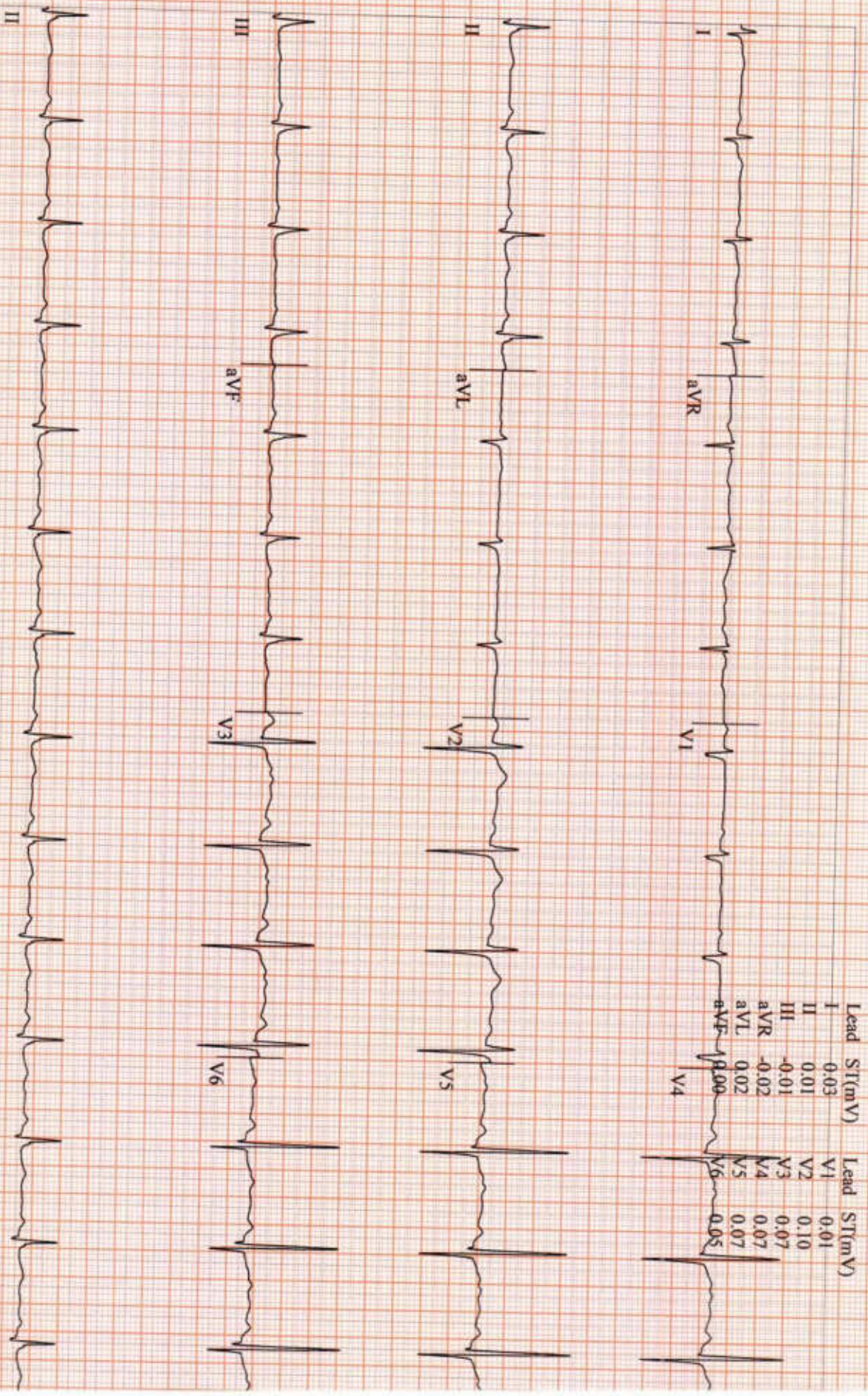
PRETEST  
HYPERV.

12-Lead Report

BRUCE  
0.0 mph  
0.0%

Measured at 60ms Post J  
Auto Points

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 1:02:35pm



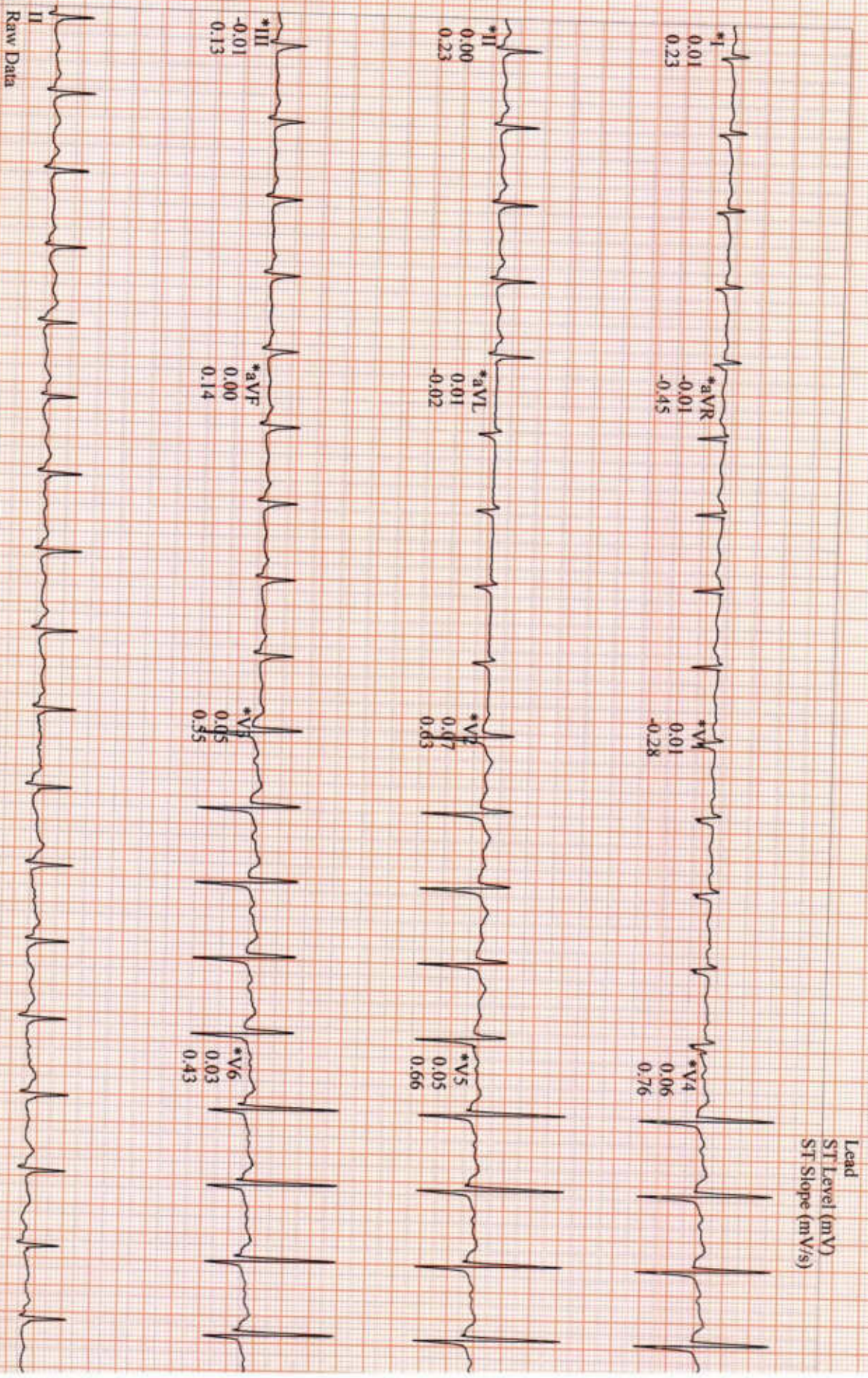
PRADYUMNA KUMAR, KHARE  
Patient ID 2426523917  
21-09-2024  
1:06:18pm

107 bpm  
150/80 mmHg

Linked Medians  
EXERCISE  
STAGE 1  
02:50

BRUCE  
1.7 mph  
10.0%

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 1:02:35pm

\*Computer Synthesized Rhythms



PRADYUMNA KUMAR, KHARE

Patient ID 2426523917

21-09-2024

1:09:18pm

130 bpm

160/80 mmHg

EXERCISE  
STAGE 2

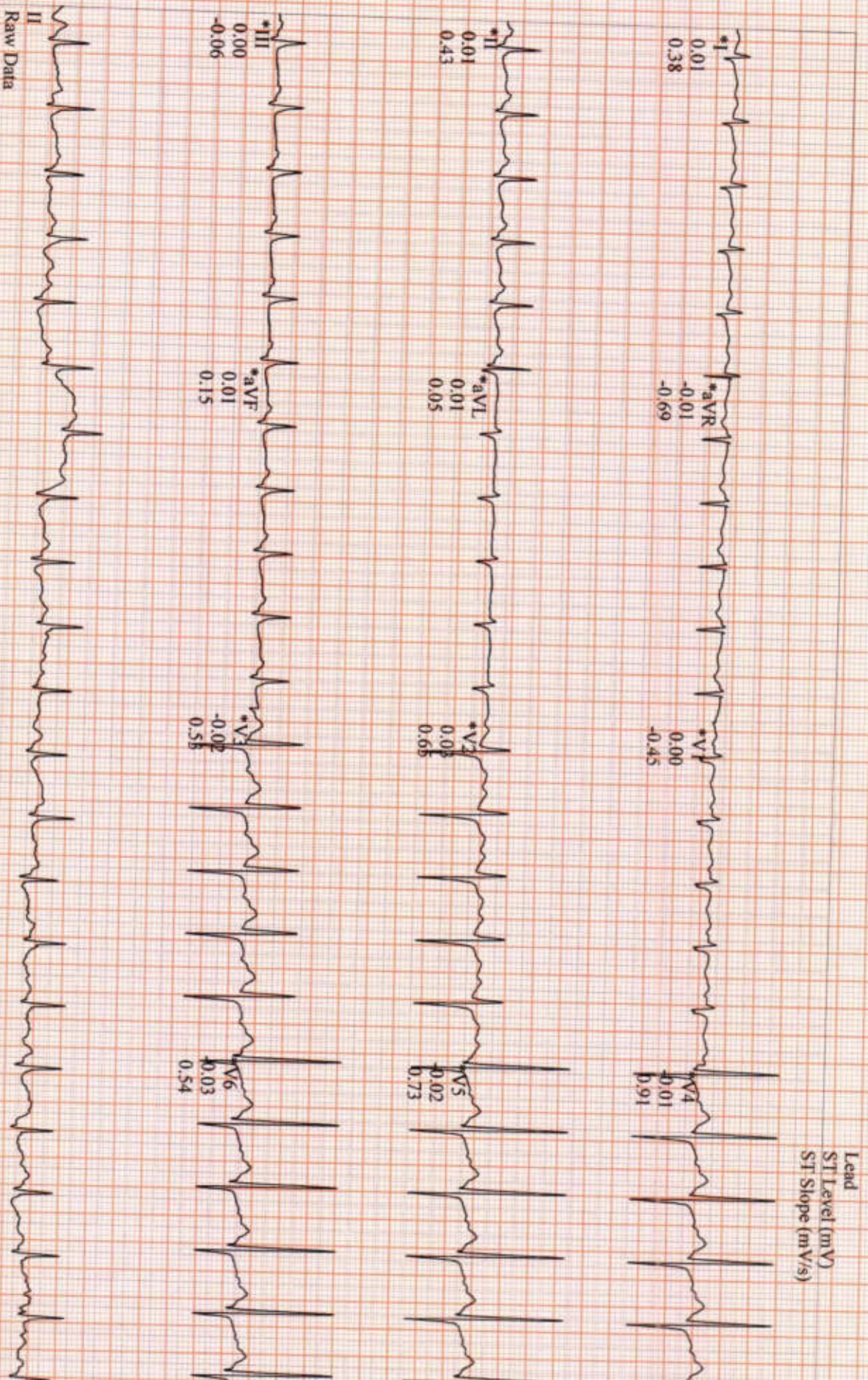
05:50

Linked Medians

BRUCE

2.5 mph  
12.0%

SUBURBAN DIAGNOSTI



Raw Data

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V6)

Start of Test: 1:02:35pm

\*Computer Synthesized Rhythms



PRADYUMNA KUMAR, KHARE

Patient ID 2426523917

21.09.2024

1:12:18pm

Linked Medians

151 bpm

170/80 mmHg

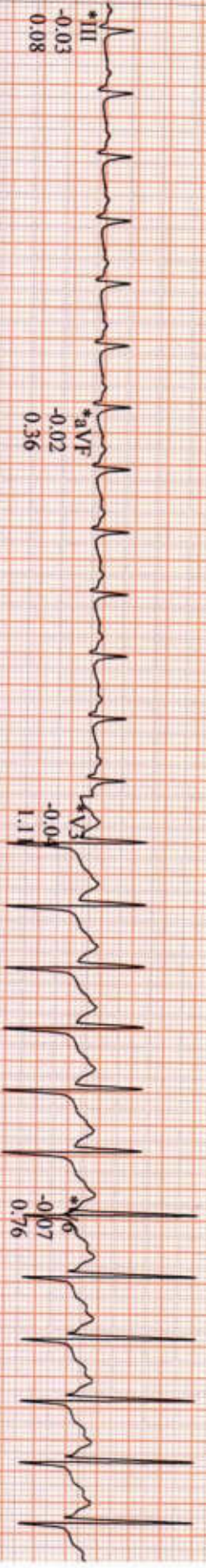
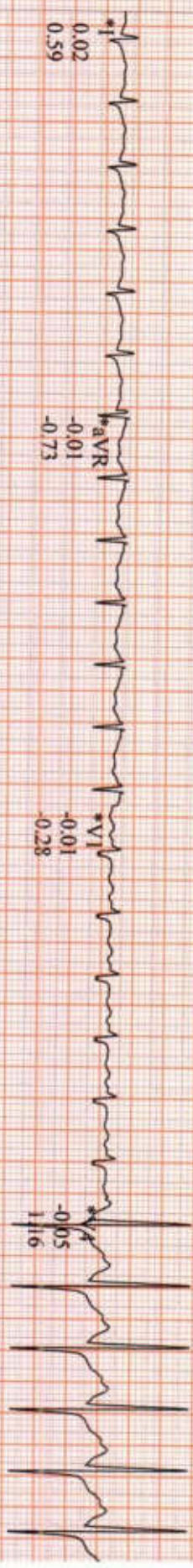
EXERCISE  
STAGE 3

08:50

BRUCE  
3.4 mph  
14.0%

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4, V6)

Start of Test: 1:02:35pm

\*Computer Synthesized Rhythms



PRADYUMNA KUMAR, KHARE

Patient ID 2426523917

21-09-2024

1:12:48pm

155 bpm

12-Lead Report ( PEAK EXERCISE )

EXERCISE

STAGE 4

09:15

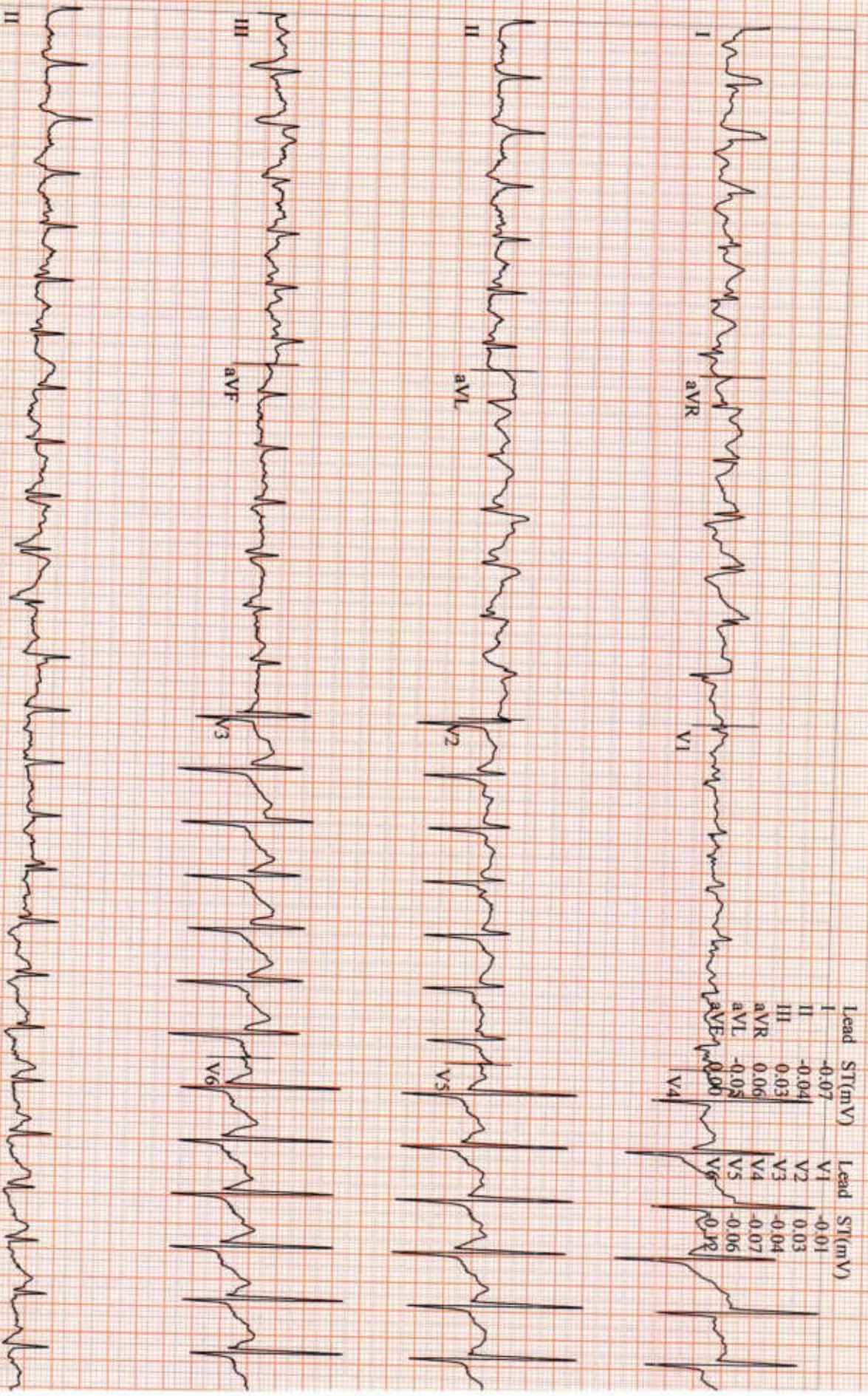
BRUCE

4.2 mph

16.0 %

SUBURBAN DIAGNOSTI

Measured at 60ms Post J  
Auto Points



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V6)

Start of Test: 1:02:35pm



PRADYUMNA KUMAR, KHARE

Patient ID 2426523917

21.09.2024

1:13:43pm

134 bpm

Linked Medians

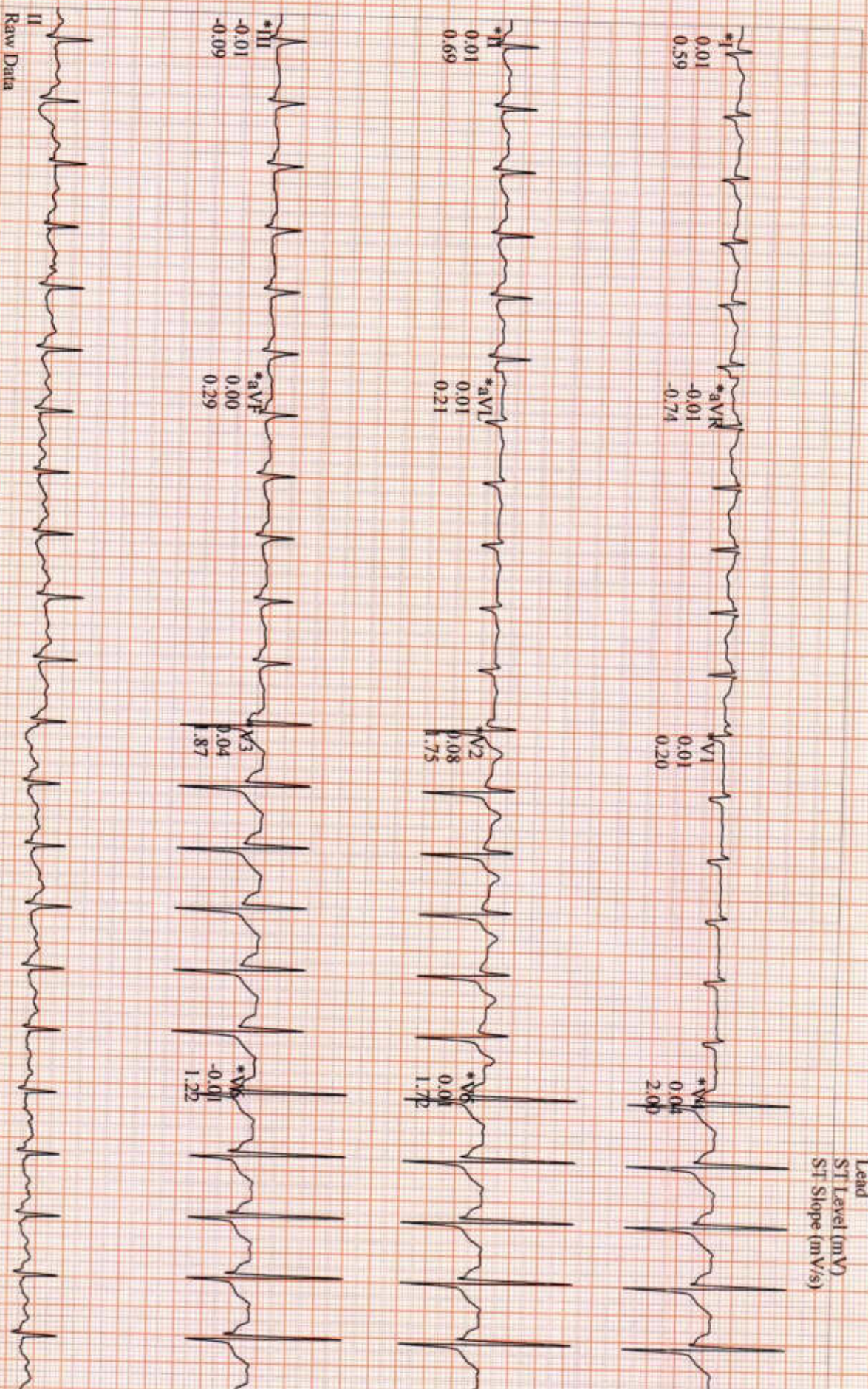
RECOVERY

#1  
01:00

BRUCE

0.0 mph  
0.0 %

SUBURBAN DIAGNOSTI



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V6)

Start of Test: 1:02:35pm

\*Computer Synthesized Rhythms



PRADYUMNA KUMAR, KHARE

Patient ID 2426523917

21.09.2024

1:14:43pm

106 bpm

RECOVERY #1

02:00

BRUCE

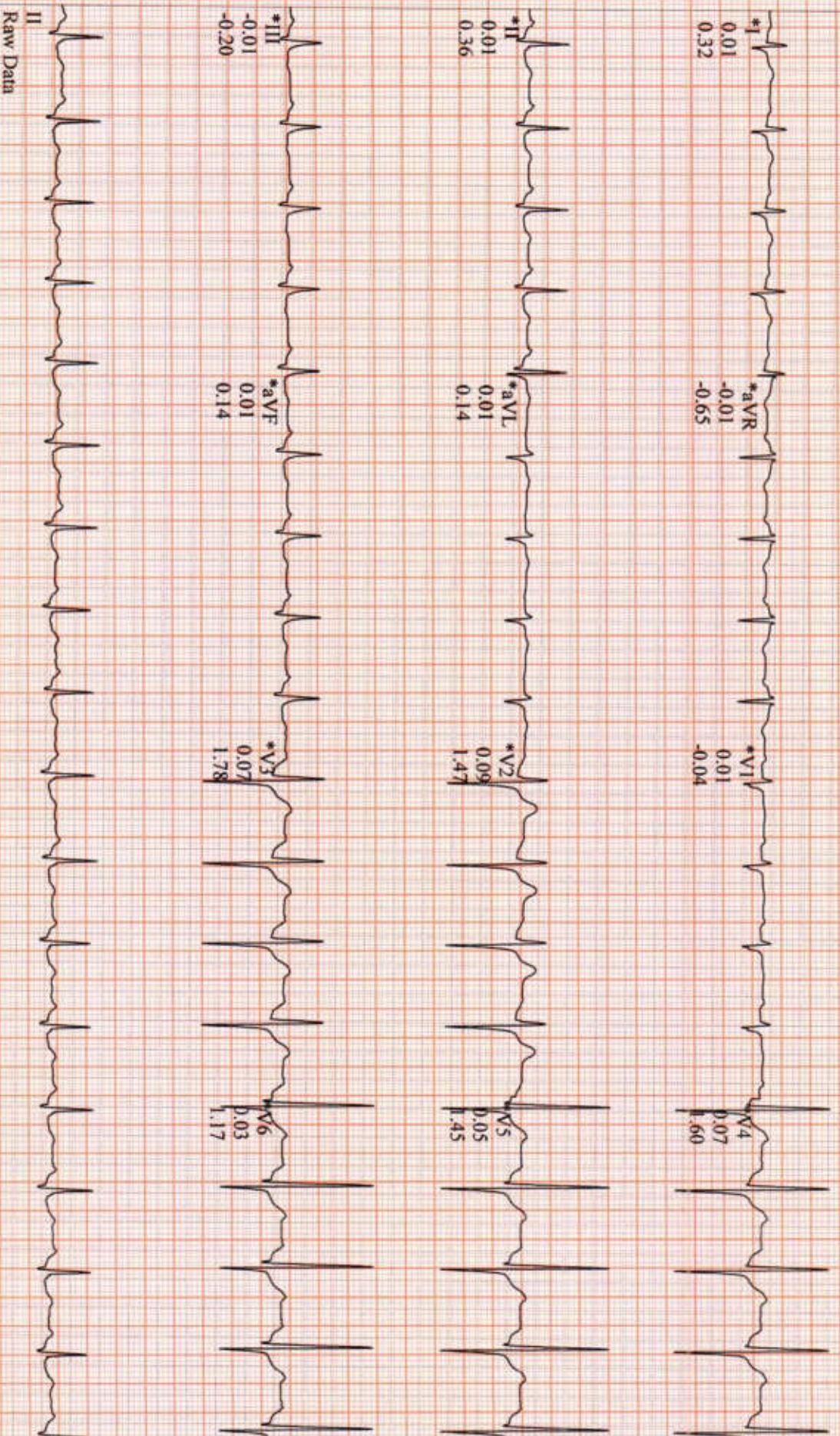
0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Linked Medians

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V6)

Start of Test: 1:02:35pm



PRADYUMNA KUMAR, KHARE

Patient ID 2426523917

21.09.2024

1:15:43pm

Linked Medians

RECOVERY

#1

03:00

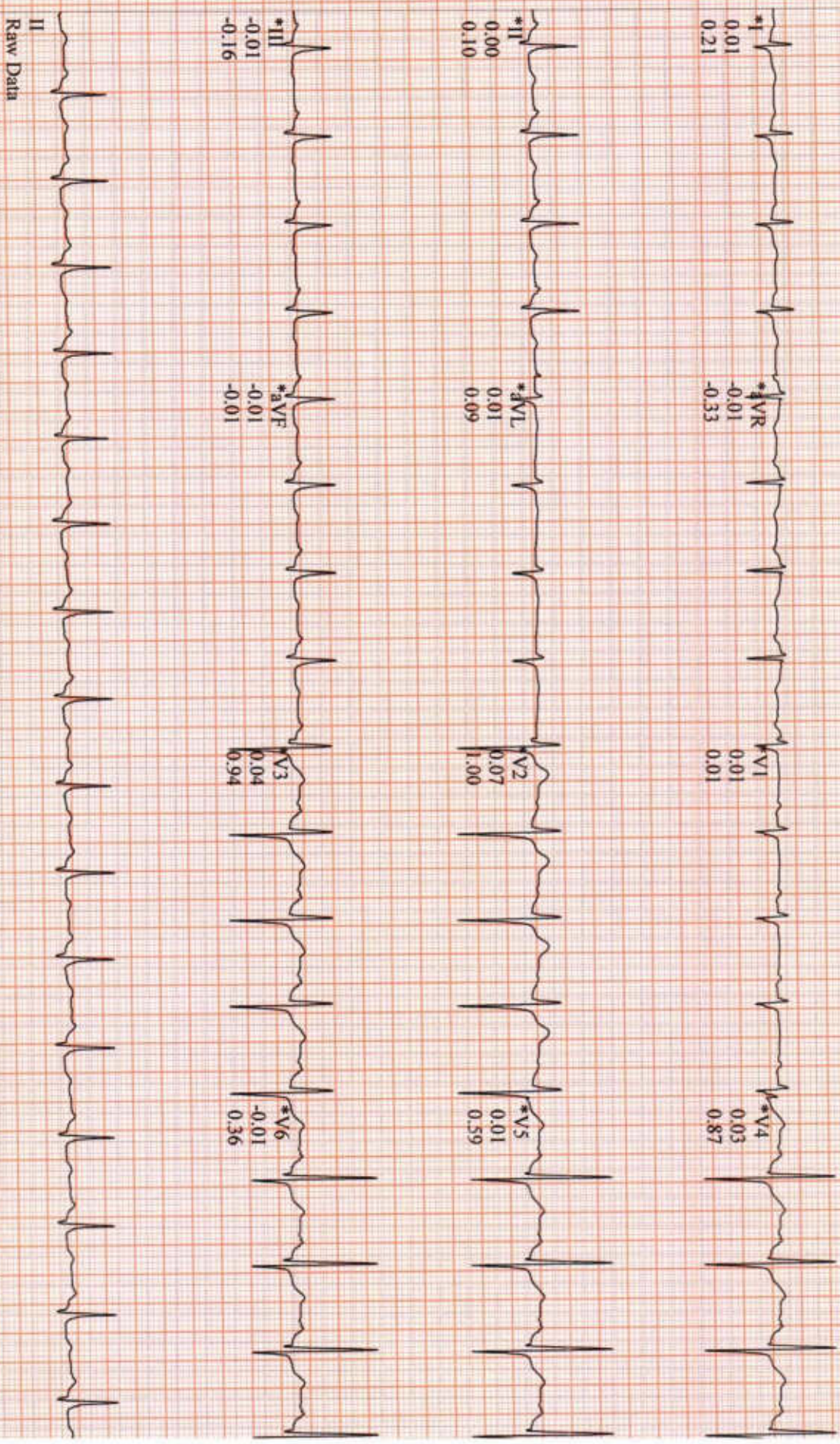
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



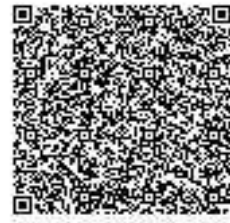
Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 1:02:35pm





CID : 2426523917  
Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 10:04  
Reported : 21-Sep-2024 / 14:38

Use a QR Code Scanner  
Application To Scan the Code

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

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.06	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.2	40-50 %	Calculated
MCV	87.4	80-100 fl	Measured
MCH	28.8	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6730	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.3	20-40 %	
Absolute Lymphocytes	1433.5	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	551.9	200-1000 /cmm	Calculated
Neutrophils	68.3	40-80 %	
Absolute Neutrophils	4596.6	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	114.4	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	33.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	157000	150000-400000 /cmm	Elect. Impedance
MPV	12.3	6-11 fl	Measured
PDW	28.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		





CID : 2426523917  
Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner Application To Scan the Code  
Collected : 21-Sep-2024 / 12:31  
Reported : 21-Sep-2024 / 14:54

**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 Fasting	96.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	171.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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



*J Thakker*

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





CID : 2426523917  
Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 10:04  
Reported : 21-Sep-2024 / 17:29

Use a QR Code Scanner  
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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	14.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.97	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	96	(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	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	142	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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J. Thakker*

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





CID : 2426523917  
Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 10:04  
Reported : 21-Sep-2024 / 14:12

Use a QR Code Scanner  
Application To Scan the Code

**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	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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



*Swati*

**Dr.SWATI ARORA**  
M.D. (PATH)  
Pathologist





CID : 2426523917  
Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 21-Sep-2024 / 10:04  
Reported : 21-Sep-2024 / 15:42

**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	0.653	<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





Use a QR Code Scanner  
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CID : 2426523917  
Name : MR.PRADYUMNA KUMAR KHARE  
Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 10:04  
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**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**





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Age / Gender : 48 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.014	1.002-1.035	Refractive index
Reaction (pH)	5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	0.9	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	Absent	
Bacteria / hpf	9.9	0-29.5/hpf	
Yeast	0.0	Absent	
Others	-		





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

**Dr.SWATI ARORA**  
**M.D. (PATH)**  
**Pathologist**



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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

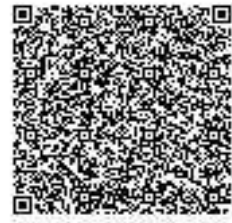
\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
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*J Thakker*

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	166.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	167.1	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	48.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	118.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.0	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	33.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
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*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**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.22	0.35-5.5 microIU/ml microU/ml	ECLIA





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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

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

**Reference:**

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

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



*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**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	1.25	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.36	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.89	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	36.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	71.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	53.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	96.6	40-130 U/L	Colorimetric

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*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**

<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)	Trace	Absent	
Urine Ketones (PP)	Absent	Absent	

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*M Jain*

**Dr.MILLU JAIN**  
**M.D.(PATH)**  
**Pathologist**

CID : 2426523917  
Name : Mr Pradyumna Kumar Khare  
Age / Sex : 48 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre  
Reg. Date : 21-Sep-2024  
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## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

### PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 9.4 x 4.1 cm.  
Left kidney measures 10.6 x 4.1 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### PROSTATE:

The prostate is normal in size and measures 3.3 x 3.3 x 2.7 cm and volume is 16 cc.

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**IMPRESSION:**

Fatty liver.  
No other significant abnormality is seen.

**Suggestion: Clinicopathological 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. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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



Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

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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.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

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