



CID : 2330716979  
Name : MR.AKHILESH SHARMA  
Age / Gender : 44 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 03-Nov-2023 / 08:28  
Reported : 03-Nov-2023 / 13:55

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

**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	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.75	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.1	40-50 %	Measured
MCV	91	80-100 fl	Calculated
MCH	29.6	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	12.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5790	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.0	20-40 %	
Absolute Lymphocytes	2200.2	1000-3000 /cmm	Calculated
Monocytes	10.6	2-10 %	
Absolute Monocytes	613.7	200-1000 /cmm	Calculated
Neutrophils	44.8	40-80 %	
Absolute Neutrophils	2593.9	2000-7000 /cmm	Calculated
Eosinophils	6.1	1-6 %	
Absolute Eosinophils	353.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	28.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	207000	150000-400000 /cmm	Elect. Impedance
MPV	10.8	6-11 fl	Calculated
PDW	22.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      7                                      2-15 mm at 1 hr.                                      Sedimentation

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



*Bmhasakar*

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	102.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	124.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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*Bm haskar*

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M.D. (PATH)  
Pathologist



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	15.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	111	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

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

TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	98-107 mmol/l	ISE

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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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**Dr.KETAKI MHASKAR**  
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Pathologist



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.567	<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.

**Reference:**

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

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



*Anupa*

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



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Collected : 03-Nov-2023 / 11:29  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (5.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



*Bmhasakar*

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



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Collected : 03-Nov-2023 / 08:28  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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



*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
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**Pathologist**





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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**BLOOD GROUPING & Rh TYPING**

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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*Dr. Vrushi Shroff*

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	131.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	45.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	118.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	92.0	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	26.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	5.05	0.35-5.5 microIU/ml	ECLIA

**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 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)



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	1.5	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.74	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.76	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	40.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	45.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	40.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	96.5	40-130 U/L	Colorimetric

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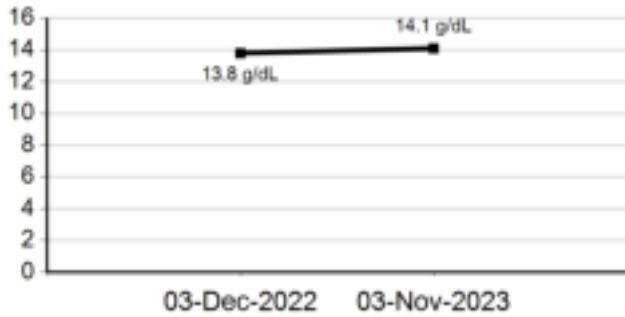
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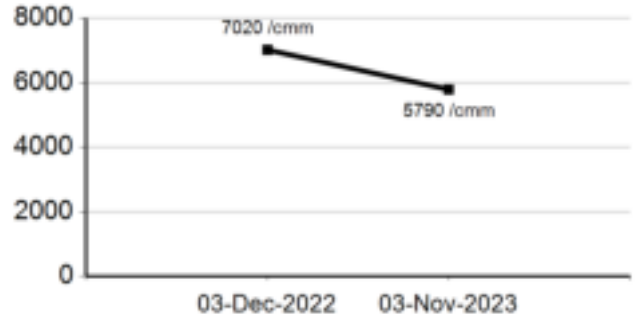
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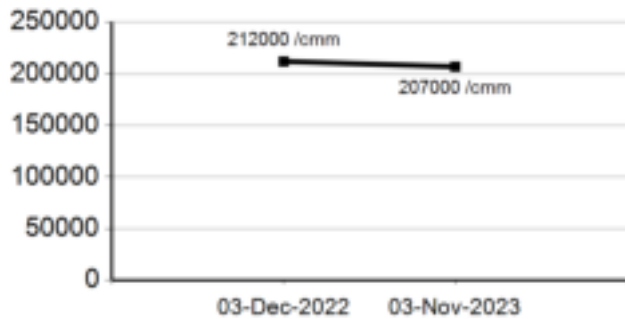
**Haemoglobin**



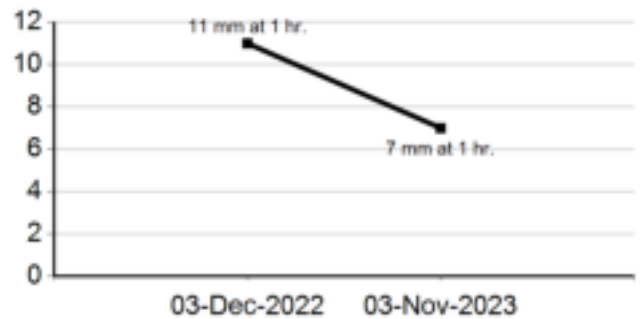
**WBC Total Count**



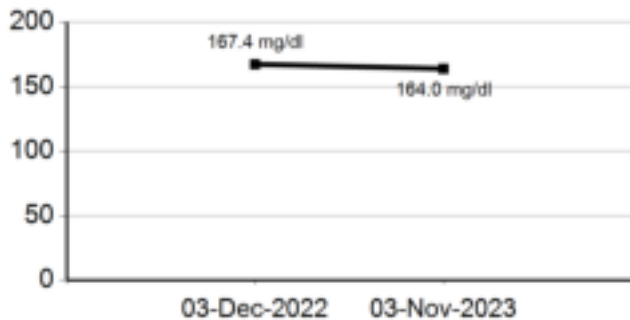
**Platelet Count**



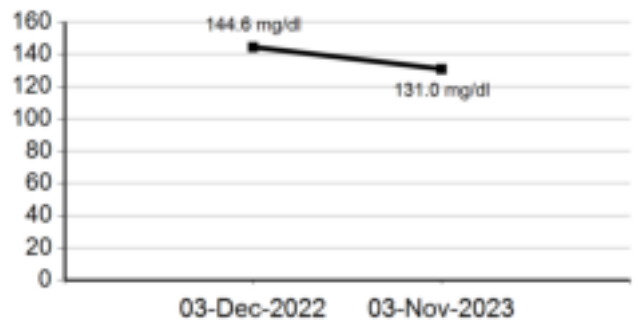
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

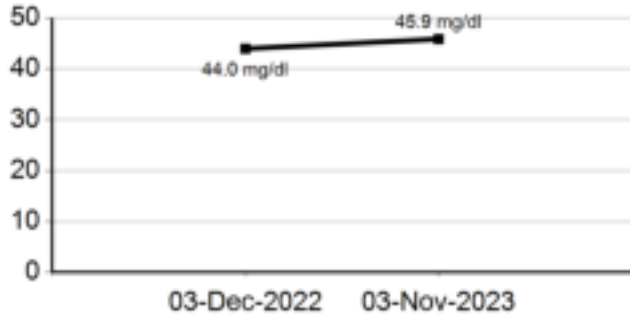




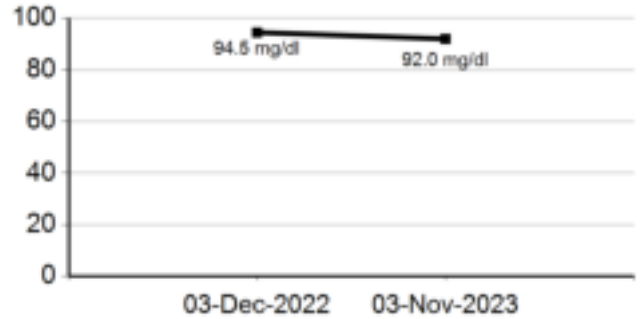
CID : 2330716979  
 Name : MR.AKHILESH SHARMA  
 Age / Gender : 44 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner  
 Application To Scan the Code

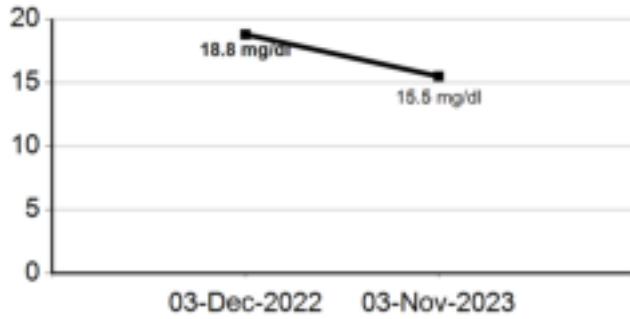
**HDL CHOLESTEROL**



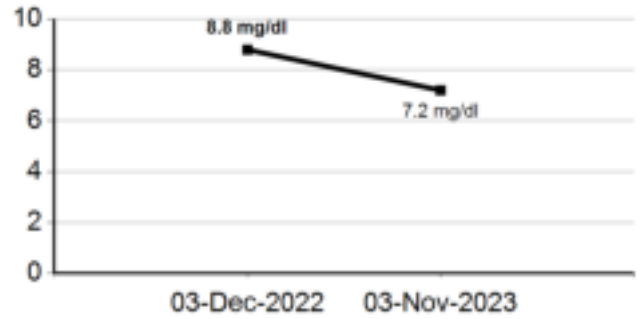
**LDL CHOLESTEROL**



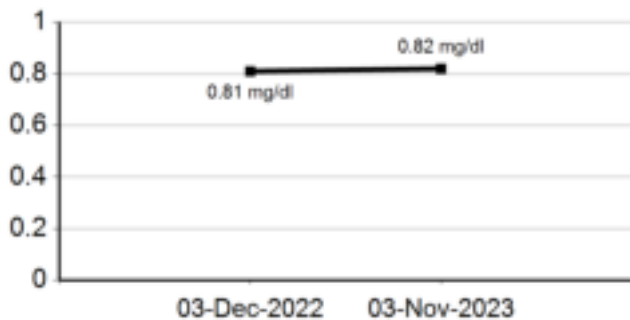
**BLOOD UREA**



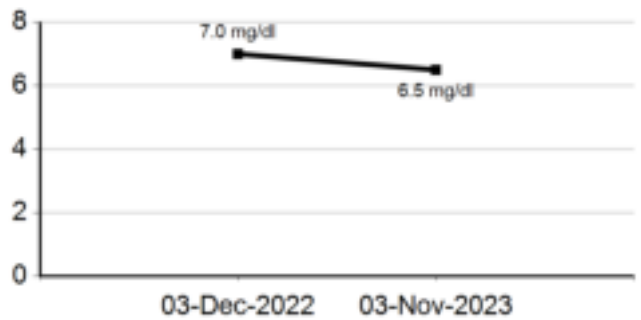
**BUN**



**CREATININE**



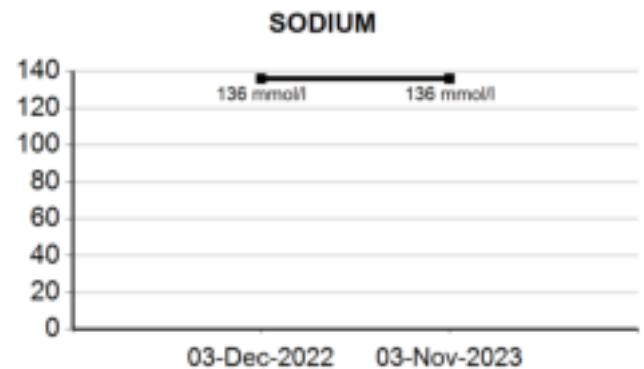
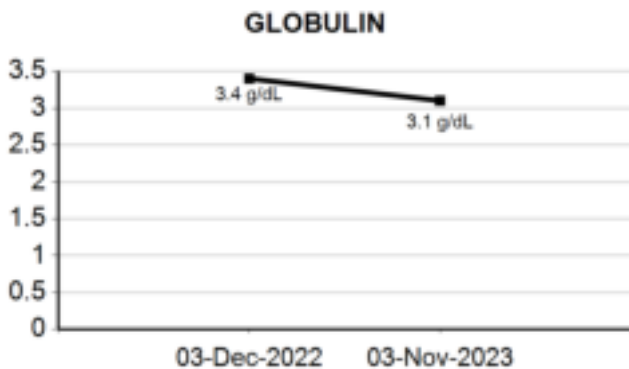
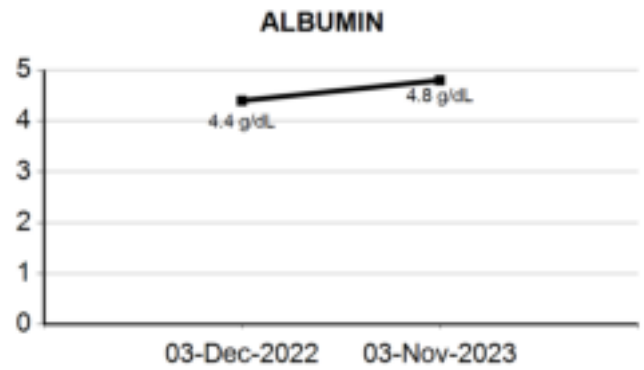
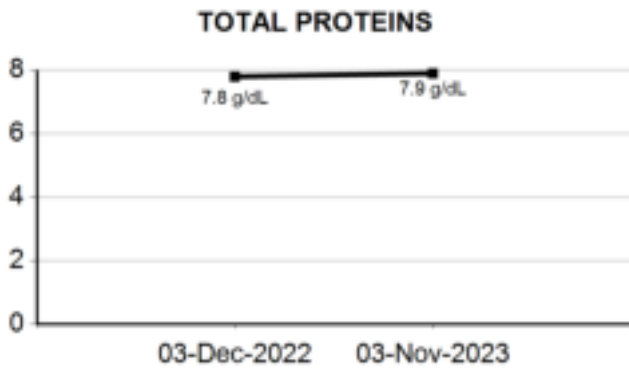
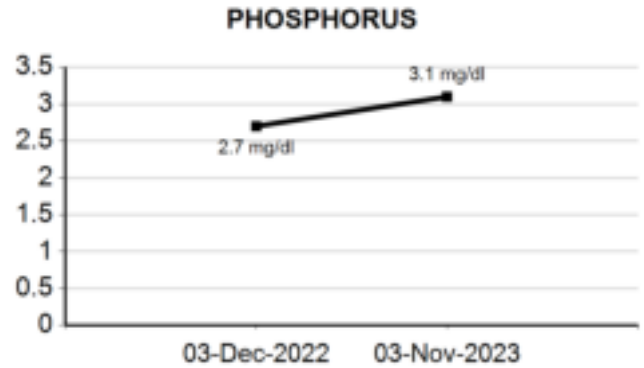
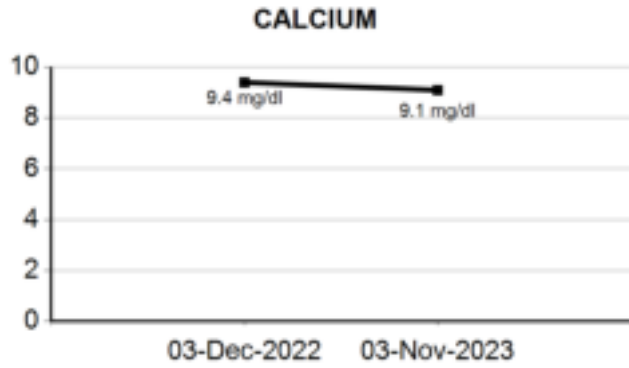
**URIC ACID**





CID : 2330716979  
 Name : MR.AKHILESH SHARMA  
 Age / Gender : 44 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner  
 Application To Scan the Code



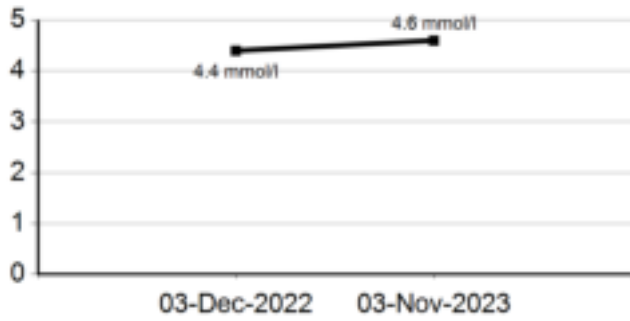




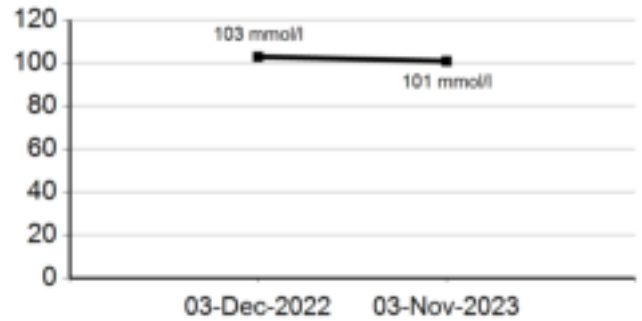
CID : 2330716979  
 Name : MR.AKHILESH SHARMA  
 Age / Gender : 44 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner  
 Application To Scan the Code

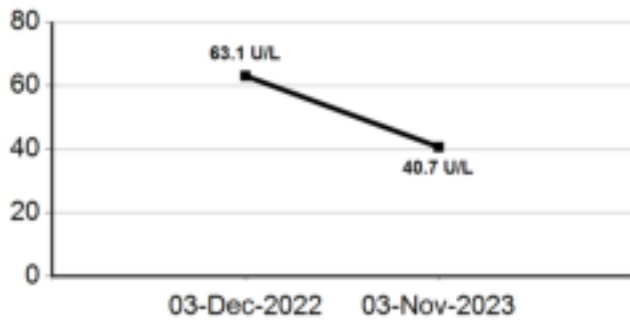
**POTASSIUM**



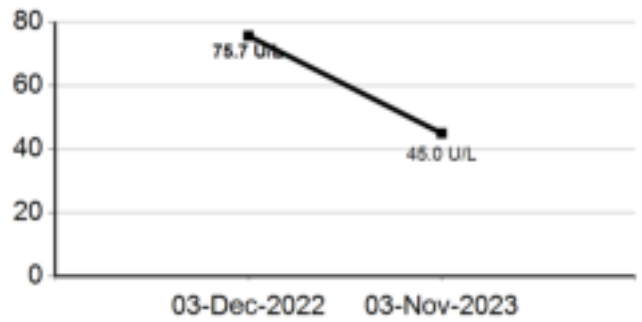
**CHLORIDE**



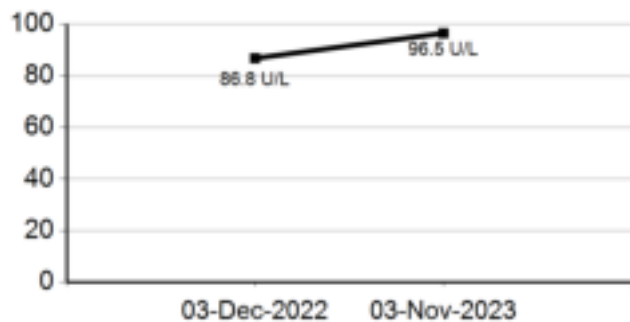
**SGOT (AST)**



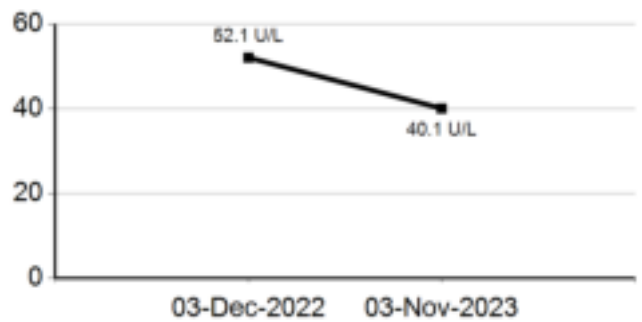
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



**GAMMA GT**

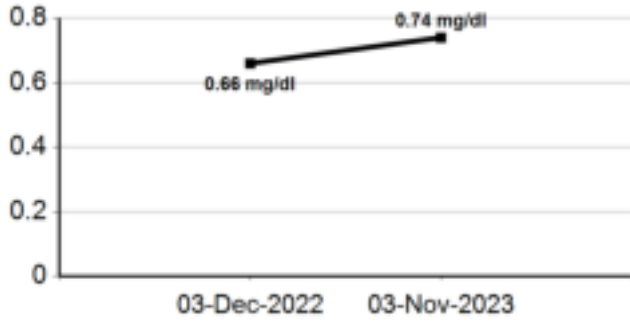




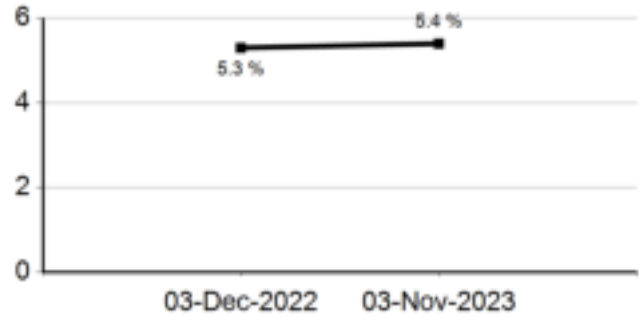
Use a QR Code Scanner  
 Application To Scan the Code

CID : 2330716979  
 Name : MR.AKHILESH SHARMA  
 Age / Gender : 44 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Bhayander East (Main Centre)

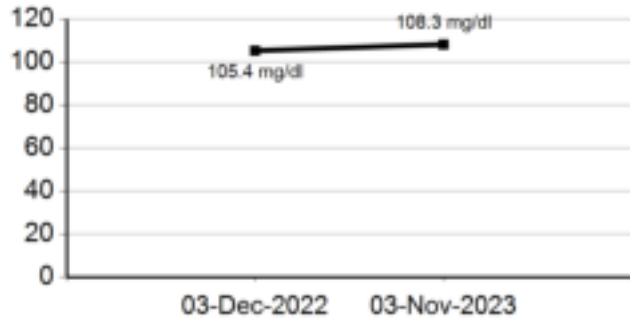
**BILIRUBIN (DIRECT)**



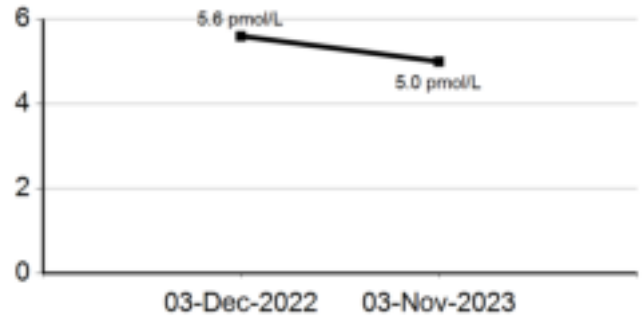
**Glycosylated Hemoglobin (HbA1c)**



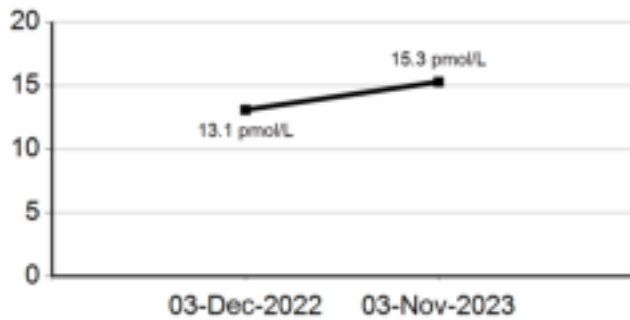
**Estimated Average Glucose (eAG)**



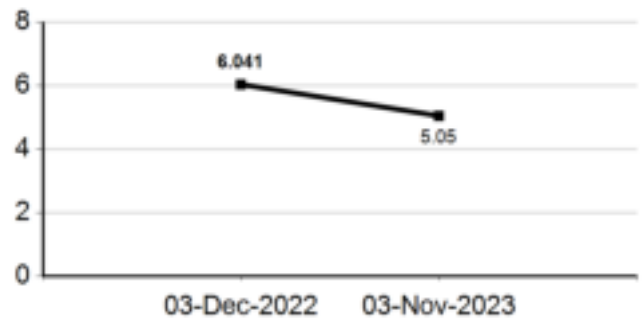
**Free T3**



**Free T4**



**sensitiveTSH**





**CID** : 2330716979  
**Name** : Mr AKHILESH SHARMA  
**Age / Sex** : 44 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 03-Nov-2023  
**Reported** : 03-Nov-2023/13:47

## **X-RAY CHEST PA VIEW**

Increased reticuloalveolar markings are seen in both the lung fields.

The lung fields are otherwise clear with no obvious active parenchymal lesion.

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

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

### **IMPRESSION:**

- **No obvious active parenchymal abnormality detected.**

**Kindly correlate clinically**

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

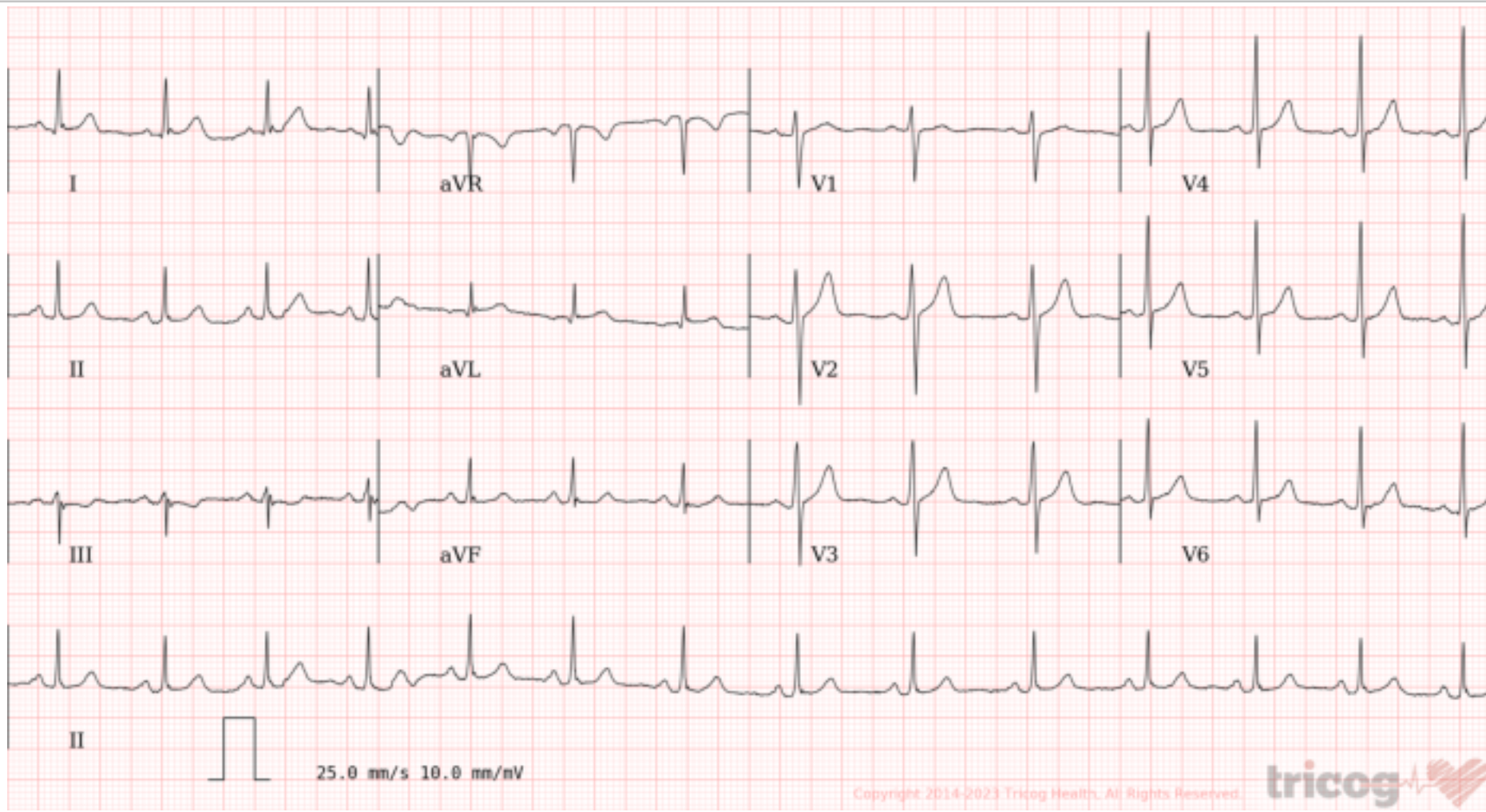
**DR. VIBHA S KAMBLE**  
MBBS ,DMRD  
Reg No -65470  
Consultant Radiologist



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2330716979  
**Name** : Mr AKHILESH SHARMA  
**Age / Sex** : 44 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 03-Nov-2023  
**Reported** : 03-Nov-2023/13:47



Age **44** **NA** **NA**  
years months days

Gender **Male**

Heart Rate **86bpm**

**Patient Vitals**

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

**Measurements**

QRSD: 76ms  
QT: 326ms  
QTcB: 390ms  
PR: 146ms  
P-R-T: 65° 22° 35°

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

REPORTED BY

*Smita Valani*

Dr. Smita Valani  
MBBS, D. Cardiology  
2011/03/0587



12346768 (2330716979) / AKHILESH SHARMA / 44 Yrs / M / 178 Cms / 79 Kg  
 Date: 03 / 11 / 2023 09:36:11 AM

Stage	Time	Duration	Speed(mph)	Elevation	MEIS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	077	44 %	130/80	100	00	
Standing	00:09	0:06	00.0	00.0	01.0	077	44 %	130/80	100	00	
HV	00:13	0:04	00.0	00.0	01.0	077	44 %	130/80	100	00	
ExStart	00:17	0:04	01.7	10.0	01.1	076	43 %	130/80	098	00	
BRUCE Stage 1	03:17	3:00	01.7	10.0	04.7	114	65 %	140/80	159	00	
BRUCE Stage 2	06:17	3:00	02.5	12.0	07.1	131	74 %	150/80	196	00	
PeakEx	08:18	2:01	03.4	14.0	09.2	149	85 %	160/80	238	00	
Recovery	09:18	1:00	01.1	00.0	01.1	144	82 %	160/80	230	00	
Recovery	10:18	2:00	00.0	00.0	01.0	103	59 %	150/80	154	00	
Recovery	12:18	4:00	00.0	00.0	01.0	104	59 %	140/80	145	00	
Recovery	12:30				00.0	000	0 %	130/80	000	00	

**FINDINGS :**

Exercise Time : 08:01  
 Initial HR (ExStrt) : 76 bpm 43% of Target 176  
 Initial BP (ExStrt) : 130/80 (mm/Hg)  
 Max Workload Attained : 9.2 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : V2 & -1.7 mm in Recovery  
 Duke Treadmill Score : .004  
 Test End Reasons : Test Complete

Max HR Attained 149 bpm 85% of Target 176  
 Max BP Attained 160/80 (mm/Hg)

DR. SMITA VALANI  
 M.D., D. GAF.  
 2011/03/0987

Doctor : DR. SMITA VALANI

SUBURBAN DIGNOSTICS BHAYANDER (PVT.) LTD.  
 K. J. Road, 1st Floor, Bhayander East, Mumbai - 401 105  
 Phone: 422 1612/09008

AKHILESH SHARMA / 44 Yrs / M / 178 Cms / 79 Kg Date: 03 / 11 / 2023 09:36:11 AM

REPORT :

REASON FOR TERMINATION	: TARGET HR ACHIEVED
EXERCISE TOLERANCE	: GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS	: NO ANGINA AND ANGINA EQUIVALENT
HAEMODYNAMIC RESPONSE	: NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
CHRONOTROPIC RESPONSE	: GOOD INOTROPIC RESPONSE
FINAL IMPRESSION	: GOOD CHRONOTROPIC RESPONSE
	: NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

DR. SMITA VALANI  
 MBBCh, D. CARDIOLOGY  
 2011103/0587

Doctor : DR. SMITA VALANI

SUSHRITA DIAGNOSTICS (PVT.) LTD.  
 401 105  
 2011103/0587

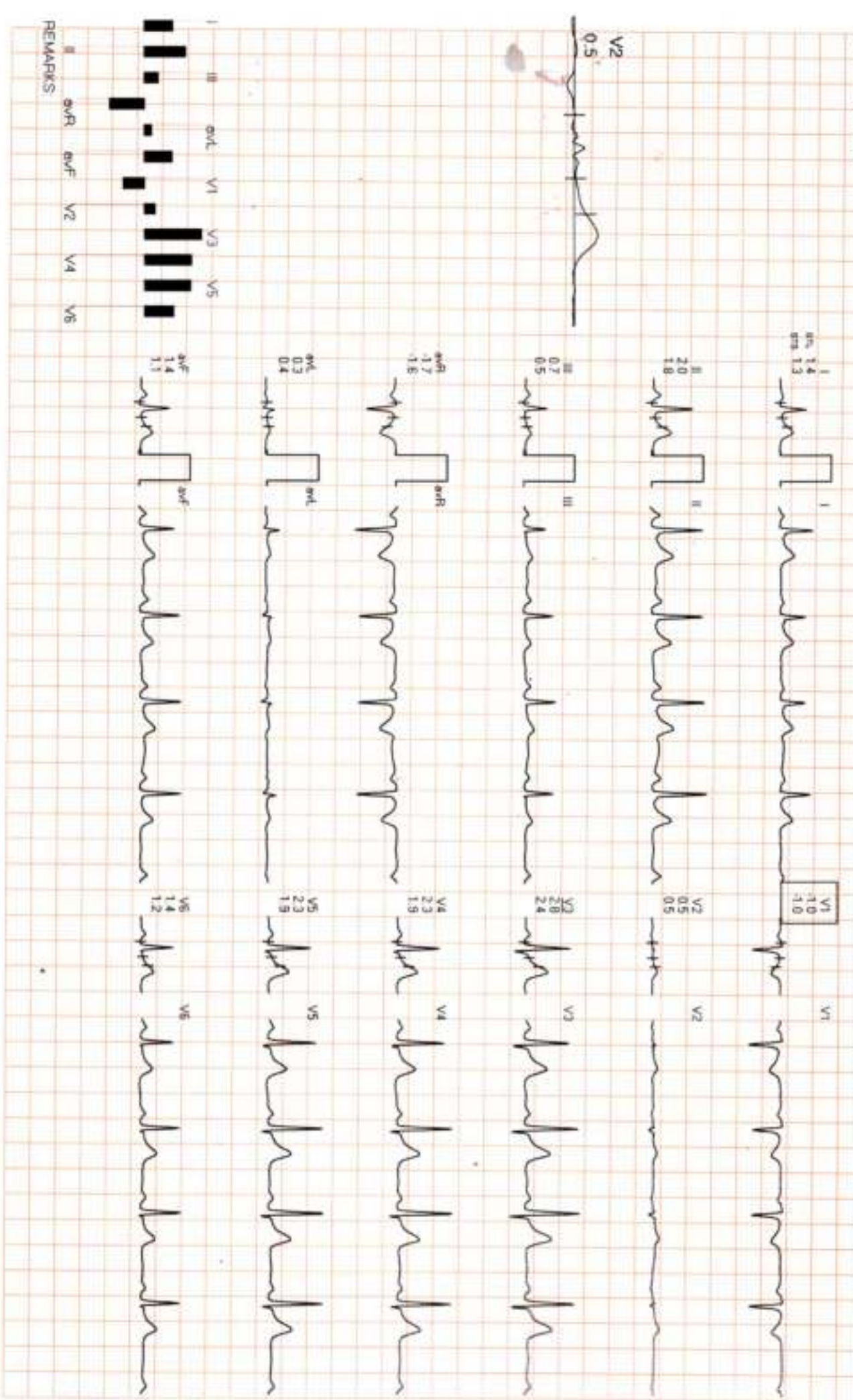


68 (2330716979) / AKHILESH SHARMA / 44 Yrs / M / 178 Cms / 79 Kg / HR : 83

Date: 03/11/2023 09:36:11 AM METS: 1.00 83 bpm 47% of THR BP: 130/80 mmHg Pnw ECG/BLD Oxy/SpO2 Dev/HF: 0.05 Hz/UF 35 Hz

4X 30ms Paul J

E-Time: 00:00:0.0 mph: 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS



DIAGNOSTICS BHAYANDER

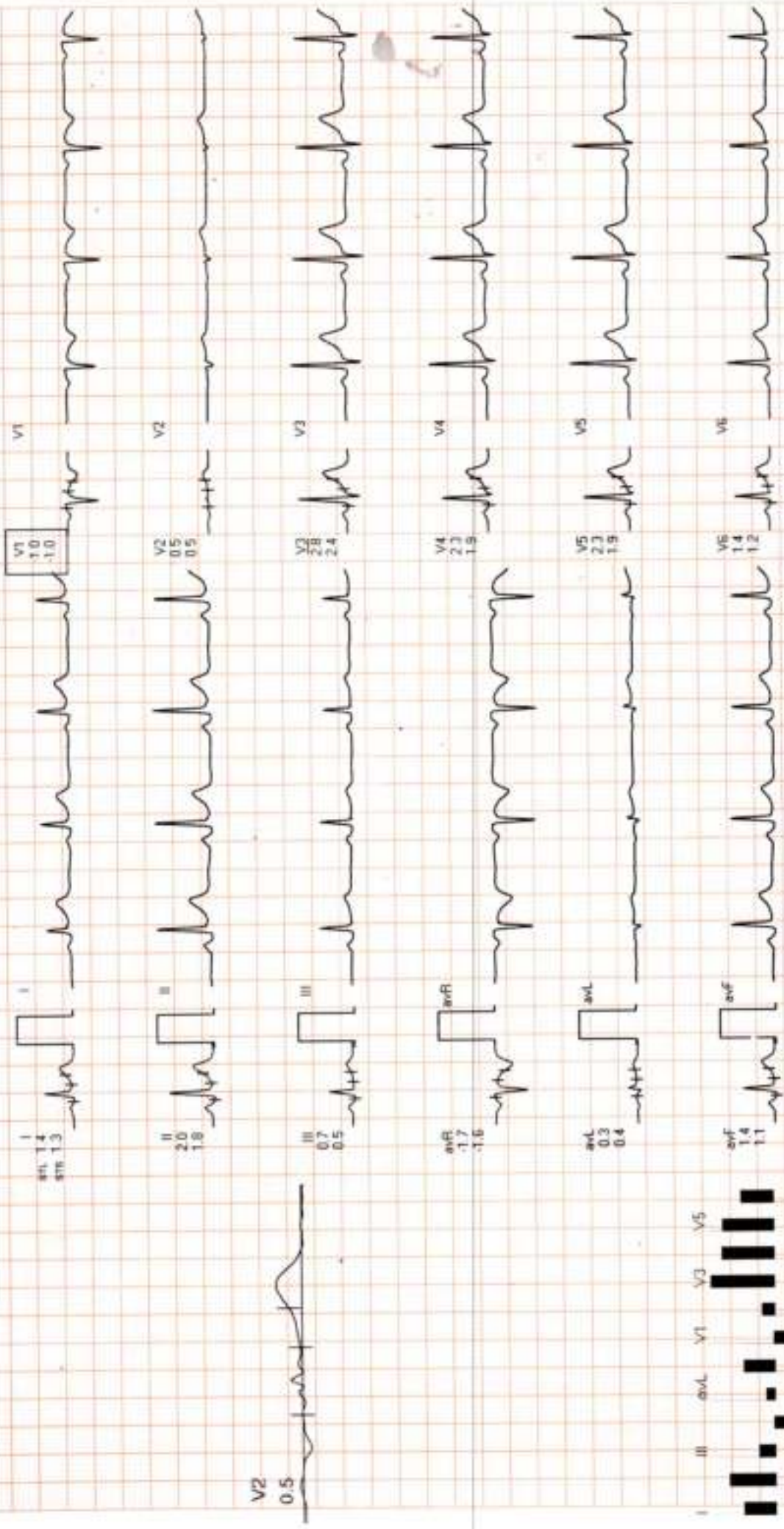
68 (2330716979) / AKHILESH SHARMA / 44 Yrs / M / 178 Cms / 79 Kg / HR : 77

Date: 03/11/2023 09:56:11 AM METS: 1.0/77 bpm 44% of THR BP: 130/80 mmHg Raw ECG/BLC Owl/Notch Div/HeF 0.05 Hz/VF 35 Hz

4X 80 ms Paper J

STANDING ( 00:00 )

ExTime 00:00:0.0 mph, 0.0%  
25 mm/5sec 1.0 Cm/1mV



REMARKS



HV ( 00:00 )

# AN DIGNOSTICS BHAYANDER

AN DIGNOSTICS BHAYANDER / 44 Yrs / M / 178 Cms / 79 Kg / HR : 77

168 (2330716979) / ANKILESH SHARMA / 44 Yrs / M / 178 Cms / 79 Kg / HR : 77

01/11/2023 09:16:11 AM

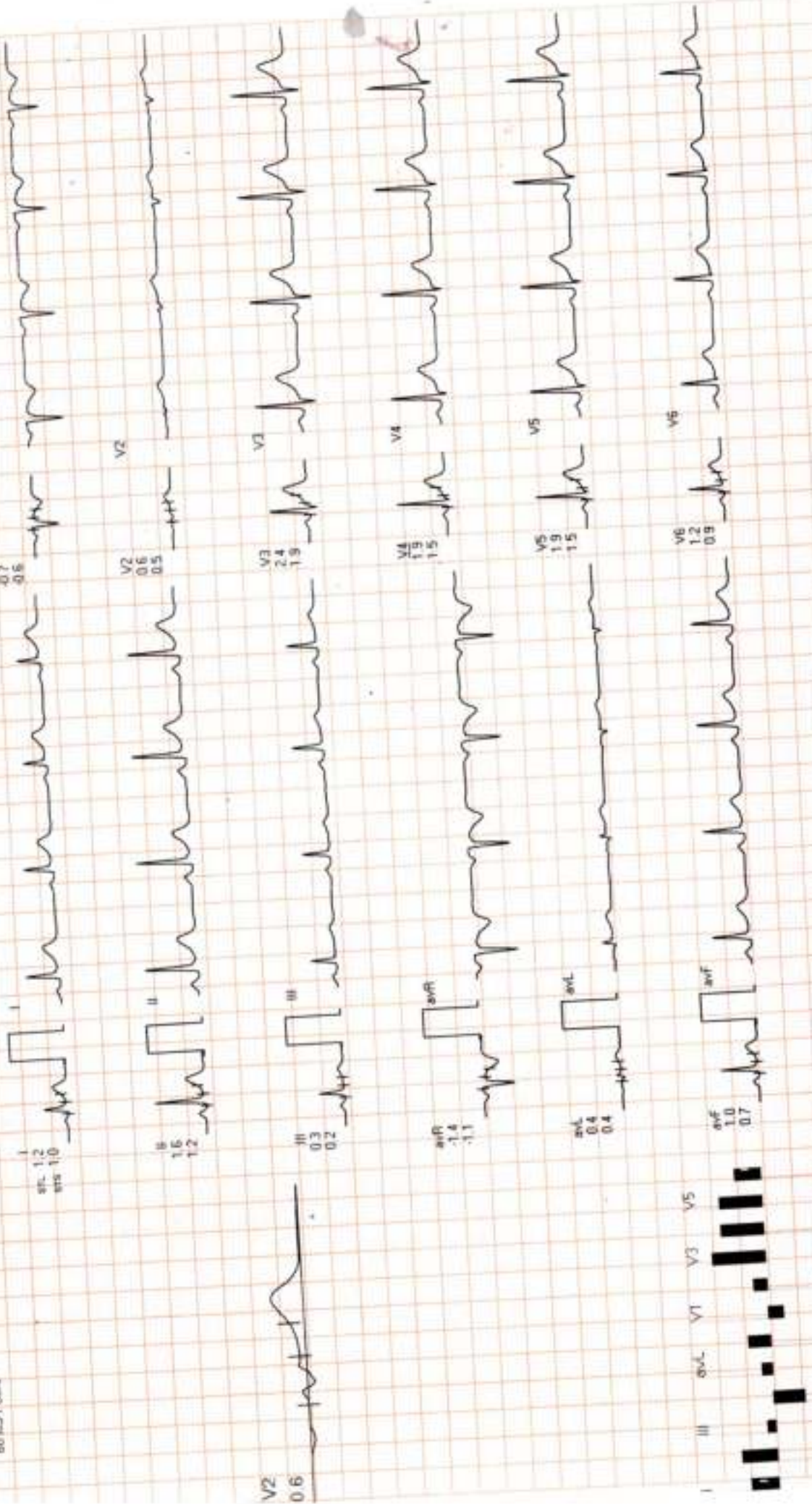
METS 1.077 norm 44% of THR BP-130/80 mmHg

Raw ECG/BLG: Owl Notch Qr/HF 0.05 Hz/LF 35 Hz

ExTime 00:00:00 mph 0.0%

25 mm/Sec 1.0 Cm/mV

80  $\mu$ S Post J



REMARKS:

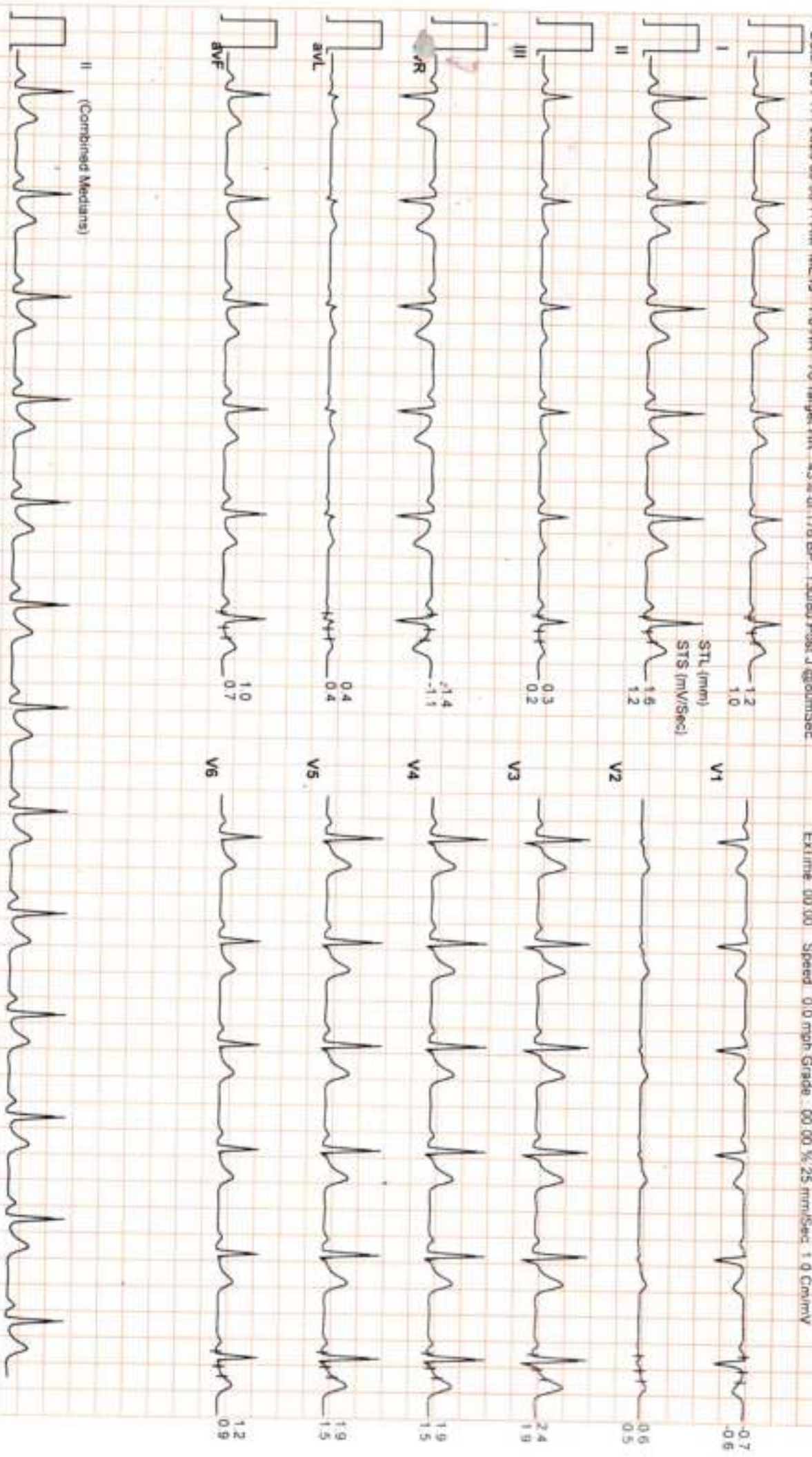
10768 / AKHILESH SHARMA / 44 Yrs / Male / 178 Cm / 79 Kg

Date: 03/11/2023 05:36:11 AM METs: 1.0 HR: 76 Target HR: 43% of 176 BP: 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

EXStH

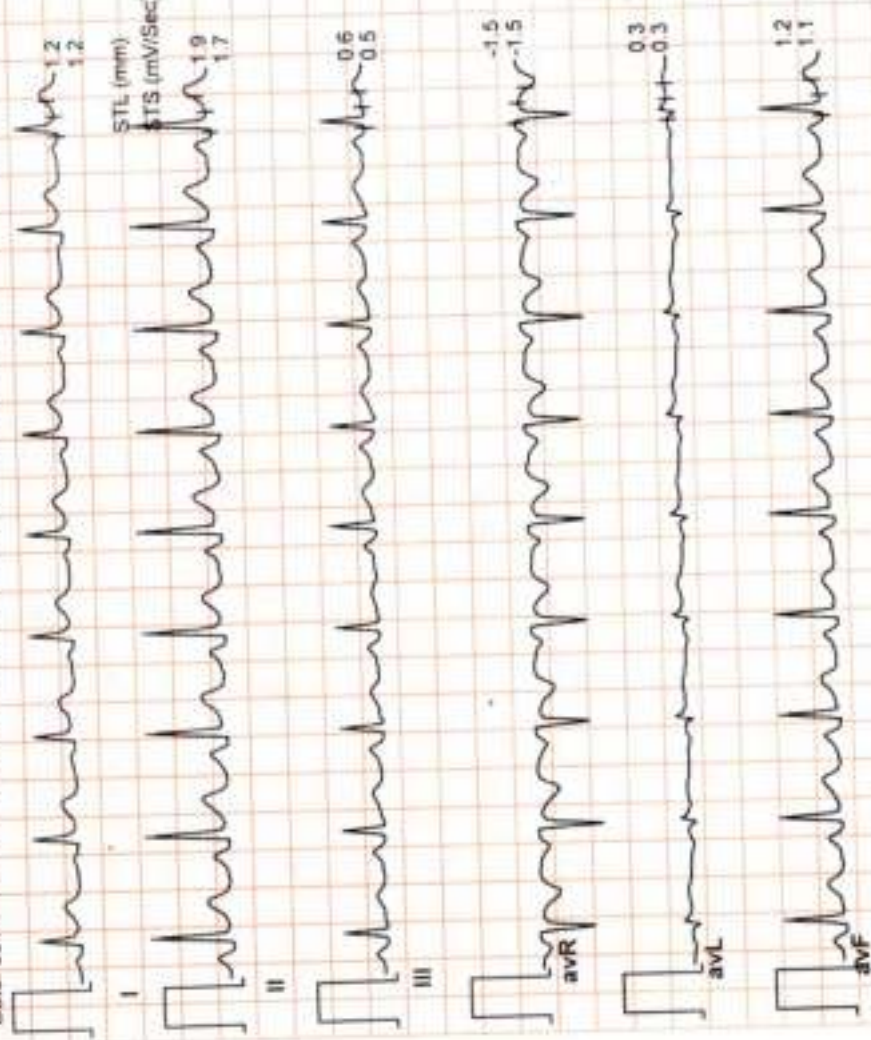
ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



# AN DIGNOSTICS BHAYANDER

6768 / AKHILESH SHARMA / 44 Yrs / Male / 178 Cm / 79 Kg

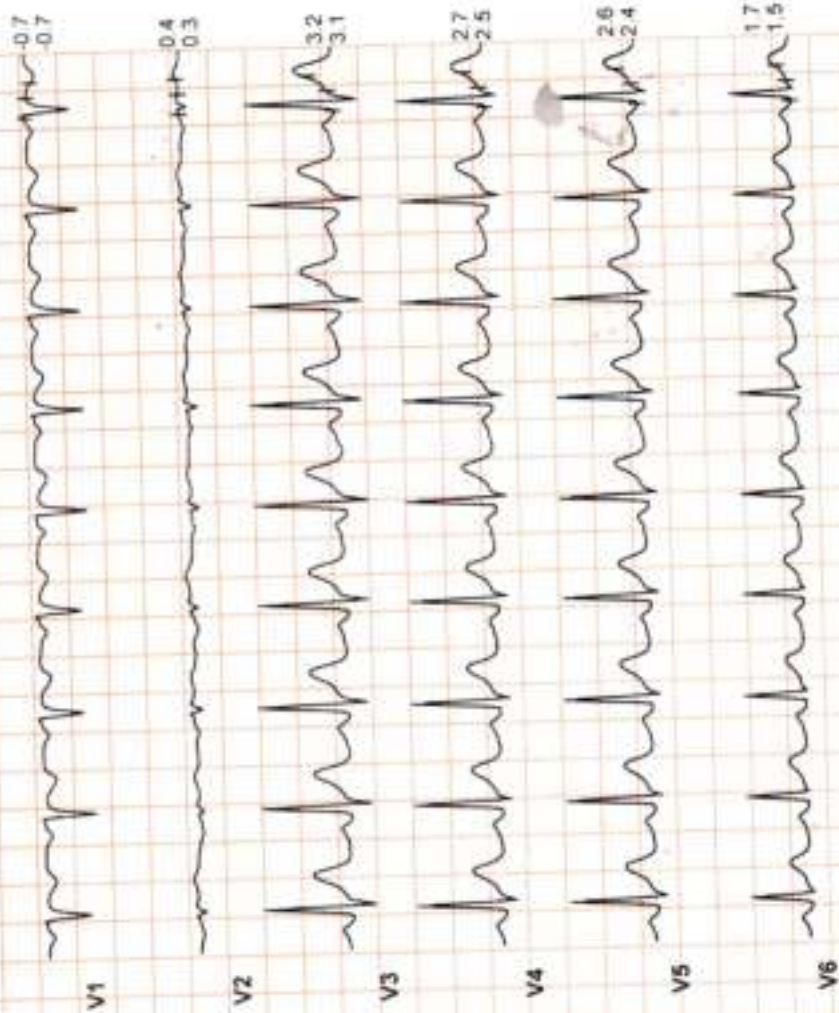
Date: 03/11/2023 09:36:11 AM METs: 4.7 HR: 109 Target HR: 62% of 176 BP: 140/80 Post: J @ 80mSec



# 6X2 Combine Medians + 1 Rhythm

BRUCE: Stage 1 (03:00)

ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)



# AN DIGNOSTICS BHAYANDER

6768 / AKHILESH SHARMA / 44 Yrs / Male / 178 Cm / 79 Kg

Date: 03 / 11 / 2023 09:36:11 AM METs: 7.1 HR: 132 Target HR: 75% of 176 BP: 150/80 Post J @60mSec

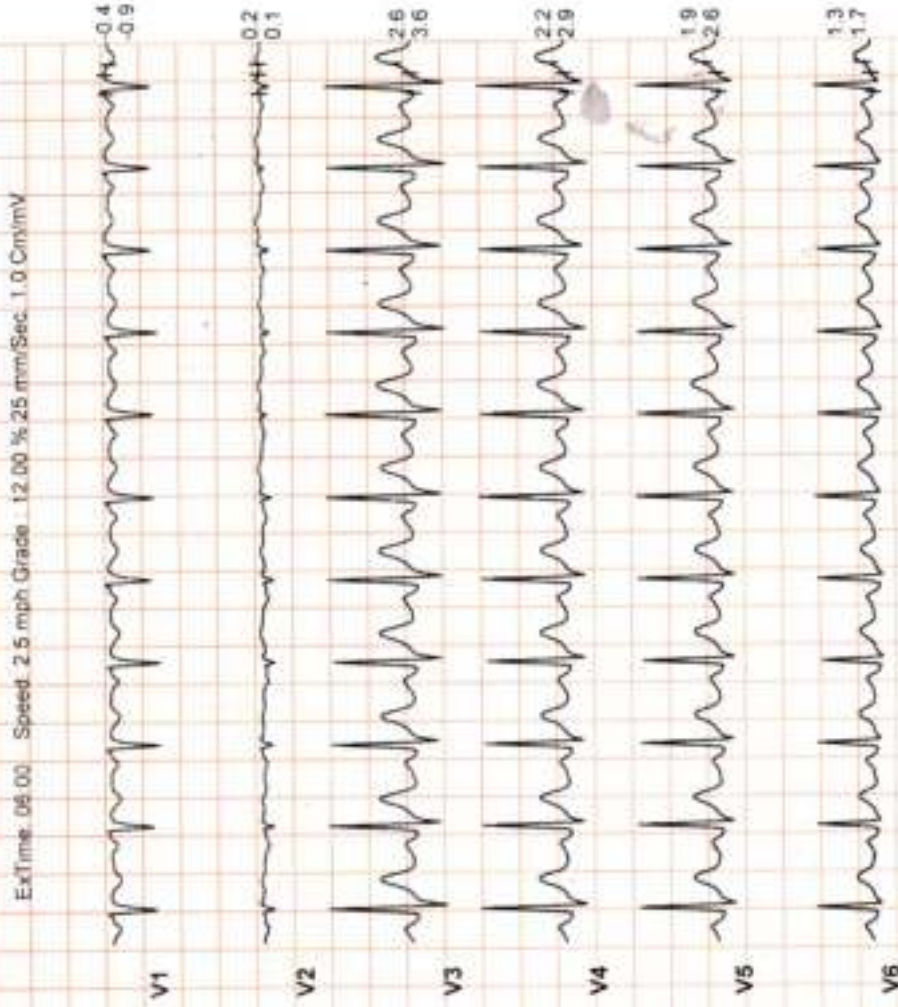


II - (Combined Medians)

# 6X2 Combine Medians + 1 Rhythm

BRUCE: Stage 2 ( 03:00 )

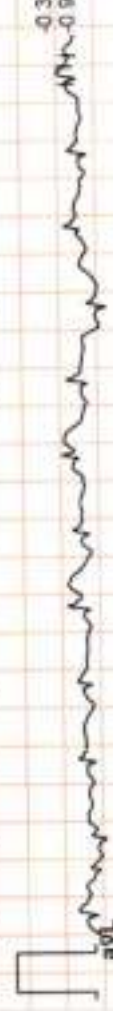
ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV



# AN DIGNOSTICS BHAYANDER

6758 / AKHILESH SHARMA / 44 Yrs / Male / 178 Cm / 79 Kg

Date 03/11/2023 09:36:11 AM ME1s 92 HR 149 Target HR - 85% of 176 BP 160/80 Post J @60mSec



II (Combined Medians)



# 6X2 Combine Medians + 1 Rhythm PeakEx

ExTime 08:01 Speed 3.4 mph Grade 14.00 % 25 mm/Sec 1.0 Cm/mV



# AN DIGNOSTICS BHAYANDER

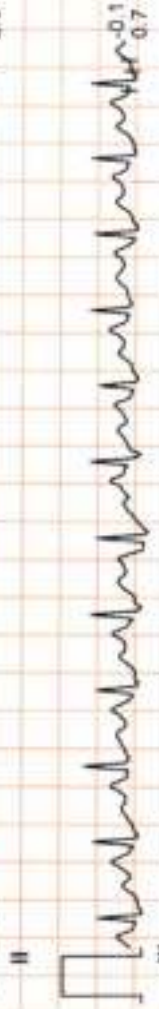
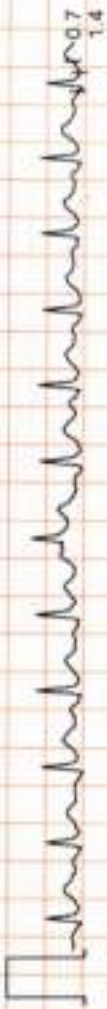
168 / AKHILESH SHARMA / 44 Yrs / Male / 178 Cm / 79 Kg

Date: 03 / 11 / 2023 09:38:11 AM METs : 1.1 HR : 144 Target HR : 82% of 176 BP : 160/80 Post J @50mSec

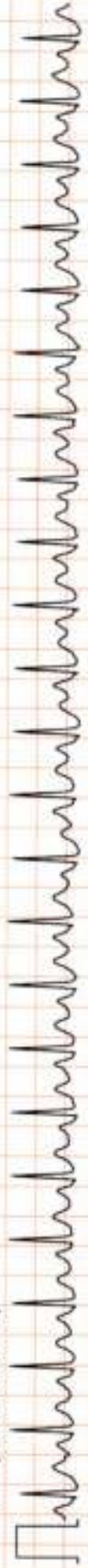
Extime 08:01 Speed 1.1 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



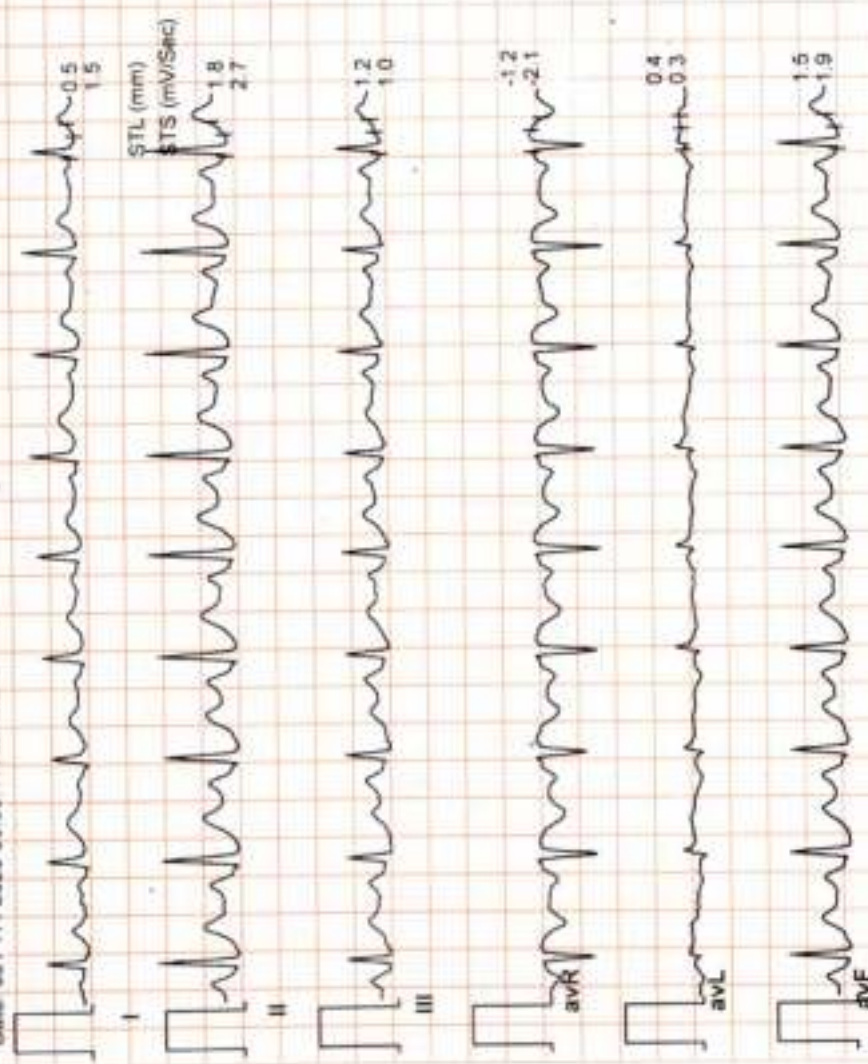
II (Combined Medians)



# AN DIGNOSTICS BHAYANDER

J-68 / AKHILESH SHARMA / 44 Yrs / Male / 178 Cm / 79 Kg

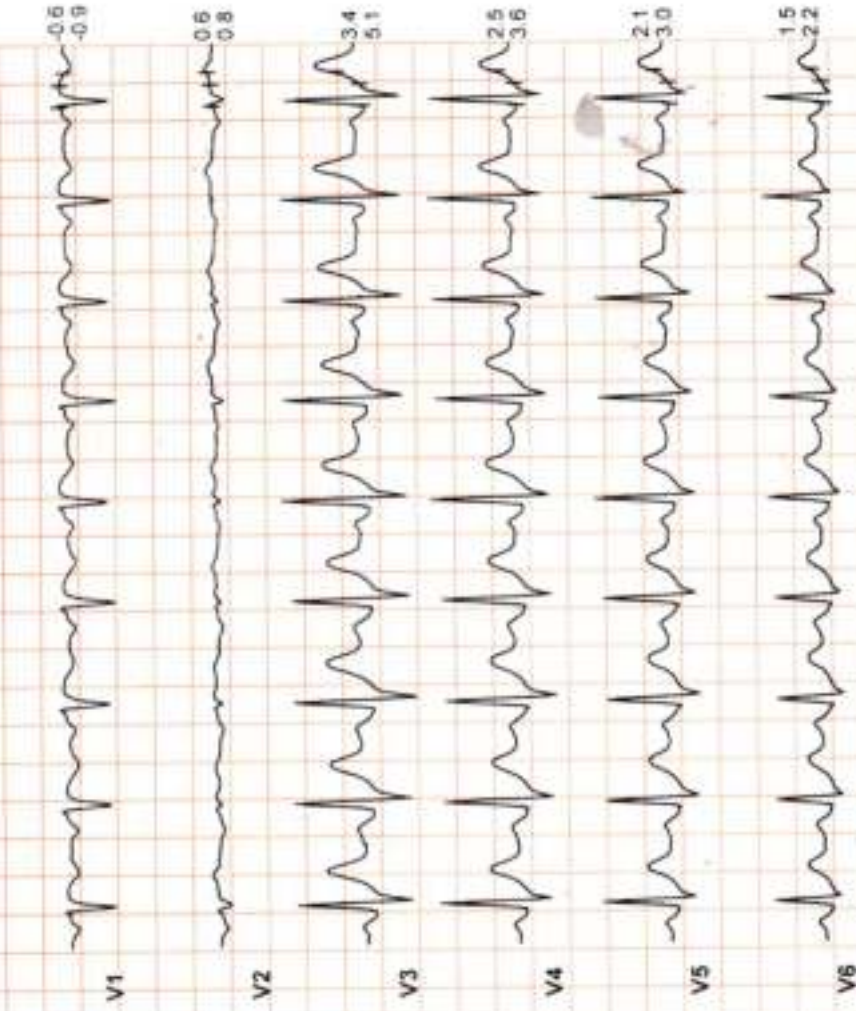
Date: 03 / 11 / 2023 09:36 11 AM METs: 1.0 HR: 103 Target HR: 59% of 176 BP: 150/80 Post J @60m/Sec



# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:00 )

ExTime: 06:01 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)





AN DIGNOSTICS BHAYANDER

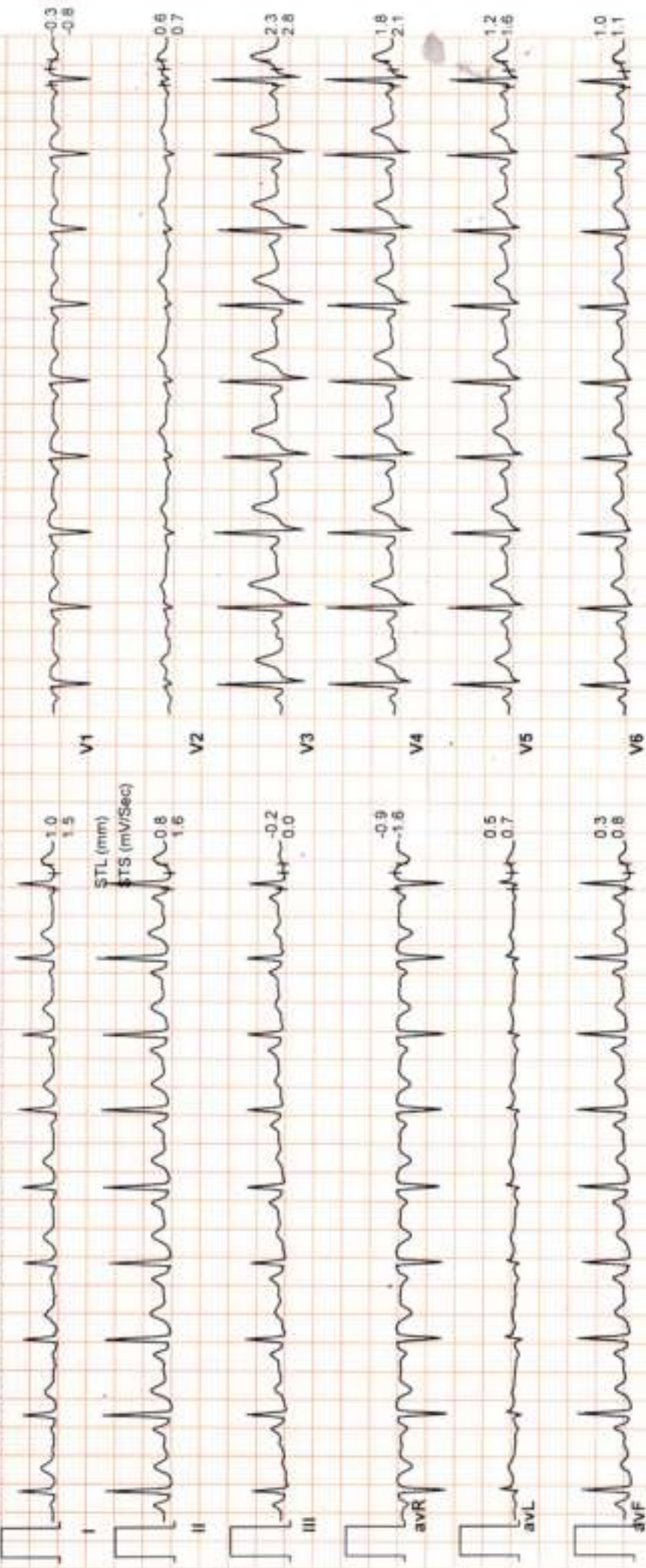
3768 / AKHILESH SHARMA / 44 Yrs / Male / 178 Cm / 79 Kg

Date: 03 / 11 / 2023 09:36:11 AM METs : 1.0 HR : 104 Target HR : 59% of 175 BP : 140/80 Post J @ 70mSec

ExTime: 08:01 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )



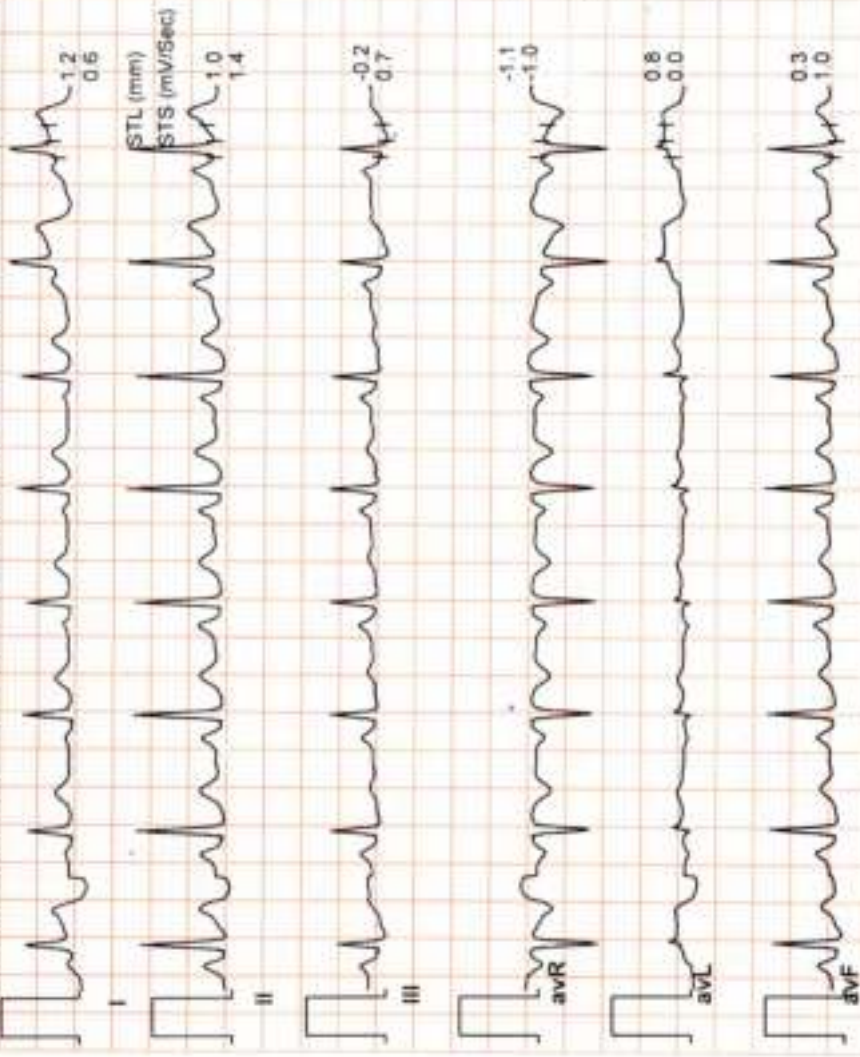
II (Combined Medians)



# DIAGNOSTICS BHAYANDER

AKHILESH SHARMA / 44 Yrs / Male / 178 Cm / 79 Kg

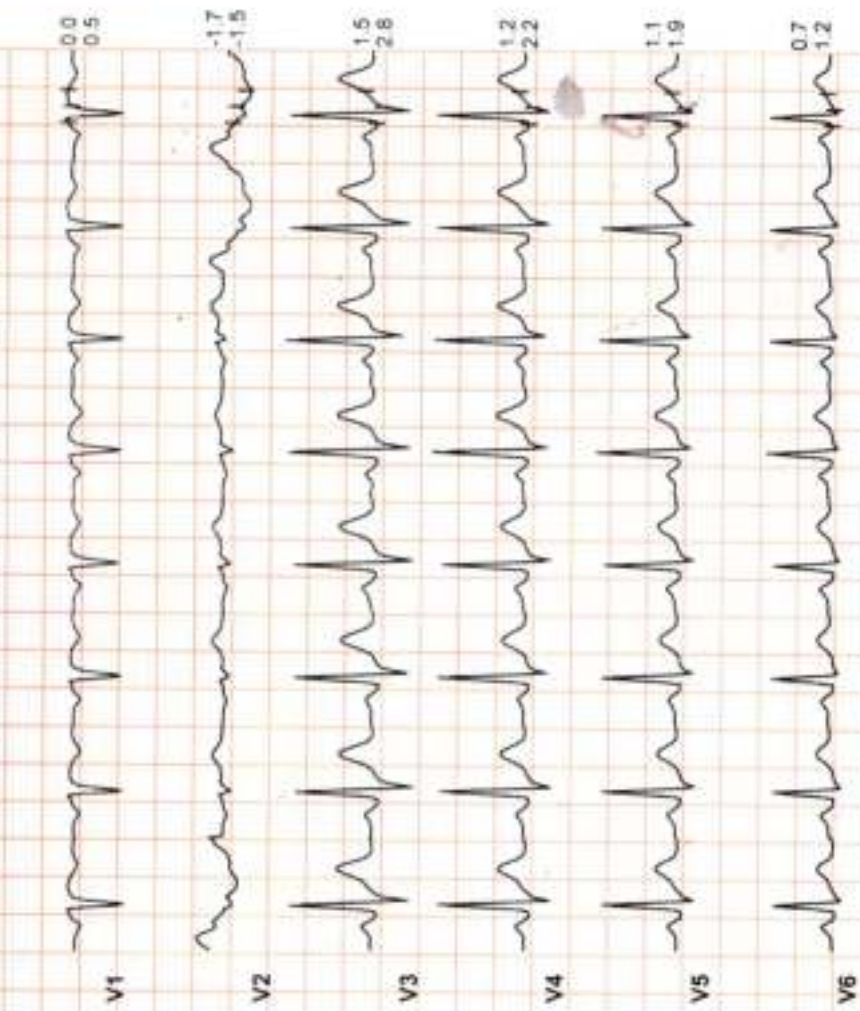
Date: 03 / 11 / 2023 09:36:11 AM METs: 1.0 HR: 102 Target HR: 58% of 178 BP: 130/80 Post J @ 80mSec



# 6X2 Combine Medians + 1 Rhythm

Recovery ( 04:12 )

ExTime: 08:01 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)



Date:- 31/1/23 CID: 233071 6999  
Name:- Akhilesh Sharma Sex / Age: 44 / m

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO

RE	CE
6/6	6/6
N/G	N/G

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

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
 2nd Floor, Sundarvan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.  
 Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400056.  
 Phone - 022 - 61700000



भारत सरकार  
GOVERNMENT OF INDIA



अखिलेशकुमार एस. शर्मा  
Akhleshkumar S. Sharma  
जन्म तारीख / DOB : 20/11/1978  
पुलिंगी / MALE

2252 6461 5176



आधार - सामान्य माणसाचा अधिकार

REG. NO. 2017/12/5533  
CORPORATE MEMBER

DR. ANIL KUMAR SHARMA

SUBHARAJA PHARMACEUTICALS PVT. LTD.

Plot No. 10, Sector 10, Gurgaon, Haryana, India.  
Mits Road (near) Sector 10, Gurgaon - 122 002  
Phone - 0122 - 61700000



**CID** : 2330716979  
**Name** : Mr AKHILESH SHARMA  
**Age / Sex** : 44 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 03-Nov-2023  
**Reported** : 03-Nov-2023/15:03

**USG WHOLE ABDOMEN( SCREENING)**

**LIVER:**

The liver is normal in size (14.8 cm), shape and shows smooth margins. It shows increased and coarse parenchymal echotexture. No evidence of any intra hepatic cystic or solid lesion seen. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

**GALL BLADDER:**

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

**COMMON BILE DUCT:**

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

**PANCREAS:**

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

**KIDNEYS:**

Right kidney measures 10.4 x 3.5 cm. Left kidney measures 10.3 x 5.3 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

**SPLEEN:**

The spleen is normal in size (9.3 cm) and echotexture. No evidence of focal lesion is noted.



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**Age / Sex** : 44 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 03-Nov-2023  
**Reported** : 03-Nov-2023/15:03

**URINARY BLADDER:**

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

A 55.1 x 20.3 x 28.8 mm well defined cystic lesion is seen in the subumbilical region slightly towards the left side. It appears to be connected with the umbilicus. No obvious internal echoes or septations seen. No obvious abnormal vascularity made out - ? Urachal cyst.

**PROSTATE:**

The prostate is normal in size and measures 3.3 x 3.2 x 3.0 cms and weighs 17.1 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.

**IMPRESSION:**

- **Grade I fatty and coarse infiltration of liver.**
- **A well defined cystic lesion is seen in the subumbilical region as described above - ? Urachal cyst.**

**Kindly correlate clinically and evaluate further by CT scan.**

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

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

**DR. VIBHA S KAMBLE**  
**MBBS ,DMRD**  
**Reg No -65470**  
**Consultant Radiologist**



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## **X-RAY CHEST PA VIEW**

Increased reticuloalveolar markings are seen in both the lung fields.

The lung fields are otherwise clear with no obvious active parenchymal lesion.

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

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

### **IMPRESSION:**

- **No obvious active parenchymal abnormality detected.**

**Kindly correlate clinically**

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

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