



CID : 2423409562  
Name : MR.NARENDRA DELIWALA  
Age / Gender : 78 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 08:57  
Reported : 21-Aug-2024 / 13:04

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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	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.99	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.4	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8200	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	25.9	20-40 %	
Absolute Lymphocytes	2123.8	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	508.4	200-1000 /cmm	Calculated
Neutrophils	64.8	40-80 %	
Absolute Neutrophils	5313.6	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	188.6	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	65.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	197000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	13.3	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**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	112.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	114.7	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 Borivali Lab, Borivali West  
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*Bmhasakar*

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



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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	23.0	17.1-49.3 mg/dl	Kinetic
BUN, Serum	10.7	8-23 mg/dl	Calculated
CREATININE, Serum	0.74	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	93	(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	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	4.9	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.5	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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**Dr.KETAKI MHASKAR**  
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Reported : 21-Aug-2024 / 11:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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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*M Jain*

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



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Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 08:57  
Reported : 21-Aug-2024 / 12:42

**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	0.949	<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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\*\*\* End Of Report \*\*\*



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



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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	Pale yellow	Pale Yellow	-
Transparency	Slight hazy	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.020	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	2+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	5-6	0-5/hpf	
Red Blood Cells / hpf	2-3	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Crystals	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	0-20/hpf	
Yeast	Absent	Absent	





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Others -

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*Bmhasakar*

**Dr.KETAKI MHASKAR**  
**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 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

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

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*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
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Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	152.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	156.0	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	56.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	95.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	65.0	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	30.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.2	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	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.47	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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.78	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	<b>0.33</b>	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.45	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	20.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	61.5	40-130 U/L	Colorimetric

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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)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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**M.D. (PATH)**  
**Pathologist**



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Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 09:00  
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**VITAMIN B12**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
VITAMIN B12, Serum	252.1	187-883 pg/ml	ECLIA

**Intended Use:**

- Vitamin B12 is also referred to as cyanocobalamin/cobalmin.
- It is essential in DNA synthesis, haematopoiesis & CNS integrity.
- It cannot be synthesized in the human body & is seldom found in products of plant origin.
- The absorption of Vit B12 depends on the presence of Intrinsic factor (IF) & may be due to lack of IF secretion by the gastric mucosa (e.g. gastrectomy, gastric atrophy) or intestinal malabsorption (e.g. ileal resection, small intestinal diseases).
- Dietary Sources of vitamin B12 are meat, fish, eggs & dairy products.

**Clinical Significance:**

- Vitamin B12 or folate are both of diagnostic importance for the recognition of vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia.
- Untreated deficiencies will lead to megaloblastic anemia, irreversible central nervous system degeneration, peripheral neuropathies, dementia, poor cognitive performance & depression.

**Interpretation:**

Increased In- Vit B12 supplements, chronic granulocytic leukemia, COPD, Chronic renal failure, diabetes, leucocytosis, hepatitis, cirrhosis, obesity, polycythemia vera, protein malnutrition, severe CHF, uremia, Vit A intake, estrogens, drugs such as chloral hydrate.  
Decreased In- Inflammatory bowel disease, pernicious anaemia, strict vegetarians, malabsorption due to gastrectomy, smoking, pregnancy, multiple myeloma & haemodialysis. Alcohol & drugs like aminosalicylic acid, anticonvulsants, cholestyramine, cimetidine, colchicine, metformin, neomycin, oral contraceptives, ranitidine & triamterine also cause a decrease in Vit B12 levels.

**Reflex Tests:** Active B12 (holotranscobalamin), Folate, Homocysteine, Methylmalonic acid (MMA) and Intrinsic factor antibody & parietal cell antibody.

**Limitations:** Preservatives, such as fluoride and ascorbic acid may cause interference

**Reference:** Vitamin B12 Pack insert

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

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



*Bmhasakar*

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





CID : 2423409572  
Name : MR.NARENDRA DELIWALA  
Age / Gender : 78 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 09:00  
Reported : 21-Aug-2024 / 12:16

Use a QR Code Scanner  
Application To Scan the Code

**VITAMIN D TOTAL (25-OH VITAMIN D)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
25-hydroxy Vitamin D, Serum	12.9	Deficiency: < 10 ng/ml Insufficiency: 10 - 30 ng/ml Sufficiency: 30 - 100 ng/ml Toxicity: > 100 ng/ml	ECLIA

**Intended Use:**

- Diagnosis of vitamin D deficiency
- Differential diagnosis of causes of rickets and osteomalacia
- Monitoring vitamin D replacement therapy
- Diagnosis of hypervitaminosis D

**Clinical Significance:** Vitamin D is a steroid hormone known for its important role in regulating body levels of calcium and phosphorus and in the mineralization of bone. Measured 25-OH vitamin D includes D3 (Cholecalciferol) and D2 (Ergocalciferol) where D2 is absorbed from food and D3 is produced by the skin on exposure to sunlight. The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-OH vitamin D; and has a longer half life making it an analyte of choice for determination of the vitamin D status.

**Interpretation:**

Increased In- D intoxication & Excessive exposure to sunlight  
Decreased In: Lack of sunlight, Steatorrhea, Biliary and Portal cirrhosis, Pancreatic insufficiency, Inflammatory bowel disease, Alzheimer's disease, Malabsorption, Thyrotoxicosis, Dietary osteomalacia, Anticonvulsant osteomalacia, Celiac disease and Rickets

**Reflex Tests:** Serum Calcium, PTH and BMD

**Limitation:**

- For diagnostic purposes, results should be used in conjunction with other data; e.g. symptoms, results of other tests, clinical impressions, etc.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Various methods for measuring vitamin D are available but correlate with significant differences.

**Reference:**

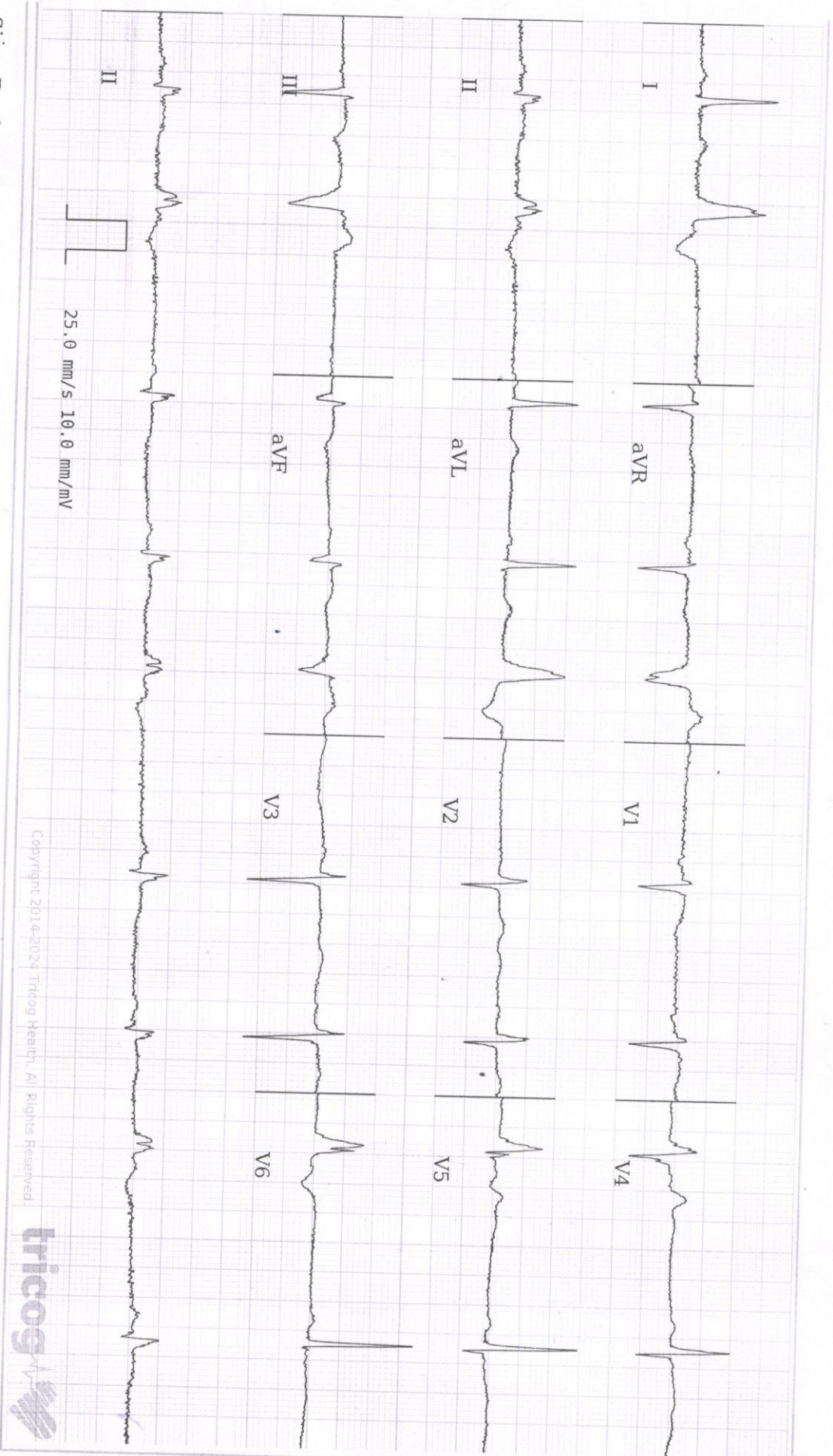
- Wallach's interpretation of diagnostic tests
- Vitamin D kit insert

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



*Bmhasakar*

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



Sinus Bradycardia Frequent Monomorphic PVCs seen Q wave in inferior III,avf. Please correlate clinically.

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Age 78 NA NA  
years months day

Gender Male

Heart Rate 58bpm

Patient Vitals

BP: 140/80 mmHg  
Weight: 69 kg  
Height: 158 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

Measurements

QRSD: 92ms  
QT: 444ms  
QTcB: 435ms  
PR: 168ms  
P-R-T: 32° -13° -12°

REPORTED BY

Dr. Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:-

CID: 2423409562

Name:- Narendra .Peliwala

Sex / Age: 58 / M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO RE LE  
6/6 6/6  
N/10 N/10

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

**Suburban Diagnostics (I) Pvt. Ltd.**  
301 & 302, 3rd Floor, Mini Elegance  
Above Tariq Jeweller, L. T. Road,  
Borivali (West), Mumbai - 400 092



CID : 2423409562  
Name : Mr NARENDRA DELIWALA  
Age / Sex : 78 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 21-Aug-2024  
Reported : 21-Aug-2024 / 10:42

**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. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?  
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2024082108431441

CID : 2423409562  
Name : Mr NARENDRA DELIWALA  
Age / Sex : 78 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West  
Reg. Date : 21-Aug-2024  
Reported : 21-Aug-2024 / 11:25

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (11.8 cm), echotexture, shape and smooth margins. **It shows raised echogenicity.** The intra hepatic biliary and portal radical appear normal. **Well-defined anechoic cyst without internal septation is noted in the left lobe of liver, measuring approx. 7 mm- likely s/o Hepatic cyst.** The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is not visualised- Post operative status.

### PANCREAS:

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

### KIDNEYS:

Right kidney measures 10.8 x 4.5 cm. Left kidney measures 9.2 x 4.7 cm.  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (8.6 cm) and echotexture. No evidence of focal lesion is noted.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.  
**Wall thickness appears mildly thickened and irregular, measuring approx. 6 mm- s/o changes of cystitis.**  
Prevoid volume 236 cc, Post void volume 30 cc

### PROSTATE:

**The prostate is enlarged measuring 4.8 x 4.0 x 3.6 cm, volume 36.3 cc.**

### ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.  
There is no evidence of any lymphadenopathy or ascites.

**CID** : 2423409562  
**Name** : Mr NARENDRA DELIWALA  
**Age / Sex** : 78 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West  
**Reg. Date** : 21-Aug-2024  
**Reported** : 21-Aug-2024 / 11:25

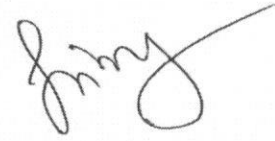
**IMPRESSION:**

- 1. Grade I fatty Liver with small simple hepatic cyst**
- 2. Mild prostatomegaly**
- 3. Changes of cystitis**

**ADVICE: Clinical correlation**

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. 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. This report cannot be used for medico - legal purposes

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



**Dr. Chirag Patel**  
Consultant Radiologist  
M.B.B.S, MD (Radiodiagnosis)  
Reg. No. MMC 2017073319

CID NO: 2423409562	
PATIENT'S NAME: MR.NARENDRA DELIWALA	AGE/SEX: 78 Y/M
REF BY: -----	DATE: 21/08/2024

**2-D ECHOCARDIOGRAPHY**

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. LVEF 55 % by bi-plane
4. LV basal inferior wall hypokinetic.
5. Pulmonary, Tricuspid valves normal, Mild PR, Mild sclerosis of aortic cusp, Mild AR, Trivial MR.
6. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.Grade 1 Diastolic dysfunction. No Doppler evidence of raised LVEDP.

PATIENT'S NAME: MR.NARENDRA DELIWALA	AGE/SEX: 78 Y/M
REF BY: -----	DATE: 21/08/2024

1. AO root diameter	3.4 cm
2. IVSd	1.0 cm
3. LVIDd	4.9 cm
4. LVIDs	2.6 cm
5. LVPWd	1.0 cm
6. LA dimension	3.6 cm
7. RA dimension	3.6 cm
8. RV dimension	3.0 cm
9. Pulmonary flow vel:	0.8 m/s
10. Pulmonary Gradient	3.4 m/s
11. Tricuspid flow vel	1.4 m/s
12. Tricuspid Gradient	8 m/s
13. PASP by TR Jet	18 mm Hg
14. TAPSE	2.1 cm
15. Aortic flow vel	1.2 m/s
16. Aortic Gradient	7 m/s
17. MV:E	0.5 m/s
18. A vel	0.8 m/s
19. IVC	18 mm
20. E/E'	10


**Impression:**

Mild PR, Mild AR, Trivial MR.  
 Grade 1 Diastolic dysfunction  
 LV basal inferior wall hypokinetic.  
 LVEF 55 % by bi-plane.

**Disclaimer**

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

  
**DR. S. NITIN**  
 Consultant Cardiologist  
 Reg. No. 87714



**SUBURBAN** : 2423409562  
DIAGNOSTICS MR. NARENDRA DELIWALA  
PREVENTING HEALTHIER LIVING

Age / Gender : 78 Years/Male

Consulting Dr. :

Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 08:39

Reported : 22-Aug-2024 / 10:58

### PHYSICAL EXAMINATION REPORT

**History and Complaints:**

~~No~~ Hearing ↓ - 10 yr.

**EXAMINATION FINDINGS:**

Height (cms):	158 cms	Weight (kg):	69 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	140/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Noy

**Systems**

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

**IMPRESSION:**

USK

physician ref<sup>n</sup>.

**ADVICE:**

**CHIEF COMPLAINTS:**

Name: MR. NARENDRA DELIWALA

Age / Gender : 78 Years/Male

Consulting Dr. :

Reg.Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 08:39

Reported : 22-Aug-2024 / 10:58

- |  |  |
|--|--|
| 1) Hypertension:                         | PTCA since 2018                                |
| 2) IHD                                   | No   |
| 3) Arrhythmia                            | No   |
| 4) Diabetes Mellitus                     | No   |
| 5) Tuberculosis                          | No   |
| 6) Asthama                               | No   |
| 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                            | Brain clot surgery-2003, cataract surgery-2022 |
| 17) Musculoskeletal System               | No   |

**PERSONAL HISTORY:**

- |               |     |
|---------------|-----|
| 1) Alcohol    | No  |
| 2) Smoking    | No  |
| 3) Diet       | Veg |
| 4) Medication | Yes |

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

**DR. NITIN SONAVANE**  
 M.B.B.S.AFLH, D.DIAB, D.CARD.  
 CONSULTANT-CARDIOLOGIST  
 REGD. NO.: 87714

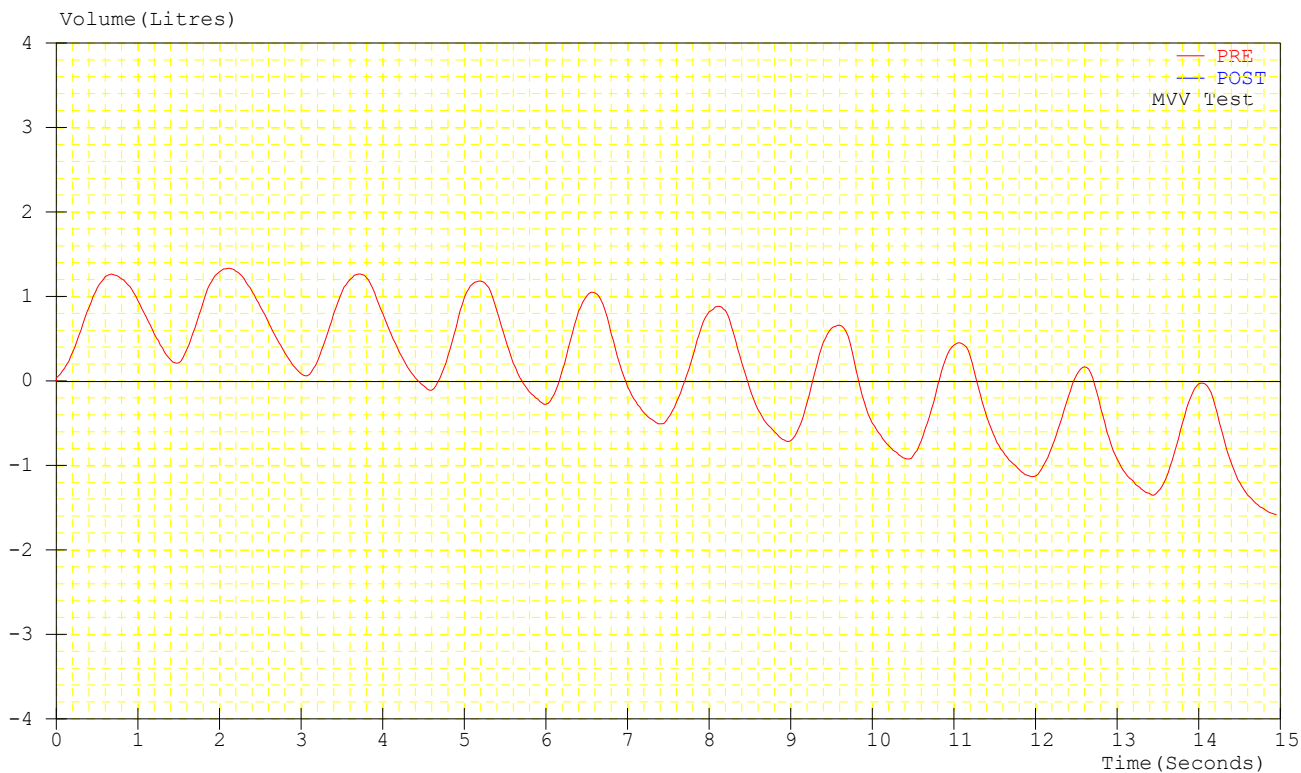
*NS*  
**Dr. NITIN SONAVANE**  
 PHYSICIAN  
 Suburban Diagnostics (I) Pvt. Ltd.  
 301 & 302, 3rd Floor, Vini Elegance  
 Above Tanisq Jeweller - L. T. Road,  
 Borivali (West), Mumbai - 400 092

# SUBURBAN DIAGNOSTICS

**Patient:** NARENDRA DELIWALA  
**Refd. By:**  
**Pred. Eqns:** RECORDERS  
**Date :** 21-Aug-2024 11:03 AM

**Age :** 79 Yrs  
**Height :** 158 Cms  
**Weight :** 69 Kgs  
**ID :** 2423409562

**Gender :** Male  
**Smoker :** No  
**Eth. Corr:** 100  
**Temp :**



### MVV Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
MVV (L/min)	087	058	067	----	---	---
MRf (l/min)	-----	40.07	---	----	---	---
MVT (L)	-----	01.46	---	----	---	---

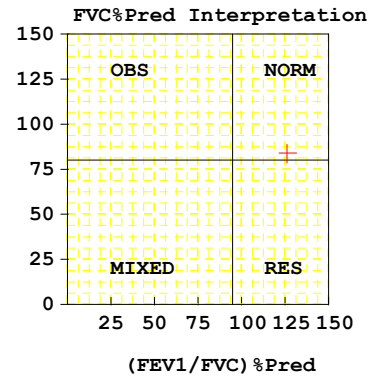
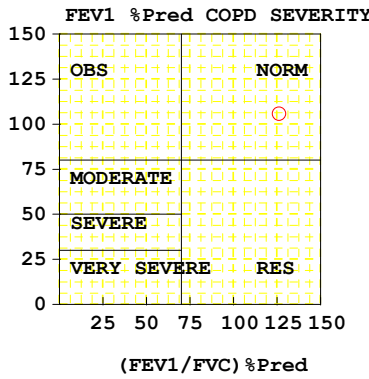
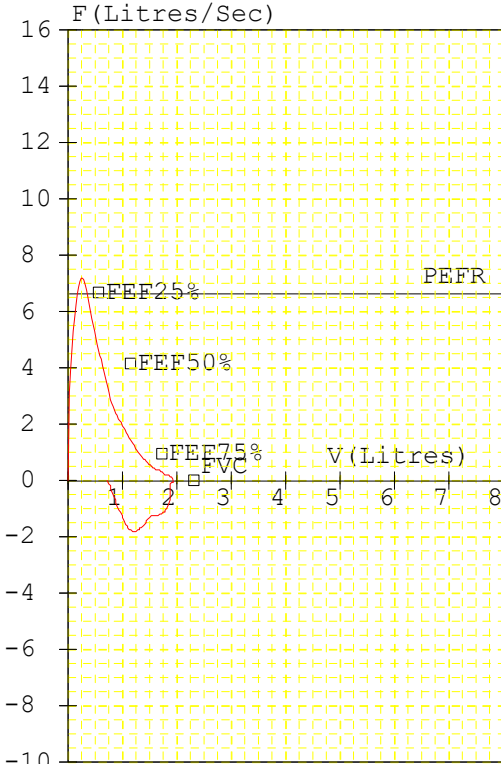
**Dr. Akhil P. Parulekar**  
 MBBS, MD, Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

# SUBURBAN DIAGNOSTICS

Patient: NARENDRA DELIWALA  
 Refd. By:  
 Pred. Eqns: RECORDERS  
 Date : 21-Aug-2024 11:01 AM

Age : 79 Yrs  
 Height : 158 Cms  
 Weight : 69 Kgs  
 ID : 2423409562

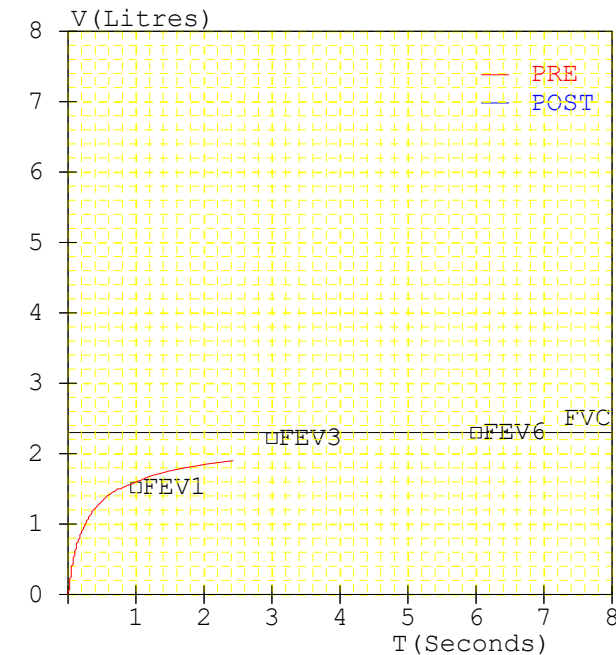
Gender : Male  
 Smoker : No  
 Eth. Corr: 100  
 Temp :



### FVC Results

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC (L)	02.30	01.93	084	---	---	---
FEV1 (L)	01.53	01.62	106	---	---	---
FEV1/FVC (%)	66.52	83.94	126	---	---	---
FEF25-75 (L/s)	01.96	01.66	085	---	---	---
PEFR (L/s)	06.63	07.10	107	---	---	---
FIVC (L)	-----	01.21	---	---	---	---
FEV.5 (L)	-----	01.34	---	---	---	---
FEV3 (L)	02.23	01.93	087	---	---	---
PIFR (L/s)	-----	01.78	---	---	---	---
FEF75-85 (L/s)	-----	00.47	---	---	---	---
FEF.2-1.2 (L/s)	03.63	02.88	079	---	---	---
FEF 25% (L/s)	06.68	05.33	080	---	---	---
FEF 50% (L/s)	04.14	02.07	050	---	---	---
FEF 75% (L/s)	00.95	00.65	068	---	---	---
FEV.5/FVC (%)	-----	69.43	---	---	---	---
FEV3/FVC (%)	96.96	100.00	103	---	---	---
FET (Sec)	-----	02.61	---	---	---	---
ExplTime (Sec)	-----	00.04	---	---	---	---
Lung Age (Yrs)	079	074	094	---	---	---
FEV6 (L)	02.30	-----	---	---	---	---
FIF25% (L/s)	-----	00.53	---	---	---	---
FIF50% (L/s)	-----	00.17	---	---	---	---
FIF75% (L/s)	-----	00.05	---	---	---	---
Pre Test (Obs) Severity	01.14	---	---	---	---	---

Test within normal limits



**Dr. Akhil P. Parulekar**  
 MBBS, MD, Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

**Pre Medication Report Indicates**

Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80