



CID : 2432611594  
Name : MR.MANOJ ARYA  
Age / Gender : 46 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Nov-2024 / 09:32  
Reported : 21-Nov-2024 / 14:17

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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	13.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.47	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.4	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	30.6	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5390	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.7	20-40 %	
Absolute Lymphocytes	1870.0	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	370.0	200-1000 /cmm	Calculated
Neutrophils	55.3	40-80 %	
Absolute Neutrophils	2970.0	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	150.0	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	20.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	210000	150000-400000 /cmm	Elect. Impedance
MPV	10.2	6-11 fl	Calculated
PDW	20.6	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	99.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	98.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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Note: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*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 40/2D ECHO**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	23.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	110	(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	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	4.3	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.7	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.9	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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



*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**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or 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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\*\*\* End Of Report \*\*\*



*M Jain*

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



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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	1.874	<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**



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</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 (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<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	Benedicts

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



*M Jain*

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





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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	Clear	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	7.0	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	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	165.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	42.6	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	49.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	115.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	107.0	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	8.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

Reference:

- Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- Pack Insert.

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.727	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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**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.3	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	36.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	33.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.2	40-130 U/L	Colorimetric

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

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

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



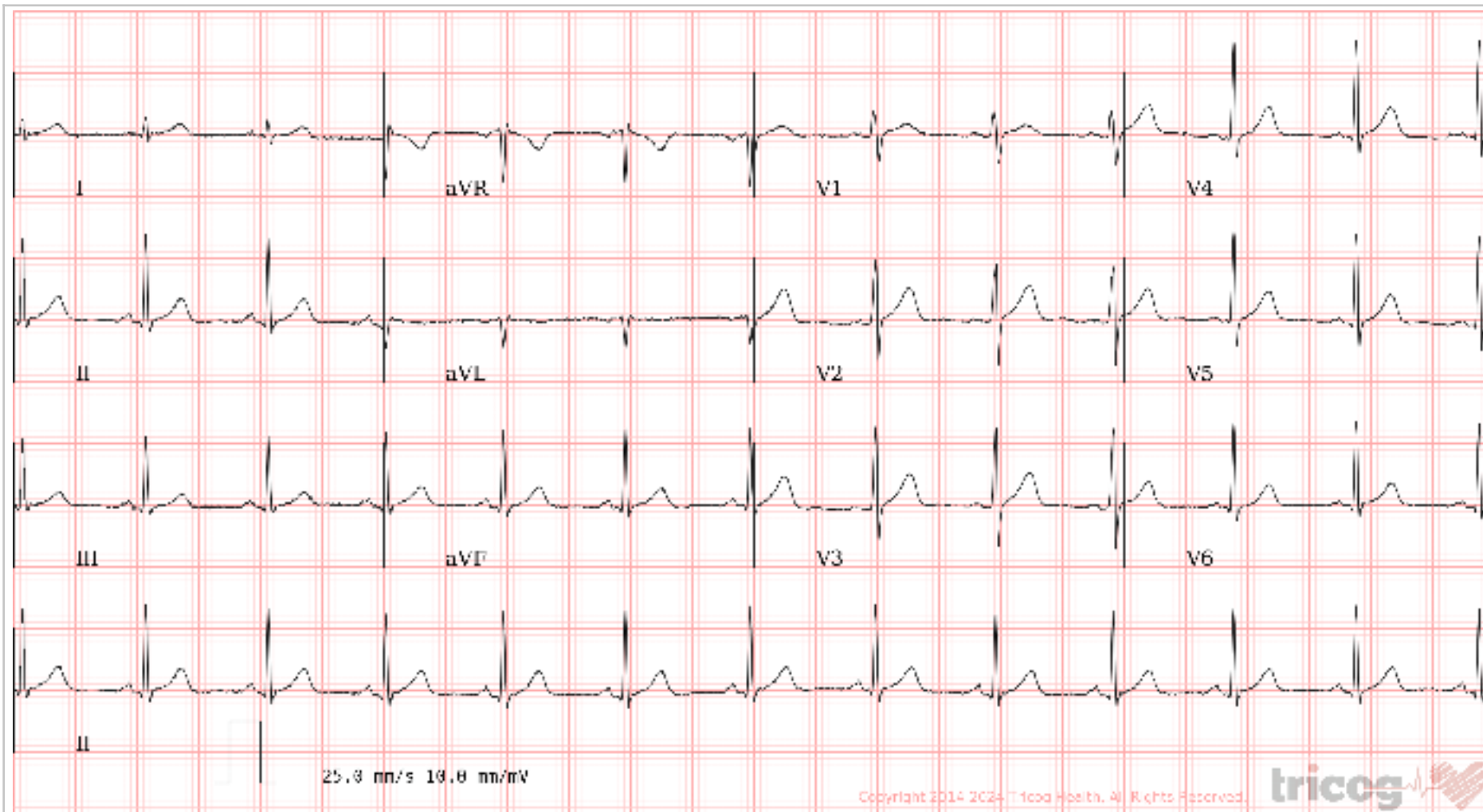
# SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: MANOJ ARYA

Date and Time: 21st Nov 24 10:14 AM

Patient ID: 2432611594



Age **46** NA NA  
years months days

Gender **Male**

Heart Rate **76bpm**

### Patient Vitals

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

### Measurements

QRSD: 84ms  
QT: 360ms  
QTcB: 405ms  
PR: 142ms  
P-R-T: 79° 85° 71°

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

REPORTED BY

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

Gender : 46 Years/Male

Collected : 21-Nov-2024 / 09:18

Consulting Dr. :

Reported : 21-Nov-2024 / 15:09

Location : Borivali West (Main Centre)

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Nil

#### EXAMINATION FINDINGS:

Height (cms): 167  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 120/80  
Pulse: 72/min

Weight (kg): 62  
Skin: NAD  
Nails: NAD  
Lymph Node: Not Palpable

#### Systems

Cardiovascular: S1S2-Normal  
Respiratory: Chest-Clear  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

#### IMPRESSION:

*Normal*

#### ADVICE:

#### CHIEF COMPLAINTS:

- 1) Hypertension: No
- 2) IHD: No
- 3) Arrhythmia: No
- 4) Diabetes Mellitus: No
- 5) Tuberculosis: No
- 6) Asthama: No
- 7) Pulmonary Disease: No

Age / Gender : 46 Years/Male

Consulting Dr. :

Reg. Location : Borivali West (Main Centre)

Collected : 21-Nov-2024 / 09:18


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- |  |    |
|--|----|
| 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    | NO  |
| 2) Smoking    | NO  |
| 3) Diet       | Mix |
| 4) Medication | NO  |

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

  
**Dr. NITIN SONAVANE**  
PHYSICIAN

**Suburban Diagnostics (I) Pvt. Ltd.**  
301 & 302, 3rd Floor, Main Elegance  
Above Tanishq Jewellery L., Road,  
Borivali (West), Mumbai - 400 092

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

**SUBURBAN DIAGNOSTICS - BOKHALI WEST**  
 Date and Time: 21st Nov 24 10:14 AM

Patient Name: **MANOJ ARYA**  
 Patient ID: 2432611594



Age **46** NA NA  
 years months days

Gender **Male**

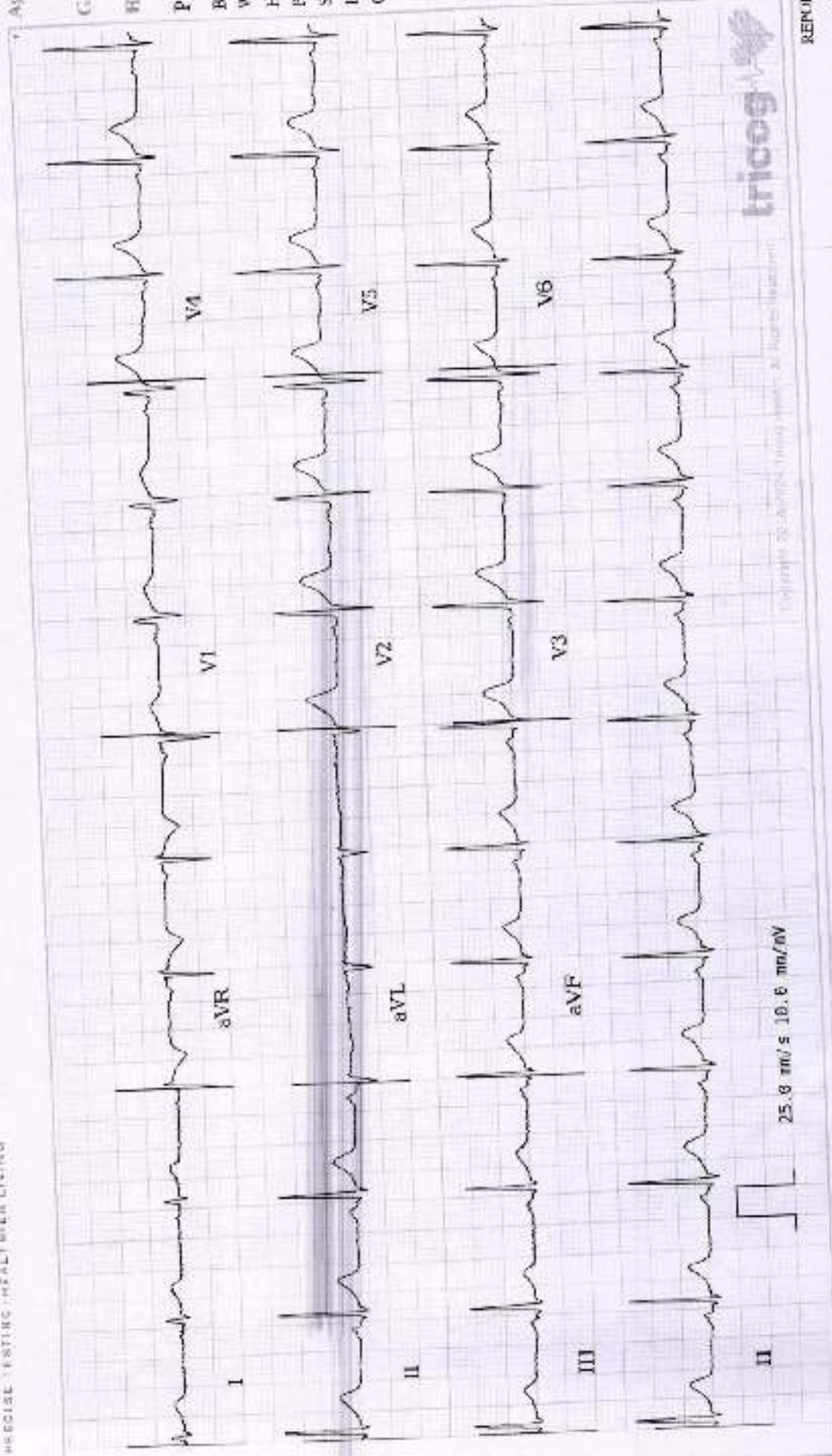
Heart Rate **76bpm**

**Patient Vitals**

BP: 120/80 mmHg  
 Weight: 62 kg  
 Height: 167 cm  
 Pulse: NA  
 SpO2: NA  
 Resp: NA  
 Others:

**Measurements**

QRSD: 84ms  
 QT: 360ms  
 QTcB: 403ms  
 PR: 142ms  
 P-R-T: 79° 85° 71°



REPORTED BY

*[Signature]*

Dr Nalin Sonawane  
 MBBS, A.C.C.I., D.DLAB, D.F.ACD  
 Consultant, Cardiology  
 8714

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

Disclaimer: The analysis in this report is based on ECG examination. It should be used as an adjunct to clinical history, symptoms, and results of other investigations and not as a substitute for a complete physical examination. Please consult your physician for the interpretation of this report. All rights reserved. © 2024 Suburban Diagnostics.

CID : 2432611594  
Name : Mr MANOJ ARYA  
Age / Sex : 46 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West  
Reg. Date : 21-Nov-2024  
Reported : 21-Nov-2024 / 15:10

**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-----

*Pranali*

**Dr. Pranali Mahale**  
MD, Radiodiagnosis  
Consultant Radiologist  
Reg no. 2019/07/5682

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<b>CID NO: 2432611594</b>	
<b>PATIENT'S NAME: MR.MANOJ ARYA</b>	<b>AGE/SEX: 46Y/M</b>
<b>REF BY: -----</b>	<b>DATE: 20/11/2024</b>

### 2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral valves normal. Trivial TR.
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.No Diastolic disfunction. No Doppler evidence of raised LVEDP.

<b>PATIENT'S NAME: MR.MANOJ ARYA</b>	<b>AGE/SEX: 46Y/M</b>
<b>REF BY: -----</b>	<b>DATE: 20/11/2024</b>

1. AO root diameter	2.9 cm
2. IVSd	1.1 cm
3. LVIDd	4.1 cm
4. LVIDs	1.9 cm
5. LVPWd	1.1 cm
6. LA dimension	3.5 cm
7. RA dimension	3.5 cm
8. RV dimension	2.9 cm
9. Pulmonary flow vel:	0.8 m/s
10. Pulmonary Gradient	3.2 m/s
11. Tricuspid flow vel	1.4 m/s
12. Tricuspid Gradient	9 m/s
13. PASP by TR Jet	19 mm Hg
14. TAPSE	2.4 cm
15. Aortic flow vel	1.1 m/s
16. Aortic Gradient	5 m/s
17. MV:E	0.8 m/s
18. A vel	0.6 m/s
19. IVC	16 mm
20. E/E'	8


**Impression:**

**Normal 2d echo study.**

**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

**CID** : 2432611594  
**Name** : Mr MANOJ ARYA  
**Age / Sex** : 46 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West  
**Reg. Date** : 21-Nov-2024  
**Reported** : 21-Nov-2024 / 9:51

## USG WHOLE ABDOMEN

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

**GALL BLADDER:** Gall bladder is distended and appears normal. **A polyp of size 2.8 mm seen in the gall bladder.**

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

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

**PANCREAS:** Pancreas obscured due to bowel gases.

**KIDNEYS:** Right kidney measures 10.3 x 4.5 cm. Left kidney measures 11.7 x 5.4 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

**PROSTATE:** Prostate is normal in size and echotexture. Prostate measures 3.4 x 4.4 x 3.8 cm and prostatic weight is 30 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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**Opinion:**

- Tinny polyp seen in gall bladder.

***For clinical correlation and follow up.***

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

*Pranali*

**Dr. Pranali Mahale**  
**MD, Radiodiagnosis**  
**Consultant Radiologist**  
**Reg no. 2019/07/5682**

[Click here to view images <<ImageLink>>](#)

Date:-

CID:

Name:- *Munoy*

Sex / Age: *46 M*

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

*RE LE*  
*6/9 6/9*  
*M/6 M/6*

(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 Flr. Vn. Elegance  
Above Pooja's, T. Road,  
Borivali, Mumbai - 400 092