SUBURBAN DIAGNOSTICS
PREVENTION · TESTING · HEALTH

REPORT

CID# : 2422323297

Name : MR.BHIMARAO T KAMBLE

Age / Gender : 53 Years/Male

Consulting Dr. :

Collected : 10-Aug-2024 / 08:07

Reg.Location : Lulla Nagar, Pune (Main Centre)

Reported : 10-Aug-2024 / 12:00

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):165

Weight (kg):71

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg):120/80

Nails: Healthy

Pulse:78/min

Lymph Node: Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

CHIEF COMPLAINTS:

1)	**Hypertension:**	No
2)	**IHD:**	No
3)	**Arrhythmia:**	No
4)	**Diabetes Mellitus :**	4 years
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

SUBURBAN DIAGNOSTICS
PRECISION TESTING · HEALTHY LIVING

REPORT

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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

PERSONAL HISTORY:

1)	**Alcohol**	Occasional
2)	**Smoking**	No
3)	**Diet**	Mixed
4)	**Medication**	No

*** End Of Report ***

Dr.Milind Shinde
MBBS, DNB, Consuling Physician,
Diabetologist & Echocardiologist

MCV: 116
BSL (F): 150
BSL PP: 249
Urine Glucose (+)
HBC: 21.1
Uri Glu Present
2D Echo: Mild concn LVH
Ref to primary Physician

SUBURBAN DIAGNOSTIC (I) PVT. LTD. PUNE

Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 10/08/2024 CID: 2422323297

Name:- Mr. Bhimrao Kamble Sex / Age: M / 53 Years.

EYE CHECK UP

Chief complaints:

Systemic Diseases: K/C/O DM since 5-6 Yrs

Past history:

Unaided Vision:

Aided Vision:

Refraction: Refractive error since 5Yrs.

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—			6/6	—			6/36
Near	—			N/6	—			N/6

Colour Vision: Normal / Abnormal

Remark:

Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544

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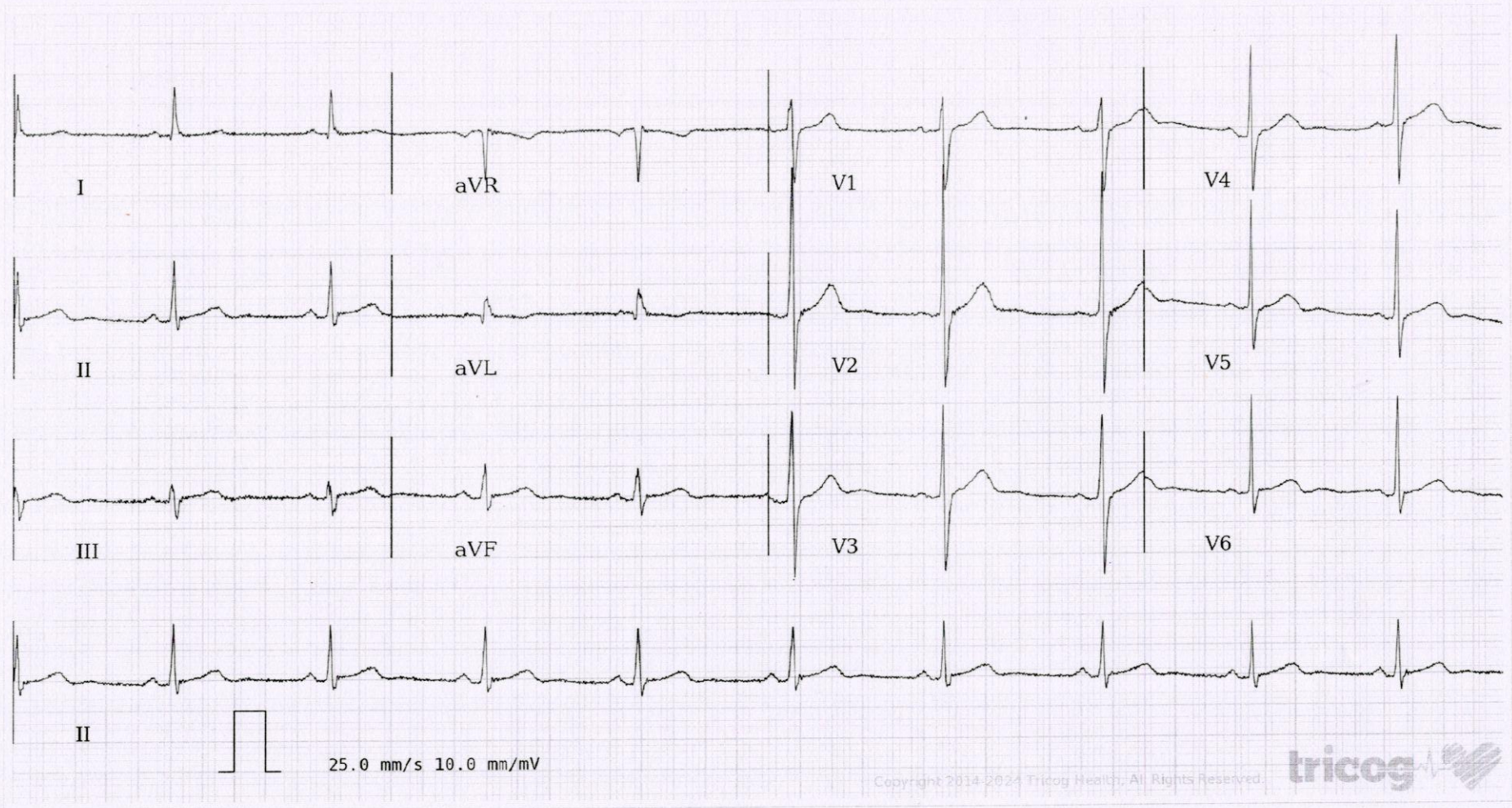
SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE

Age / Gender: 53/Male
Patient ID: 2422323297
Patient Name: BHIMARAO T KAMBLE

Date and Time: 10th Aug 24 8:42 AM



AR: 61bpm VR: 61bpm QRSD: 100ms QT: 404ms QTcB: 406ms PRI: 146ms P-R-T: 60° 31° 73°

ECG Within Normal Limits: sinus rhythm. Please correlate clinically.

REPORTED BY

Dr.Milind Shinde
MBBS, DNB Medicine

2011/05/1544

SUBURBAN DIAGNOSTIC (I) PVT. LTD. PUNE

Disclaimer: Analysis in this report is based on ECG alone and should only 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.

2D ECHOCARDIOGRAPH & COLOUR DOPPLER

PATIENT NAME: MR. BHIMARAO T KAMBLE.

AGE: 53/ YEARS/FEMALE .

DATE: 10.08. 2024.

CID NO:2422323297.

M - Mode values | **Doppler Values**

AORTIC ROOT (mm)	29	PULMONARY VEL (m/sec)	1
LEFT ATRIUM (mm)	33	PG (mmHg)	4
RV (mm)	11	AORTIC VEL (m/sec)	1.4
IVS – D (mm)	14	PG (mmHg)	8
LVID – D (mm)	42	MITRAL E WAVE (m/sec)	0.6
LVID – S (mm)	27	A WAVE (m/sec)	1.1
LVPW – D (mm)	13	TRICUSPID VEL. (m/sec)	
EJECTIONFRACTION (%)	60	PG (mmHg)	

Normal size LV.
Normal LV systolic function, LVEF 60 %
Mild concentric left ventricular hypertrophy.
No regional wall motion abnormality
Normal sized other cardiac chambers.
Mitral valve has thin leaflets with normal flow. No mitral regurgitation.
Aortic valve has three sclerosed leaflets with normal structure and function. No aortic regurgitation.
Normal Tricuspid & pulmonary valves.
Mild tricuspid regurgitation.
PA pressures Normal (33 mmHg).
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :

NORMAL LV SIZE AND FUNCTION.
MILD CONCENTRIC LVH.
MILD LV DIASTOLIC DYSFUNCTION.
SCLEROSED AORTIC VALVE.
MILD TR. NORMAL PA PRESSURE.

Dr. Anuja Mulay, Cardiologist.
M.D., D.N.B Card.

End of Report

Dr. ANUJA MULAY
M.B.B.S, MD, DNB (CARDIOLOGY)
Reg. No. 2003/03/1418

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

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CID	**: 2422323297**		
Name	**: Mr BHIMARAO T KAMBLE**		
Age / Sex	**: 53 Years/Male**	Use a QR Code Scanner Application To Scan the Code	
Ref. Dr	**:**	**Reg. Date**	**: 10-Aug-2024**
Reg. Location	**: Lulla Nagar, Pune Main Centre**	**Reported**	**: 10-Aug-2024 / 12:05**

USG (ABDOMEN + PELVIS)

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

GALL BLADDER :The gall bladder is physiologically distended. The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

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

KIDNEYS :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, shape and echotexture.No evidence of focal lesion is noted.

URINARY BLADDER :The urinary bladder is well distended.It shows thin walls and sharp mucosa.
No evidence of calculus is noted.No mass or diverticulum is seen.

PROSTATE :The prostate is normal in size and echotexture.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops.
There is no evidence of any lymphadenopathy or ascitis.

IMPRESSION :

- **No significant abnormality seen.**

Advice - Clinical and lab correlation.

Anupriya

DR. **ANUPRIYA BATRA**
MD Radiology
Reg. No. 2021/12/8725

Click here to view images <<ImageLink>>

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Reg. Location	**: Lulla Nagar, Pune Main Centre**	**Reported**	**: 10-Aug-2024 / 12:28**

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.

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

DR. **ANUPRIYA BATRA**
MD Radiology
Reg. No. 2021/12/8725

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Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 08:14
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Aug-2024 / 14:26

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	**3.38**	4.5-5.5 mil/cmm	Elect. Impedance
PCV	**39.2**	40-50 %	Calculated
MCV	**116**	80-100 fl	Calculated
MCH	**39.5**	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	**9.5**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6900	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	25.5	20-40 %	
Absolute Lymphocytes	1759.5	1000-3000 /cmm	Calculated
Monocytes	**1.9**	2-10 %	
Absolute Monocytes	**131.1**	200-1000 /cmm	Calculated
Neutrophils	69.1	40-80 %	
Absolute Neutrophils	4767.9	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	241.5	20-500 /cmm	Calculated
Basophils	**0.0**	0.1-2 %	
Absolute Basophils	**0.0**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	190000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	**19.0**	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Aug-2024 / 12:20

Macrocytosis	++
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	20	2-20 mm at 1 hr.	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:
Factors that increase ESR: Old age, Pregnancy,Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***

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MC-2463

Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

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Name	: MR.BHIMARAO T KAMBLE		
Age / Gender	: 53 Years / Male		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 12:17
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Aug-2024 / 14:12

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	**150**	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	**249**	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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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	17.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	102	(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	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
URIC ACID, Serum	3.6	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103.0	98-107 mmol/l	ISE

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*** End Of Report ***

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Dr.KARAN MAURYA
D.N.B (Path)
Pathologist

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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	8.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	197.3	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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	2.2	0.03-3.5 ng/ml	ECLIA

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, Artifactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5-α-reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements 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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Pathologist

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS
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REPORT

CID	: 2422323297		
Name	: MR.BHIMARAO T KAMBLE		
Age / Gender	: 53 Years / Male		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 08:14
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Aug-2024 / 13:07

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

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	+	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
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Hyaline Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	0-20/hpf	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***

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MC-2463

Dr.KARAN MAURYA
D.N.B (Path)
Pathologist

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Aug-2024 / 14:26

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

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the 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.

Refernces:

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.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Aug-2024 / 13:12

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	78.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	135	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	**22.1**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	55.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	29	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	26.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Aug-2024 / 13:44

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.4	3.10-6.80 pmol/L	ECLIA
Free T4, Serum	18.6	12-22 pmol/L	ECLIA
sensitiveTSH, Serum	1.66	0.270-4.20 mIU/ml microU/ml	ECLIA

Note: TSH values between 5.5 to 15 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 & heart failure, severe burns, trauma & surgery etc.

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Age / Gender	: 53 Years / Male		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 08:14
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Aug-2024 / 13:44

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 becuase 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.86	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	**0.5**	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	**3.7**	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	35.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	37.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	87.3	40-130 U/L	Colorimetric

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Age / Gender	: 53 Years / Male		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 12:17
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Aug-2024 / 14:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	**Present (+)**	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	**Present (++)**	Absent	
Urine Ketones (PP)	Absent	Absent	

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