

**PHYSICAL EXAMINATION REPORT**

Patient Name	Sumit Goyal	Sex/Age	M / 35
Date	8/3/21	Location	thane

**History and Complaints**

Urticaria / h/o

**EXAMINATION FINDINGS:**

Height (cms):	167	Temp (0c):	Afe
Weight (kg):	80.7	Skin:	<del>h/o</del> Lypoma h/o urticaria
Blood Pressure	120/80	Nails:	NAD
Pulse	88	Lymph Node:	NP

**Systems :**

Cardiovascular:	] NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:**



**Advice:**

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

Handwritten notes in the table:  
 - A large bracket on the right side of rows 1-9.  
 - "NO" written next to row 4.  
 - "NAD" written next to row 5.  
 - "NAD" written next to row 10.  
 - "NO" written next to row 13.  
 - "NAD" written next to row 17.

**PERSONAL HISTORY:**

1)	Alcohol	
2)	Smoking	
3)	Diet	
4)	Medication	

Handwritten notes in the table:  
 - "NO" written next to row 1.  
 - "Pure veg" written next to row 3.  
 - "7. Deslor (5)" written next to row 4.  
 - "0-1" written below row 4.

Date: 8/3/25  
Name: Sumit Koyal

CID: 334387556  
Sex / Age: M 35

**EYE CHECK UP**

Chief complaints: acv

Systemic Diseases: nkll

Past history: nkll

Unaided Vision: RE 6/24 21VPE 4:10

Aided Vision: RE 6/6 21VPE 2:16

**Refraction:**

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

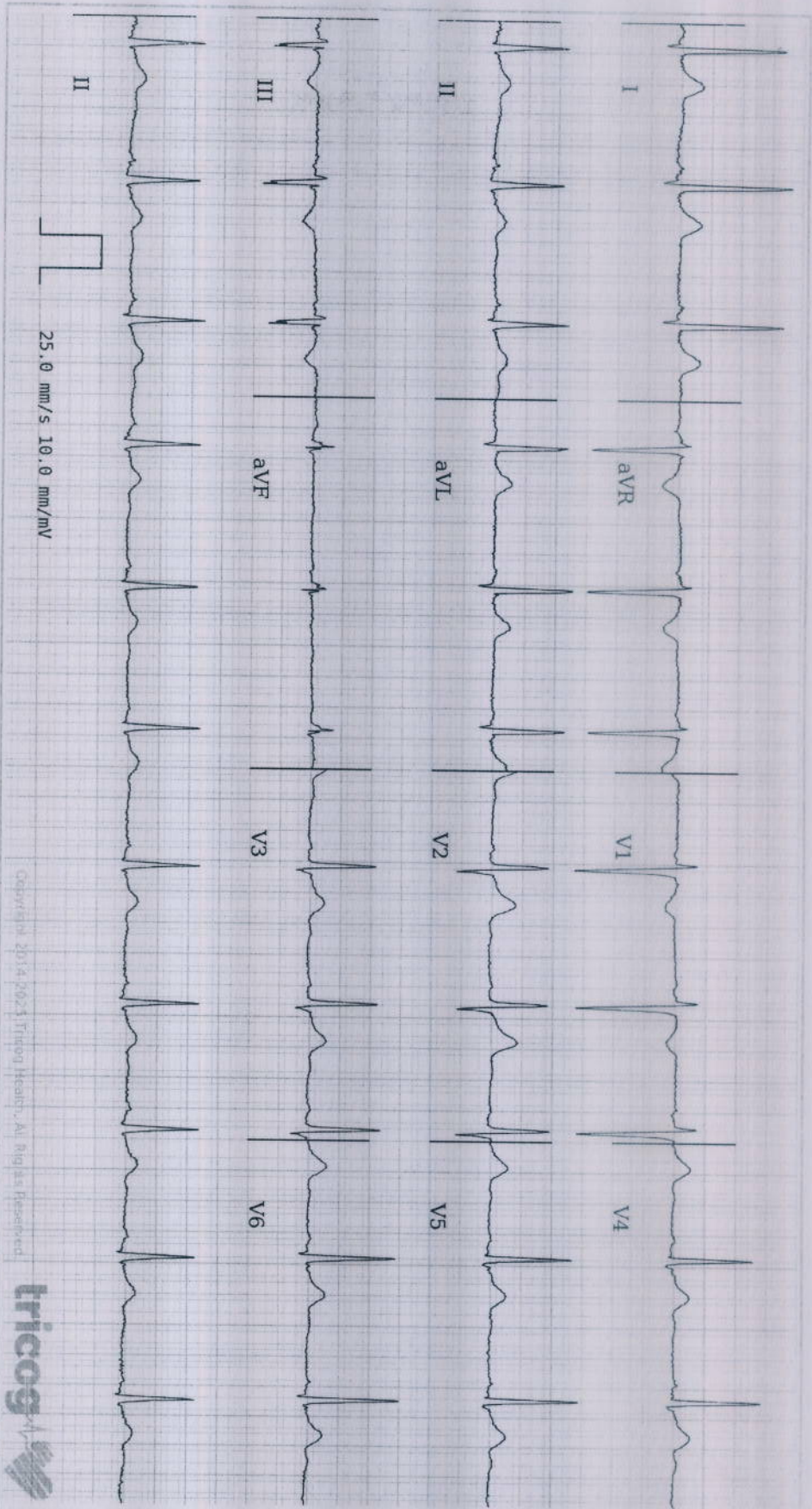
Colour Vision: Normal / Abnormal

Remark: Use same Spectacles.

MR. PRAKASH KUDVA  
SR. OPTOMETRIST



**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Patient Name: **SUMIT GOYAL**  
Patient ID: **394387556**  
Date and Time: **8th Mar 25 11:40 AM**



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Age **35** NA NA  
years months days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others: NA

Measurements

QRSD: 94ms  
QT: 384ms  
QTcB: 411ms  
PR: 132ms  
P-R-T: 19° 11° 9°

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

REPORTED BY

DR. SHALAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

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.



CID : 394387556  
Name : Mr. SUMIT GOYAL  
Age / Sex : 35 Years/Male  
Ref. Dr : self  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 08-Mar-2025  
Reported : 08-Mar-2025 / 16:12

**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-----

*G. R. Fartade*

Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2025030809192331>

CID : 394387556  
Name : Mr. SUMIT GOYAL  
Age / Sex : 35 Years/Male  
Ref. Dr : self  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 08-Mar-2025  
Reported : 08-Mar-2025 / 15:58

### USG WHOLE ABDOMEN

**LIVER:** Liver appears normal in size and **shows increased echorefectivity**. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder contracted. Not well evaluated. **Two GB polyps noted measuring 3 to 4 mm.**

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

**PANCREAS:** Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.3 x 4.4 cm. Left kidney measures 9.7 x 4.7 cm. Both kidneys are normal in size, 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 and measures 2.7 x 4.2 x 2.9 cm in dimension and 18.2 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <<ImageLink>>



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**IMPRESSION:**

- GALL BLADDER POLYPS.
- GRADE I FATTY INFILTRATION OF LIVER.

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.

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

*G. R. Fartade*

Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images <<ImageLink>>

Name : Mr. SUMIT GOYAL  
 Lab No. : 394387556  
 Ref By : SELF  
 Collected : 8/3/2025 9:18:00AM  
 A/c Status : P  
 Collected at : WALKIN - G B ROAD LAB, THANE WEST  
 Ground Floor, Shop No. 1, 2, 3, Pride Park, Near  
 R-Mall Opp. Lawkim Company, Ghodbunder  
 Road, Thane West, Maharashtra - 400607

Age : 35 Years  
 Gender : Male  
 Reported : 8/3/2025 6:21:26PM  
 Report Status : Final  
 Processed at : G B ROAD LAB, THANE WEST

**Aerfocami Healthcare Below 40 Male/Female  
 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	15.2	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.7	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	47.3	40.0 - 50.0 %	Calculated
MCV	83.8	81.0 - 101.0 fL	Measured
MCH	26.9	27.0 - 32.0 pg	Calculated
MCHC	32.1	31.5 - 34.5 g/dL	Calculated
RDW	12.4	11.6 - 14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7570	4000 - 10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	41.2	20.0 - 40.0 %	
Absolute Lymphocytes	3118.8	1000.0 - 3000.0 /cmm	Calculated
Monocytes	4.8	2.0 - 10.0 %	
Absolute Monocytes	363.4	200.0 - 1000.0 /cmm	Calculated
Neutrophils	50.1	40.0 - 80.0 %	
Absolute Neutrophils	3792.6	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	3.6	1.0 - 6.0 %	
Absolute Eosinophils	272.5	20.0 - 500.0 /cmm	Calculated
Basophils	0.3	0.1 - 2.0 %	
Absolute Basophils	22.7	20.0 - 100.0 /cmm	Calculated
Immature Leukocytes	--		





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**Aerfocami Healthcare Below 40 Male/Female  
CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	171000	150000 - 410000 /cmm	Elect. Impedance
MPV	9.7	6.0 - 11.0 fL	Measured
PDW	15.4	11.0 - 18.0 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Others	Normocytic Normochromic		
COMMENT	--		

Specimen: EDTA whole blood



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Aerfocami Healthcare Below 40 Male/Female  
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	5.00	2.00 - 15.00 mm/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.





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Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	102.89	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	108.22	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





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**Aerfocami Healthcare Below 40 Male/Female**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	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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Aerfocami Healthcare Below 40 Male/Female  
FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	



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**Aerfocami Healthcare Below 40 Male/Female**  
**Glucose & Ketones, Urine**

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





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**Aerfocami Healthcare Below 40 Male/Female**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
EXAMINATION OF FAECES	.Sample Not Received		
<u>CHEMICAL EXAMINATION</u>			
<u>MICROSCOPIC EXAMINATION</u>			



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**Aerfocami Healthcare Below 40 Male/Female**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh Typing	Positive

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti H lectin

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





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**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	SLIGHTLY HAZY	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.035	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	Chemical Indicator
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	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5	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	10-12	0-20/hpf	
Yeast	Absent	Absent	
OTHERS	--		







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 Report Status : Final  
 Processed at : SDRL, VIDYAVIHAR



**Aerfocami Healthcare Below 40 Male/Female**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	1.50	0.30 - 1.20 mg/dL	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.40	0.00 - 0.30 mg/dL	Vanadate oxidation
BiLIRUBIN (INDIRECT), Serum	1.10	<1.20 mg/dL	Calculated
SGOT (AST), Serum	24.60	<34.00 U/L	Modified IFCC
SGPT (ALT), Serum	34.00	10.00 - 49.00 U/L	Modified IFCC
GAMMA GT, Serum	47.50	<73.00 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	118.10	46.00 - 116.00 U/L	Modified IFCC
BLOOD UREA, Serum	29.00	19.29 - 49.28 mg/dL	Calculated
BUN, Serum	13.54	9.00 - 23.00 mg/dL	Urease with GLDH
URIC ACID, Serum	6.60	3.70 - 9.20 mg/dL	Uricase/Peroxidas e
TOTAL PROTEINS, Serum	7.20	5.70 - 8.20 g/dL	Biuret
Albumin Serum	4.60	3.20 - 4.80 g/dL	BCG
GLOBULIN Serum	2.60	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.77	1.00 - 2.00	Calculated





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**Aerfocami Healthcare Below 40 Male/Female**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CREATININE, Serum	0.91	0.73 - 1.18 mg/dL	Enzymatic
eGFR, Serum	112.04	(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





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**Aerfocami Healthcare Below 40 Male/Female**

**LIPID PROFILE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	208	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	154	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL Serum	34	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	174	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	143	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	31	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4	0-3.5 Ratio	Calculated

**Reference:**

- 1) 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).
- 2) Pack Insert.





Name : Mr. SUMIT GOYAL  
 Lab No. : 394387556  
 Ref By : SELF  
 Collected : 08/03/2025 09:18:00AM  
 A/c Status : P  
 Collected at : WALKIN - G B ROAD LAB, THANE WEST  
 Ground Floor, Shop No. 1, 2, 3, Pride Park, Near  
 R-Mall Opp. Lawkim Company, Ghodbunder Road,  
 Thane West, Maharashtra - 400607

Age : 35 Years  
 Gender : Male  
 Reported : 8/3/2025 6:21:26PM  
 Report Status : Final  
 Processed at : SDRL, VIDYAVIHAR

**Aerfocami Healthcare Below 40 Male/Female**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Free T3, Serum	5.80	3.50 - 6.50 pmol/L	CLIA
Free T4 Serum	15.60	11.50 - 22.70 pmol/L	CLIA
sensitiveTSH Serum	1.69	0.55 - 4.78 microIU/ml	CLIA

**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 upto 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 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 nonthyroidal 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%





Name	: Mr. SUMIT GOYAL	Age	: 35 Years
Lab No.	: 394387556	Gender	: Male
Ref By	: SELF	Reported	: 8/3/2025 6:21:26PM
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**Aerfocami Healthcare Below 40 Male/Female**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
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(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)

-----End of report-----





Name	: Mr. SUMIT GOYAL	Age	: 35 Years
Lab No.	: 394387556	Gender	: Male
Ref By	: SELF	Reported	: 8/3/2025 6:21:26PM
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**Aerfocami Healthcare Below 40 Male/Female**  
**THYROID FUNCTION TESTS**

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>	<b><u>BIOLOGICAL REF RANGES</u></b>	<b><u>METHOD</u></b>
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**IMPORTANT INSTRUCTIONS**

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report. (#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.  
 Tel: 022-61700000, Email: [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) <<mailto:customerservice@suburbandiagnosics.com>>  
 West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.





Lab. No. : 394387556	Sex : MALE
Name : MR. SUMIT GOYAL	Age : 35 YRS
Ref. By : -----	Date : 08.03.2025

**2D ECHOCARDIOGRAPHY**

**M – MODE FINDINGS :**

**LEFT VENTRICLE :**

LVIDD	38	mm
LVIDS	25.2	mm
LVEF	63	%
FS	33	%
IVS	10.9	mm
PW	9	mm

**AORTIC VALVE :**

LADd	25.6	mm
AODd	30.9	mm
ACS	16.6	mm

Pulmonary valve study : Normal

1. RA.RV.LA.LV. Sizes are :Normal
2. Left ventricular contractility : Normal  
Regional wall motion abnormality : Absent.  
Systolic thickening : Normal
3. Mitral, tricuspid , aortic , pulmonary valves are : Normal  
No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter – atrial and inter – ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : 1. Normal Flow and gradient across all the valves.  
2. No shunt / coarctation.  
3. No pulmonary hypertension.

**IMPRESSION :**

- ALL CHAMBER DIMANSIONS ARE NORMAL.
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.LVEF=63 %
- NORMAL RV SYSTOLIC FUNCTION.
- NO PULMONARY HYPERTENSION.
- ALL VALVES ARE NORMAL.



**DR. S.C. DEY**  
**M.D, D.M.**  
**(CARDIOLOGIST)**