

CID# : 2302016148  
Name : MR.KOLHE ASHOK SUBHASH  
Age / Gender : 39 Years/Male  
Consulting Dr. :-  
Reg.Location : Swargate, Pune (Main Centre)



Collected : 20-Jan-2023 / 08:22  
Reported : 20-Jan-2023 / 10:14

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

NO

**EXAMINATION FINDINGS:**

Height (cms):	173cm	Weight (kg):	70kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80mmHg	Nails:	Healthy
Pulse:	83/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1 S2 Normal No Murmurs  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Soft non tender no Organomegaly  
CNS: Normal

**IMPRESSION:**

*uric acid ↑ + ↑ HbA1c + haematuria + ECG changes  
+ fatty liver*

**ADVICE:**

*— consult family physician  
— 2D-Echo  
— walk (padding)  
— low fat diet  
— Repeat urine (R)  
— low carb diet*

**CHIEF COMPLAINTS:**

- 1) Hypertension: NO
- 2) IHD NO
- 3) Arrhythmia NO
- 4) Diabetes Mellitus NO
- 5) Tuberculosis NO

Dr. I. U. BAMB  
M.B.B.S., M.D. (Medicine)  
Reg. No. 39452

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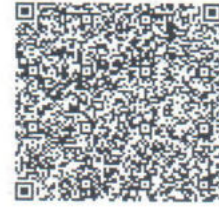
6) Asthama	NO
7) Pulmonary Disease	NO
8) Thyroid/ Endocrine disorders	NO
9) Nervous disorders	NO
10) GI system	NO
11) Genital urinary disorder	NO
12) Rheumatic joint diseases or symptoms	NO
13) Blood disease or disorder	NO
14) Cancer/lump growth/cyst	NO
15) Congenital disease	NO
16) Surgeries	Yes
17) Musculoskeletal System	NO

**PERSONAL HISTORY:**

1) Alcohol	Occsaional
2) Smoking	NO
3) Diet	Mixed
4) Medication	NO

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

Dr.I U BAMB



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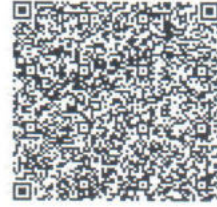
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	6.06	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.1	40-50 %	Calculated
MCV	71	80-100 fl	Calculated
MCH	22.8	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6000	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	42.7	20-40 %	
Absolute Lymphocytes	2562.0	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	336.0	200-1000 /cmm	Calculated
Neutrophils	46.0	40-80 %	
Absolute Neutrophils	2760.0	2000-7000 /cmm	Calculated
Eosinophils	5.7	1-6 %	
Absolute Eosinophils	342.0	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	197000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	17.5	11-18 %	Calculated



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**RBC MORPHOLOGY**

Hypochromia	Mild
Microcytosis	Mild
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-


Specimen: EDTA Whole Blood

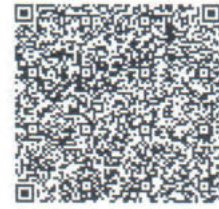
ESR, EDTA WB, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

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



MC-2463

  
Dr.SHAMLA KULKARNI  
MD (PATH)  
Consultant Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	131.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.32	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	19.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	81.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	44.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.98	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	91	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet)
URIC ACID, Serum	7.4	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



MC-2463

*Dr. Shamla Kulkarni*  
Dr.SHAMLA KULKARNI  
M.D.(PATH)  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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

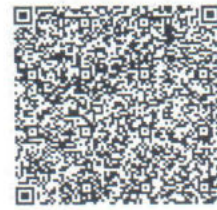
**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

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

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



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**Dr.SHAMLA KULKARNI**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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

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

**Reference:** Pack insert

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



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

"This sample has been tested for Bombay group /Bombay phenotype /Oh using anti-H Lectin".

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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	100.0	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	52.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	123.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	103.0	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	20.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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



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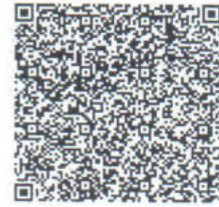
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.0	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	12.4	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.1	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) 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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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



MC-2463

*Dr. Shamla Kulkarni*  
**Dr.SHAMLA KULKARNI**  
M.D.(PATH)  
Pathologist

Name: Ashok Kolhe

Sex / Age: 39yrs / M

CID: 2302016148

Date: 20/12/23

**EYE EXAMINATION**

**VISION**

Distance Vision Without Glasses	Right Eye 6/6	Left Eye 6/6
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye 25/6	Left Eye 25/6
Near Vision With Glasses	Right Eye	Left Eye

**GENERAL EXAMINATION:**

LIDS  
CORNEA  
CONJUNCTIVAE  
EYE MOVEMENTS  
COLOUR VISION



DR I.U.BAMB

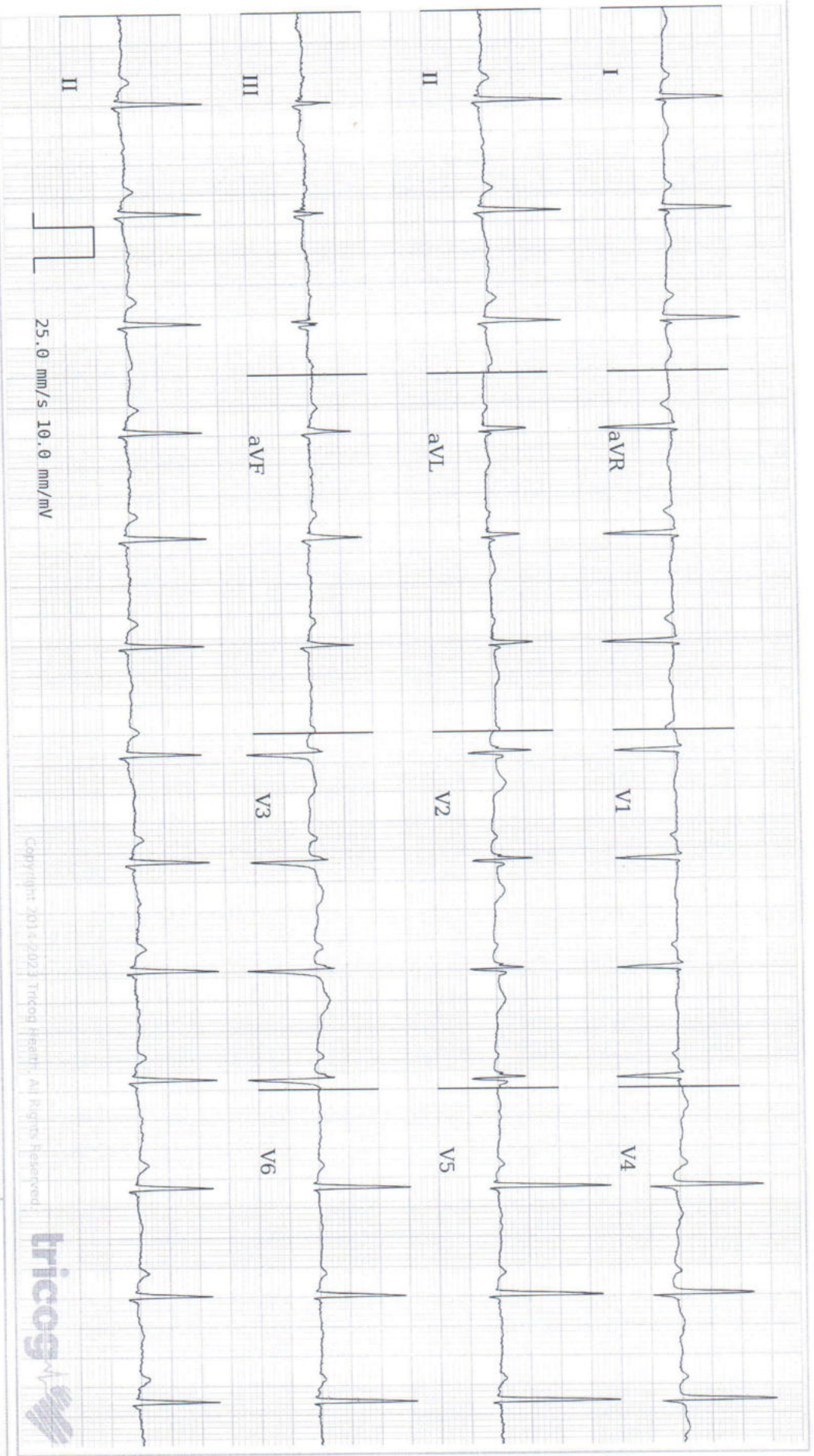
M.B.B.S MD (Medicine)

Reg No 39452



Patient Name: KOLHE ASHOK SUBHASH  
Patient ID: 2302016148

**SUBURBAN DIAGNOSTICS - SWARGAIE, PUNE**  
Date and Time: 20th Jan 23 9:18 AM



Sinus Rhythm. RSR 'in V1 V2 with ST T flat to depressed in III AVF V5 V6. Please correlate clinically.

Age **39** 6 13  
years months days

Gender **Male**

Heart Rate **83bpm**

**Patient Vitals**

BP: 130/80 mmHg  
Weight: 70 kg  
Height: 173 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 92ms  
QT: 358ms  
QTc: 420ms  
PR: 154ms  
P-R-T: 42° 32° 12°

REPORTED BY

*[Signature]*

**Dr. I. U. BAMB**  
M.B.B.S., M.D. (Medicine)  
Reg. No. 39452

**SUBURBAN DIAGNOSTICS PVT. LTD.**  
Seraph Centre, Opp. Pentagon Mall,  
Near Panchami Hotel,

**DR ISHWARLAL BAMB**  
M.B.B.S MD (MEDICINE)  
cardiologist  
39452

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.

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Reported : 21-Jan-2023 / 11:16

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**USG WHOLE ABDOMEN**

**LIVER:** Normal in size ( measures 14.1 cms) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

**GALL BLADDER :** Contracted. No evidence of any pericholecystic collection.

**PANCREAS :** Normal in size and echotexture. Pancreatic duct is normal.

**SPLEEN :** Normal in size and echopattern. No focal lesion. Splenic vein is normal.

**RIGHT KIDNEY :** Measures 9.4 x 4.2 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**LEFT KIDNEY :** Measures 9.9 x 4.3 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**Retroperitonium and flanks obscured due to bowel gas.**  
Paraaortic and paracaval region appears to be normal.  
No evidence of lymphnodes noted.  
No free fluid in abdomen.

**URINARY BLADDER :** Well distended. No calculi. Wall thickness is normal.

**PROSTATE :** Normal in size and shows normal echotexture.

**IMPRESSION :** Normal size liver with fatty changes.

Clinical correlation is indicated.-----End of Report-----

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.



DR. NIKHIL G. JOSHI  
M.B.B.S., D.M.R.E.  
REG. NO. 2001/02/397

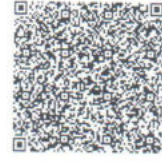
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CID : 2302016148  
Name : Mr KOLHE ASHOK SUBHASH  
Age / Sex : 39 Years/Male  
Ref. Dr :  
Reg. Location : Swargate, Pune Main Centre

Reg. Date : 20-Jan-2023  
Reported : 20-Jan-2023 / 11:03

### 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-----

**This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.**

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

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 भारत सरकार  
Government of India

  
अशोक सुभाष कोल्हे  
Ashok Subhash Kolhe  
जन्म तारीख / DOB : 07/07/1983  
पुरुष / Male




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माझे आधार, माझी ओळख






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