

CID	: 2118818195	SID	: 177803851255
Name	: MR.SACHIN PATIL	Registered	: 07-Jul-2021 / 12:51
Age / Gender	: 31 Years/Male	Collected	: 07-Jul-2021 / 12:51
Ref. Dr	: -	Reported	: 08-Jul-2021 / 13:20
Reg.Location	: Vashi (Main Centre)	Printed	: 08-Jul-2021 / 13:20

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

**C/O blurring of vision 7 days**

**C/O incomplete urination -1 year**

### EXAMINATION FINDINGS:

<b>Height (cms):</b>	167	<b>Weight (kg):</b>	59
<b>Temp (0c):</b>	Normal	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	120/80	<b>Nails:</b>	Normal
<b>Pulse:</b>	72/min	<b>Lymph Node:</b>	Not Palpable/ Not Tender

### Systems

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

**IMPRESSION: CXR, ECG, ESR, PPBS, BIL, SGOT, SGPT, ALK, BUN, CREAT, UA, TSH, URINE TEST - ALL NORMAL.**

FBS - BORDERLINE HIGH, HbA1C PREDIABETIC

LIPID PROFILE BORDERLINE ABNORMAL

CBC - LOW Hb - F/S/O THALASSEMIA TRAIT

BLOOD GROUP - B POSITIVE

**ADVICE: To consult family physician with all the reports.**

TO DO Hb ELECTROPHORESIS AND RETIC COUNT, CONSULT HEMATOLOGIST.

CONSULT DIABETOLOGIST WITH FBS/PPBS/HbA1C REPORTS.

CONSULT OPHTHALMOLOGIST FOR EYE SYMPTOMS.

CONSULT/FOLLOW UP WITH UROLOGIST.

REGULAR FOLLOW UP WITH TREATING DOCTOR FOR SPINE PROBLEM.

DIET AND LIFESTYLE MANAGEMENT AND MONITOR FASTING LIPID PROFILE AND CONSULT FAMILY PHYSICIAN.

FOLLOW COVID VACCINATION SCHEDULE AS PER GOVERNMENT NORMS AND FITNESS.

**CHIEF COMPLAINTS: Covishield 1st dose : 3 weeks back**

**H/O L4-L5 level slip disc (3 yrs) - Consulted & on conservation management**

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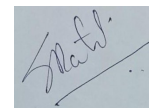
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- |                                                 |                           |
|-------------------------------------------------|---------------------------|
| 1) <b>Hypertension:</b>                         | No                        |
| 2) <b>IHD</b>                                   | No                        |
| 3) <b>Arrhythmia</b>                            | No                        |
| 4) <b>Diabetes Mellitus</b>                     | No                        |
| 5) <b>Tuberculosis</b>                          | No                        |
| 6) <b>Asthama</b>                               | No                        |
| 7) <b>Pulmonary Disease</b>                     | No                        |
| 8) <b>Thyroid/ Endocrine disorders</b>          | No                        |
| 9) <b>Nervous disorders</b>                     | No                        |
| 10) <b>GI system</b>                            | No                        |
| 11) <b>Genital urinary disorder</b>             | H/O Renal stone last year |
| 12) <b>Rheumatic joint diseases or symptoms</b> | No                        |
| 13) <b>Blood disease or disorder</b>            | No                        |
| 14) <b>Cancer/lump growth/cyst</b>              | No                        |
| 15) <b>Congenital disease</b>                   | No                        |
| 16) <b>Surgeries</b>                            | No                        |

**PERSONAL HISTORY:**

- |                      |       |
|----------------------|-------|
| 1) <b>Alcohol</b>    | No    |
| 2) <b>Smoking</b>    | No    |
| 3) <b>Diet</b>       | Mixed |
| 4) <b>Medication</b> | None  |

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



**Dr.SHEPHALI BODKHE**  
**MBBS**



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Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 07-Jul-2021 / 12:53  
Reported : 07-Jul-2021 / 16:15

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	10.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.98	4.5-5.5 mil/cmm	Elect. Impedance
PCV	36.8	40-50 %	Measured
MCV	62	80-100 fl	Calculated
MCH	18.1	27-32 pg	Calculated
MCHC	29.5	31.5-34.5 g/dL	Calculated
RDW	16.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7840	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	36.9	20-40 %	
Absolute Lymphocytes	2893.0	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	689.9	200-1000 /cmm	Calculated
Neutrophils	52.0	40-80 %	
Absolute Neutrophils	4076.8	2000-7000 /cmm	Calculated
Eosinophils	1.4	1-6 %	
Absolute Eosinophils	109.8	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	70.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	289000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	16.1	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	++		
Microcytosis	++		
Macrocytosis	-		





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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	114.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
CHOLESTEROL, Serum	169.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
LDL CHOLESTEROL, Serum	120.6	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	Colorimetric
TRIGLYCERIDES, Serum	126.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
BILIRUBIN (TOTAL), Serum	0.28	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.1	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	15.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.9	5-45 U/L	NADH (w/o P-5-P)



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ALKALINE PHOSPHATASE, Serum	97.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	29.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.9	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.5	3.5-7.2 mg/dl	Enzymatic

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



**Dr. ANURADHA NARAYANKHEDKAR**  
M.D, DCP  
PATHOLOGIST

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
sensitiveTSH, Serum	0.681	0.35-5.5 microIU/ml	ECLIA

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



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Reported : 07-Jul-2021 / 19:32

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB	6.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	137.0	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 CPL, Andheri West

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



MC-2111

*J. Thakker*

**Dr.JYOT THAKKER**  
M.D,D.P.B  
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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	Pale yellow	Pale Yellow	-
Reaction (pH)	Alkaline (7.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

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



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Reg. Location : Vashi (Main Centre)

Collected : 07-Jul-2021 / 12:53  
Reported : 07-Jul-2021 / 18:34

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	POSITIVE

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

**Refernces:**

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 CPL, Andheri West

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



MC-2111

*Dr. Trupti Shetty*  
**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**PATHOLOGIST**

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	169.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	126.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	127.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	120.6	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	Colorimetric
VLDL CHOLESTEROL, Serum	6.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



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Shop No 22, Ground Floor, Raikar Bhavan,  
Sector-17, Vashi, Navi Mumbai - 400 703  
Tel 27884547 / 27864548.

Issue Date: 08/04/2013



भारत सरकार  
Government of India

राजिव तातोबा पाटिल  
Sachin Tatoba Patil  
जन्म तिथि / DOB: 05/06/1990  
पुंन / MALE

7588 4641 4472

भरी आयात, भरी परवान



7588 4641 4472

  
Dr. Shripati Borkhe  
MBBS  
2006/03/1809



Date:- 7/7/21.

CID: 2118818195

Name:- Sachin Patil

Sex / Age: 30y / male

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: -

✓ Aided Vision:

Refraction: -

} Please Refer "physical Examination form" attached.

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N6				N6

Colour Vision: Normal / Abnormal

Remark:

Basic vision check-up is normal with existing correction.  
Consult ophthalmologist for eye symptoms

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*Shehali*  
**Dr. Shephali Bodkhe**

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MBES

2006/03/1809

Pat Name:

HR 62/min

Mr. Sachin Patil

Age: 30 (M) / F

1.67 cm / 59 kg

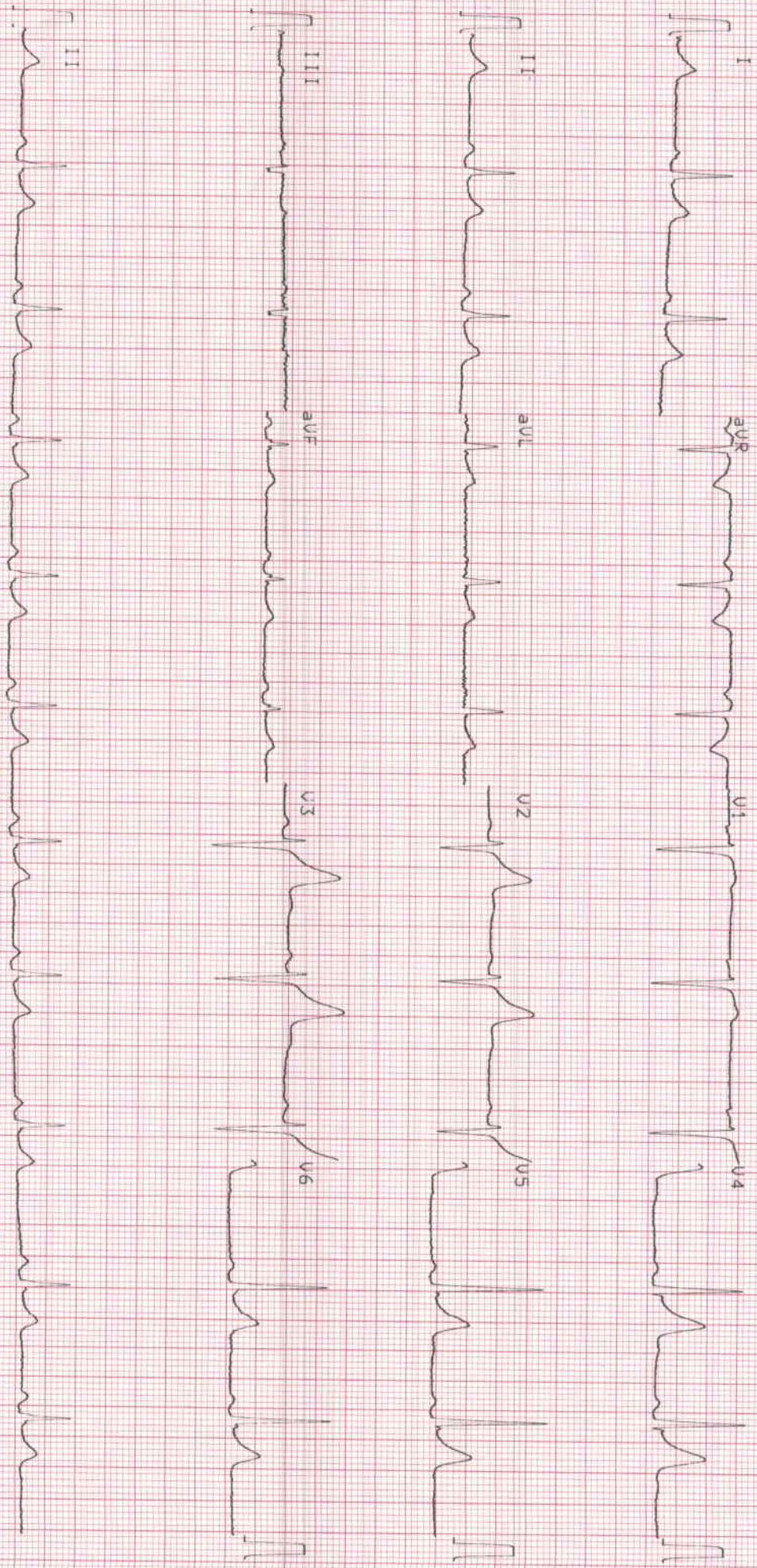
120 / 80 mmHg

10 mm/mV

10 mm/mV

59 ↑ (ie KURTAKER WAKE LEAVES SLOWLY & FULLY REPOLARISATION OTHERWISE ECG IS WITHIN NORMAL LIMITS AT REST KINDLY CO-RELATE CLINICALLY)

DR. ANAND N. MOTWANI  
M.D. (GENERAL MEDICINE)  
Reg. No. 39329 (M.M.C.)



25 mm/s

0.05-35 Hz F50

Wed 07-JUL-21 10:57:44

RT-2 3.03

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Tel 27884547 / 27864548.

*(Signature)*

SCHILLER

Part No. 2.157017M

CE 0123

SBA

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Reg.Location	: Vashi (Main Centre)	Printed	: 08-Jul-2021 / 08:46

## **USG WHOLE ABDOMEN**

### **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 partially distended.

### **PANCREAS:**

The pancreas 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 .

Right kidney measures 10.2 x 4.3 cm. Left kidney measures 9.4 x 4.1 cm

### **SPLEEN:**

The spleen is normal in size and shape and echotexture. No evidence of focal lesion is noted.

Gaseous distention of bowel loops 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.

Prevoid-510 cc Postvoid- 31 cc (insignificant)

### **PROSTATE :**

The prostate is normal in size and echotexture. It measures 3.8 x 2.4 x 2.6 cm and weighs 12.7 gms.

### **IMPRESSION:**

No significant abnormality detected.

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



**Dr. SHILPA BERI**  
**MBBS, DMRE, FMF ID 153235**  
**RADIOLOGIST**

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### **X-RAY CHEST PA VIEW**

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

#### **IMPRESSION:**

No significant abnormality detected.

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



**Dr.SHILPA BERI**  
**MBBS, DMRE, FMF ID 153235**  
**RADIOLOGIST**