SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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R E P O R T

CID	: 2207819625		
Name	: Mr Uday GIRKAR		
Age / Sex	: 40 Years/Male		
Ref. Dr	:	**Reg. Date**	: 19-Mar-2022 / 10:59
Reg. Location	: Vashi Main Centre	**Reported**	: 19-Mar-2022 / 13:35

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size, shape and smooth margins. It shows bright 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 .Gall bladder calculus of size 2.5 mm is seen.
No evidence of pericholecystic fluid is seen

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

KIDNEYS:
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus,hydronephrosis or mass lesion seen.
Right kidney measures 10.8 x 5.2 cm. Left kidney measures 11.0 x 5.0 cm.

SPLEEN:
The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:
The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:
The prostate is normal in size.It measures 3.6 x 3.0 x 3.6 cm and volume is 21.2 cc.

IMPRESSION:
Grade I fatty infiltration of the liver
Cholelithiasis without cholecystitis.

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

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ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053
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Reg. Location	: Vashi Main Centre	**Reported**	: 19-Mar-2022 / 13:35

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist

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http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022031909032368

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REPORT

CID	: 2207819625		
Name	: Mr Uday GIRKAR		
Age / Sex	: 40 Years/Male		
Ref. Dr	:	**Reg. Date**	: 19-Mar-2022 / 10:13
Reg. Location	: Vashi Main Centre	**Reported**	: 19-Mar-2022 / 12:29

X-RAY CHEST PA VIEW

Azygous lobe and fissure are noted in right apical lung field (normal variant).

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 Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist

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भारत सरकार
GOVERNMENT OF INDIA

उदय श्रीराम गिरकर
Uday Shriram Girkar

जन्म वर्ष / Year of Birth : 1981
पुरुष / Male

4483 0302 0876

आधार – सामान्य माणसाचा अधिकार

आधार

भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता S/O: श्रीराम गिरकर, डी-302 यमुना कॉ.हौ.सो.ली., प्लॉट-12 सेक-17, कारंबेळी तर्फ तळोजे, रायगड, पनवेल, महाराष्ट्र, 410206

Address: S/O: Shriram Girkar, D-302 yamuna chs ltd, plot-12 sec-17, Karambeli Tarf Taloje, Raigarh, Panvel, Maharashtra, 410206

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Sector-17, Vashi, Navi Mumbai - 400 703
Tel 27884547 / 27864548.

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

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P.O. Box No. 1947,
Bengaluru-560 001

SUBURBAN DIAGNOSTICS
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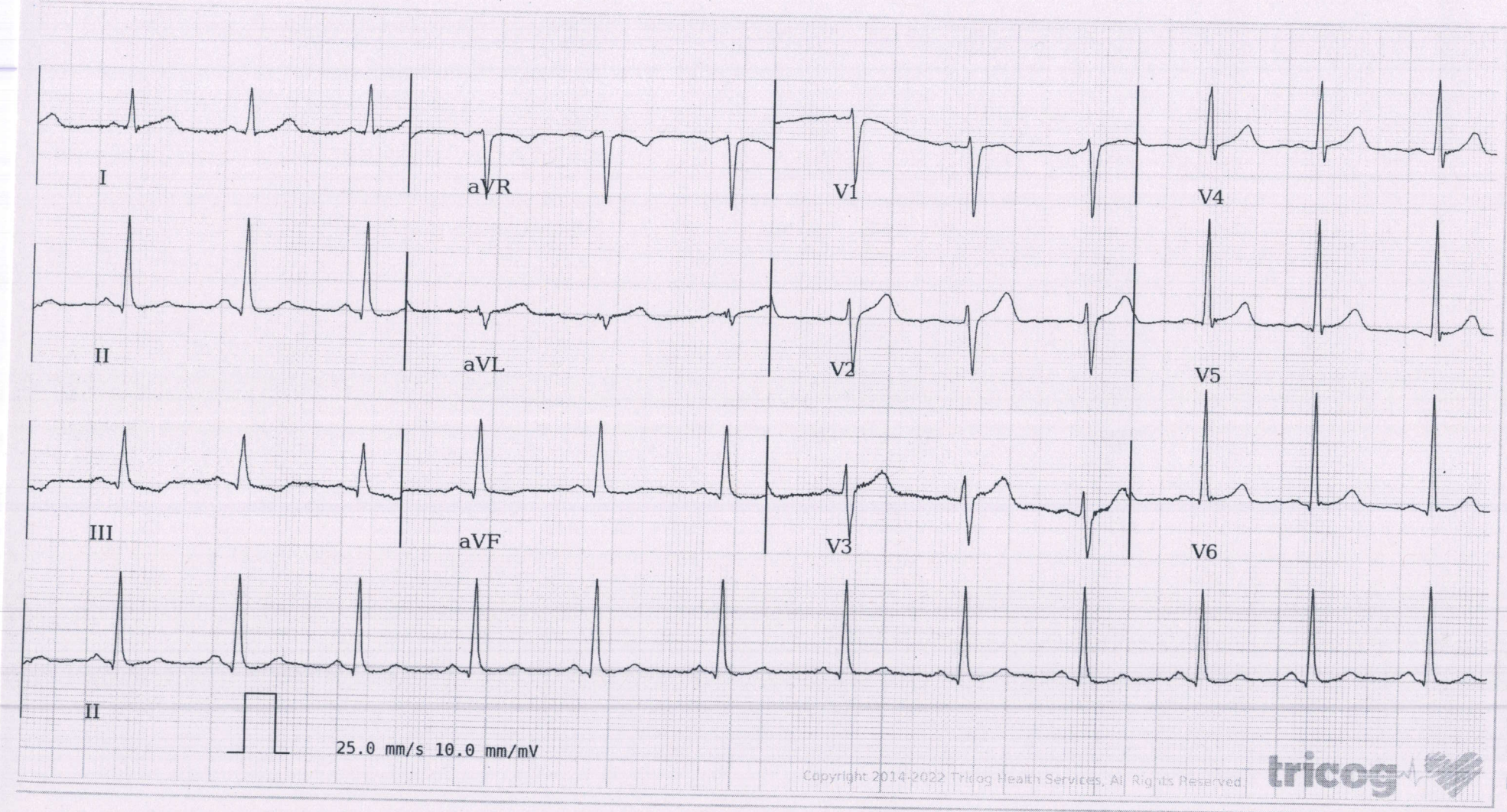
SUBURBAN DIAGNOSTICS - VASHI

Patient Name: UDAY GIRKAR
Patient ID: 2207819625

Date and Time: 19th Mar 22 9:37 AM



tricog

Age 40 9
years months

Gender Male

Heart Rate 77bpm

Patient Vitals

BP:	NA
Weight:	112 kg
Height:	183 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QSRD:	98ms
QT:	388ms
QTc:	439ms
PR:	144ms
P-R-T:	57° 61° 6°

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

REPORTED BY

Dr.Anand N Motwani
M.D (General Medicine)
Reg No 39329 M.M.C

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 19/03/2022

CID: 220781962S

Name:- Mr. Uday Girkar

Sex / Age: M / 40

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision: NO

Aided Vision: without Glass
Both Eye - 6/6
Right Eye - 6/6
Left Eye - 6/6

Refraction:

	(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:

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

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REPORT

CID	: 2207819625		
Name	: MR.UDAY GIRKAR		
Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 19-Mar-2022 / 09:03
Reg. Location	: Vashi (Main Centre)	**Reported**	: 19-Mar-2022 / 12:43

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.42	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.0	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5460	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.8	20-40 %	
Absolute Lymphocytes	1627.1	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	382.2	200-1000 /cmm	Calculated
Neutrophils	60.2	40-80 %	
Absolute Neutrophils	3286.9	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	109.2	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	54.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	180000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	12.8	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 19-Mar-2022 / 09:03
Reg. Location	: Vashi (Main Centre)	**Reported**	: 19-Mar-2022 / 12:18

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

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

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

*** End Of Report ***

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Dr.TEJASWINI DHOTE
M.D. (PATH)
Pathologist

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REPORT

CID	: 2207819625		
Name	: MR.UDAY GIRKAR		
Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 19-Mar-2022 / 09:03
Reg. Location	: Vashi (Main Centre)	**Reported**	: 19-Mar-2022 / 12:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	107.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.62	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	**1.9**	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	**2.4**	1 - 2	Calculated
SGOT (AST), Serum	18.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	55.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.05	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	83	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	3.5-7.2 mg/dl	Enzymatic

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Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 19-Mar-2022 / 13:20
Reg. Location	: Vashi (Main Centre)	**Reported**	: 19-Mar-2022 / 18:45

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent
Urine Sugar (PP)	Absent	Absent
Urine Ketones (PP)	Absent	Absent

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Reg. Location	: Vashi (Main Centre)	**Reported**	: 19-Mar-2022 / 13:50

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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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Consulting Dr.	: -	**Collected**	: 19-Mar-2022 / 09:03
Reg. Location	: Vashi (Main Centre)	**Reported**	: 19-Mar-2022 / 16:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30 ml	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-6		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-6	Less than 20/hpf	

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SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Dr.TEJASWINI DHOTE
M.D. (PATH)
Pathologist

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Age / Gender	: 40 Years / Male		
Consulting Dr.	: -	**Collected**	: 19-Mar-2022 / 09:03
Reg. Location	: Vashi (Main Centre)	**Reported**	: 19-Mar-2022 / 15:28

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

PARAMETER	RESULTS
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

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MC-2111

Dr.ANUPA DIXIT
M.D.(PATH)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	151.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	134.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	**34.2**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	116.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.0	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	Colorimetric
VLDL CHOLESTEROL, Serum	26.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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Reg. Location	: Vashi (Main Centre)	**Reported**	: 19-Mar-2022 / 12:21

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.14	0.35-5.5 microIU/ml	ECLIA

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

Clinical Significance:
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 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: 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.

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 ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Dr.TEJASWINI DHOTE
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Pathologist