

 **बैंक ऑफ बड़ोदा**
Bank of Baroda

नाम **आकाश राजे**
Name **Akash Raje**

कर्मचारी कूट नं.
E.C. No. **116557**


जारीकर्ता प्राधिकारी
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder


27/11/2023

Name : Mr . AKASH DEEPAK RAJE
VID : 2333100621
Ref By : Arcofemi Healthcare Limited

Reg Date : 27-Nov-2023 09:11
Age/Gender : 34 Years
Regn Centre : Malad West (Main Centre)

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	163	Weight (kg):	73
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

Mild dyslipidemia

ADVICE:

Lifestyle modification

CHIEF COMPLAINTS:

Name : Mr . AKASH DEEPAK RAJE
VID : 2333100621
Ref By : Arcofemi Healthcare Limited

Reg Date : 27-Nov-2023 09:11
Age/Gender : 34 Years
Regn Centre : Malad West (Main Centre)

- | | |
|------------------------------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 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 |
| 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 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

Sonali P.

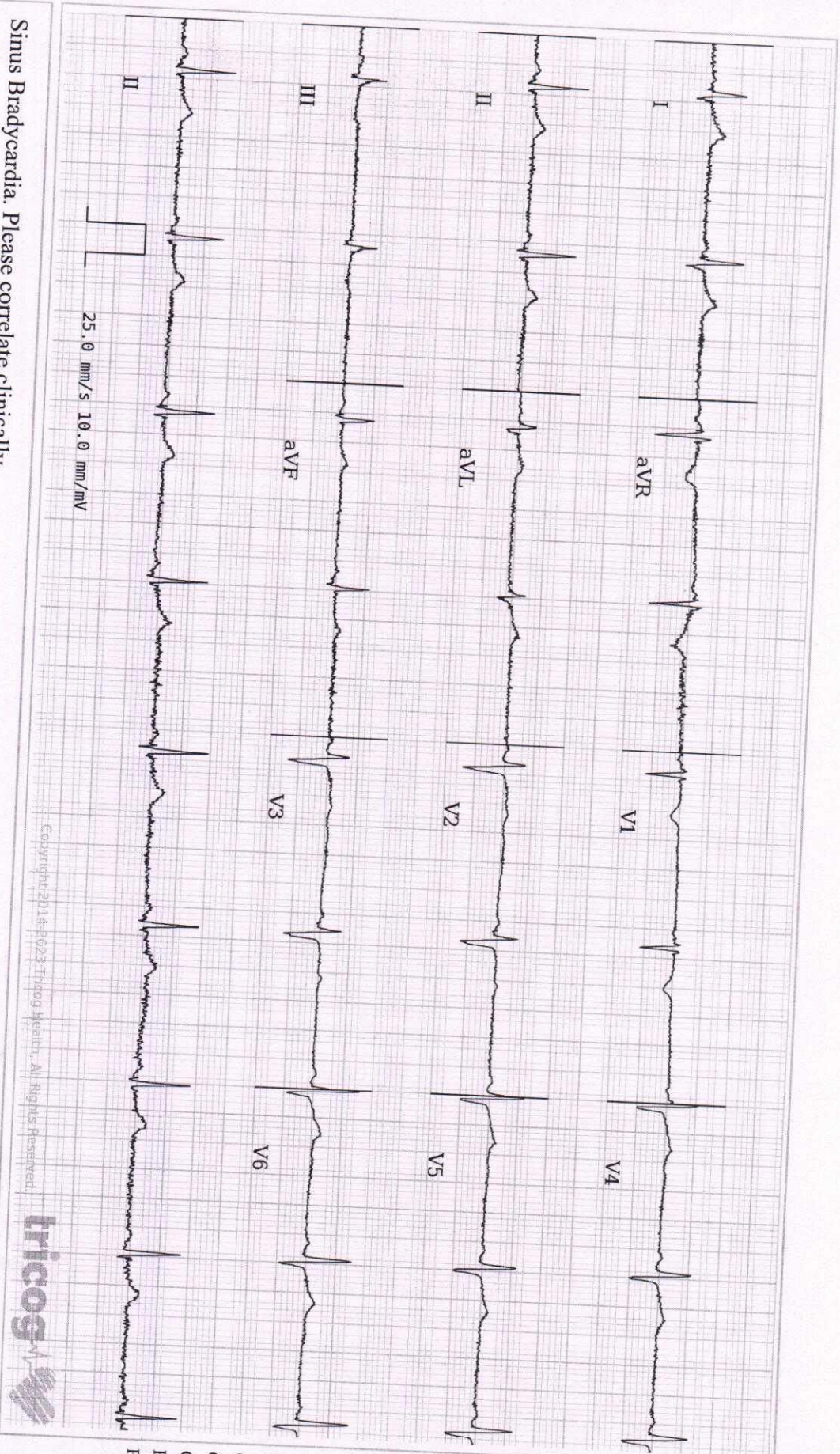
Dr.Sonali Honrao
MD physician
Sr. Manager-Medical
Services (Cardiology)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomi Caste,
Opo. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Patient Name: **AKASH DEEPAK RAJE**
Patient ID: **2333100621**

SUBURBAN DIAGNOSTICS - MALAD WEST

Date and Time: **27th Nov 23 10:04 AM**



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Age **34** NA
years month.

Gender **Male**

Heart Rate **52bp**

Patient Vitals

BP: **120/80 mm**
Weight: **73 kg**
Height: **163 cm**
Pulse: **NA**
Spo2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **90ms**
QT: **412ms**
QTcB: **383ms**
PR: **114ms**
P-R-T: **44° 58° 33°**

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

Sinus Bradycardia. Please correlate clinically.

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.

Date:- 27/11/23
Name:- Akash - Rajee

CID: 2333/100621
Sex / Age: 34y/M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: DV - RE - 6/12 NV - RE - N/6
Aided Vision: LE - 6/12 LE - N/6

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————							
Near	—————							

Colour Vision: Normal / Abnormal

Remark:

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Opp. Gorgeon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2333100621
Name : Mr AKASH DEEPAK RAJE
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 14:12

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112709121489>

CID : 2333100621
Name : Mr AKASH DEEPAK RAJE
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 10:33

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows mild diffuse 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 and appears normal. No evidence of gall stones or mass lesions 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 9.7 x 3.8 cm. Left kidney measures 11.6 x 4.5 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 and echotexture.

Click here to view images <<ImageLink>>

Authenticity Check
<<QRCode>>

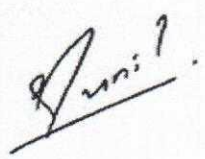
CID : 2333100621
Name : Mr AKASH DEEPAK RAJE
Age / Sex : 34 Years/Male
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Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 10:33

IMPRESSION:

Fatty liver
No other significant abnormality is seen.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS

Station

Telephone:

Malad West

EXERCISE STRESS TEST REPORT

Patient Name: AKASH , RAJE
 Patient ID: 2333100621
 Height: 163 cm
 Weight: 73 kg

DOB: 13.02.1989
 Age: 34yrs
 Gender: Male
 Race: Asian

Study Date: 27.11.2023
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: DR SONALI HONRAO
 Technician: --

Medications:
 --

Medical History:
 --

Reason for Exercise Test:
 --

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	56	120/80	
	STANDING	00:05	0.00	0.00	58	120/80	
	HYPERV.	00:06	0.00	0.00	60	120/80	
	WARM-UP	00:16	1.00	0.00	61	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	99	130/80	
	STAGE 2	03:00	2.50	12.00	118	140/80	
	STAGE 3	03:00	3.40	14.00	136	150/80	
	STAGE 4	01:29			131		
RECOVERY		03:04	0.00	0.00	82	150/80	

The patient exercised according to the BRUCE for 10:29 min:s, achieving a work level of Max. METS: 13.40. The resting heart rate of 55 bpm rose to a maximal heart rate of 160 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician

Soni.P.

Technician

Dr. SONALI HONRAC
MD PHYSICIAN
REG. NO. 2001/04/1882

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102-104, Shubhi Castle,
Opp. Goddard Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

AKASH, RAJE

Patient ID 2333100621

27.11.2023

11:08:02am

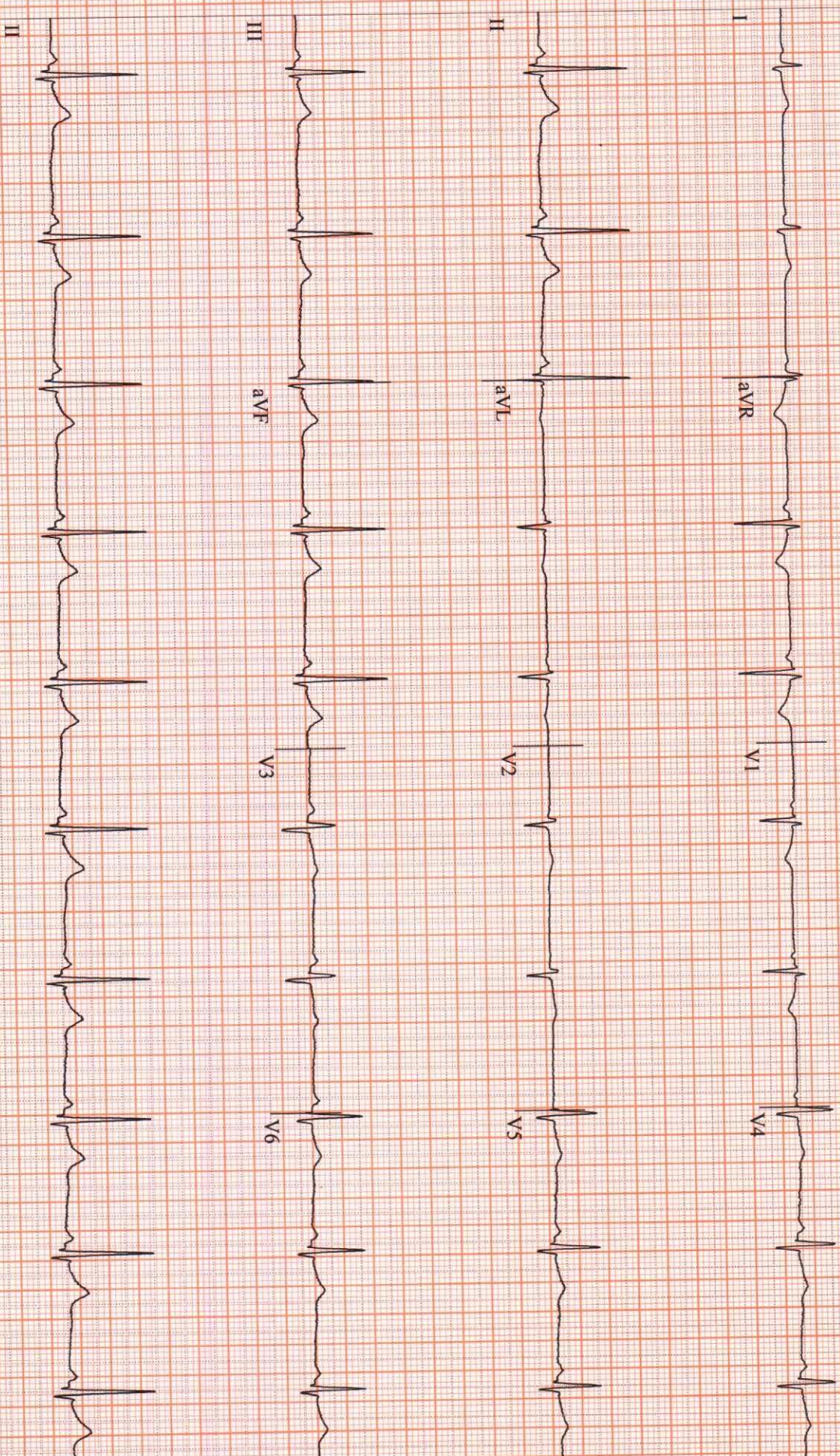
12-Lead Report

PRETEST
SUPINE
00:12

55 bpm
120/80 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+

Start of Test: 11:07:43am

AKASH, RAJE

Patient ID 2333100621

27.11.2023

11:08:07am

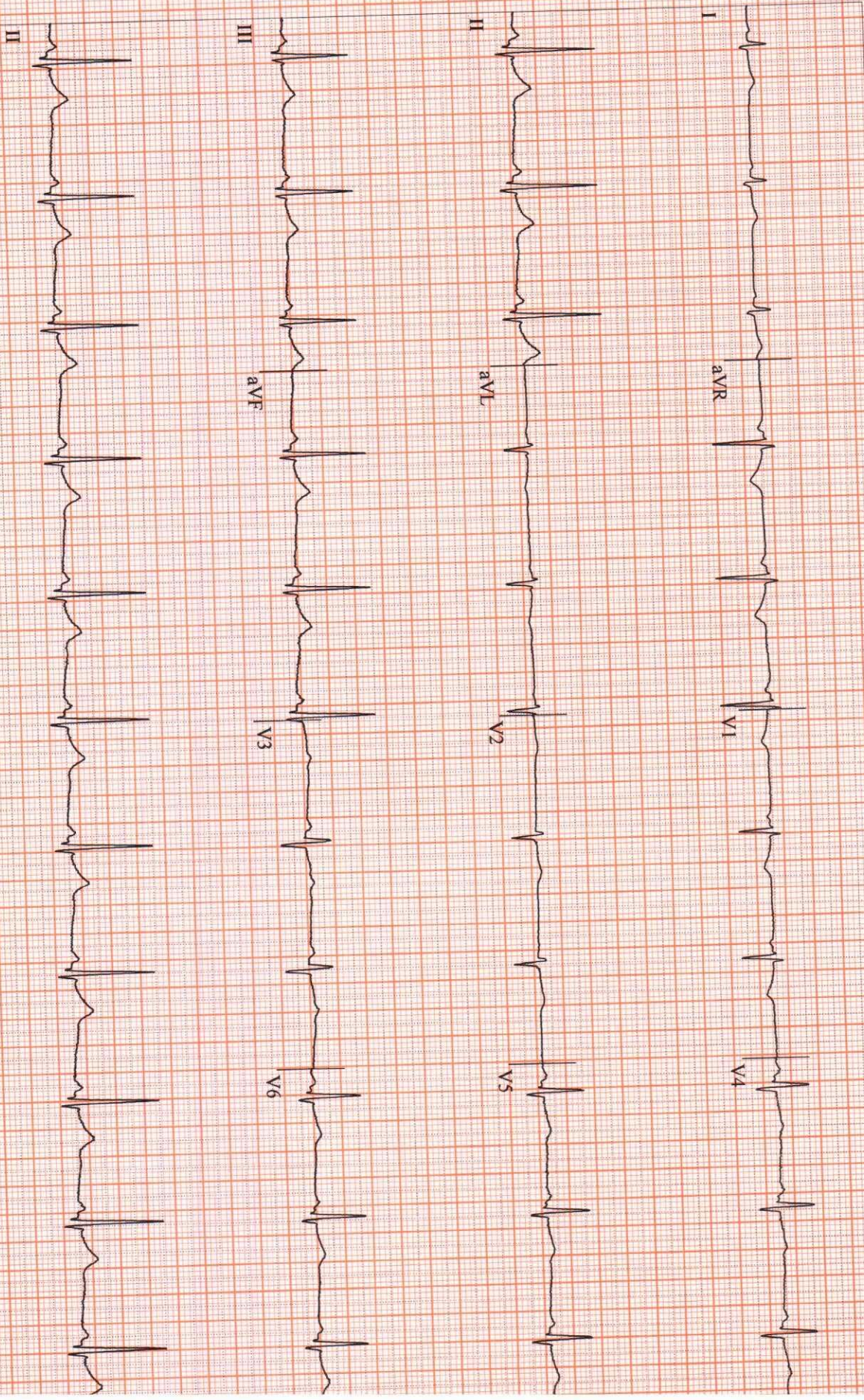
12-Lead Report

58 bpm
120/80 mmHg

PRETEST
HYPERV
00:18

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOSTICS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(II, V5)

Start of Test: 11:07:43am

AKASH, RAJE
Patient ID 2333100621
27.11.2023
11:08:13am

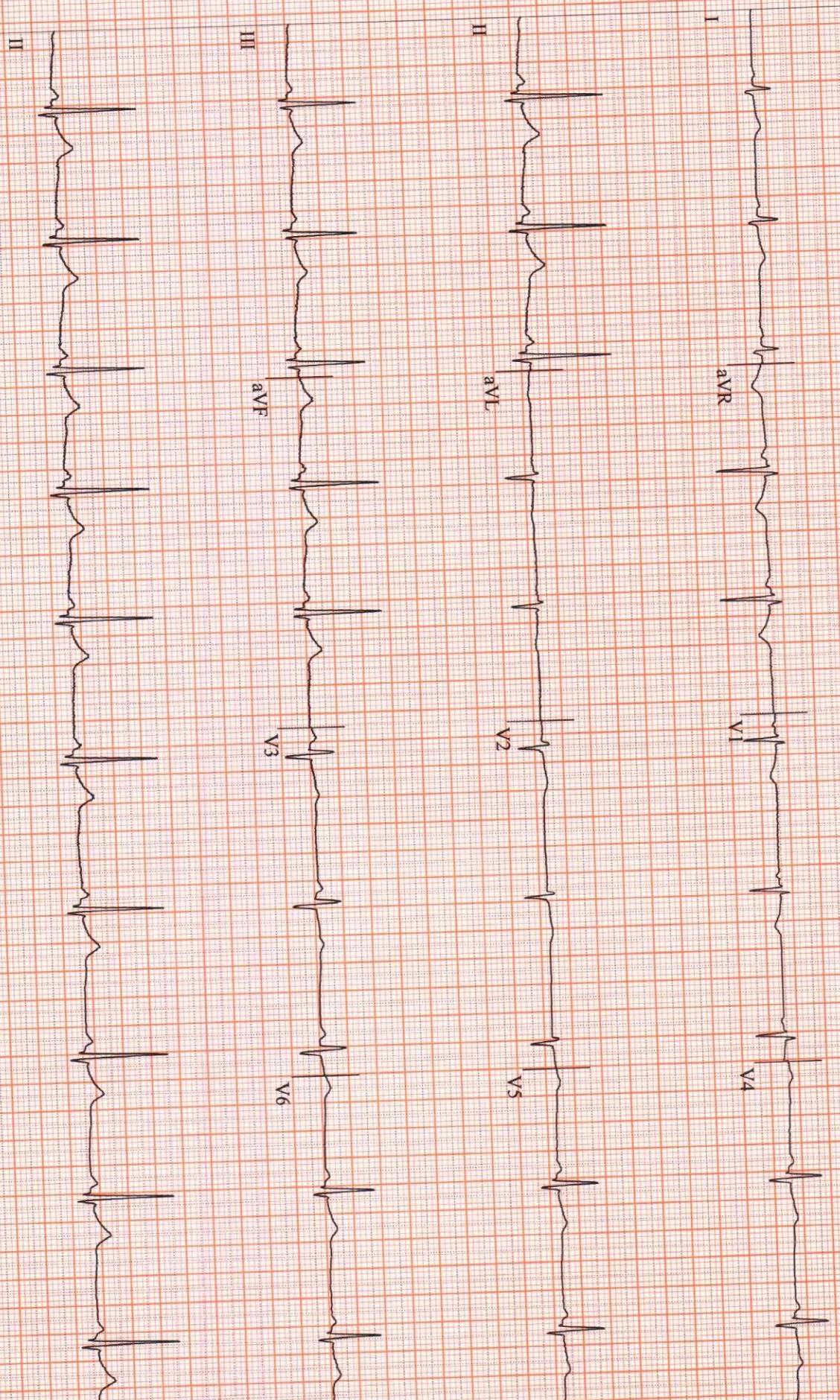
60 bpm
120/80 mmHg

PRETEST
WARM-UP
00:23

BRUCE
0.0 mph
0.0 %

12-Lead Report

SUBURBAN DIAGNOSTICS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(II, V5)

Start of Test: 11:07:43am

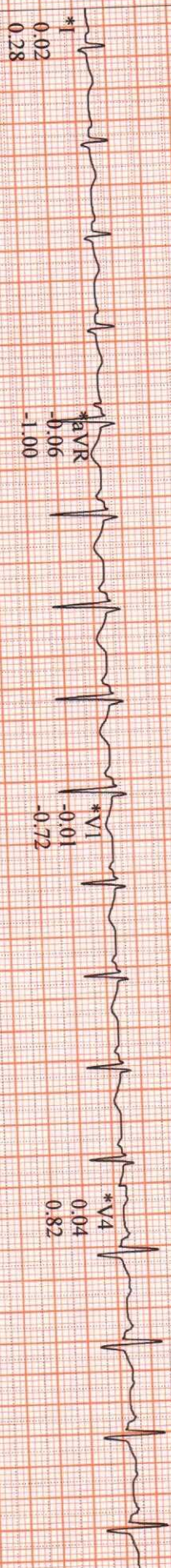
AKASH, RAJE
Patient ID 2333100621
27.11.2023
11:11:13am

101 bpm
130/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0%

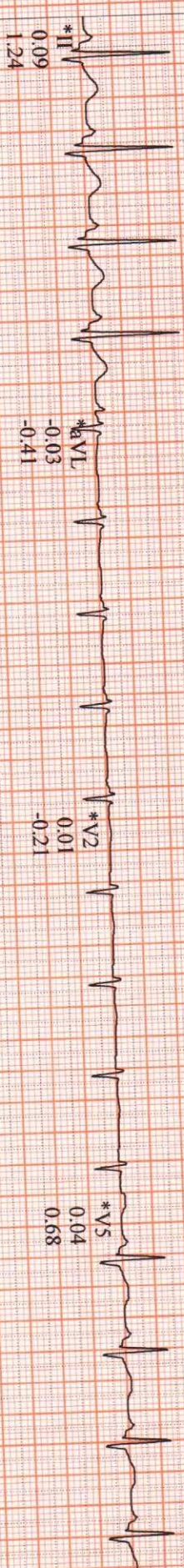
Lead
ST Level (mV)
ST Slope (mV/s)



*aVR

*V1

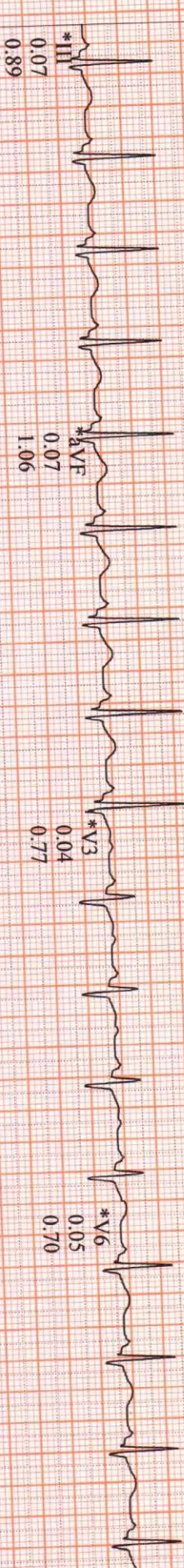
*V4



*aVL

*V2

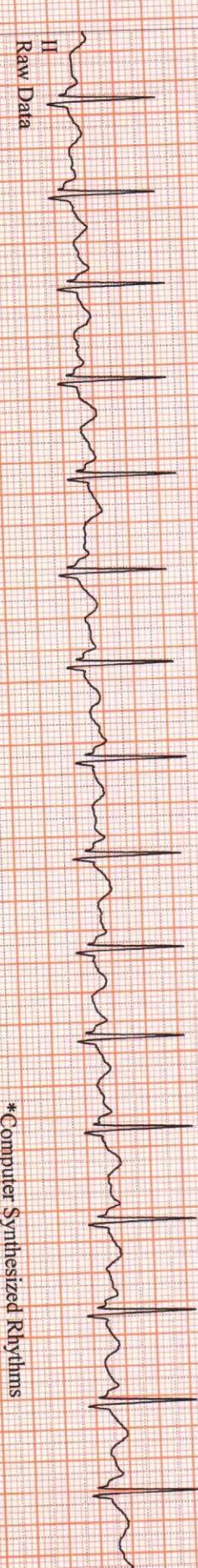
*V5



*aVF

*V3

*V6



*Computer Synthesized Rhythms

Raw Data

AKASH, RAJE

Patient ID 2333100621

27.11.2023

11:14:13am

Linked Medians

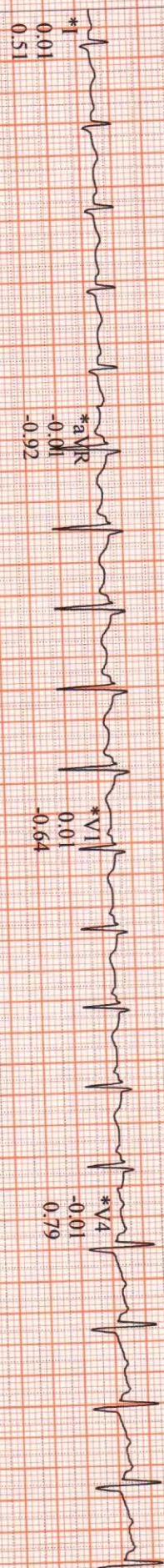
117 bpm
140/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0%

SUBURBAN DIAGNOSTICS

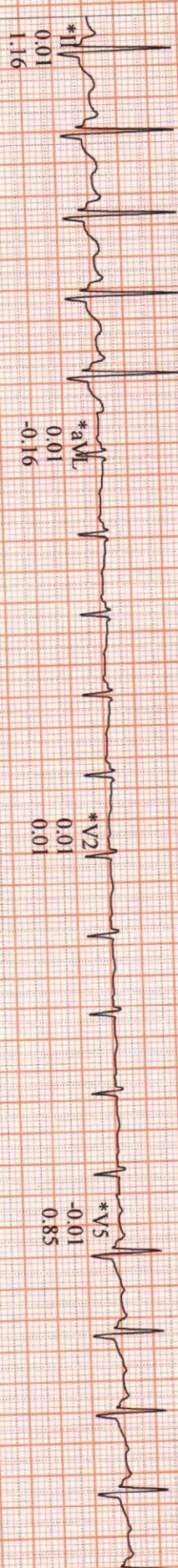
Lead
ST Level (mV)
ST Slope (mV/s)



*aVR
-0.01
-0.92

*V1
0.01
-0.64

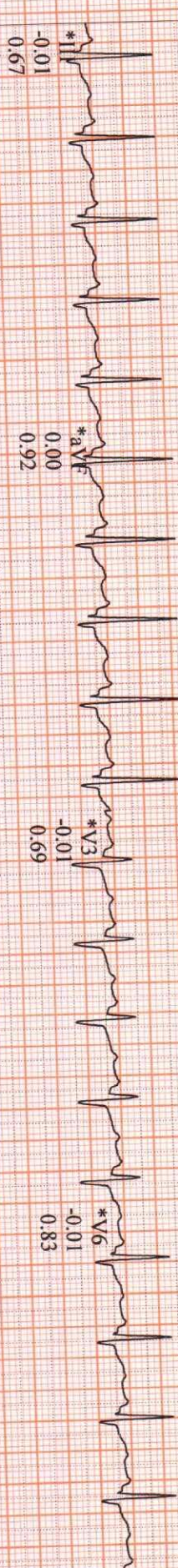
*V4
-0.01
0.79



*aVL
0.01
-0.16

*V2
0.01
0.01

*V5
-0.01
0.85



*aVF
0.00
0.92

*V3
-0.01
0.69

*V6
-0.01
0.83



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 11:07:43am

AKASH, RAJE

Patient ID 2333100621

27.11.2023

11:17:13am

Linked Medians

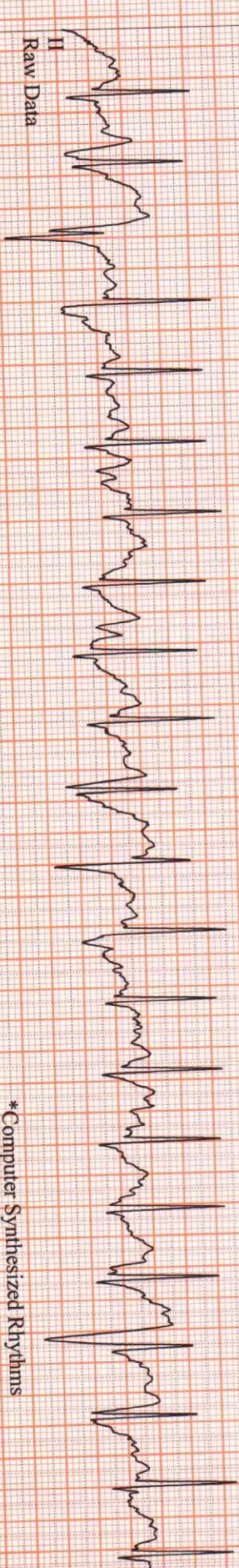
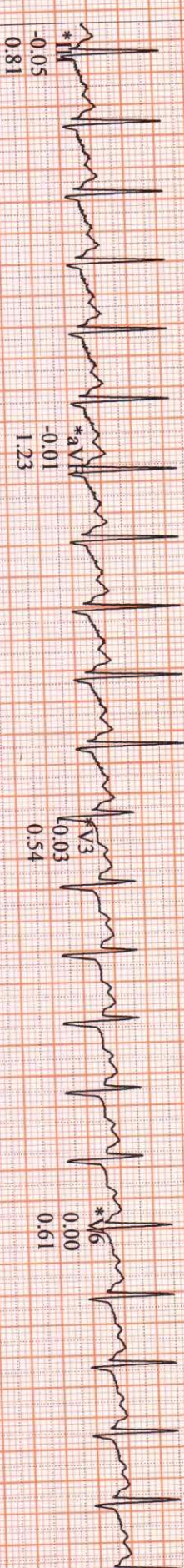
136 bpm
150/80 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
3.4 mph
14.0%

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:07:43am

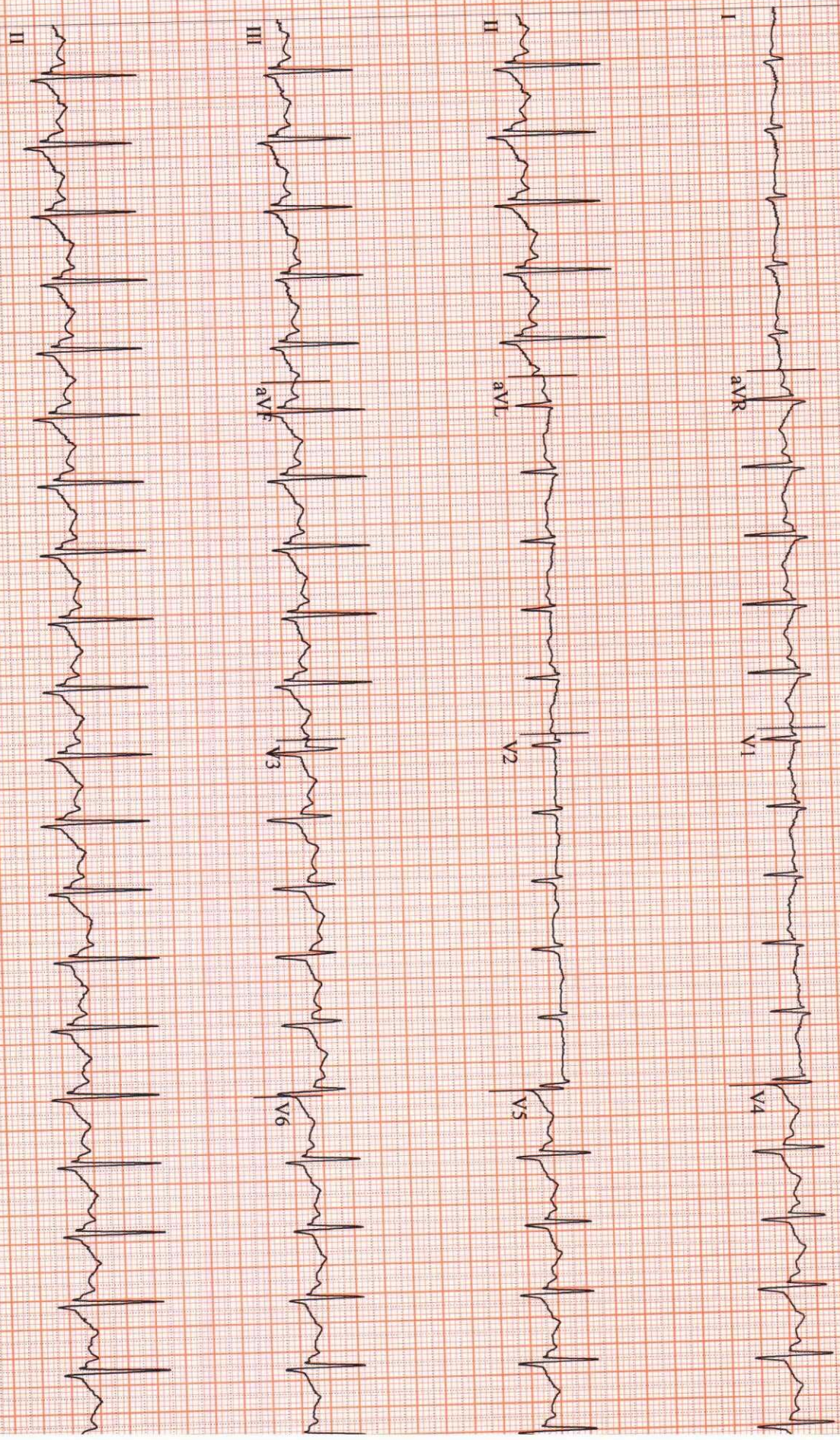
12-Lead Report (PEAK EXERCISE)

AKASH, RAJE
Patient ID 2333100621
27.11.2023
11:18:57am

131 bpm

EXERCISE
STAGE 4
10:29

BRUCE
4.2 mph
16.0 %



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

Start of Test: 11:07:43am

Linked Medians

AKASH, RAJE
Patient ID 2333100621
27.11.2023
11:19:52am

95 bpm

RECOVERY
#1
01:00

BRUCE
0.0 mph
0.0%

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

AKASH, RAJE
Patient ID 2333100621
27.11.2023
11:20:52am

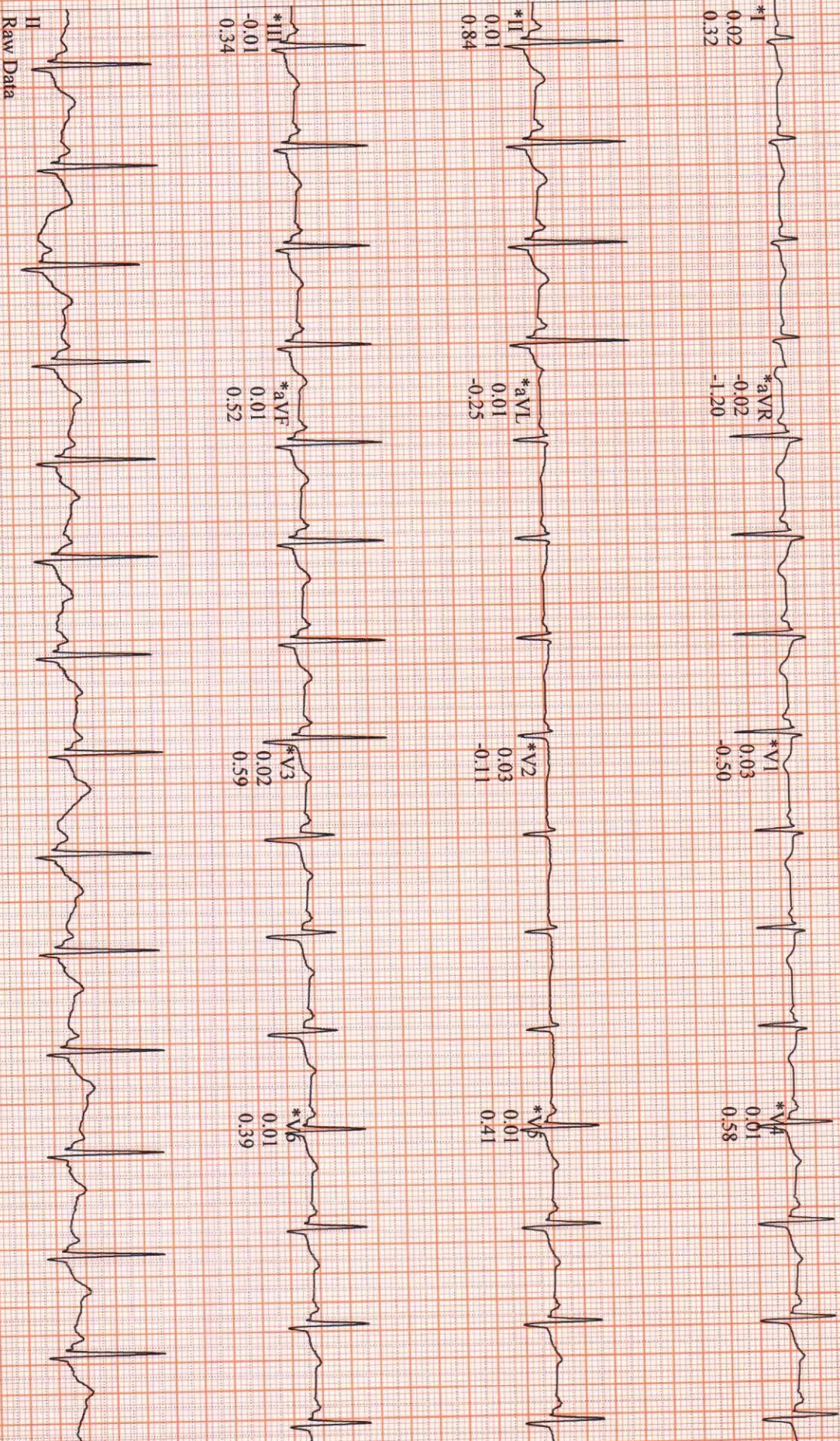
88 bpm

Linked Medians
RECOVERY
#1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II, V6)

Start of Test: 11:07:43am

*Computer Synthesized Rhythms

AKASH, RAJE

Patient ID 2333100621

27.11.2023

11:21:52am

Linked Medians

RECOVERY

#1

03:00

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)

*I
-0.04
0.03

*aVR
0.04
-0.61

*V1
0.01
-0.49

*V4
-0.01
0.30

*II
-0.04
0.33

*aVL
-0.03
-0.53

*V2
0.01
-0.12

*V5
-0.01
0.28

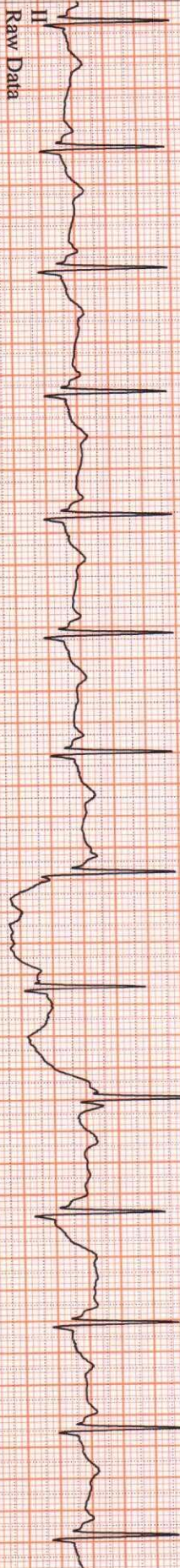
*III
-0.01
0.21

*aVF
-0.04
0.41

*V3
-0.01
0.30

*V6
-0.02
0.35

Raw Data



*Computer Synthesized Rhythms

Start of Test: 11:07:43am

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)



CID : 2333100621
Name : MR.AKASH DEEPAK RAJE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 27-Nov-2023 / 09:22
Reported : 27-Nov-2023 / 11:47

Use a QR Code Scanner
Application To Scan the Code

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>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.87	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.0	40-50 %	Calculated
MCV	92.5	80-100 fl	Measured
MCH	31.0	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	13.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5930	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.2	20-40 %	
Absolute Lymphocytes	1610	1000-3000 /cmm	Calculated
Monocytes	9.5	2-10 %	
Absolute Monocytes	560	200-1000 /cmm	Calculated
Neutrophils	60.1	40-80 %	
Absolute Neutrophils	3550	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	160	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	218000	150000-400000 /cmm	Elect. Impedance
MPV	10.3	6-11 fl	Measured
PDW	19.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



CID : 2333100621
Name : MR.AKASH DEEPAK RAJE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 27-Nov-2023 / 09:22
Reported : 27-Nov-2023 / 11:54

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-15 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



CID : 2333100621
Name : MR.AKASH DEEPAK RAJE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 27-Nov-2023 / 09:22
Reported : 27-Nov-2023 / 12:26

Use a QR Code Scanner
Application To Scan the Code

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	96.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.80	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.55	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	25.4	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	21.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	74.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.97	0.67-1.17 mg/dl	Enzymatic



CID : 2333100621
Name : MR.AKASH DEEPAK RAJE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 27-Nov-2023 / 14:30
Reported : 27-Nov-2023 / 18:12

Use a QR Code Scanner
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eGFR, Serum	105	(ml/min/1.73sqm)	Calculated
		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	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.0	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	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



CID : 2333100621
Name : MR.AKASH DEEPAK RAJE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	88.2	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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*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



CID : 2333100621
Name : MR.AKASH DEEPAK RAJE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	15	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	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	2-3	Less than 20/hpf	
Others	-		

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 inert

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*** End Of Report ***



MC-2111

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2333100621
Name : MR.AKASH DEEPAK RAJE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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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.

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 CPL, Andheri West

*** End Of Report ***



Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



CID : 2333100621
Name : MR.AKASH DEEPAK RAJE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	227.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	140.3	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	45.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	181.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	154.0	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	27.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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*** End Of Report ***



MC-2111



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



CID : 2333100621
Name : MR.AKASH DEEPAK RAJE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.61	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 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)



J. Thakker

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



Use a QR Code Scanner
Application To Scan the Code

CID : 2333100621
Name : MR.AKASH DEEPAK RAJE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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