



CID : 2126843092
Name : MR.ASHISH GUPTA

Age / Gender : 34 Years / Male

Consulting Dr. : -

Reg. Location : Pimple Saudagar, Pune (Main Centre)

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Collected : 25-Sep-2021 / 10:12

Reported : 25-Sep-2021 / 14:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.07	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.3	40-50 %	Calculated
MCV	91	80-100 fl	Calculated
MCH	29.6	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	11.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6300	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.6	20-40 %	
Absolute Lymphocytes	2683.8	1000-3000 /cmm	Calculated
Monocytes	4.5	2-10 %	
Absolute Monocytes	283.5	200-1000 /cmm	Calculated
Neutrophils	47.8	40-80 %	
Absolute Neutrophils	3011.4	2000-7000 /cmm	Calculated
Eosinophils	5.1	1-6 %	
Absolute Eosinophils	321.3	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.

PLATELET PARAMETERS

Platelet Count	245000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	14.0	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	-



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Reported : 25-Sep-2021 / 14:30

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

Specimen: EDTA Whole Blood

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

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



MC-2463



Gourav
Dr.GOURAV AGRAWAL
 DCP, DNB (Path)
 Pathologist

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

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

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CID : 2126843092
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Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Sep-2021 / 10:12
Reported : 25-Sep-2021 / 14:18

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	82.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	86.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	15.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	25.0	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	78.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	21.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.1	6-20 mg/dl	Calculated
CREATININE, Serum	1	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	91	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Enzymatic

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

*** End Of Report ***



MC-2463



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Name : MR.ASHISH GUPTA
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Sep-2021 / 10:12
Reported : 25-Sep-2021 / 16:45

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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	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.

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

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MC-2463



Signature

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Name : MR.ASHISH GUPTA
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

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Reported : 26-Sep-2021 / 15:50

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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>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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*** End Of Report ***



MC-2463



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Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Sep-2021 / 10:12
Reported : 25-Sep-2021 / 16:15

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)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	

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MC-2463



Signature

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Collected : 25-Sep-2021 / 10:12
Reported : 25-Sep-2021 / 16:15

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

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Collected : 25-Sep-2021 / 10:12
Reported : 25-Sep-2021 / 14:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	155.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	156.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	38.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	117.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	86	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	31	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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Name : MR.ASHISH GUPTA
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Sep-2021 / 10:12
Reported : 25-Sep-2021 / 14:42

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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	4.1	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	13.4	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	0.6	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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Collected : 25-Sep-2021 / 10:12
Reported : 25-Sep-2021 / 14:42

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 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: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 ***



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CID	: 2126843092	SID	: 177804224802
Name	: MR.ASHISH GUPTA	Registered	: 25-Sep-2021 / 09:48
Age / Gender	: 34 Years/Male	Collected	: 25-Sep-2021 / 09:48
Ref. Dr	: -	Reported	: 25-Sep-2021 / 10:38
Reg.Location	: Pimple Saudagar, Pune (Main Centre)	Printed	: 26-Sep-2021 / 09:55

X-RAY CHEST PA VIEW

X-RAY CHEST PA VIEW

There is no evidence of any parenchymal lesion in either lung.

Both lung fields are clear.

Cardio-aortic silhouette has a normal appearance.


Diaphragmatic domes have normal contours and positions.

There is no evidence of any pleural effusion.

Bony thorax and soft-tissues are normal.

CONCLUSION:

· **NORMAL CHEST X-RAY.**



**Dr.RUJUTA RAJESH
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M.B.B.S D.M.R.E
RADIOLOGIST**

CID	: 2126843092	SID	: 177804224802
Name	: MR.ASHISH GUPTA	Registered	: 25-Sep-2021 / 09:48
Age / Gender	: 34 Years/Male	Collected	: 25-Sep-2021 / 09:48
Ref. Dr	: -	Reported	: 25-Sep-2021 / 10:49
Reg.Location	: Pimple Saudagar, Pune (Main Centre)	Printed	: 26-Sep-2021 / 09:55

USG WHOLE ABDOMEN

Liver is normal in size, shape and shows raised echogenicity. No focal lesion seen. Intrahepatic biliary radicals and portal vein appear normal. CBD appears normal.

Gall bladder is well distended with normal wall thickness.
Pancreas appears normal in shape and echopattern. No focal lesion seen.
Spleen appears normal in size, shape & echopattern. No focal lesion seen.

Right Kidney -10.5 x 4.7 cm.
Left Kidney -11.0 x 4.8 cm.
Both kidneys appear normal in size, shape, position & echopattern with maintained C-M differentiation. No signs of obstruction or large calculus are seen.
Ureters are not dilated.

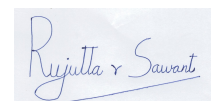
Urinary bladder is well distended & shows normal wall with clear contents.
Prostate is normal in size, shape and echopattern. No focal lesion seen.

No e/o free fluid in abdomen or pelvis.
No abnormal bowel dilatation or wall thickening is seen.

CONCLUSION:

- **FATTY INFILTRATION OF LIVER.**
- **NO OTHER SIGNIFICANT ABNORMALITY IS NOTED.**

v



**Dr.RUJUTA RAJESH
SAWANT
M.B.B.S D.M.R.E
RADIOLOGIST**

Patient Name: ASHISH GUPTA

Date and Time: 25th Sep 21 10:29 AM

Patient ID: 2126843092

Age **34 11 5**
years months days

Gender **Male**

Heart Rate **64 bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

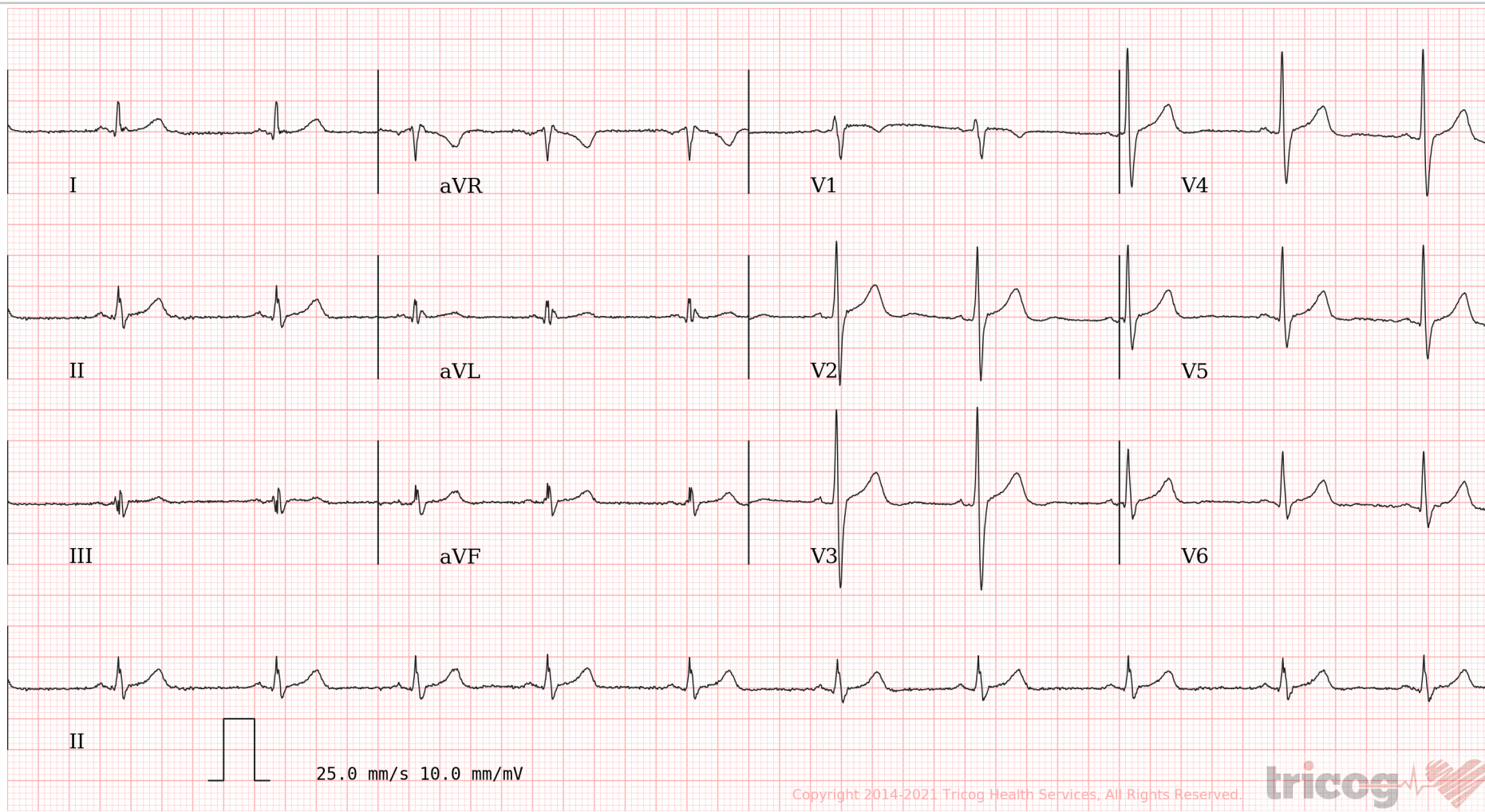
QSRD: 102 ms

QT: 382 ms

QTc: 394 ms

PR: 120 ms

P-R-T: 20° 26° 41°



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

REPORTED BY

Dr. Krutika Ingle
MBBS, D.DM, PG in Diabetology (USA)
2012103018