

PHYSICAL EXAMINATION REPORT

| | | | |
|--------------|----------------|----------|--------|
| Patient Name | Vivek Nalawade | Sex/Age | M/33 |
| Date | 14/3/23 | Location | Thane. |

History and Complaints

Nil

EXAMINATION FINDINGS:

| | | | |
|----------------|--------|-------------|------|
| Height (cms): | 139 | Temp (0c): | 37.2 |
| Weight (kg): | 78 | Skin: | |
| Blood Pressure | 110/80 | Nails: | NAD |
| Pulse | 72/min | Lymph Node: | |

Systems :

| | |
|-----------------|-----|
| Cardiovascular: | NAD |
| Respiratory: | |
| Genitourinary: | |
| GI System: | |
| CNS: | |

Impression:

Chest Xray - ↑ B/L BV Prominence
 USG - Fatty Liver
 2D Echo - LVH
 Cholesterol ↓ HDL

Advice:

- Low Fat, Low sugar Diet
- Reg. Exercise

| | | |
|-----|---|-------------------------|
| 1) | Hypertension: | H/O - BP. (1 week back) |
| 2) | IHD | |
| 3) | Arrhythmia | |
| 4) | Diabetes Mellitus | |
| 5) | Tuberculosis | Nil |
| 6) | Asthama | |
| 7) | Pulmonary Disease | |
| 8) | Thyroid/ Endocrine disorders | |
| 9) | Nervous disorders | |
| 10) | GI system | |
| 11) | Genital urinary disorder | |
| 12) | Rheumatic joint diseases or symptoms | |
| 13) | Blood disease or disorder | Nil |
| 14) | Cancer/lump growth/cyst | |
| 15) | Congenital disease | |
| 16) | Surgeries | Nil |
| 17) | Musculoskeletal System | |

PERSONAL HISTORY:

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



Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Date:- 14/08/23

CID:

Name:- Vivek Nalavade

Sex / Age: M - 34

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 32/60 RUC N6

Aided Vision:

Refraction:

| | (Right Eye) | | | | (Left Eye) | | | |
|----------|-------------|-----|------|----|------------|-----|------|----|
| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
| Distance | | | | | | | | |
| Near | | | | | | | | |

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
 SR. OPTOMETRIST



Use a QR Code Scanner
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CID : 2307305565
Name : MR.NALAWADE VIVEK SITARAM
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Mar-2023 / 09:41
Reported : 14-Mar-2023 / 17:23

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|----------------------|--------------------|
| RBC PARAMETERS | | | |
| Haemoglobin | 15.8 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 5.18 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 46.5 | 40-50 % | Calculated |
| MCV | 89.8 | 81-101 fl | Measured |
| MCH | 30.4 | 27-32 pg | Calculated |
| MCHC | 33.9 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.7 | 11.6-14.0 % | Calculated |
| WBC PARAMETERS | | | |
| WBC Total Count | 7930 | 4000-10000 /cmm | Elect. Impedance |
| WBC DIFFERENTIAL AND ABSOLUTE COUNTS | | | |
| Lymphocytes | 30.0 | 20-40 % | |
| Absolute Lymphocytes | 2370 | 1000-3000 /cmm | Calculated |
| Monocytes | 5.7 | 2-10 % | |
| Absolute Monocytes | 450 | 200-1000 /cmm | Calculated |
| Neutrophils | 58.2 | 40-80 % | |
| Absolute Neutrophils | 4590 | 2000-7000 /cmm | Calculated |
| Eosinophils | 5.8 | 1-6 % | |
| Absolute Eosinophils | 460 | 20-500 /cmm | Calculated |
| Basophils | 0.3 | 0.1-2 % | |
| Absolute Basophils | 20 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| PLATELET PARAMETERS | | | |
| Platelet Count | 274000 | 150000-410000 /cmm | Elect. Impedance |
| MPV | 8.1 | 6-11 fl | Measured |
| PDW | 12.8 | 11-18 % | Calculated |
| RBC MORPHOLOGY | | | |

Authenticity Check



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- Hypochromia -
- Microcytosis -
- 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 7 2-15 mm at 1 hr. Sedimentation

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

AREA OF SPECIAL EXPERTISE

OUR PREFERENCE



Dr. Trupti Shetty

Dr. TRUPTI SHETTY
 M. D. (PATH)
 Pathologist



CID : 2307305565
Name : MR.NALAWADE VIVEK SITARAM
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Mar-2023 / 09:41
Reported : 14-Mar-2023 / 14:04

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--|---------|--|---|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 84.9 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 113.2 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.48 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.23 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.25 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.7 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.4 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.3 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.9 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 22.0 | 5-40 U/L | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum | 31.4 | 5-45 U/L | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum | 17.6 | 3-60 U/L | IFCC |
| ALKALINE PHOSPHATASE, Serum | 82.7 | 40-130 U/L | PNPP |
| BLOOD UREA, Serum | 19.7 | 12.8-42.8 mg/dl | Urease & GLDH |
| BUN, Serum | 9.2 | 6-20 mg/dl | Calculated |

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Collected : 14-Mar-2023 / 11:38
Reported : 14-Mar-2023 / 13:47

| | | | |
|-------------------|------|--------------------|------------|
| CREATININE, Serum | 0.90 | 0.67-1.17 mg/dl | Enzymatic |
| eGFR, Serum | 103 | >60 ml/min/1.73sqm | Calculated |

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

| | | | |
|------------------|-----|---------------|---------|
| URIC ACID, Serum | 6.7 | 3.5-7.2 mg/dl | Uricase |
|------------------|-----|---------------|---------|

| | | |
|-----------------------|--------|--------|
| 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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

CID : 2307305565
Name : MR.NALAWADE VIVEK SITARAM
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



Collected : 14-Mar-2023 / 09:41
Reported : 14-Mar-2023 / 12:16

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|--|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.3 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 105.4 | 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 G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

| | |
|--------------------------|------------------|
| REG NO. :2307305565 | SEX : MALE |
| NAME : MR.VIVEK NALAWADE | AGE :34YRS |
| REF BY : ----- | DATE: 14.03.2023 |

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

| | | |
|-------|----|----|
| LVIDD | 41 | mm |
| LVIDS | 22 | mm |
| LVEF | 60 | % |
| IVS | 11 | mm |
| PW | 7 | mm |
| AO | 16 | mm |
| LA | 25 | mm |

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - atrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MR.VIVEK NALAWADE

COLOR DOPPLER:

- Mitral valve doppler – E-1.1 m/s, A- 0.5 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.1 m/s, PG 5.9 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

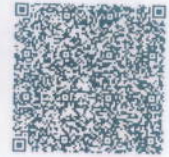
IMPRESSION :

- MILD CONCENTRIC HYPERTROPHY OF LV
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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



DR.YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.



CID : 2307305565
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Age / Sex : 34 Years/Male
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Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 14-Mar-2023
Reported : 14-Mar-2023 / 13:32

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X-RAY CHEST PA VIEW

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 14-Mar-2023
Reported : 14-Mar-2023 / 11:35

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and **shows increased echoreflexivity**. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.1 x 4.5 cm. Left kidney measures 9.0 x 4.1 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 14-Mar-2023
Reported : 14-Mar-2023 / 11:35

IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**

Advice: Clinical co-relation sos further evaluation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Mar-2023 / 09:41
Reported : 14-Mar-2023 / 12:16

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|---|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.3 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 105.4 | 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:

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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 G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Mar-2023 / 09:41
Reported : 14-Mar-2023 / 17:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--------------------------------|--------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | Acidic (6.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.020 | 1.010-1.030 | Chemical Indicator |
| Transparency | Slight hazy | Clear | - |
| Volume (ml) | 40 | - | - |
| 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 | 1-2 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 4-5 | 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 G B Road Lab, Thane West

*** End Of Report ***



J. Mujawar

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M.D (Path)
Pathologist

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Mar-2023 / 09:41
Reported : 14-Mar-2023 / 12:48

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 Semi- automated column agglutination technology (CAT)

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 G B Road Lab, Thane West
*** End Of Report ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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R
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R
T

CID : 2307305565
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Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Mar-2023 / 09:41
Reported : 14-Mar-2023 / 14:08

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 167.0 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 96.4 | 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 | 34.0 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 133.0 | Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 114.0 | 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 | 19.0 | < / = 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.9 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 3.4 | 0-3.5 Ratio | Calculated |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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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 | 14.8 | 11.5-22.7 pmol/L | ECLIA |
| sensitiveTSH, Serum | 3.26 | 0.35-5.5 microu/ml | ECLIA |



AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



CID : 2307305565
Name : MR.NALAWADE VIVEK SITARAM
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Mar-2023 / 09:41
Reported : 14-Mar-2023 / 15:22

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 upto 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:

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)

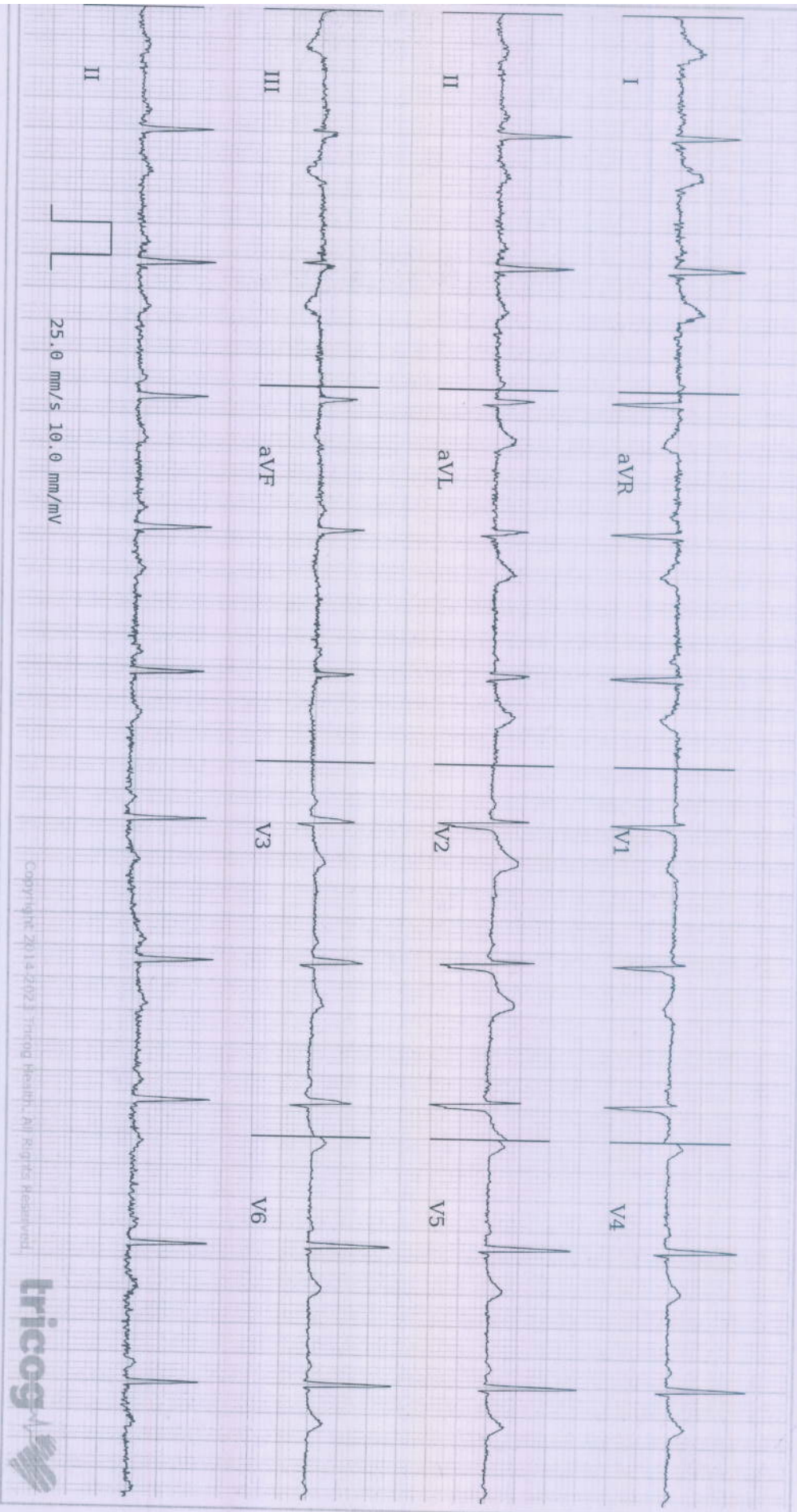
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Patient Name: **NALAWADE VIVEK SITARAM** Date and Time: **14th Mar 23 10:43 AM**
 Patient ID: **2307305565**



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Age **34** years **4** months **26** days

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP: 110/80 mmHg
 Weight: 75 kg
 Height: 159 cm
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others:

Measurements

QRSD: 68ms
 QT: 378ms
 QTc: 401ms
 PR: 138ms
 P-R-T: 58° 33° -14°

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

REPORTED BY

DR SHAILAJA PILLAI
 MBBS, MD Physician
 MD Physician
 49972

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.