



CID : 2201113166
Name : Mr SHASHANK PANDEY
Age / Sex : 27 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 11-Jan-2022 / 09:51
Reported : 11-Jan-2022 / 13:07

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

KIDNEYS: Right kidney measures 12.0 x 4.2 cm. There are at least 2-3 non obstructive calculi noted, of average size 4-5 mm.

Left kidney measures 10.6 x 5.7 cm.

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter.

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 obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



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Opinion:

Right renal non obstructive calculi.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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



Dr. VIKRANT S. PATIL
M. D. Radio Diagnosis
Reg No 2014052421



CID : 2201113166
Name : Mr SHASHANK PANDEY
Age / Sex : 27 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 11-Jan-2022 / 09:34
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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.

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



Dr. VIKRANT S. PATIL
M. D. Radio Diagnosis
Reg No 2014052421



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Name : MR.SHASHANK PANDEY
Age / Gender : 27 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 11-Jan-2022 / 09:22
Reported : 11-Jan-2022 / 10:36

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD SUGAR REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	97.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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



MC-2111

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Consultant Pathologist & Lab
Director

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
ERYTHROCYTE SEDIMENTATION RATE (ESR)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB-ESR	3	2-15 mm at 1 hr.	Westergren

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*** End Of Report ***



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Anupa

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.82	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 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)

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



Anupa Dixit

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.35	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.7	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.3	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6060	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.0	20-40 %	
Absolute Lymphocytes	1696.8	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	496.9	200-1000 /cmm	Calculated
Neutrophils	58.9	40-80 %	
Absolute Neutrophils	3569.3	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	260.6	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	36.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	271000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	17.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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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 3 2-15 mm at 1 hr. Westergren

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



MC-2111

Bmhasakar

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Pathologist

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PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	97.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.74	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.44	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	30.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	51.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	112.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.83	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	118	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.0	3.5-7.2 mg/dl	Enzymatic

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	147.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	111.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	39.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	108.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	86.0	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	22.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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Pathologist

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THYROID FUNCTION TESTS

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Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.82	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 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 ***



Anupa

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CID : 2201113166 SID : 177400956197
Name : MR.SHASHANK PANDEY Registered : 11-Jan-2022 / 09:18
Age / Gender : 27 Years/Male Collected : 11-Jan-2022 / 09:18

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	175cms	Weight (kg):	71.3kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80 mm of hg	Nails:	Normal
Pulse:	70/min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & Spleen not palpable
CNS: NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

- | | |
|--|----|
| 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 |

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- 15) **Congenital disease** NO
16) **Surgeries** Appendectomy in childhood
17) **Musculoskeletal System** NO

PERSONAL HISTORY:

- 1) **Alcohol** NO
2) **Smoking** NO
3) **Diet** Veg
4) **Medication** NO

*** End Of Report ***



Dr.NITIN SONAVANE
PHYSICIAN