

Date:- 24/09/22

CID: 2226723523

Name:- Santosh Surwase

Sex / Age: 38

EYE CHECK UP

Chief complaints:

NIL

Systemic Diseases:

Past history:

Unaided Vision:

NIL

Aided Vision:

RT
6/6
N/6

LT
6/6
N/6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

(Handwritten mark)

Suburban Diagnostics (I) Pvt. Ltd.
301B 302, 3rd Floor, Vni Elanance,
Above Taniaq, Market, L. T. Road,
Borivali (West), Mumbai - 400 082.



भारत सरकार
Government of India



Download Date: 24/11/2020



संतोष विठ्ठलराव सुरवसे
Santosh Vitthalrao Surwase
जन्म तारीख/DOB: 04/07/1992
पुरुष/ MALE

8

Issue Date: 19/11/2020

4392 8722 3237

VID : 9190 6648 5410 6402

माझे आधार, माझी ओळख

DR. NITIN SONAVANE
M.B.B.S AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

Suburban Diagnostics (P) Pvt. Ltd.
301B-302, 3rd Floor, Vini Elevation,
Above Tanisa Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

CID# : 2226723523
Name : MR.SANTOSH SURWASE
Age / Gender : 30 Years/Male
Consulting Dr. : -
Reg Location : Borivali West (Main Centre)

Collected : 24-Sep-2022 / 09:35
Reported : 24-Sep-2022 / 17:17

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80
Pulse: 68 / min

Weight (kg):
Skin: NAD
Nails: NAD
Lymph Node: Not Palpable

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest-Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION:

Normal

ADVICE:

HL 6 Regula entuk

CHIEF COMPLAINTS:

- 1) **Hypertension:** No
- 2) **IHD** No
- 3) **Arrhythmia** No
- 4) **Diabetes Mellitus** No

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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- | | |
|--|----|
| 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 | Mixed |
| 4) Medication | No |

*** End Of Report ***

DR. NITIN SONAVANE
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CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

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Dr.NITIN SONAVANE
PHYSICIAN

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Suburban Diagnostics Pvt. Ltd.

Patient Details **Date:** 24-Sep-22 **Time:** 10:03:28
Name: SANTOSH SURWASE ID: 2226723523
Age: 30 y **Sex:** M **Height:** -- cms **Weight:** -- Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 190 bpm **THR:** 161 (85 % of Pr.MHR) bpm
Total Exec. Time: 4 m 53 s **Max. HR:** 176 (93% of Pr.MHR) bpm **Max. Mets:** 10.20
Max. BP: 160 / 80 mmHg **Max. BP x HR:** 28160 mmHg/min **Min. BP x HR:** 6720 mmHg/min
Test Termination Criteria: TEST COMPLET

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 29	1.0	0	0	84	120 / 80	-1.27 III	2.12 V2
Standing	0 : 4	1.0	0	0	88	120 / 80	-1.06 III	2.12 V2
Hyperventilation	0 : 2	1.0	0	0	92	120 / 80	-1.06 aVR	2.48 V2
1	0 : 18	4.6	1.7	10	126	120 / 80	-1.49 II	-2.48 III
2	3 : 0	7.0	2.5	12	153	140 / 80	-2.55 III	5.66 V2
Peak Ex.	1 : 35	10.2	3.4	14	176	160 / 80	-3.18 III	5.66 V2
Recovery(1)	1 : 0	1.8	1	0	152	160 / 80	-2.76 III	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	117	140 / 80	-2.76 aVR	5.66 I
Recovery(3)	0 : 6	1.0	0	0	113	120 / 80	-2.34 aVR	5.31 V2

Interpretation

The patient exercised according to the Bruce protocol for 4 m 53 s achieving a work level of **Max METS | 10.20**. Resting heart rate initially 84 bpm, rose to a max. heart rate of 176 (93% of Pr MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg, GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NO ANGINA/ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

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

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Ref Doctor: -----

(Summary Report edited by user)

DR. NITIN SONAVANE
 M.B.B.S AFLH, D.DIAB, D.CARD.
 CONSULTANT-CARDIOLOGIST
 REGD. NO. : 87714

Doctor: DR NITIN SONAVANE

(c) Schiller Healthcare India Pvt. Ltd. V 4 7



SANTOSH SURWASE (30 M)

Suburban Diagnostics Pvt Ltd.

ID: 2126723623

Date: 24-Sep-22

Exec Time: 0 m 0 s

Stage Time: 0 m 29 s **HR: 84 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

fHR: 161 bpm

R.P.: 120 / 80

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

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

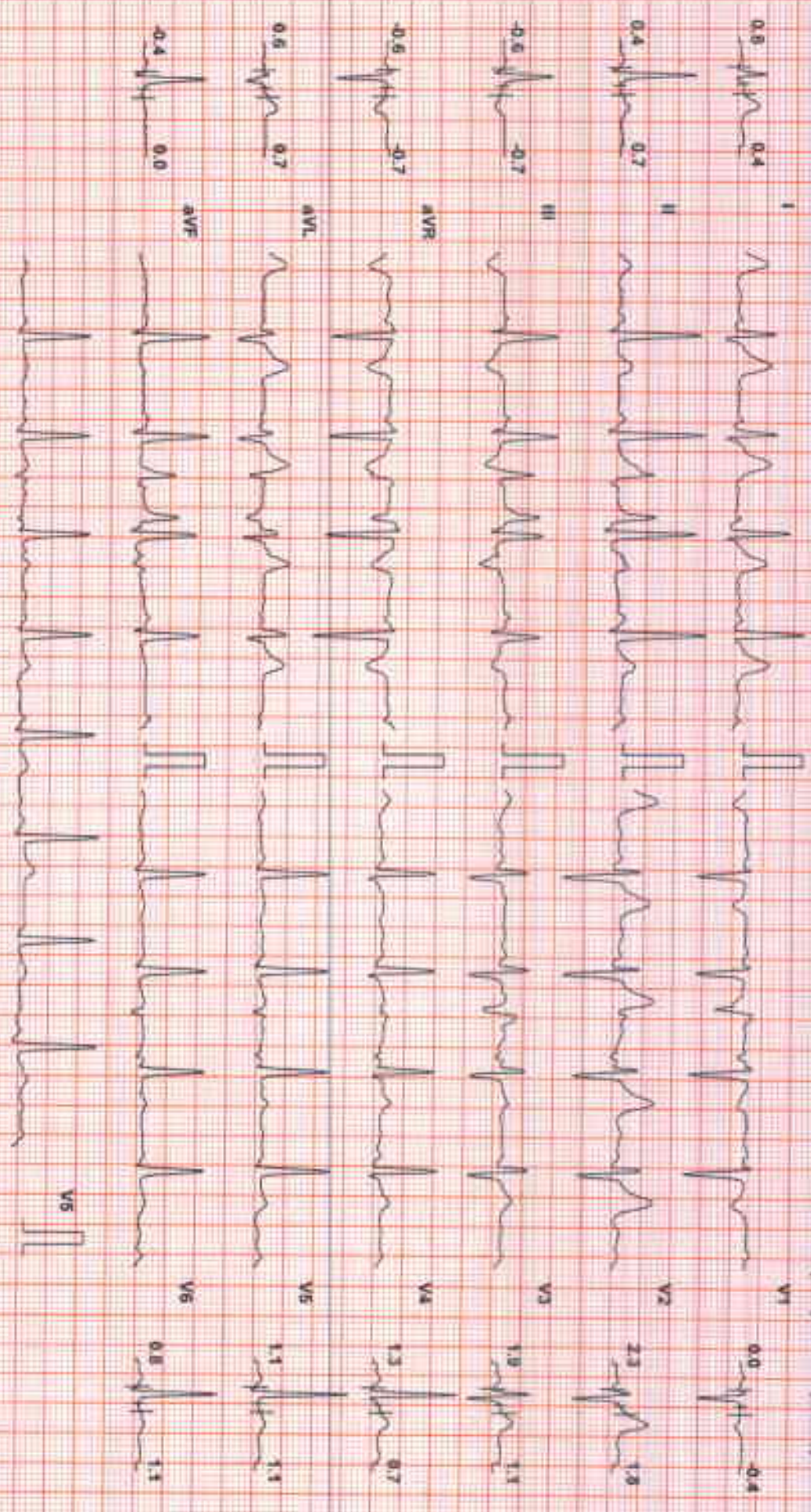


Chart Speed: 25 mm/sec Filter: 35 Hz Mains: Filtr ON Amp: 10 mm 10 s R - 50 mm J - R - 50 mm P - J - 50 mm

Scale: Standard V x 1



SANTOSH SURWASE (30 M)

Protocol: Bruce

ID: Z226723523

Date: 24-Sep-22

Exec Time: 0 m 0 s

Stage Time: 0 m 4 s

HR: 88 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P.: 120/80

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

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

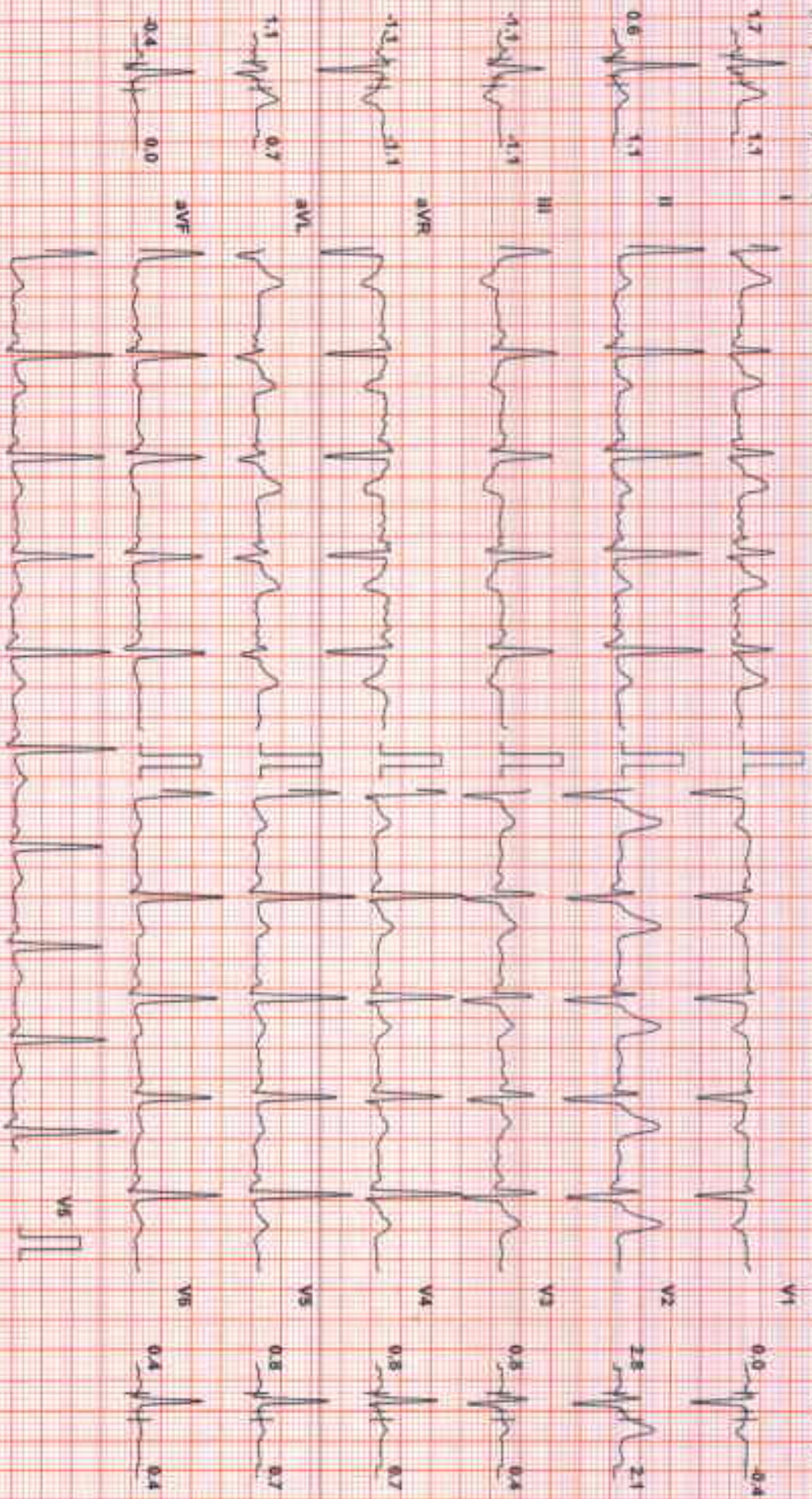


Chart Speed: 25 mm/sec
Santosh Surwase v 4.1

Filter: 35 Hz

Main: Fill: ON

Ampl: 10 mm

Int: R - 60 ms

J + R - 60 ms

Feed: J + 100 ms



SANTOSH SURWASE (30 M)

Suburban Diagnostics Pvt. Ltd.

ID: 2226723523

Date: 24-Sep-22

Exec Time : 0 m 0 s

Stage Time 0 m 2 s

HR: 92 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 120 / 80

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

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

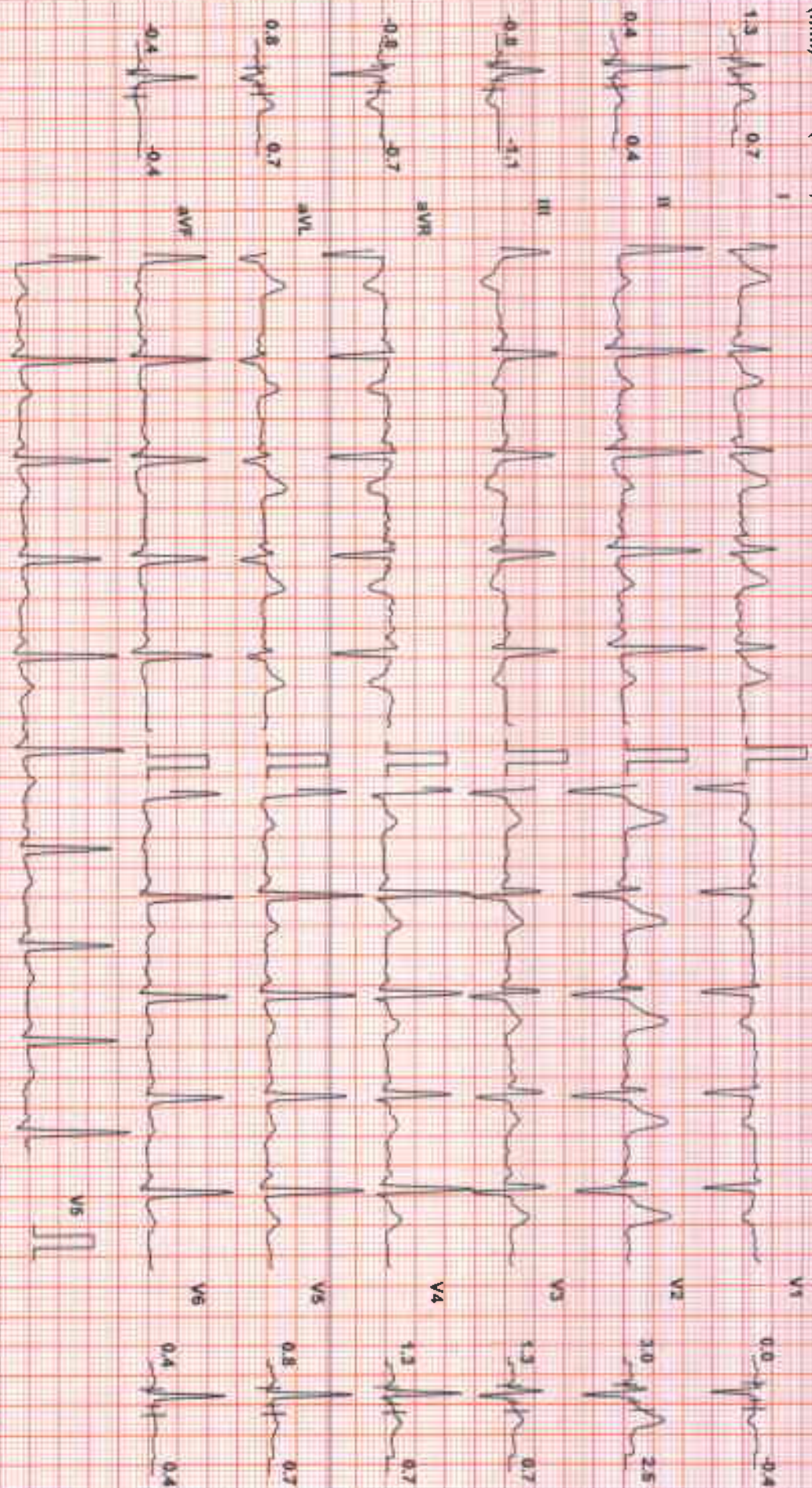


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filter ON

Amp: 10 mm

ISO = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms



SANTOSH SURWASE (30 M)

ID: 2226723523

Date: 24-Sep-22

Exec Time : 0 m 18 s

Stage Time : 0 m 18 s

HR: 126 bpm

Protocol: Bruce

Stage: 1

Speed 1.7 mph

Grade 10 %

(THR: 161 bpm)

B.P 120 / 80

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

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

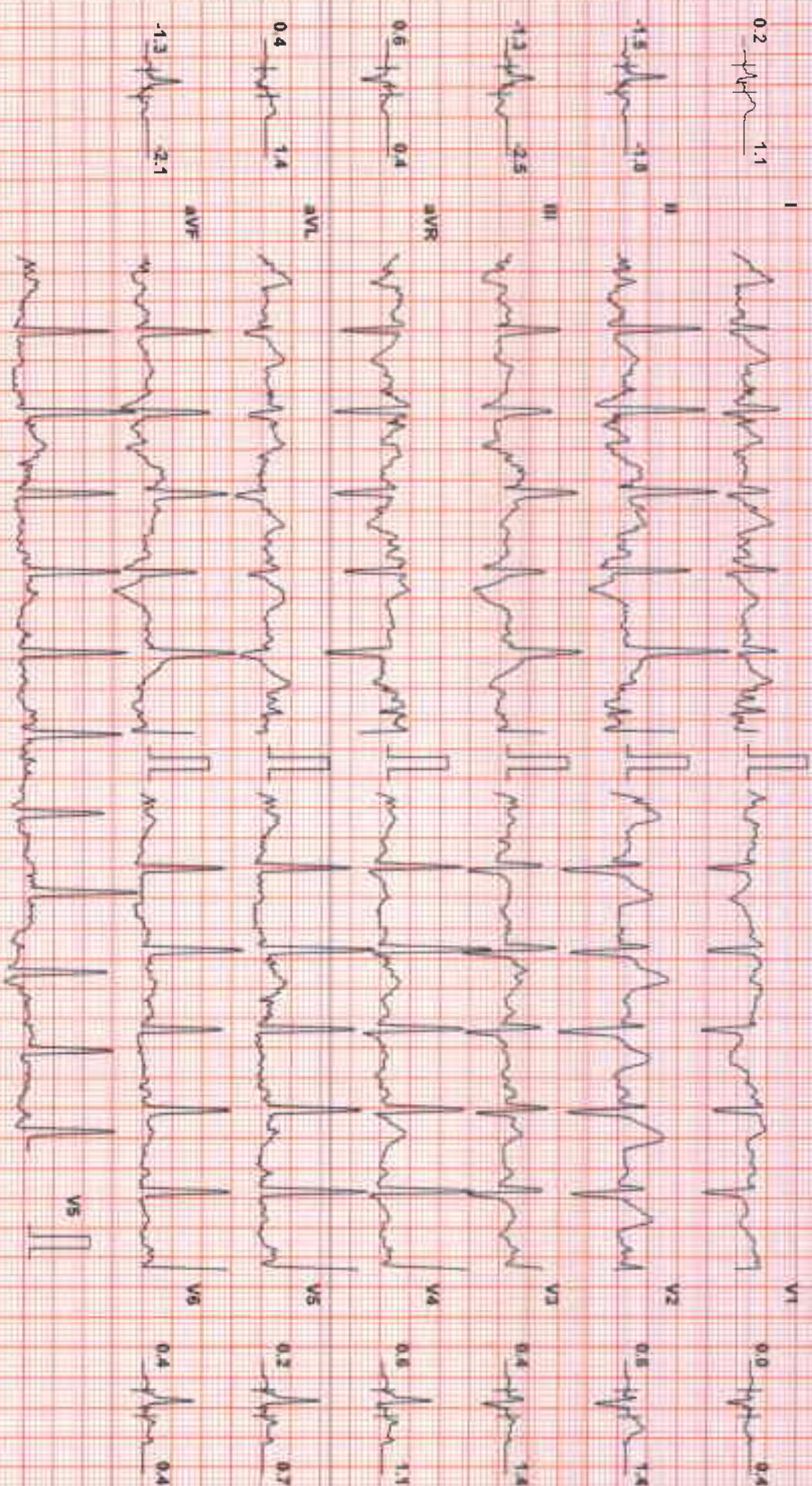


Chart Speed 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Past J = J + 60 ms

Schiller Standard V 4.7

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

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

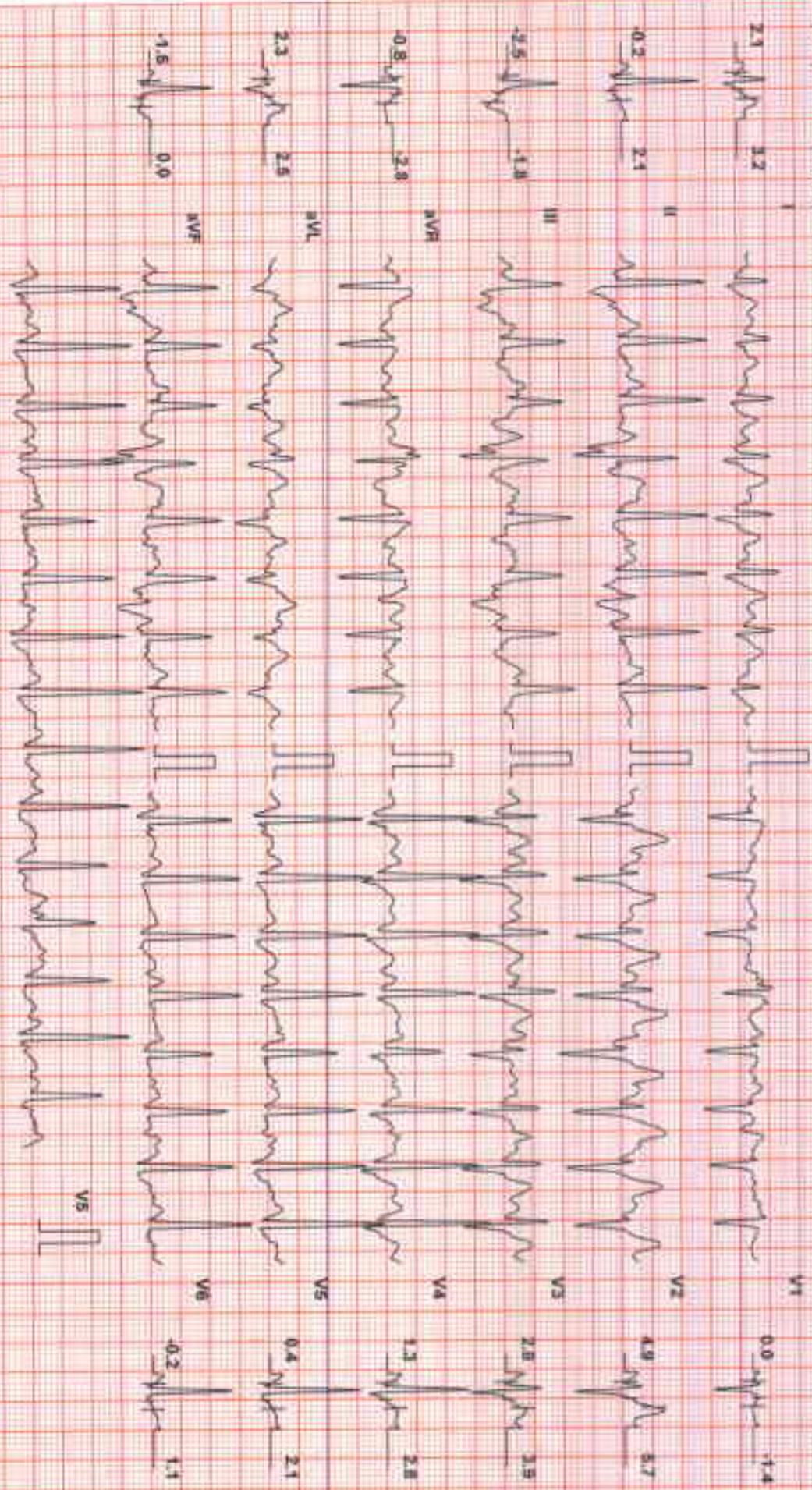


Chart Speed: 25 mm/sec
Scale: Standard V & T

Filter: 35 Hz

Main: Fill ON

Ampl: 10 mm

Ve = R - 60 ms

Ve R = 60 ms

Avr T = 2 = 60 ms



SANTOSH SURWASE (30 M)

Suburban Diagnostics Pvt. Ltd.

ID: 2226723523

Date: 24-Sep-22

Exam Time: 4 m 53 s

Stage Time: 1 m 35 s

HR: 176 bpm

BP: 160/90

Preload: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(HR: 161 bpm)

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

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



Chart Speed: 25 mm/sec Filter: 35 Hz Main Filter: ON Amp: 10 mm Paper: 100 mm J - R = 0.0 ms Pwd J = J + 50 ms



SANTOSH SURWASE (30 M)

Suburban Diagnostics Pvt. Ltd.

ID: 2128721523

Date: 24-Sep-22

Exec Time: 4 m 53 s

Stage Time: 1 m 0 s

HR: 152 bpm

Protocol: Exercise

Stage: Recovery(1)

Speed: 0 mph

Grade: 0%

(1)HR: 161 (bpm)

BP: 160 / 80

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

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

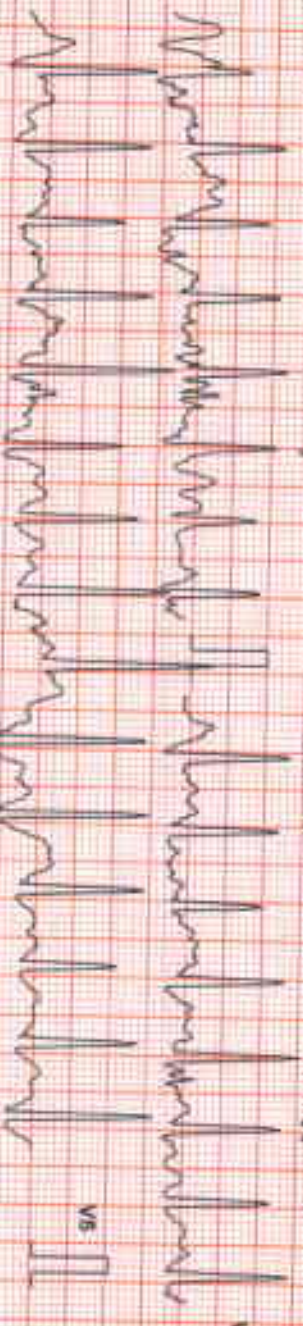


Chart Speed: 25 mm/sec
SNW Spool V.1

Filter: 35 Hz

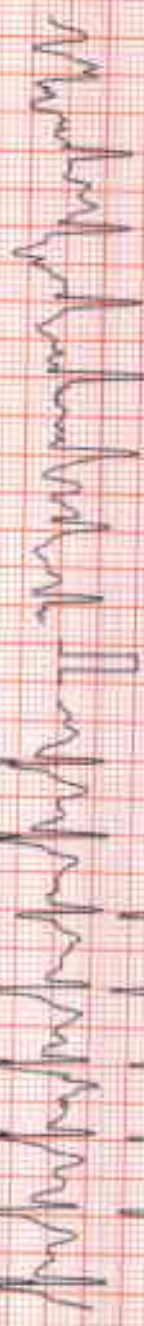
Main: Filtr. ON

Amp: 10 mm

PR - R - 60ms

QT - R - 40ms

Pd - R - 60ms





Suburban Diagnostics Pvt. Ltd.

SANTOSH SURWASE (30 M)

ID: 2226723523

Date: 24-Sep-22

Exec Time: 4 m 53 s Stage Time: 1 m 0 s

HR: 117 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P: 140 / 80

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

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

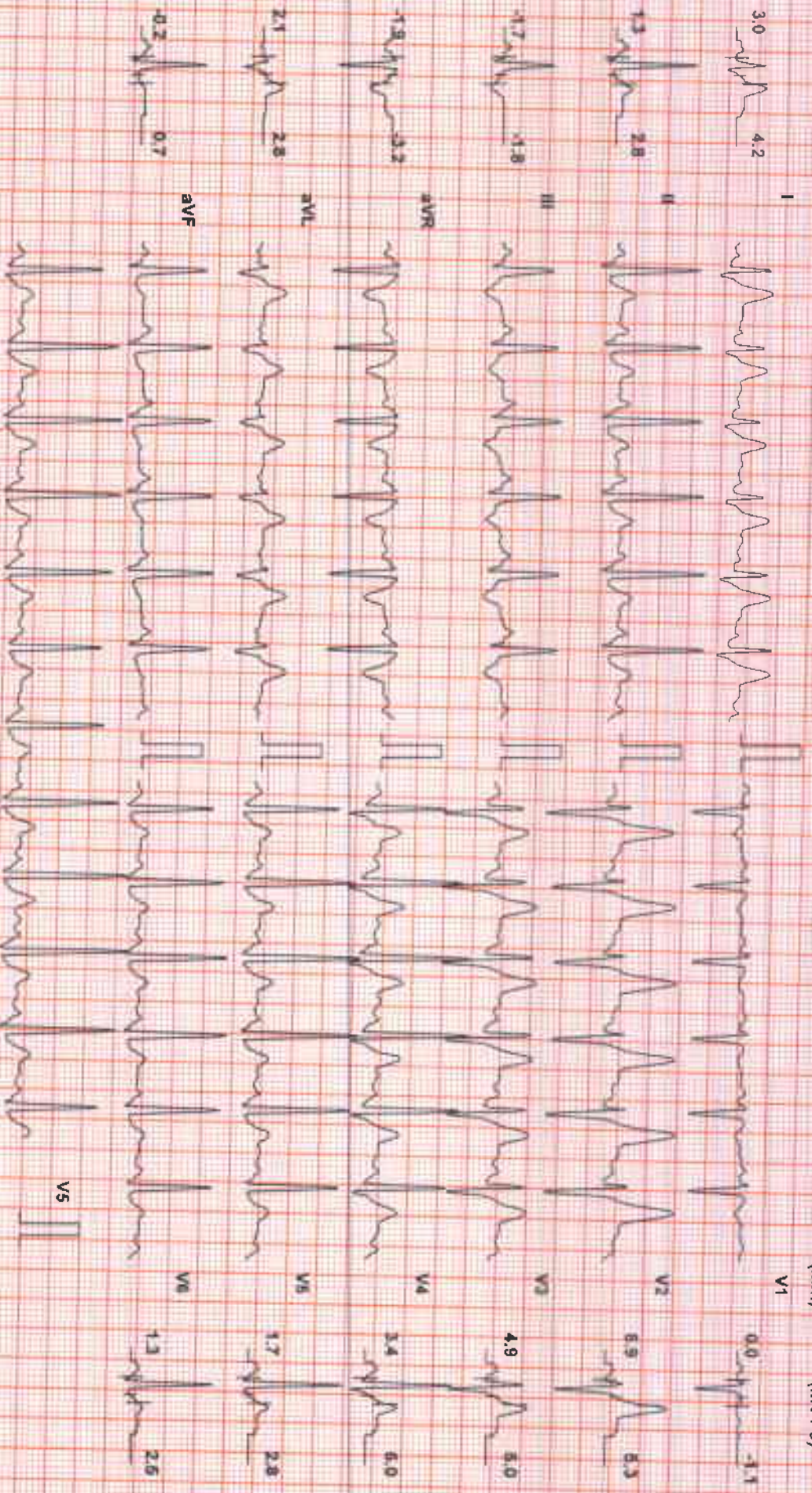


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Ampl: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

SANTOSH SURWASE (30 M)

Suburban Diagnostics Pvt. Ltd.

ID: 222623523

Date: 24 Sep-22

Exec Time: 4 m 53 s

Stage Time: 0 m 4 s

HR: 113 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

R.P: 120/80

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

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

3.5 5.0

0.0 -0.7

1.5 3.5

6.9 8.3

-1.9 -2.1

4.2 5.3

2.3 4.3

3.2 4.6

2.8 3.2

1.5 2.0

-0.5 1.1

1.4 2.5

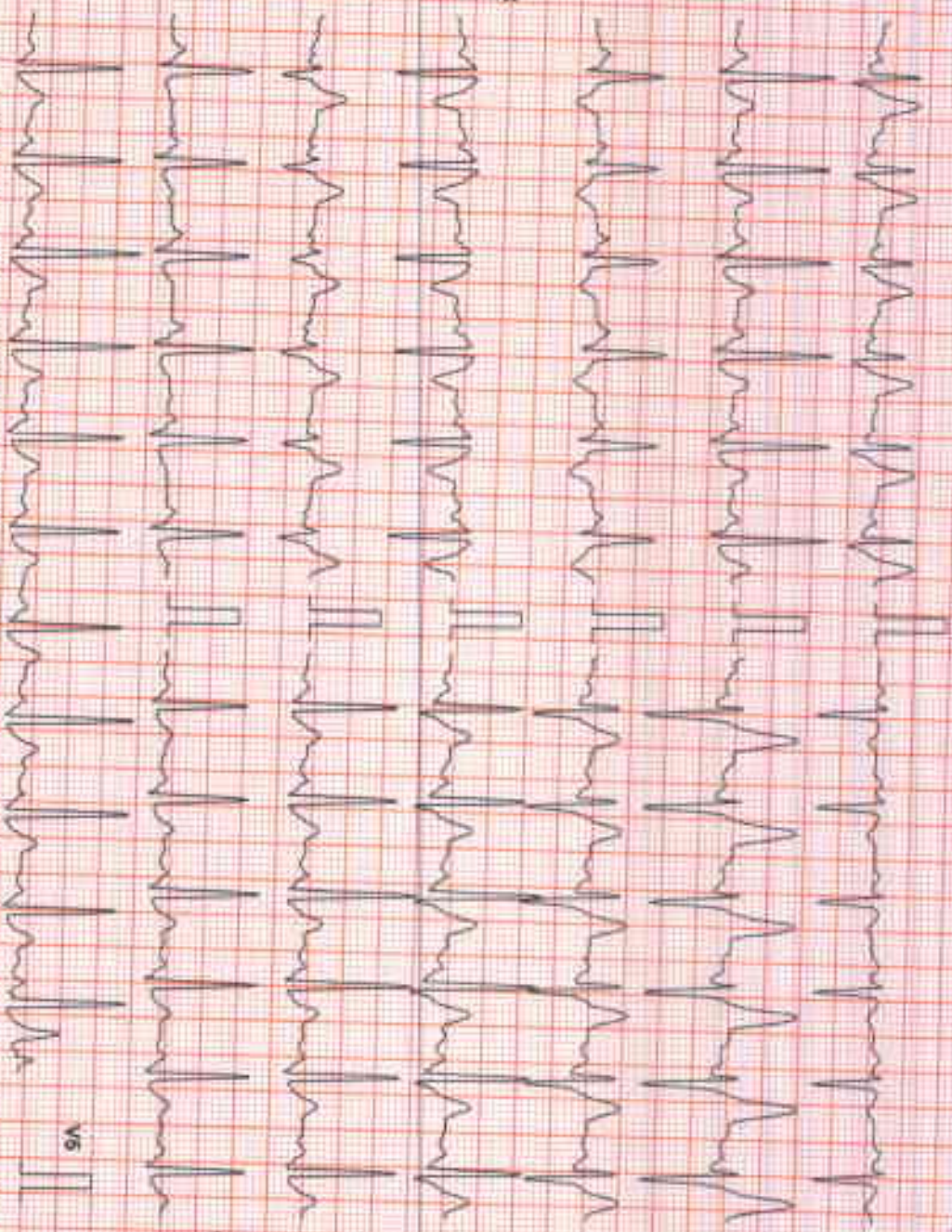


Chart Speed: 25 mm/sec
Scale: Standard V4-V6

Filter: 35 Hz

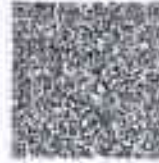
Manne fill: ON

Ampl: 10 mm

Imp: R - 60 mm

J - R + 80 mm

Lead J - J + 100 mm



CID : 2226723523
Name : Mr SANTOSH SURWASE
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 24-Sep-2022
Reported : 24-Sept-2022 / 14:15

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-----

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



CID : 2226723523
Name : Mr SANTOSH SURWASE
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 24-Sep-2022
Reported : 24-Sept-2022 / 10:47

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 10.8 x 3.7 cm. Left kidney measures 11.8 x 4.8 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. Prostate measures 2.8 x 2.4 x 3.7 cm and prostatic weight is 14 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



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Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 24-Sep-2022
Reported : 24-Sept-2022 / 10:47

Opinion:

- No significant abnormality is detected.

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-----

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



CID : 2226723523
Name : MR.SANTOSH SURWASE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 24-Sep-2022 / 09:41
Reported : 24-Sep-2022 / 11:40

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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	15.7	13.0-17.0 g/dL	Spectrophotometric
RBC	6.01	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.5	40-50 %	Measured
MCV	79	80-100 fl	Calculated
MCH	26.1	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5860	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.1	20-40 %	
Absolute Lymphocytes	1881.1	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	451.2	200-1000 /cmm	Calculated
Neutrophils	58.0	40-80 %	
Absolute Neutrophils	3398.8	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	117.2	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	11.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	215000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	13.2	11-18 %	Calculated



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Reported : 24-Sep-2022 / 10:30

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB 3 2-15 mm at 1 hr. Westergren

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



Bmhaskar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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CID : 2226723523
Name : MR.SANTOSH SURWASE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 24-Sep-2022 / 09:41
Reported : 24-Sep-2022 / 12:18

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T

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	98.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	94.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.47	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	25.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	51.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	32.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	113.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.67-1.17 mg/dl	Enzymatic



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Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 24-Sep-2022 / 13:29
Reported : 24-Sep-2022 / 21:37

eGFR, Serum	112	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.6	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 Borivali Lab, Borivali West
*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director



CID : 2226723523
Name : MR.SANTOSH SURWASE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 24-Sep-2022 / 09:41
Reported : 24-Sep-2022 / 17:56

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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 SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

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M.D.(PATH)
Consultant Pathologist & Lab
Director



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Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 24-Sep-2022 / 09:41
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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	2-3	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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



Bmhaskar

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Collected : 24-Sep-2022 / 09:41
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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

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Reported : 24-Sep-2022 / 12:22

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	193.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	166.8	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	28.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	165.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	132.0	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	33.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.29	0.35-5.5 microIU/ml	ECLIA



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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 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:

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)

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