

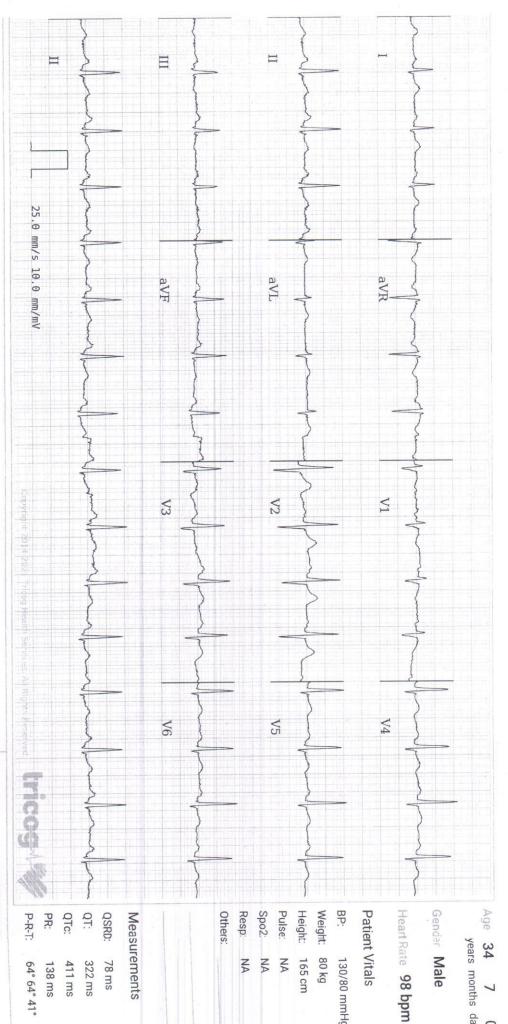
SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: SAURABH SRIVASTAVA Patient ID: 2129643960

Date and Time: 23rd Oct 21 12:11 PM

34

years months days



165 cm 80 kg

130/80 mmHg

NA

NA

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

SUBBRIBAN DIAGNOSTICS (INDIA) PVT. LTD. Thakur Village, Kandiyali (east), Row House No. 3, Mangan,

Mumbai - 409101. Tel: 61700000

REPORTED BY

78 ms

411 ms 322 ms

138 ms

64° 64° 41°

DR AKHIL PARULEKAR Cardiologist



<<ORCode>>

Reg. Date :23-Oct-2021 / 11:16

E

0

CID

: 2129643960

Name

:SAURABH SRIVASTAVA

Age / Sex

Reg.Location

:34 YRS /M

Ref. Dr

:Kandivali East Main Centre

Printed

Report Date :24-Oct-2021 / 11:26

:24-Oct-2021 / 11:26

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.7 cm), shape and smooth margins. It shows bright 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 head and partial body is visualised and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures 10.1 x 4.9 cm. Left kidney measures 10.6 x 5.2 cm.

SPLEEN:

The spleen is normal in size (11.5 cm) 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:

Page 1 of 2

The prostate is normal in size and volume is 16 cc.

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Reg. Date :23-Oct-2021 / 11:16

E

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Ref. Dr

:Kandivali East Main Centre

Printed

Report Date :24-Oct-2021 / 11:26

:24-Oct-2021 / 11:26

IMPRESSION:

Grade I/II fatty infiltration of liver.

Suggestion: Clinicopathological correlation.

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

----End of Report----

Dr. Vivek Singh MD Radiodiagnosis

Reg No: 2013/03/0388



CID

: 2129643960

Name

:Mr SAURABH SRIVASTAVA

Age / Sex

:34 Years/Male

Ref. Dr

Reg.Location

:Kandivali East Main Centre

Reg. Date

:23-Oct-2021 / 10:40

Report Date :23-Oct-2021 / 14:29

Printed

:23-Oct-2021 / 14:29

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.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly.

----End of Report----

DR. SHRIKANT M. BODKE D.M.R.E., M.B.B.S.

Reg. No. 2006/04/2376



E P O R T

ENT Examination

Name: Samalsh Shrivastava 34/m

History

- NIZ

Examination

Right

Left

External Ear

MAD

- MAT

Middle Ears

MAD

MAD

(Tympanic, membrane, Eustachan Tube, mastoid)

Rinnes, Webers

Nose and paranasal Sinuses-(airwy, septum, polyp)



Thorat

Speech

Audiometry (when done)

SUBVETAN DIAGNOSTICS (INDIA) PVT. LTD.

Tranker V. age, Kandivast coast),

Mambai - 409101. Tel : 61700000



CID#

: 2129643960

SID#

: 177803136164

Name

: MR.SAURABH SRIVASTAVA

Registered

: 23-Oct-2021 / 09:52

Age / Gender : 34 Years/Male

Collected

: 23-Oct-2021 / 09:52

Ref. Dr

Reported

: 24-Oct-2021 / 08:21

Reg.Location : Kandivali East (Main Centre)

Printed

: 24-Oct-2021 / 13:19

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):

165 cms

Weight (kg):

80 kgs

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 130/80

Nails:

Normal

Pulse:

72/min

Lymph Node:

Not Palpable

Systems

Cardiovascular: Normal

Respiratory:

Normal

Genitourinary:

Normal

GI System:

Normal

CNS:

Normal

IMPRESSION:

ush - fatty hver

ADVICE:

& fath diel

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CID# : 2129643960 SID# : 177803136164

Name : MR.SAURABH SRIVASTAVA Registered : 23-Oct-2021 / 09:52

Age / Gender : 34 Years/Male Collected : 23-Oct-2021 / 09:52

Ref. Dr : - Reported : 24-Oct-2021 / 08:21

Reg.Location : Kandivali East (Main Centre) Printed : 24-Oct-2021 / 13:19

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
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
4)	Medication	No

*** End Of Report ***

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

SUBURBAN D'AGNOSTICS (INDW) PVT. LTD.

Program No. 3, Aang
Thakur Village, Kandivali (225t),
Mumbai - 400101.
Tel: 61700000

Julas.

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

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

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details

Date: 23-Oct-21

Time: 12:53:54 PM

Name: SAURABH SRIVASTAVA ID: 2129643960 Age: 34 y

Sex: M

5 m 15 s

Height: 165 cms

Weight: 80 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR:

186 bpm

THR: 167 (90 % of Pr.MHR) bpm

Total Exec. Time:

Max. BP x HR: 26720 mmHg/min

Max. HR: 167 (90% of Pr.MHR)bpm

Max. Mets: 10.20 Min. BP x HR:

7360 mmHg/min

Max. BP: 160 / 80 mmHg Test Termination Criteria:

Target HR attained

Protocol Details

Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate (bpm)	(mm/Hg)	Level (mm)	Slope (mV/s)
Supine	0:26	1.0	0	0	92	130 / 80	-0.85 aVR	-1.42 V1
Standing	0:28	1.0	0	0	101	130 / 80	-5.31 aVL	-5.66 aVL
Hyperventilation	0:9	1.0	0	0	98	130 / 80	-0.42 aVR	1.06 II
1	3:0	4.6	1.7	10	134	130 / 80	-2.97 aVR	5.31 II
2	2:0	7.0	2.5	12	156	150 / 80	-3.61 V1	4.60 11
Peak Ex	0:15	10.2	3.4	14	167	150 / 80	-3.18 V5	4.25
Recovery(1)	1:0	1.8	1	0	136	160 / 80	-3.18 V5	3.18 V5
Recovery(2)	0:10	1.0	0	0	131	160 / 80	-1.27 aVR	2.48 V2
Recovery(3)	0:10	1.0	0	0	131	160 / 80	-1.06 III	2.48 V2

Interpretation

The patient exercised according to the Bruce protocol for 5 m 15 s achieving a work level of Max. METS: 10.20. Resting heart rate initially 92 bpm, rose to a max. heart rate of 167 (90% of Pr.MHR) bom. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.

Good Effort Tolerance. Normal chronotropic and ionotropic response.

No significant STT changes as compared to Baseline.

No Chest pain/ Arrhythmias noted during the test.

Stress Test is Negative for Stress Induced Ischemia...

Dr. Akhil P. Parulekar. MBBS. MD. Medicing

DNB Cardiplog Disclaimer: Negative stress test does not rule out Coronary Artery Diseases Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease No. 2012/0824_3 Hence clinical correlation is mandatory.

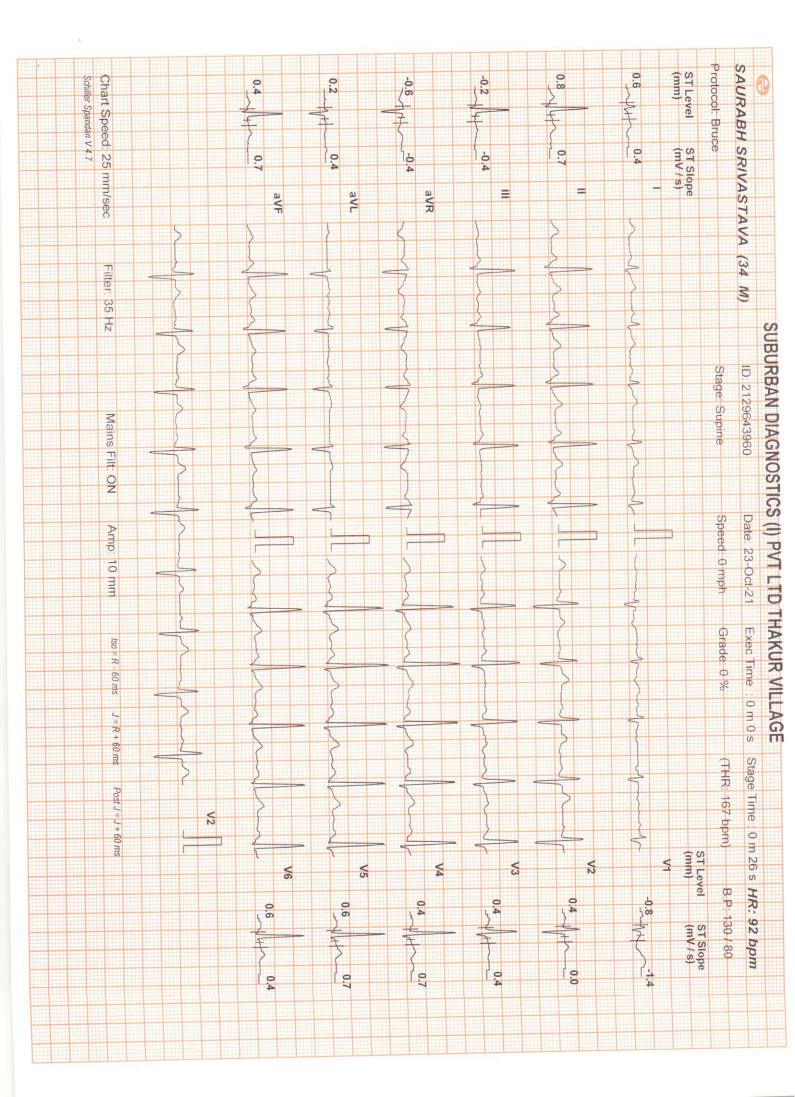
Ref. Doctor: ARCOFEMI

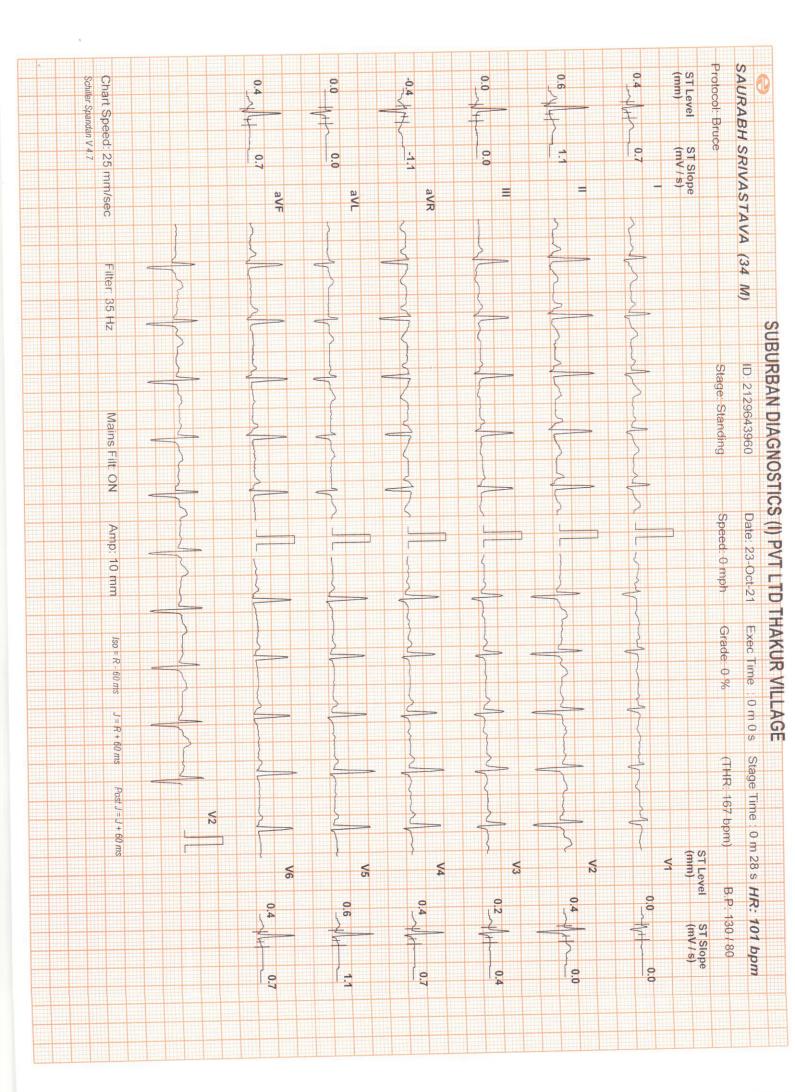
Summary Report edited by user)

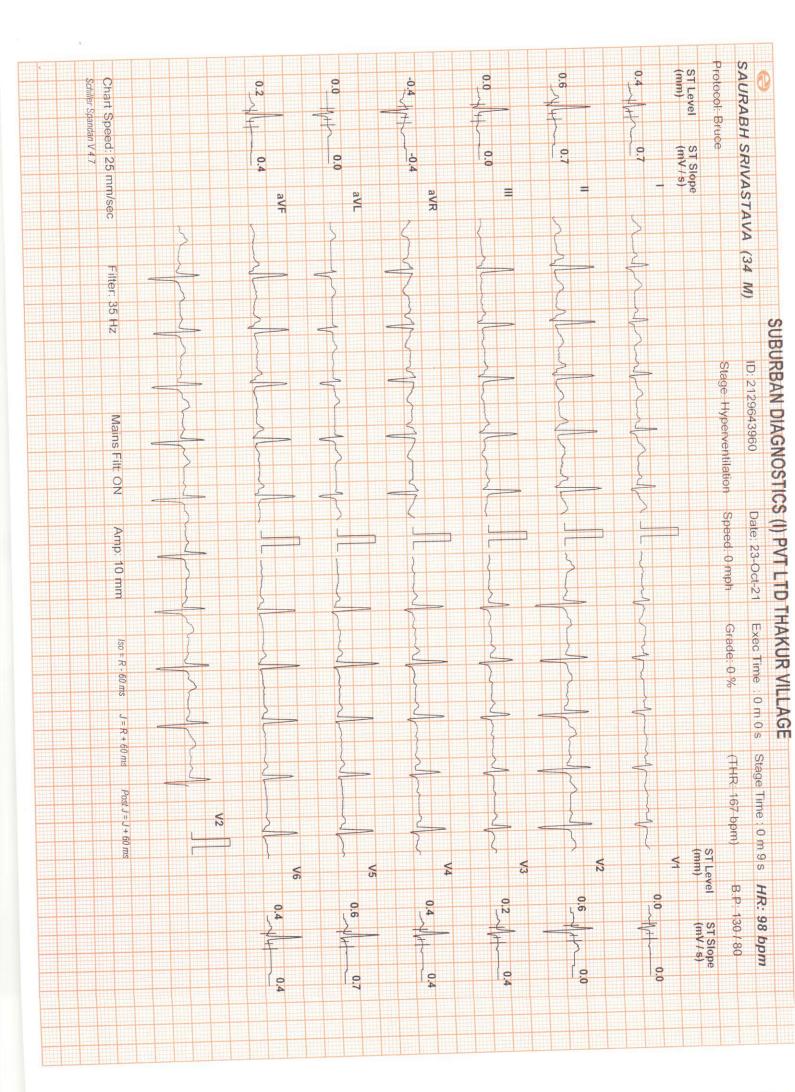
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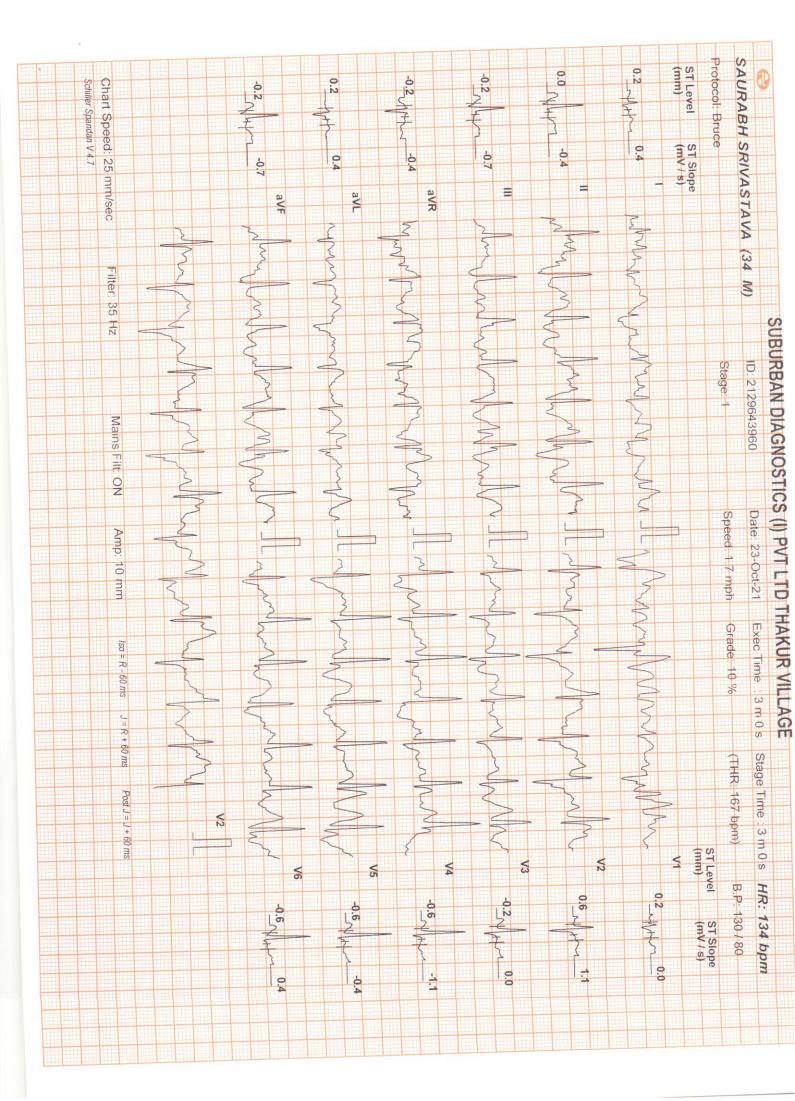
Doctor: DR.AKHIL PARULEKAR (c) Schiller Healthcare India Pvt. Ltd. V 4.7

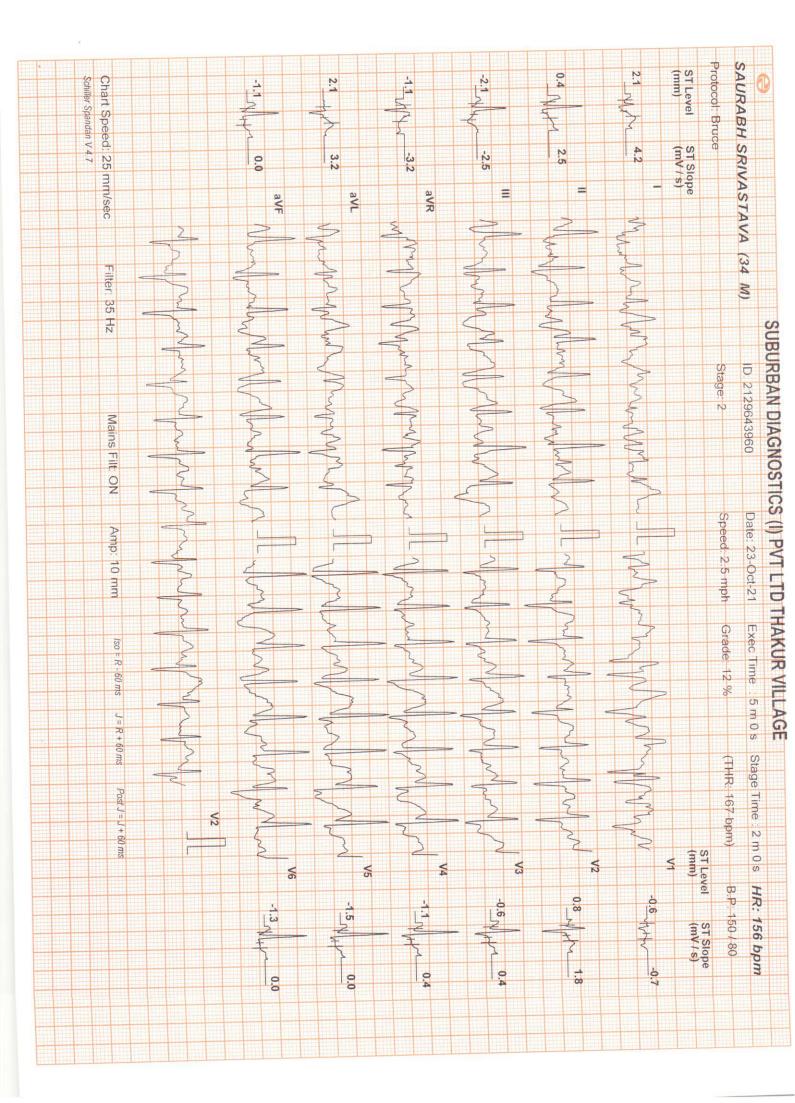
Mumbai - 409101 Tel: 61700000

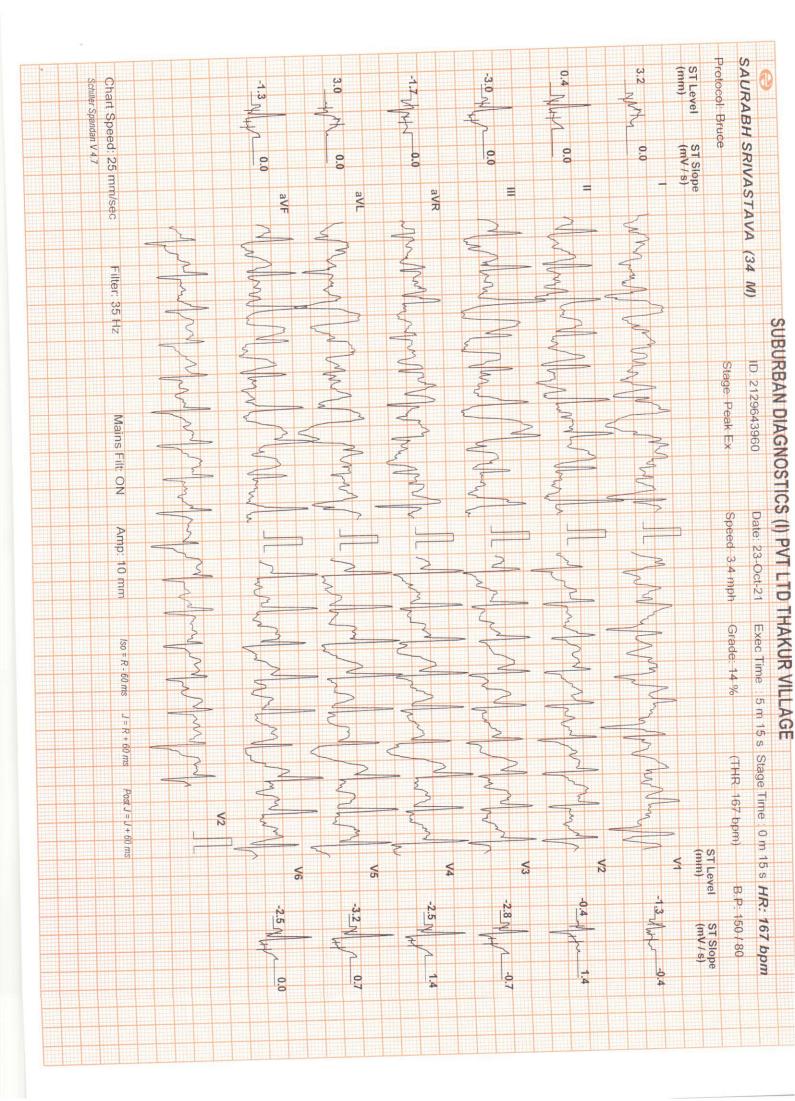


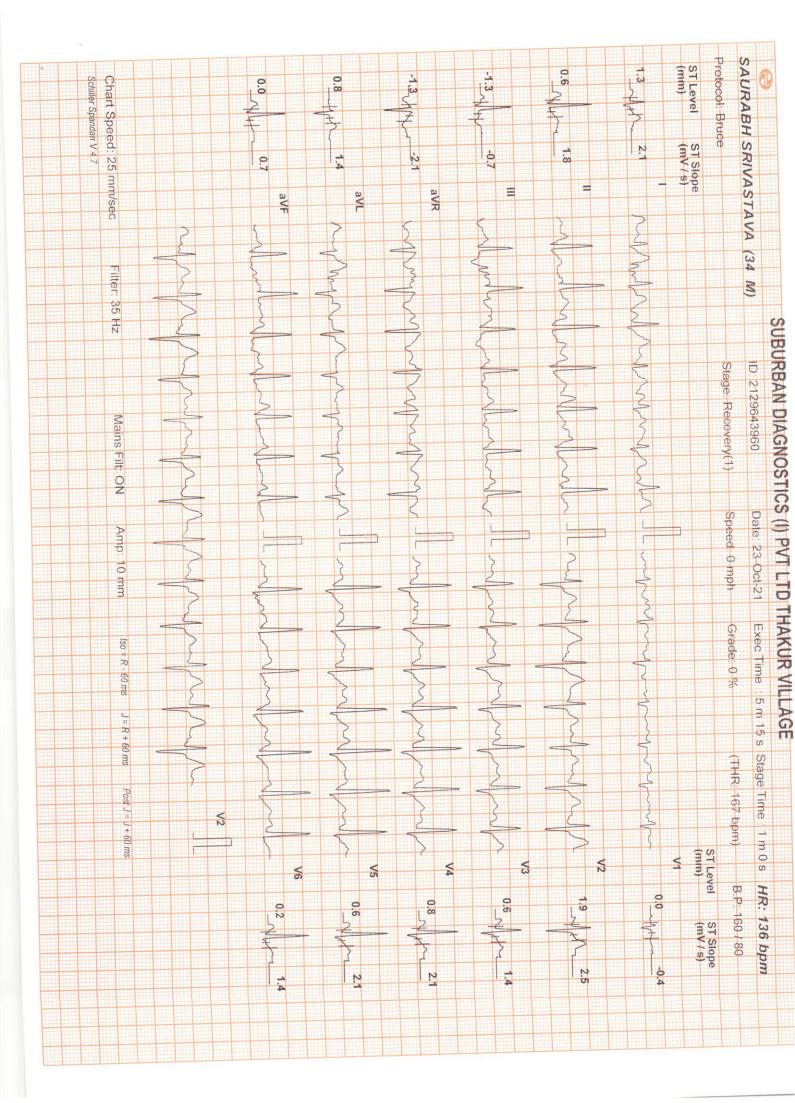


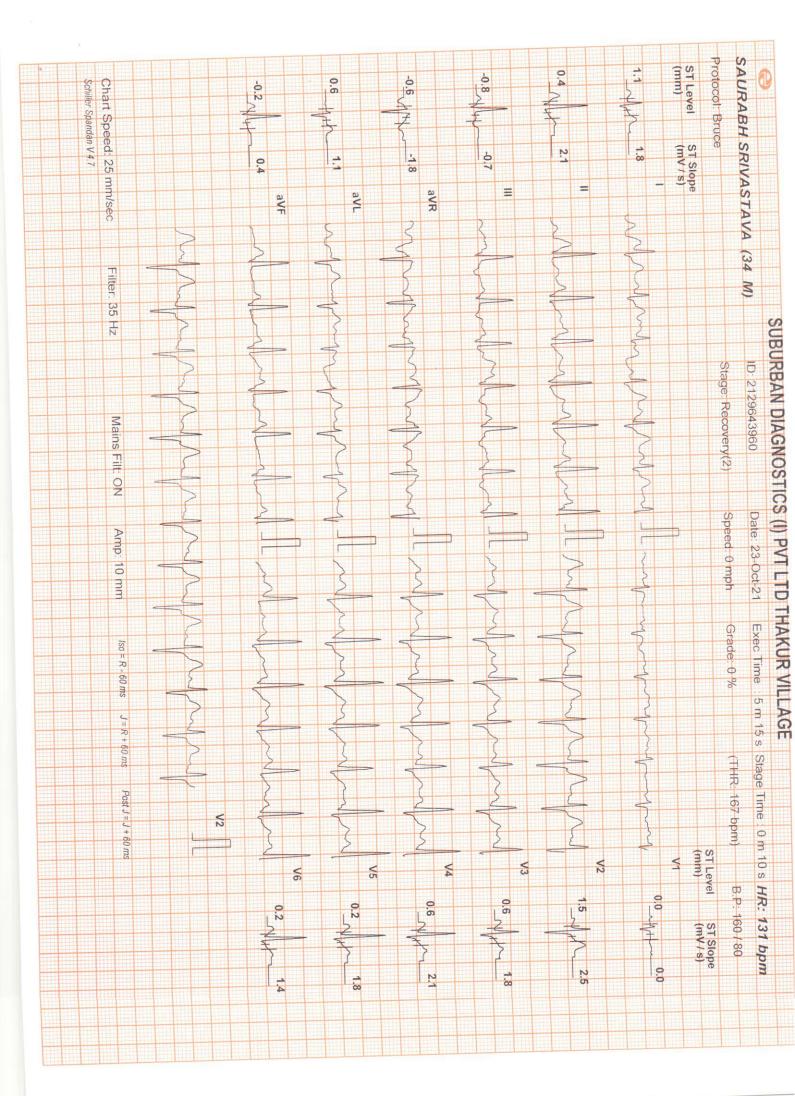


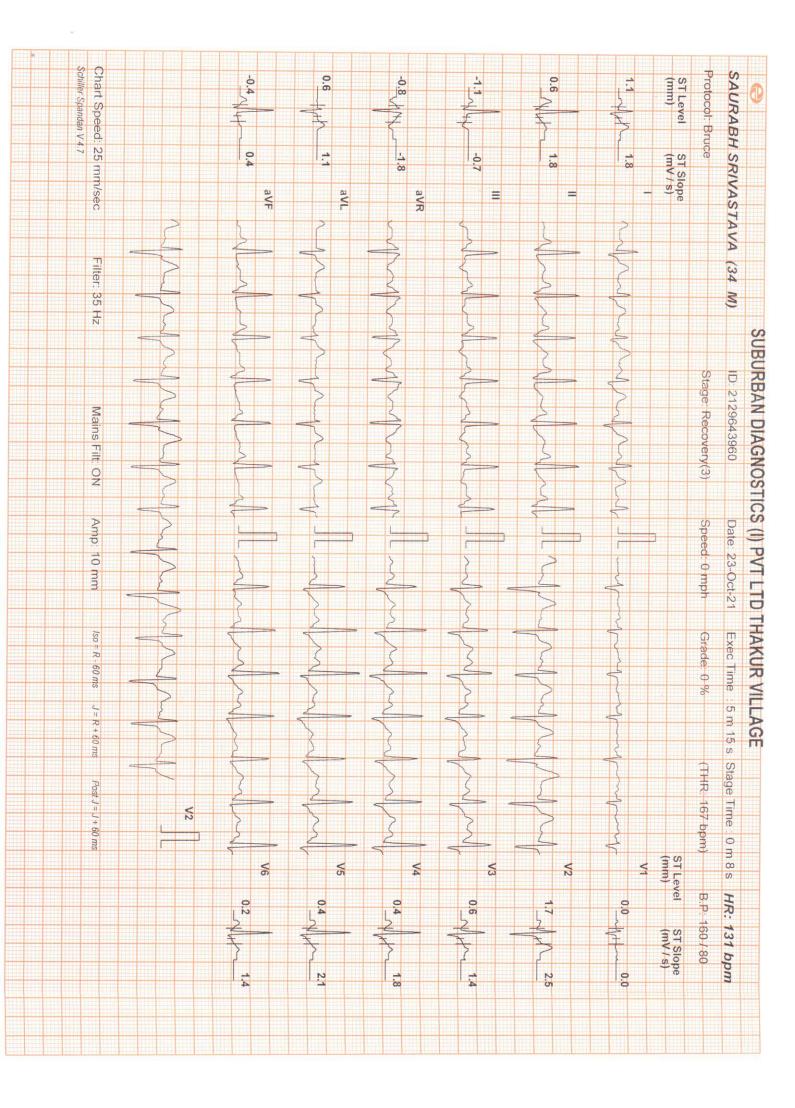














Name : MR.SAURABH SRIVASTAVA

Age / Gender : 34 Years / Male

Consulting Dr.

Reg. Location : Kandivali East (Main Centre)



Use a OR Code Scanner

Collected

Reported

Application To Scan the Code

:23-Oct-2021 / 09:53 :23-Oct-2021 / 15:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	15.2	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.97	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	44.6	40-50 %	Measured	
MCV	90	80-100 fl	Calculated	
MCH	30.7	27-32 pg	Calculated	
MCHC	34.2	31.5-34.5 g/dL	Calculated	
RDW	13.0	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	6500	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS			
Lymphocytes	45.4	20-40 %		
Absolute Lymphocytes	2951.0	1000-3000 /cmm	Calculated	
Monocytes	4.3	2-10 %		
Absolute Monocytes	279.5	200-1000 /cmm	Calculated	
Neutrophils	46.2	40-80 %		
Absolute Neutrophils	3003.0	2000-7000 /cmm	Calculated	
Eosinophils	3.6	1-6 %		
Absolute Eosinophils	234.0	20-500 /cmm	Calculated	
Basophils	0.5	0.1-2 %		
Absolute Basophils	32.5	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	269000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	_

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CID : 2129643960

Name : MR.SAURABH SRIVASTAVA

Age / Gender : 34 Years / Male

Consulting Dr. : - Collected : 23-Oct-2021 / 09:53

Reg. Location: Kandivali East (Main Centre) Reported: 23-Oct-2021 / 14:24

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 Borivali Lab, Borivali West
*** End Of Report ***









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Name : MR.SAURABH SRIVASTAVA

: 34 Years / Male Age / Gender

Consulting Dr.

Reg. Location : Kandivali East (Main Centre)



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:23-Oct-2021 / 09:53 :23-Oct-2021 / 13:45

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.46	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	19.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.2	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	83.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.8	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	118	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.1	3.5-7.2 mg/dl	Enzymatic
*Cample processed at CUPLIDEAN DIA	CNOCTICE (INDIA) DVT LTD Boris	vali Lah Porivali Wost	

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







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

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Name : MR.SAURABH SRIVASTAVA

Age / Gender : 34 Years / Male

Consulting Dr. Collected : 23-Oct-2021 / 09:53

Reported :23-Oct-2021 / 17:05 Reg. Location : Kandivali East (Main Centre)



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Application To Scan the Code

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

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

Glycosylated Hemoglobin **HPLC** 5.0 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 96.8 mg/dl Calculated

(eAG), EDTA WB - CC

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 CPL, Andheri West *** End Of Report ***







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

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Name : MR.SAURABH SRIVASTAVA

: 34 Years / Male Age / Gender

Consulting Dr. Collected : 23-Oct-2021 / 09:53

Reported :23-Oct-2021 / 15:15 Reg. Location : Kandivali East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIRINE EXAMINATION REPORT

URINE EXAMINATION REPORT				
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
PHYSICAL EXAMINATION				
Color	Pale yellow	Pale Yellow	-	
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator	
Specific Gravity	1.025	1.001-1.030	Chemical Indicator	
Transparency	Clear	Clear	-	
Volume (ml)	20	-	-	
CHEMICAL EXAMINATION				
Proteins	1+	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				
Loukooutoo/Duo oollo\/bnf	2.4	0 E /h=f		

Leukocytes(Pus cells)/hpf 3-4 0-5/hpf Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 2-3

Casts Absent Absent Crystals Absent **Absent** Amorphous debris Absent Absent

Bacteria / hpf 4-5 Less than 20/hpf

Others

Result rechecked.

Kindly correlate clinically.

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







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

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Name : MR.SAURABH SRIVASTAVA

Age / Gender : 34 Years / Male

Consulting Dr. Collected Reported

: Kandivali East (Main Centre) Reg. Location



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Application To Scan the Code

: 23-Oct-2021 / 09:53 :23-Oct-2021 / 16:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER RESULTS

ABO GROUP В

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.

Refernces:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- AABB technical manual

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







Dr.ANUSHREE GAIGAWALE M.D. (MICRO); DNB Microbiologist

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



CID : 2129643960

Name : MR.SAURABH SRIVASTAVA

Age / Gender : 34 Years / Male

Consulting Dr. : - Collected : 23-Oct-20

Reg. Location : Kandivali East (Main Centre) Reported :23-Oct-2021 / 13:47



Use a QR Code Scanner Application To Scan the Code

:23-Oct-2021 / 09:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	148.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	106.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	36.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	112	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	91.0	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	21.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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







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Name : MR.SAURABH SRIVASTAVA

Age / Gender : 34 Years / Male

Consulting Dr. Collected : 23-Oct-2021 / 09:53

:23-Oct-2021 / 13:27 Reported Reg. Location : Kandivali East (Main Centre)

Authenticity Check

Use a OR Code Scanner Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.27	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 trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

	assume assumed assume a				
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 ***







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