



Age **29** **7** **22**
years months days

Gender **Male**

Heart Rate **79 bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QSRD: 88 ms
QT: 332 ms
QTc: 380 ms
PR: 108 ms
P-R-T: 29° 45° 10°

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

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

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.



CID : 2127336247
Name : Mr AKASH MISHRA
Age / Sex : 29 Years / Male
Ref. Dr :
Reg.Location : Malad West Main Centre

SID : 177803973544
Registered : 30-Sep-2021 / 10:28
Reported : 30-Sep-2021 / 10:43
Printed : 30-Sep-2021 / 10:43

USG WHOLE ABDOMEN

LIVER :

The liver is normal in size (14.7 cm), shape and smooth margins. It shows normal 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 only head is visualized 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 hydronephrosis in left is seen.

Right kidney measures 11.1 x 4.3 cm. Left kidney measures 12.4 x 5.7 cm.

Evidence of moderate to severe right hydronephrosis and proximal hydroureter, due to two right ureteric calculi noted at a distance of around 8 to 9 cm from the right PUJ measuring 9.3 mm and 8.6 mm.

Evidence of right PUJ calculus is noted measuring 7.9 mm.

Non-obstructive calculus measuring 5.4 mm is noted at the upper pole calyx of left kidney.

SPLEEN :

The spleen is normal in size (10.3 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 :

The prostate is normal in size and volume is 12.2 cc.

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IMPRESSION :

Right moderate to severe hydronephrosis and proximal hydroureter, due to right ureteric calculi.

Left renal non-obstructive calculus.

Suggest :- Clinico-pathological correlation. CT KUB for further evaluation if clinically indicated.

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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



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MD Radiodiagnosis
Reg No: 2013/03/0388

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Ref. Dr :
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Reported : 30-Sep-2021 / 14:12
Printed : 30-Sep-2021 / 14:12

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.

Kindly correlate clinically.

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 case for confirmation of findings Please interpret accordingly.

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



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Reg No: 2013/03/0388



CID : 2127336247
Name : MR.AKASH MISHRA
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 30-Sep-2021 / 09:56
Reported : 30-Sep-2021 / 17:05

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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	18.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.87	4.5-5.5 mil/cmm	Elect. Impedance
PCV	53.9	40-50 %	Measured
MCV	91.7	80-100 fl	Calculated
MCH	30.9	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8520	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.0	20-40 %	
Absolute Lymphocytes	2726.4	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	511.2	200-1000 /cmm	Calculated
Neutrophils	60.0	40-80 %	
Absolute Neutrophils	5112.0	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	170.4	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	111000	150000-400000 /cmm	Elect. Impedance
MPV	14.9	6-11 fl	Calculated
PDW	35.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		



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Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY Megaplatelets seen on smear, Platelet count may not be representative due to presence of megaplatelets.
COMMENT -

Result rechecked.
Kindly correlate clinically.

Specimen: EDTA Whole Blood

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

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



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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	87.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.40	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	26.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	45.7	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	86.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.7	6-20 mg/dl	Calculated
CREATININE, Serum	1.02	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	92	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.2	3.5-7.2 mg/dl	Enzymatic

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*** End Of Report ***



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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.

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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	Absent	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	Cysts of Giardia lamblia	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	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 ***



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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	Yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	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	15-20	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-15	Less than 20/hpf	
Others	-		

Kindly correlate clinically.

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*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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.

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 CPL, Andheri West

*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	177.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	239.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	136.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	101.4	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	35.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

Note: LDL test is performed by direct measurement.

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.38	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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