

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo  
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID : 2200870888 SID : 177804660031  
Name : MR.KOLI ABHIJEET NANDKUMAR Registered : 08-Jan-2022 / 09:29  
Age / Gender : 35 Years/Male Collected : 08-Jan-2022 / 09:29

### **PHYSICAL EXAMINATION REPORT**

#### **History and Complaints:**

Headache

#### **EXAMINATION FINDINGS:**

<b>Height (cms):</b>	171cm	<b>Weight (kg):</b>	81kg
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	136/86mmhg	<b>Nails:</b>	Healthy
<b>Pulse:</b>	69/min	<b>Lymph Node:</b>	Not Palpable

#### **Systems**

**Cardiovascular:** S1 S2 Normal No Murmurs  
**Respiratory:** Normal  
**Genitourinary:** Normal  
**GI System:** Soft non tender no Organomegaly  
**CNS:** Normal

#### **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 |

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo  
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Name : MR.KOLI ABHIJEET NANDKUMAR Registered : 08-Jan-2022 / 09:29  
Age / Gender : 35 Years/Male Collected : 08-Jan-2022 / 09:29  
14) **Cancer/lump growth/cyst** NO  
15) **Congenital disease** NO  
16) **Surgeries** # at Lt Wrist  
17) **Musculoskeletal System** NO

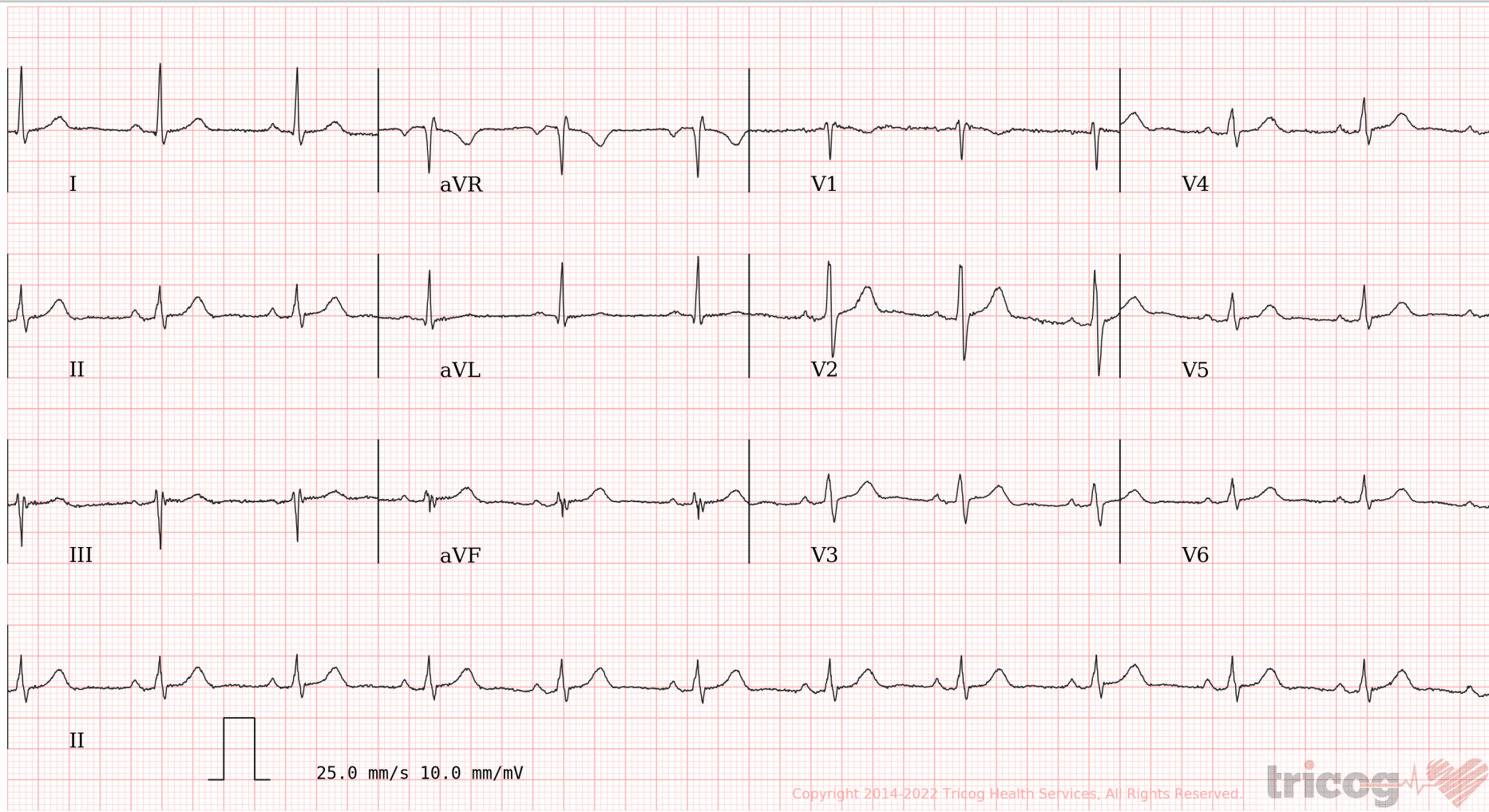
**PERSONAL HISTORY:**

1) **Alcohol** NO  
2) **Smoking** NO  
3) **Diet** Mixed  
4) **Medication** NO

\*\*\* End Of Report \*\*\*



**Dr.I U BAMB**



Age **35** NA **13**  
years months days

Gender **Male**

Heart Rate **69 bpm**

**Patient Vitals**

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

**Measurements**

QSRD: 92 ms

QT: 386 ms

QTc: 413 ms

PR: 156 ms

P-R-T: 36° -7° 47°

Sinus Rhythm, Normal Axis. ? RSR' in V1. Please correlate clinically.

REPORTED BY

DR ISHWARLAL BAMB  
M.B.B.S MD (MEDICINE)  
cardiologist  
39452



**CID** : 2200870888  
**Name** : Mr KOLI ABHIJEET NANDKUMAR

**Age / Sex** : 35 Years/Male

**Ref. Dr** :

**Reg. Date** : 08-Jan-2022 / 11:49

**Reg. Location** : Swargate, Pune Main Centre

**Reported** : 08-Jan-2022 / 12:10

### USG WHOLE ABDOMEN

**LIVER:** Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal calibre.

**GALL BLADDER :** Partially distended. No evidence of any pericholecystic collection.

**PANCREAS :** Normal in size and echotexture. Pancreatic duct is normal.

**SPLEEN :** Normal in size and echopattern. No focal lesion. Splenic vein is normal.

**RIGHT KIDNEY :** Measures 9.4 x 4.4 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**LEFT KIDNEY :** Measures 9.4 x 4.7 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**Retroperitoneum and flanks obscured due to bowel gas.**

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

**URINARY BLADDER :** Well distended. No calculi. Wall thickness is normal.

**PROSTATE :** Normal in size and shows normal echotexture.

**IMPRESSION :** USG Abdomen and pelvis study is within normal limits.

Clinical correlation is indicated.

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

DR. NIKHIL G. JOSHI  
M.B.B.S., D.M.R.E.  
REG. NO. 2001/02/397



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**Age / Sex** : 35 Years/Male

**Ref. Dr** :

**Reg. Date** : 08-Jan-2022 / 10:49

**Reg. Location** : Swargate, Pune Main Centre

**Reported** : 08-Jan-2022 / 12:36

## X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

**IMPRESSION** : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

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

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M.B.B.S., D.M.R.E.  
REG. NO. 2001/02/397



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Name : MR.KOLI ABHIJEET NANDKUMAR  
Age / Gender : 35 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.18	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.8	40-50 %	Calculated
MCV	85	80-100 fl	Calculated
MCH	27.7	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7400	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	47.8	20-40 %	
Absolute Lymphocytes	3537.2	1000-3000 /cmm	Calculated
Monocytes	3.3	2-10 %	
Absolute Monocytes	244.2	200-1000 /cmm	Calculated
Neutrophils	44.0	40-80 %	
Absolute Neutrophils	3256.0	2000-7000 /cmm	Calculated
Eosinophils	4.8	1-6 %	
Absolute Eosinophils	355.2	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	278000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



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**Reg. Location** : Swargate, Pune (Main Centre)

**Collected** : 08-Jan-2022 / 09:34  
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Macrocytosis -  
Anisocytosis Mild  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others -  
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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



MC-2463



*Shruti Ramteke*

**Dr.SHRUTI RAMTEKE**  
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**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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**CID** : 2200870888  
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**Age / Gender** : 35 Years / Male  
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**Reg. Location** : Swargate, Pune (Main Centre)

**Collected** : 08-Jan-2022 / 09:34  
**Reported** : 08-Jan-2022 / 11:54

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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	103.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	23.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	27.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	34.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	26.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.3	6-20 mg/dl	Calculated
CREATININE, Serum	1.03	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	87	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.6	3.5-7.2 mg/dl	Enzymatic





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**Reg. Location** : Swargate, Pune (Main Centre)

**Collected** : 08-Jan-2022 / 12:33  
**Reported** : 08-Jan-2022 / 14:47


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 Pune Lab, Pune Swargate  
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MC-2463



  
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Age / Gender : 35 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 08-Jan-2022 / 09:34  
Reported : 08-Jan-2022 / 12:52

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	142.7	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 Pune Lab, Pune Swargate

\*\*\* End Of Report \*\*\*



MC-2463



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Age / Gender : 35 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 08-Jan-2022 / 09:34  
Reported : 08-Jan-2022 / 14:23

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	0-1	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	2-3	Less than 20/hpf	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
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MC-2463



*Gourav*

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Age / Gender : 35 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 08-Jan-2022 / 09:34  
Reported : 08-Jan-2022 / 13:04

**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 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.

**Refernces:**

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 Pune Lab, Pune Swargate

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MC-2463



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	202.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	130.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	160.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	135	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	Colorimetric
VLDL CHOLESTEROL, Serum	26	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



MC-2463

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Collected : 08-Jan-2022 / 09:34  
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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	4.2	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	16.5	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.25	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.



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Collected : 08-Jan-2022 / 09:34  
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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 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)
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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

\*\*\* End Of Report \*\*\*



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