

CID# : 2301912478
Name : MR.SAGAR SURESH KHOT
Age / Gender : 37 Years/Male
Consulting Dr. : - Collected : 19-Jan-2023 / 08:49
Reg.Location : Kandivali East (Main Centre) Reported : 20-Jan-2023 / 09:24

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	170 cms	Weight (kg):	81 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	100/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

*- HbA1c - 6.1%
- Dyslipidemia
- esp - fatty liver*

ADVICE:

*- Low fatty diet
" Carbo diet
Diabetalogit 6pinam*

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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 | Occasionally |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 59548



SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Plot House No. 3, Kangan,
Thakur Village, Kandivali (east),
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Tel : 61700000

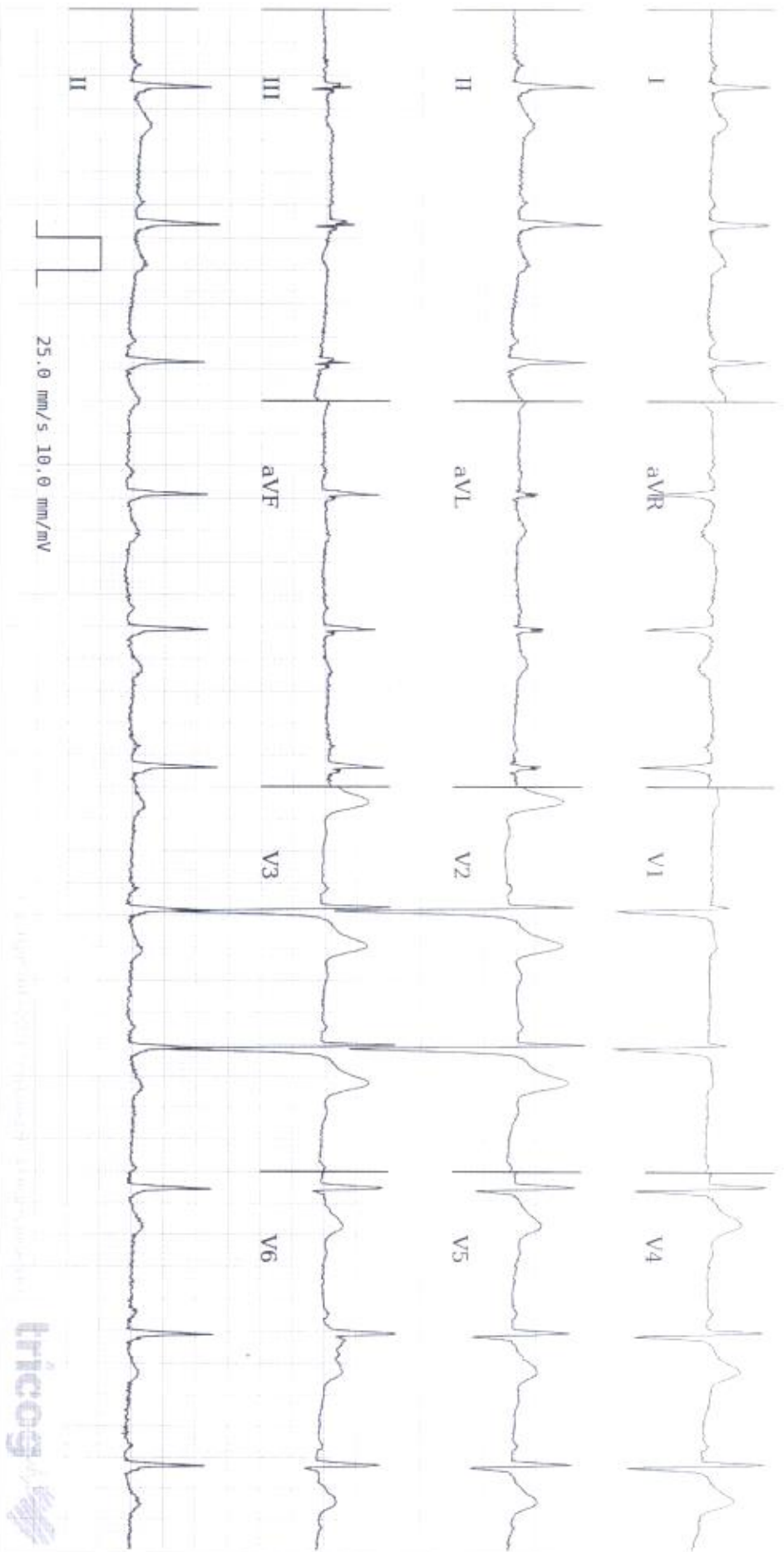
37 years **2** months **9** days

Male

Heart Rate: **70bpm**

Patient Vitals

BP: 100/70 mmHg
Weight: 81 kg
Height: 170 cm
Pulse: NA
SpO2: NA
Resp: NA
Others: NA



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



REPORTED BY

[Signature]

DR. AKHIL PARTEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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Disclaimer: This report is generated by software and should be used as a guide only. It does not replace a clinical examination. Please consult a qualified physician for a proper diagnosis. The company and its employees are not liable for any loss or damage caused by the use of this report.



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Name : Mr Sagar suresh khot
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 19-Jan-2023
Reported : 19-Jan-2023 / 9:30

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.7 x 4.8 cm. Left kidney measures 10.3 x 5.3 cm.

SPLEEN:

The spleen is normal in size 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 21.9 cc.

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Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 19-Jan-2023
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IMPRESSION:

Grade I fatty liver.

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-----

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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Name : Mr Sagar suresh khot
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 19-Jan-2023
Reported : 19-Jan-2023 / 9:56

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. FAIZUR KHILJI before dispatch.

Khilji FA

**Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist**

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Email:

848 / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg Date: 19 / 01 / 2023 09:56:19 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 171.0 bpm

Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 06:29 Mins Ectopic Beats 0.0

METS 7.6 Test End Reason Heart Rate Achieved Target Heart Rate 93% of 183

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	FAIR
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

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.

Dr. Akhil P. Parulekar,

MBBS. MD. Medicine

DNB Cardiology

Reg. No. 2012082483

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
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Tel : 61709000

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report

E Mail:

ASHP

848 (2301912478) / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg

Date: 19 / 01 / 2023 09:56:10 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(kmph)	Elevation	MEts	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:22	0:22	00.0	00.0	01.0	095	52%	100/70	095	00	
Standing	00:48	0:26	00.0	00.0	01.0	104	57%	100/70	104	00	
HV	01:02	0:14	00.0	00.0	01.0	099	54%	100/70	099	00	
ExStart	01:21	0:19	00.0	00.0	01.0	111	61%	100/70	111	00	
BRUCE Stage 1	04:21	3:00	02.7	10.0	04.7	134	73%	100/70	134	00	
BRUCE Stage 2	07:21	3:00	04.0	12.0	07.1	163	89%	120/80	195	00	
PeakEx	07:50	0:29	05.5	14.0	07.6	171	93%	140/80	239	00	
Recovery	08:50	1:00	00.2	00.0	01.2	143	78%	140/80	200	00	
Recovery	08:59	1:09	00.0	00.0	01.0	126	69%	140/80	176	00	

FINDINGS :

Exercise Time : 06:29
 Initial HR (ExStrt) : 111 bpm 51% of Target 183
 Initial BP (ExStrt) : 100/70 (mm/Hg)
 Max WorkLoad Attained : 7.6 Fair response to induced stress
 Duke Treadmill Score : 06.5
 Test End Reasons : Heart Rate Achieved

Max HR Attained 171 bpm 93% of Target 183
 Max BP Attained 140/80 (mm/Hg)

Dr. Akhil P. Parulekar
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2052082483



Doctor : DR.AKHIL PARULEKAR

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 Thakur Village, Kandivali (East),
 Mumbai - 400101.
 Tel : 61700000

848 (2301912478) / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg / HR : 95

Date: 19/01/2023 09:56:10 AM

METS: 1 @ 95 bpm 52% of THR BP: 100/70 mmHg

Raw ECG/BLC On/Match On/HF 0.05 Hz/VFS Hz

ExTime: 00:00:00 (Length: 0:02)

4X

80 ms Post J

25 mm/Sec 1.0 Cm/mV

I 1.5
STL 1.5
STB 1.4

V1 -0.3
-0.5

II 0.8
1.0

V2 2.4
1.8

III 0.7
0.4

V3 1.3
1.0

aVR 1.2
1.2

V4 1.6
1.2

aVL 1.1
0.9

V5 0.6
0.7

aVF 0.1
0.3

V6 0.4
0.5

V2
2.4



REMARKS:





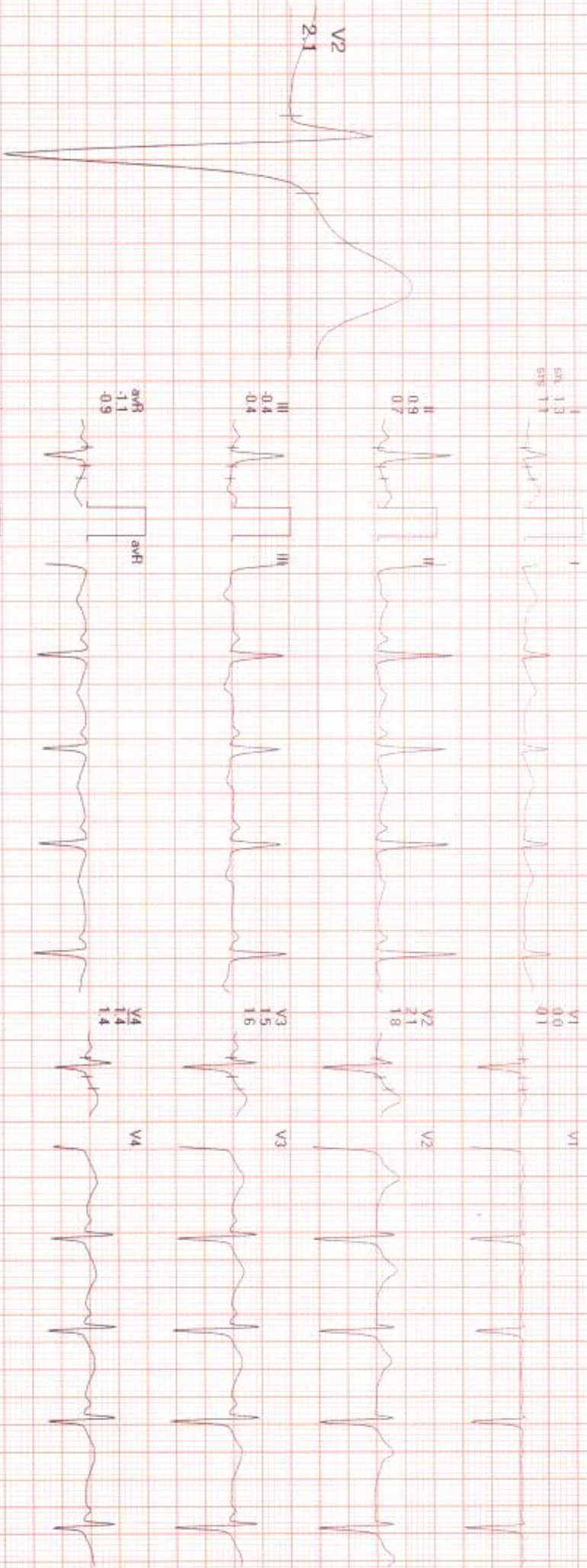
848 (2301912478) / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg / HR : 104

Date: 19/01/2023 09:56:10 AM METS: 1.07/1.04 bpm 57% of THR ECG: 100/70 mmHg Raw ECG: BLC On/Notch On/HE 0.05 Hz/F 0.15 Hz

ExTime: 00:00:00 mpt: 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:14)



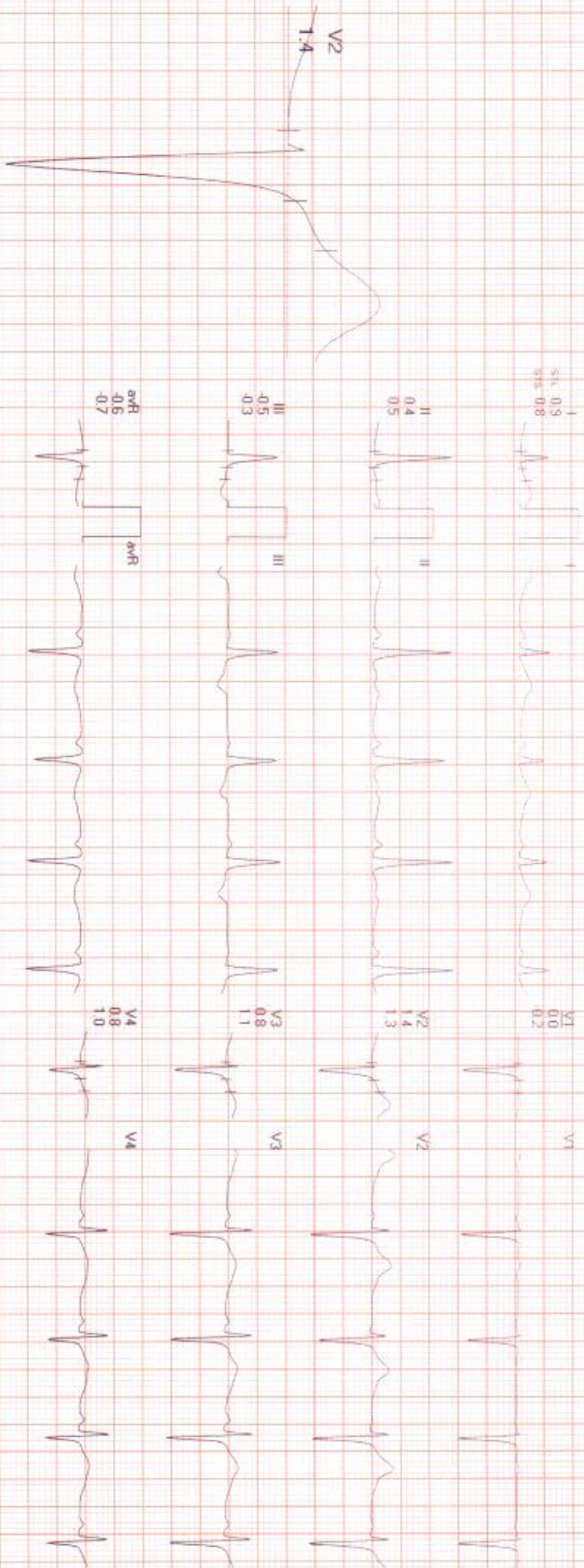
848 (2301912478) / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg / HR : 99

Date: 19/01/2023 09:56:10 AM METS: 1 0/99 bpm, 54% of THR, BP: 100/70 mmHg, Pgw ECG/BLC: On/Notch On/HF: 0.05 Hz/V/F: 35 Hz

ExTime: 00:00:00 (min) 0.0%

4X 80 ml/s Pp14 J

25 mm/Sec 1.0 Cm/mV



REMARKS:



848 (2301912478) / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg / HR : 111

Date: 19/01/2023 09:56:10 AM METS: 10/111 bpm 61% of THR BP: 100/70 mmHg Faw ECG/BLU Dry/Noch Dry/HR 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 kmph 0.0%

4X 80 ms Ppd/J

25 mm/Sec 1.0 mV/Div



SI: 1.4
SII: 1.4
SIS: 1.7



VI: -0.1
VII: -0.6



II: 1.2
III: 1.4



V2: 3.3
V3: 2.2



III: -0.3
IV: -0.2



V3: 0.9
V4: 1.1



aVR: -1.4
aVL: -1.4
aVF: -1.5



V4: 1.8
V5: 1.4



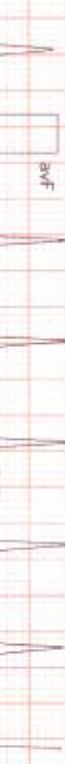
aVL: 0.9
aVF: 0.9
aVF: 0.8



V5: 0.8
V6: 1.1



aVF: 0.5
aVF: 0.5
aVF: 0.8



V6: 1.2
V7: 0.5



REMARKS: II aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



848 (2301912478) / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg / HR : 134

Date: 19/01/2023 09:56:10 AM METS: 47/134 bpm 73% of THR EP: 100/70 mmHg Raw ECG/BL: 0mv/Notch 0mv/HE 0.05 Hz/LE 35 Hz

ExTime: 03:00 2.7 kmph 10.0%

AX 60 mg Ppd J

25 mm/sec 1.0 cm/mV

I 0.9
II 0.4
III 1.5

V1 0.4
V2 0.1

II 0.4
III 1.3

V2 2.2
V3 2.8

III 0.5
aVF 0.2

V3 2.7
V4 3.2

aVR 0.6
aVL 1.4

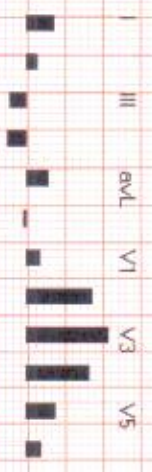
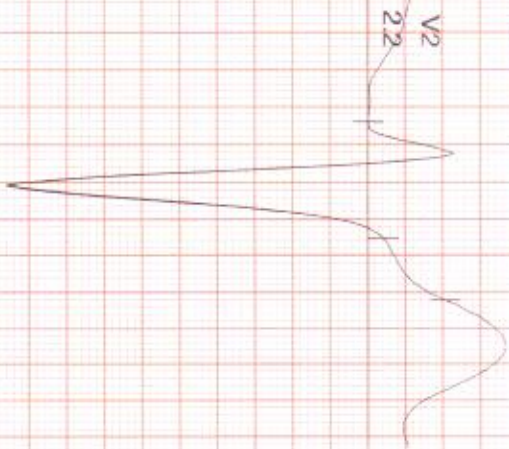
V4 2.1
V5 3.0

aVL 0.7
aVF 0.9

V5 1.0
V6 1.5

aVF 0.1
aVL 0.5

V6 0.5
V6 1.0



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)

DATE: 19/01/2023
TIME: 09:56:10 AM

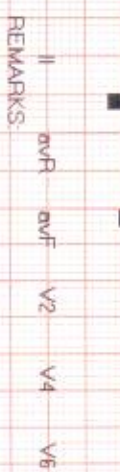
848 (2301912478) / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg / HR : 163

Date: 19/01/2023 09:56:10 AM METS: 7.1 / 163 bpm 89% of THR BP: 120/80 mmHg Pgw ECG/BLT On/Notch On/HR 0.05 Hz/VF 35 Hz

ExTime: 06:00 4.0 kmph 12.0%

4X \$60 m/s Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeaKEX

REGPDL

848 (2301912478) / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg / HR: 171

Date: 19 / 01 / 2023 09:55:10 AM METS: 7.6 / 171 bpm 93% of THR: EF: 140/80 mmHg Raw ECG/ BLC Orig/ Natch/ Orig/ HF: 0.05 Hz/ LF: 35 Hz

ESTime: 06:29 5.5 Km/h 14.0%

4X \$10 mV Post J

25 mm/sec 1.0 Cm/mV

I 0.5
II 1.0
III 1.1

V1 0.9
V2 0.2

V1

II 1.0
III 1.1

V2 2.5
V3 4.1

V2

III 1.6
aVR 1.1

V3 3.0
V4 5.4

V3

aVR 0.2
aVL 1.6

V4 1.8
V5 4.2

V4

aVL 1.1
aVF 1.6

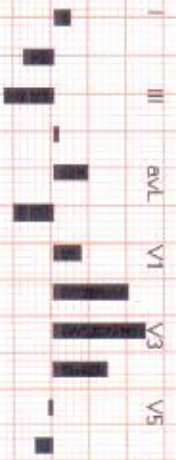
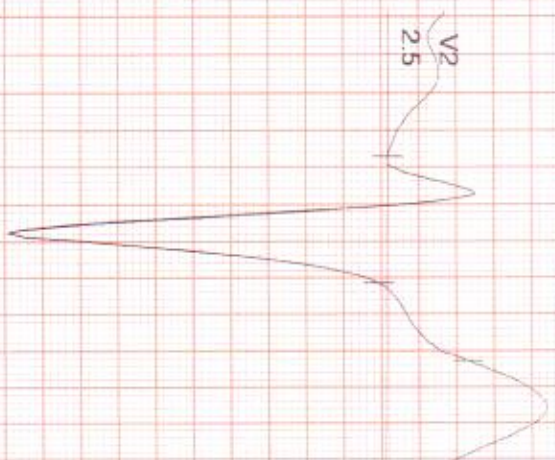
V5 0.1
V6 1.6

V5

aVF 1.3
V5 0.0

V6 0.6
V6 0.9

V6



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)

Handwritten signature

848 (2301912478) / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg / HR : 143

Date: 19/01/2023 09:56:10 AM METS: 1/1/43 bpm 28% of THR BP: 140/80 mmHg Psw ECG/BLG Dry/Noct/Day/HE 8.05 Hz/VF 35 Hz

EXTime 06:29 0.2 KmPh 0.0%

4X 60 m/s PqH J

25 mm/Sec 1.0 Cm/mV

SI: 0.6
SP: 1.8

V1 0.7
V2 0.8

II 0.3
III 1.2

V2 2.0
V3 4.2

III -0.3
aVR 0.7

V3 3.7
V4 6.7

aVR -0.4
aVL -1.5

V4 2.5
V5 5.2

aVL 0.4
aVF 1.2

V5 1.0
V6 2.5

aVF 0.0
V5 0.3
V6 1.2



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:09)



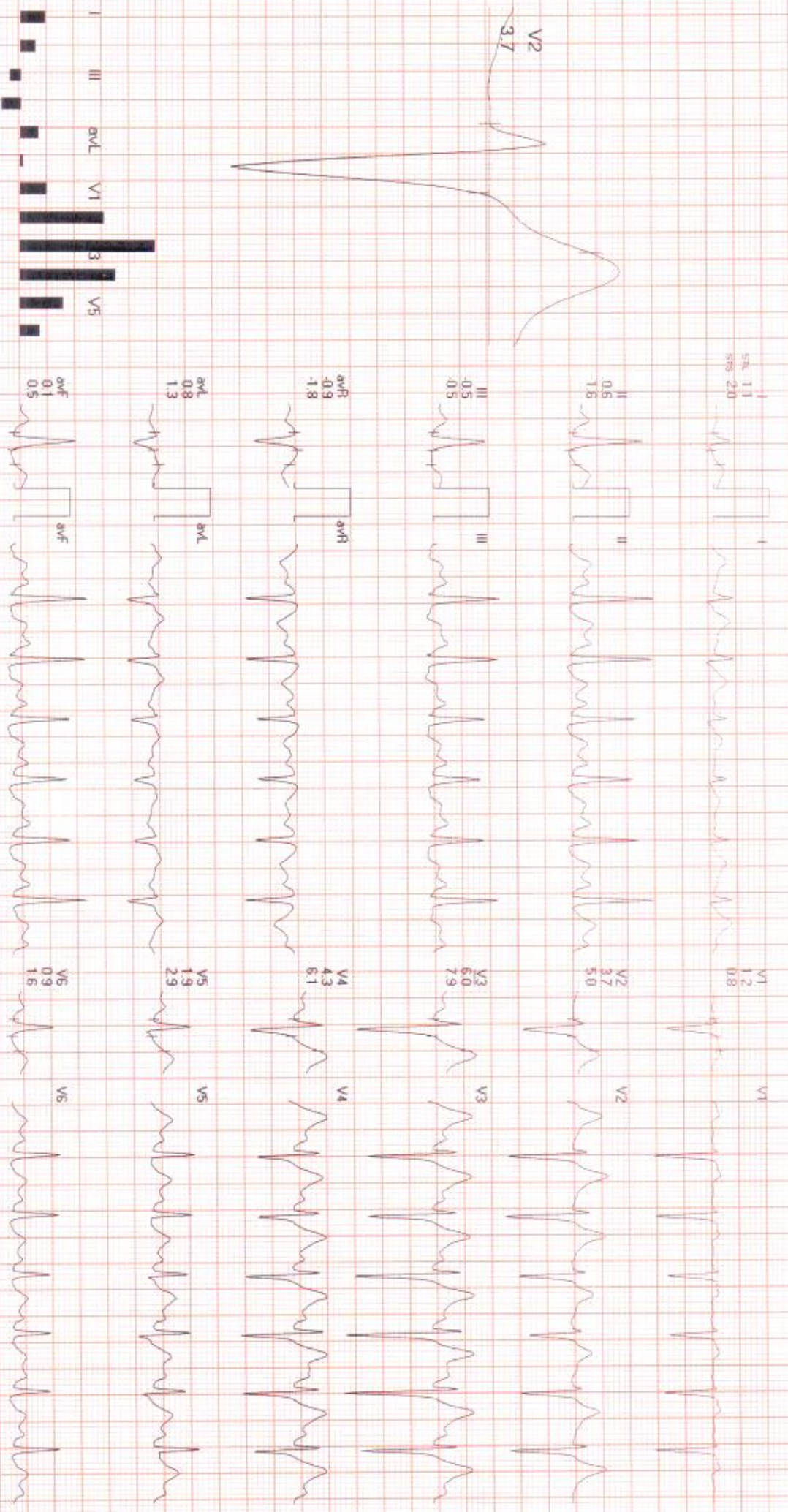
848 (2301912478) / SAGAR KHOT / 37 Yrs / M / 170 Cms / 81 Kg / HR 126

Date 19 / 01 / 2023 09:56:10 AM METS 1.0 / 126 bpm 69% of THR Esp 140/80 mmHg Row ECG/BLU Orig/Normal Orig/HE 0.05 HE/VF 35 Hz

ExTime 06:29 0.0 KmPh 0.0%

4X 80 m/s Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:





CID : 2301912478
Name : MR.SAGAR SURESH KHOT
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Jan-2023 / 08:55
Reported : 19-Jan-2023 / 12:53

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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	15.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.01	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.6	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	11.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5330	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	48.4	20-40 %	
Absolute Lymphocytes	2579.7	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	378.4	200-1000 /cmm	Calculated
Neutrophils	42.0	40-80 %	
Absolute Neutrophils	2238.6	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	101.3	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	32.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	228000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Calculated
PDW	20.1	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

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

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



Bmhasakar

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



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CID : 2301912478
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Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Reported : 19-Jan-2023 / 13:19

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	95.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	89.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.64	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.45	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	26.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	63.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	31.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	23.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	33.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	15.6	6-20 mg/dl	Calculated
CREATININE, Serum	1.29	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	67	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.2	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 ***



Bmhaskar

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



CID : 2301912478
Name : MR.SAGAR SURESH KHOT
Age / Gender : 37 Years / Male
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Reg. Location : Kandivali East (Main Centre)

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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	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhaskar

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



CID : 2301912478
Name : MR.SAGAR SURESH KHOT
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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)	5.5	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	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

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

*** End Of Report ***



NR Jain

**Dr.VIPUL JAIN
M.D. (PATH)
Pathologist**



CID : 2301912478
Name : MR.SAGAR SURESH KHOT
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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)	30	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert



MC-2111



Bmhaskar

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



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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 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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***




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



CID : 2301912478
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	161.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	191.4	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	29.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	132.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.0	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	38.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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



Bmhaskar

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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	6.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.28	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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*** End Of Report ***



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