SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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REPORT

CID	: 2207126959		
Name	: Mr TUSHAR DHULE		
Age / Sex	: 32 Years/Male		
Ref. Dr	:	**Reg. Date**	: 12-Mar-2022 / 17:50
Reg. Location	: Pimple Saudagar, Pune Main Centre	**Reported**	: 12-Mar-2022 / 17:52

USG WHOLE ABDOMEN

Liver- Normal in size, shape and echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualised portion of CBD appears normal in calibre. Portal vein appears normal.

Gall bladder– partially distended with normal wall thickness. No calculus or mass lesion is visualized. No peri-cholecystic collection.

Pancreas- Head and body are visualized and appear normal in size, shape and echo pattern. No focal lesion seen. No peripancreatic collection noted.

Spleen – Appears normal in size, shape & echo pattern. No focal lesion seen.

Kidneys- Right kidney- 10.8 x 4.2 cm, Left kidney– 11.7 x 5.2 cm, both kidneys appear normal in size, shape, position & echo pattern with maintained cortico-medullary differentiation. Tiny papillary concretions are noted in both the kidneys. No hydronephrosis, hydroureter or calculus noted.

Urinary bladder- Is partially distended & shows normal wall thickness. No calculus or mass lesion is noted.

Prostate - measures 2.5 x 2.4 x 2.9 cm (vol-13.2.cc) appears normal in size, shape and echo-pattern for age. No focal lesion .

No free fluid in abdomen and pelvis.

Visualized bowel loops are gaseously distended appear grossly normal and show normal peristalsis. No evidence of enlarged lymph nodes.

IMPRESSION:

No other significant sonological abnormality detected.

Advice – clinical correlation and further evaluation if clinically indicated.

Ghodake

Dr. SATYAJEET S. GHODAKE
MBBS, MD, DNB, MNAMS.
Regd. No. 2013/05/1417
Consultant Radiologist

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

Investigations have their own limitations. Solitary radiological investigation never leads to a final diagnosis. They should be always correlated with clinical and pathological examinations.

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Reg. Location	: Pimple Saudagar, Pune Main Centre	**Reported**	: 12-Mar-2022 / 17:52

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CID	: 2207126959		
Name	: Mr TUSHAR DHULE		
Age / Sex	: 32 Years/Male		
Ref. Dr	:	**Reg. Date**	: 12-Mar-2022 / 12:54
Reg. Location	: Pimple Saudagar, Pune Main Centre	**Reported**	: 12-Mar-2022 / 17:08

X-RAY CHEST PA VIEW

Trachea is central.
Slightly prominent bronchovascular markings are noted bilaterally.
Visualized bilateral lung fields otherwise appear grossly normal.
Both hila appear normal.
Cardio-aortic silhouette has grossly normal appearance for age.
Diaphragmatic domes have normal contours and positions.
Bilateral costophrenic and cardiophrenic angles appear normal.
Visualized bony thorax and soft-tissues are grossly normal for age.

IMPRESSION :

No other significant abnormality detected.

Advice – Clinical correlation and further evaluation if clinically indicated.

Ghodake

Dr. SATYAJEET S. GHODAKE
MBBS, MD, DNB, MNAMS.
Regd. No. 2013/05/1417
Consultant Radiologist

Investigations have their own limitations. Solitary radiological investigation never leads to a final diagnosis. They should be always correlated with clinical and pathological examinations.

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CID	: 2207126959		
Name	: MR.TUSHAR DHULE		
Age / Gender	: 32 Years / Male		
Consulting Dr.	: -	**Collected**	: 12-Mar-2022 / 10:51
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	**Reported**	: 12-Mar-2022 / 14:37

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.81	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.4	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	30.1	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	12.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6260	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	36.5	20-40 %	
Absolute Lymphocytes	2284.9	1000-3000 /cmm	Calculated
Monocytes	4.9	2-10 %	
Absolute Monocytes	306.7	200-1000 /cmm	Calculated
Neutrophils	46.0	40-80 %	
Absolute Neutrophils	2879.6	2000-7000 /cmm	Calculated
Eosinophils	**11.1**	1-6 %	
Absolute Eosinophils	**694.9**	20-500 /cmm	Calculated
Basophils	1.5	0.1-2 %	
Absolute Basophils	93.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	321000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	15.4	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Name	: MR.TUSHAR DHULE		
Age / Gender	: 32 Years / Male		
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Reg. Location	: Pimple Saudagar, Pune (Main Centre)	**Reported**	: 12-Mar-2022 / 14:25

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

Specimen: EDTA Whole Blood

ESR, EDTA WB	**43**	2-15 mm at 1 hr.	Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab

*** End Of Report ***

K.S. Wadgaonkar

Dr.Khushboo Wadgaonkar
M.B.B.S., M.D. (Path),
Consultant Pathologist

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REPORT

CID	: 2207126959		
Name	: MR.TUSHAR DHULE		
Age / Gender	: 32 Years / Male		
Consulting Dr.	: -	**Collected**	: 12-Mar-2022 / 10:51
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	**Reported**	: 12-Mar-2022 / 17:15

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	112.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	17.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	80.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.2	3.5-7.2 mg/dl	Enzymatic

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Consulting Dr.	: -	**Collected**	: 12-Mar-2022 / 12:51
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	**Reported**	: 12-Mar-2022 / 18:04

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

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist

CID	: 2207126959		
Name	: MR.TUSHAR DHULE		
Age / Gender	: 32 Years / Male		
Consulting Dr.	: -	**Collected**	: 12-Mar-2022 / 10:51
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	**Reported**	: 12-Mar-2022 / 16:19

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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

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MC-2463

Dr.GOURAV AGRAWAL
DCP, DNB (Path)
Pathologist

CID	: 2207126959		
Name	: MR.TUSHAR DHULE		
Age / Gender	: 32 Years / Male		
Consulting Dr.	: -	**Collected**	: 12-Mar-2022 / 12:24
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	**Reported**	: 12-Mar-2022 / 17:07

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
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	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	

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Pathologist

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Reg. Location	: Pimple Saudagar, Pune (Main Centre)	**Reported**	: 12-Mar-2022 / 15:02

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

PARAMETER	RESULTS
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

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Reg. Location	: Pimple Saudagar, Pune (Main Centre)	**Reported**	: 12-Mar-2022 / 17:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	168.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	146.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	**35.0**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	**133.4**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**104.0**	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	Colorimetric
VLDL CHOLESTEROL, Serum	29.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	**4.8**	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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Consulting Dr.	: -	**Collected**	: 12-Mar-2022 / 10:51
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	**Reported**	: 12-Mar-2022 / 17:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	15.8	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.04	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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Consulting Dr.	: -	**Collected**	: 12-Mar-2022 / 10:51
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	**Reported**	: 12-Mar-2022 / 17:39

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.

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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Dr.SHAMLA KULKARNI
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