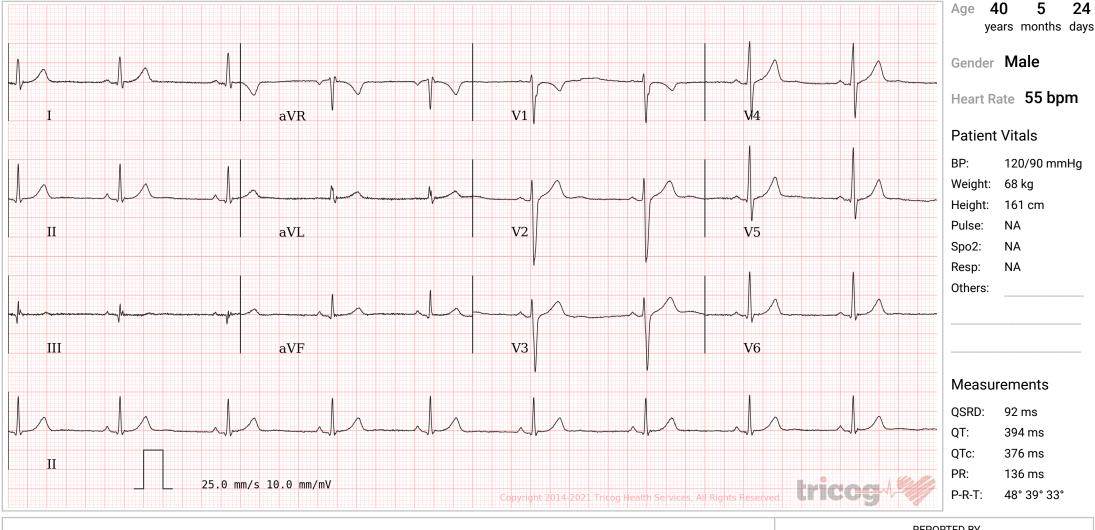
# SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST



Patient Name: BHAWANI SINGH GOUR Patient ID: 2135941097

Date and Time: 25th Dec 21 11:19 AM



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

REPORTED BY



DR SHAILAJA PILLAI MBBS, MD Physican MD Physican 49972

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.



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PRECISE TESTING .				
CID	: 2135941097			Р
Name	: Mr BHAWANI SINGH GOUR			0
Age / Sex	: 40 Years/Male		Use a QR Code Scanner Application To Scan the Code	
Ref. Dr	:	Reg. Date	: 25-Dec-2021 / 12:25	R
<b>Reg.</b> Location	: G B Road, Thane West Main Centre	Reported	: 25-Dec-2021 / 12:26	Т

# 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------

Authenticity Check

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Dr. Devendra Patil MBBS, MD ( Radio-Diagnosis) Consultan Radiologist MMC - 2013/02/0165

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CID	: 2135941097
Name	: MR.BHAWANI SINGH GOUR
Age / Gender	: 40 Years / Male
Consulting Dr.	: -
Reg. Location	: G B Road, Thane West (Main Centre)

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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

CBC (Complete Blood Count), Blood				
<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>		
17.9	13.0-17.0 g/dL	Spectrophotometric		
5.68	4.5-5.5 mil/cmm	Elect. Impedance		
52.6	40-50 %	Measured		
93	80-100 fl	Calculated		
31.5	27-32 pg	Calculated		
33.9	31.5-34.5 g/dL	Calculated		
13.4	11.6-14.0 %	Calculated		
8800	4000-10000 /cmm	Elect. Impedance		
LUTE COUNTS				
41.3	20-40 %			
3634.4	1000-3000 /cmm	Calculated		
5.6	2-10 %			
492.8	200-1000 /cmm	Calculated		
48.8	40-80 %			
4294.4	2000-7000 /cmm	Calculated		
4.2	1-6 %			
369.6	20-500 /cmm	Calculated		
0.1	0.1-2 %			
8.8	20-100 /cmm	Calculated		
-				
	RESULTS   17.9   5.68   52.6   93   31.5   33.9   13.4   8800   LUTE COUNTS   41.3   3634.4   5.6   492.8   48.8   4294.4   4.2   369.6   0.1	RESULTS   BIOLOGICAL REF RANGE     17.9   13.0-17.0 g/dL     5.68   4.5-5.5 mil/cmm     52.6   40-50 %     93   80-100 fl     31.5   27-32 pg     33.9   31.5-34.5 g/dL     13.4   11.6-14.0 %     8800   4000-10000 /cmm     LUTE COUNTS   41.3     20-40 %   3634.4     1000-3000 /cmm     5.6   2-10 %     492.8   200-1000 /cmm     48.8   40-80 %     4294.4   2000-7000 /cmm     4.2   1-6 %     369.6   20-500 /cmm     0.1   0.1-2 %		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	264000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Consulting Dr.	: -	Collected	:25-Dec-2021 / 10:57	
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	:25-Dec-2021 / 11:54	т

Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
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 G B Road Lab, Thane West \*\*\* End Of Report \*\*\*



Bonit Taon'

Dr.AMIT TAORI M.D ( Path ) Pathologist

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Name	: MR.BHAWANI SINGH GOUR
Age / Gender	: 40 Years / Male
Consulting Dr.	: -
Reg. Location	: G B Road, Thane West (Main Centre)



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Reported

		ELOW 40 MALE/FEMALE	
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	106.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.48	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.56	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.92	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	39.0	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	35.6	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	28.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	104.3	40-130 U/L	PNPP
BLOOD UREA, Serum	14.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.99	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.3	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West



Bonit Taon' Dr.AMIT TAORI M.D (Path)

Pathologist

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	. 21250/1007			Р
CID	: 2135941097			
Name	: MR.BHAWANI SINGH GOUR			0
Age / Gender	:40 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:	
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	:	т

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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES**

		<u>UN UF FAECES</u>
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b>CHEMICAL EXAMINATION</b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<b>MICROSCOPIC EXAMINATION</b>		
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 G B Road Lab, Thane West \*\*\* End Of Report \*\*\*





Amit Taom'

Dr.AMIT TAORI M.D (Path) Pathologist

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### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West \*\*\* End Of Report \*\*\*





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

### PARAMETER

## RESULTS

**ABO GROUP** 0 **Rh TYPING** Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti-H lectin.

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 1.
- 2. AABB technical manual

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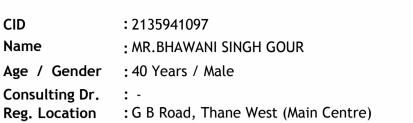
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### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** LIPID PROFILE

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
CHOLESTEROL, Serum	127.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	85.4	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	47.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	80.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	63.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	17.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated
*Comple processed at SURUPRAN DI		Dood Lob Thoma Wast	

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:2135941097

: -

: 40 Years / Male

: MR.BHAWANI SINGH GOUR

: G B Road, Thane West (Main Centre)

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

Reported

0.35-5.5 microIU/ml

:25-Dec-2021 / 12:00

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	AERFOCAMI HEALTHC	ARE BELOW 40 MALE/FEMALE	Ē
THYROID FUNCTION TESTS			
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
Free T3, Serum	6.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.7	11.5-22.7 pmol/L	ECLIA

### Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

1.76

#### **Clinical Significance:**

sensitiveTSH, Serum

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)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West \*\*\* End Of Report \*\*\*



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