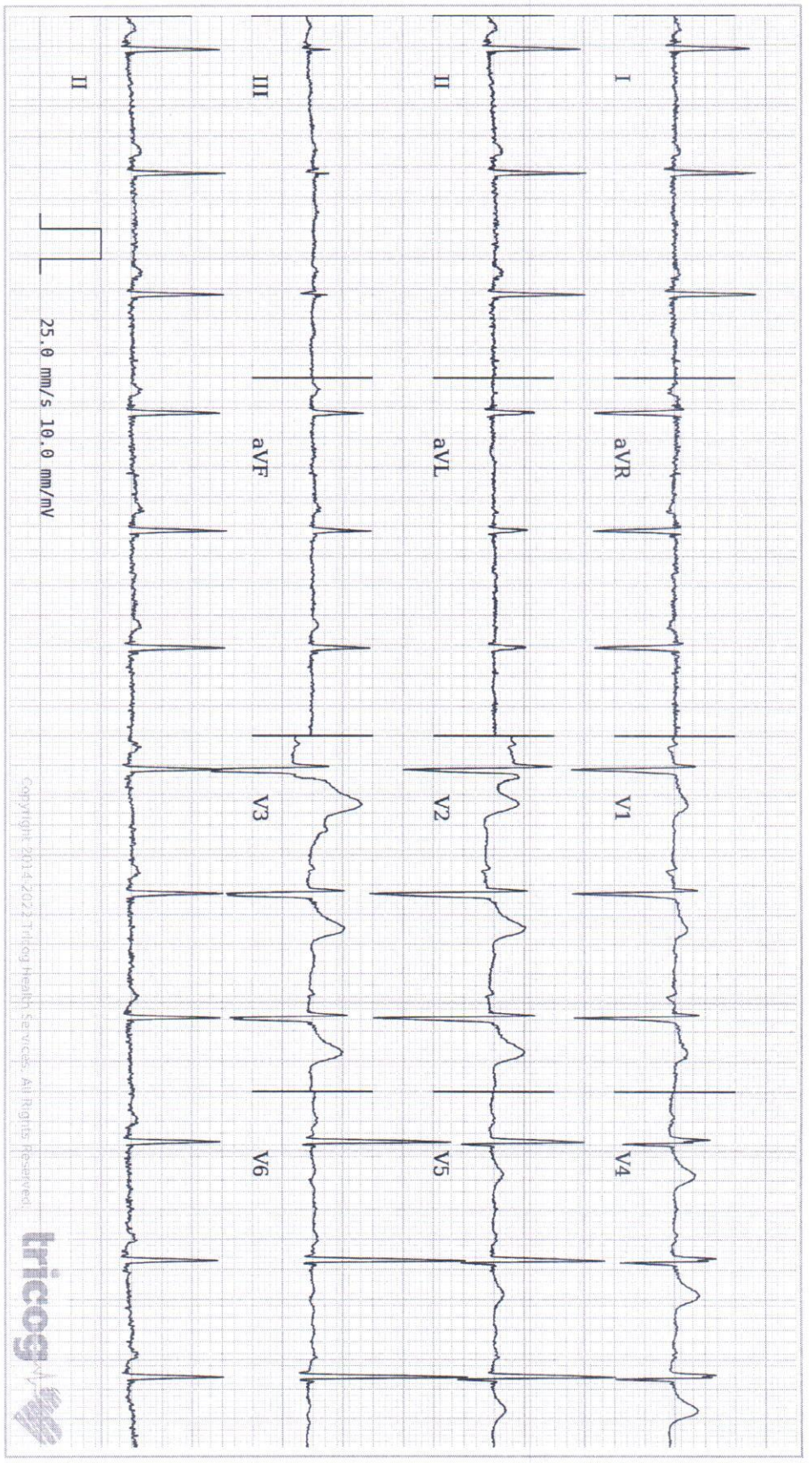


Patient Name: PRANAV SAMEJA
Patient ID: 2234419784

Date and Time: 10th Dec 22 10:27 AM



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Age 36 NA NA
years months days

Gender Male

Heart Rate 75bpm

Patient Vitals

BP: 170/80 mmHg

Weight: 75 kg

Height: 156 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 86ms

QT: 392ms

QTc: 437ms

PR: 146ms

P-R-T: 52° 38° 67°

REPORTED BY

[Signature]

DR. AKHIL PARJURKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012062583

Sinus Rhythm, Normal Axis, Nonspecific T wave Abnormality. Please correlate clinically.

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Row House No. 3, Angan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

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 : 2234419784
Name : Mr SAMEJA PRANAV
ARVINDKUMAR
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

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Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022 / 12:15

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.

KLH FEK

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

Click here to view images <<ImageLink>>

Authenticity Check



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CID : 2234419784
Name : Mr SAMEJA PRANAV
ARVINDKUMAR
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022 / 9:58

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 visualized 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 9.0 x 4.5 cm. Left kidney measures 10.5 x 5.0 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 23.2 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121008532636>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vile Parle West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Authenticity Check



CID : 2234419784
Name : Mr SAMEJA PRANAV
ARVINDKUMAR
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022 / 9:58

IMPRESSION:
GRADE I FATTY LIVER.

-----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

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.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121008532636>

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Corporate Identity Number (CIN): U85110MH2002PTC136144

DENTAL CHECK - UP

Name:- Pranav Sameja

CID : 2234419784 Sex / Age : M / 36

Occupation:-

Date: 10/12/2022

Chief complaints:- No complaints

Medical / dental history:- No relevant history

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: Normal movements
- b) Facial Symmetry: Bilateral symmetrical

2) Intra Oral Examination:

- a) Soft Tissue Examination: Normal
- b) Hard Tissue Examination: - $\begin{matrix} 5 & 8 \\ 8 & 5 \end{matrix}$ (caries)
- c) Calculus: +
- Stains: +

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: a) Scaling & Polishing (cleaning).

b) $\begin{matrix} 5 & 8 \\ 8 & 5 \end{matrix}$ ↓ observation.

Provisional Diagnosis:-

- NIL -

DR. BHUMIK PATEL
(B.D.S) A - 23378

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Row House No. 3, Aangan,
Thekur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Dr. Bhumik Patel
[Signature]

Date:- 10/12/22

CID:
2234419784

Name:- Mr. Pranav Sameja

Sex/Age: M/36

EYE CHECK UP

Chief complaints: Routine check-up

Systemic Diseases: No H/O STZ

Past history: No H/O Ocular surgery

H/O glaucoma
 -3.25 -1.25 x 90
 -3.50 -0.75 x 90

Unaided Vision: 6/60 6/60

Aided Vision: 6/6, N/C 6/6, N/C

Refraction: Const. normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-3.25	1.70	90°	6/6	-3.25	-0.75	90°	6/6
Near				N/C				N/C

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal H.
KAJAL NAGRECHA
 OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aangan,
 Thakur Village, Kandivalli (east),
 Mumbai - 400101.
 Tel : 61700000


आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

SAMEJA PRANAV A
ARVINDKUMAR KHUSHALDAS SAMEJA

26/02/1986
Permanent Account Number
BWDPS7030J

Signature 


22052008

SUBREBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aznagar,
Thakur Village, Kandivalli (east),
Mumbai - 400101,
Tel : 61709000

stool

R
E
P
C
F
T

CID# : 2234419784
Name : MR.SAMEJA PRANAV ARVINDKUMAR
Age / Gender : 36 Years/Male
Consulting Dr. : - Collected : 10-Dec-2022 / 08:52
Reg.Location : Kandivali East (Main Centre) Reported : 10-Dec-2022 / 16:56

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	156 cms	Weight (kg):	75 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	170/80	Nails:	Normal
Pulse:	80/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

Dyslipidemia

ADVICE:

T. Rosuvastatin 20mg

CID# : 2234419784

Name : MR.SAMEJA PRANAV ARVINDKUMAR

Age / Gender : 36 Years/Male

Consulting Dr. : -

Collected : 10-Dec-2022 / 08:52

Reg.Location : Kandivali East (Main Centre)

Reported : 10-Dec-2022 / 16:56

CHIEF COMPLAINTS:

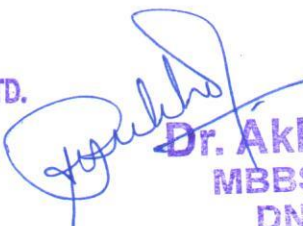
- | | |
|--|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary 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 | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

*** End Of Report ***

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000


Dr. Akhil P. Parulekar.
MBBS. MD. Medicine
DNB Cardiology
Reg. No. 2012082483



CID : 2234419784
Name : MR.SAMEJA PRANAV ARVINDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 09:02
Reported : 10-Dec-2022 / 14:27

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.88	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.3	40-50 %	Measured
MCV	91	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9810	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.3	20-40 %	
Absolute Lymphocytes	2383.8	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	676.9	200-1000 /cmm	Calculated
Neutrophils	66.4	40-80 %	
Absolute Neutrophils	6513.8	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	206.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	29.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	211000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	14.2	11-18 %	Calculated



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CID : 2234419784
Name : MR.SAMEJA PRANAV ARVINDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 09:02
Reported : 10-Dec-2022 / 13:15

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 8 2-15 mm at 1 hr. Sedimentation

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



J. Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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CID : 2234419784
Name : MR.SAMEJA PRANAV ARVINDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 09:02
Reported : 10-Dec-2022 / 13:39

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	89.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	142.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.27	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.35	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.92	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	29.1	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	43.3	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Name : MR.SAMEJA PRANAV ARVINDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 09:02
Reported : 10-Dec-2022 / 20:35

GAMMA GT, Serum	68.0	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	82.4	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	20.9	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	9.8	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.86	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	107	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.2	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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

*** End Of Report ***



MC-2111

Bmhaskar

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



CID : 2234419784
Name : MR.SAMEJA PRANAV ARVINDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 09:02
Reported : 10-Dec-2022 / 15:59

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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2234419784
Name : MR.SAMEJA PRANAV ARVINDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 09:02
Reported : 10-Dec-2022 / 19:57

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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	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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	4-5	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



Use a QR Code Scanner
Application To Scan the Code

CID : 2234419784
Name : MR.SAMEJA PRANAV ARVINDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 09:02
Reported : 10-Dec-2022 / 19:57

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



CID : 2234419784
Name : MR.SAMEJA PRANAV ARVINDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 09:02
Reported : 10-Dec-2022 / 16:11

Use a QR Code Scanner
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

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

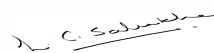
References:

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.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2234419784
Name : MR.SAMEJA PRANAV ARVINDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 09:02
Reported : 10-Dec-2022 / 15:53

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	224.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	325.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	30.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	194.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	156.6	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	37.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.2	0-3.5 Ratio	Calculated

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



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2234419784
 Name : MR.SAMEJA PRANAV ARVINDKUMAR
 Age / Gender : 36 Years / Male
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 09:02
 Reported : 10-Dec-2022 / 13:51

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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	5.1	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	14.2	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.530	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 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:

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 ***



Anupa

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Director