

SUBURBAN DIAGNOSTICS - PIMPLE SAUDAGAR, PUNE



Patient Name: JITENDRA LANGHI
Patient ID: 2227911134

Date and Time: 6th Oct 22 11:13 AM

Age **32** **3** **3**
years months days

Gender **Male**

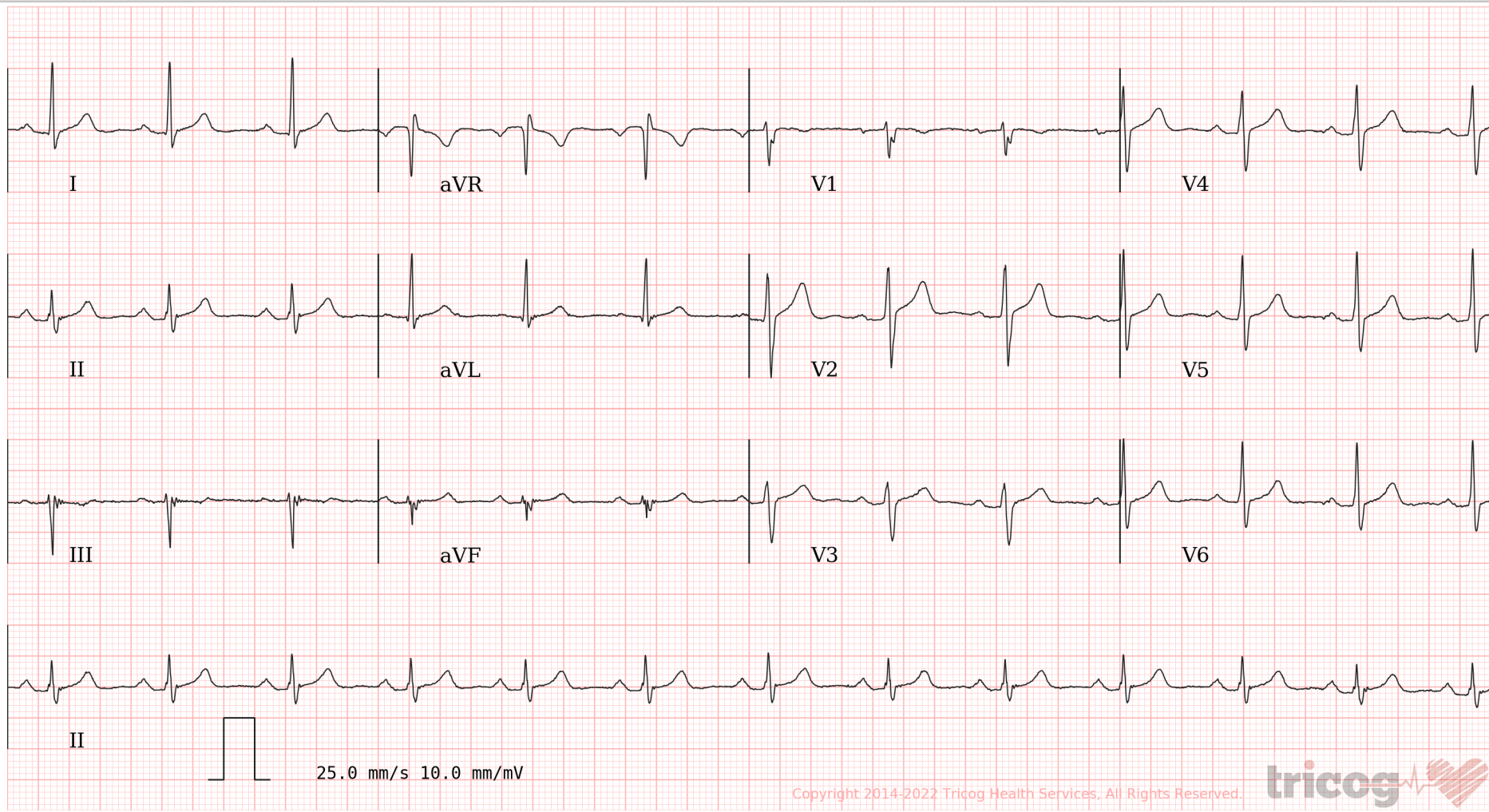
Heart Rate **78bpm**

Patient Vitals

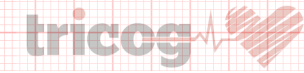
BP: 110/70 mmHg
Weight: 78 kg
Height: 164 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 86ms
QT: 356ms
QTc: 405ms
PR: 186ms
P-R-T: 49° -13° 29°



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

REPORTED BY

Dr. Krutika Ingle
MBBS, D.DM, PG in Diabetology (USA)
2012103018

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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CID : 2227911134
Name : Mr JITENDRA LANGHI
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 06-Oct-2022
Reported : 06-Oct-2022/11:14

ULTRASOUND ABDOMEN AND PELVIS

Liver- Normal in size (13.7 cm), shape and echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized 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 pericholecystic 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 (11.8 cm), shape & echo pattern. No focal lesion seen.

Kidneys- Right kidney -10.4 x 3.9 cm, Left kidney – 11.8 x 4.2 cm, both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation. No hydronephrosis, hydroureter or calculus noted.

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

Prostate - measures (vol.- 11.9 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 significant abnormality detected.**

Advice – Clinical correlation and further evaluation if clinically indicated.

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

This report is prepared and physically checked by before dispatch.

Dr. Divya Chaudhary
MBBS, M.D. RADIODIAGNOSIS,
DNB, RADIOLOGIST
MMC Reg - 2016/01/0064



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CID : 2227911134
Name : MR.JITENDRA LANGHI
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 06-Oct-2022 / 09:57
Reported : 06-Oct-2022 / 15:42

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	15.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.00	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.6	40-50 %	Calculated
MCV	87	80-100 fl	Calculated
MCH	30.9	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.5	20-40 %	
Absolute Lymphocytes	1705.0	1000-3000 /cmm	Calculated
Monocytes	4.3	2-10 %	
Absolute Monocytes	266.6	200-1000 /cmm	Calculated
Neutrophils	54.7	40-80 %	
Absolute Neutrophils	3391.4	2000-7000 /cmm	Calculated
Eosinophils	13.5	1-6 %	
Absolute Eosinophils	837.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	194000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis Mild
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB 05 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
M.B.B.S, DCP (PATH)
Pathologist



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Collected : 06-Oct-2022 / 09:57
Reported : 06-Oct-2022 / 16:04

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	103.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.77	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.45	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	23.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	100.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.67-1.17 mg/dl	Enzymatic



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Collected : 06-Oct-2022 / 14:30
Reported : 06-Oct-2022 / 18:30

eGFR, Serum	119	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.3	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 Pune Baner Balewadi Lab
*** End Of Report ***



Shruti Ramteke

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M.B.B.S, DCP (PATH)
Pathologist



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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 Pune Lab, Pune Swargate
*** End Of Report ***



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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	Dark yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight Hazy	Clear	-
Volume (ml)	40	-	-
<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	5-6	Less than 20/hpf	

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*** End Of Report ***



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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 Semi- automated column agglutination technology (CAT)

This sample has 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.

References:

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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*** End Of Report ***



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Reported : 06-Oct-2022 / 16:04

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	133.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	130.0	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	32.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	101.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	75.0	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	26.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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



J. Thakker

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



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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	5.0	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.3	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	0.96	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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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)

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

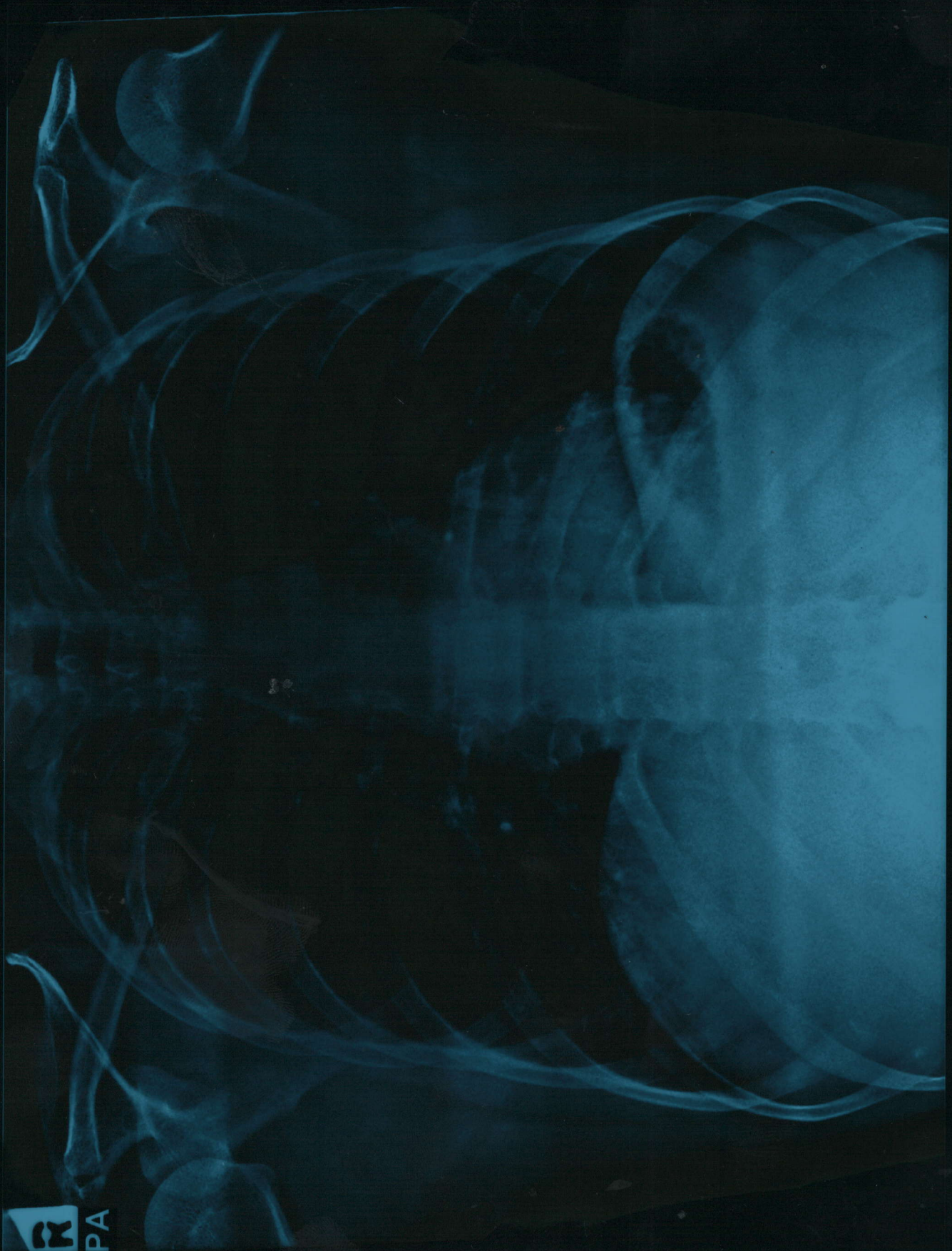
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MC-2463

Shamla Kulkarni

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



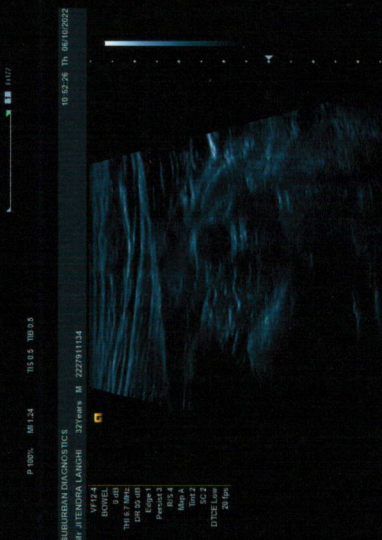
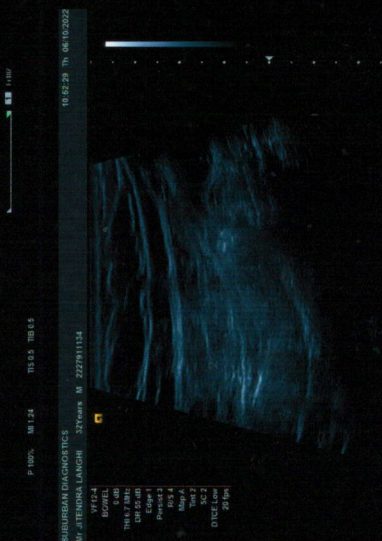
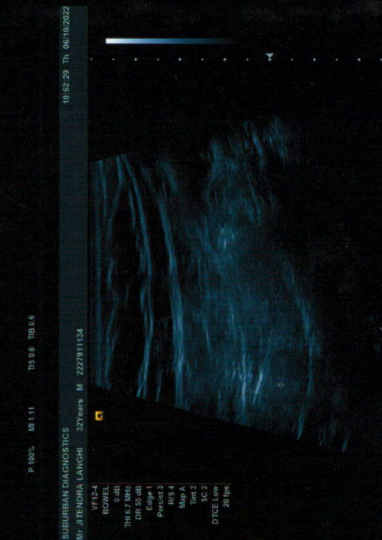
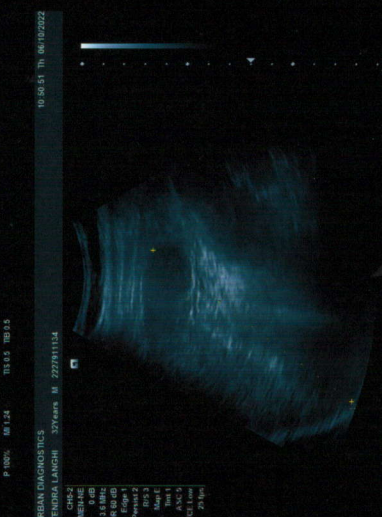
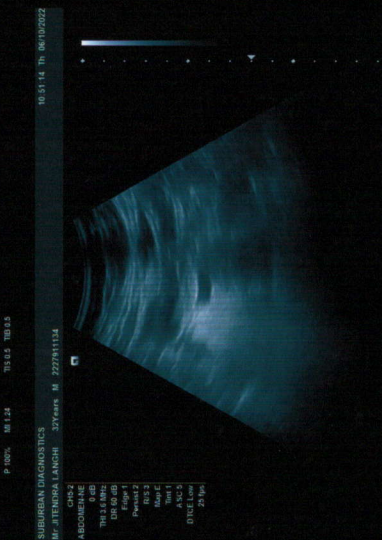
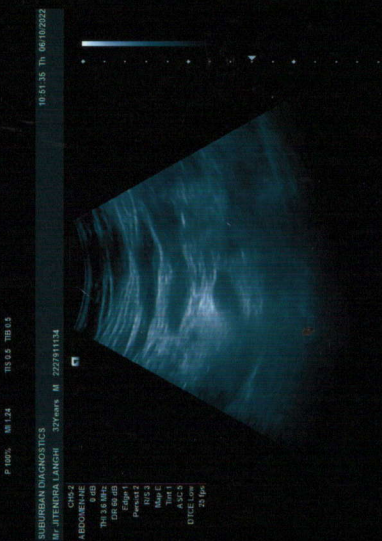
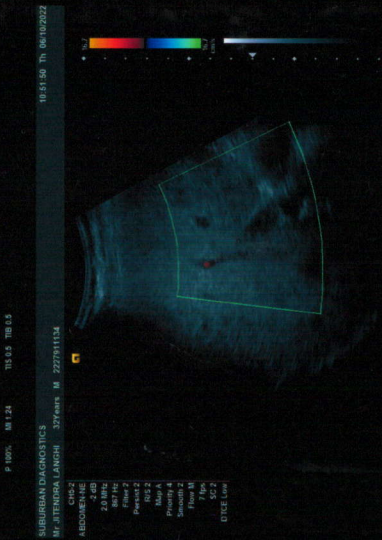
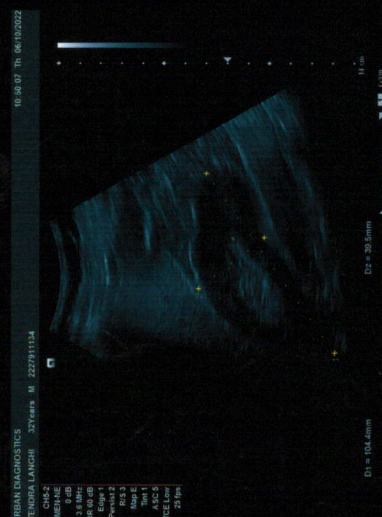
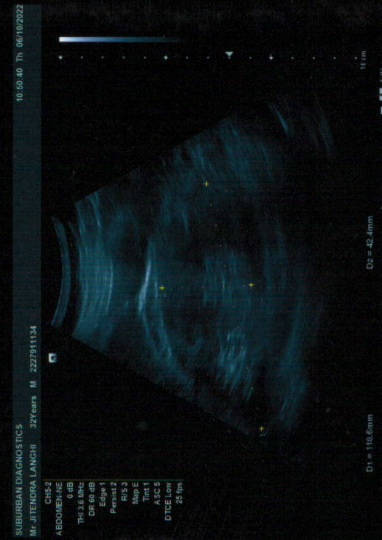
R PA

MR. JITENDRA LANGHI 32YRS M 2227911134 CHEST PA 10/6/2022
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR

SUBURBAN DIAGNOSTIC CENTRE

Study : EM

Mr. JITENDRA LANGHI 032Y / M



Jitendra Landge

32/M

PHY2.

6-10-22

History and Complaints:
NIL

EXAMINATION FINDINGS:

Height (cms):	164	Weight (kg):	78	BMI
Temp (0c):	Afebrile	Skin:	Normal	3 mm
Blood Pressure (mm/hg):	110/70	Nails:	Healthy	
Pulse:	78	Lymph Node:	Not Palpable	

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

IMPRESSION:

FIT

All reports normal

ADVICE: - NIL

CHIEF COMPLAINTS:

1)	Hypertension:	NIL
2)	IHD:	
3)	Arrhythmia:	
4)	Diabetes Mellitus :	
5)	Tuberculosis :	
6)	Asthama:	
7)	Pulmonary Disease :	

8) **Thyroid/ Endocrine disorders :**

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Pancham Hotel, Pune - 411009

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

Brief Disclaimer: (1)Suburban Diagnostics ensures that the tests are conducted with utmost care and safety and are performed on samples received as per the sample collection guide of Suburban Diagnostics.(2)Sample may be rejected if unacceptable for the requested tests.(3)Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.(4)Report must not be copied in part, only in full.(5)This report is not valid for medico-legal purposes.(6)Patient information or data will not be communicated to a third party except in the case of a notifiable disease to a Public Care Unit.(7)Suburban Diagnostics reserves the right to subcontract samples to other

9)	Nervous disorders :	
10)	GI system :	} mm
11)	Genital urinary disorder :	
12)	Rheumatic joint diseases or symptoms :	
13)	Blood disease or disorder :	
14)	Cancer/lump growth/cyst :	
15)	Congenital disease :	
16)	Surgeries :	
PERSONAL HISTORY:		
1)	Alcohol	} No mixed mm
2)	Smoking	
3)	Diet	
4)	Medication	



Dr. KRUTIKA INGLE
 MBBS, D.DM, PG in Diabetology (USA)
 MMC Regd - 2012 103018

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

R
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R
T

Date:- 6-10-22
Name:- Jitendra Langhi

CID:
Sex / Age: 1 32 / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

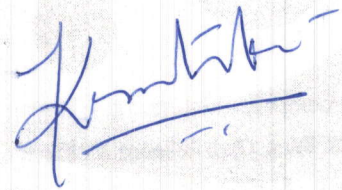
Refraction:

3m
— N12
1 NA

	(Right Eye)			(Left Eye)				
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N-6	—	—	—	N-6

Colour Vision: Normal / Abnormal

Remark: N12



Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018

CID : 2227911134
Name : Mr JITENDRA LANGHI
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 06-Oct-2022
Reported : 06-Oct-2022 / 17:51

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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.

Cardiac silhouette has grossly normal appearance for age.

Bilateral costophrenic and cardiophrenic angles appear grossly 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.

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

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

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.

Click here to view images <<ImageLink>>

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343 | For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



CID : 2227911134
Name : Mr JITENDRA LANGHI
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 06-Oct-2022
Reported : 06-Oct-2022 / 11:14

ULTRASOUND ABDOMEN AND PELVIS

Liver- Normal in size (13.7 cm), shape and echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized 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 pericholecystic 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 (11.8 cm), shape & echo pattern. No focal lesion seen.

Kidneys- Right kidney -10.4 x 3.9 cm, Left kidney - 11.8 x 4.2 cm, both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation. No hydronephrosis, hydroureter or calculus noted.

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

Prostate - measures (vol.- 11.9 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 significant abnormality detected.

Advice - Clinical correlation and further evaluation if clinically indicated.

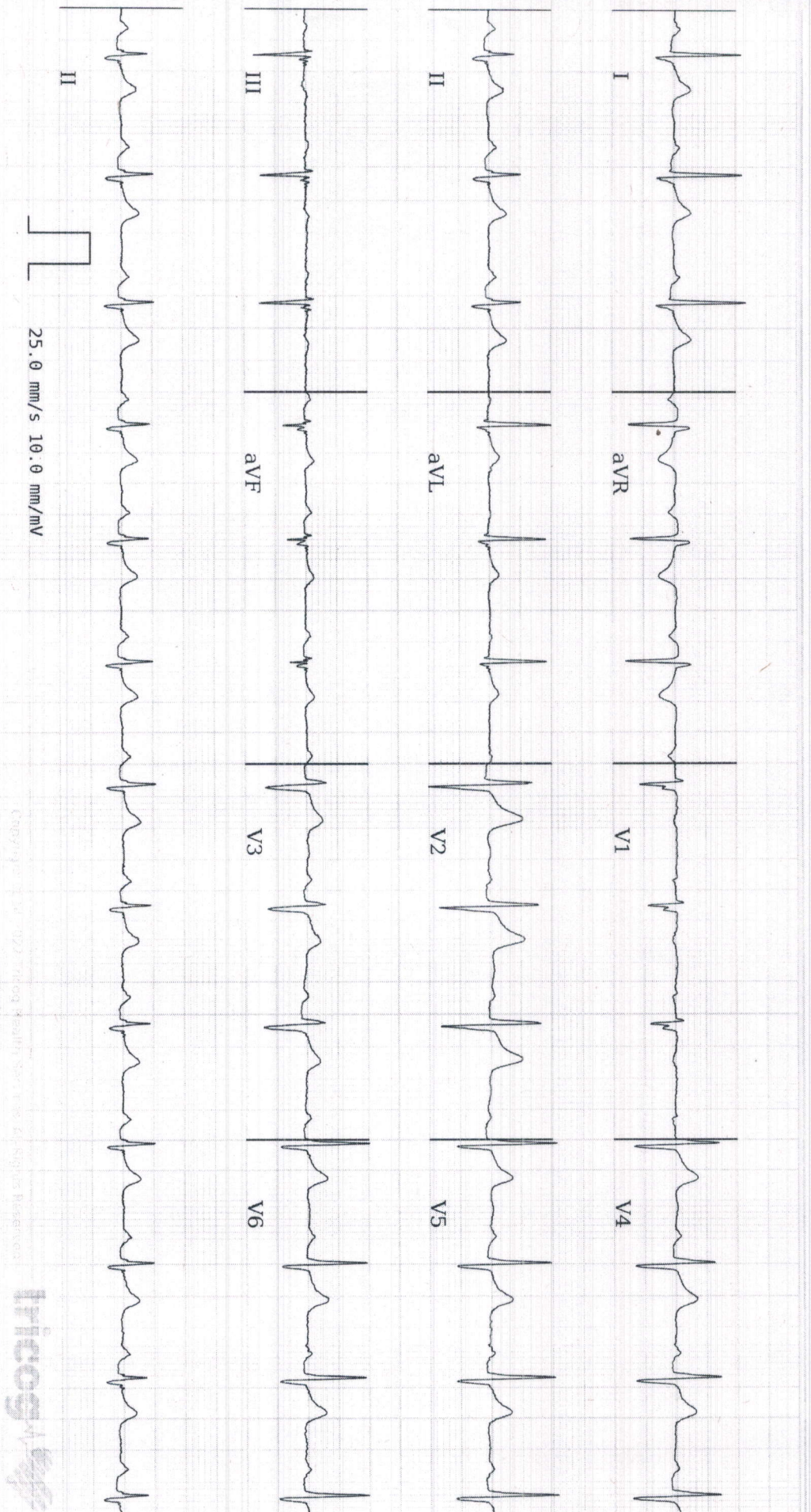
-----End of Report-----

This report is prepared and physically checked by before dispatch.

Dr. Divya Chaudhary
MBBS, M.D. RADIODIAGNOSIS,
DNB, RADIOLOGIST
MMC Reg - 2016/01/0064

Patient Name: **JITENDRA LANGHI**
Patient ID: **2227911134**

Date and Time: **6th Oct 22 11:13 AM**



Age **32** years **3** months **3** day

Gender **Male**

Heart Rate **78bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **78 kg**

Height: **164 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **86ms**

QT: **356ms**

QTc: **405ms**

PR: **186ms**

P-R-T: **49° -13° 29°**


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


REPORTED BY

[Signature]


Dr. Krunika Ingle
MBBS, D.DM, PG in Diabetology (USA)
2012103018

This document is a computer-generated report based on ECG data and should be used as an adjunct to clinical history, symptoms, and signs of other invasive and non-invasive tests and must be interpreted by a qualified physician. All Patient Vitals are as gathered by the clinician and not derived from the ECG.

 भारत सरकार
GOVERNMENT OF INDIA

 जितेंद्र तुकाराम लांघी
Jitendra Tukaram Langhi

जन्म वर्ष / Year of Birth : 1990
पुरुष / Male

6535 9482 9980 

आधार — सामान्य माणसाचा अधिकार

Elangh

SUBURBAN DIAGNOSTIC (I) PVT. LTD.
"Fortuna" Ground Floor, Near Shivar
Garden Chowk, Next to Radha Krishna
Hotel, Pimple Saudagar, Pune-411 027.



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CID : 2227911134
Name : MR. JITENDRA LANGHI
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 06-Oct-2022 / 09:57
Reported : 06-Oct-2022 / 15:42

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	15.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.00	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.6	40-50 %	Calculated
MCV	87	80-100 fl	Calculated
MCH	30.9	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.5	20-40 %	
Absolute Lymphocytes	1705.0	1000-3000 /cmm	Calculated
Monocytes	4.3	2-10 %	
Absolute Monocytes	266.6	200-1000 /cmm	Calculated
Neutrophils	54.7	40-80 %	
Absolute Neutrophils	3391.4	2000-7000 /cmm	Calculated
Eosinophils	13.5	1-6 %	
Absolute Eosinophils	837.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	194000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis Mild
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB 05 2-15 mm at 1 hr. Westergren

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



Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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Collected : 06-Oct-2022 / 09:57
Reported : 06-Oct-2022 / 16:04

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	103.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.77	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.45	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	23.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	100.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	119	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.3	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 Pune Baner Balewadi Lab
*** End Of Report ***



Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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Collected : 06-Oct-2022 / 09:57
Reported : 06-Oct-2022 / 16:39

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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr. Shruti Ramteke
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2227911134
Name : MR.JITENDRA LANGHI
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Reg. Location : Pimple Saudagar, Pune (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Dark yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight Hazy	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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	

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

Shruti Ramteke

Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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Collected : 06-Oct-2022 / 09:57
Reported : 06-Oct-2022 / 14:22

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 Semi- automated column agglutination technology (CAT)

This sample has 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:

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

*** End Of Report ***



Shruti Ramteke
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2227911134
Name : MR. JITENDRA LANGHI
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

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Reported : 06-Oct-2022 / 16:04

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	133.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	130.0	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	32.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	101.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	75.0	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	26.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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



J. Thakker

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



CID : 2227911134
Name : MR. JITENDRA LANGHI
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

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Reported : 06-Oct-2022 / 14:45

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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	5.0	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.3	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	0.96	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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Name : MR.JITENDRA LANGHI
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

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Reported : 06-Oct-2022 / 14:45

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)

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

*** End Of Report ***



MC-2463

Shamla Kulkarni

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



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Collected : 06-Oct-2022 / 09:57
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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 Pune Lab, Pune Swargate
*** End Of Report ***



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