

Suburban Diagnostics (I) Pvt. Ltd.

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301& 302, 3rd Floor, Vini Eleganance.

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Above Tanisq Jweller, L. T. Road,

Above Tanisq Jweller, L. T. Road,

Borivali (West), Mumbai - 400 092.

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CID

: 2118922784

Name

: MR.KUMAR GAURAV Age / Gender : 37 Years/Male

Ref. Dr

Reg.Location : Borivali West (Main Centre)

SID

: 177803845686

Registered

: 08-Jul-2021 / 09:09

Collected

: 08-Jul-2021 / 09:09

Reported

: 09-Jul-2021 / 09:21

Printed

: 09-Jul-2021 / 09:22

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): Temp (0c):

176 cms

Afebrile

Blood Pressure (mm/hg): 130/80 mm/hg Pulse:

78/min

Weight (kg):

105 kg

Skin:

Normal Normal

Nails: Lymph Node:

Not palpable

Systems Cardiovascular: S1S2 audible

Respiratory: Genitourinary:

AEBE NAD

GI System:

Liver & Spleen not palpable

CNS:

NAD

IMPRESSION:

ADVICE:

- W+ reduction 25Kg - Kegulal energy

CHIEF COMPLAINTS:

HIEF COMPLAINTS	No
) Hypertension:	No
2) IHD	No
3) Arrhythmia	No
4) Diabetes Mellitus	No
5) Tuberculosis	No
6) Asthama	No
Dulmonary Disease	No
8) Thyroid/ Endocrine disorders	No
9) Nervous disorders	No
10) Gl system 11) Genital urinary disorder	No

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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: 09-Jul-2021 / 09:21

Printed

: 09-Jul-2021 / 09:22

12) Rheumatic joint diseases or symptoms No

13) Blood disease or disorder

14) Cancer/lump growth/cyst 15) Congenital disease

No No

16) Surgeries

No

17) Musculoskeletal System

No

PERSONAL HISTORY:

1) Alcohol

No

2) Smoking

No

Diet 3)

Mix Nil

Medication

*** End Of Report ***

Dr.NITIN SONAVANE **PHYSICIAN**

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST REGD. NO.: 87714

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METHOD

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC	(Complete	Blood C	Count),	Blood
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PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.09	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.1	40-50 %	Measured
MCV	81	80-100 fl	Calculated
MCH	26.3	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
WBC PARAMETERS			er i i i i i i i i i i i i i i i i i i i
WBC Total Count	9140	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS		
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	3025.3	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	603.2	200-1000 /cmm	Calculated
Neutrophils	57.7	40-80 %	-53752 P977907 N1
Absolute Neutrophils	5273.8	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	219.4	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	18.3	20-100 /cmm	Calculated
Immature Leukocytes			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	275000	150000-400000 /cmm	Elect. Impedance
Platelet Count		6-11 fl	Calculated
MPV	11.1	CE 2.5. 5.5	Calculated
PDW	22.3	11-18 %	catediates

RBC MORPHOLOGY

Hypochromia	Mild	
2.22 2 ¥	Occasional	

Microcytosis	Occasional

Macrocytosis

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Collected

:08-Jul-2021 / 12:06 Reported

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

ESR, Citrate WB

15

2-15 mm at 1 hr.

Westergren

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





N.D. Khal

Page 2 of 10

Dr.Nami Shah M.B.B.S, DCP (PATHOLOGY) Manager - Medical Services(Pathology)

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BILIRUBIN (INDIRECT), Serum

SGOT (AST), Serum

0.34

16.0

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AERFOCAMI	HEALTH(CARE	BELOW	40	MALE/FEMALE

AERFO	CAMI HEALTHCARE BE	LOW 40 MALE/FEMALE	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma	100.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
CHOLESTEROL, Serum	149.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	32.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
LDL CHOLESTEROL, Serum	111.6	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	Calculated
Note : LDL test is performed by dir	rect measurement.		
TRIGLYCERIDES, Serum	60.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
BILIRUBIN (TOTAL), Serum	0.58	0.1-1.2 mg/dl	Colorimetri
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
		0 70 71 EV TOP	C 1 1 1 1 1

Page 3 of 10

Calculated

NADH (w/o P-5-P)

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0.1-1.0 mg/dl

5-40 U/L

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CODT (ALT) Sorum	21.1	5-45 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum ALKALINE PHOSPHATASE, Serum	90.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum BUN, Serum	17.7 8.3	12.8-42.8 mg/dl 6-20 mg/dl	Kinetic Calculated
CREATININE, Serum eGFR, Serum	0.81 114	0.67-1.17 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated
URIC ACID. Serum	6.8	3.5-7.2 mg/dl	Enzymatic

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





Anto Dr.ANUPA DIXIT M.D.(PATH) PATHOLOGIST

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TEST

PARAMETER

RESULTS

BIOLOGICAL REF RANGE METHOD

sensitiveTSH, Serum

2.04

0.35-5.5 microIU/ml

ECLIA

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





Anto Dr.ANUPA DIXIT M.D.(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

5.9

Non-Diabetic Level: < 5.7 %

HPI C

Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

Estimated Average Glucose (eAG), EDTA WB

122.6

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 CPL, Andheri West *** End Of Report *











Dr.LEENA CHETAN SALUNKHE D.P.B **PATHOLOGIST**

C. Solver

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

PARAMETER	<u>RESULTS</u>	BIOL

LOGICAL REF RANGE

PHYSICAL EXAMINATION

Colour

Blood

Form and Consistency

Brown Semi Solid Brown Semi Solid

Mucus

Absent Absent Absent Absent

CHEMICAL EXAMINATION

Reaction (pH)

Acidic (5.5)

Absent

Occult Blood

Absent

MICROSCOPIC EXAMINATION

Protozoa Flagellates

Macrophages

Fat Globules

RBC/hpf

WBC/hpf

Yeast Cells

Mucus Strands

Ciliates Parasites

Absent Absent

Absent

Absent

Absent

Absent Absent

Absent

Absent Absent

Present +

No ova detected

Absent

Undigested Particles

Absent





N.D. Shall Dr.Nami Shah M.B.B.S, DCP (PATHOLOGY) Manager - Medical Services(Pathology)

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Concentration Method (for ova) Reducing Substances

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



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PARAMETER

: Borivali West (Main Centre)

RESULTS



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Collected Reported

BIOLOGICAL REF RANGE METHOD

: 08-Jul-2021 / 09:11 : 08-Jul-2021 / 14:00 R

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

TAIOMETER			
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	•	5
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 EXAMINATIO	N		
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	3-4	Less than 20/hpf	

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



Others



Dr.Nami Shah M.B.B.S, DCP (PATHOLOGY) Manager - Medical Services(Pathology)

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

Page 8 of 10

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: 2118922784

Name

: MR.KUMAR GAURAV

Age / Gender

: 37 Years / Male

Consulting Dr.

: -

Reg. Location

: Borivali West (Main Centre)

Collected

Reported

: 08-Jul-2021 / 09:11 :08-Jul-2021 / 12:52

Authenticity Check

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Use a QR Code Scanner Application To Scan the Code

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

PARAMETER

RESULTS

ABO GROUP

B

Rh TYPING

POSITIVE

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

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 CPL, Andheri West *** End Of Report ***









Dr.ANUPA DIXIT M.D.(PATH) **PATHOLOGIST**

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Use a QR Code Scanner Application To Scan the Code

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	149.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	60.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	32.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	117.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	12.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO,	3.3	0-3.5 Ratio	Calculated

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





N. D. deal

Dr.Nami Shah M.B.B.S, DCP (PATHOLOGY) Manager - Medical Services(Pathology)

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ENT BASIC CHEEK-UP

DATE :- 8 7 2

NAME:- Mr. Kumar Gaurar.

No Significant ENT History

Ear-

Normal, No swelling, No discharge

Nose- No swelling, NO DNS, Normal

Throat - Normal, Soft, Hard palate Normal, No lymphedenopeths.

Dr. Nitin Sonavane D Card(Consultant Cardiologist)

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST REGD. NO.: 87714

Suburban Diagnostics (I) Pvt. Ltd. 301& 302, 3rd Floor, Vini Eleganance, Above Tanisq Jweller, L. T. Road, Borivali (West), Mumbai - 400 092.

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CID

: 2118922784

SID

: 177803845686

Name

: MR.KUMAR GAURAV

Registered

: 08-Jul-2021 / 09:09

Age / Gender : 37 Years/Male

Collected

: 08-Jul-2021 / 09:09

Ref. Dr

Reported

: 08-Jul-2021 / 11:04

Reg.Location : Borivali West (Main Centre)

Printed

: 08-Jul-2021 / 12:17

X-RAY CHEST PA VIEW

Both lung fields are clear.

The cardiac size and shape are within normal limits.

Both costo-phrenic angles appear normal.

Visualized bony thorax appears unremarkable.

IMPRESSION:

No significant abnormality detected.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

*** End Of Report ***

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CID Name : 2118922784

SID

: 177803845686

Registered

: 08-Jul-2021 / 09:09

Age / Gender

: 37 Years/Male

: MR.KUMAR GAURAV

Collected

: 08-Jul-2021 / 09:09

Ref. Dr

Reported

: 08-Jul-2021 / 10:37

Reg.Location : Borivali West (Main Centre)

Printed

: 08-Jul-2021 / 10:38

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. CBD: CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 11.9 x 5.2 cm. Left kidney measures 11.4 x 5.3 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Opinion:

· No significant abnormality is detected.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

*** End Of Report ***

Dr.Vikrant Patil M.D. Radio Diagnosis. Reg No. 2014052421

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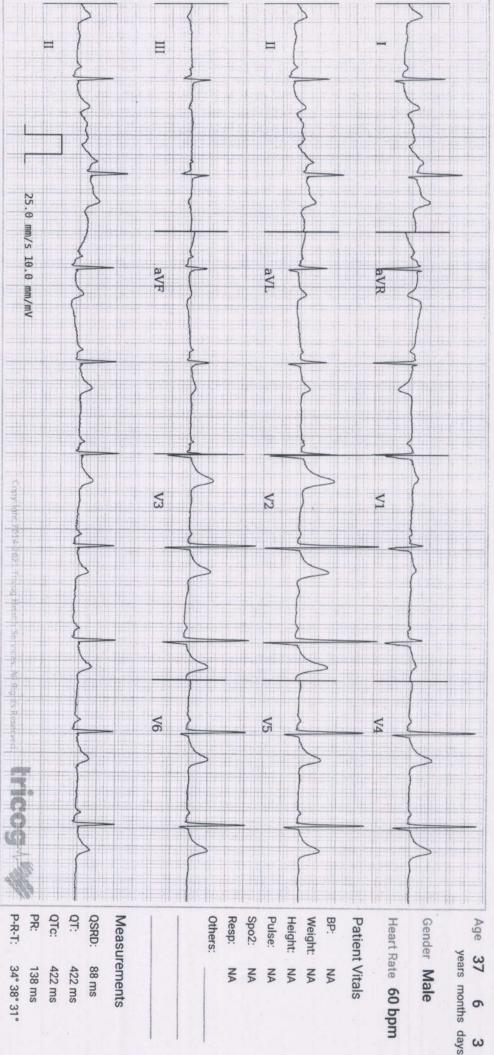


SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient ID: Patient Name: KUMAR GAURAV 2118922784

Date and Time: 8th Jul 21 9:38 AM

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Heart Rate 60 bpm

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct interpreted by a qualified physician. 2) Patlent vitals are as entered by the clinician and not derived

Bonyelinetgry_surprique_and_geults_t001092 ease and from the ECG.

Submitted Diagraphics (I) Pet, Ltd. . Foad, Janance, DR. NITIN SONAVANE

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CONSULTANT-CARDIOLOGIA BIS AFLH, D.DIAB.D.CARD M.S.B.S.AFLH, D.DIAB, D.CARD, 10518 EGD. NO.: 87714 Consultant Cardiologist

REPORTED BY

87714