CID	: 2126411384	SID	: 177804201760
Name	: Mr ANKUR GOVIL	Registered	: 27-Sep-2021 / 10:50
Age / Sex	: 29 Years / Male	Reported	: 27-Sep-2021 / 12:47
Ref. Dr	:	Printed	: 27-Sep-2021 / 12:47
Reg.Location	: Kalina, Santacruz East Main Centre		

# **USG WHOLE ABDOMEN**

# LIVER:

The liver measures 16.1 cm, mild enlarge in size, normal in 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 visualised 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 ,hydronephrosis or mass lesion seen. Right kidney measures  $11.4 \times 4.9 \text{ cm}$ . Left kidney measures  $10.7 \times 5.3 \text{ cm}$ .

## There is single small 3 mm size calculus is seen at mid pole calyx of left kidney.

## **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 3.0 x 1.5 x 2.8 cm size and volume is 7.3 cc.

# <u>IMPRESSION:</u> Mild hepatomegaly with fatty Liver . Left renal calculus .

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

CID	: 2126411384	SID	: 177804201760
Name	: Mr ANKUR GOVIL	Registered	: 27-Sep-2021 / 10:50
Age / Sex	: 29 Years / Male	Reported	: 27-Sep-2021 / 12:47
Ref. Dr	:	Printed	: 27-Sep-2021 / 12:47
Reg.Location	: Kalina, Santacruz East Main Centre		-

Arsham

Dr. Asha Rajendra Dhavan MBBS, DMRE Reg No: 2489 Consultant Radiologist



CID	: 2126411384
Name	: MR.ANKUR GOVIL
Age / Gender	: 29 Years / Male
Consulting Dr.	: -
Reg. Location	: Kalina, Santacruz East (Main Centre)

# · · ·

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

	<u>CBC (Complete Blood Count), Blood</u>				
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>		
<b>RBC PARAMETERS</b>					
Haemoglobin	14.7	13.0-17.0 g/dL	Spectrophotometric		
RBC	4.82	4.5-5.5 mil/cmm	Elect. Impedance		
PCV	42.7	40-50 %	Measured		
MCV	88.6	80-100 fl	Calculated		
МСН	30.5	27-32 pg	Calculated		
MCHC	34.4	31.5-34.5 g/dL	Calculated		
RDW	14.1	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	7350	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS				
Lymphocytes	44.2	20-40 %			
Absolute Lymphocytes	3230	1000-3000 /cmm	Calculated		
Monocytes	6.9	2-10 %			
Absolute Monocytes	510	200-1000 /cmm	Calculated		
Neutrophils	41.4	40-80 %			
Absolute Neutrophils	3040	2000-7000 /cmm	Calculated		
Eosinophils	6.7	1-6 %			
Absolute Eosinophils	490	20-500 /cmm	Calculated		
Basophils	0.8	0.1-2 %			
Absolute Basophils	60	20-100 /cmm	Calculated		
Immature Leukocytes	-				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS	<u> </u>		
Platelet Count	329000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	15.4	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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PRECISE TESTING · HEAT				E
				Р
CID	: 2126411384			
Name	: MR.ANKUR GOVIL			0
Age / Gender	: 29 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	:-	Collected	:21-Sep-2021 / 11:09	
Reg. Location	: Kalina, Santacruz East (Main Centre)	Reported	:21-Sep-2021 / 15:33	т
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				_

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

Specimen: EDTA Whole Blood

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*



John Gruph Dr. AMAR DASGUPTA, MD, PhD

**Consultant Hematopathologist Director - Medical Services** 

sto. **Dr.ANUPA DIXIT** 

M.D.(PATH) **Consultant Pathologist & Lab Director** 

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CID :2126411384 Name : MR.ANKUR GOVIL : 29 Years / Male Use a OR Code Scanner Age / Gender Application To Scan the Code Consulting Dr. Collected : -:21-Sep-2021 / 11:44 Reported :21-Sep-2021 / 15:36 : Kalina, Santacruz East (Main Centre) Reg. Location **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** PARAMETER RESULTS **BIOLOGICAL REF RANGE METHOD** GLUCOSE (SUGAR) FASTING, 85.2 Non-Diabetic: < 100 mg/dl Hexokinase Fluoride Plasma Impaired Fasting Glucose: 100-125 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 121.5 Plasma - PP/R

Diabetic: >/= 126 mg/dl Non-Diabetic: < 140 mg/dl Hexokinase Impaired Glucose Tolerance:

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140-199 mg/dl Diabetic: >/= 200 mg/dl

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*



Anoto

**Dr.ANUPA DIXIT** M.D.(PATH) **Consultant Pathologist & Lab Director** 

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Name	: MR.ANKUR GOVIL
Age / Gender	: 29 Years / Male
Consulting Dr. Reg. Location	: - : Kalina, Santacruz East (Main Centre)

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

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
<b>RBC PARAMETERS</b>				
Haemoglobin	14.7	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.82	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	42.7	40-50 %	Measured	
MCV	88.6	80-100 fl	Calculated	
MCH	30.5	27-32 pg	Calculated	
MCHC	34.4	31.5-34.5 g/dL	Calculated	
RDW	14.1	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	7350	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS			
Lymphocytes	44.2	20-40 %		
Absolute Lymphocytes	3230	1000-3000 /cmm	Calculated	
Monocytes	6.9	2-10 %		
Absolute Monocytes	510	200-1000 /cmm	Calculated	
Neutrophils	41.4	40-80 %		
Absolute Neutrophils	3040	2000-7000 /cmm	Calculated	
Eosinophils	6.7	1-6 %		
Absolute Eosinophils	490	20-500 /cmm	Calculated	
Basophils	0.8	0.1-2 %		
Absolute Basophils	60	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS	<u>.</u>		
Platelet Count	329000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	15.4	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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CID Name	: 2126411384 : MR.ANKUR GOVIL			P O
Age / Gender	: 29 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr. Reg. Location	: - : Kalina, Santacruz East (Main Centre)	Collected Reported	:21-Sep-2021 / 11:09 :21-Sep-2021 / 16:24	т

Specimen: EDTA Whole Blood		
COMMENT	-	
PLATELET MORPHOLOGY	-	
WBC MORPHOLOGY	-	
Others	Normocytic,Normochromic	
Normoblasts	-	
Basophilic Stippling		
Target Cells		
Polychromasia		
Poikilocytosis		
Anisocytosis		

ESR, EDTA WB-ESR 15 2-15 mm at 1 hr. Westergren \*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*



Jobas Empla Dr. AMAR DASGUPTA, MD, PhD

Consultant Hematopathologist Director - Medical Services

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Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

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:2126411384

: MR.ANKUR GOVIL

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:21-Sep-2021 / 11:09 :21-Sep-2021 / 16:39 R

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	121.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.50	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.30	0.1-1.0 mg/dl	Calculated	
SGOT (AST), Serum	23.8	5-40 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	59.3	5-45 U/L	NADH (w/o P-5-P)	
ALKALINE PHOSPHATASE, Serum	74.6	40-130 U/L	Colorimetric	
BLOOD UREA, Serum	17.5	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	8.2	6-20 mg/dl	Calculated	
CREATININE, Serum eGFR, Serum	0.86 112	0.67-1.17 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated	
URIC ACID, Serum	6.4	3.5-7.2 mg/dl	Enzymatic	
*Sample processed at SUBURBAN DIA	GNOSTICS (INDIA) PVT. LTD CPL,	Andheri West		

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*



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Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

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#### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)** RESULTS **BIOLOGICAL REF RANGE** METHOD

mg/dl

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2

Estimated Average Glucose 102.5 (eAG), EDTA WB - CC

#### Intended use:

PARAMETER

- 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 \*\*\*



Shashi D

Page 4 of 8

**Dr.SHASHIKANT DIGHADE** M.D. (PATH) Pathologist

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Name	: MR.ANKUR GOVIL
Age / Gender	: 29 Years / Male
Consulting Dr. Reg. Location	: - : Kalina, Santacruz East (Main Centre)



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

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC 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	6-8	Less than 20/hpf	
Others			

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*





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

## PARAMETER

# **RESULTS**

ABO GROUP A 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

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\*\*\* End Of Report \*\*



M. Jain

Dr.MILLU JAIN M.D.(PATH) Pathologist

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CID	: 2126411384
Name	: MR.ANKUR GOVIL
Age / Gender	: 29 Years / Male
Consulting Dr. Reg. Location	: - : Kalina, Santacruz East (Main Centre)

Authenticity Check



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Use a OR Code Scanner Application To Scan the Code :21-Sep-2021 / 11:09

Collected

Reported

:21-Sep-2021 / 18:04

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	179.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	252.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	34.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	145.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	93.8	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	51.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated
Noto : I DI tost is parformed by dire	at management		

Note : LDL test is performed by direct measurement.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

\*\*\* End Of Report \*\*\*



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Page 7 of 8

**Dr.SHASHIKANT DIGHADE** M.D. (PATH) Pathologist

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

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PRECISE TESTING HEAL			
CID	: 2126411384		
Name	: MR.ANKUR GOVIL		
Age / Gender	: 29 Years / Male		Use a QR Code Scanner Application To Scan the Code
Consulting Dr.	: -	Collected	:21-Sep-2021 / 11:09
Reg. Location	: Kalina, Santacruz East (Main Centre)	Reported	:21-Sep-2021 / 16:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS			
<b>PARAMETER</b>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	22.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.15	0.35-5.5 microIU/ml	ECLIA

#### Interpretation:

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

#### Clinical Significance:

1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation	
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non- thyroidal illness, TSH Resistance.	
High	Low	Low	pothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine hase 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 CPL, Andheri West \*\*\* End Of Report \*\*\*



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Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

Authenticity Check

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

CID	: 2126411384	SID	: 177804201760
Name	: MR.ANKUR GOVIL	Registered	: 21-Sep-2021 / 11:08
Age / Gender	: 29 Years/Male	Collected	: 21-Sep-2021 / 11:08
Ref. Dr	:-	Reported	: 21-Sep-2021 / 15:32
Reg.Location	: Kalina, Santacruz East (Main Centre)	Printed	: 21-Sep-2021 / 16:05

# X-RAY CHEST PA VIEW

## **X-RAY CHEST PA VIEW**

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

## **IMPRESSION:**

No significant abnormality detected.

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Dr.R K BHANDARI M.D.,D.M.R.E CONSULTANT RADIOLOGIST

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