SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2231205323		
Name	: Mr PRADEEP PANDEY		
Age / Sex	: 0 Years/Male		
Ref. Dr	:	**Reg. Date**	: 08-Nov-2022
Reg. Location	: Malad West Main Centre	**Reported**	: 08-Nov-2022/10:09

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size (13.6 cm), 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 head, body and partial tail is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:
Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.2 x 4.8 cm.
Left kidney measures 11.8 x 4.7 cm.

SPLEEN:
The spleen is normal in size (9.7 cm), and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:
The urinary bladder is minimally distended and reveal no intraluminal abnormality.

PROSTATE:
The prostate is normal in size and volume is 11.0 cc.

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Reg. Location	: Malad West Main Centre	**Reported**	: 08-Nov-2022/10:09

IMPRESSION:

- **Grade I fatty infiltration of liver.**

Suggestion: Clinicopathological correlation.

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr.Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

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Ref. Dr	:	**Reg. Date**	: 08-Nov-2022
Reg. Location	: Malad West Main Centre	**Reported**	: 08-Nov-2022/12:59

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. FThey only help in diagnosing the disease in correlation to clinical symptoms and other related tests.urther / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr.Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

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Reg. Location	: Malad West Main Centre	**Reported**	: 08-Nov-2022/12:59

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REPORT

CID	: 2231205323		
Name	: MR.PRADEEP PANDEY		
Age / Gender	: 36 Years / Male		
Consulting Dr.	: -	**Collected**	: 08-Nov-2022 / 09:21
Reg. Location	: Malad West (Main Centre)	**Reported**	: 08-Nov-2022 / 12:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.03	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.1	40-50 %	Calculated
MCV	87.8	80-100 fl	Measured
MCH	30.4	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6620	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	35.3	20-40 %	
Absolute Lymphocytes	2336.9	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	523.0	200-1000 /cmm	Calculated
Neutrophils	44.7	40-80 %	
Absolute Neutrophils	2959.1	2000-7000 /cmm	Calculated
Eosinophils	**11.2**	1-6 %	
Absolute Eosinophils	**741.4**	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	59.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	188000	150000-400000 /cmm	Elect. Impedance
MPV	**12.1**	6-11 fl	Measured
PDW	**24.7**	11-18 %	Calculated

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 08-Nov-2022 / 11:45

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB	4	2-15 mm at 1 hr.	Westergren

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

*** End Of Report ***

ilac-MRA

MC-2111

M Jain

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

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 08-Nov-2022 / 12:15

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	81.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	99.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	**0.31**	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	**0.02**	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	30.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	**56.1**	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	26.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	120.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.67-1.17 mg/dl	Enzymatic

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Consulting Dr.	: -	**Collected**	: 08-Nov-2022 / 12:45
Reg. Location	: Malad West (Main Centre)	**Reported**	: 08-Nov-2022 / 16:16

eGFR, Serum	123	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	**7.3**	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 CPL, Andheri West

*** End Of Report ***

MC-2111

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Consultant Pathologist & Lab Director

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 08-Nov-2022 / 13:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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.

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Age / Gender	: 36 Years / Male		
Consulting Dr.	: -	**Collected**	: 08-Nov-2022 / 11:44
Reg. Location	: Malad West (Main Centre)	**Reported**	: 08-Nov-2022 / 15:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

EXAMINATION OF FAECES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 08-Nov-2022 / 14:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.030	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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	4-5	Less than 20/hpf	
Others	-		

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MC-2111

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 08-Nov-2022 / 14:34

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	NEGATIVE

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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Consulting Dr.	: -	**Collected**	: 08-Nov-2022 / 09:21
Reg. Location	: Malad West (Main Centre)	**Reported**	: 08-Nov-2022 / 22:19

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	181.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	**924.8**	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	**18.7**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	**163.2**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	58.2	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	**105.0**	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	**9.7**	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

Sample is lipaemic.

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

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MC-2111

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.43	0.35-5.5 microIU/ml	ECLIA

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 08-Nov-2022 / 12:15

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 CPL, Andheri West

*** End Of Report ***

ilac-MRA

MC-2111

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

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID#	: **2231205323**	SID#	: 177805577286
Name	: MR.PRADEEP PANDEY	Registered	: 08-Nov-2022 / 09:15
Age / Gender	: 36 Years/Male	Collected	: 08-Nov-2022 / 09:15
Consulting Dr.	: -	Reported	: 08-Nov-2022 / 13:13
Reg.Location	: Malad West (Main Centre)	Printed	: 08-Nov-2022 / 13:15

PHYSICAL EXAMINATION REPORT

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):	175	**Weight (kg):**	75.7
Temp (0c):	NORMAL	**Skin:**	NORMAL
Blood Pressure (mm/hg):	120/90	**Nails:**	NORMAL
Pulse:	74 MIN	**Lymph Node:**	NORMAL

Systems

Cardiovascular:	NAD
Respiratory:	NAD
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

1)	**Hypertension:**	NO
2)	**IHD**	NO
3)	**Arrhythmia**	NO

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

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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 *****

Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)