

CID	: 2124038979
Name	: MS.GARGI KOLEKAR
Age / Gender	: 29 Years / Female
Consulting Dr. Reg. Location	: - : Malad West (Main Centre)



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E P 0 :28-Aug-2021 / 11:33 :28-Aug-2021 / 14:10 т

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complete	<u>e Blood Count), Blood</u>	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.78	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.2	36-46 %	Measured
MCV	75.8	80-100 fl	Calculated
MCH	25.3	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7390	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	29.6	20-40 %	
Absolute Lymphocytes	2187.4	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	524.7	200-1000 /cmm	Calculated
Neutrophils	60.4	40-80 %	
Absolute Neutrophils	4463.6	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	199.5	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	14.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
Absolute Monocytes Neutrophils Absolute Neutrophils Eosinophils Absolute Eosinophils Basophils Absolute Basophils	524.7 60.4 4463.6 2.7 199.5 0.2	200-1000 /cmm 40-80 % 2000-7000 /cmm 1-6 % 20-500 /cmm 0.1-2 %	Calculated Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	292000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated
PDW	11.4	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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Reg. Location	: Malad West (Main Centre)	Reported	:28-Aug-2021 / 17:09	т

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

ESR, EDTA WB-ESR 16 2-20 mm at 1 hr. Westergren *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report ***



John Gran Dr. AMAR DASGUPTA, MD, PhD

Consultant Hematopathologist Director - Medical Services

Anto

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

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:2124038979

: -

: MS.GARGI KOLEKAR

: 29 Years / Female

: Malad West (Main Centre)

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

Authenticity Check



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE PARAMETER RESULTS **BIOLOGICAL REF RANGE METHOD** GLUCOSE (SUGAR) FASTING, 77.9 Non-Diabetic: < 100 mg/dl Hexokinase Fluoride Plasma Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl GLUCOSE (SUGAR) PP, Fluoride 89.6 Non-Diabetic: < 140 mg/dl Hexokinase Plasma - PP/R Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl CHOLESTEROL, Serum 156.8 Desirable: <200 mg/dl Enzymatic Borderline High: 200-239mg/dl High: >/=240 mg/dlHDL CHOLESTEROL, Serum 38.2 Desirable: >60 mg/dl Enzymatic Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl LDL CHOLESTEROL, Serum 112.7 Optimal: <100 mg/dl Calculated Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl TRIGLYCERIDES, Serum 66.2 Normal: <150 mg/dl Enzymatic Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl BILIRUBIN (TOTAL), Serum 0.43 0.1-1.2 mg/dl Colorimetric BILIRUBIN (DIRECT), Serum 0-0.3 mg/dl 0.17 Diazo BILIRUBIN (INDIRECT), Serum Calculated 0.26 0.1-1.0 mg/dl SGOT (AST), Serum 25.2 5-32 U/L NADH (w/o P-5-P) SGPT (ALT), Serum 31.4 5-33 U/L NADH (w/o P-5-P)

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URIC ACID, Serum

RECISE TESTING - HEAT					E
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Age / Gender	:29 Years / I	emale		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -		Collected	:28-Aug-2021 / 11:33	
Reg. Location	: Malad West	(Main Centre)	Reported	:28-Aug-2021 / 16:09	т
ALKALINE PHO	OSPHATASE,	60.4	35-105 U/L	Colorimetric	
BLOOD UREA,	, Serum	14.2	12.8-42.8 mg/dl	Kinetic	
BUN, Serum		6.6	6-20 mg/dl	Calculated	
CREATININE,	Serum	0.51	0.51-0.95 mg/dl	Enzymatic	
eGFR, Serum		152	>60 ml/min/1.73sqm	Calculated	

2.4-5.7 mg/dl

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

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Enzymatic

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

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PARAMETER	AERFOCAMI HEALTHCARE <u>THYROID FUI</u> RESULTS	BELOW 40 MALE/F NCTION TEST BIOLOGICAL REF		
Reg. Location	: Malad West (Main Centre)	Reported	:28-Aug-2021 / 16:09	т
Consulting Dr.	: -	Collected	:28-Aug-2021 / 11:33	ĸ
Age / Gender	: 29 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Name	: MS.GARGI KOLEKAR			0
CID	: 2124038979			Ρ
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			Authenticity check	R

sensitiveTSH, Serum

3.50

0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester:0.3-3.0

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:28-Aug-2021 / 16:01

METHOD

Calculated

HPLC

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

mg/dl

Collected

Reported

BIOLOGICAL REF RANGE

Non-Diabetic Level: < 5.7 %

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

PARAMETER

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

5.6

RESULTS

Estimated Average Glucose 114.0 (eAG), EDTA WB - CC

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 ***





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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 EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.

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



Shashi D

Dr.SHASHIKANT DIGHADE M.D. (PATH) PATHOLOGIST

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

PARAMETER

<u>RESULTS</u>

ABO GROUP O Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	156.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	66.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	38.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	118.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.0	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	12.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated
*Sample processed at SUBURBAN DI	AGNOSTICS (INDIA) PVT. LTD CPI	., Andheri West	

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