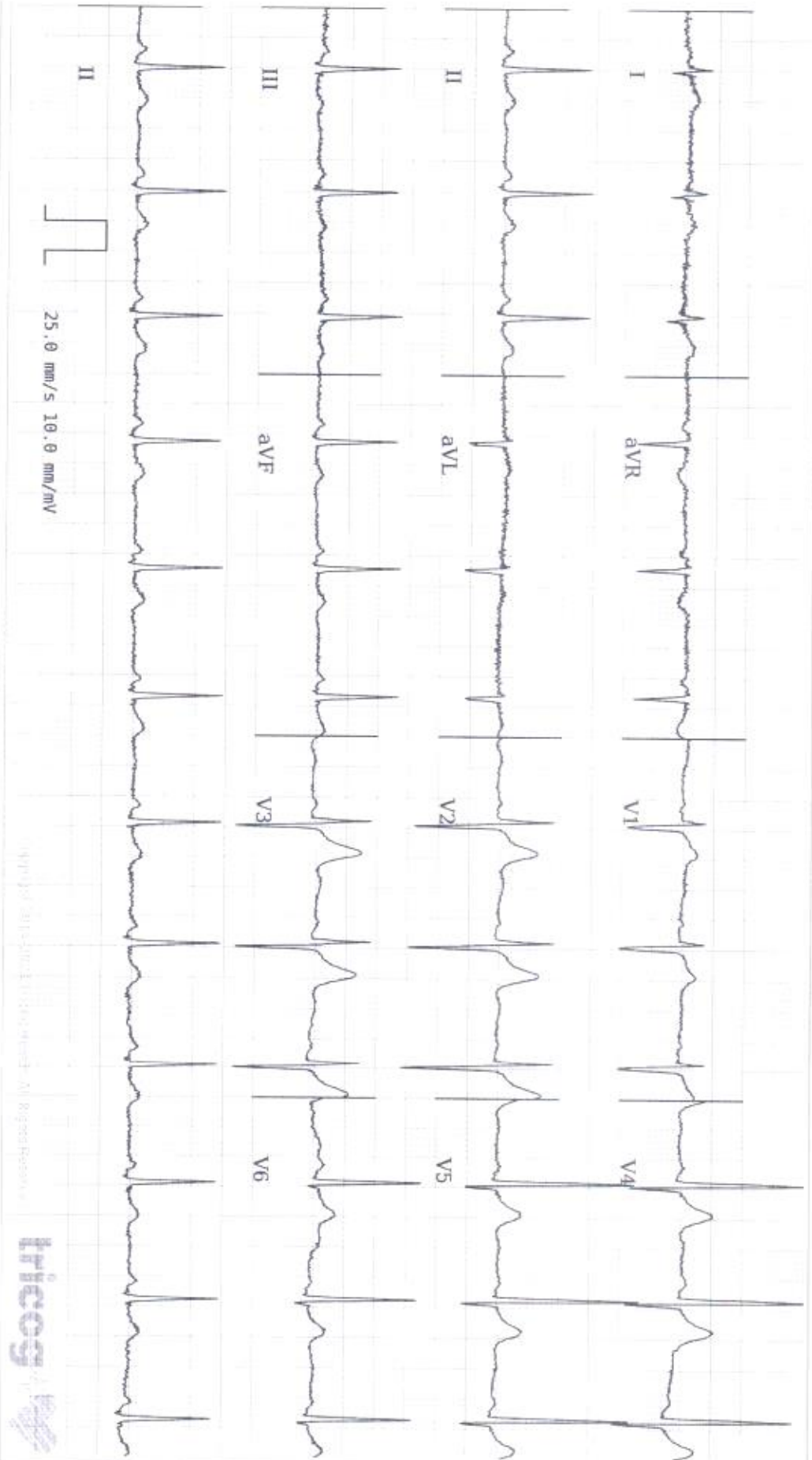


Patient Name: **EKKA KISHORE KUMAR**  
Patient ID: **2302818855**

Date and Time: **28th Jan 23 11:52 AM**



Age **37** 4 4  
years months days

Gender **Male**

Heart Rate **74bpm**

Patient Vitals

BP: **110/80 mmHg**

Weight: **75 kg**

Height: **177 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **80ms**

QT: **340ms**

QTc: **37ms**

PR: **122ms**

P-R-T: **48° 87° 55°**

Sinus Rhythm, Borderline Left Ventricular Hypertrophy suspected. Please correlate clinically.

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Row House No.13, Aangan,  
Thakur Village, Kandivali (East),  
Mumbai - 400101.

Disclaimer: 1. Analysis in this report is based on ECG above 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 physician. 2. Patient's photo as captured by the clinician and not derived from the ECG.

REPORTED BY

DR ANHIL PARULEKAR  
MBBS, MD, MEDICINE, DMR Cardiology  
Cardiologist  
2012623485



Date: - 28/1/23

CID: 2302818855

Name: - Mr. Eka Kishore Kumar

Sex/Age: m / 37

**EYE CHECK UP**

Chief complaints: Routine ch-up

Systemic Diseases: no h/o sb

Past history: no h/o Ocular surgery

Unaided Vision: 6/6 6/6

Aided Vision: -

Refraction: *Compl. Normal*

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

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

*Kajal H.*  
**KAJAL NAGRECHA**  
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Plot House No. 2, Anand,  
Thakur village, Kandivall East,  
Mumbai - 400161.  
Tel : 61700880

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2302818855  
Name : Mr EKKA KISHORE KUMAR  
Age / Sex : 37 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 10:30

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 8.5 x 4.0 cm. Left kidney measures 10.2 x 4.9 cm.

### 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 size and volume is 16 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012808480804>



Authenticity Check



Use a QR Code Scanner  
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CID : 2302818855  
Name : Mr EKKA KISHORE KUMAR  
Age / Sex : 37 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 10:30

**IMPRESSION:**

No significant abnormality is seen.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

*Khilji FA*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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 cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012808480804>



Use a QR Code Scanner  
Application To Scan the Code

CID : 2302818855  
Name : Mr EKKA KISHORE KUMAR  
Age / Sex : 37 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 12:14

**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.**

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

**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

**Dr. FAIZUR KHILJI  
MBBS, RADIO DIAGNOSIS  
Reg No-74850  
Consultant Radiologist**

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?  
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sessionNo=2023012808480811

CID# : 2302818855  
Name : MR.EKKA KISHORE KUMAR  
Age / Gender : 37 Years/Male  
Consulting Dr. :-  
Reg.Location : Kandivali East (Main Centre)  
Collected : 28-Jan-2023 / 08:47  
Reported : 29-Jan-2023 / 10:40

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

R.LBA since off & on

### EXAMINATION FINDINGS:

Height (cms):	177 cms	Weight (kg):	75 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80	Nails:	Normal
Pulse:	72/MIN	Lymph Node:	Not Plapable

### Systems

Cardiovascular: Normal  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

### IMPRESSION:

*Dyslipidemia  
ECG - Borderline LVM*

### ADVICE:

*Low fatty diet  
Cardio gut opimen*



CID# : 2302818855  
Name : MR.EKKA KISHORE KUMAR  
Age / Gender : 37 Years/Male  
Consulting Dr. :-  
Reg.Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:47  
Reported : 29-Jan-2023 / 10:40

**CHIEF COMPLAINTS:**

- |  |    |
|--|----|
| 1) Hypertension:                         | No |
| 2) IHD                                   | No |
| 3) Arrhythmia                            | No |
| 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    | Occasioanly |
| 2) Smoking    | Occasioanly |
| 3) Diet       | Mixed       |
| 4) Medication | No          |

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

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Thakur Village, Kandivali (East),  
Mumbai - 400101.  
Tel : 61700600

**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg. No. 69548



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

Report



927 (2302818855) / EKKA KISHORE KUMAR / 37 Yrs / M / 177 Cms / 75 Kg  
 Date: 28 / 01 / 2023 01:09:06 PM Refd By : ARCHROMA Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	MEts	Rate	% THR	BP	SpO2	FVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	074	40%	110/80	031	00	
Standing	00:47	0:37	00.0	00.0	01.0	097	53%	110/80	106	00	
HV	00:55	0:08	00.0	00.0	01.0	092	50%	110/80	101	00	
ExStart	01:08	0:13	00.0	00.0	01.0	089	49%	110/80	097	00	
BRUCE Stage 1	04:08	3:00	02.7	10.0	04.7	127	69%	110/80	139	00	
BRUCE Stage 2	07:08	3:00	04.0	12.0	07.1	147	80%	130/80	191	00	
PeakEx	07:35	0:27	05.5	14.0	07.6	156	85%	140/80	218	00	
Recovery	08:35	1:00	00.2	00.0	01.1	111	61%	140/80	155	00	
Recovery	08:45				00.0	000	0%	---	000	00	

## FINDINGS :

Exercise Time : 06:27  
 Initial HR (ExStrt) : 89 bpm 49% of Target 183  
 Initial BP (ExStrt) : 110/80 (mmHg)  
 Max Workload Attained : 7.6 Fair response to induced stress  
 Duke Treadmill Score : 05.8  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 156 bpm 85% of Target 183  
 Max BP Attained 140/80 (mmHg)

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 Row House No. 3, Asegan,  
 Thakur Village, Kandivali (east),  
 Mumbai - 400101.  
 Tel : 61700900

**Dr. Akhil P. Parulekar,**  
 MBBS, MD, MChDip  
 DNB Cardiology  
 Reg. No. 2012082103

Doctor : DR.AKHIL PARULEKAR



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

# REPORT



Email:

927 / EKKA KISHORE KUMAR / 37 YRS / M / 177 Cms / 75 Kg Date: 28 / 01 / 2023 01:09:06 PM Refd By : ARCHROMA

## REPORT :

Heart Rate 156.0 bpm

Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 06:27 Mins, Ectopic Beats 0.0

METS 7.6 Test End Reason , Heart Rate Achieved Target Heart Rate 85% of 183

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

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Row House No. 3, Aangan,

Thakur Village, Kandivali (east),

Mumbai - 400101.

Tel : 61700000

**Dr. Akhil P. Parulekar,**  
MBBS, MD, Medicine  
DMD, Cardiology  
Reg. No. 1173082403

Doctor : DR. AKHIL PARULEKAR



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

927 (2302818855) / EKKA KISHORE KUMAR / 37 Yrs / M / 177 Cms / 75 Kg / HR : 74

Date: 28 / 01 / 2023 01:09:06 PM

MEETS: 1.0 / 74 bpm 40% of THR BP: 110/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

**SUPINE ( 00:10 )**

4X

BD mS Post J

ExtTime 00:00:0.0 Kmph 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:







Date: 28 / 01 / 2023 01:09:06 PM

METS: 1.0 / 97 bpm 53% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms/Post J

EXTime: 00:00:0.0 KmPh: 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

927 (2302818855) / EKKA KISHORE KUMAR / 37 Yrs / M / 177 Cms / 75 Kg / HR : 92

HV ( 00:08 )



Date: 28 / 01 / 2023 01:09:06 PM

METS: 1.0/ 92 bpm 50% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 35 Hz

4X

80 ms PostJ

EXTime: 00:00 0.0 Kmph. 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:  
I II aVR aVL aVF V1 V2 V3 V4 V5 V6







Date: 28 / 01 / 2023 01:09:06 PM

METS: 1.0 / 89 bpm 49% of THR BP: 110/80 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X

80 mS/Pos J

ExTime 00:00 0.0 Km/h 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6



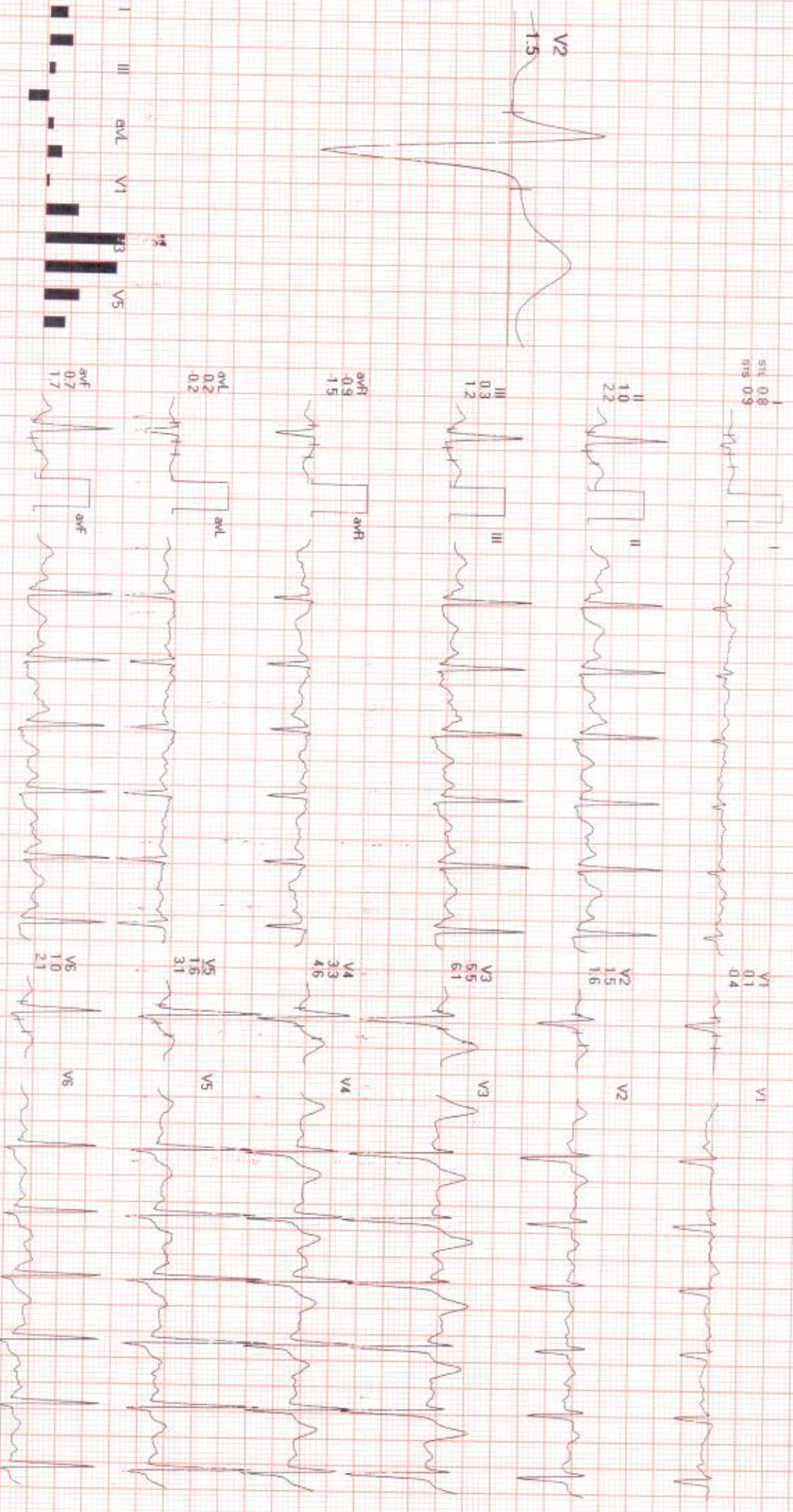


Date: 28 / 01 / 2023 01:09:06 PM

METS: 4.7 / 127 bpm 59% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Noch On/ HF 0.05 Hz/AF 35 Hz

ExTime: 03:00 2.7 kmph 10.0%  
25 mm/Sec 1.0 Cm/mV

4X 70 ms Post J



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6





Date 28 / 01 / 2023 01:09:06 PM METS: 7 / 1 / 147 bpm 80% of THR BP: 130/80 mmHg Raw ECG/BLD On/Notch On/HF 0.05 Hz/DF 35 Hz

4X

60 ms Post J

EXTime: 06:00 4.0 Kmph, 12.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS  
I II aVR aVF V1 V2 V3 V4 V5 V6





927 (2302818855) / EKA KISHORE KUMAR / 37 Yrs / M / 177 Cms / 75 Kg / HR : 156

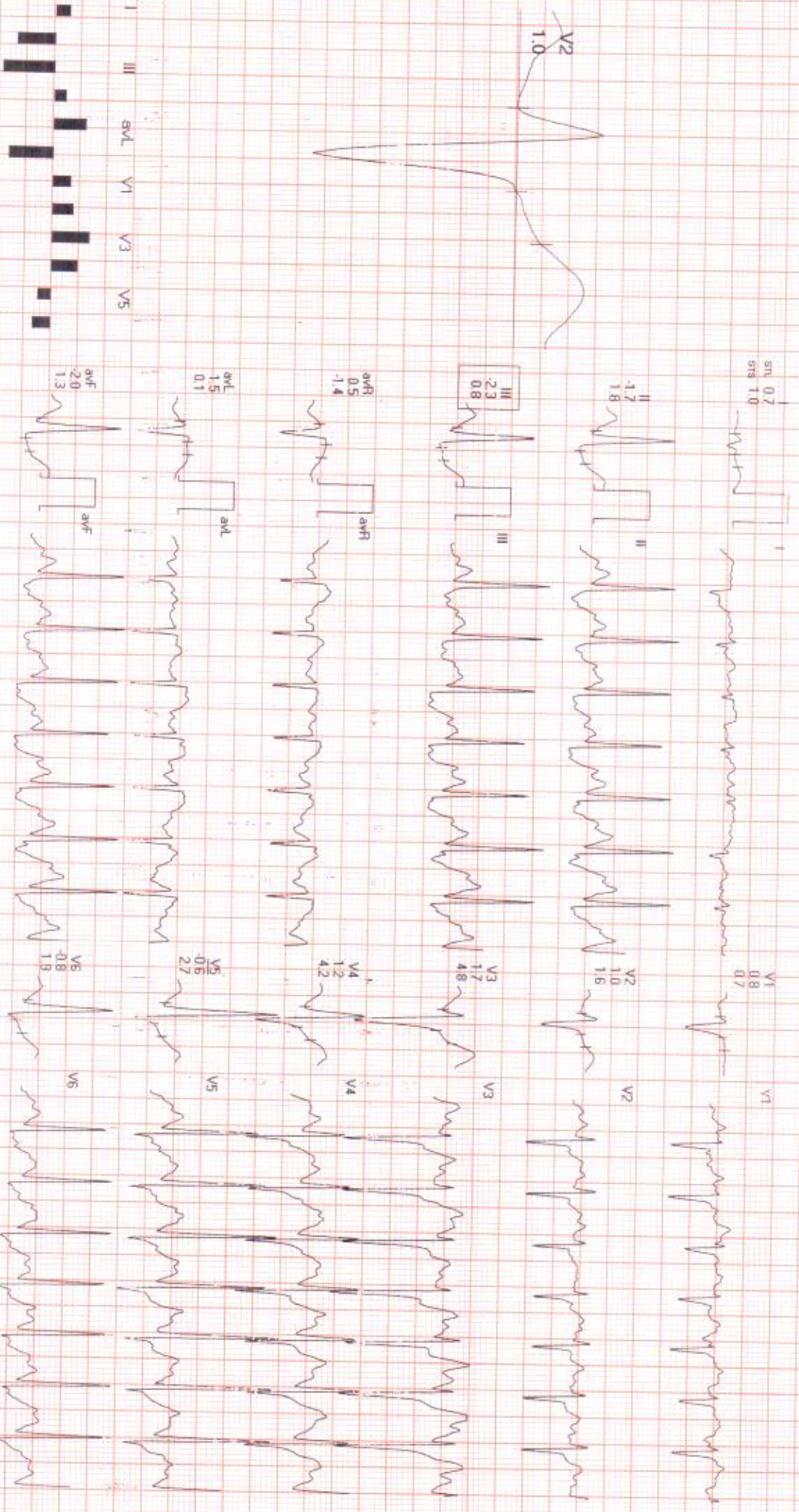
Date: 28 / 01 / 2023 01:09:06 PM

METS: 7.6 / 156 bpm 85% of THR BP: 140/80 mmHg Raw ECG/BLC/On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X

60 ms Post J

ExTime 08:27 5.5 Kmph 140%  
25 mm/Sec 1.0 Cm/mV



REMARKS:  
I aVR aVL V1 V2 V3 V4 V5 V6





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

927 (2302818835) / EKKA KISHORE KUMAR / 37 Yrs / M / 177 Cms / 75 Kg / HR : 111

Recovery : ( 01:00 )



Date: 28 / 01 / 2023 01:09:06 PM

METS: 111 / 111 bpm 61% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Norch On/ HF 0.05 Hz/LF 35 Hz

4X 70 ms Post J

EXTime: 06:27 0.2 Km/ph 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6







Date: 28 / 01 / 2023 01 :09:06 PM

METS: 1.0 / 104 bpm 57% of THR BP: 140/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X

70 ms Post J

EXTIME 06:27 0.0 KmPh 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6







CID : 2302818855  
Name : MR.EKKA KISHORE KUMAR  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:55  
Reported : 28-Jan-2023 / 11:57

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	<b>6.11</b>	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.2	40-50 %	Measured
MCV	<b>77</b>	80-100 fl	Calculated
MCH	<b>24.6</b>	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8820	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	27.1	20-40 %	
Absolute Lymphocytes	2390.2	1000-3000 /cmm	Calculated
Monocytes	9.1	2-10 %	
Absolute Monocytes	802.6	200-1000 /cmm	Calculated
Neutrophils	61.1	40-80 %	
Absolute Neutrophils	5389.0	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	202.9	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	35.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	204000	150000-400000 /cmm	Elect. Impedance
MPV	11.7	6-11 fl	Calculated
PDW	27.0	11-18 %	Calculated





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Application To Scan the Code

CID : 2302818855  
Name : MR.EKKA KISHORE KUMAR  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:55  
Reported : 28-Jan-2023 / 12:00

**RBC MORPHOLOGY**

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

Specimen: EDTA Whole Blood

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

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



*Bmhaskar*

Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2302818855  
**Name** : MR.EKKA KISHORE KUMAR  
**Age / Gender** : 37 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Kandivali East (Main Centre)

**Collected** : 28-Jan-2023 / 08:55  
**Reported** : 28-Jan-2023 / 15:57

**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	93.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	79.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.67	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.47	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	36.6	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	50.0	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			





CID : 2302818855  
Name : MR.EKKA KISHORE KUMAR  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 13:21  
Reported : 28-Jan-2023 / 18:01

Use a QR Code Scanner  
Application To Scan the Code

GAMMA GT, Serum	26.4	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	59.5	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	22.4	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	10.5	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.81	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	114	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist





CID : 2302818855  
Name : MR.EKKA KISHORE KUMAR  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:55  
Reported : 28-Jan-2023 / 12:21

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata Raul*  
**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**





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CID : 2302818855  
Name : MR.EKKA KISHORE KUMAR  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:55  
Reported : 28-Jan-2023 / 15:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
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	Clear	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	2-3	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert



MC-2111



*Bmhaskar*

Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist





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Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:55  
Reported : 28-Jan-2023 / 12:35

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

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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.

**References:**

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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



  
**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**





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Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:55  
Reported : 28-Jan-2023 / 16:30

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	229.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	313.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	45.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	184.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	121.9	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	62.7	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
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*Dr. Vrushi Shroff*  
**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**





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Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:55  
Reported : 28-Jan-2023 / 13:54

**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	5.7	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	17.5	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.475	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*

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