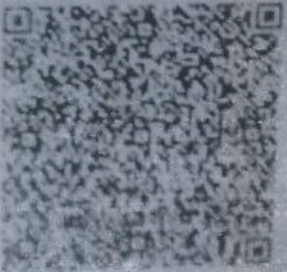




भारत सरकार  
GOVERNMENT OF INDIA

अक्षय प्रदीप पुराणिक  
Akshay Pradip Puranik  
जन्म तारीख / DOB : 04/08/1989  
पुल्लिंगी / MALE

3346 4431 1422



आधार - सामान्य माणसाच्या अधिकार

**PHYSICAL EXAMINATION REPORT**

Patient Name	Akshay Paravile	Sex/Age	M / 32
Date	24/3/22	Location	Thane

**History and Complaints**

C/O - HTN  
H/O - COVID (Jan. 2021)

**EXAMINATION FINDINGS:**

Height (cms):	184	Temp (0c):	37.0
Weight (kg):	85.5	Skin:	NAD
Blood Pressure	120/80	Nails:	NAD
Pulse	72/min	Lymph Node:	NAD

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

**Impression:**

Eosinophilia | Low HDL  
BSL (f) - Impaired

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

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

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**Advice:**

- Treatment of Eosinophilia  
- low sugar Diet  
- Regular Exercise.

1)	Hypertension:	since 4 yrs.
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	Nil
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	Nil
16)	Surgeries	
17)	Musculoskeletal System	

**PERSONAL HISTORY:**

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg + Eggs
4)	Medication	- Tab TelvasAM - Tab Nebister

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CID : 2208316077  
Name : MR.PURANIK AKSHAY PRADIP  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Mar-2022 / 09:34  
Reported : 24-Mar-2022 / 11:56

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.80	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.4	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	12.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8600	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	43.6	20-40 %	
Absolute Lymphocytes	3749.6	1000-3000 /cmm	Calculated
Monocytes	4.7	2-10 %	
Absolute Monocytes	404.2	200-1000 /cmm	Calculated
Neutrophils	41.6	40-80 %	
Absolute Neutrophils	3577.6	2000-7000 /cmm	Calculated
Eosinophils	10.0	1-6 %	
Absolute Eosinophils	860.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	328000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	16.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Mar-2022 / 09:34  
Reported : 24-Mar-2022 / 11:18

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                      6                      2-15 mm at 1 hr.                      Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amid Taori*  
Dr. AMIT TAORI  
M.D ( Path )  
Pathologist



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CID : 2208316077  
Name : MR.PURANIK AKSHAY PRADIP  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Mar-2022 / 09:34  
Reported : 24-Mar-2022 / 11:48

**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	101.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	118.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.90	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.56	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.6	1 - 2	Calculated
SGOT (AST), Serum	11.5	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	11.6	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	14.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	58.5	40-130 U/L	PNPP
BLOOD UREA, Serum	12.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	141	>60 ml/min/1.73sqm	Calculated



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Name : MR.PURANIK AKSHAY PRADIP  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Mar-2022 / 12:05  
Reported : 24-Mar-2022 / 13:57

URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Uricase
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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



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CID : 2208316077  
Name : MR.PURANIK AKSHAY PRADIP  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Mar-2022 / 09:34  
Reported : 24-Mar-2022 / 14:42

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 \*\*\*



*Anupa Dixit*

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





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CID : 2208316077  
Name : MR.PURANIK AKSHAY PRADIP  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Mar-2022 / 09:34  
Reported : 24-Mar-2022 / 13:36

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

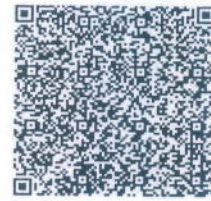
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	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>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist



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CID : 2208316077  
Name : MR.PURANIK AKSHAY PRADIP  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Mar-2022 / 09:34  
Reported : 24-Mar-2022 / 11:56

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

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

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

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 G B Road Lab, Thane West

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



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



CID : 2208316077  
Name : MR.PURANIK AKSHAY PRADIP  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Mar-2022 / 09:34  
Reported : 24-Mar-2022 / 12:09

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	165.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	136.7	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	29.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	136	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	27.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



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CID : 2208316077  
Name : MR.PURANIK AKSHAY PRADIP  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Mar-2022 / 09:34  
Reported : 24-Mar-2022 / 11:39

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.24	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 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:**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:**

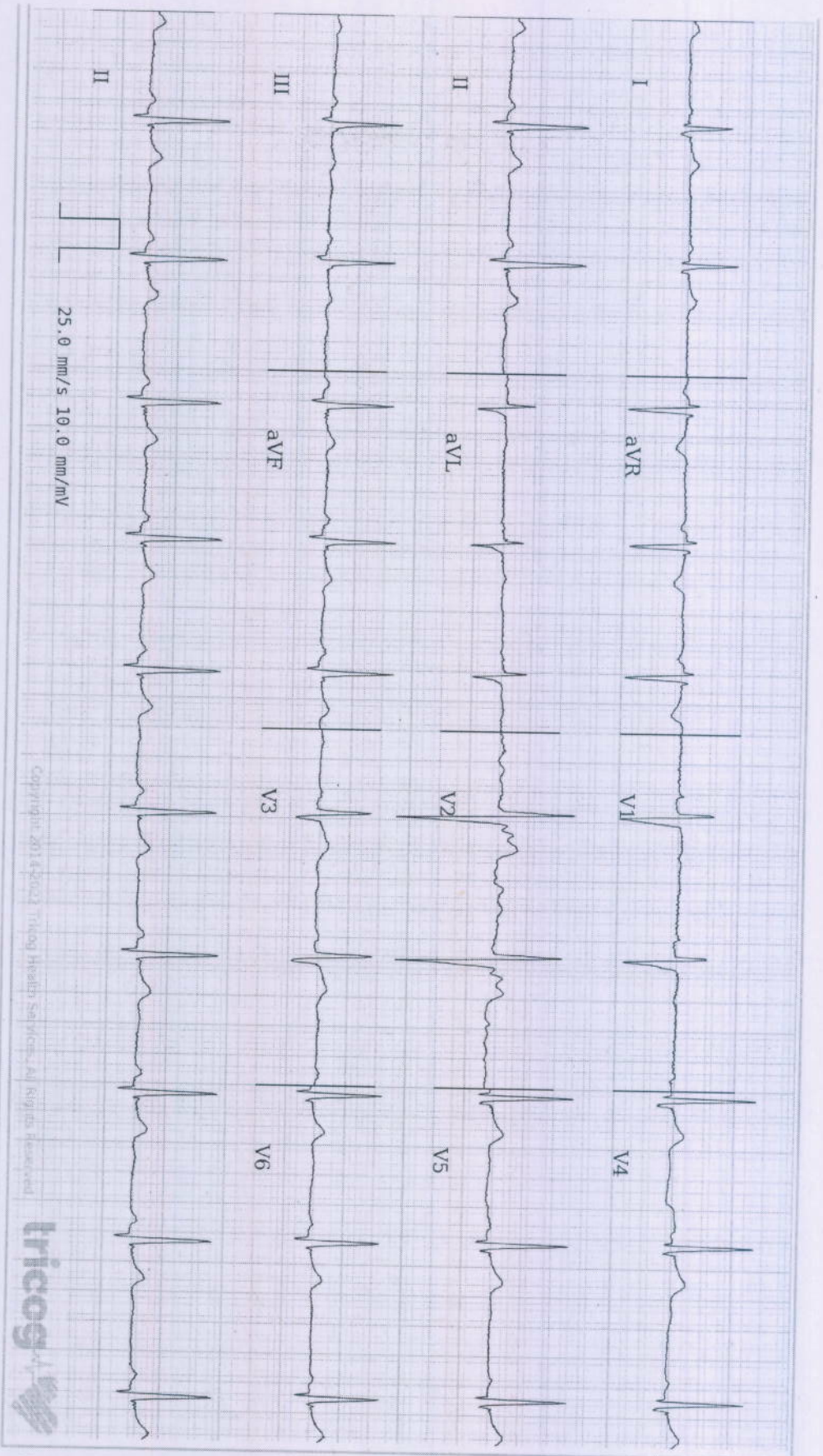
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



Age **32** . **7** **20**  
years months days

Gender **Male**

Heart Rate **63** bpm

**Patient Vitals**

BP: 120/80 mmHg

Weight: 85 kg

Height: 184 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QSRD: 102ms

QT: 378ms

QTc: 386ms

PR: 148ms

P-R-T: 65° 68° 59°

REPORTED BY

**DR SHAILAJA PILLAI**  
MBBS, MD Physician  
MD Physician  
49972

**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 to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

CID#	: 2208316077	SID#	: 177805053561
Name	: MR.PURANIK AKSHAY PRADIP	Registered	: 24-Mar-2022 / 09:28
Age / Gender	: 32 Years/Male	Collected	: 24-Mar-2022 / 09:28
Consulting Dr.	: -	Reported	: 24-Mar-2022 / 12:12
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 24-Mar-2022 / 12:16

### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

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 \*\*\*

*DPatil*

**Dr.DEVENDRA PATIL  
M.D(RADIO DIAGNOSIS)  
RADIOLOGIST**

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Date:- 24/3/22  
Name:- Akshay Prasad

CID:  
Sex / Age: M-32

**EYE CHECK UP**

Chief complaints: REU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: BC 6/6 HV 2/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA  
SR. OPTOMETRIST

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

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