

Patient Name: SANTOSH SINGH

Date and Time: 25th Jun 22 10:08 AM

Patient ID: 2217635007

Age **34 10 24**
years months days

Gender **Male**

Heart Rate **81bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

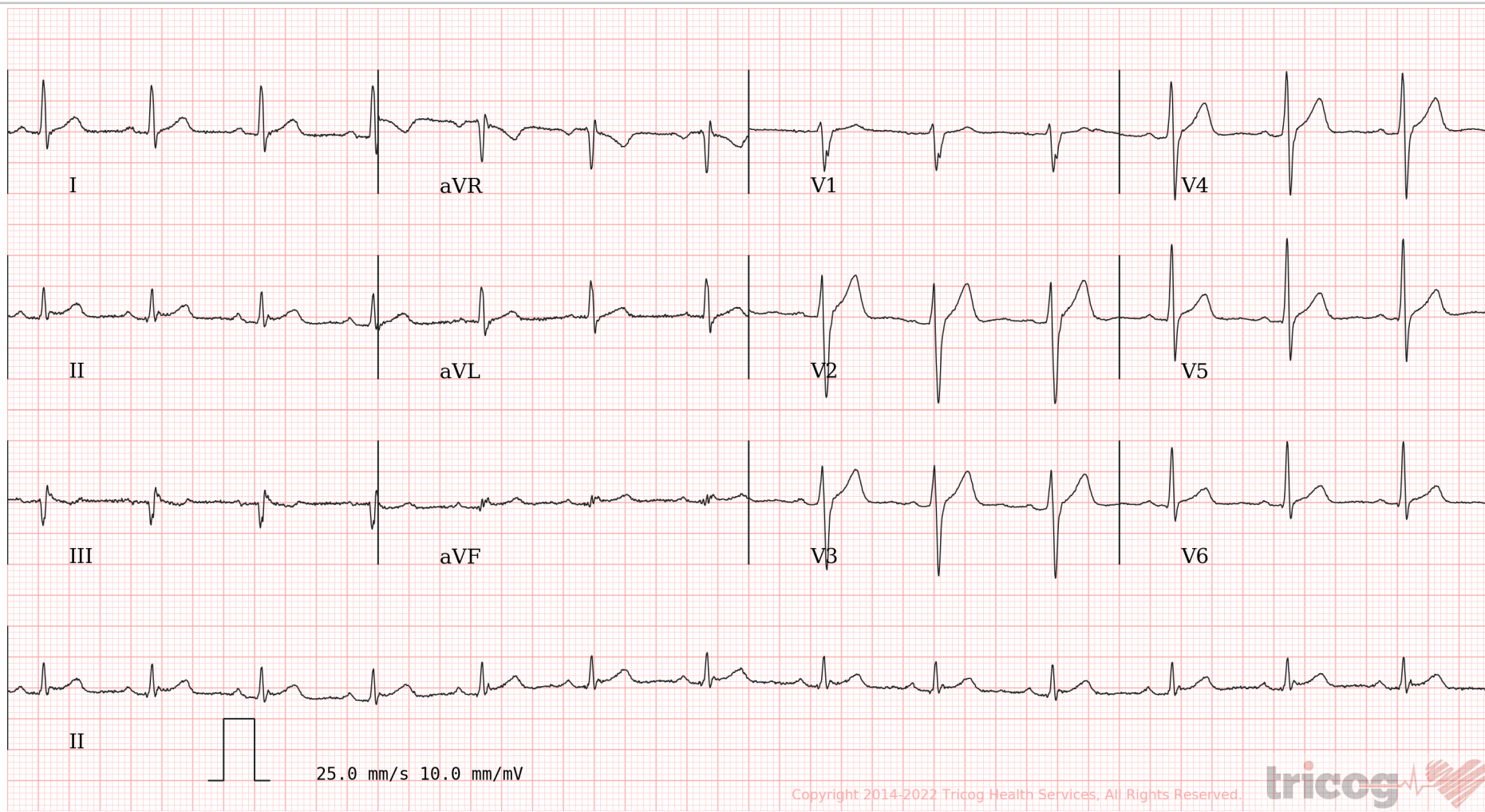
QRSD: 104ms

QT: 344ms

QTc: 399ms

PR: 156ms

P-R-T: 19° 14° 25°



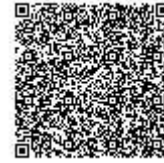
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ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

REPORTED BY

Dr. Ajita Bhosale
M.B.B.S./P.G.D.C.C (DIP. Cardiology)
2013062200



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CID : 2217635007
Name : Mr SANTOSH SINGH
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 25-Jun-2022
Reported : 25-Jun-2022/09:57

X- RAY CHEST (PA VIEW)

FINDINGS AND IMPRESSION: -

- Both lung fields appear normal in radiolucency. No evidence of any parenchymal opacity/lesion is seen.
- Both hilar shadow appears normal.
- Bilateral costophrenic and cardio phrenic angles appear clear. No evidence of pleural effusion.
- Both domes of diaphragm appears normal in position and outline.
- Cardiac shadow appears normal.
- No evidence of any abnormal soft tissue shadow seen.
- Bony skeleton under review appears normal.

No significant pleuro-parenchymal abnormality seen.

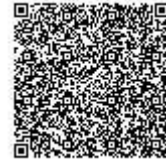
Advice:- Clinical correlation.

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. X ray is known to have inter-observer variations. Further / 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.MAHESH KADAM before dispatch.

DR.MAHESH KADAM
MBBS ,DMRD
Reg No - 2011/08/2693
Consultant Radiologist



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Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 25-Jun-2022
Reported : 25-Jun-2022/09:57



CID : 2217635007
Name : MR.SANTOSH SINGH
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 25-Jun-2022 / 09:41
Reported : 25-Jun-2022 / 15:58

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.2	13.0-17.0 g/dL	Spectrophotometric
RBC	3.86	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.8	40-50 %	Measured
MCV	106	80-100 fl	Calculated
MCH	34.1	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	17.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	10490	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.7	20-40 %	
Absolute Lymphocytes	2591.0	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	650.4	200-1000 /cmm	Calculated
Neutrophils	65.0	40-80 %	
Absolute Neutrophils	6818.5	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	377.6	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	52.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	230000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	19.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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Macrocytosis	+
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Leucocytosis

Specimen: EDTA Whole Blood

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

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



MC-2111

Bmhasakar

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

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Reported : 25-Jun-2022 / 13:57

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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	104.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	89.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	25.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	47.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	40.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	69.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	104	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	8.1	3.5-7.2 mg/dl	Enzymatic



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Collected : 26-Jun-2022 / 12:16
Reported : 26-Jun-2022 / 15:05

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 ***



MC-2111

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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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MC-2111



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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	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	3-4	Less than 20/hpf	
Others	-		

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*** End Of Report ***



MC-2111



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Name : MR.SANTOSH SINGH

Age / Gender : 34 Years / Male

Consulting Dr. : -

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 25-Jun-2022 / 09:41

Reported : 25-Jun-2022 / 14:11

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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.

References:

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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MC-2111



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Dr.MILLU JAIN
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Pathologist

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Consulting Dr. : -
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	191.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	233.1	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	40.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	150.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.0	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	34.9	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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MC-2111

Anupa

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Name : MR.SANTOSH SINGH

Age / Gender : 34 Years / Male

Consulting Dr. : -

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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Reported : 25-Jun-2022 / 13:57

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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	15.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.62	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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CID#	: 2217635007	SID#	: 177805279948
Name	: MR.SANTOSH SINGH	Registered	: 25-Jun-2022 / 09:22
Age / Gender	: 34 Years/Male	Collected	: 25-Jun-2022 / 09:22
Consulting Dr.	: -	Reported	: 27-Jun-2022 / 10:38
Reg.Location	: Mahavir Nagar, Kandivali West (Main Centre)	Printed	: 27-Jun-2022 / 10:44

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL			
EXAMINATION FINDINGS:			
Height (cms):	175	Weight (kg):	79
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	140/100	Nails:	Healthy
Pulse:	82/MIN	Lymph Node:	Not Palpable
Systems			
Cardiovascular: S1,S2 Normal No Murmurs			
Respiratory: Air Entry Bilaterally Equal			
Genitourinary: NAD			
GI System: Soft non tender No Organomegaly			
CNS: NAD			
IMPRESSION: HEALTHY.			
ADVICE: REGULAR EXERCISE. HEALTHY DIET. MONITOR BP.			

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 Consulting Dr. :-
 Reg.Location : Mahavir Nagar, Kandivali West (Main Centre)
 Collected : 25-Jun-2022 / 09:22
 Reported : 27-Jun-2022 / 10:38

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL			
EXAMINATION FINDINGS:			
Height (cms):	175	Weight (kg):	79
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	140/100	Nails:	Healthy
Pulse:	82/MIN	Lymph Node:	Not Palpable
Systems			
Cardiovascular: S1,S2 Normal No Murmurs			
Respiratory: Air Entry Bilaterally Equal			
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CNS: NAD			
IMPRESSION: HEALTHY.			
ADVICE: REGULAR EXERCISE. HEALTHY DIET. MONITOR BP.			

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Age / Gender : 34 Years/Male

Consulting Dr. :-

Collected : 25-Jun-2022 / 09:22

Reg.Location : Mahavir Nagar, Kandivali West (Main Centre)

Reported : 27-Jun-2022 / 10:38

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

PERSONAL HISTORY:

1)	Alcohol	NO	NO
2)	Smoking	NO	NO
3)	Diet	NO	VEG
4)	Medication	NO	NIL

*** End Of Report ***



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PHYSICIAN

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