

CID# : 2305622369  
Name : MR.NEERAJ KUMAR DAYAL  
Age / Gender : 31 Years/Male  
Consulting Dr. :  
Reg.Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 09:49  
Reported : 26-Feb-2023 / 10:37

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Right knee jt pain 4-6 month.

#### EXAMINATION FINDINGS:

Height (cms):	164 cms	Weight (kg):	80 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

#### Systems

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

#### IMPRESSION:

*= USG - fatty liver*

#### ADVICE:

*low fatty diet*

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**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                            | umbilical hernia 7 yrs ago |
| 17) Musculoskeletal System               | No                         |

**PERSONAL HISTORY:**

- |               |              |
|---------------|--------------|
| 1) Alcohol    | Occasionally |
| 2) Smoking    | Occasionally |
| 3) Diet       | Mixed        |
| 4) Medication | No           |

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

  
Dr.JAGRUTI DHALE



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**Reported** : 25-Feb-2023 / 13:46

**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?](http://3.111.232.119/iRISViewer/NeoradViewer?Access) sionNo=2023022509501815

Date:- 25/2/23

CID: 2305622369

Name:- Mr. Nagesh Kumar Dayal

Sex/Age: m/31

**EYE CHECK UP**

Chief complaints: Blurred vision

Systemic Diseases: No H/O SB

Past history No H/O Orbital surgery

Unaided Vision: 6/6 6/6

Aided Vision: - -

Refraction: *Forms! Normal*

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	- Plano	-		6/6	- Plano	-		6/6
Near				2/6				2/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

*Kajal M.*  
**KAJAL NAGRECHA**  
OPTOMETRIST

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Room No. 3, Aagan,  
Thakur Village, Kandivali (East),  
Mumbai - 400101.  
Tel : 61700000

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## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.5 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 measures 10 mm and CBD appears measures 3.7 mm .  
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 visualized and appears normal.No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 11.5 x 5.8 cm. Left kidney measures 10.1 x 3.2 cm.

**Left kidney is not seen in left renal fossa and seen in the pelvis region suggestive of ectopic kidney.**

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus,hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (10.9 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 well distended and reveal no intraluminal abnormality.

### PROSTATE:

The prostate is normal in size and measures 4.1 x 2.8 x 2.6 cm and volume is 16.2 cc.

Click here to view images <<ImageLink>>

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**IMPRESSION:**

GRADE I FATTY LIVER.

LEFT ECTOPIC KIDNEY IN PELVIC REGION.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.



DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

Click here to view images <<ImageLink>>

<b>PATIENT NAME</b> : MR NEERAJ KUMAR DAYAL	<b>SEX</b> : MALE
<b>REFERRED BY</b> :	<b>AGE</b> : 31YEARS
<b>CID NO</b> : 2305622369	<b>DATE</b> : 25/02/2023

## 2D & M-MODE ECHOCARDIOGRAM REPORT

MITRAL VALVE: has thin leaflets with normal subvalvar motion.  
No mitral regurgitation .

AORTIC VALVE : has three thin leaflets with normal opening  
No aortic regurgitation.

LEFT VENTRICLE : is normal , has normal wall thickness , No regional wall motion abnormality .  
Normal LV systolic contractions. EF - 60%.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: normal in size.

TRICUSPID VALVE & PULMONARY VALVES : normal.  
**NO TR / PH.**

No pericardial effusion.

**IMP :**                    **Normal LV systolic function. EF-60%.**  
Normal other chambers and valves.  
No regional wall motion abnormality/ scar.  
**No clot / vegetation / thrombus / pericardial effusion.**

M- MODE :

LA (mm)	30
AORTA (mm)	22
LVDD (mm)	40
LVSD (mm)	28
IVSD (mm)	11
PWD (mm)	11
EF	60%
E/A	1.2



DR AKHIL PARULEKAR

DNB CARDIOLOGIST

REG. NO 2012082483

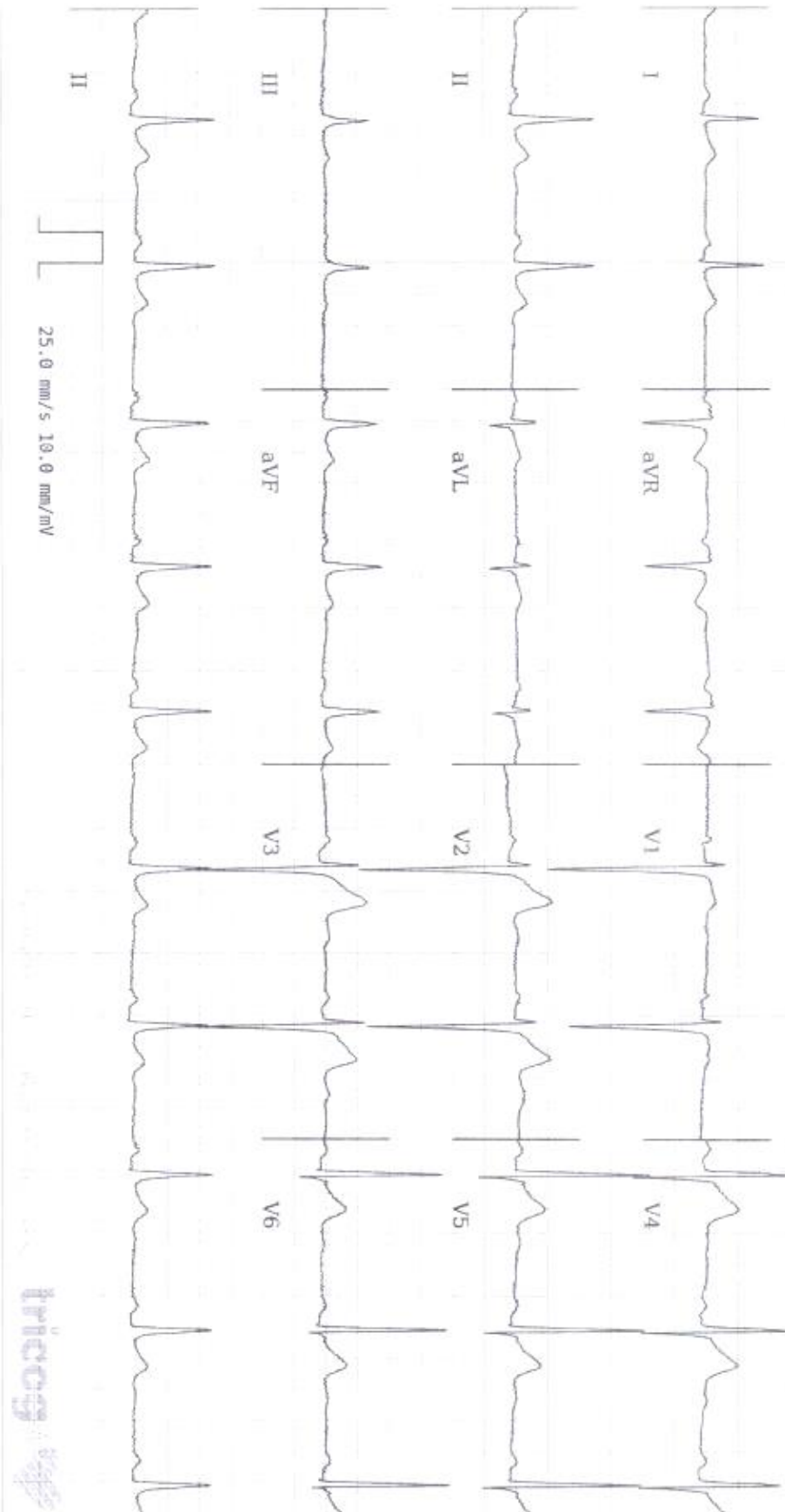
Age **31** **3** **23**  
years months days

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

BP: **110/80 mmHg**  
Weight: **80 kg**  
Height: **164 cm**  
Pulse: **NA**  
SpO2: **NA**  
Resp: **NA**  
Others:



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

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**

Plotting Department, Bangalore,  
Thakar Wadga Road, Kandivali East (93859),  
Mumbai - 400101.  
Tel : 617908600



REPORTED BY

*(Signature)*

DR ANHIL PARULJANAR  
MBBS MD MEDICINE, DMB Cardiology  
Cardiologist  
201208281

Disclaimer: This analysis or description is based on ECG tracing and should be used as an adjunct to clinical history, symptoms, and results of other investigations and not in isolation. Please consult your physician. All rights reserved by the proprietor and not derived from the ECG.





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Collected : 25-Feb-2023 / 10:04  
Reported : 25-Feb-2023 / 15:33

**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	15.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.47	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.5	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.7	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4170	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	36.6	20-40 %	
Absolute Lymphocytes	1526.2	1000-3000 /cmm	Calculated
Monocytes	12.2	2-10 %	
Absolute Monocytes	508.7	200-1000 /cmm	Calculated
Neutrophils	48.2	40-80 %	
Absolute Neutrophils	2009.9	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	108.4	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	16.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	164000	150000-400000 /cmm	Elect. Impedance
MPV	11.8	6-11 fl	Calculated
PDW	25.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-15 mm at 1 hr. Sedimentation

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



*Bmhasakar*

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



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Collected : 25-Feb-2023 / 10:04  
Reported : 25-Feb-2023 / 15:11

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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	88.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.92	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.35	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.57	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	28.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	39.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	15.0	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	97.6	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	19.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.98	0.60-1.10 mg/dl	Enzymatic



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Reported : 25-Feb-2023 / 20:00

eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.4	3.7-9.2 mg/dl	Uricase/ Peroxidase
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





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Reported : 25-Feb-2023 / 16:32

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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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Reported : 25-Feb-2023 / 20:02

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**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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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

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

*M Jain*

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



MC-2111



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Reported :

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

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
ABO GROUP	AB
Rh TYPING	Negative

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 \*\*\*



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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	131.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	137.2	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	25.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	105.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	78.5	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	27.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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



*Namrata*

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



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**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	5.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.766	0.55-4.78 microu/ml	CLIA



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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:**

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- 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 \*\*\*



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