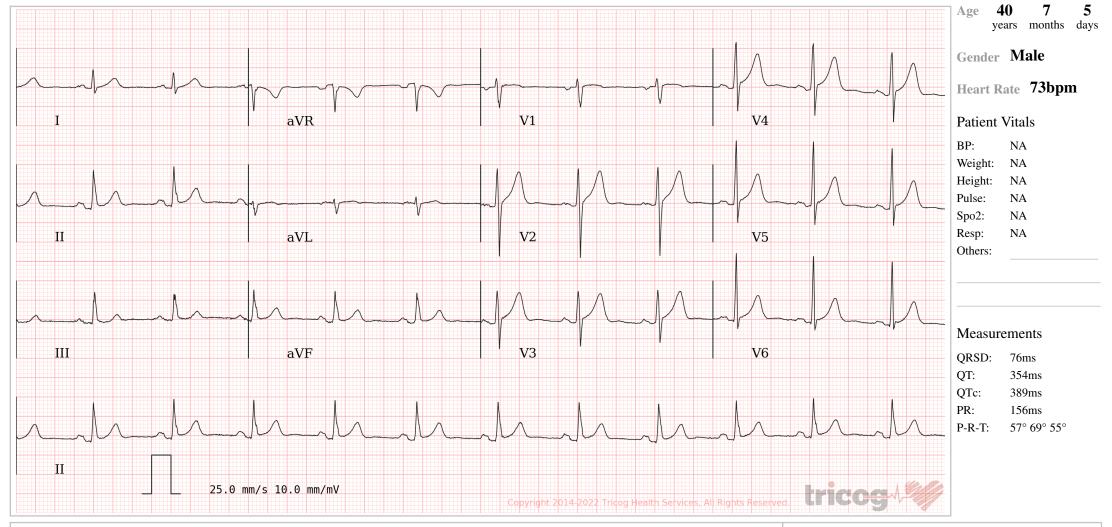
SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST



Patient Name: BRIJESH YADAV Patient ID: 2231623073 Date and Time: 12th Nov 22 2:02 PM



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

REPORTED BY



DR SHAILAJA PILLAI MBBS, MD Physican MD Physican 49972

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.



: 2231623073

Authenticity Check

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Name Age / Sex Ref. Dr Reg. Location

CID

: Mr BRIJESH YADAV : 40 Years/Male : : G B Road, Thane West Main Centre

Reg. Date: 12Reported: 12

Use a QR Code Scanner Application To Scan the Code : 12-Nov-2022 : 12-Nov-2022/13:57

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.

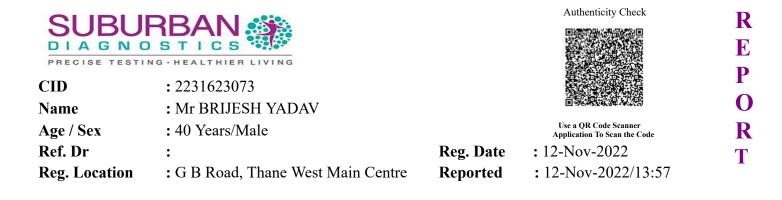
The skeleton under review appears normal.

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





CID	: 2231623073
Name	: MR.BRIJESH YADAV
Age / Gender	:40 Years / Male
Consulting Dr.	: -
Reg. Location	: G B Road, Thane West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complet</u>	<u>e Blood Count), Blood</u>	
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	15.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.09	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.0	40-50 %	Measured
MCV	92	80-100 fl	Calculated
МСН	30.2	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	16.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4500	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	40.6	20-40 %	
Absolute Lymphocytes	1827.0	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	319.5	200-1000 /cmm	Calculated
Neutrophils	45.1	40-80 %	
Absolute Neutrophils	2029.5	2000-7000 /cmm	Calculated
Eosinophils	7.2	1-6 %	
Absolute Eosinophils	324.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	123000	150000-400000 /cmm	Elect. Impedance

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Manual platelet count 130000 /cmm

MC-5314

MPV	10.9	6-11 fl	Calculated
PDW	19.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		
Anisocytosis	Mild		
Poikilocytosis	Mild		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Elliptocytes-occasional		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	Megaplatelets seen on smea	r	
COMMENT	-		
Result rechecked.			
Kindly correlate clinically.			
Specimen: EDTA Whole Blood			
ESR, EDTA WB	5	2-15 mm at 1 hr.	Westergren
*Sample processed at SUBURBAN DI	AGNOSTICS (INDIA) PVT. LTD G B	Road Lab, Thane West	
ANNI ANT		Amit Ta	om'
	2530	Dr.AMI	 T TAORI
BC-MRA	PVT	M.D	(Path)
MC-5314	<i>Y</i> /	Pau	nologist

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CID	: 2231623073			
Name	: MR.BRIJESH YADAV			0
Age / Gender	:40 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	:-	Collected	•	
Reg. Location	G B Road, Thane West (Main Centre)	Reported	:	т

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CID

Name

Age / Gender

Consulting Dr.

Reg. Location

Authenticity Check R E Ρ :2231623073 0 : MR.BRIJESH YADAV Use a OR Code Scanner :40 Years / Male Application To Scan the Code Collected : -:12-Nov-2022 / 10:13 Reported :12-Nov-2022 / 13:12 т : G B Road, Thane West (Main Centre)

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.38	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.45	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.93	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 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	22.5	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	21.4	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	24.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	61.3	40-130 U/L	PNPP
BLOOD UREA, Serum	15.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.87	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Uricase

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RECISE TESTING · HEAL				E
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CID	: 2231623073			
Name	: MR.BRIJESH YADAV			0
Age / Gender	: 40 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:12-Nov-2022 / 10:13	2539
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	:12-Nov-2022 / 13:13	т

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) Absent Absent

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



Bonit Taon'

Dr.AMIT TAORI M.D (Path) Pathologist

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CID : 2231623073 Name : MR.BRIJESH YADAV Age / Gender : 40 Years / Male Consulting Dr. : -Reg. Location : G B Road, Thane West (Main Centre)



Collected Reported

Non-Diabetic Level: < 5.7 %

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

:12-Nov-2022 / 10:13 :12-Nov-2022 / 13:13

HPLC

Calculated

Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE <u>GLYCOSYLATED HEMOGLOBIN (HbA1c)</u> RESULTS BIOLOGICAL REF RANGE METHOD

mg/dl

PARAMETER

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

5.6

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.

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CID	: 2231623073
Name	: MR.BRIJESH YADAV
Age / Gender	: 40 Years / Male
Consulting Dr. Reg. Location	: - : G B Road, Thane West (Main Centre)



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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)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
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 EXAMINATION	l		
Leukocytes(Pus cells)/hpf	2-3	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	4-5	Less than 20/hpf	

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Amit Taom'

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CID :2231623073 Name : MR. BRIJESH YADAV Age / Gender : 40 Years / Male Consulting Dr. : -: G B Road, Thane West (Main Centre) Reg. Location

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Use a OR Code Scanner

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

PARAMETER

RESULTS

ABO GROUP 0 **Rh TYPING** Positive

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

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti-H lectin.

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:

Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia 1 2. AABB technical manual

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Name	: MR.BRIJESH YADAV
Age / Gender	: 40 Years / Male
Consulting Dr. Reg. Location	: - :G B Road, Thane West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	161.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	94.7	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	34.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	126.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	108.0	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	18.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	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 G B Road Lab, Thane West *** End Of Report ***



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IAGNOSTI RECISE TESTING · HEAL			
CID	: 2231623073		
Name	: MR.BRIJESH YADAV		
Age / Gender	: 40 Years / Male		Use a QR Code Scanner Application To Scan the Code
Consulting Dr.	: -	Collected	:12-Nov-2022 / 10:13
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	:12-Nov-2022 / 15:48

<u>AERFO</u>	AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS		
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.63	0.35-5.5 microIU/ml	ECLIA

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CID	: 2231623073			Ρ
Name	: MR.BRIJESH YADAV			0
Age / Gender	:40 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:12-Nov-2022 / 10:13	
Reg. Location	G B Road, Thane West (Main Centre)	Reported	:12-Nov-2022 / 15:48	т

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 trasiently altered becuase 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)

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Ponit Jaon

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