

CID	: 2124037625
Name	: MR.SREEJITH NAIR
Age / Gender	: 31 Years / Male
Consulting Dr. Reg. Location	: - : Andheri West (Main Centre)

Authenticity Check

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Use a QR Code Scanner Application To Scan the Code Collected :28-Aug-2021 / 09:52 Reported :28-Aug-2021 / 13:21

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>CBC (Complete Blood Count), Blood</u>			
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	16.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.08	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.9	40-50 %	Measured
MCV	98.2	80-100 fl	Calculated
МСН	32.9	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8570	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	35.1	20-40 %	
Absolute Lymphocytes	3010	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	480	200-1000 /cmm	Calculated
Neutrophils	56.0	40-80 %	
Absolute Neutrophils	4780	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	
Absolute Eosinophils	250	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	272000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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CID	: 2124037625			Ρ
CID	• 2124037023			-
Name	: MR.SREEJITH NAIR			0
Age / Gender	: 31 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:28-Aug-2021 / 09:52	
•	: Andheri West (Main Centre)	Reported	:28-Aug-2021 / 12:51	т

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Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic, Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR, EDTA WB-ESR	7	2-15 mm at 1 hr.	Westergren

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





John Gran Dr. AMAR DASGUPTA, MD, PhD

Consultant Hematopathologist Director - Medical Services

5 **Dr.TRUPTI SHETTY** M. D. (PATH) PATHOLOGIST

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:2124037625

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: MR.SREEJITH NAIR

: Andheri West (Main Centre)

: 31 Years / Male

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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:28-Aug-2021 / 09:52 :28-Aug-2021 / 11:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
CHOLESTEROL, Serum	176.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic	
HDL CHOLESTEROL, Serum	39.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic	
LDL CHOLESTEROL, Serum	118.2	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	
TRIGLYCERIDES, Serum	59.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic	
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated	
SGOT (AST), Serum	47.8	5-40 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	124.8	5-45 U/L	NADH (w/o P-5-P)	
ALKALINE PHOSPHATASE, Serum	104.3	40-130 U/L	Colorimetric	
BLOOD UREA, Serum	25.9	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	12.1	6-20 mg/dl	Calculated	

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URIC ACID, Serum

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CID Name	: 2124037 : MR.SREE	625 JITH NAIR			0
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Consulting Dr.	: -		Collected	:28-Aug-2021 / 09:52	
Reg. Location	: Andheri	West (Main Centre)	Reported	:28-Aug-2021 / 11:57	т
CREATININE,	Serum	0.94	0.67-1.17 mg/dl	Enzymatic	
eGFR, Serum		99	>60 ml/min/1.73sqm	Calculated	

3.5-7.2 mg/dl

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

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Enzymatic

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Dr.ANUPA DIXIT M.D.(PATH) PATHOLOGIST

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Reg. Location	: Andheri West (Main Centre)	Reported	:28-Aug-2021 / 11:57	т

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TEST				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
sensitiveTSH, Serum	1.58	0.35-5.5 microlU/ml	ECLIA	

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





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Non-Diabetic Level: < 5.7 %

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

:28-Aug-2021 / 09:52 :28-Aug-2021 / 13:21

METHOD

Calculated

HPLC

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) **BIOLOGICAL REF RANGE** RESULTS

mg/dl

PARAMETER

Glycosylated Hemoglobin 5.4 (HbA1c), EDTA WB - CC

108.3

Estimated Average Glucose (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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER

<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.

Refernces:

- 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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	176.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	59.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	39.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	136.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	125.0	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	11.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated
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