

Name	: Mr . SHAILESH SINGH	Reg Date
VID	: 2310105144	Age/Gender
Ref By	: Arcofemi Healthcare Limited	Regn Centre

: 11-Apr-2023 09:30 : 39 Years : Khar West (Main Centre)

### History and Complaints:Nil

### EXAMINATION FINDINGS:

Height (cms): Temp (0c): Blood Pressure (mm/hg): Pulse: 169 cms Afebrile 110/70 mmHg 72/Min

Weight (kg):	76 kgs
Skin:	Normal
Nails:	Normal
Lymph Node:	Not Palpable

### Systems

Cardiovascular:	S1S2 Audible, No Murmurs
<b>Respiratory:</b>	AEBE Clear, No Added Sound
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

# IMPRESSION: ALL ATTACHED REPORTS ARE WNL.

### ADVICE: NIL

# 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
17)	Musculoskeletal System	No

REGD. BriticPath Suldar Apta 2023 cl (121a) Pvt. Ltd., 2<sup>nd</sup> Fir., Sunshine Bldg., Op Pass In 95 29ar, Nr. Lokhandwala Circle, Andheri (W), Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086. HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

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Reg Date Age/Gender Regn Centre : 11-Apr-2023 09:30 : **39 Years** : Khar West (Main Centre) R

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# PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No

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Dr.Rafat Parkar MBBS CONSULTANT PHYSICIAN

REGD. BEFECERSS Jul Ba ADTa 2023 (19:34a) Pvt. Ltd., 2<sup>-4</sup> Flr., Sunshine Bldg., Op PRSS 21912 jar, Nr. Lokhandwala Circle, Andheri (W), Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086. HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com Corporate Identity Number (CIN): U85110MH2002PTC136144



Dr. Rafat M Parkar M.B.B.S. Resp. No. 072366

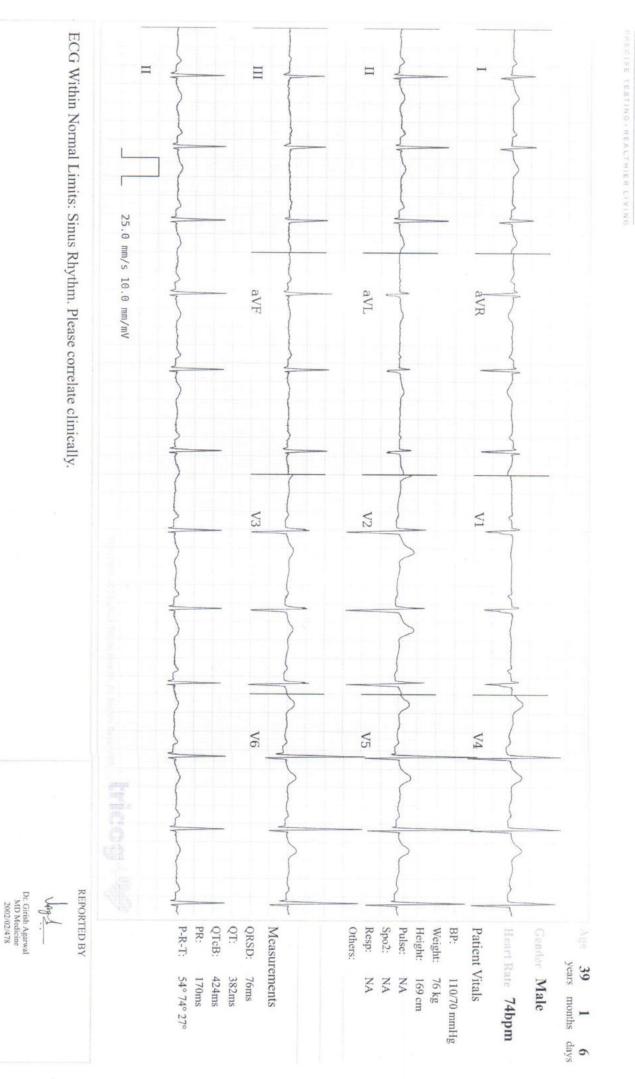
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Suburban Diagnostics (I) Pvt. Ltd. 6th Floor, Gupte House, 81, S.V. Road, Khar (W), Mumbai - 460 052 Tel.: 26484805 / 26484807



Patient Name: SHAILESH SINGH Patient ID: 2310105144

Date and Time: 11th Apr 23 10:11 AM



Disclatiner: 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-invuplysician. 2) Patient vitals are as entered by the clinician and not derived from the ECG

sive tests and must be interpreted by a qualified



Date:- 11/04	12023 Sharilesh		310105144 71 Male
Marie. 10 0 (	south.		1 Mail
	EYE	CHECK UP	
Chief complaints:	Nil		
Systemic Diseases	·· Nil		
Past history: N	()		LTNS
Unaided Vision:	$N \cdot V - NS$ $D \cdot V - 6/0$	(65))~.	VINS
Aided Vision:	D. V - 6/0	5 (B)	V 6/5-

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**Refraction:** 

(Right Eye) (Left Eye) Sph Cyl Axis Vn Sph Cyl Axis Vn Distance Near 5 own colour blind Colour Vision; No. Abnormal al Remark:

> Dr. Rafat M Parkar M.B.B.S. Pegn. No. 072366

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CID

Name

Age / Sex

**Reg.** Location

Ref. Dr

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			F
: 2310105144			C
: Mr SHAILESH SINGH		国の市家がないないない	F
: 39 Years/Male		Use a QR Code Scanner Application To Scan the Code	-
:	Reg. Date	: 11-Apr-2023	
: Khar West Main Centre	Reported	: 11-Apr-2023 / 13:38	

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# X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is 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.

# SUGGEST CLINICAL CORRELATION.

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

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Dr. Vishal Kumar Mulchandani MD DMRE REG No : 2006/03/1660 Consultant Radiologost

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041109312109

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Ref. Dr	:	Reg. Date	: 11-Apr-2023	1
<b>Reg.</b> Location	: Khar West Main Centre	Reported	: 12-Apr-2023 / 1:35	

# **USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size (measures 12.9 cm). Liver shows bright echotexture suggestive of grade I fatty infiltration. There is no intra-hepatic biliary radical dilatation. Approx. 8 x 5 mm illdefined hypoechoic area is noted in segment V of liver suggestive of possibility of ?focal area of fat sparing.

<u>GALL BLADDER</u>: Gall bladder is distended. Minimal sludge is noted within gallbladder lumen. Wall thickness is within normal limits.

**PORTAL VEIN:** Portal vein is normal . CBD: CBD appears normal.

### PANCREAS: Pancreas is obscured by bowel gases.

**<u>KIDNEYS</u>**: Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained. No obvious mass lesion is noted at present scan.

Right kidney measures 10.7 x 4.8 cm.

Left kidney measures 10.8 x 5.1 cm.

SPLEEN: Spleen is normal in size (measures 10.3 cm) and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size. Prostate measures 3.8 x 3.6 x 3.2 cm and prostatic volume is 23.3 cc.

No free fluid or significant abdominal lymphadenopathy is noted at present scan.

Click here to view images <</li>

Page no 1 of 2

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Ref. Dr	:	Reg. Date	: 11-Apr-2023	
<b>Reg.</b> Location	: Khar West Main Centre	Reported	: 12-Apr-2023 / 1:35	

### **IMPRESSION:**

Fatty liver (grade I).

Minimal sludge is noted within gallbladder lumen.

### Suggest clinicopathological 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. USG is known to have inter-observer variations. Further/Follow-up imaging may be needed in some cases for confirmation/exclusion of diagnosis. Patient was explain in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report , patient is requested to immediately contact the center for rectification. Please interpret accordingly. of diagnosis. Patient was explain in detail verbally about the USG findings. In case of any typographical error in the report , patient is requested to immediately contact the center for rectification. Please interpret accordingly. of diagnosis. Patient was explain in detail verbally about the USG findings. USG measurements and its limitations. In case of any typographical error in the report , patient is requested to immediately contact the center for rectification. Please interpret accordingly. of diagnosis. Patient is requested to immediately contact the center for rectification. Please interpret accordingly.

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

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Dr. Vishal Kumar Mulchandani MD DMRE REG No : 2006/03/1660 Consultant Radiologost

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Consulting Dr. Reg. Location	: - : Khar West (Main Centre)

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Collected Reported :11-Apr-2023 / 09:36 :11-Apr-2023 / 11:12

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>CBC (Complete Blood Count), Blood</u>				
PARAMETER	<b>RESULTS</b>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
<b>RBC PARAMETERS</b>				
Haemoglobin	15.9	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.89	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	46.2	40-50 %	Calculated	
MCV	94.5	81-101 fl	Measured	
MCH	32.5	27-32 pg	Calculated	
MCHC	34.4	31.5-34.5 g/dL	Calculated	
RDW	13.4	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	9260	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS			
Lymphocytes	23.9	20-40 %		
Absolute Lymphocytes	2210	1000-3000 /cmm	Calculated	
Monocytes	7.2	2-10 %		
Absolute Monocytes	660	200-1000 /cmm	Calculated	
Neutrophils	64.0	40-80 %		
Absolute Neutrophils	5930	2000-7000 /cmm	Calculated	
Eosinophils	4.6	1-6 %		
Absolute Eosinophils	420	20-500 /cmm	Calculated	
Basophils	0.3	0.1-2 %		
Absolute Basophils	20	20-100 /cmm	Calculated	
Immature Leukocytes				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	266000	150000-410000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Measured
PDW	13.9	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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CID : 2310105144 Name : MR.SHAILESH					E P O R	
Age / Gender	: 39 Years / Ma	ale		Use a QR Code Scanner Application To Scan the Code	Т	
Consulting Dr. Reg. Location	:- :Khar West (M	ain Centre)	Collected Reported	:11-Apr-2023 / 09:36 :11-Apr-2023 / 11:34		
Macrocytosis		-				
Anisocytosis		-				
Poikilocytosis		-				
Polychromasia		-				
Target Cells		-				
Basophilic Stip	pling	-				
Normoblasts		-				
Others		Normocytic,Normochromic				
WBC MORPHO	DLOGY	-				
PLATELET MC	RPHOLOGY	-				

Specimen: EDTA Whole Blood

COMMENT

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. \*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

Sedimentation

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

50 **Dr.TRUPTI SHETTY** 

M. D. (PATH) Pathologist

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:2310105144

: -

: MR.SHAILESH SINGH

: Khar West (Main Centre)

: 39 Years / Male

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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	AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
<u> </u>	PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
	GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
( F	GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
E	BILIRUBIN (TOTAL), Serum	0.77	0.3-1.2 mg/dl	Vanadate oxidation
E	BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Vanadate oxidation
E	BILIRUBIN (INDIRECT), Serum	0.49	<1.2 mg/dl	Calculated
-	TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
/	ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
(	GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
1	A/G RATIO, Serum	1.5	1 - 2	Calculated
ę	SGOT (AST), Serum	34.8	<34 U/L	Modified IFCC
ę	SGPT (ALT), Serum	59.9	10-49 U/L	Modified IFCC
(	GAMMA GT, Serum	32.2	<73 U/L	Modified IFCC
	ALKALINE PHOSPHATASE, Serum	52.4	46-116 U/L	Modified IFCC
E	BLOOD UREA, Serum	18.7	19.29-49.28 mg/dl	Calculated
E	BUN, Serum	8.7	9.0-23.0 mg/dl	Urease with GLDH
	CREATININE, Serum eGFR, Serum	0.93 96	0.60-1.10 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

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Urine Ketones (PP)

DIAGNOSTICS				EP	
CID Name Age / Gender Consulting Dr.	: 23101051 : MR.SHAIL : 39 Years : -	ESH SINGH / Male	Collected	Use a QR Code Scanner Application To Scan the Code : 11-Apr-2023 / 09:36	O R T
URIC ACID, Se		t (Main Centre) 6.4	Reported	:11-Apr-2023 / 20:53 Uricase/ Peroxidase	
Urine Sugar (Fa Urine Ketones (		Absent Absent	Absent Absent		
Urine Sugar (PF	<b>?</b> )	Absent	Absent		

Absent

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

Absent



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

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Application To Scan the Code Collected Reported

Non-Diabetic Level: < 5.7 %

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

:11-Apr-2023 / 09:36 :11-Apr-2023 / 13:30

METHOD

Calculated

HPLC

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

mg/dl

# PARAMETER

Glycosylated Hemoglobin 4.2 (HbA1c), EDTA WB - CC

Estimated Average Glucose 73.8 (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.

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



Former

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

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Collected Reported :11-Apr-2023 / 09:36 :11-Apr-2023 / 15:52

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

		UN UL TALCES
<b>PARAMETER</b>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b>CHEMICAL EXAMINATION</b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION	<u>I</u>	
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



Juniar Rung

Dr.VRUSHALI SHROFF M.D.(PATH) Pathologist

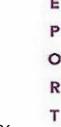
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Consulting Dr. Reg. Location	: - : Khar West (Main Centre)
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Collected Reported

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

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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	<u>l</u>		
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			

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 SDRL, Vidyavihar Lab \*\*\* End Of Report \*\*\*



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**Dr.TRUPTI SHETTY** M. D. (PATH) Pathologist

Page 7 of 11

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CID : 2310105144 Name : MR.SHAILESH SINGH Age / Gender : 39 Years / Male Consulting Dr. : -Reg. Location : Khar West (Main Centre)



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Collected Reported :11-Apr-2023 / 09:36 :11-Apr-2023 / 12:26

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

# PARAMETER

# <u>RESULTS</u>

ABO GROUP O Rh TYPING Positive

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.

### Refernces:

- 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 \*\*\*



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Dr.TRUPTI SHETTY M. D. (PATH) Pathologist

Page 8 of 11

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CID	:2310105144
Name	: MR.SHAILESH SINGH
Age / Gender	: 39 Years / Male
Consulting Dr. Reg. Location	: - :Khar West (Main Centre)



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Use a QR Code Scanner Application To Scan the Code

Collected Reported :11-Apr-2023 / 09:36 :11-Apr-2023 / 13:30

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
CHOLESTEROL, Serum	166.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	123.3	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	45.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	121.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.6	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	24.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated
*Sample processed at SUBURBAN DIA	GNOSTICS (INDIA) PVT. LTD SDRI		

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



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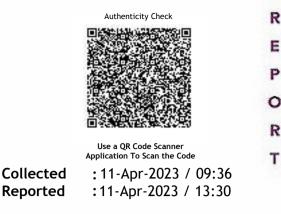
Dr.NAMRATA RAUL M.D (Biochem) Biochemist

Page 9 of 11

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CID	: 2310105144
Name	: MR.SHAILESH SINGH
Age / Gender	: 39 Years / Male
Consulting Dr.	: -
Reg. Location	: Khar West (Main Centre)



# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.448	0.55-4.78 microIU/ml	CLIA

### 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

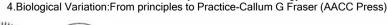
### following the last biotin administration.

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





Former

Dr.NAMRATA RAUL M.D (Biochem) Biochemist

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Consulting Dr.	: -	Collected	:11-Apr-2023 / 09:36	2
Reg. Location	: Khar West (Main Centre)	Reported	:11-Apr-2023 / 13:30	

Authenticity Check

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# SUBURBAN DIAGNOSTICS KHAR-W

Name: MR SHAILESH SINGHDate: 11-04-2023Time: 10:42Age: 39Gender: MHeight: 169 cmsWeight: 76 KgID: 2310105144Clinical History: NILMedications:NONE

# Test Details: Predicted Max HR: 181 Target HR: 153 Protocol: Bruce Predicted Max HR: 181 Target HR: 153 Exercise Time: 0:06:13 Achieved Max HR: 155 (86% of Predicted MHR) Max BP: 160/70 Max BP x HR: 24800 Max Mets: 7 Test Termination Criteria: THR ATTAINED THR ATTAINED THR ATTAINED THR ATTAINED THR ATTAINED

# **Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	Max ST Stope
Supine	00:09	1	0	0	111	110/70	12210	-0.8 aVR	-0.9 aVR
Standing	00:13	1	0	0	102	110/70	11220	0.31	-0.5 aVR
HyperVentilation	00:10	1	0	0	104	110/70	11440	0.5 V2	-0.5 aVR
PreTest	00:52	1	1.6	0	98	110/70	10780	0.3 V2	-0.5 aVR
Stage: 1	03:00	4.7	2.7	10	144	130/70	18720	-1.1 III	0.8 V3
Stage: 2	03:00	7	4	12	153	150/70	22950	-0.7 III	1 II
Peak Exercise	00:13	7	5.5	14	155	160/70	24800	-0.8 V6	1.1 V5
Recovery1	01:00	1	0	0	119	150/70	17850	-0.4 III	-1.2 aVR
Recovery2	01:00	1	0	0	99	130/70	12870		0.7 V3
Recovery3	01:00	1	0	0	102	120/70	12240	-0.5 II	-0.6 aVR

# Interpretation

GOOD EFFORT TOLERANCE NORMAL CHRONOTROPIC RESPONSE NORMAL INOTROPIC RESPONSE NO ANGINA/ANGINA EQUIVALENTS NO ARRHYTHMIAS NO SIGNIFICANT ST-T CHANGES FROM BASELINE

**IMPRESSION:** 

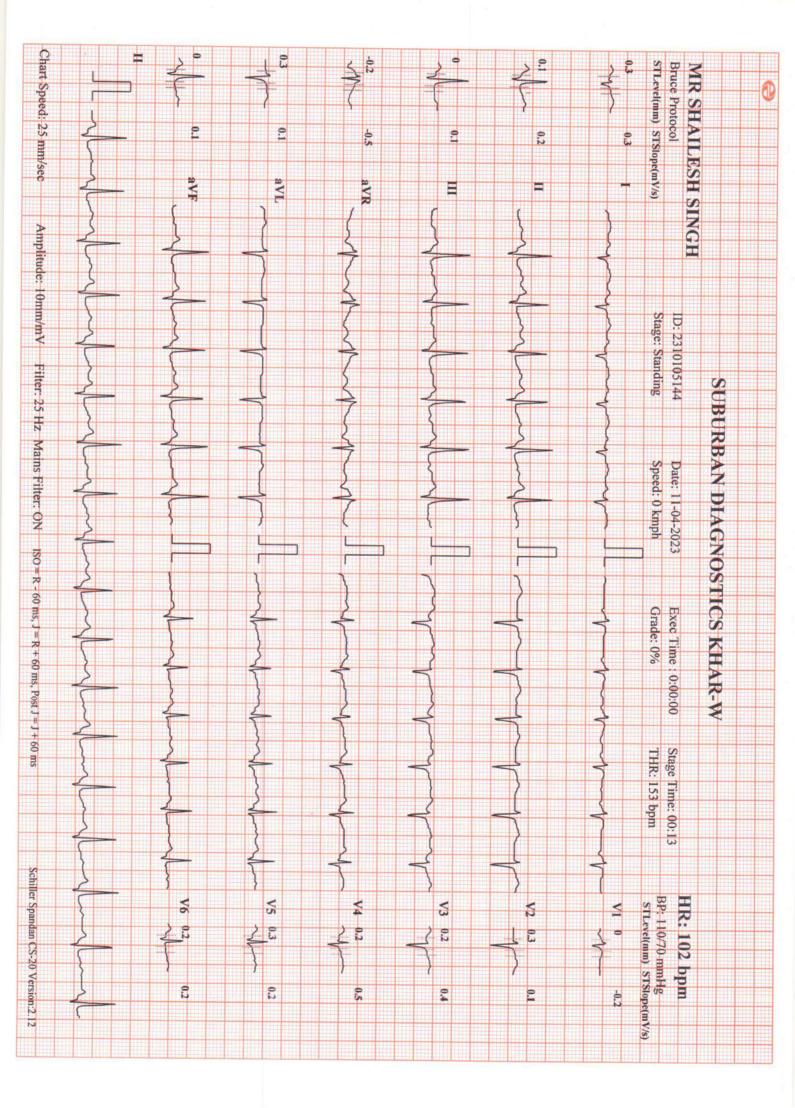
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DISCLAIMER:

NEGATIVE STRESS TEST DOES NOT RULE OUT CORONARY ARTERY DISEASE POSITIVE STRESS TEST IS SUGGESTIVE BUT NOT CONFIRMATORY OF CORONARY ARTERY DISEASE HENCE CLINICAL CORRELATION IS MANDATORY.

Ref. Doctor:		Doctor: Dr.GIRISH AGRAW		
SCHILLER	Suburban Diagnostics (I) Pvt. Ltd.	(Summary Report edited by User) Spandan CS-20 Version:2.12.0		
The Art of Diagnostics	6th Floor, Gupte House, 81, S.V. Road, Khar (VI), Murnioa: -480,052.	Dr. Girish O. Agrawal MD (Med)		
	Tel.: 2648480\$ / 26484802	Reg. No.: 2002/02/478		

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Filter: 25 Hz Mains Filter: ON ISO	MMMM			- MMM			man IL	Date: 11-04-2023 Speed: 4 kmph	SUBURBAN DIAGNOSTICS
ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms	Malal	- And	- Martin	Martin	huhuh	-	Andrehand	Exec Time : 0:06:00 Grade: 12%	STICS KHAR-W
= J + 60 ms	Walat	Malal	Mand	Martin	hhhhh	A-A-A-A	manul	Stage Time: 03:00 THR: 153 bpm	
Schiller Spandan CS-20 Version:2.12	July	V6 -0,4 0.8	VS US 0.9	V4 0.3 0.9	V3 0.1 0.8	~, V2 0.5 0.2	VI 0.2 -0.4	HR: 153 bpm BP: 150/70 mmHg STLevel(mm) STSlope(mV/s)	

Bruce Piotocol STLevet(am) STStope(m V/s) Stage 0.3 0.4 0.8 1 0.8 1 1 0.8 1 1 0.8 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>MR SHAILESH SINGH</b>
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The stage: Peak Exercise	
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ak Exercise Speed: 5.5 kmph Grade	SUBURBAN DIAGNOSTICS
Date: 11-04-2023 Speed: 5.5 kmph	ND
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	NOS
The second secon	TIC
Exec Time : Grade: 14%	
R+60 ms, Post J	KHAR-W
Time: 0:06:13 14% TH TH TH TH TH TH TH TH TH TH	W
Stage	
Stage Time: 00:13 THR: 153 bpm	
Schiller Spandam CS-20 Version: 210 V1 = 0.4 V1 = 0.4 V2 = 0.3 V2 = 0.3 V3 = 0.1 V3 = 0.1 V4 = 0.1 V4 = 0.1 V5 = 0.3 V5 = 0.3 V5 = 0.3 V5 = 0.3 V5 = 0.3 V6 = 0.8	Ę
BP: 160/70 mmHg STLevel(mm) STSlope(mV/s) V2 $0.3$ $-0.4$ V2 $0.3$ $0.1$ $-0.4$ V3 $0.1$ $0.9$ V3 $0.1$ $0.9$ V4 $0.1$ $1$ V5 $-03$ $1.1$ V5 $-08$ $0.8$ V6 $-08$ $0.8$ V6 $-08$ $0.8$ V6 $-08$ $0.8$ V6 $-1$	HD. 165 have
I.I Version:	
212 212	

Chart Speed: 25 mm/sec		-0.2 ALAN 0.7 aVF	0.4 0.2 aVL	-0.1 -1.2 aVR	-0.4 0.3 III	-0.1 I II	0.2 0.8	IR SHA uce Protoc Level(mm)	•
Amplitude: 10mm/mV	hand	- Ala	- Andrew	Renther		mlinghal	m	SINGH	
Filter: 25 Hz Mains Filter: ON	mont	stated.	1-1-1-1	- Internet				ID: 2310105144 Date Stage: Recovery1 Spee	SUBURBAN
ilter: ON ISO = R + 60 ms, J =	man							Date: 11-04-2023 E: Speed: 0 kmph G	SUBURBAN DIAGNOSTICS
s, J = R + 60 ms, Post J = J + 60 ms	July		- A	- And	my	Mart	- Martha	Time : 0:00:00 e: 0%	SKHAR-W
	Malala		June 1	Arry and a	Y	Jul - Jul	hard	Stage Time: 01:00 THR: 153 bpm	
Schiller Spandan CS-20 Version:2.12	Andrah	V6 -0. 0.8	VS ell	V4 0.3 1.1	V3 6.4 1.1	V2 0.4 0.2	VI 6.1 -0.4	HR: 119 bpm BP: 150/70 mmHg STLevel(mm) STSlope(mV/s)	

