

Age **30** NA **7**
years months days

Gender **Male**

Heart Rate **96 bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QSRD: 94 ms
QT: 356 ms
QTc: 449 ms
PR: 130 ms
P-R-T: 70° 28° 36°

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

REPORTED BY

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468

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.



CID : 2125438744
Name : MR.ABHISHEK SINGH
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 11-Sep-2021 / 09:29
Reported : 11-Sep-2021 / 10:45

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Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	99.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.67	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	21.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.4	5-45 U/L	NADH (w/o P-5-P)
CREATININE, Serum	0.70	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	141	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.7	3.5-7.2 mg/dl	Enzymatic

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



MC-2111

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M.D.(PATH)
Consultant Pathologist & Lab Director

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Collected : 11-Sep-2021 / 09:29
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB-ESR	4	2-15 mm at 1 hr.	Westergren

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*** End Of Report ***



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Director - Medical Services

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.70	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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Reported : 11-Sep-2021 / 11:55

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

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

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CID	: 2125438744	SID	: 177804128764
Name	: MR.ABHISHEK SINGH	Registered	: 11-Sep-2021 / 09:24
Age / Gender	: 30 Years/Male	Collected	: 11-Sep-2021 / 09:24
Ref. Dr	: -	Reported	: 11-Sep-2021 / 11:59
Reg.Location	: Andheri West (Main Centre)	Printed	: 11-Sep-2021 / 12:03

USG WHOLE ABDOMEN

LIVER: Liver is normal in size (10.4cm. cranio-caudal), shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.6 x 4.6cm. Left kidney measures 9.7 x 5.6cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size (8.0cm), shape and echotexture. No focal lesion is seen.

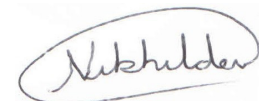
URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate measures 3.5 x 2.7 x 2.5cm. and prostatic weight is 13.2g. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***



Dr.NIKHIL DEV
M.D.