

CID : 2308912757 Name : MR.PACHIGOLLA BABU GANESH Age / Gender : 33 Years / Male Consulting Dr. : -Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Authenticity Check

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
PARAMETER	<b>RESULTS</b>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	17.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.55	4.5-5.5 mil/cmm	Elect. Impedance
PCV	53.8	40-50 %	Measured
MCV	97	80-100 fl	Calculated
MCH	31.3	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	16.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4760	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	27.6	20-40 %	
Absolute Lymphocytes	1313.8	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	395.1	200-1000 /cmm	Calculated
Neutrophils	59.8	40-80 %	
Absolute Neutrophils	2846.5	2000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	
Absolute Eosinophils	190.4	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	14.3	20-100 /cmm	Calculated
Immature Leukocytes			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### PLATELET PARAMETERS

Platelet Count	179000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	15.9	11-18 %	Calculated
RBC MORPHOLOGY			

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Corporate Identity Number (CIN): U85110MH2002PTC136144



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Consulting Dr.	: -	Collected	:30-Mar-2023 / 09:03	
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	Reported	:30-Mar-2023 / 14:52	

Hypochromia	-		
Microcytosis			
Macrocytosis			
Anisocytosis	Mild		
Poikilocytosis	Mild		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others			
WBC MORPHOLOGY			
PLATELET MORPHOLOGY			
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR, EDTA WB-ESR	5	2-15 mm at 1 hr.	Sedimentation

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



Bmhaskar

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

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: 30-Mar-2023 / 09:03

:30-Mar-2023 / 16:01

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Age / Gender : 33 Years / Male Consulting Dr. : -

CREATININE, Serum

:2308912757

**Reg. Location** : Mahavir Nagar, Kandivali West (Main Centre)

: MR.PACHIGOLLA BABU GANESH

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.61	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.39	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	2.2	1 - 2	Calculated	
SGOT (AST), Serum	18.9	5-40 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	18.0	5-45 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	18.5	3-60 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	73.3	40-130 U/L	Colorimetric	
BLOOD UREA, Serum	19.2	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	9.0	6-20 mg/dl	Calculated	

0.67-1.17 mg/dl

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Enzymatic

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eGFR, Se	erum	90	>60 ml/min/1.7	3sqm Calculated	
URIC AC	ID, Serum	6.6	3.5-7.2 mg/dl	Enzymatic	
Urine Sug	gar (Fasting)	Absent	Absent		
Urine Ket	ones (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 \*\*\*





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

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CID : 2308912757 Name : MR.PACHIGOLLA BABU GANESH Age / Gender : 33 Years / Male Consulting Dr. : -Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected Reported Application To Scan the Code : 30-Mar-2023 / 09:03 : 30-Mar-2023 / 17:13

#### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) PARAMETER RESULTS **BIOLOGICAL REF RANGE** METHOD Glycosylated Hemoglobin HPLC 5.4 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 108.3 mg/dl Calculated (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 Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*





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:30-Mar-2023 / 13:29

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

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	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 EXAMINATIO	<u>N</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	8-10	Less than 20/hpf	
Others	-		

Others

MC-2111

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

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

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## PARAMETER

# <u>RESULTS</u>

ABO GROUP

**Rh TYPING** 

Positive

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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

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Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	194.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	135.9	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	37.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	157.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	130.0	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	27.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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



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: 30-Mar-2023 / 09:03 :30-Mar-2023 / 17:38

#### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS BIOLOGICAL REF RANGE** RESULTS PARAMETER METHOD Free T3, Serum 4.7 **ECLIA** 3.5-6.5 pmol/L Free T4, Serum 17.8 11.5-22.7 pmol/L **ECLIA** sensitiveTSH, Serum 0.35-5.5 microIU/ml **ECLIA** 1.23

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PRECISE TESTING - HEAL	THICS LIVING			P
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Age / Gender	: 33 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	:-	Collected	:30-Mar-2023 / 09:03	
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	Reported	:30-Mar-2023 / 17:38	

### 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)

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



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

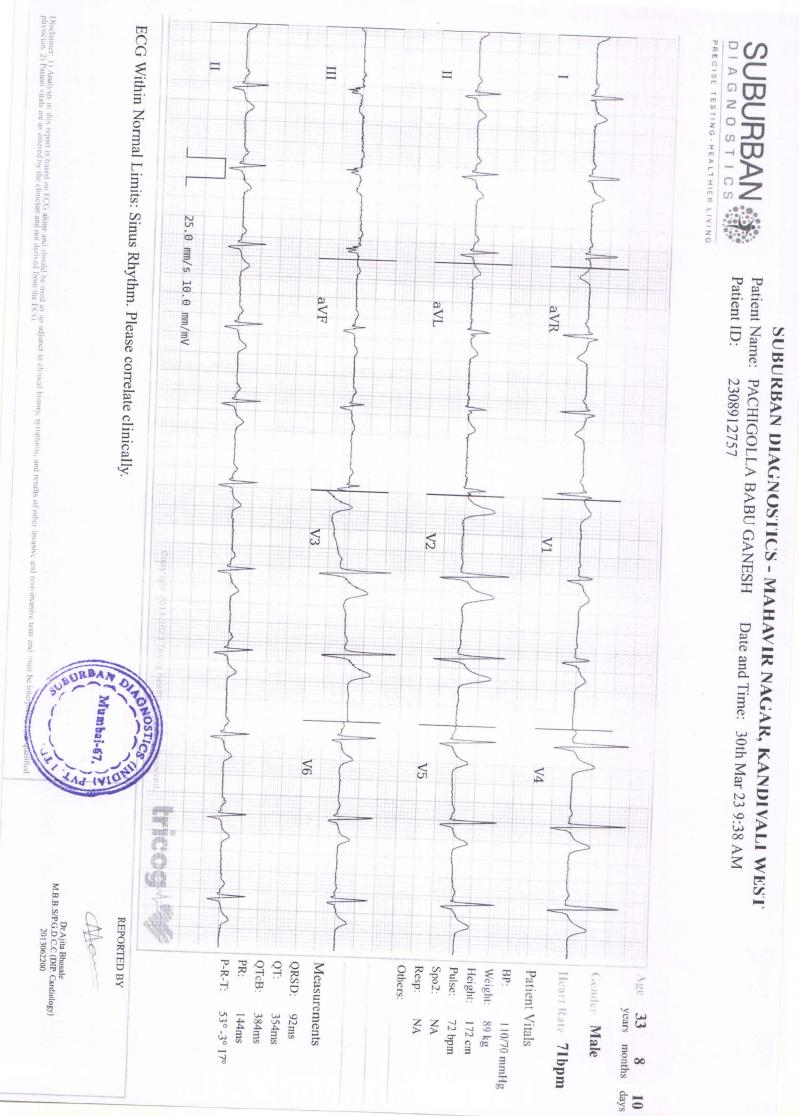
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Date:- 30			CI	CID: 230 8912757				
Name:- Mr. Granesh Bo			Babu	Sex / Age: 0/3342				
			E	YE CHEC	KUP			
Chief com	plaints:	- No	0					
Systemic [	Diseases:		0					
Past histor	y:	- NH	8					
Unaided V	ision:	- 11	5					
Aided Visio	n: -	- 110	2					
Refraction:	Ø	ôl6	$\heartsuit$	6/6				
	(Right E	ye)			(Left Eye	e)		
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	T

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Ineal				NIG	$\mathcal{L}$			NIG	

Colour Vision: Normal / Abnormal

Remark: Normal Vision.



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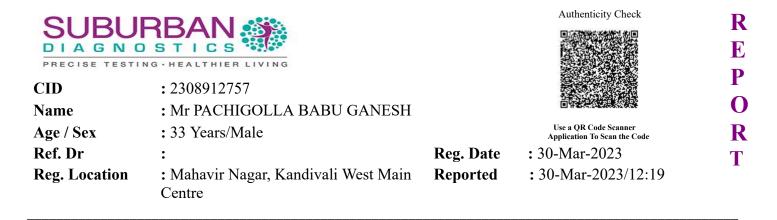
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# **USG WHOLE ABDOMEN**

# LIVER:

The liver is normal in size measuring (13.8 cm), echotexture, shape and smooth margins. It shows **raised** echogenicity. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. 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 partially visualized due to overlying bowel gases. No evidence of solid or cystic mass lesion.

# **KIDNEYS:**

Right kidney measures  $10.5 \ge 9.0$  cm. Left kidney measures  $11.7 \ge 5.2$  cm. Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

## **SPLEEN:**

The spleen is **mildly enlarged in size (13.1cm)** and normal in echotexture. No evidence of focal lesion is noted.

## **URINARY BLADDER:**

The urinary bladder is well distended and reveal no intraluminal abnormality.

## **PROSTATE:**

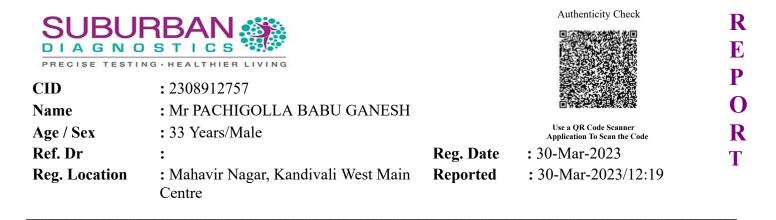
The prostate is normal measuring 3.6 x 3.5 x 2.5 cm, volume= 16.8 cc.

# **ADDITIONAL COMMENTS:**

Visualized bowel loops appears unremarkable. There is no evidence of any lymphadenopathy or ascites.

## **IMPRESSION:**-

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023033008512770



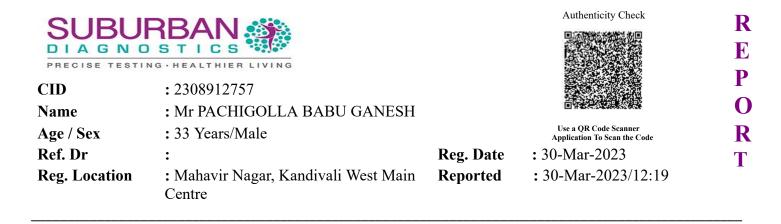
- Grade I-II Fatty Liver
- Borderline splenomegaly

### **ADVICE:** Clinical correlation

(Above USG report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico - legal purposes)

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

Dr. Chirag Patel Consultant Radiologist M.B.B.S, MD (Radiologist) Reg. No. MMC 20170773319





DIAGNO	STICS			E
PRECISE TESTI	NG · HEALTHIER LIVING			D
CID	: 2308912757			r
Name	: Mr PACHIGOLLA BABU GANESH			0
Age / Sex	: 33 Years/Male		Use a QR Code Scanner Application To Scan the Code	R
Ref. Dr	:	Reg. Date	: 30-Mar-2023	Т
<b>Reg.</b> Location	: Mahavir Nagar, Kandivali West Main Centre	Reported	: 30-Mar-2023/12:23	

# **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-----

Dr. Chirag Patel Consultant Radiologist M.B.B.S, MD (Radiologist) Reg. No. MMC 20170773319

Authenticity Check

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