

Age / Gender : 30 Years/Male

Consulting Dr. :

Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Dec-2023 / 07:55

Reported : 23-Dec-2023 / 15:08

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO

EXAMINATION FINDINGS:

Height (cms):	165cm	Weight (kg):	51kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80mmHg	Nails:	Healthy
Pulse:	79/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1 S2 Normal No Murmurs
Respiratory: Normal
Genitourinary: Normal
GI System: Soft non tender no Organomegaly
CNS: Normal

IMPRESSION: *HbA1c ↑ E BCh - chgs*

ADVICE: *consult family physician
low carb diet*

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 |

[Signature]
Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

CID# 2335719837
Name MR. BAMANE AVINASH SOMNATH

Age / Gender : 30 Years/Male

Consulting Dr. :

Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Dec-2023 / 07:55

Reported : 23-Dec-2023 / 15:08

- 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

PERSONAL HISTORY:

- 1) Alcohol NO
- 2) Smoking NO
- 3) Diet Mixed
- 4) Medication NO

*** End Of Report ***

Dr. I U BAMB



CID : 2335719837
Name : MR.BAMANE AVINASH SOMNATH
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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Reported : 23-Dec-2023 / 11:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.65	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.3	40-50 %	Calculated
MCV	87	80-100 fl	Calculated
MCH	28.2	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	10900	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	19.4	20-40 %	
Absolute Lymphocytes	2114.6	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	643.1	200-1000 /cmm	Calculated
Neutrophils	72.3	40-80 %	
Absolute Neutrophils	7880.7	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	218.0	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	43.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	295000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



CID : 2335719837
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Reg. Location : Swargate, Pune (Main Centre)

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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Neutrophilic Leukocytosis

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 13 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigiden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Dr.KARAN MAURYA
D.N.B (Path)
Pathologist



CID : 2335719837
Name : MR.BAMANE AVINASH SOMNATH
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Dec-2023 / 08:02
Reported : 23-Dec-2023 / 11:56

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.69	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.36	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	18.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	80.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	1.11	0.67-1.17 mg/dl	Enzymatic



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Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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Reported : 23-Dec-2023 / 13:20

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eGFR, Serum	92	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	4.9	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Dr. Chandrakant Pawar
Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



CID : 2335719837
Name : MR.BAMANE AVINASH SOMNATH
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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Reported : 23-Dec-2023 / 11:56

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	mg/dl	Calculated

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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr.KARAN MAURYA
D.N.B (Path)
Pathologist



CID : 2335719837
Name : MR.BAMANE AVINASH SOMNATH
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Dec-2023 / 08:02
Reported : 23-Dec-2023 / 13:32

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Trace	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (5.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Flakes +	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Occasional	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Dr.KARAN MAURYA
D.N.B (Path)
Pathologist



CID : 2335719837
Name : MR.BAMANE AVINASH SOMNATH
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Dec-2023 / 08:02
Reported : 23-Dec-2023 / 14:26

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	-
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	Chemical Indicator
Volume (ml)	40	-	-
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			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent		
Crystals	Absent		
Amorphous debris	Absent		
Bacteria / hpf	2-3	Less than 20/hpf	

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 inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Chandrakant Pawar

Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



CID : 2335719837
Name : MR.BAMANE AVINASH SOMNATH
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Dec-2023 / 08:02
Reported : 23-Dec-2023 / 13:20

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

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

This sample has been tested for bombay group/ bombay phenotype/ OH using anti H letin.

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.

References:

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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr.KARAN MAURYA
D.N.B (Path)
Pathologist



CID : 2335719837
Name : MR.BAMANE AVINASH SOMNATH
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Dec-2023 / 08:02
Reported : 23-Dec-2023 / 11:56

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	183.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	79.5	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	53.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.0	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	16.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Dr. KARAN MAURYA
D.N.B (Path)
Pathologist



CID : 2335719837
Name : MR.BAMANE AVINASH SOMNATH
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Dec-2023 / 08:02
Reported : 23-Dec-2023 / 12:21

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.3	3.10-6.80 pmol/L	ECLIA
Note: Kindly note change in reference range and method w.e.f 12-07-2023			
Free T4, Serum	14.4	12-22 pmol/L	ECLIA
Note: Kindly note change in reference range and method w.e.f 12-07-2023			
sensitiveTSH, Serum	1.96	0.270-4.20 mIU/ml	ECLIA

Note: Kindly note change in reference range and method w.e.f 12-07-2023 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 & heart failure, severe burns, trauma & surgery etc.



CID : 2335719837
Name : MR.BAMANE AVINASH SOMNATH
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Dec-2023 / 08:02
Reported : 23-Dec-2023 / 12:21

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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 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:

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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr.KARAN MAURYA
D.N.B (Path)
Pathologist



CID : 2335720610
Name : MR.ROHAN LAXMIKANT BRAHME
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Dec-2023 / 09:44
Reported : 23-Dec-2023 / 20:04

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**CONNECT AND HEALTH PACKAGE A MALE WITH 2D
PROSTATE SPECIFIC ANTIGEN (PSA)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.947	<4.0 ng/ml	CLIA

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

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



Anupa

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

Name: *Bamane Avinash*

Sex / Age: *20+ Male*
23/12/23

CID: *2335719837*

Date: *23/12/23*

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye <i>6/6</i>	Left Eye <i>6/6</i>
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye <i>N/6</i>	Left Eye <i>N/6</i>
Near Vision With Glasses	Right Eye	Left Eye

GENERAL EXAMINATION:

LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION

10

DR I.U.BAMB
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M.B.B.S., M.D. (Medicine)
Reg. No. 39452



भारत सरकार
Government of India



अविनाश सोमनाथ बामणे
Avinash Somnath Bamne
जन्म वर्ष / Year of Birth : 1993
पुरुष / Male



6707 2661 2255

आधार - सामान्य माणसाचा अधिकार

[Handwritten signature]

SUBURBAN DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall,
Near Panchami Hotel,
Shahu College Road, Pune-411 009.
Tel: 020-41094509

CID : 2335719837
Name : Mr BAMANE AVINASH SOMNATH
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Swargate, Pune Main Centre
Reg. Date : 23-Dec-2023
Reported : 23-Dec-2023 / 17:52

Use a QR Code Scanner
Application To Scan the Code

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.

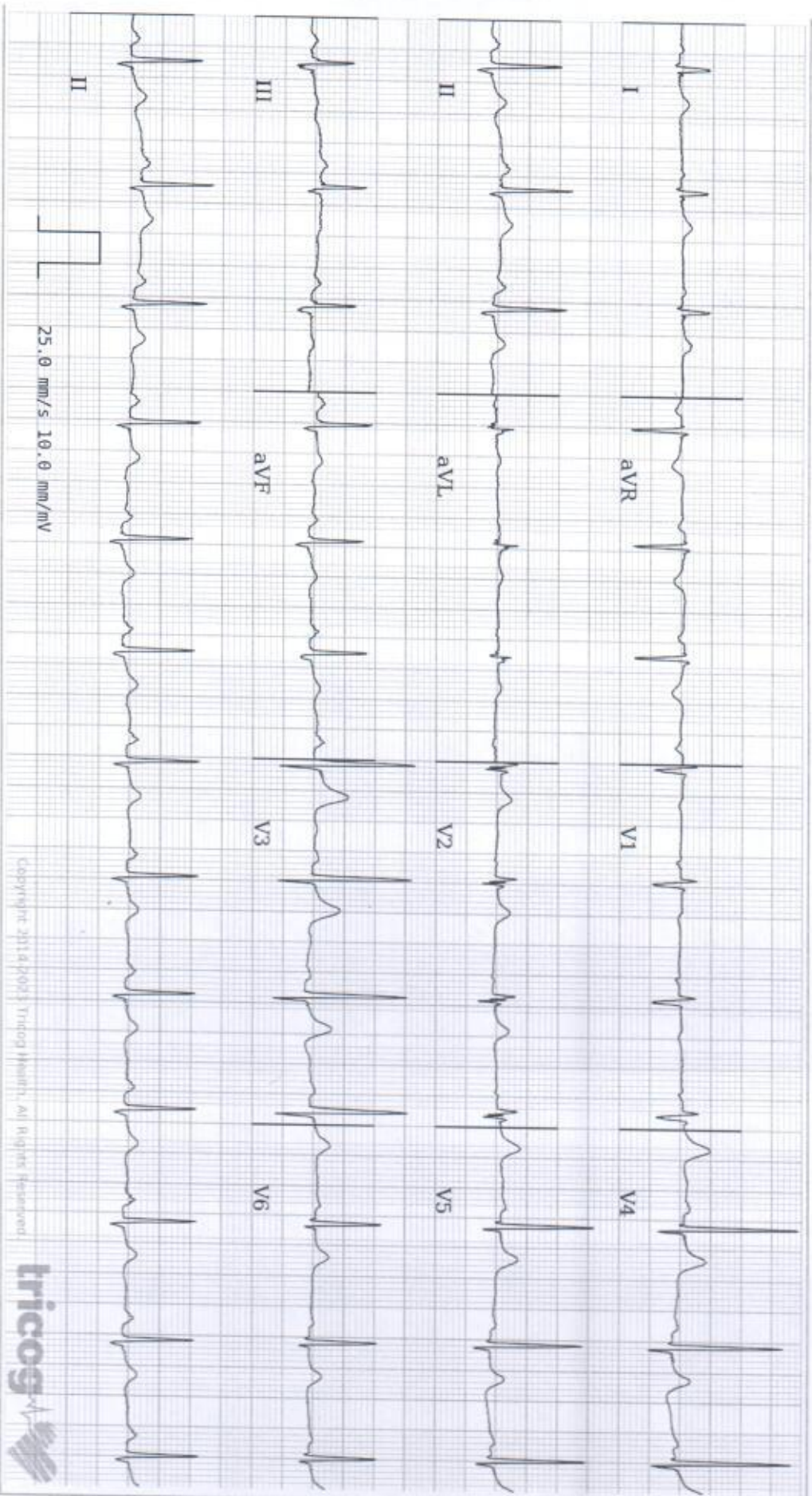
IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

Click here to view images <<ImageLink>>



Sinus Rhythm RSR' in V2. Please correlate clinically.

Age **30** NA NA
years months day:

Gender **Male**

Heart Rate **79bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **57 kg**

Height: **165 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **86ms**
QT: **346ms**
QTcB: **396ms**
PR: **150ms**
P-R-T: **77° 60° 40°**

REPORTED BY

VSR

DR ISHWARLAL BAMB
MBBS MD (MEDICINE)
cardiologist
39452

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 investigations. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



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SUBURBAN DIAGNOSTICS PUNE

Name: AVINASH BAMANE

Date: 23-12-2023 Time: 09:18

Age: 30

Gender: M

Height: 165 cms

Weight: 51 Kg

ID: 2335719837

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 190

Target HR: 161 (85% of Pr. MHR)

Exercise Time: 0:07:43

Achieved Max HR: 162 (85% of Pr. MHR)

Max BP: 156/82

Max BP x HR: 25272

Max Mets: 8.6

Test Termination Criteria: Target HR attained

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:16	1	0	0	92	120/80	11040	1.1 V3	1.2 V5
Standing	00:08	1	0	0	89	120/80	10680	1.4 V5	0.9 V3
HyperVentilation	00:09	1	0	0	90	120/80	10800	1.1 V3	0.9 V3
PreTest	00:21	1	1.6	0	102	120/80	12240	1.9 V5	0.8 V3
Stage 1	03:00	4.7	2.7	10	112	130/80	14360	0.8 V3	1.1 V3
Stage 2	03:00	7	4	12	143	144/82	20592	-0.6 II	1.8 V3
Peak Exercise	01:43	8.6	5.5	14	162	156/82	25272	-0.5 III	2.1 V3
Recovery1	01:00	1	0	0	152	156/82	23712	-1 V5	2.1 II
Recovery2	01:00	1	0	0	132	156/82	20592	1.1 V3	1.9 II
Recovery3	01:00	1	0	0	114	156/82	17784	1.3 II	1.6 V3
Recovery4	00:09	1	0	0	122	156/82	19032	0.9 II	1.5 V3

Interpretation

Good Effort Tolerance.

No Significant ST T Changes as compared to Baseline

No Chest Pain / Arrhythmias noted during the test

Stress Test is Negative for Stress-Induced Ischemia.

Disclaimer : Negative Stress test dose not rule out coronary artery diseases

Positive Stress Test is Suggestive but not Confirmatory of Coronary Aetery Disease.

Hence Clinical Correlation is mandatory.

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452



Doctor: DR I U BAMB

Ref. Doctor: ARCOFEMI

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)
Spandan CS-10 Version.3.3.0



SUBURBAN DIAGNOSTICS PUNE

AVINASH BAMANE (30 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2335719837

Stage: Supine

Date: 23-12-2023

Speed: 0 kmph

Exec Time : 0:00:00

Grade: 0%

Stage Time: 00:16

THR: 161 bpm

HR: 92 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

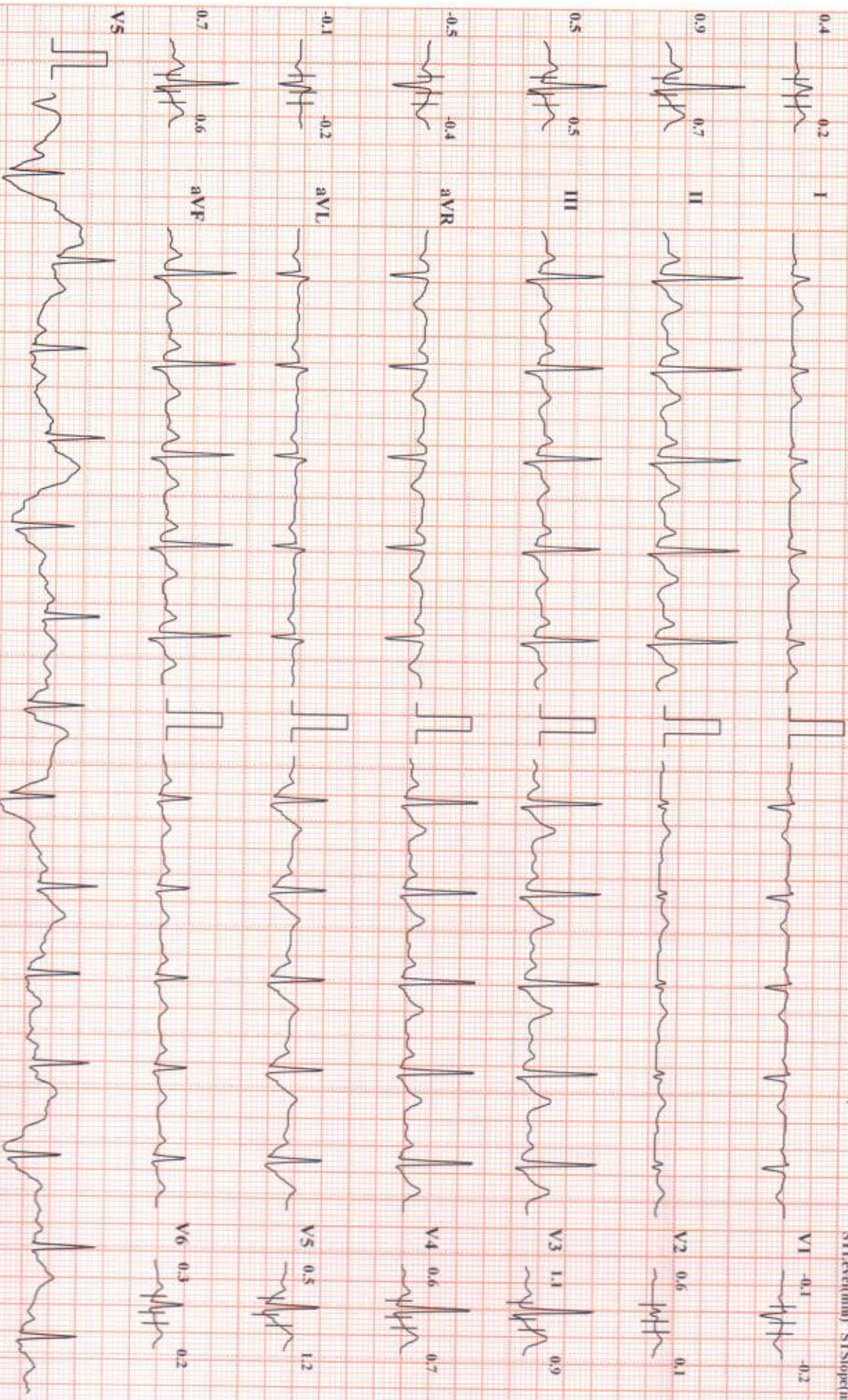


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 80 ms

1 Indexed Medication

Schiller Spindian CS-10 Version: 3.3



AVINASH BAMANE (30 M)

SUBURBAN DIAGNOSTICS PUNE

Bruce Protocol

ID: 2335719837

Date: 23-12-2023

Exec Time: 0:00:00

Stage Time: 00:08

HR: 89 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0 kmph

Grade: 0%

THR: 161 bpm

Bp: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

0.4 0.2 I

0.4 0.4 III

0.8 0.7 II

-0.4 -0.3 aVR

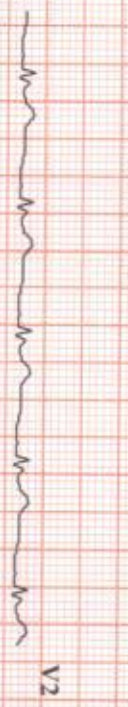
-0.1 -0.1 aVL

0.6 0.6 aVF

V5



V1 0 -0.2



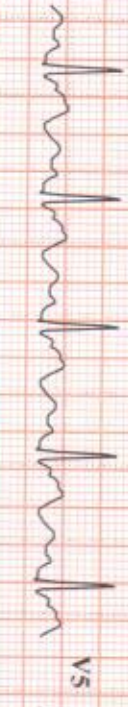
V2 0.3 0.1



V3 1 0.9



V4 0.5 0.6



V5 1.4 0.8



V6 0.3 0.2



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandau CS-10 Version: 3.3

1 InLead Marktion



AVINASH BAMANE (30 M)

SUBURBAN DIAGNOSTICS PUNE

Bruce Protocol

ID: 2335719837

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:09

HR: 90 bpm

STLevel(mm) STSlope(mV/s)

Stage: Hyper-Ventilation Speed: 0 kmph

Grade: 0%

THR: 161 bpm

BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

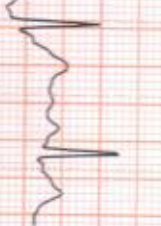
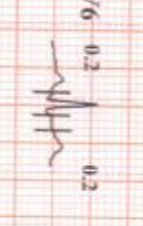
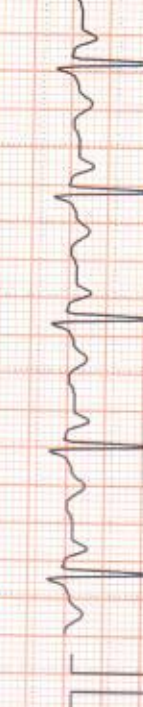
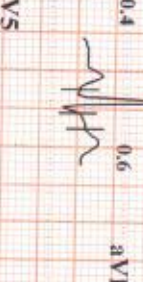
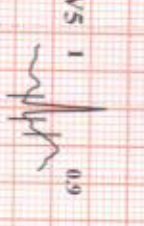
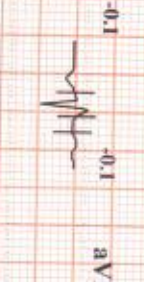
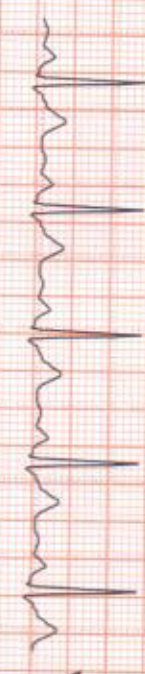
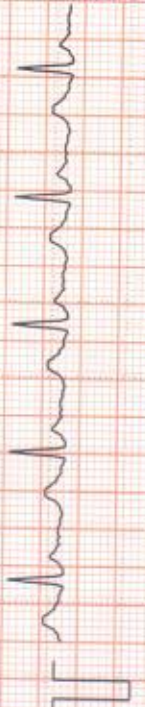
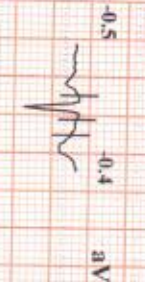
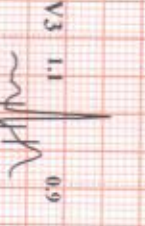
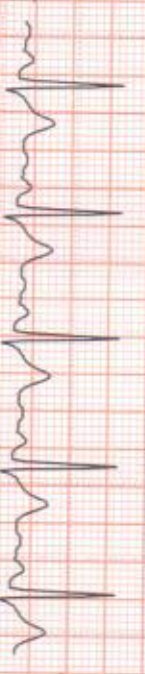
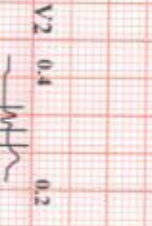
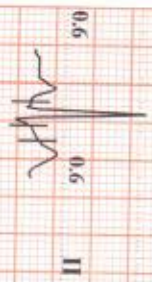
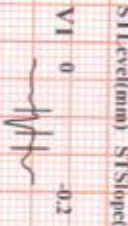
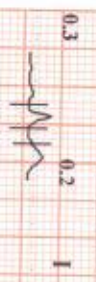


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO + R - 60 ms, J - R + 60 ms, Post J - J + 80 ms
Schiffert Spindler CS-10 Version 7.3



AVINASH BAMANE (30 M)

SUBURBAN DIAGNOSTICS PUNE

Bruce Protocol

ID: 2335719837

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:21

HR: 102 bpm

STLevel(mm) STSlope(mV/s)

Stage: PreTest

Speed: 1.6 kmph

Grade: 0%

THR: 161 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

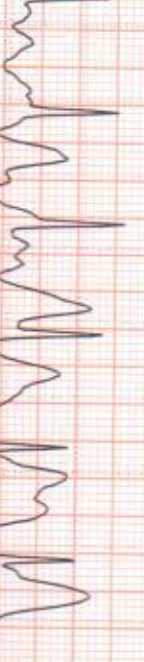
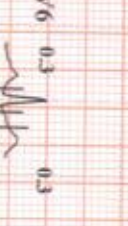
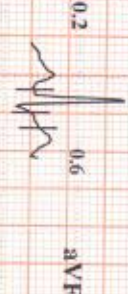
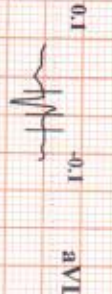
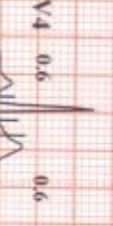
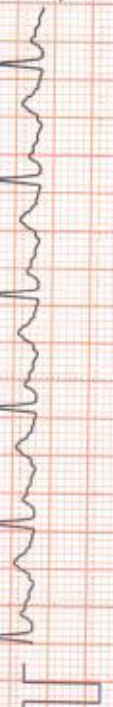
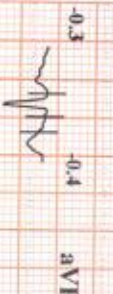
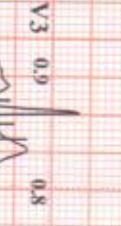
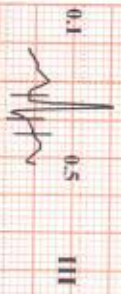
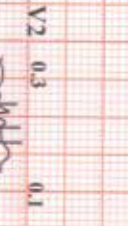
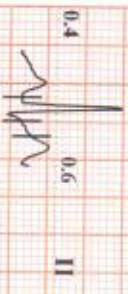
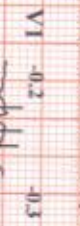
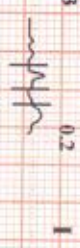


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35-Hz Mains Filter: ON

ISO - R - 60 ms; J - R + 60 ms; Post J - J + 80 ms

Schiller Speedlab CS-10 Version 3.3

1 Induced Atrial Fibrillation



AVINASH BAMANE (30 M)

SUBURBAN DIAGNOSTICS PUNE

Bruce Protocol

ID: 2335719837

Date: 23-12-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 112 bpm

STLevel(mm) STISlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Grade: 10%

THR: 161 bpm

BP: 130/80 mmHg
STLevel(mm) STISlope(mV/s)

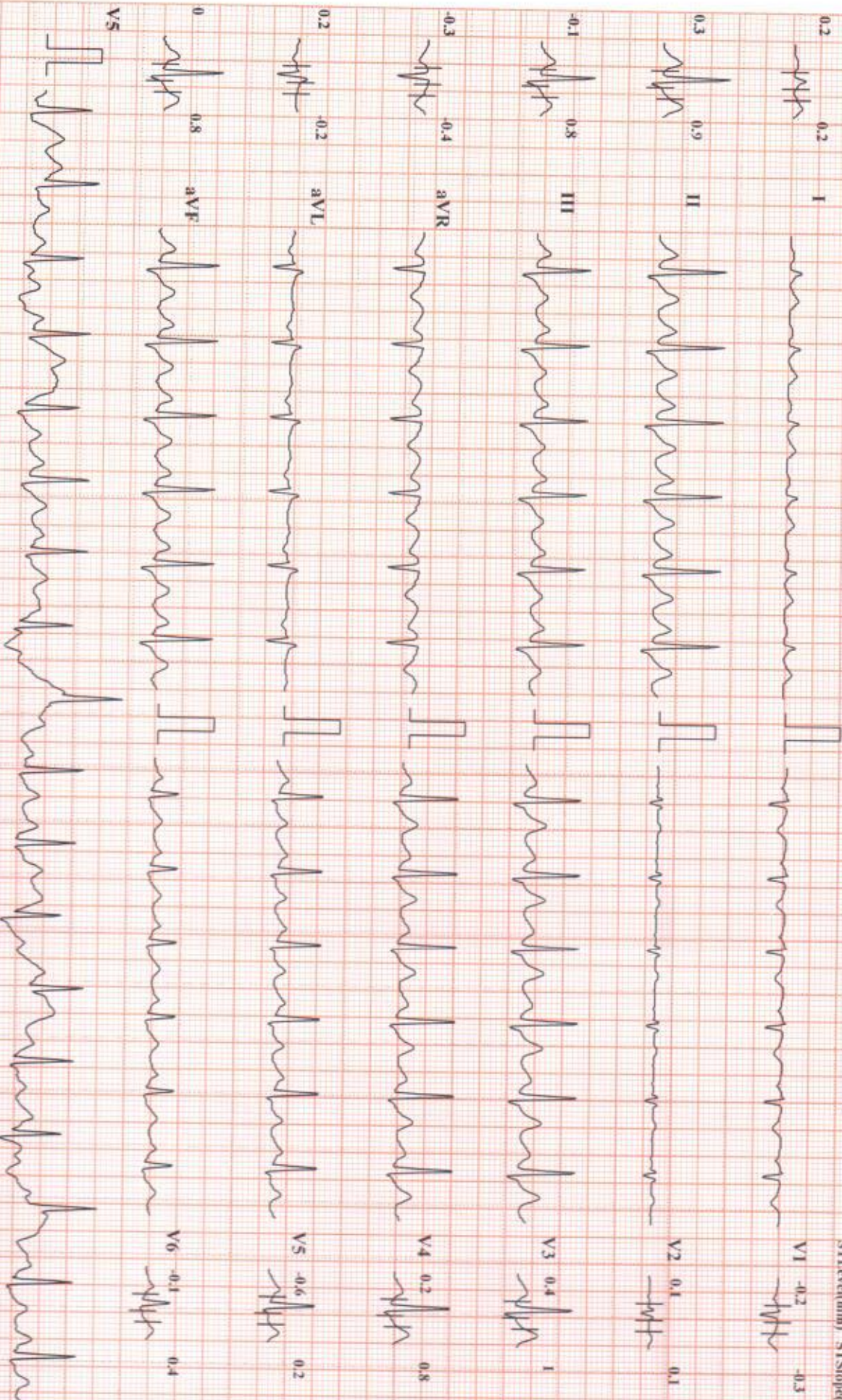


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 80 ms

Schiller SpinDax CS-10 Version 3.3

Indrad Medix



AVINASH BAMANE (30 M)

SUBURBAN DIAGNOSTICS PUNE

Bruce Protocol

ID: 2335719837

Date: 23-12-2023

Exec Time: 0:06:00

Stage Time: 03:00

HR: 143 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Grade: 12%

THR: 161 bpm

BP: 144/82 mmHg

STLevel(mm) STSlope(mV/s)

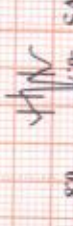
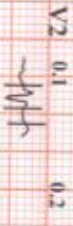
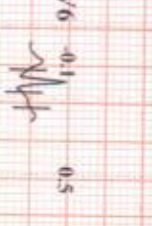
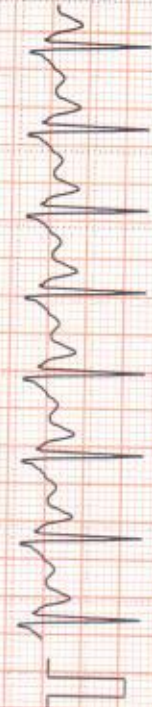
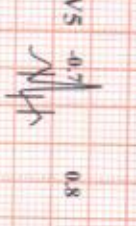
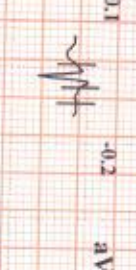
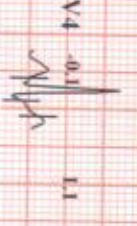
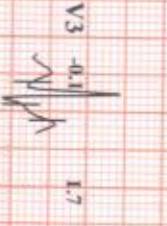
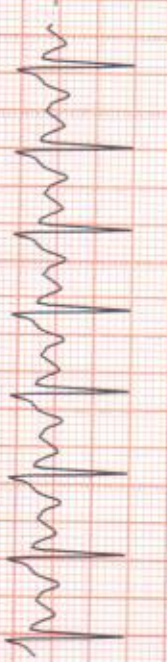
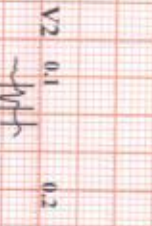
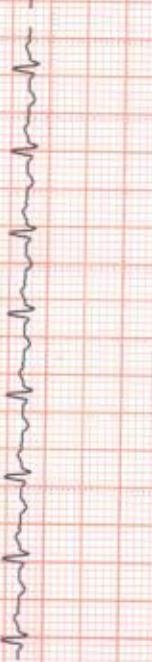


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R + 60 ms, J - R + 60 ms, Post J - J + 80 ms

1 Inlead Markton

Schiller Spindler CS-10 Version 1.3



AVINASH BAMANE (30 M)

SUBURBAN DIAGNOSTICS PUNE

Bruce Protocol

ID: 2335719837

Date: 23-12-2023

Exec Time : 0:07:43

Stage Time: 01:43

HR: 162 bpm

ST1:level(mm) ST1Slope(mV/s)

Stage: Peak Exercise

Speed: 5.5 kmph

Grade: 14%

THR: 161 bpm

BP: 156/82 mmHg
ST1:level(mm) ST1Slope(mV/s)

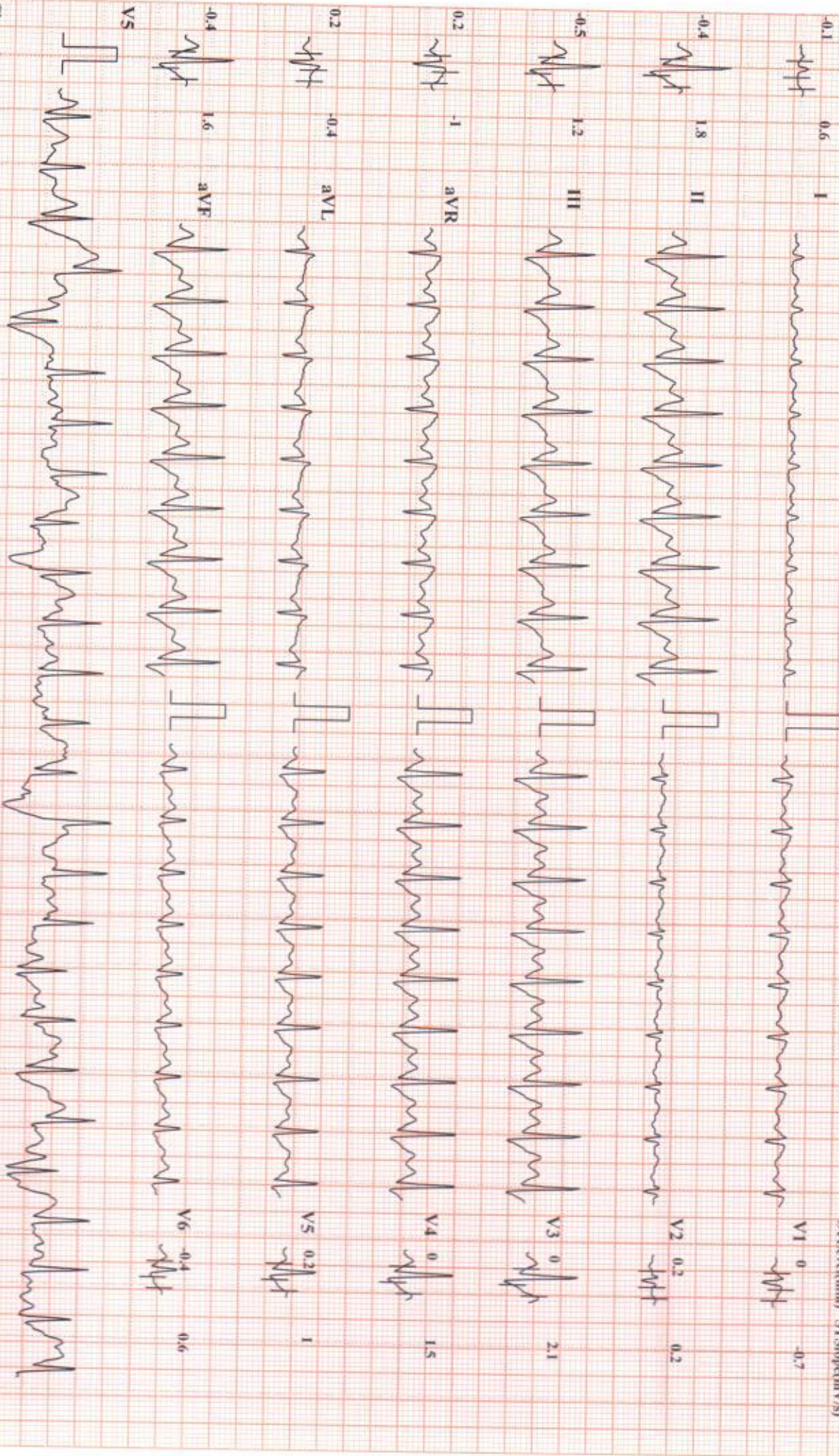


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 80 ms

Schiller Spindler CS-10 Version: 3.3

Lead Motion



AVINASH BAMANE (30 M)

SUBURBAN DIAGNOSTICS PUNE

Bruce Protocol

ID: 2335719837

Date: 23-12-2023

Exec Time : 0:08:43

Stage Time: 01:00

HR: 152 bpm

STISlope(mm) STISlope(mV/s)

Stage: Recovery 1

Speed: 0 kmph

Grade: 0%

THR: 161 bpm

BP: 156/82 mmHg

STISlope(mm) STISlope(mV/s)

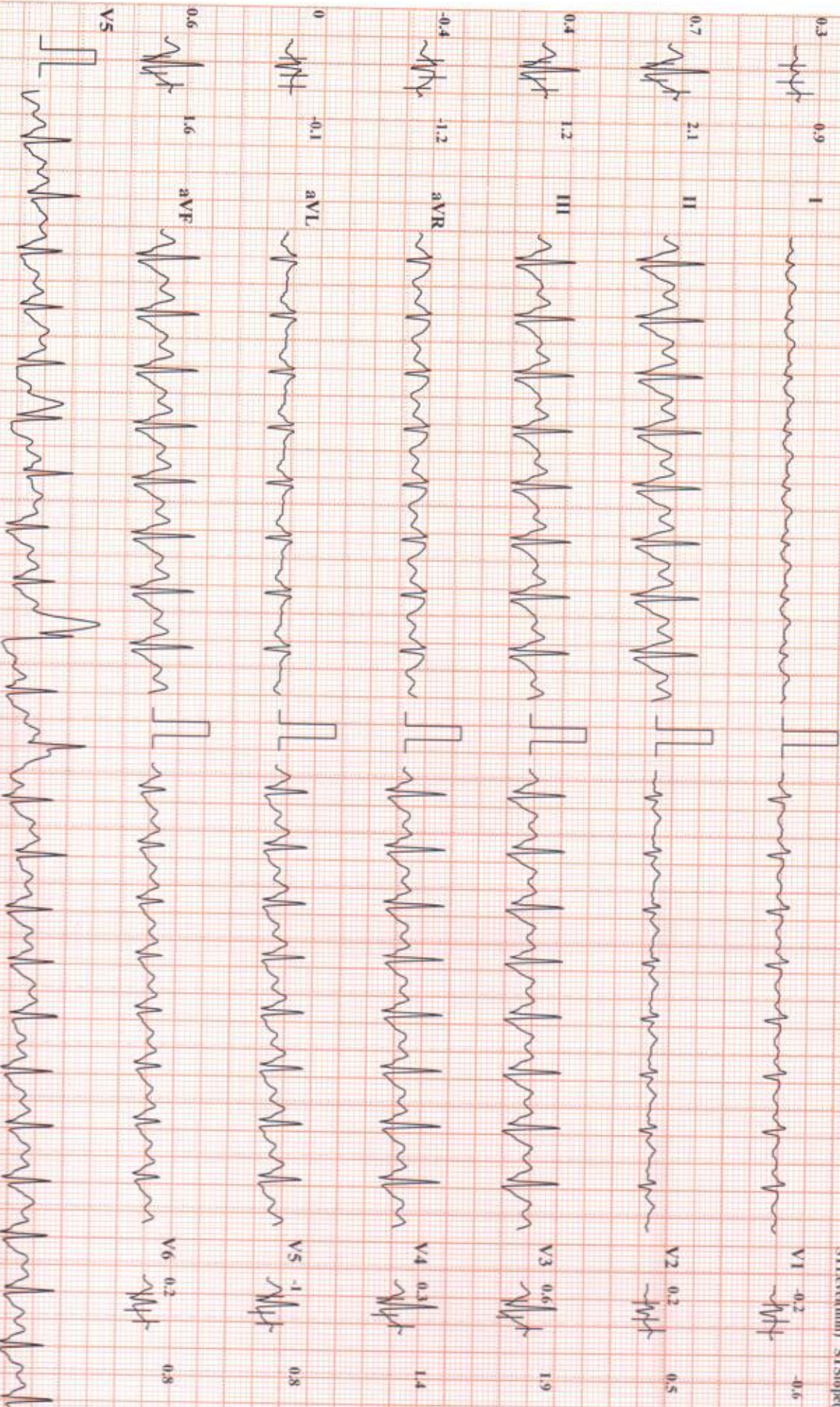


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R - 60 ms, POK J - J - 80 ms

Schiller Spindler CS-10 Version 3.3

1 Inlead Marktion



AVINASH BAMANE (30 M)

SUBURBAN DIAGNOSTICS PUNE

Bruce Protocol

ID: 2335719837

Date: 23-12-2023

Exec Time : 0:09:43

Stage Time: 01:00

HR: 132 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 161 bpm

BP: 156/82 mmHg

STLevel(mm) STSlope(mV/s)

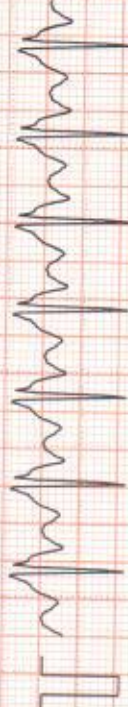
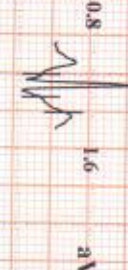
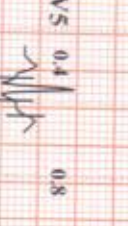
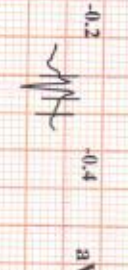
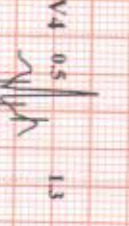
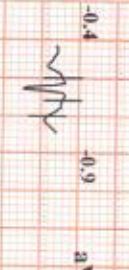
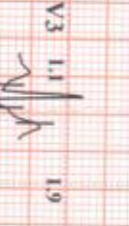
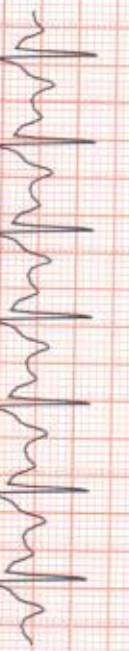
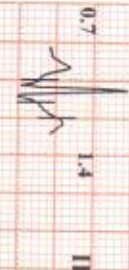
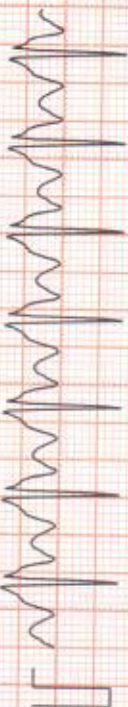
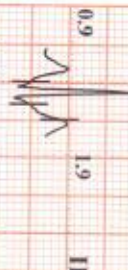


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spacelab CS-10 Version 3.3

1 Incedal Medication



AVINASH BAMANE (30 M)

SUBURBAN DIAGNOSTICS PUNE

Bruce Protocol

ID: 2335719837

Date: 23-12-2023

Exec Time : 0:10:43

Stage Time: 01:00

HR: 114 bpm

STLvel(mm) STSlope(mV/s)

Stage: Recover/3

Speed: 0 kmph

Grade: 0%

THR: 161 bpm

BP: 156/82 mmHg
STLvel(mm) STSlope(mV/s)

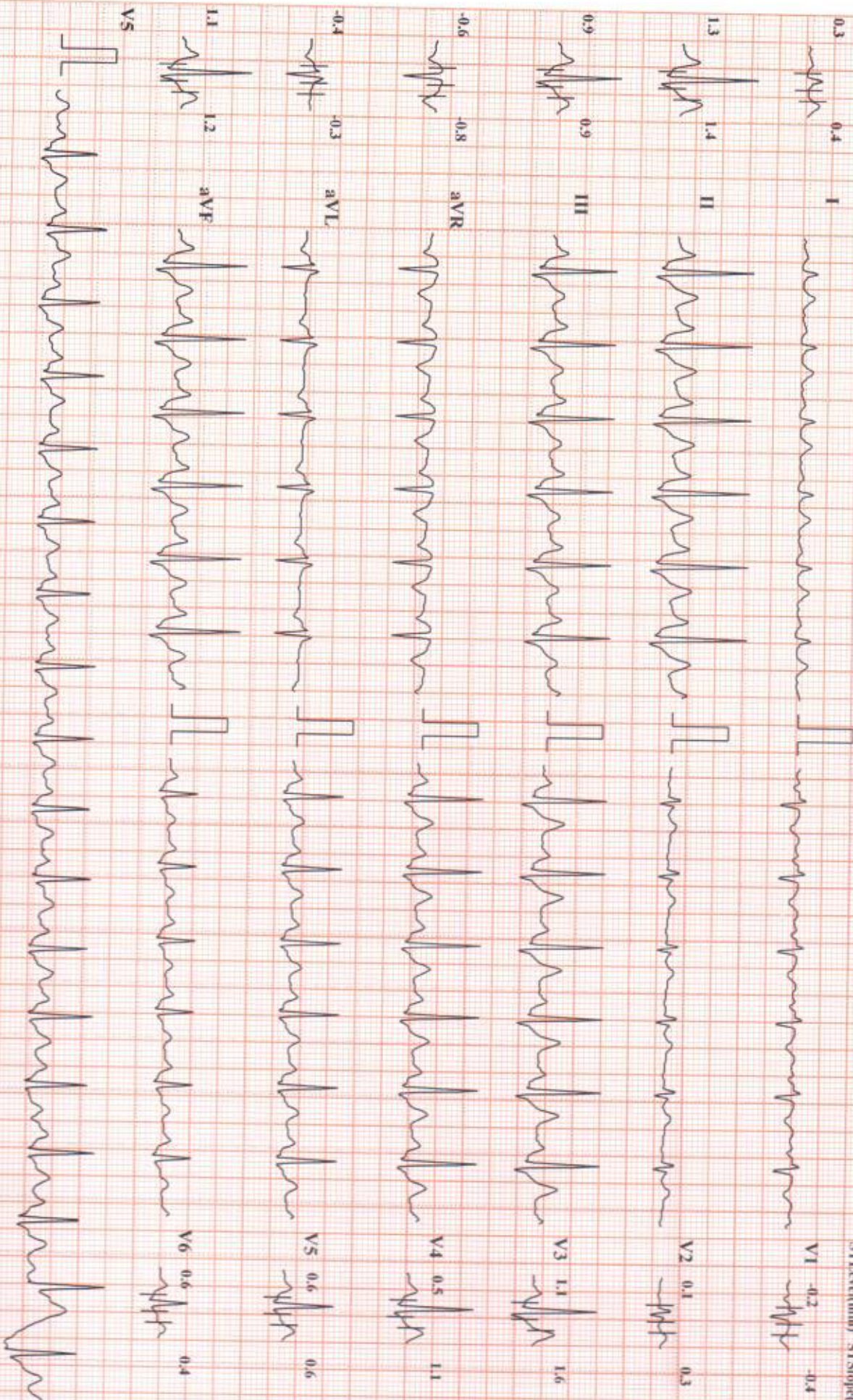


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35-Hz Mains Filter: ON

ISO - R + 60 ms, J - R + 60 ms, Post J - J + 80 ms



AVINASH BARMANE (30 M)

SUBURBAN DIAGNOSTICS PUNE

Bruce Protocol

ID: 2335719837

Date: 23-12-2023

Exec Time : 0:10:52

Stage Time: 00:09

HR: 122 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery⁴

Speed: 0 kmph

Grade: 0%

THR: 161 bpm

BP: 156/82 mmHg
STLevel(mm) STSlope(mV/s)

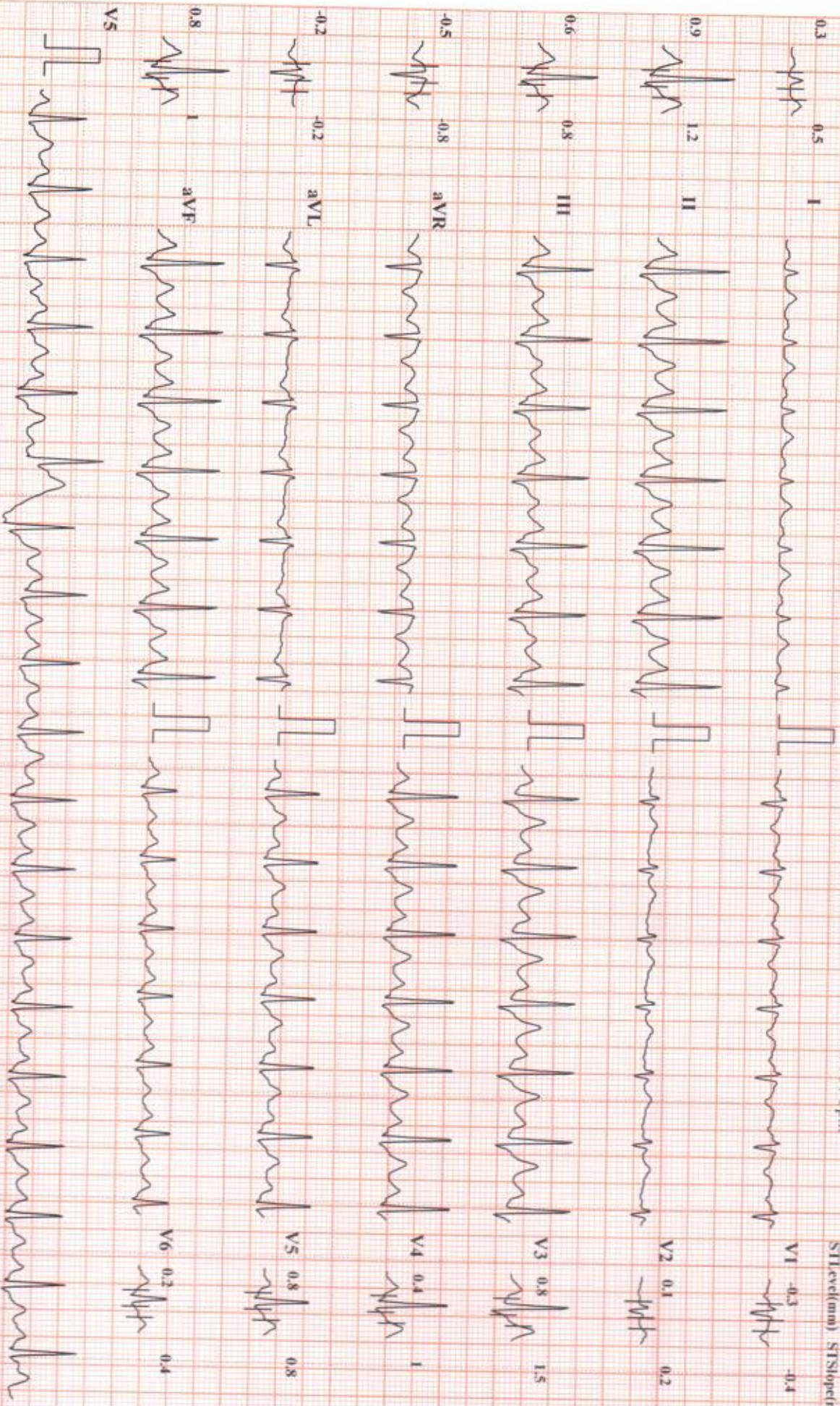


Chart Speed: 25 mm/Sec

Amplitude: 10mm/mV

Filter: 35-Hz Mains Filter: ON

ISO - R + 60 ms, J - R + 60 ms, Post J + J + 80 ms
I Inward Motion

Schiller Spindler CS-10 Version 3.3

CID : 2335719837
Name : Mr BAMANE AVINASH SOMNATH
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Swargate, Pune Main Centre

Reg. Date : 23-Dec-2023
Reported : 23-Dec-2023 / 10:46

Use a QR Code Scanner
Application To Scan the Code

ULTRASOUND ABDOMEN & PELVIS

LIVER: Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Partially distended. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 8.4 x 4.1 cm. Normal in size and echogenicity. **1.0 x 1.0 cm cyst seen in upper pole.** No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 10.1 x 4.3 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Paraaortic and paracaval region appears to be normal.
No evidence of lymphnodes noted.
No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

PROSTATE : Normal in size and shows normal echotexture.

IMPRESSION : USG Abdomen and pelvis study is within normal limits.

Clinical correlation is indicated. -----End of Report-----



DR. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
REG. NO. 2001/02/397

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