

## Suburban Diagnostics Kalina

**Patient Details**                      **Date:** 26-Nov-22                      **Time:** 2:17:24 PM  
**Name:** MR. YEDE MAYUR BHOJLAL ID: 2233020800

**Age:** 34 y                      **Sex:** M                      **Height:** 173 cms.                      **Weight:** 71 Kg.

**Clinical History:** KNOWN CASE OF B ASTHAMA FOR ROUTINE CHECKUP

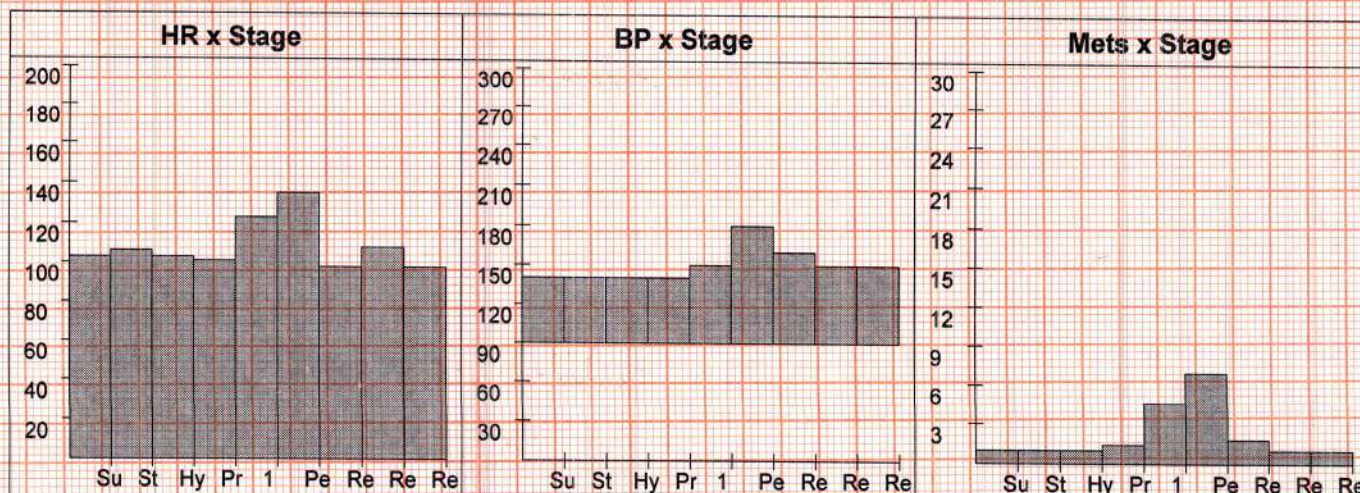
**Medications:** SOS INHALOR

### Test Details

**Protocol:** Bruce                      **Pr.MHR:** 186 bpm                      **THR:** 158 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 5 m 44 s                      **Max. HR:** 135 ( 73% of Pr.MHR )bpm                      **Max. Mets:** 7.00  
**Max. BP:** 180 / 90 mmHg                      **Max. BP x HR:** 24300 mmHg/min                      **Min. BP x HR:** 8820 mmHg/min  
**Test Termination Criteria:** MILD Dyspnea, FATIGUE

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 15	1.0	0	0	103	140 / 90	-1.27 aVR	2.48 II
Standing	0 : 9	1.0	0	0	106	140 / 90	-1.27 aVR	2.48 II
Hyperventilation	0 : 27	1.0	0	0	103	140 / 90	-1.06 aVR	2.48 V3
1	3 : 0	4.6	1.7	10	123	150 / 90	-1.27 aVR	4.25 V3
Peak Ex	2 : 44	7.0	2.5	12	135	180 / 90	-1.27 aVR	5.66 V3
Recovery(1)	2 : 0	1.8	1	0	98	160 / 90	-1.70 aVR	5.66 V3
Recovery(2)	2 : 0	1.0	0	0	108	150 / 90	-0.85 aVR	3.18 V2
Recovery(3)	1 : 30	1.0	0	0	98	150 / 90	-1.06 aVR	2.83 V5





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## Patient Details

Date: 26-Nov-22

Time: 2:17:24 PM

Name: MR. YEDE MAYUR BHOJLAL ID: 2233020800

Age: 34 y

Sex: M

Height: 173 cms.

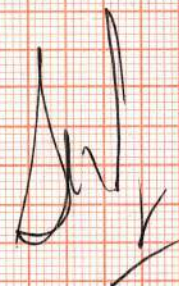
Weight: 71 Kg.

## Interpretation

POOR EFFORT TOLEREANCE  
ACCELERATED HEART RATE RESPONSE  
NORMAL BLOOD PRESSURE RESPONSE  
THR NOT ACHIEVED  
NO ANGINA  
NO ARRHYMIAS  
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE ECG  
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA  
ADV CARDIOLOGY OPINION (2DECHO ,PFT )

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

**Suburban Diagnostics (I) Pvt. Ltd.**  
1st Floor, Harbhajan, Above HDFC Bank,  
Opp. Nafa Petrol Pump, Kalina, CST Road,  
Santacruz (East).  
Tel. No. 022-61700000



**DR. SHEIKH NAVEED**  
MBBS/PGDCC  
Clinical Cardiologist  
Reg. No. 2016/11/4694  
Doctor: -----

Ref. Doctor: .....

( Summary Report edited by user )



# Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (34 M)

ID: 2233020800

Date: 26-Nov-22

B.P: 140 / 90

Protocol: Bruce

Stage: Supine

Speed: 0 mph

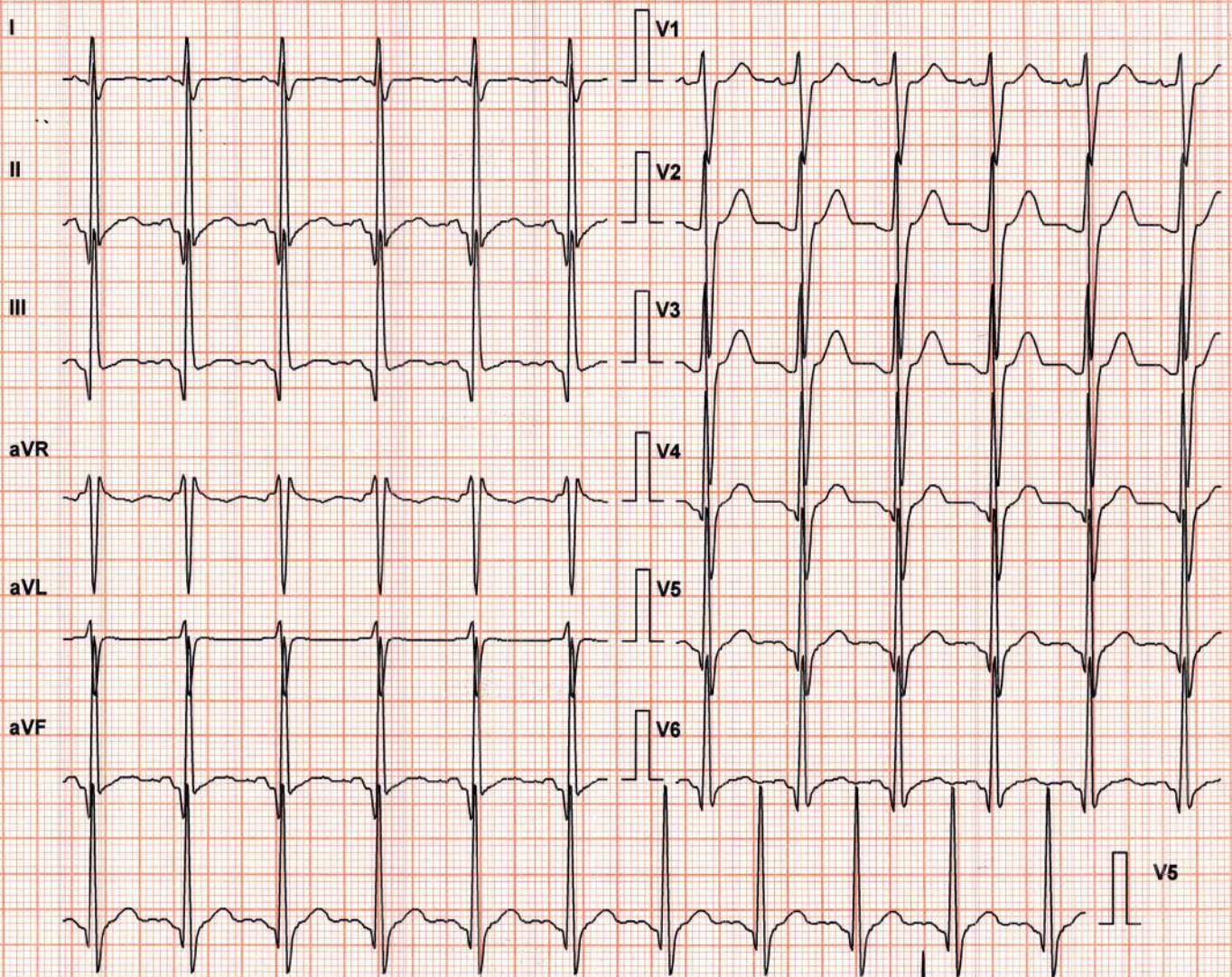
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

HR: 104 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.4
II	1.1	1.8
III	0.6	0.7
aVR	-0.6	-1.4
aVL	0.0	0.4
aVF	0.8	1.4
V1	0.4	0.4
V2	1.9	1.8
V3	1.9	1.8
V4	1.5	1.8
V5	1.3	1.8
V6	0.8	1.4

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (34 M)

ID: 2233020800

Date: 26-Nov-22

B.P: 140 / 90

Protocol: Bruce

Stage: Standing

Speed: 0 mph

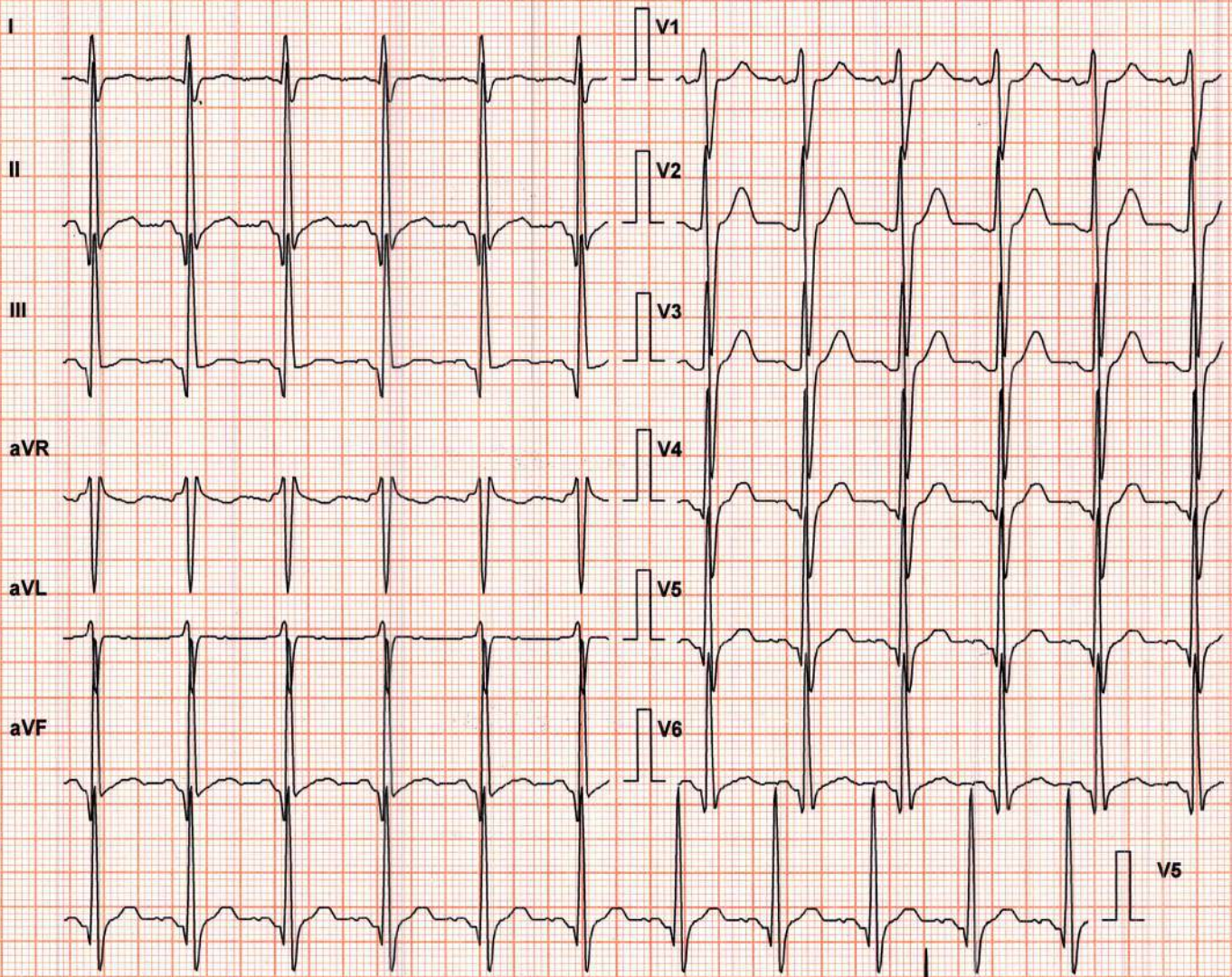
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 103 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	1.5	2.1
III	0.6	0.7
aVR	-0.8	-1.4
aVL	-0.2	0.0
aVF	1.1	1.8
V1	0.2	0.4
V2	1.7	1.8
V3	2.1	2.5
V4	1.5	1.8
V5	1.3	1.8
V6	1.1	1.4

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (34 M)

ID: 2233020800

Date: 26-Nov-22

B.P: 140 / 90

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

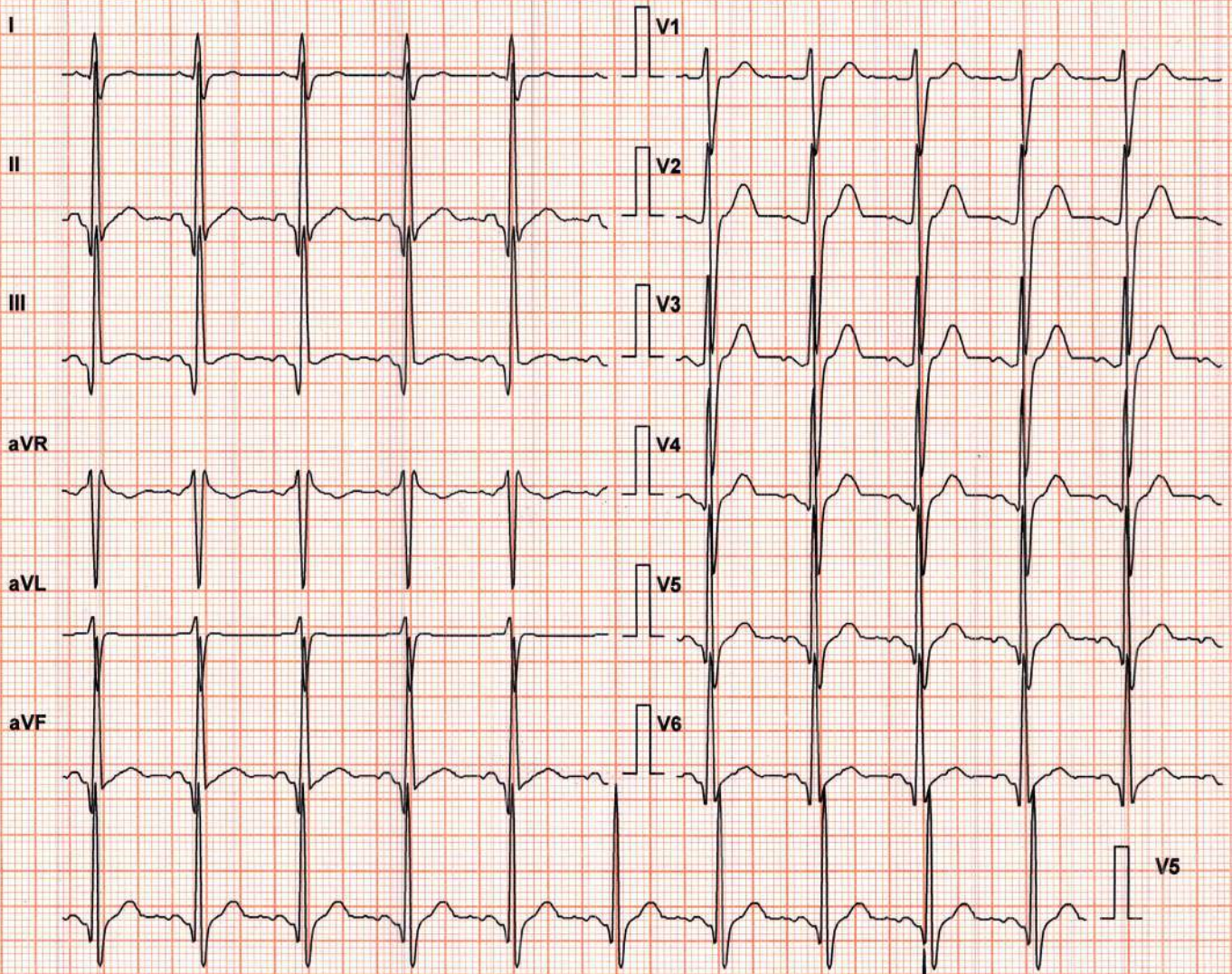
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 21 s

HR: 97 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	1.5	2.5
III	0.8	1.1
aVR	-1.1	-1.4
aVL	0.0	0.0
aVF	1.1	1.8
V1	0.2	0.4
V2	1.9	1.8
V3	1.9	2.1
V4	1.5	1.8
V5	1.3	1.8
V6	1.3	1.8

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (34 M)

ID: 2233020800

Date: 26-Nov-22

B.P: 150 / 90

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

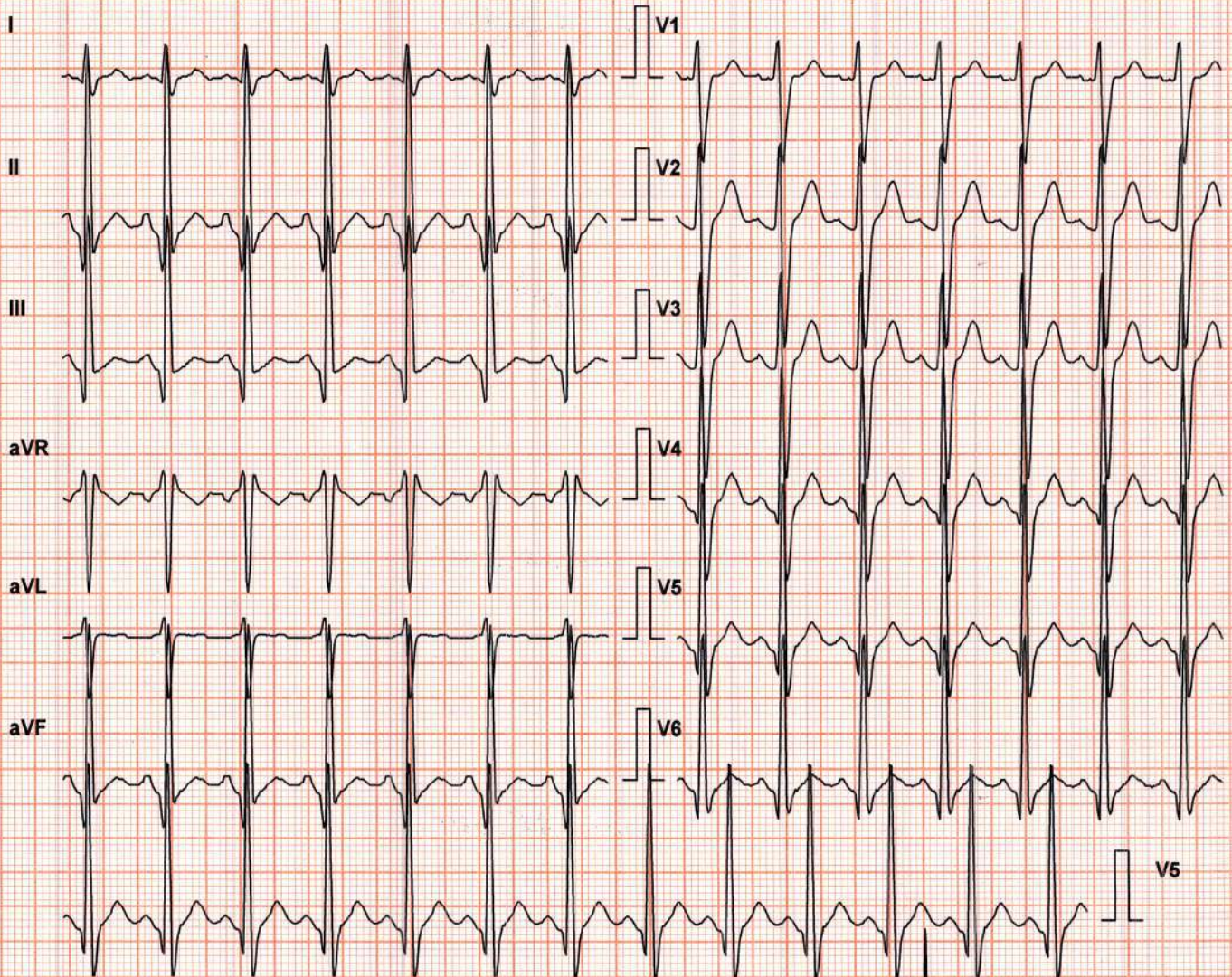
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 125 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	1.7	2.8
III	1.1	1.8
aVR	-1.1	-1.8
aVL	-0.2	-0.4
aVF	1.5	2.5
V1	0.4	0.7
V2	3.2	3.2
V3	3.4	3.9
V4	2.5	2.8
V5	1.9	2.5
V6	1.5	2.5

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (34 M)

ID: 2233020800

Date: 26-Nov-22

B.P: 170 / 90

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

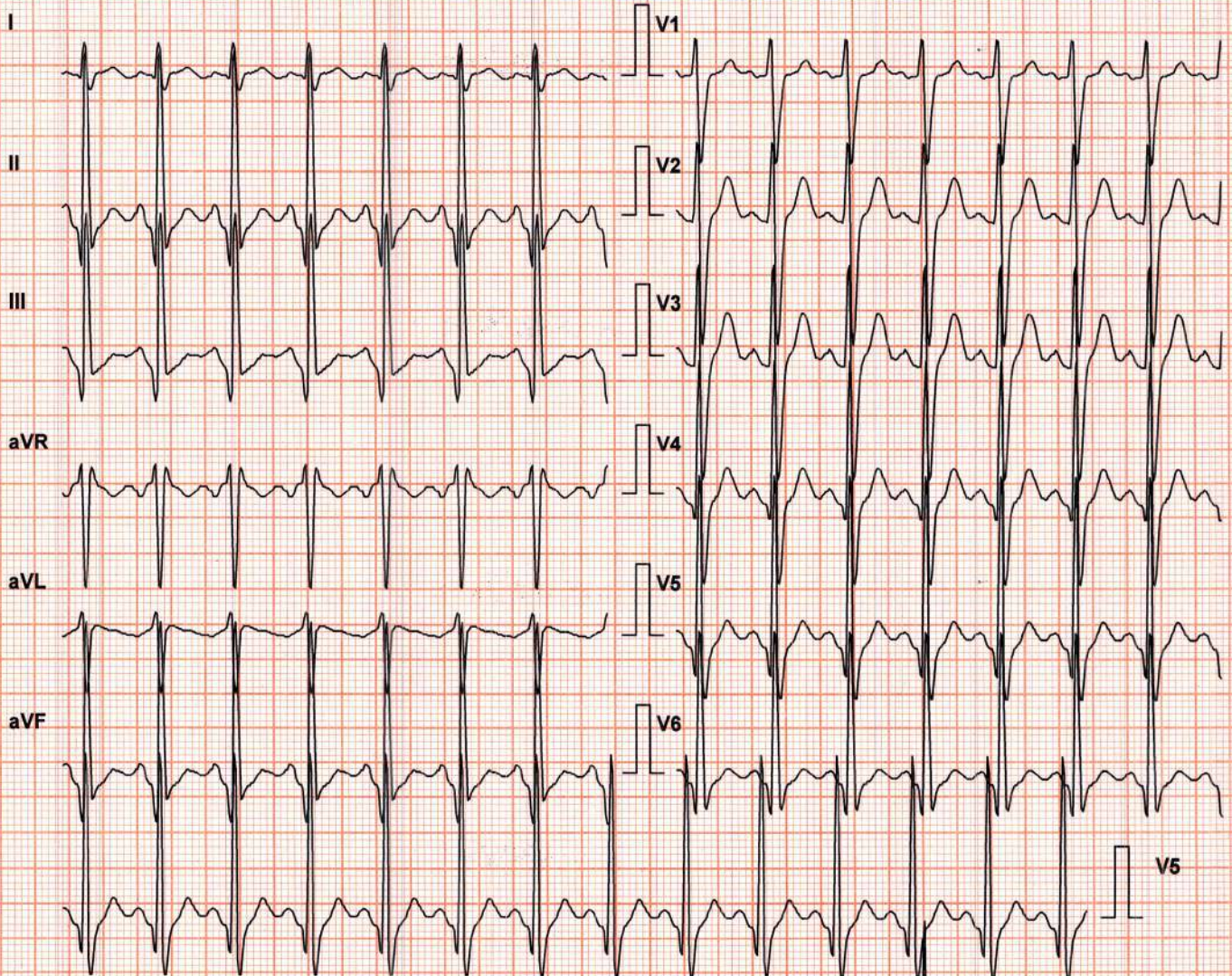
Grade: 12 %

Exec Time : 5 m 38 s

Stage Time : 2 m 38 s

HR: 134 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
II	1.5	2.8
III	0.8	2.5
aVR	-1.3	-1.8
aVL	-0.2	-1.1
aVF	1.3	2.8
V1	0.6	1.1
V2	3.0	3.9
V3	4.0	5.3
V4	2.8	4.2
V5	1.9	3.5
V6	1.3	2.5

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spanden V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



# Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (34 M)

ID: 2233020800

Date: 26-Nov-22

B.P: 190 / 90

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

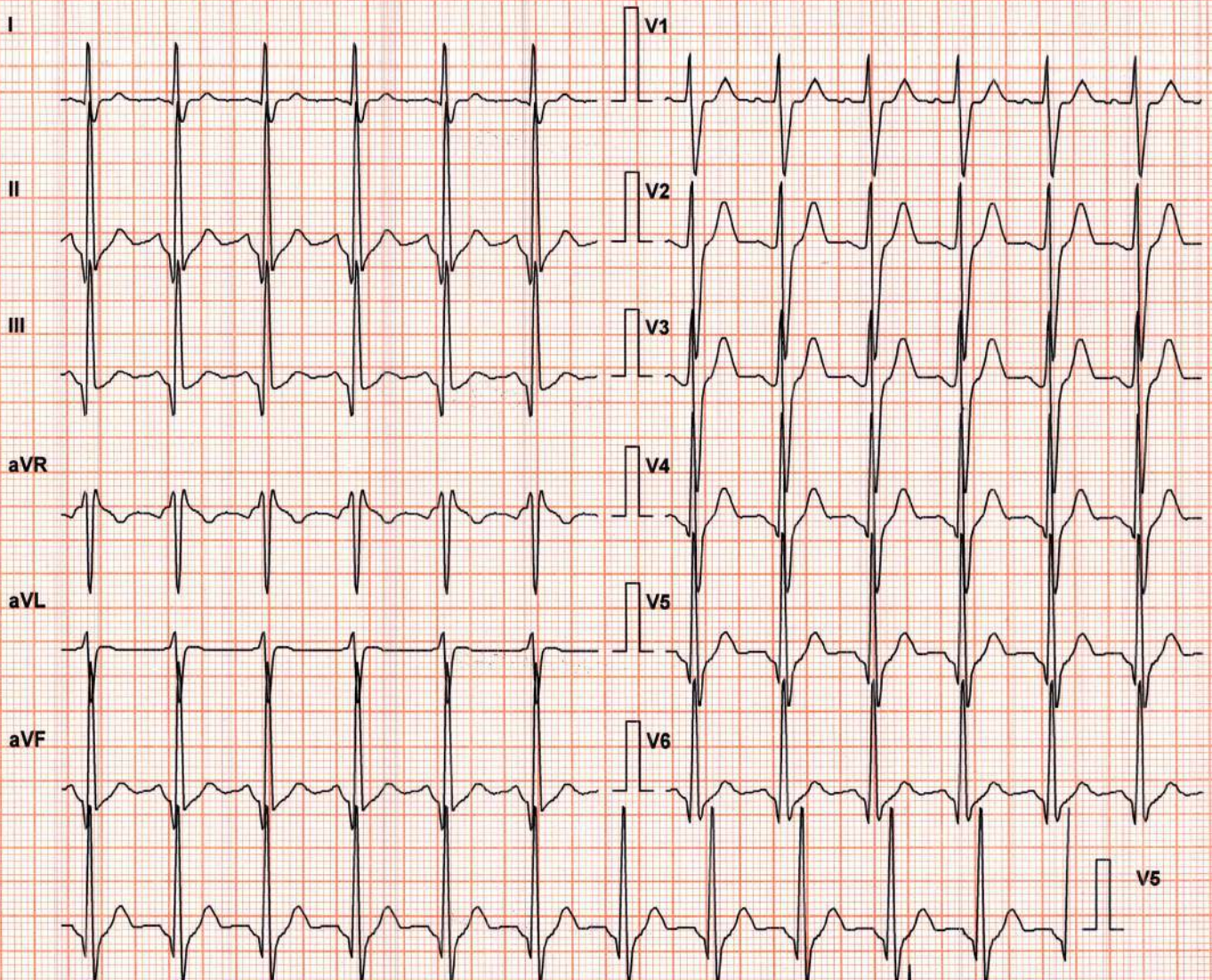
Grade: 0 %

Exec Time : 5 m 44 s

Stage Time : 1 m 54 s

HR: 111 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	1.3	2.5
III	0.4	1.4
aVR	-0.8	-1.4
aVL	0.0	-0.4
aVF	1.1	2.1
V1	0.2	0.4
V2	1.9	2.8
V3	2.3	3.5
V4	1.5	2.5
V5	1.3	2.5
V6	0.6	1.8

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (34 M)

ID: 2233020800

Date: 26-Nov-22

B.P: 170 / 90

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

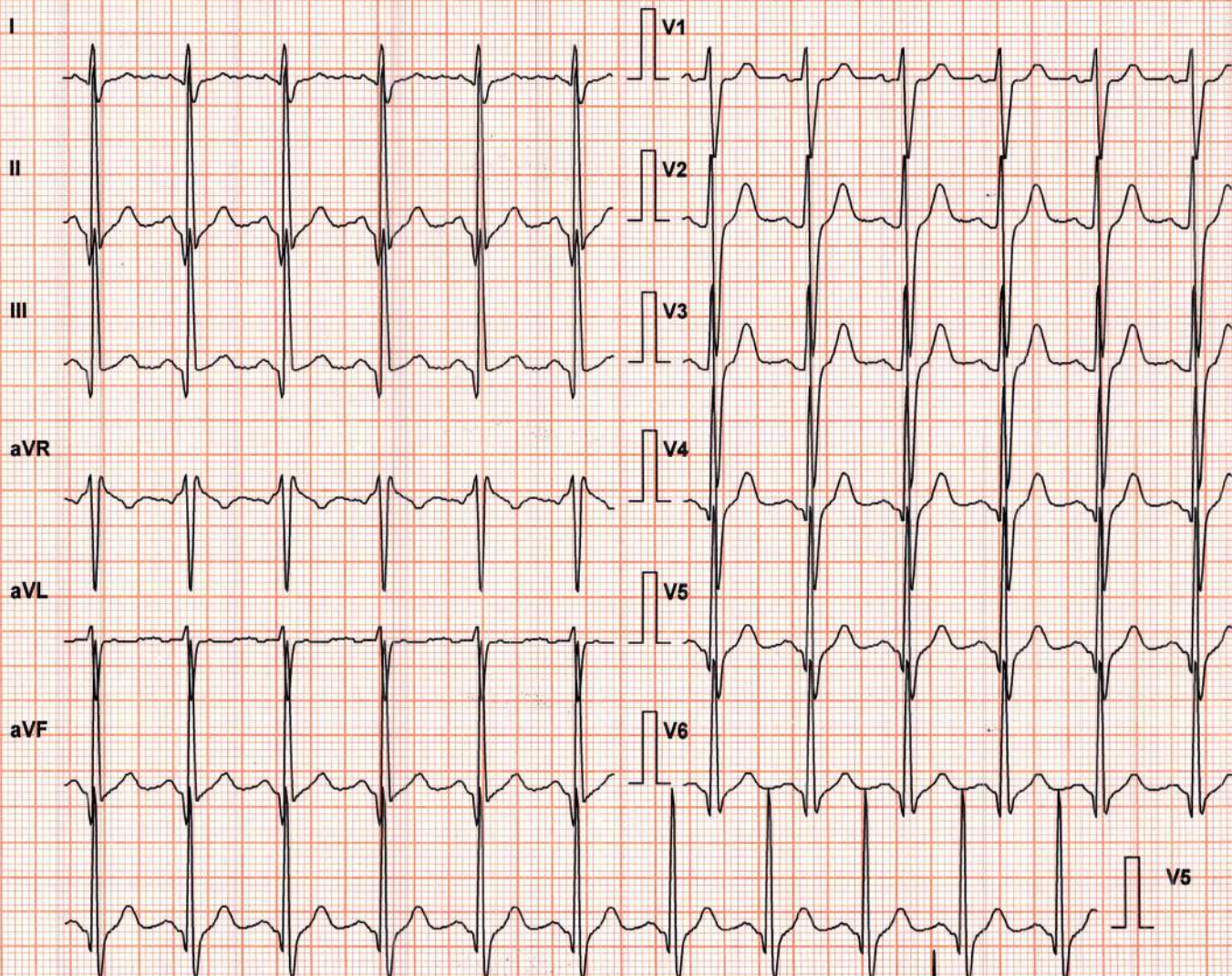
Grade: 0 %

Exec Time : 5 m 44 s

Stage Time : 1 m 54 s

**HR: 106 bpm**

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.1
II	1.1	2.5
III	0.8	1.4
aVR	-0.8	0.0
aVL	-0.2	0.0
aVF	0.8	1.8
V1	0.2	0.4
V2	1.5	2.5
V3	1.7	2.5
V4	1.3	2.1
V5	0.8	2.1
V6	0.6	1.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



# Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (34 M)

ID: 2233020800

Date: 26-Nov-22

B.P: 150 / 90

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

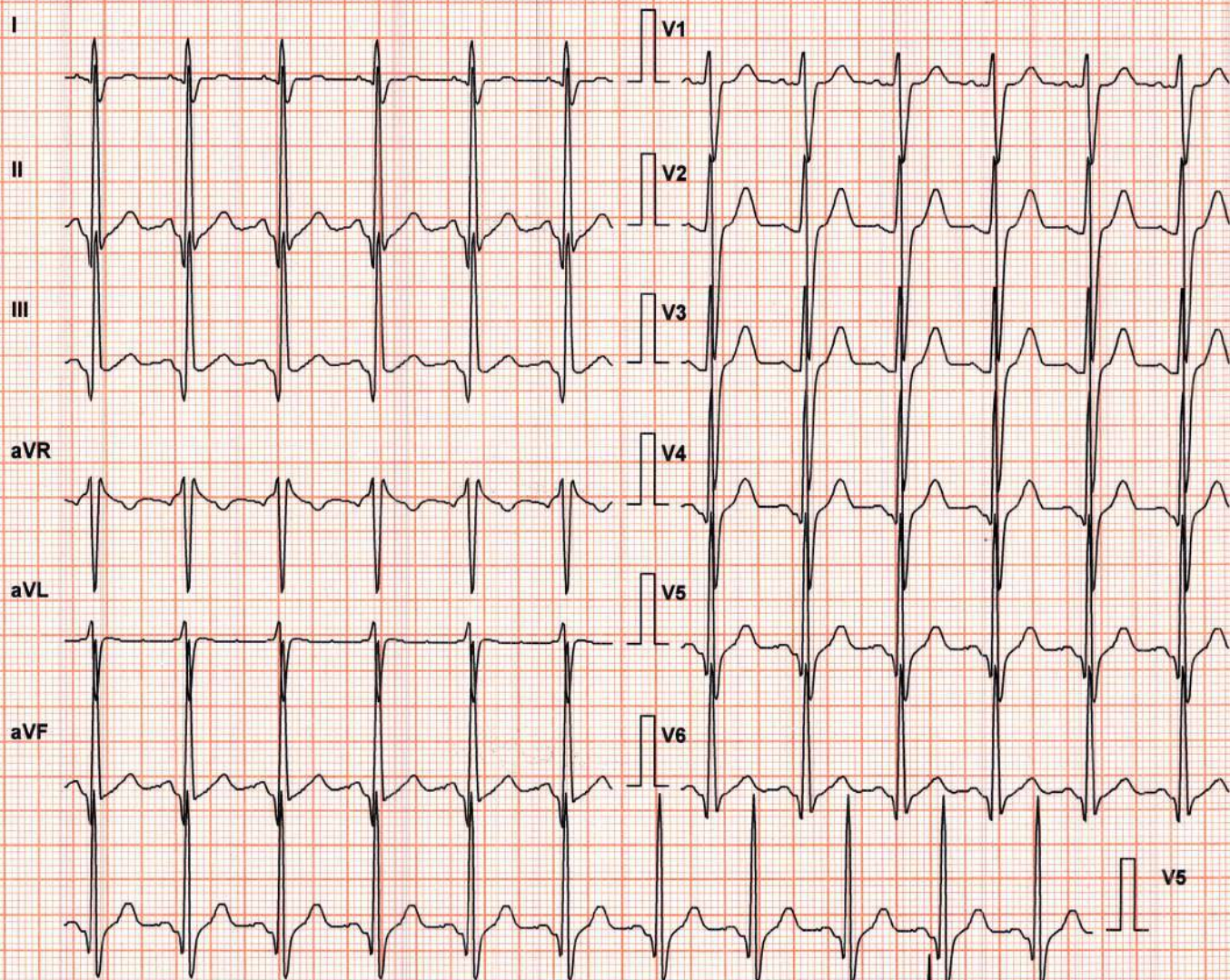
Grade: 0 %

Exec Time : 5 m 44 s

Stage Time : 1 m 24 s

HR: 108 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	1.3	2.1
III	0.8	1.4
aVR	-0.8	-1.4
aVL	0.0	0.0
aVF	1.1	1.8
V1	0.4	0.4
V2	1.5	1.8
V3	1.7	2.1
V4	1.3	1.8
V5	1.3	2.1
V6	1.1	1.8

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median





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CID : 2233020800  
Name : MR.YEDE MAYUR BHOJLAL  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:43  
Reported : 26-Nov-2022 / 15:18

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.58	4.5-5.5 mil/cmm	Elect. Impedance
PCV	50.4	40-50 %	Calculated
MCV	110.2	80-100 fl	Measured
MCH	35.5	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	10450	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	17.0	20-40 %	
Absolute Lymphocytes	1776.5	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	679.3	200-1000 /cmm	Calculated
Neutrophils	73.3	40-80 %	
Absolute Neutrophils	7659.9	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	292.6	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	41.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	270000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Measured
PDW	13.2	11-18 %	Calculated





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Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:43  
Reported : 26-Nov-2022 / 15:15

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**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis ++  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others -  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 5 2-15 mm at 1 hr. Westergren

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

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



*J. Thakker*

**Dr.JYOT THAKKER**  
M.D. (PATH), DPB  
Pathologist & AVP( Medical  
Services)





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CID : 2233020800  
Name : MR.YEDE MAYUR BHOJLAL  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:43  
Reported : 26-Nov-2022 / 16:50

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	76.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.70	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.44	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	21.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	30.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	94.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	118	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	





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Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:43  
Reported : 26-Nov-2022 / 16:50

Urine Ketones (Fasting) Absent Absent

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



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





CID : 2233020800  
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Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:43  
Reported : 26-Nov-2022 / 16:11

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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	4.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	79.6	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 CPL, Andheri West

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



*J. Thakker*

**Dr.JYOT THAKKER**  
M.D. (PATH), DPB  
Pathologist & AVP( Medical  
Services)





CID : 2233020800  
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Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:43  
Reported : 26-Nov-2022 / 19:01

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
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 CPL, Andheri West

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



*J. Thakker*

**Dr.JYOT THAKKER**  
M.D. (PATH), DPB  
Pathologist & AVP( Medical  
Services)





CID : 2233020800  
Name : MR.YEDE MAYUR BHOJLAL  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:43  
Reported : 26-Nov-2022 / 17:26

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
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	-		

**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



MC-2111

*J. Thakker*

Dr.JYOT THAKKER

Pathologist & AVP( Medical Services)





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**CID** : 2233020800  
**Name** : MR.YEDE MAYUR BHOJLAL  
**Age / Gender** : 34 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Kalina, Santacruz East (Main Centre)

**Collected** : 26-Nov-2022 / 09:43  
**Reported** : 26-Nov-2022 / 17:26

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





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Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:43  
Reported : 26-Nov-2022 / 15:41

**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.

**References:**

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



*J. Thakker*

**Dr.JYOT THAKKER**  
**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	150.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	185.0	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	37.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	113	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	76.0	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	37.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J. Thakker*

Dr.JYOT THAKKER

Pathologist & AVP( Medical Services)





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Collected : 26-Nov-2022 / 09:43  
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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	5.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.57	0.35-5.5 microIU/ml	ECLIA





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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 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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*Anupa*

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



# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: YEDE MAYUR BHOJLAL

Date and Time: 26th Nov 22 1:45 PM

Patient ID: 2233020800

Age **34** **10** **25**  
years months days

Gender **Male**

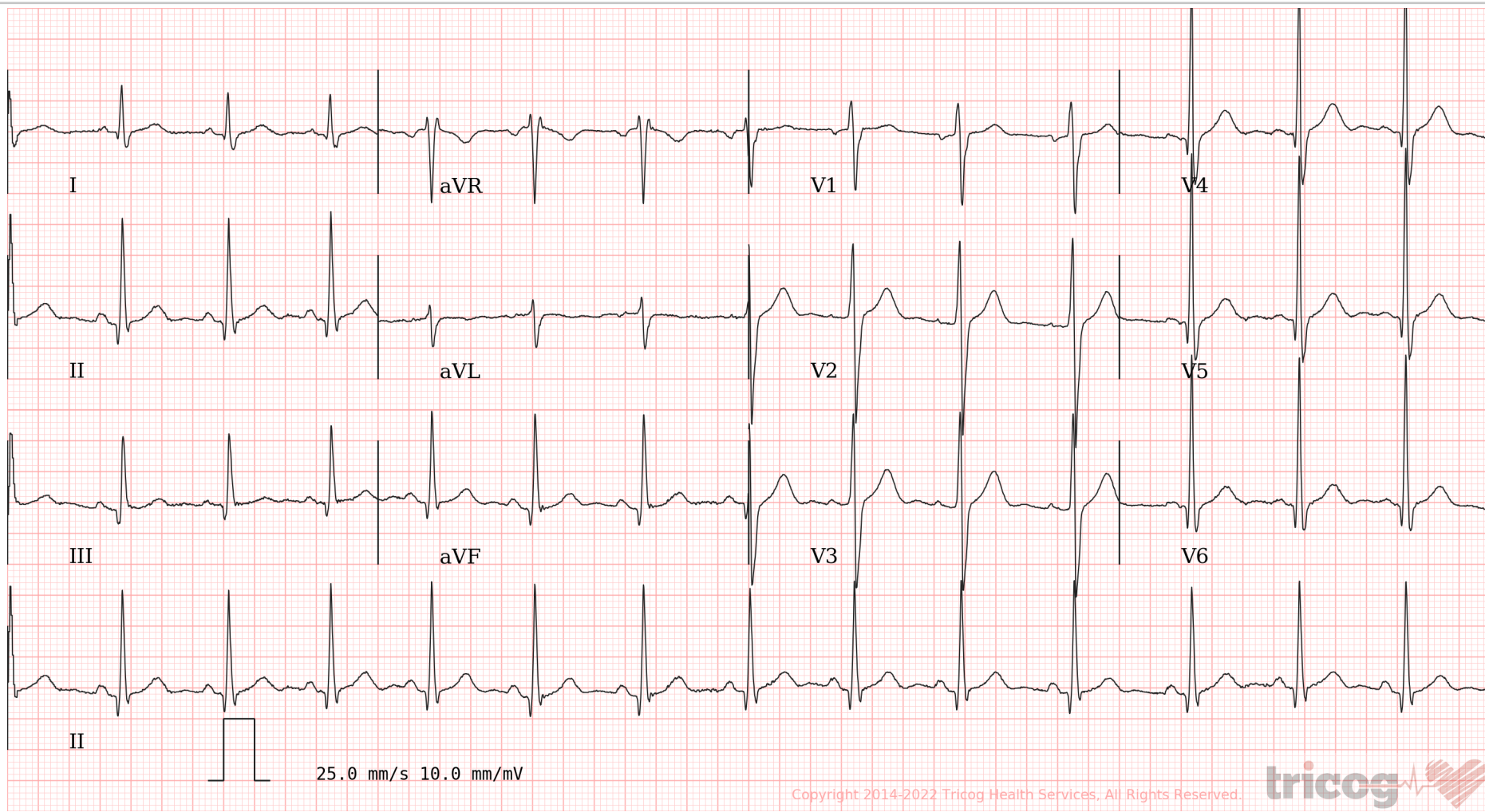
Heart Rate **86bpm**

### Patient Vitals

BP: 140/90 mmHg  
Weight: 71 kg  
Height: 173 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 108ms  
QT: 378ms  
QTc: 452ms  
PR: 130ms  
P-R-T: 66° 72° 65°



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ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Incomplete Right Bundle Branch Block. Please correlate clinically.

REPORTED BY

Dr Naveed Sheikh  
PGDCC  
2016/11/4694





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**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre  
**Reg. Date** : 26-Nov-2022  
**Reported** : 26-Nov-2022/13:43

**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-----

**This report is prepared and physically checked by Dr Vaseem Anjum Ansari before dispatch.**

**Dr Vaseem Anjum Ansari**  
**Radiologist (MBBS,DMRD)**  
**Reg No. 2003/06/2275**

Investigations have their limitations. Solitary Pathological / Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.





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