SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

R E P O R T

CID	**: 2133133364**		
Name	**:Mr DHAGASH CHANDE**	**Reg.Date**	**:27-Nov-2021 / 11:00**
Age / Sex	**:30 Years/Male**		
Ref. Dr	**:**	**Reported**	**:29-Nov-2021 / 10:39**
Reg.Location	**:Mulund West Main Centre**	**Printed**	**:29-Nov-2021 / 10:39**

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size, shape and shows increased parenchymal echo pattern.The intra hepatic biliary and portal radical appear normal. The main portal vein and CBD appears normal.

GALL BLADDER:
The gall bladder is partially contracted. No calculus is obvious.

PANCREAS:
The pancreas is obscured by overlying bowel gases.

KIDNEYS:
Both the kidneys are normal in size shape and echotexture.
No evidence of any hydronephrosis seen.
Right kidney measures 9.9 x 5.6 cm and reveals a tiny 3 mm calculus in the mid pole. Left kidney measures 10.5 x 5.6 cm.

SPLEEN:
The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
The retroperitoneum, para aortic region and flanks are obscured by overlying bowel gases.
There is no evidence of ascites.

URINARY BLADDER:
The urinary bladder is partially distended and reveal no intraluminal abnormality.

PROSTATE:
The prostate is normal in size measures 3.6 x 2.9 x 2.9 and volume is 16.7 cc.

IMPRESSION:
Fatty Liver.
Small right renal calculus .

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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053
HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343
For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com

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Reg.Location	**:Mulund West Main Centre**	**Printed**	**:29-Nov-2021 / 10:39**

DR.KANCHAN TULSIANEY
DMRD ,DNB(RADIODIAGNOSIS)
Reg No - 83256
Consultant Radiologist

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R E P O R T

CID	**: 2133133364**		
Name	**:Mr DHAGASH CHANDE**	**Reg.Date**	**:27-Nov-2021 / 10:38**
Age / Sex	**:30 Years/Male**		
Ref. Dr	**:**	**Reported**	**:29-Nov-2021 / 11:48**
Reg.Location	**:Mulund West Main Centre**	**Printed**	**:29-Nov-2021 / 11:48**

X-RAY CHEST PA VIEW

Increased bronchovascular markings are seen in both lung fields.

Both costo-phrenic angles are clear.

The cardio thoracic ratio is at upper limit of normal.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:
Increased bronchovascular markings are seen in both lung fields.
Suggest clinicolab correlation.

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

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REPORT

CID	: 2133133364		
Name	: MR.DHAGASH CHANDE		
Age / Gender	: 30 Years / Male		
Consulting Dr.	: -	**Collected**	: 27-Nov-2021 / 09:59
Reg. Location	: Mulund West (Main Centre)	**Reported**	: 27-Nov-2021 / 12:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.50	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.4	40-50 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.9	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	**14.4**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6200	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	27.6	20-40 %	
Absolute Lymphocytes	1711.2	1000-3000 /cmm	Calculated
Monocytes	4.1	2-10 %	
Absolute Monocytes	254.2	200-1000 /cmm	Calculated
Neutrophils	66.2	40-80 %	
Absolute Neutrophils	4104.4	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	130.2	20-500 /cmm	Calculated
Basophils	**0.0**	0.1-2 %	
Absolute Basophils	**0.0**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	387000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	13.3	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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Reg. Location	: Mulund West (Main Centre)	**Reported**	: 27-Nov-2021 / 13:03

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	11	2-15 mm at 1 hr.	Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

MC-2427

Dr.AMIT TAORI
M.D (Path)
Pathologist

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REPORT

CID	: 2133133364		
Name	: MR.DHAGASH CHANDE		
Age / Gender	: 30 Years / Male		
Consulting Dr.	: -	**Collected**	: 27-Nov-2021 / 09:59
Reg. Location	: Mulund West (Main Centre)	**Reported**	: 27-Nov-2021 / 13:15

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	23.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	30.4	5-45 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	95.9	40-130 U/L	PNPP
BLOOD UREA, Serum	21.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	107	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.1	3.5-7.2 mg/dl	Uricase

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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MC-2427

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REPORT

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Age / Gender	: 30 Years / Male		
Consulting Dr.	: -	**Collected**	: 27-Nov-2021 / 09:59
Reg. Location	: Mulund West (Main Centre)	**Reported**	: 27-Nov-2021 / 17:48

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

MICROALBUMINURIA

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Specimen Type, Urine	Random sample		
URINARY MICROALBUMIN, Urine	7.1 mg/l		Imm.Turbidimetry
URINARY CREATININE, Urine	159.99 mg/dl		Enzymatic
URINARY MICROALBUMIN TO URINARY CREATININE RATIO, Urine	4.4	Spot Collection (mg/g Creatinine) 1) Normal < 30 2) Microalbuminuria 30 - 300 3) Clinical Albuminuria > 300	Calculated

Method: Fully Automated Immunoturbidimetric Assay

1) Microalbuminuria is a reliable risk indicator for renal and cardiovascular disorders in diabetes and hypertension.
2) Microalbuminuria precedes and is highly predictive of diabetic nephropathy and end-stage renal disease.
3) By measuring Microalbuminuria one can monitor the patients response to the chosen line of therapy.

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

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MC-2111

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

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Reg. Location	: Mulund West (Main Centre)	**Reported**	: 27-Nov-2021 / 17:48

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	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

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MC-2111

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Consulting Dr.	: -	**Collected**	: 27-Nov-2021 / 09:59
Reg. Location	: Mulund West (Main Centre)	**Reported**	: 27-Nov-2021 / 14:29

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	Less than 20/hpf	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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Age / Gender	: 30 Years / Male		
Consulting Dr.	: -	**Collected**	: 27-Nov-2021 / 09:59
Reg. Location	: Mulund West (Main Centre)	**Reported**	: 27-Nov-2021 / 14:46

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)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin.

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 G B Road Lab, Thane West

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MC-2427

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Age / Gender	: 30 Years / Male		
Consulting Dr.	: -	**Collected**	: 27-Nov-2021 / 09:59
Reg. Location	: Mulund West (Main Centre)	**Reported**	: 27-Nov-2021 / 13:26

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	**215.9**	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	127.8	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	**27.3**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	**188.6**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**163.0**	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	25.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	**7.9**	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	**6.0**	0-3.5 Ratio	Calculated

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MC-2427

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Age / Gender	: 30 Years / Male		
Consulting Dr.	: -	**Collected**	: 27-Nov-2021 / 09:59
Reg. Location	: Mulund West (Main Centre)	**Reported**	: 27-Nov-2021 / 12:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.78	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 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: 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

ilac-MRA
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SUBURBAN DIAGNOSTICS (I) PVT. LTD.

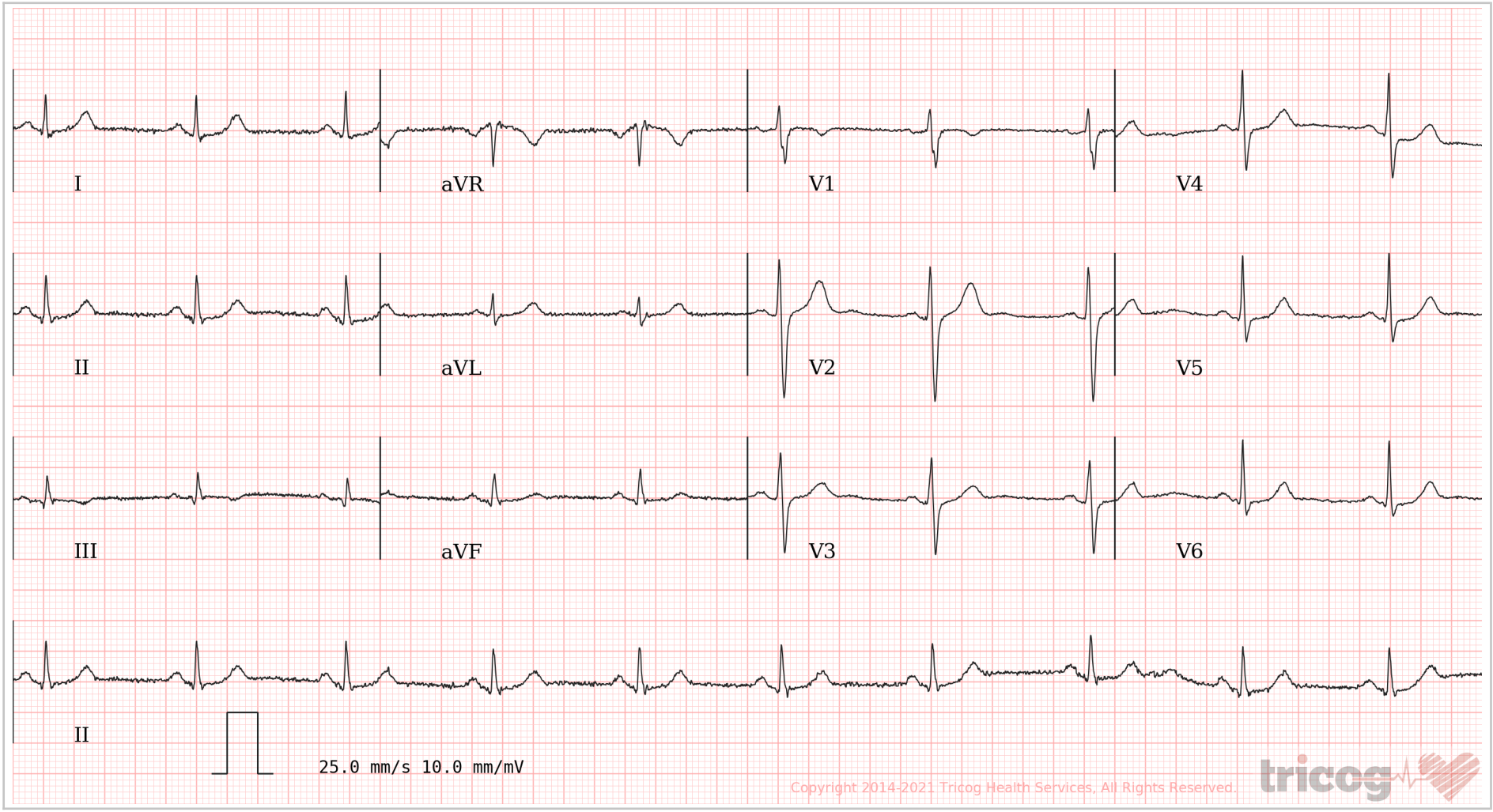
Dr.AMIT TAORI
M.D (Path)
Pathologist

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - MULUND WEST

Patient Name: DHAGASH CHANDE
Patient ID: 2133133364

Date and Time: 27th Nov 21 1:27 PM



Age 30 years NA months 15 days

Gender Male

Heart Rate 62 bpm

Patient Vitals

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

Measurements

QSRD:	94 ms
QT:	398 ms
QTc:	403 ms
PR:	144 ms
P-R-T:	45° 46° 25°

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

REPORTED BY

Dr. Adrita Banerjee
MBBS,MD (Medicine)
Reg.G-54078