

Name : Mr . Ashish Mandowara Reg Date : 07-Apr-2023 09:55
VID : 2309717854 Age/Gender : 40 Years
Ref By : Regn Centre : Kandivali East (Main Centre)

History and Complaints:

Hypothyroid Since 1 Yrs.

EXAMINATION FINDINGS:

Height (cms):	174	Weight (kg):	57
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

ADVICE:

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 |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | Bilateral Renal Calculi |
| 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 | Lithotripsy Rt Kidney April - 2022 |
| 17) Musculoskeletal System | No |

Name : Mr . Ashish Mandowara Reg Date : 07-Apr-2023 09:55
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PERSONAL HISTORY:

- | | |
|---------------|------------|
| 1) Alcohol | Ocassionly |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | Yes |

Dr. Jagruti Dhale
 MBBS
 Consultant Physician
 Reg. No. 169548
Dr. Jagruti Dhale
 Dr. Jagruti Dhale

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 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 61700000

Depression - *lethal 50%*
Borderline dyslipidemia

Advice - *low carb*
" fatty / diet

DENTAL CHECK - UP

Name:- *Ashish Mandowara*

CID : *2309717854* Sex / Age : *M / 39*

Occupation:-

Date: *7/4/2023*

Chief complaints:- *No Complaints*

Medical / dental history:- *Root Canal Treatment & crown*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral asymmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Inflammation*
- b) Hard Tissue Examination:
- c) Calculus: *+*

Stains: *+*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: *a) scaling & Polishing (cleaning)*

Provisional Diagnosis:-

- Gingivitis -

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Mumbai - 400101.
Tel : 61700800

DR. BHUMIK PATEL
(B.D.S) A - 23378

DR Bhumik Patel
Ud

Date:- 7/1/23

CID: 2369717854

Name:- Mr. Ashish Mandavera

Sex/Age: m/39

EYE CHECK UP

Chief complaints: Routine checkup

Systemic Diseases: No H/O S/I

Past history: No H/O Ocular surgery

Unaided Vision: 6/6 6/6

Aided Vision: - -

Refraction:

ECMS: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	Plano			6/6	0.50			6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vm within normal limit

Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

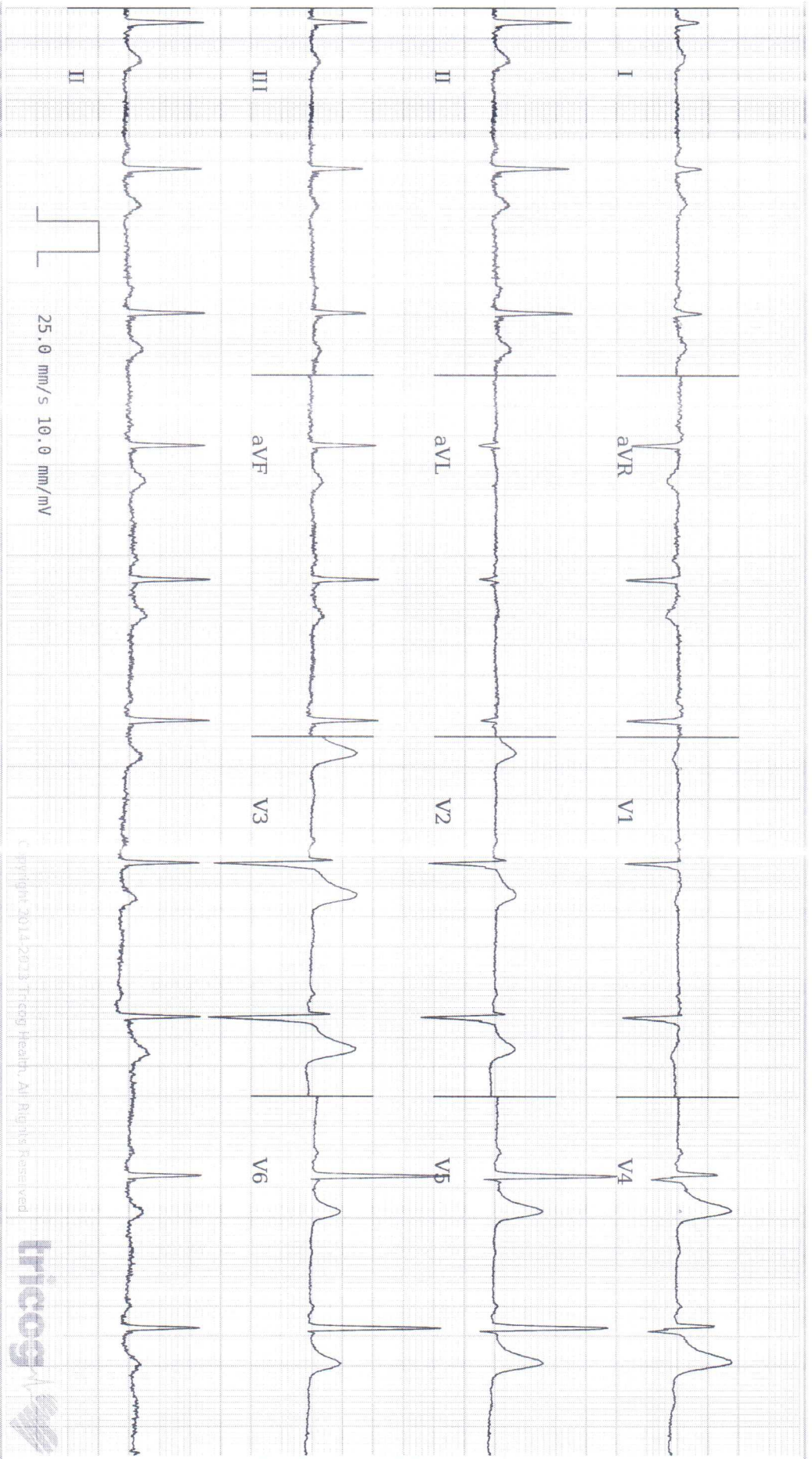
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Mumbai - 400101.
Tel: 01700000



Patient Name: **ASHISH MANDOWARA**

Date and Time: **7th Apr 23 10:54 AM**

Patient ID: **2309717854**



Age **39** NA NA
years months days

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **57 kg**

Height: **174 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **82ms**

QT: **364ms**

QTcB: **369ms**

PR: **144ms**

P-R-T: **55° 72° 52°**

REPORTED BY

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2309717854
Name : Mr Ashish Mandowara
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023 / 13:41

R
E
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T

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. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040709562557>

Page no 1 of 1

Authenticity Check
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CID : 2309717854
Name : Mr Ashish Mandowara
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023 / 10:31

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. 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 well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.8 x 4.2 cm. Left kidney measures 10.0 x 4.9 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size and volume is 12 cc.

[Click here to view images <<ImageLink>>](#)

Authenticity Check
<<QRCode>>

CID : 2309717854
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Reg. Location : Kandivali East Main Centre

Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023 / 10:31

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IMPRESSION:

No significant abnormality is seen.

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

Khilji FAZ

Dr. FAIZUR KHILJI
MBBS, RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

[Click here to view images <<ImageLink>>](#)

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

1452 (2309717854) / ASHISH MANDOWARA1 / 39 Yrs / M / 174 Cms / 57 Kg
 Date: 07 / 04 / 2023 11:19:54 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	092	51 %	120/80	110	00	
Standing	00:27	0:22	00.0	00.0	01.0	079	44 %	120/80	094	00	
HV	00:36	0:09	00.0	00.0	01.0	084	46 %	120/80	100	00	
ExStart	00:55	0:19	00.0	00.0	01.0	081	45 %	120/80	097	00	
BRUCE Stage 1	03:55	3:00	02.7	10.0	04.7	115	64 %	120/80	138	00	
BRUCE Stage 2	05:55	2:00	04.0	12.0	06.3	131	72 %	120/80	157	00	
PeakEX	08:42	2:47	05.5	14.0	10.0	161	89 %	140/80	225	00	
Recovery	09:42	1:00	00.0	00.0	01.1	126	70 %	150/80	189	00	
Recovery	09:51				00.0	000	0 %	---	000	00	

FINDINGS :

Exercise Time : 07:47
 Initial HR (ExStrt) : 81 bpm 45% of Target 181
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max WorkLoad Attained : 10 Good response to induced stress
 Duke Treadmill Score : 02.5
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 161 bpm 89% of Target 181
 Max BP Attained 150/80 (mm/Hg)

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Row House No. 3, Aangan,
 Tractor Village, Kandivali (East),
 Mumbai - 400101.
 Tel: 022-26170250

Dr. Akhil P. Parulekar
 MBBS, MD, MCh
 DNB (Cardiology)

Reg. No. 20120022493

Doctor : DR.AKHIL PARULEKAR





EMail:

1452 / ASHISH MANDOWARA1 / 39 Yrs / M / 174 Cms / 57 Kg Date: 07 / 04 / 2023 11:19:54 AM Refd By : AERCOFEMI

REPORT :

Heart Rate: 161.0 bpm
 Systolic BP: 150.0 mmHg Diastolic BP: 80.0 mmHg
 Exercise Time: 07:47 Mins. Ectopic Beats: 0.0
 METS: 10.0 Test End Reason: Heart Rate Achieved Target Heart Rate 91% of 181

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

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.

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 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 61700600

Dr. Akhil P. Parulekar,
 MBBS, MRCP (UK),
 DNB (C) (1997),
 Reg. No. 4212082483

Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:05)



1452 (2309717854) / ASHISH MANDOWARA1 / 39 Yrs / M / 174 Cms / 57 Kg / HR : 97

Date: 07 / 04 / 2023 11:19:54 AM METS: 1.07/97 bpm 54% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 KmPh. 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:22)

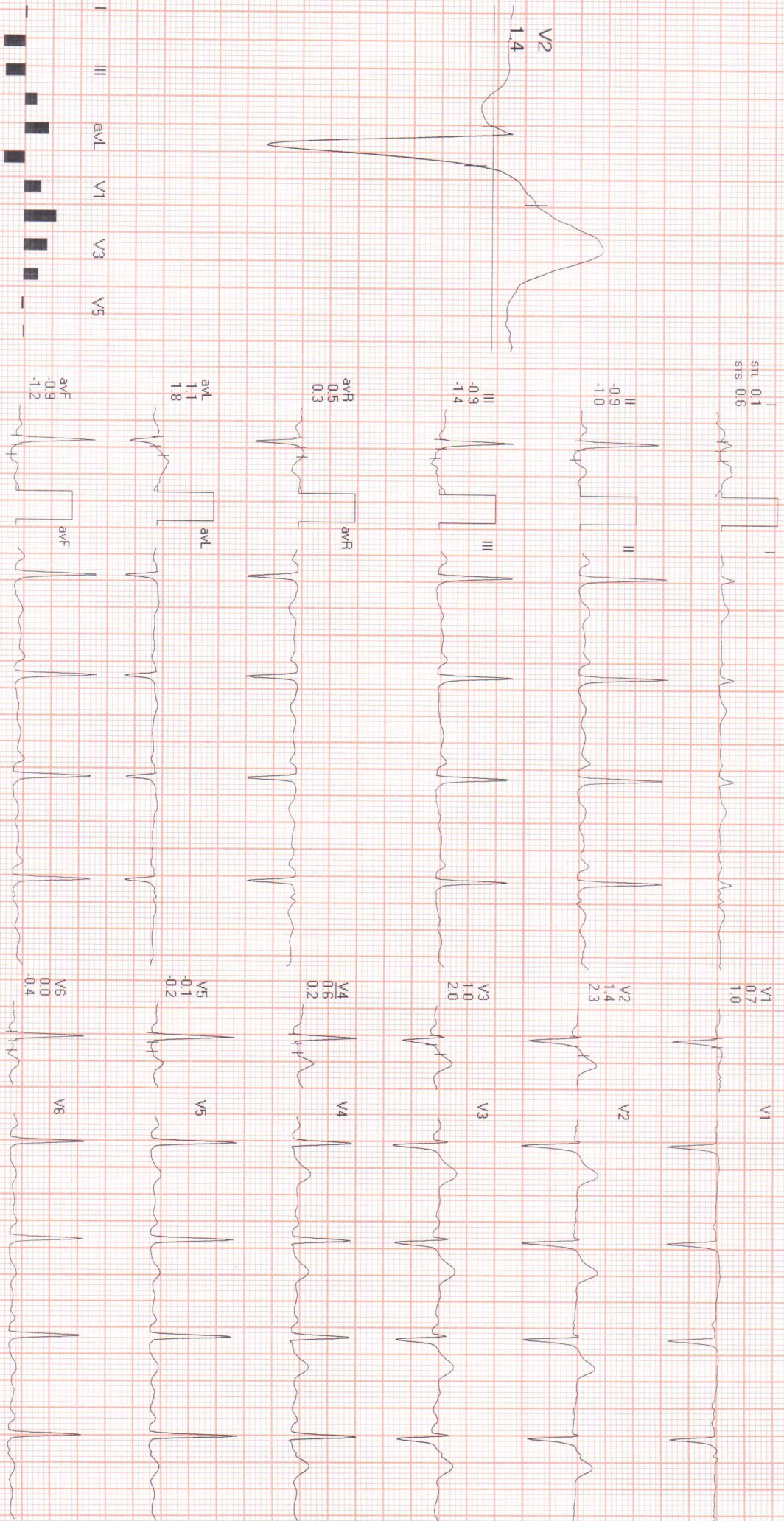


1452 (2309717854) / ASHISH MANDOWARAI / 39 Yrs / M / 174 Cms / 57 Kg / HR : 84

Date: 07 / 04 / 2023 11:19:54 AM METS: 1.0/ 84 bpm 46% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post V

EXTime: 00:00 0.0 KmPh, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:09)



1452 (2309717854) / ASHISH MANDOWARA1 / 39 Yrs / M / 174 Cms / 57 Kg / HR : 84

Date: 07 / 04 / 2023 11:19:54 AM

METS: 1.07/84 bpm 46% of THR BP: 120/80 mmHg

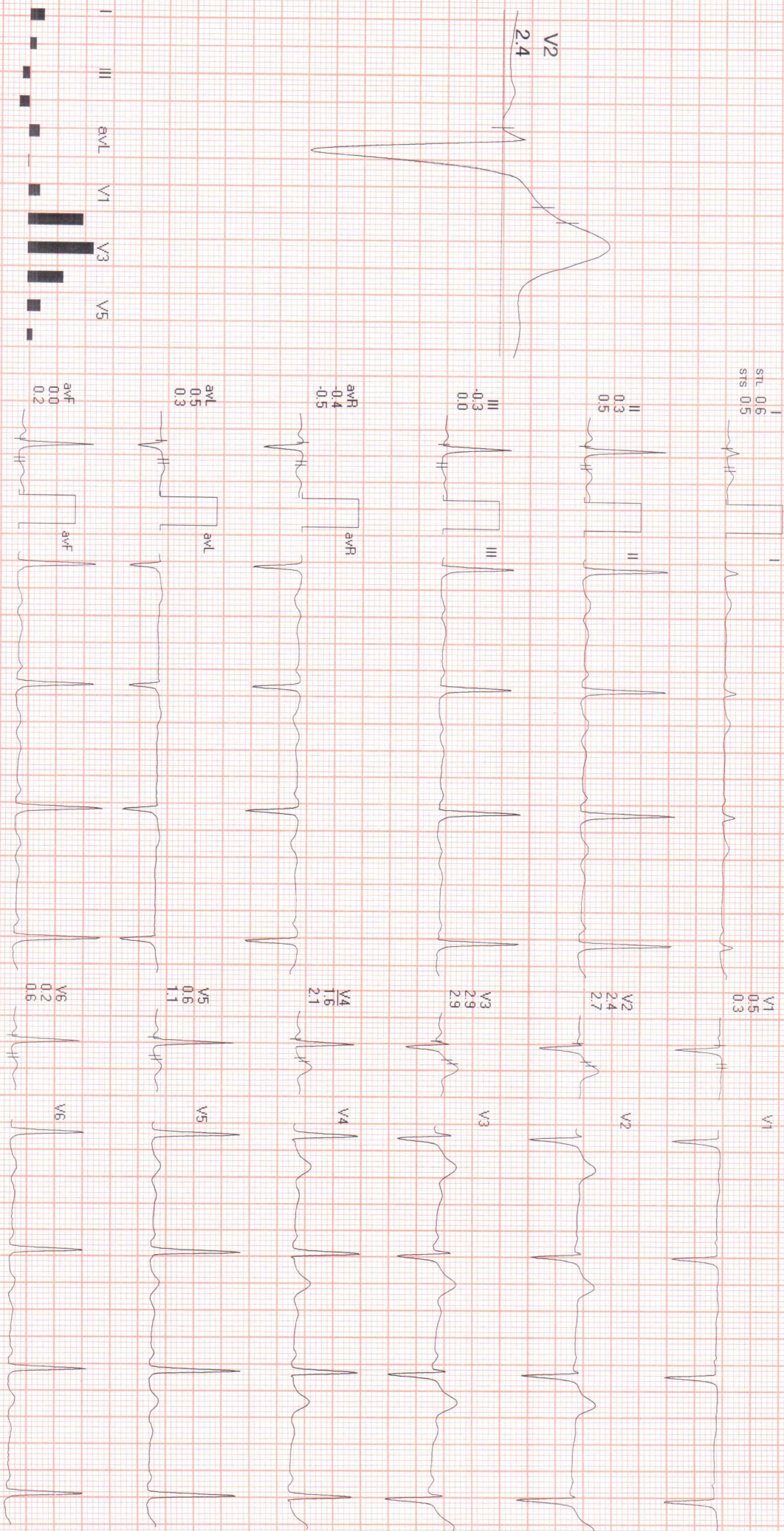
Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

4X

30 mS Post V

ExTime: 00:00 0.0 Kmph, 0.0%

25 mm/Sec 1.0 Cm/mV



REMARKS: aVR aVL aVF V1 V2 V3 V4 V5 V6



1452 (2309717854) / ASHISH MANDOWARAR1 / 39 Yrs / M / 174 Cms / 57 Kg / HR : 81

Date: 07/04/2023 11:19:54 AM METS: 1.0/ 81 bpm 45% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 00:00 0.0 KmPh, 0.0%
25 mm/Sec. 1.0 Cm/mV

I
STL 0.3
STS 0.2

V1
0.6
0.4

II
0.0
0.0

V2
1.8
1.6

III
-0.3
-0.3

V3
1.8
1.6

aVR
-0.1
-0.1

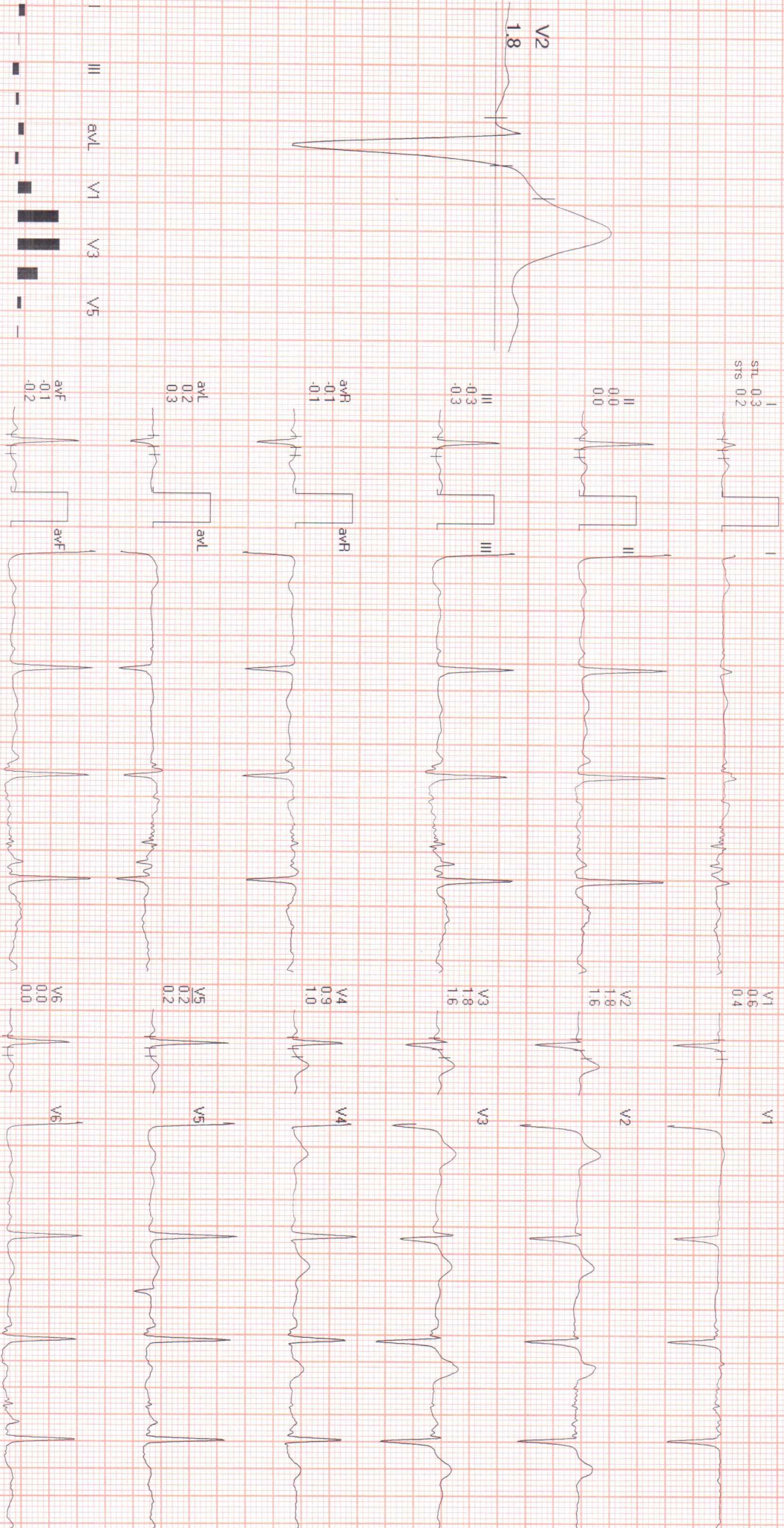
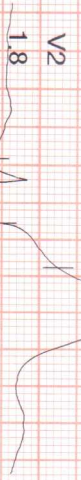
V4
0.9
1.0

aVL
0.2
0.3

V5
0.2
0.2

aVF
-0.1
-0.2

V6
0.0
0.0



REMARKS:
II aVR aVL V1 V3 V5
III aVF V2 V4 V6





1452 (2309717854) / ASHISH MANDOMARAI / 39 Yrs / M / 174 Cms / 57 Kg / HR : 115

Date: 07 / 04 / 2023 11:19:54 AM

METS: 4.7/115 bpm 64% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 2.7 Kmph, 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

I
STL 0.2
STS 0.5

V1
0.6
1.1

II
-0.6
-0.5

V2
1.3
2.7

III
-0.8
-1.0

V3
1.4
3.4

aVR
0.2
0.0

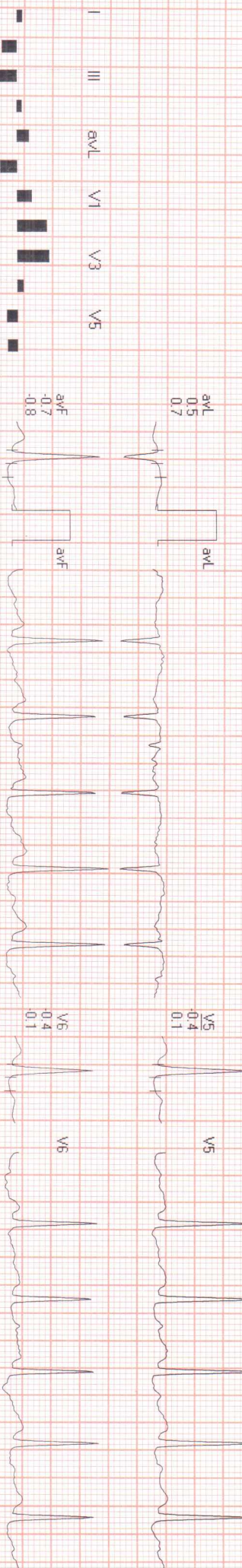
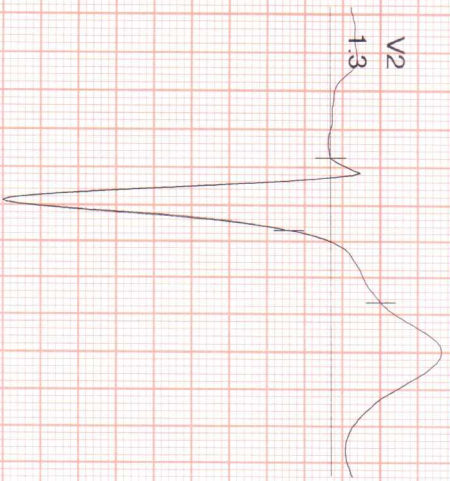
V4
0.2
1.5

aVL
0.5
0.7

V5
0.4
0.1

aVF
-0.7
-0.8

V6
0.4
0.1



REMARKS:
II avR avF V2 V4 V6
III avL V1 V3 V5



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (02:00)

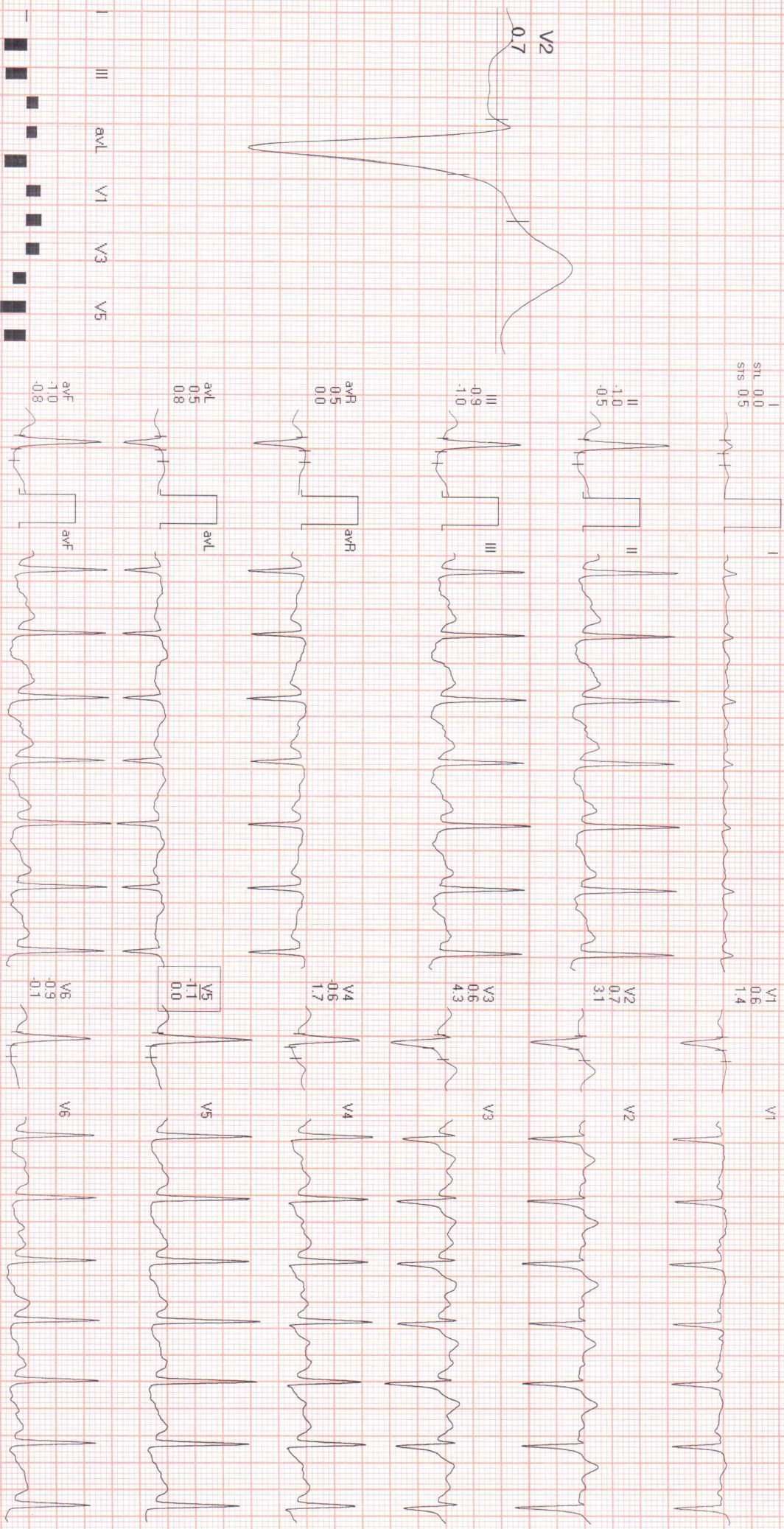


1452 (2309717854) / ASHISH MANDOWARA 1 / 39 Yrs / M / 174 Cms / 57 Kg / HR : 131

Date: 07/04/2023 11:19:54 AM METS: 6.3/ 131 bpm 72% of THR BP: 120/80 mmHg Raw ECG/ BLOC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

EXTime: 05:00 4.0 Kmph, 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6



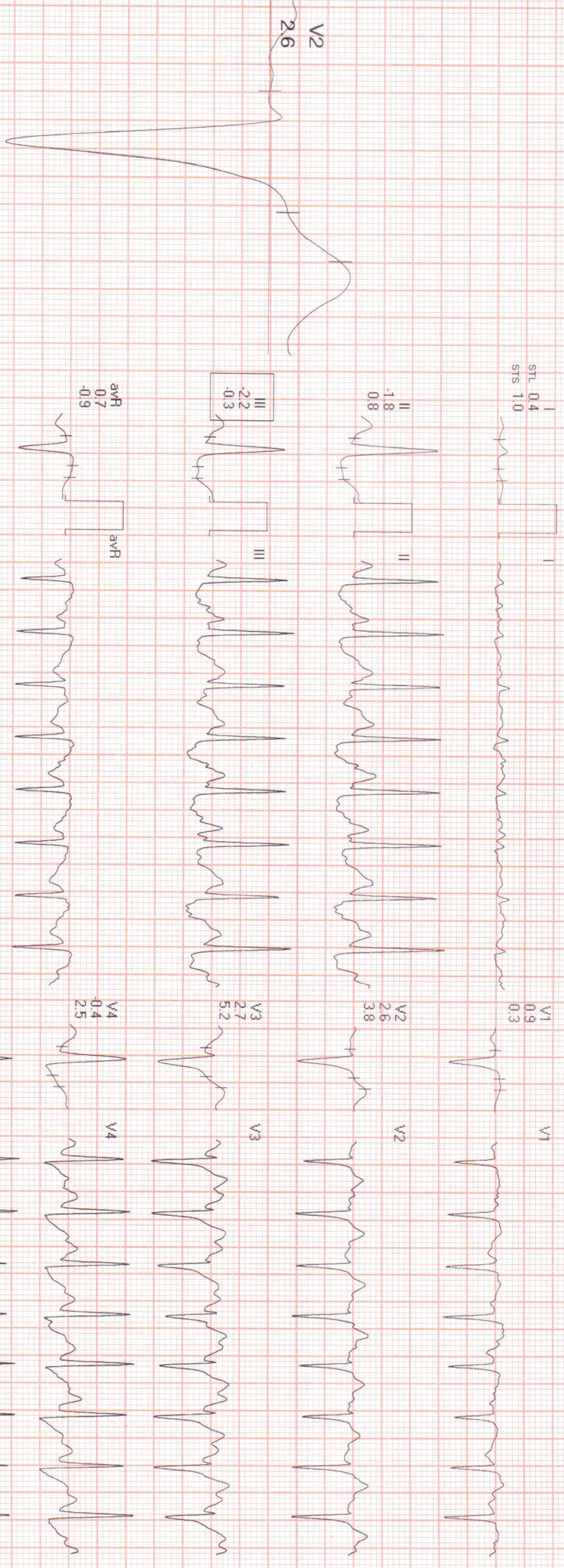


1452 (2309717854) / ASHISH MANDOWARA1 / 39 Yrs / M / 174 Cms / 57 Kg / HR : 161

Date: 07/04/2023 11:19:54 AM METS: 10.0/161 bpm 89% of THR BP: 140/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 50 ms Post J

EXTIME: 07:47 5.5 Km/Ph. 14.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



1452 (2309717854) / ASHISH MANDOWARAI / 39 Yrs / M / 174 Cms / 57 Kg / HR : 126

Date: 07 / 04 / 2023 11:19:54 AM

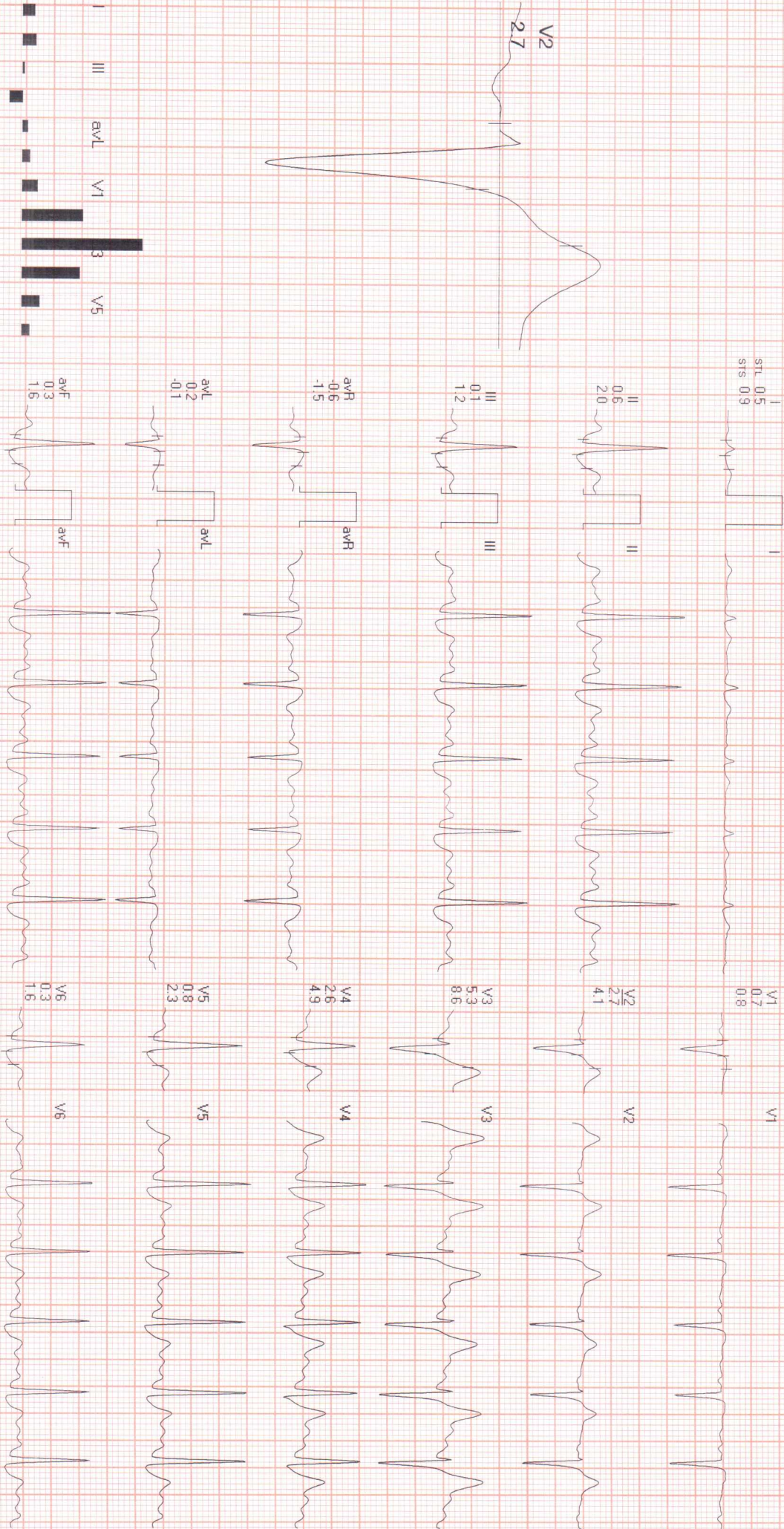
METS: 1.1 / 1.26 bpm 70% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:47 0.0 Km/h, 0.0%

4X

80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:09)



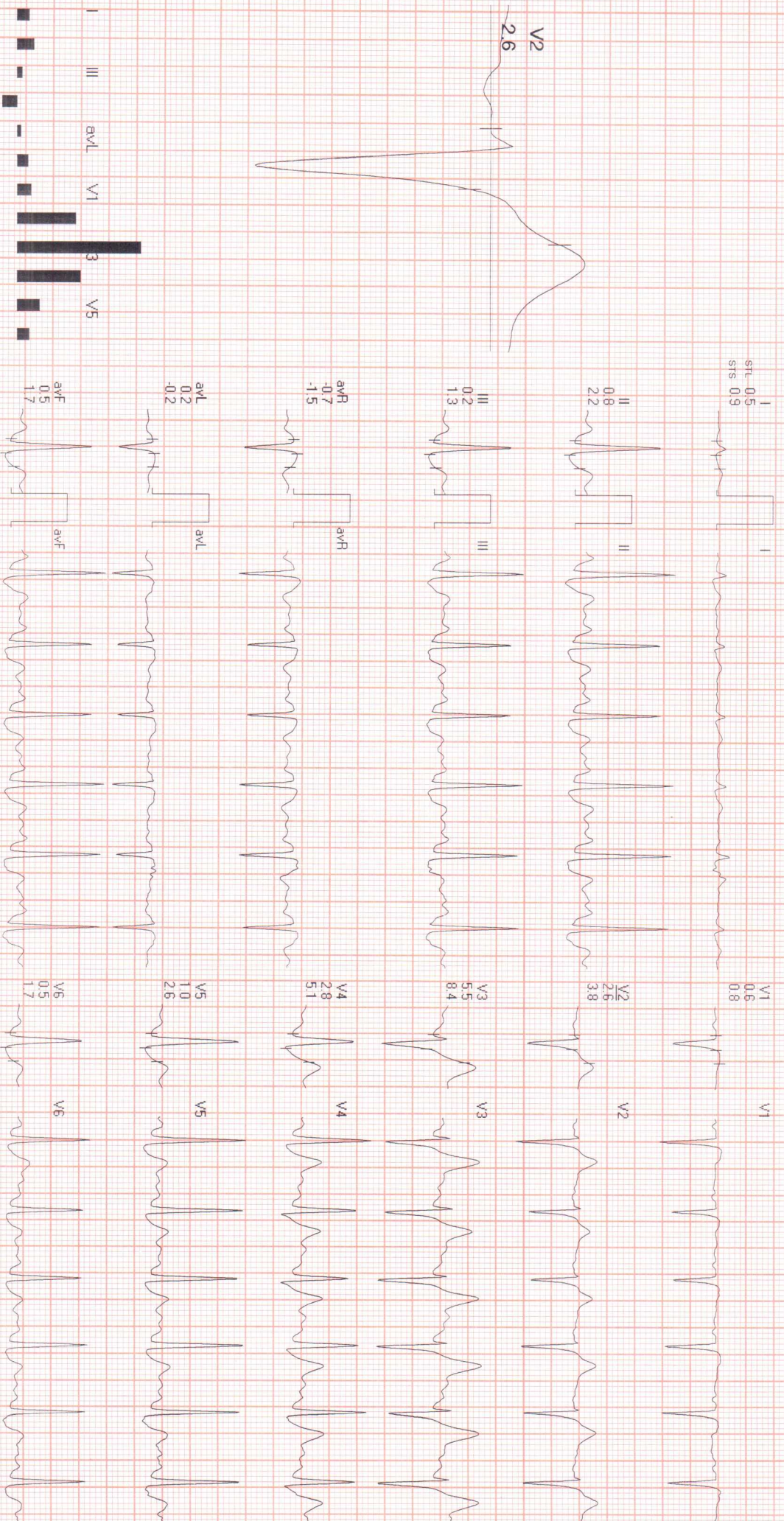
1452 (230917854) / ASHISH MANDOMARRA1 / 39 Yrs / M / 174 Cms / 57 Kg / HR 120

Date: 07 / 04 / 2023 11:19:54 AM METS: 1.0 / 120 bpm 66% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:47 0.0 Km/ph, 0.0%

4X 80 mS Post I

25 mm/Sec: 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6





CID : 2309717854
Name : MR.ASHISH MANDOWARA
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Apr-2023 / 10:01
Reported : 07-Apr-2023 / 13:27

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.09	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.4	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.0	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8220	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.2	20-40 %	
Absolute Lymphocytes	2975.6	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	665.8	200-1000 /cmm	Calculated
Neutrophils	52.1	40-80 %	
Absolute Neutrophils	4282.6	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	263.0	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	32.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	339000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	13.1	11-18 %	Calculated

RBC MORPHOLOGY



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Reg. Location : Kandivali East (Main Centre)

Collected : 07-Apr-2023 / 10:01
Reported : 07-Apr-2023 / 12:34

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 2-15 mm at 1 hr. Sedimentation

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

J. Thakker

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





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Name : MR.ASHISH MANDOWARA
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Collected : 07-Apr-2023 / 10:01
Reported : 07-Apr-2023 / 13:00

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	84.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	96.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	16.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	135.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	113	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.7	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 Borivali Lab, Borivali West
*** End Of Report ***

Bmhaskar

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





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Age / Gender : 40 Years / Male
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 Borivali Lab, Borivali West

*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
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Pathologist & AVP(Medical Services)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</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	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

*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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

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:

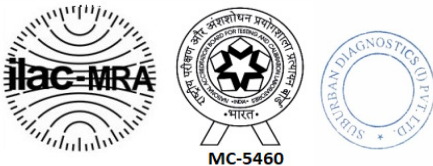
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions 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
*** End Of Report ***

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	198.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	87.0	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	45.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	152.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	136.0	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	16.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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*** End Of Report ***

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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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.46	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 becuae 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)

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