



CID : 2405000836  
Name : MR.ANIL MANRAJ YADAV  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 19-Feb-2024 / 09:51  
Reported : 19-Feb-2024 / 15:07

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.98	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.4	40-50 %	Measured
MCV	83.0	80-100 fl	Calculated
MCH	28.0	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	10620	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	46.6	20-40 %	
Absolute Lymphocytes	4948.9	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	839.0	200-1000 /cmm	Calculated
Neutrophils	41.9	40-80 %	
Absolute Neutrophils	4449.8	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	339.8	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	42.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	319000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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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                      **16**                      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
- Brigden 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 Borivali Lab, Borivali West

\*\*\* 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**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	103.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	87.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.25	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
ALKALINE PHOSPHATASE, Serum	64.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	29.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.83	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	115	(ml/min/1.73sqm) 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	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum 6.9 3.5-7.2 mg/dl Enzymatic

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



*Bmhasakar*

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





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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	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	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 \*\*\*



*Bmhasakar*

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





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Use a QR Code Scanner  
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Collected : 19-Feb-2024 / 09:51  
Reported : 19-Feb-2024 / 17:42

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></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><u>MICROSCOPIC EXAMINATION</u></b>			
Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
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 inert



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Reported : 19-Feb-2024 / 17:42

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



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



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Collected : 19-Feb-2024 / 09:51  
Reported : 19-Feb-2024 / 14:28

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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.

**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 SDRL, Vidyavihar Lab

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



*Dr. Vrushi Shroff*

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





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Collected : 19-Feb-2024 / 09:51  
Reported : 19-Feb-2024 / 20:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	237.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	456.6	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	34.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	202.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	140.6	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	61.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.1	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



*Dr. Jageshwar Mandal*

**Dr. JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**



CID : 2405002704  
Name : MR.ANIL MANRAJ YADAV  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
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Collected : 20-Feb-2024 / 16:50  
Reported : 20-Feb-2024 / 18:05

**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	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.98	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.4	40-50 %	Measured
MCV	83.0	80-100 fl	Calculated
MCH	28.0	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	10620	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	46.6	20-40 %	
Absolute Lymphocytes	4948.9	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	839.0	200-1000 /cmm	Calculated
Neutrophils	41.9	40-80 %	
Absolute Neutrophils	4449.8	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	339.8	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	42.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	319000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Reported : 20-Feb-2024 / 18:05

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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                      **16**                      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
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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



*Bmhasakar*

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





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Collected : 20-Feb-2024 / 16:50  
Reported : 20-Feb-2024 / 18:38

**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 Fasting	103.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	87.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.25	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	87.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	163.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	42.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	64.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	29.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.83	0.67-1.17 mg/dl	Enzymatic



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Reported : 20-Feb-2024 / 21:25

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eGFR, Serum	115	(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

URIC ACID, Serum	6.9	3.5-7.2 mg/dl	Enzymatic
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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

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



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Reported : 20-Feb-2024 / 17:55

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	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.

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Collected : 20-Feb-2024 / 16:50  
Reported : 22-Feb-2024 / 17:34

**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

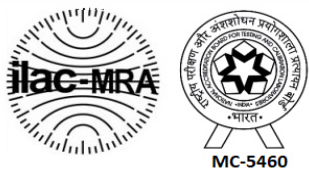
**Limitations:**

- 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.

**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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Dr. Vrushi Shroff*

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



CID : 2405002704  
Name : MR.ANIL MANRAJ YADAV  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 20-Feb-2024 / 16:50  
Reported : 20-Feb-2024 / 18:05

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	237.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	456.6	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	34.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	202.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.0	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	90.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



*Bmhasakar*

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



CID : 2405002704  
 Name : MR.ANIL MANRAJ YADAV  
 Age / Gender : 38 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
 Application To Scan the Code  
 Collected : 20-Feb-2024 / 16:50  
 Reported : 21-Feb-2024 / 10:46

**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	22.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.75	0.35-5.5 microIU/ml microU/ml	ECLIA



CID : 2405002704  
Name : MR.ANIL MANRAJ YADAV  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code  
Collected : 20-Feb-2024 / 16:50  
Reported : 21-Feb-2024 / 10:46

**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)

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



*Bmhasakar*

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

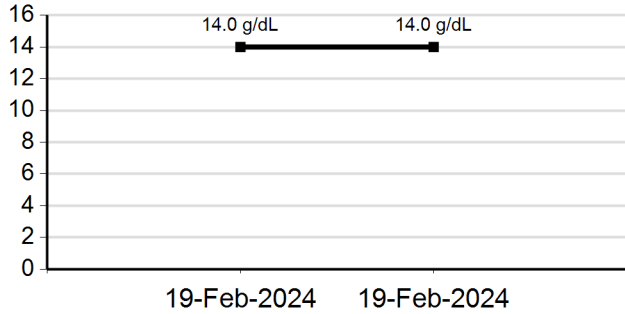




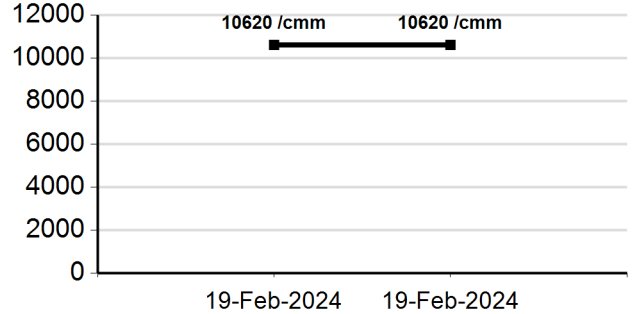
Use a QR Code Scanner Application To Scan the Code

CID : 2405002704  
 Name : MR.ANIL MANRAJ YADAV  
 Age / Gender : 38 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Borivali West (Main Centre)

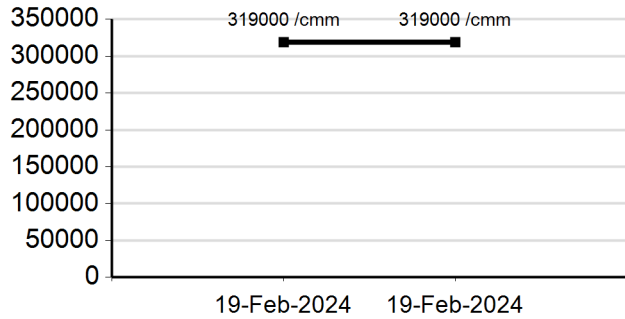
**Haemoglobin**



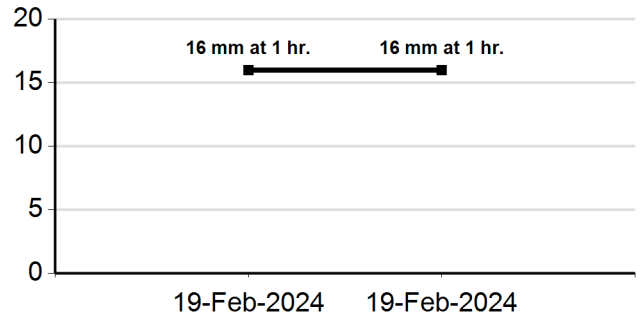
**WBC Total Count**



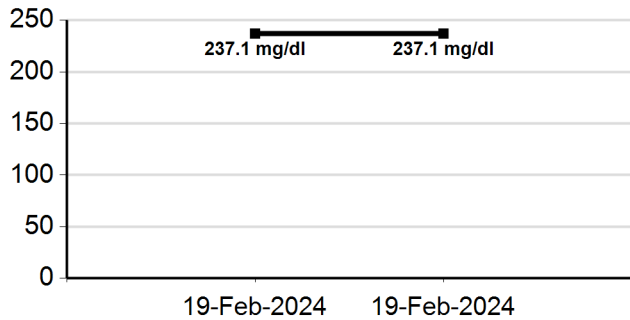
**Platelet Count**



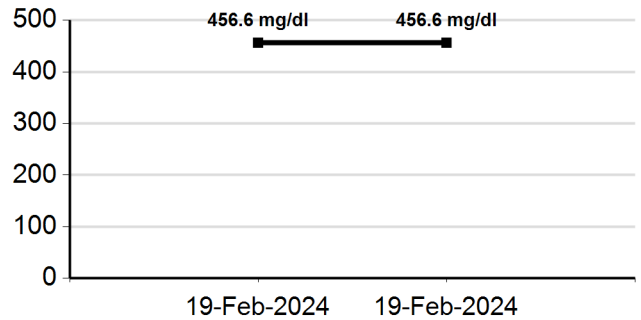
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

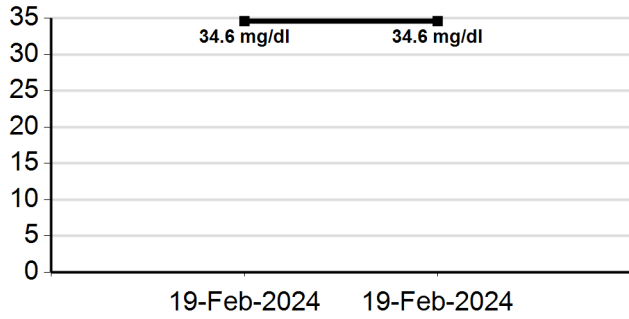




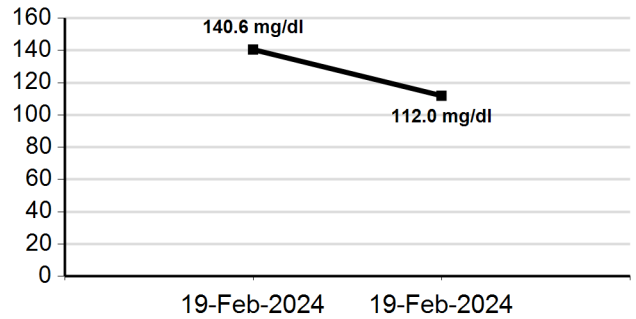
Use a QR Code Scanner Application To Scan the Code

CID : 2405002704  
Name : MR.ANIL MANRAJ YADAV  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

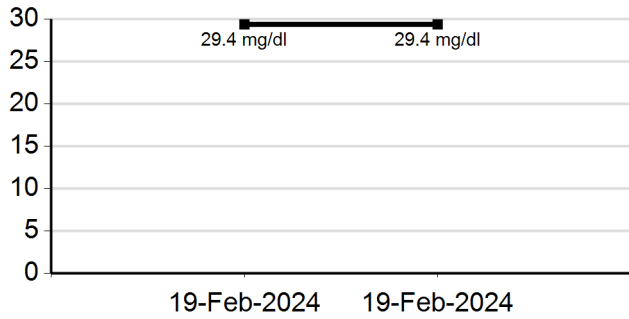
**HDL CHOLESTEROL**



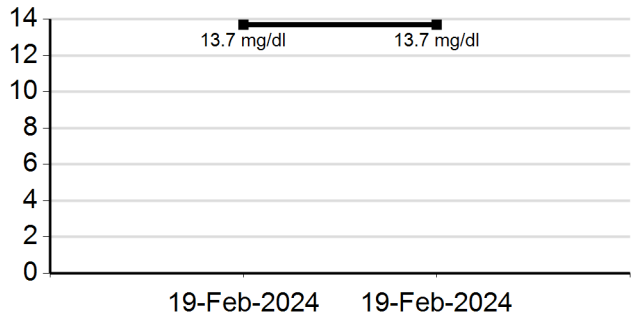
**LDL CHOLESTEROL**



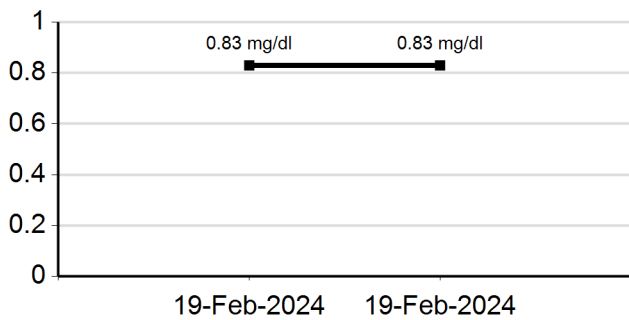
**BLOOD UREA**



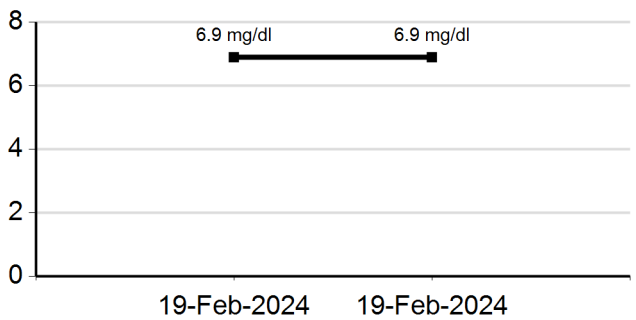
**BUN**



**CREATININE**



**URIC ACID**

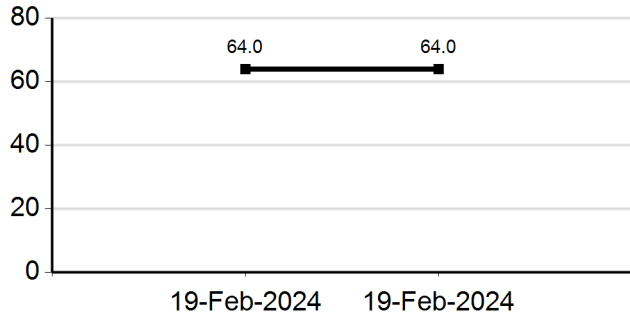




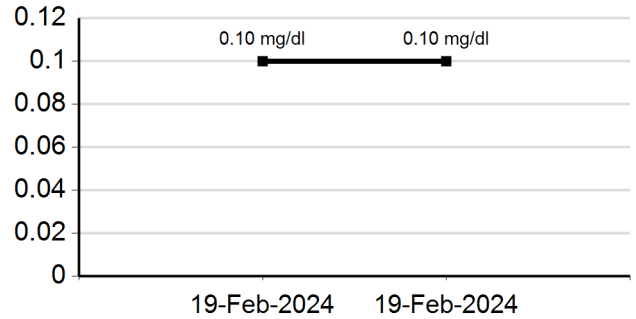
Use a QR Code Scanner Application To Scan the Code

CID : 2405002704  
 Name : MR.ANIL MANRAJ YADAV  
 Age / Gender : 38 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Borivali West (Main Centre)

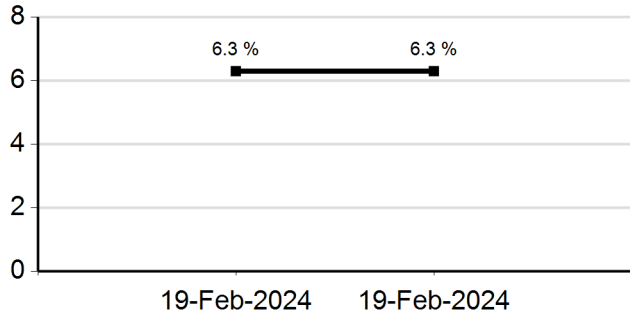
**ALKALINE PHOSPHATASE**



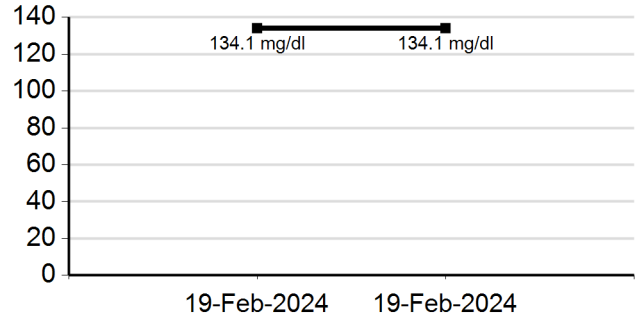
**BILIRUBIN (DIRECT)**



**Glycosylated Hemoglobin (HbA1c)**



**Estimated Average Glucose (eAG)**





**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: ANIL YADAV** **Date: 19-02-2024 Time: 13:51**

**Age: 38 Gender: M Height: 183 cms Weight: 81 Kg ID: 2405002704**

**Clinical History: NIL**

**Medications: NIL**

**Test Details:**

**Protocol: Bruce Predicted Max HR: 182 Target HR: 154 (85% of Pr. MHR)**

**Exercise Time: 0:09:08 Achieved Max HR: 155 (85% of Pr. MHR)**

**Max BP: 160/80 Max BP x HR: 24800 Max Mets: 10.3**

**Test Termination Criteria: TEST COMPLET**

**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	00:07	1	0	0	78	140/80	10920	-0.7 V3	-5.4 III
Standing	00:12	1	0	0	92	140/80	12880	0.8 III	-4.4 III
HyperVentilation	00:10	1	0	0	87	140/80	12180	-0.5 V3	-4.8 III
PreTest	00:06	1	1.6	0	90	140/80	12600	-0.7 V3	-5.3 III
Stage: 1	03:00	4.7	2.7	10	121	150/80	18150	-1.6 aVR	1.5 V3
Stage: 2	03:00	7	4	12	137	150/80	20550	-1.5 aVR	1.2 I
Stage: 3	03:00	10.1	5.5	14	154	160/80	24640	1.5 II	1.4 V5
Peak Exercise	00:08	10.3	6.8	16	155	160/80	24800	1.8 V4	1.5 III
Recovery1	01:00	1	0	0	113	140/80	15820	3.1 V3	1.7 V2
Recovery2	00:37	1	0	0	106	140/80	14840	1.6 V3	0.8 V3

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:09:08 achieving a work level of 10.3 METS.  
 Resting Heart Rate, initially 78 bpm rose to a max. heart rate of 155bpm (85% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 140/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg  
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias  
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

**Suburban Diagnostics (I) Pvt. Ltd.**  
 301 & 302, 3rd Floor, Vini Elegance  
 Above Tanisq Jeweller, L. T. Road,  
 Borivali (West), Mumbai - 400 092

**DR. NITIN SONAVANE**  
 M.B.B.S., A.F.I.C., D.DIAB, D.CARD.  
 CONSULTANT CARDIOLOGIST,  
 REGD. NO.: 87714

**Ref. Doctor: ----**

**Doctor: DR. NITIN SONAVANE**







# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANIL YADAV (38 M)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2405002704

Stage: Supine

Date: 19-02-2024

Speed: 0 kmph

Exec Time: 0:00:00

Grade: 0%

Stage Time: 00:07

THR: 154 bpm

**HR: 78 bpm**

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

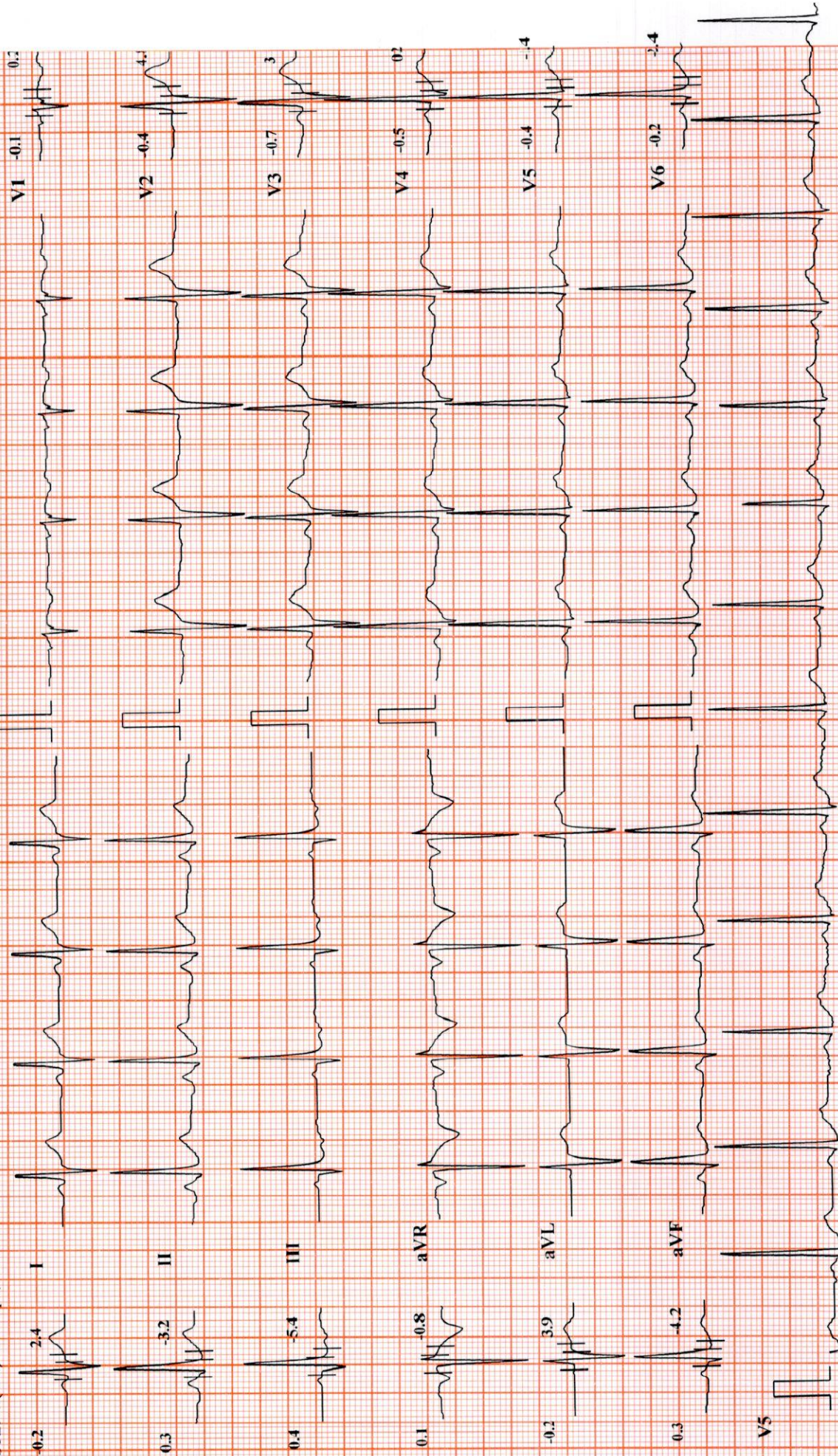


Chart Speed: 2.5 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz. Mains Filter: ON

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

Linked Median





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANIL YADAV (38 M)**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2405002704

Date: 19-02-2024

Exec Time : 0:00:00

Stage Time: 00:12

**HR: 92 bpm**

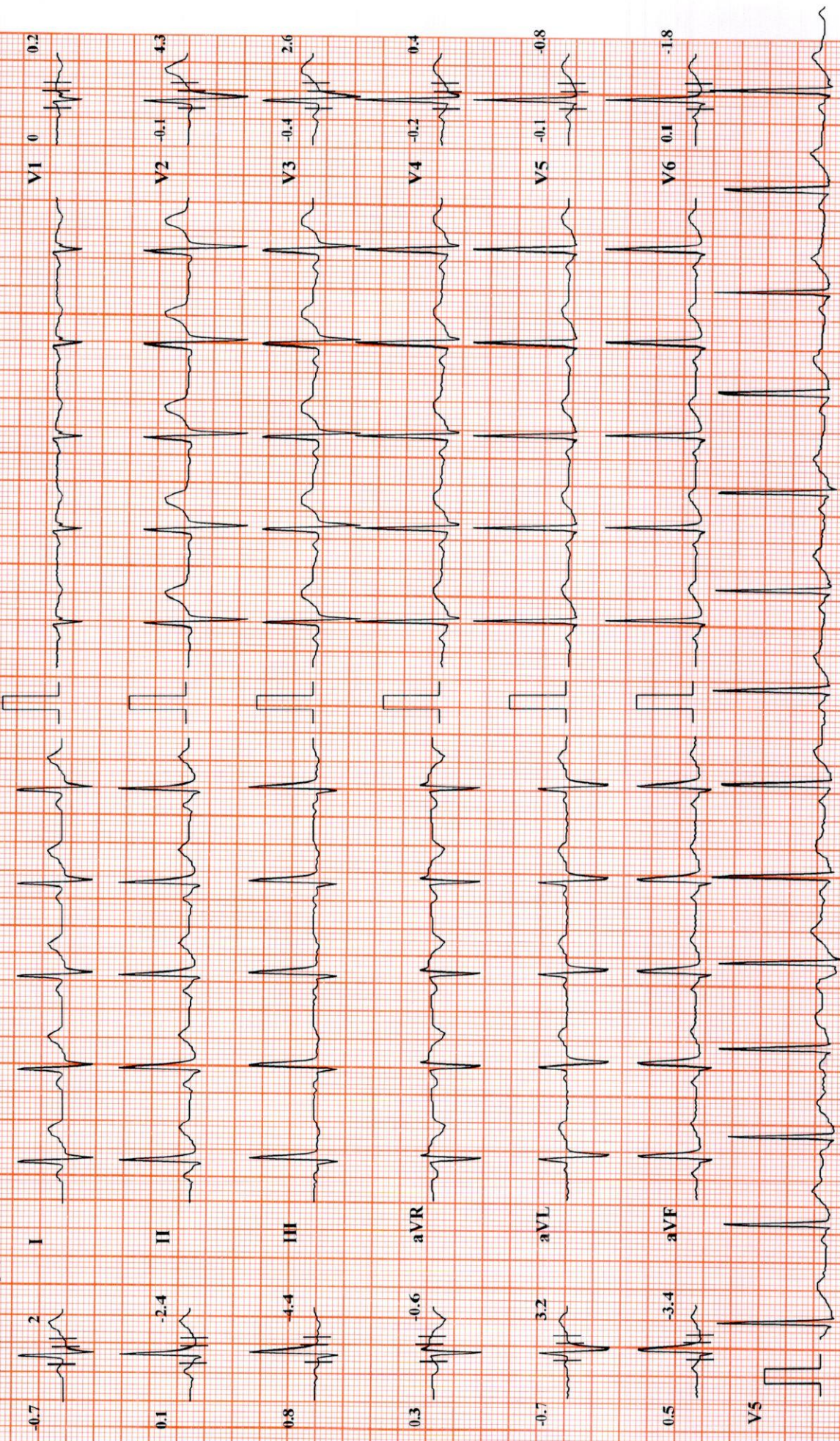
BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

Speed: 0 kmph

Grade: 0%

THR: 154 bpm







# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANIL YADAV (38 M)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

**HR: 87 bpm**

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

ID: 2405002704

Date: 19-02-2024

Exec Time : 0:00:00

Stage Time: 00:10

Stage: Hyper-Ventilation

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

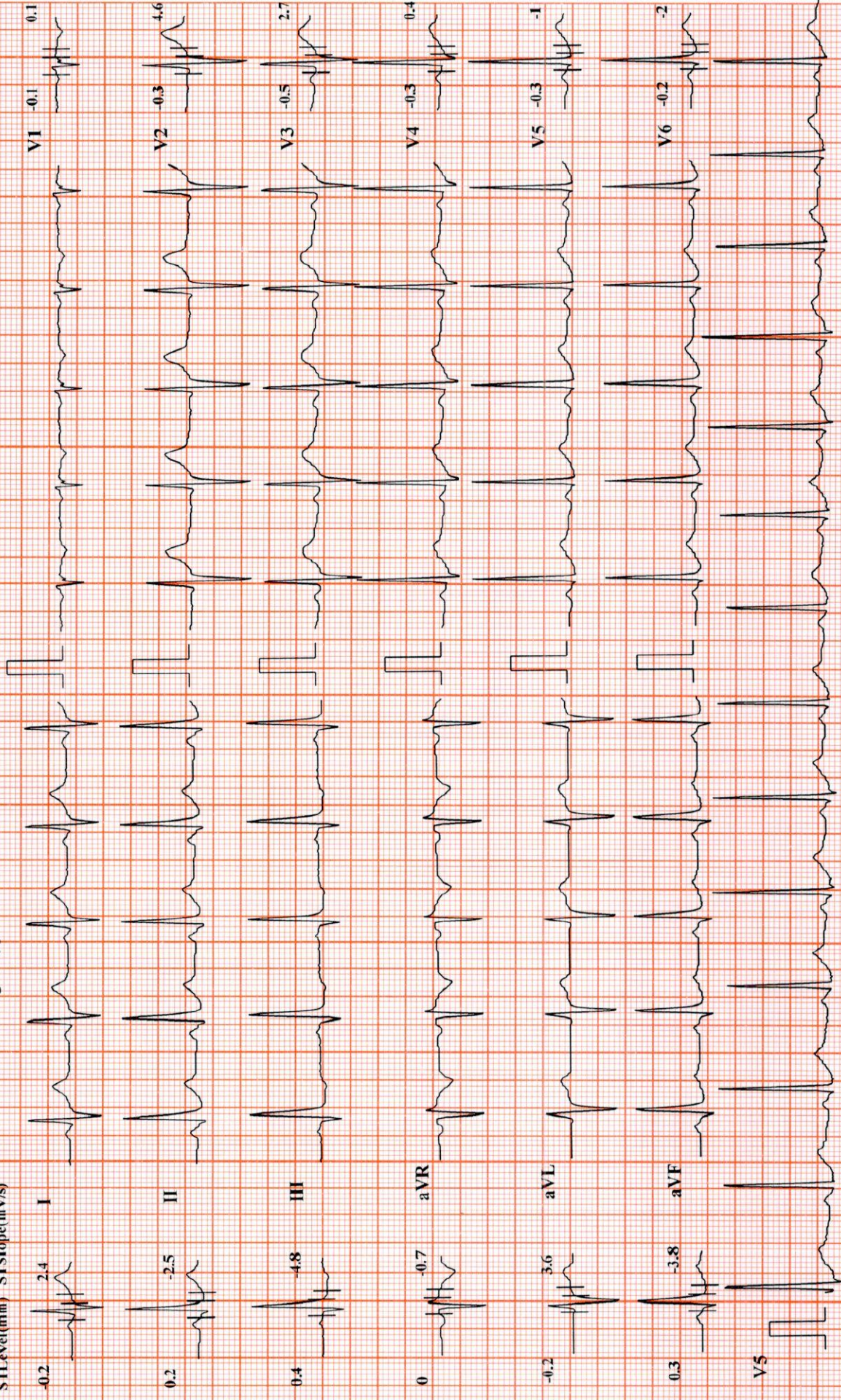


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Linked Median





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANIL YADAV (38 M)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2405002704

Stage: PreTest

Date: 19-02-2024

Speed: 1.6 kmph

Exec Time : 0:00:00

Grade: 0%

Stage Time: 00:06

THR: 154 bpm

HR: 90 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

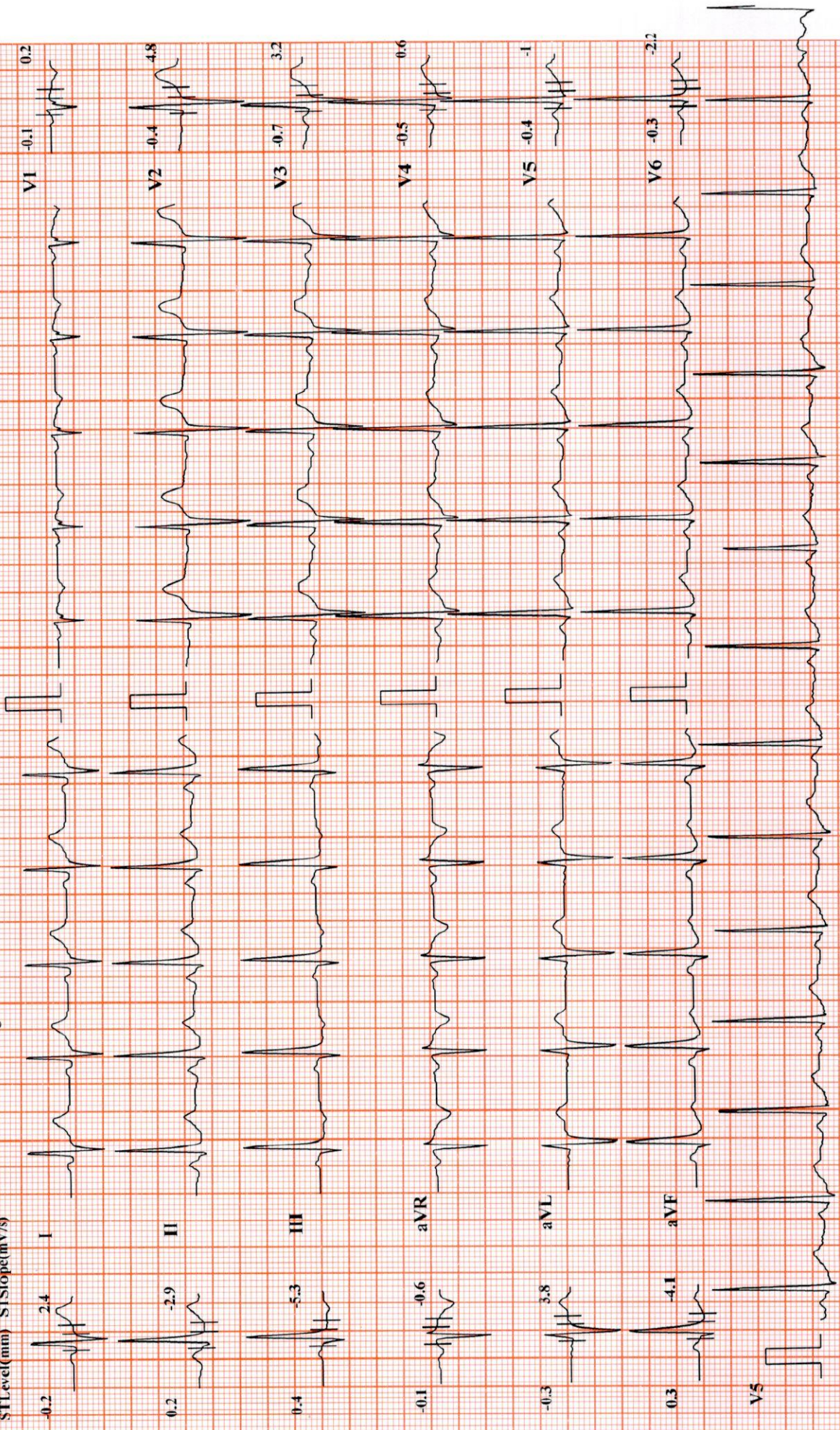


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Linked Median





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANIL YADAV (38 M)**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2405002704

Date: 19-02-2024  
Speed: 2.7 kmph

Exec Time: 0:03:00  
Grade: 10%

Stage Time: 03:00  
THR: 154 bpm

HR: 121 bpm  
BP: 150/80 mmHg  
STLevel(mm) STSlope(mV/s)

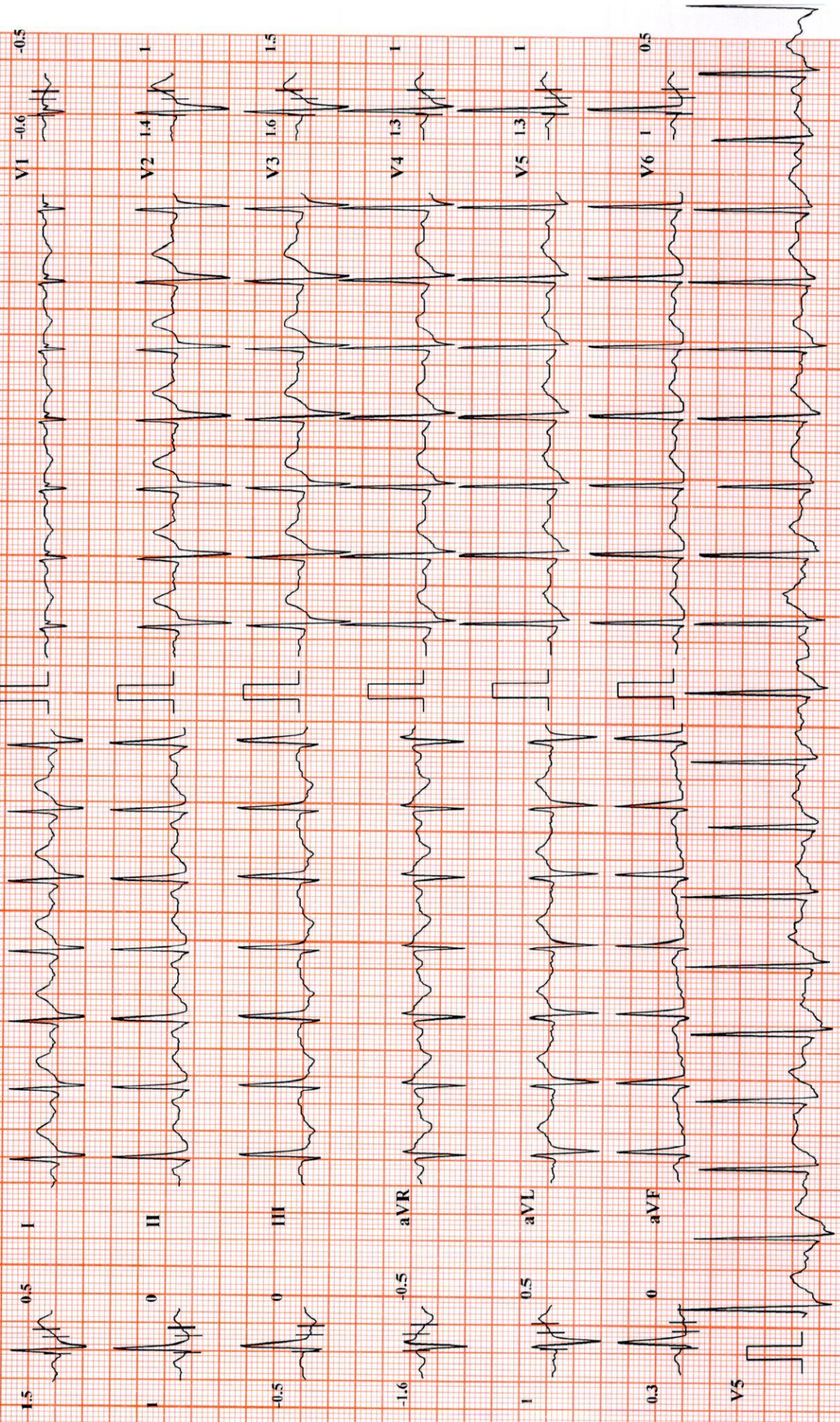


Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 25 Hz    Mains Filter: ON    ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms    Linked Median





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANIL YADAV (38 M)**

Bruce Protocol  
STLevel(mm) STSlop(mV/s)

ID: 2405002704  
Stage: 2  
Date: 19-02-2024  
Speed: 4 kmph

Exec Time : 0:06:00  
Grade: 12%

Stage Time: 03:00  
THR: 154 bpm

**HR: 137 bpm**  
BP: 150/80 mmHg  
STLevel(mm) STSlop(mV/s)

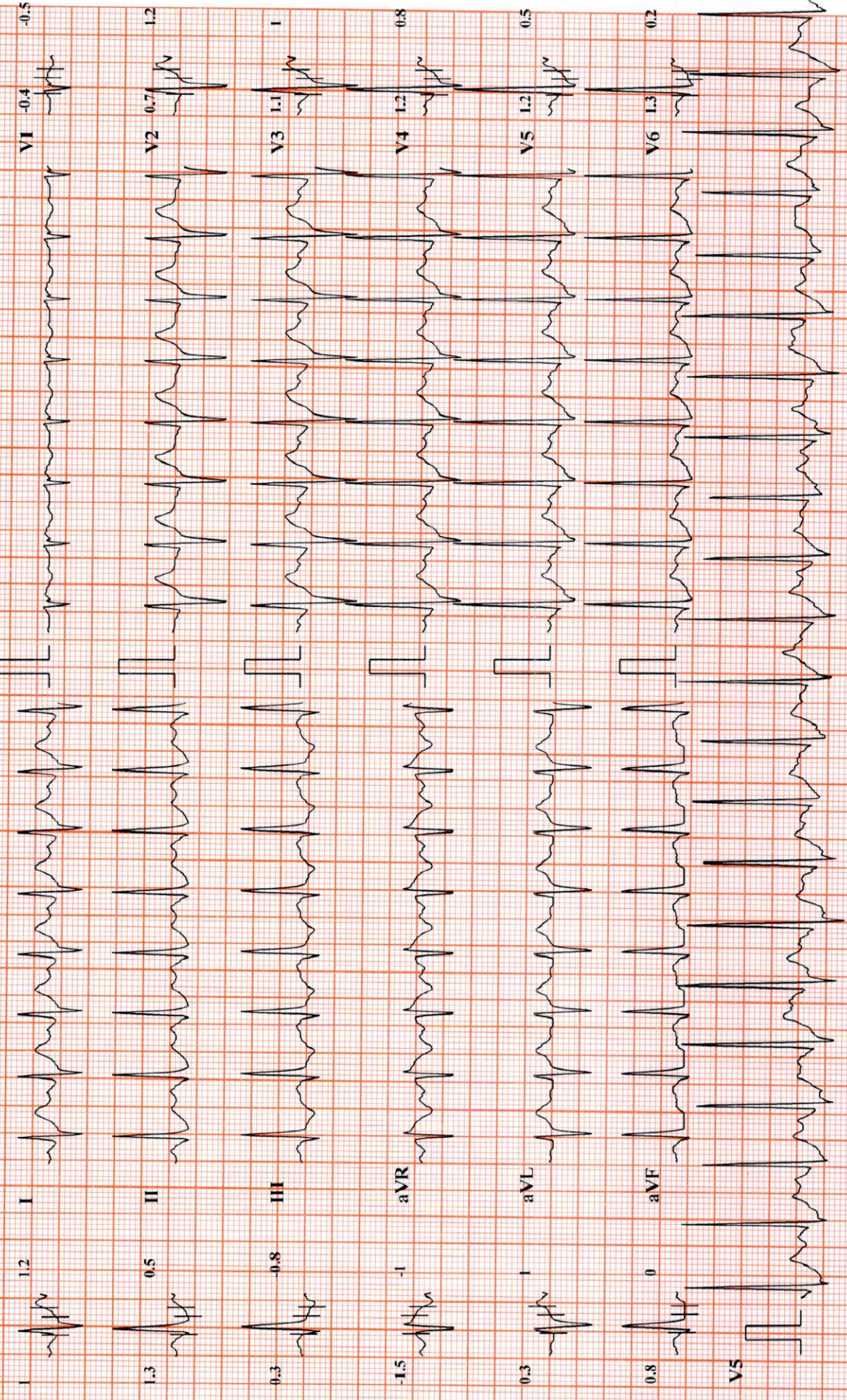


Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 25 Hz    Mains Filter: ON    ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms    Linked Median





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANIL YADAV (38 M)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2405002704

Date: 19-02-2024

Speed: 5.5 kmph

Stage: 3

Exec Time : 0:09:00

Grade: 14%

Stage Time: 03:00

THR: 154 bpm

**HR: 154 bpm**

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

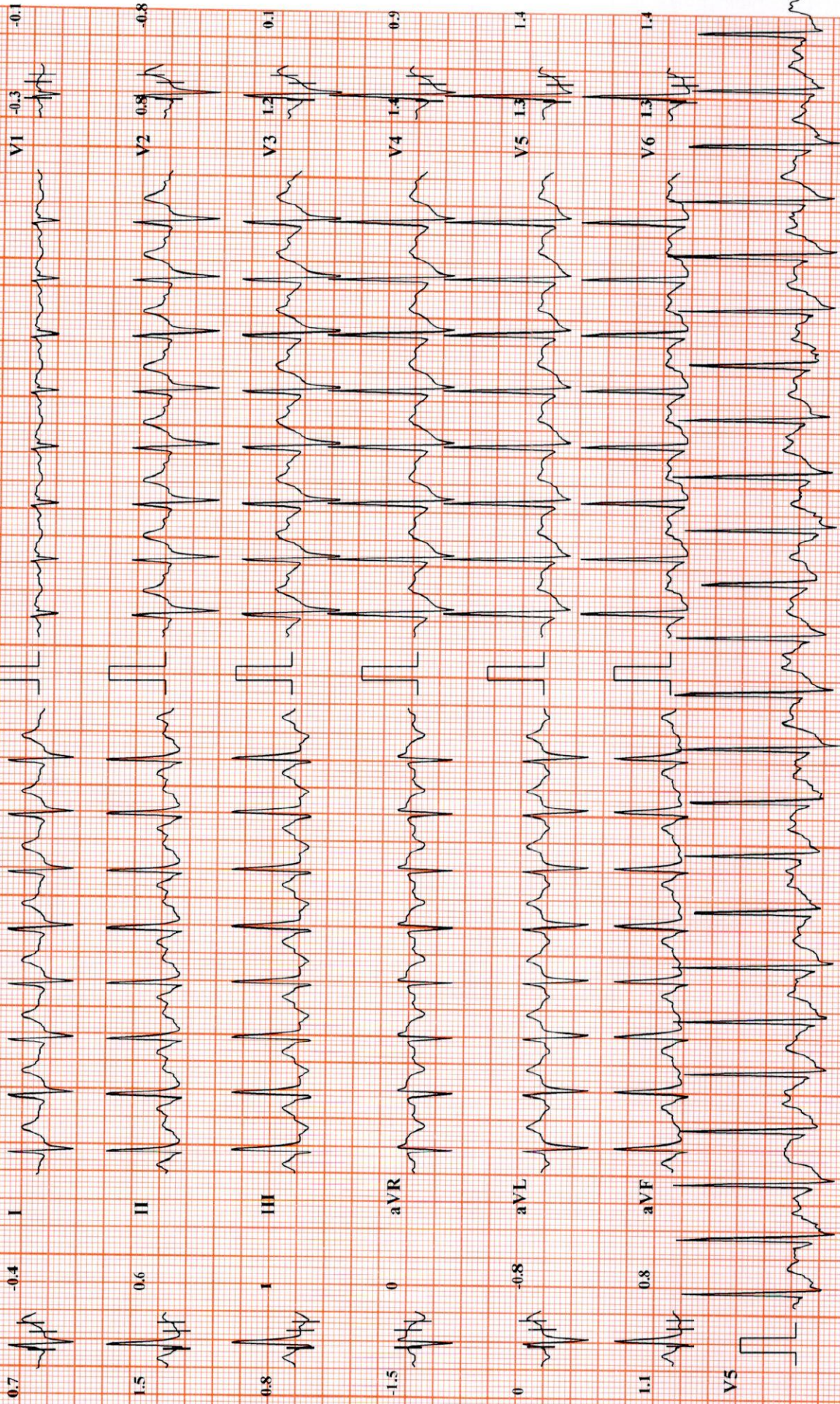


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Linked Median

Schiller Cardiovit CS-20 Version:3.4





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANIL YADAV (38 M)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2405002704

Date: 19-02-2024

Stage: Peak Exercise

Speed: 6.8 kmph

Exec Time: 0:09:08

Grade: 16%

Stage Time: 00:08

THR: 154 bpm

**HR: 155 bpm**

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

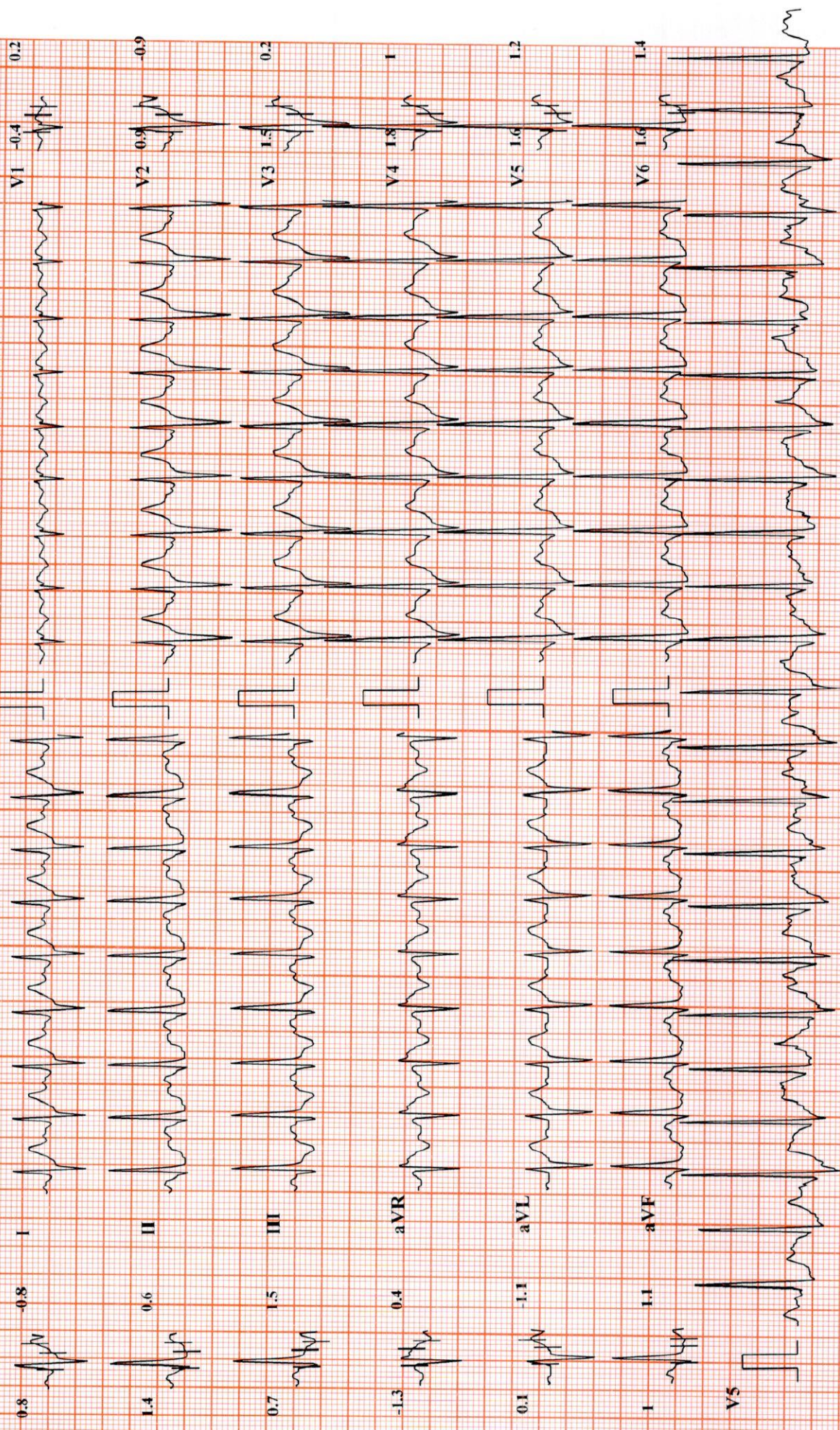


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Linked Median

Schiller Cardiovit CS-20 Version:3.4



**ANIL YADAV (38 M)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2405002704

Stage: Recovery1

Date: 19-02-2024

Speed: 0 kmph

Exec Time : 0:00:00

Grade: 0%

Stage Time: 01:00

THR: 154 bpm

**HR: 113 bpm**

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

1.6 I 0.8 -0.2 V1 -0.2

I 0.5 2.6 V2 2.6

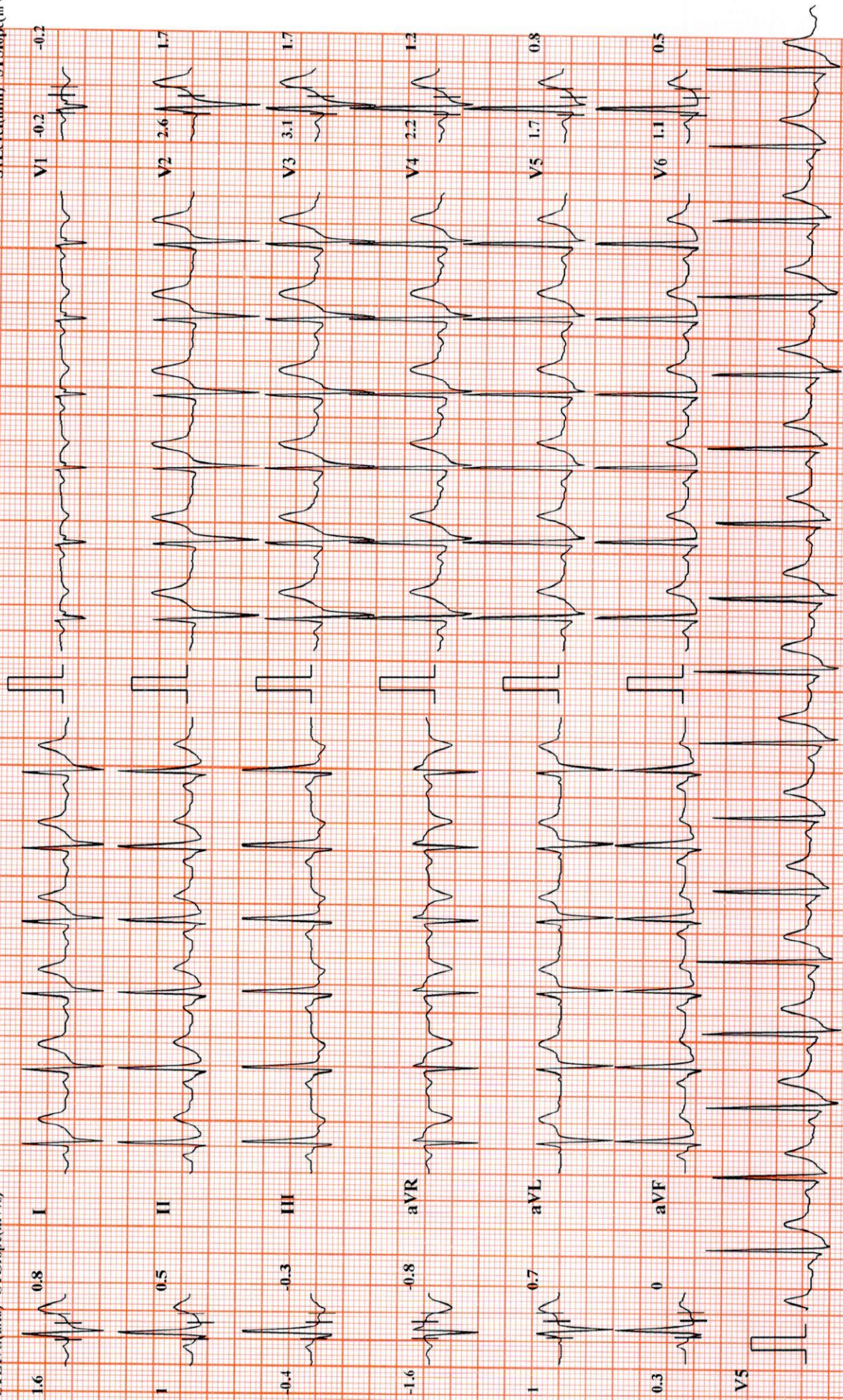
-0.4 III -0.3 3.1 V3 3.1

-1.6 aVR -0.8 2.2 V4 2.2

I 0.7 1.7 V5 1.7

0.3 aVF 0 1.1 V6 1.1

V5





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANIL YADAV (38 M)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2405002704

Stage: Recovery2

Date: 19-02-2024

Speed: 0 kmph

Exec Time : 0:00:00

Grade: 0%

Stage Time: 00:37

THR: 154 bpm

**HR: 106 bpm**

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

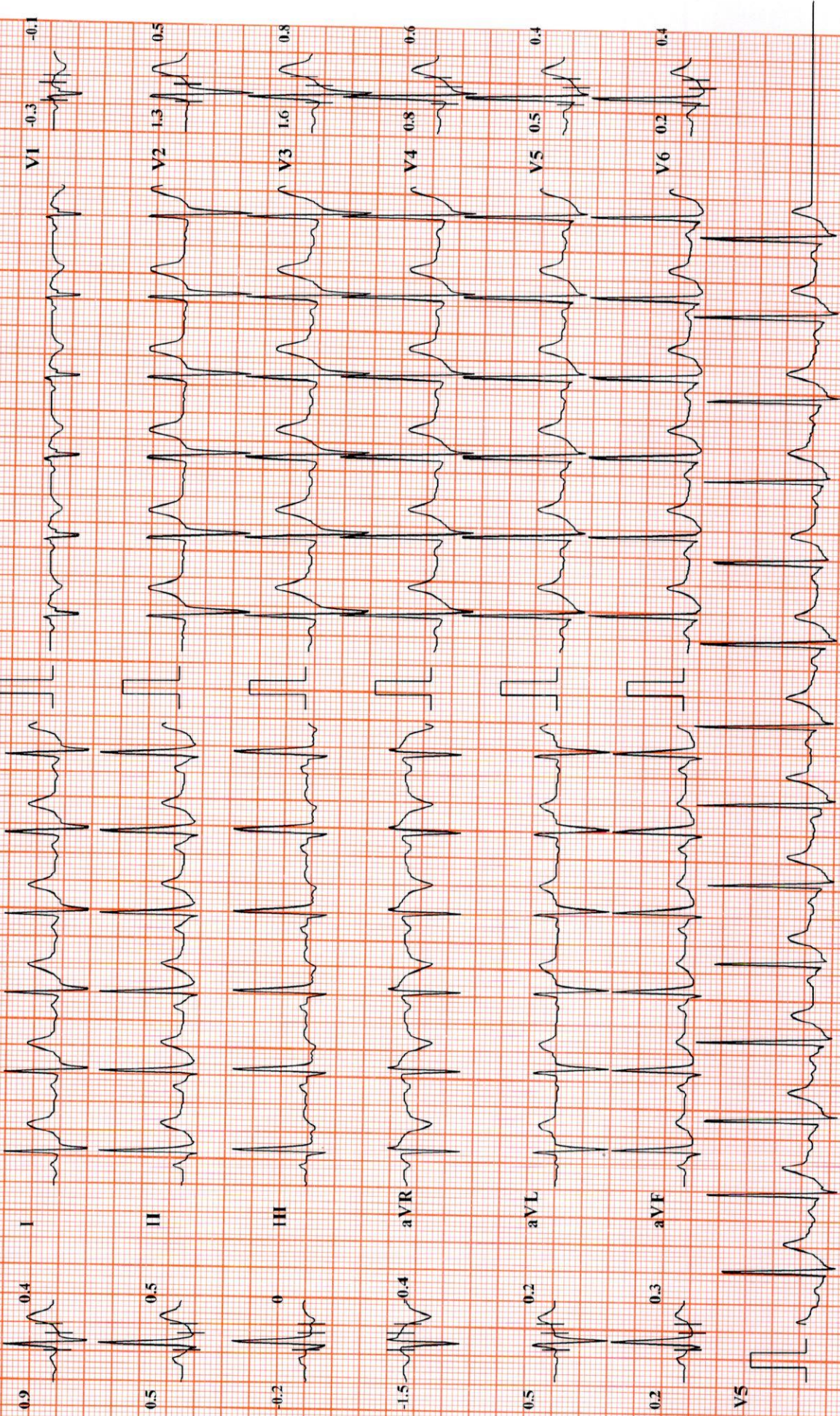
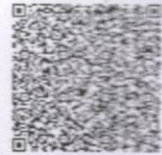


Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 25 Hz    Mains Filter: ON    ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Linked Median





Use a QR Code Scanner  
Application To Scan the Code

CID : 2405002704  
Name : Mr Anil Manraj Yadav  
Age / Sex : 23 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 19-Feb-2024  
Reported : 20-Feb-2024 / 11:26

**X-RAY CHEST PA VIEW**

Prominent bronchovascular markings are seen bilaterally in both lower zones.

Rest of the 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.

**Kindly correlate clinically.**

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

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Access

sessionNo=2024021913032281