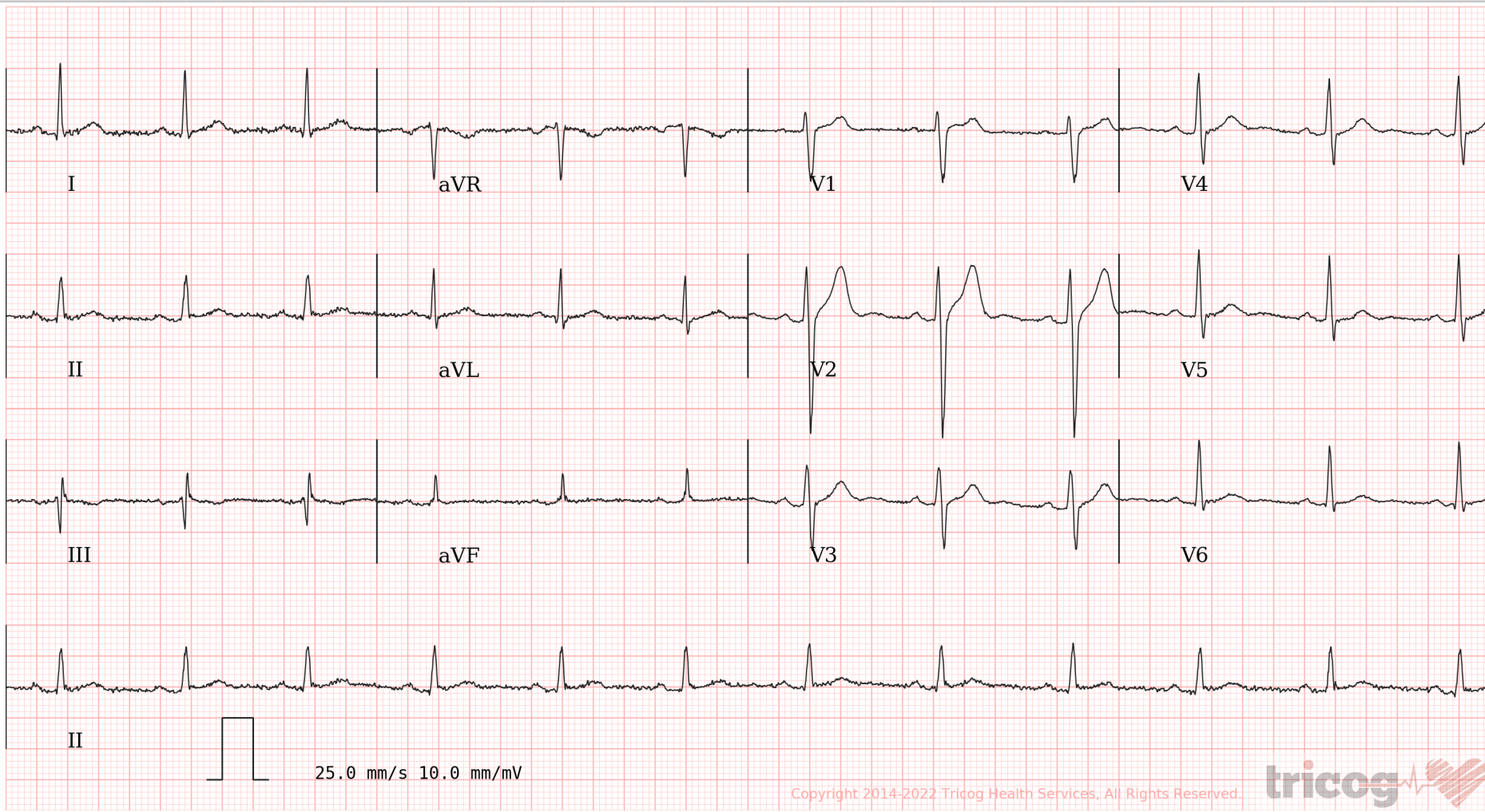


Patient Name: SINGH SUMAN KUMAR

Date and Time: 12th Mar 22 9:29 AM

Patient ID: 2207126342



Age **32** NA **29**  
years months days

Gender **Male**

Heart Rate **73bpm**

**Patient Vitals**

BP: 110/70 mmHg

Weight: 75 kg

Height: 171 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

**Measurements**

QSRD: 94ms

QT: 354ms

QTc: 389ms

PR: 168ms

P-R-T: 30° 22° 16°

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

REPORTED BY

Dr Kavin Shah  
MBBS, D.CARD  
2009/10/3488



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**CID** : 2207126342  
**Name** : Mr SINGH SUMAN KUMAR  
**Age / Sex** : 32 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Thane Kasarvadavali Main Centre

**Reg. Date** : 12-Mar-2022 / 11:03  
**Reported** : 12-Mar-2022 / 12:16

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## USG WHOLE ABDOMEN

### LIVER:

Liver is normal in size and shows mild fatty infiltrations. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

### GALL BLADDER:

Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

### PORTAL VEIN:

Portal vein is normal. **CBD:** CBD is normal.

### PANCREAS:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

### KIDNEYS:

Right kidney measures 10.0 x 5.3 cm. Left kidney measures 10.3 x 5.3 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

### SPLEEN:

Spleen is normal in size, shape and echotexture. No focal lesion is seen.

### URINARY BLADDER:

Urinary bladder is distended and normal. Wall thickness is within normal limits.

### PROSTATE:

Prostate is normal in size, echotexture and measures 2.5 x 3.9 x 3.0 cm in dimension and 15.8 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

**Bowel gas ++**

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**IMPRESSION:**  
**MILD FATTY LIVER.**

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.

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

**This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.**

*G. R. Fartade*  
**Dr.GAURAV FARTADE**  
**MBBS, DMRE**  
**Reg No -2014/04/1786**  
**Consultant Radiologist**

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**Age / Sex** : 32 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Thane Kasarvadavali Main Centre

**Reg. Date** : 12-Mar-2022 / 09:43  
**Reported** : 12-Mar-2022 / 11:39

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### 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 GAURAV FARTADE before dispatch.**

*G. R. Fartade*  
Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

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Age / Gender : 32 Years / Male  
Consulting Dr. : -  
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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	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.97	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.7	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	30.8	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8000	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.9	20-40 %	
Absolute Lymphocytes	1752.0	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	640.0	200-1000 /cmm	Calculated
Neutrophils	68.1	40-80 %	
Absolute Neutrophils	5448.0	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	152.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	223000	150000-400000 /cmm	Elect. Impedance
MPV	11.0	6-11 fl	Calculated
PDW	19.0	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-





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Reported : 12-Mar-2022 / 13:03

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 13 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



*Amit Taori*

Dr. AMIT TAORI  
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Pathologist

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**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	89.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	103.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.66	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	<b>0.33</b>	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	<b>49.2</b>	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	<b>88.9</b>	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	<b>78.7</b>	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	<b>134.3</b>	40-130 U/L	PNPP
BLOOD UREA, Serum	18.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.12	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	81	>60 ml/min/1.73sqm	Calculated



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**Reported** : 12-Mar-2022 / 18:35

URIC ACID, Serum	<b>8.4</b>	3.5-7.2 mg/dl	Uricase
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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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



*Dr. Vrushali Shroff*

**Dr.VRUSHALI SHROFF**  
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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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>			
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	2-3	Less than 20/hpf	

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



MC-2427

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

<u>PARAMETER</u>	<u>RESULTS</u>
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.

**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 \*\*\*



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	177.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	100.1	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	45.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	131.9	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	19.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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MC-2427

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	21.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.77	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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**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)

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MC-2427

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