



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ಆರ್.ಕ್ರಮ. ಸಂಖ್ಯೆ / Enrolment No.: 1189/55049/00957

To: Ewari Nirm Sughri
(ಶಿವಾಜಿ ನಿತ್ ನ ಉತ್ತರ)
S-D Sughri Taluk
Room No-402, 3rd floor, 402
Gandee Road
S-A-1 West
Chava West
Talegaon
Maharashtra - 400605
Mobile: 9018490101

Date: 29/11/2014

Ref. No.: 00000046-00140098-00158951-Kalwa



UB 06729628 0 IN

ನಿಮ್ಮ ಸಂಖ್ಯೆ / Your No.:
5979 9981 6310

ಇದನ್ನು - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
GOVERNMENT OF INDIA

ಶಿವಾಜಿ ನಿತ್ ನ ಉತ್ತರ
Ewari Nirm Sughri
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth: 1985
ಪುರುಷ / Male



5979 9981 6310



ಇದನ್ನು - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

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PHYSICAL EXAMINATION REPORT

| | | | |
|--------------|------------------|----------|----------------|
| Patient Name | Mr. Nitin Tiwari | Sex/Age | male / 39 yrs. |
| Date | 09-08-24 | Location | KASARVADAVALI |

History and Complaints

Nil

EXAMINATION FINDINGS:

| | | | |
|----------------|--------|-------------|----------|
| Height | 170 cm | Temp (0c): | Not done |
| Weight | 78 kg | Skin: | Not done |
| Blood Pressure | 90/60 | Nails: | Not done |
| Pulse | | Lymph Node: | Not done |

Systems :

| | |
|-----------------|----------|
| Cardiovascular: | Not done |
| Respiratory: | Not done |
| Genitourinary: | Not done |
| GI System: | Not done |
| CNS: | Not done |



Impression:

1) Fatty liver 2) RBS ↑ 3) SGOT ↑ SGPT ↑ 4) Hypokalaemia
Hb ↓

ADVICE :

to take low salt & diabetic diet & to follow up with physician & diabetologist

CHIEF COMPLAINTS :

| | | |
|-----|-------------------------------------|--|
| 1) | Hypertension: |  DR. ANAND N. MOTWANI M.D. (GENERAL MEDICINE) Reg. No. 39329 (M.M.C.)  Nil |
| 2) | IHD | |
| 3) | Arrhythmia | |
| 4) | Diabetes Mellitus | |
| 5) | Tuberculosis | |
| 6) | Asthma | |
| 7) | Pulmonary Disease | |
| 8) | Thyroid/ Endocrine disorders | |
| 9) | Nervous disorders | |
| 10) | GI system | |
| 11) | Genital urinary disorder | |
| 12) | Rheumatic joint diseases or symptom | |
| 13) | Blood disease or disorder | |
| 14) | Cancer/lump growth/cyst | |
| 15) | Congenital disease | |
| 16) | Surgeries | |

PERSONAL HISTORY:

| | | |
|----|------------|---------------|
| 1) | Alcohol | NO |
| 2) | Smoking | 15 cig. / day |
| 3) | Diet | Veg. |
| 4) | Medication | Nil |

Date : 09.08.24

CID : 242219314

Name : Mr. Nitin Tiwari

Sex/Age : male/39ys.

EYE CHECK UP

Chief Complaints : Nil

Systemic Diseases : Nil

Past History : Nil

Unaided Vision : RT - NG, 6/6
LT - NG, 6/6

Aided Vision : -

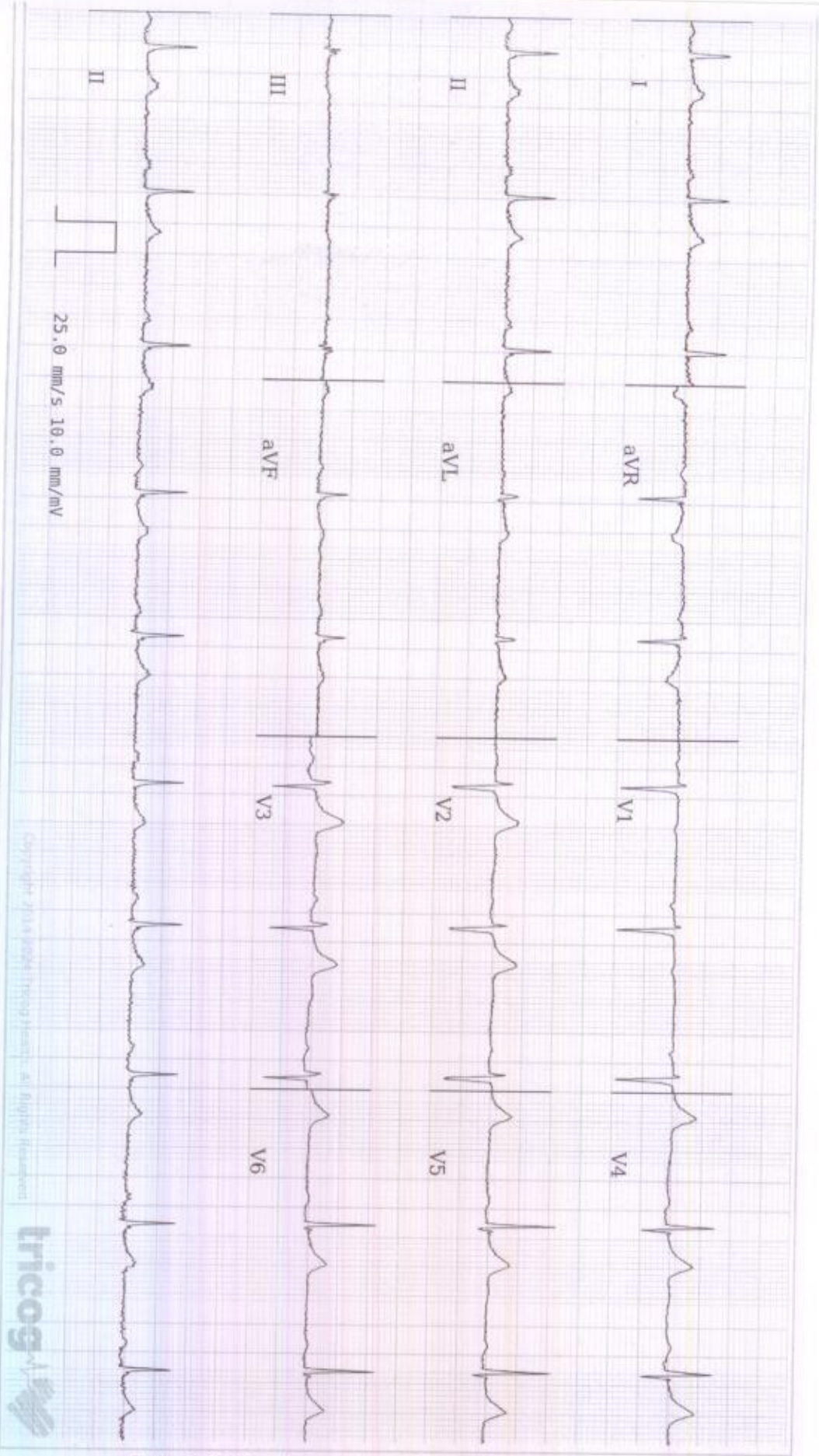
Refraction : -

Colour Vision : Normal

Remarks : -

Patient Name: **NITIN TIWARI**
Patient ID: **2422219314**

SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALI
Date and Time: **9th Aug 24 11:06 AM**



Age **39** NA NA
years months days

Gender **Male**

Heart Rate **61bpm**

Patient Vitals

BP: 90/60 mmHg
Weight: 78 kg
Height: 170 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 76ms
QT: 382ms
QTcB: 384ms
PR: 190ms
P-R-T: 32° 37° 26°

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

REPORTED BY

Arvind

Dr. Arvind N Mevanti
M.D. (General Medicine)
Reg No. 39329 M.M.C.



Disclaimer: 1) Analyzed in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as related by the technician and not derived from the ECG.

| | |
|-------------------------|-------------------|
| CID No. : 2422219314 | Sex : MALE |
| Name : Mr. NITIN TIWARI | Age : 39 YRS |
| Ref. By : ----- | Date : 09/08/2024 |

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS :

| | | |
|-------|----|----|
| LVIDD | 48 | mm |
| LVIDS | 31 | mm |
| LVEF | 60 | % |
| IVS | 10 | mm |
| PW | 7 | mm |
| AO | 18 | mm |
| LA | 34 | mm |

2D ECHO:

- All cardiac chambers are normal in size.
- Left ventricular contractility : Normal.
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid, aortic, pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal.
- Inter – atrial and inter – ventricular septum are intact.
- Pulmonary veins, IVC, hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

COLOR DOPPLER:

- Mitral valve doppler – E- 1.1 m/s, A - 0.6 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.4 m/s, PG 8 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION :

- MILD CONCENTRIC LVH.
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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



DR. YOGESH KHARCHE
DNB (MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.

CID : 2422219314
Name : Mr Nitin Tiwari
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 09-Aug-2024
Reported : 09-Aug-2024 / 10:07

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USG ABDOMEN AND PELVIS

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 10.3 x 5.4 cm. Left kidney measures 10.4 x 5.5 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, normal echotexture and measures 2.9 x 3.3 x 3.1 cm in dimension and 16.3 cc in volume. Prostatic calcification noted. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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-----

G. R. Fartade

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

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Authenticity Check



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CID : 2422219314
Name : Mr Nitin Tiwari
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Date : 09-Aug-2024
Reg. Location : Thane Kasarvadavali Main Centre
Reported : 09-Aug-2024 / 10:09

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-----

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

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sionNo=2024080909155159

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com



CID : 2422219314
Name : MR.NITIN TIWARI
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 09-Aug-2024 / 09:19
Reported : 09-Aug-2024 / 13:02

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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 | 14.5 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 5.36 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 43.5 | 40-50 % | Measured |
| MCV | 81.2 | 80-100 fl | Calculated |
| MCH | 27.1 | 27-32 pg | Calculated |
| MCHC | 33.3 | 31.5-34.5 g/dL | Calculated |
| RDW | 13.6 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 3560 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 53.2 | 20-40 % | |
| Absolute Lymphocytes | 1893.9 | 1000-3000 /cmm | Calculated |
| Monocytes | 10.2 | 2-10 % | |
| Absolute Monocytes | 363.1 | 200-1000 /cmm | Calculated |
| Neutrophils | 35.9 | 40-80 % | |
| Absolute Neutrophils | 1278.0 | 2000-7000 /cmm | Calculated |
| Eosinophils | 0.5 | 1-6 % | |
| Absolute Eosinophils | 17.8 | 20-500 /cmm | Calculated |
| Basophils | 0.2 | 0.1-2 % | |
| Absolute Basophils | 7.1 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 287000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 7.1 | 6-11 fl | Calculated |
| PDW | 9.7 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | - | | |
| Microcytosis | - | | |



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CID : 2422219314
Name : MR.NITIN TIWARI
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 09-Aug-2024 / 09:19
Reported : 09-Aug-2024 / 12:42

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 5 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 G B Road Lab, Thane West

*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2422219314
Name : MR.NITIN TIWARI
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 09-Aug-2024 / 09:19
Reported : 09-Aug-2024 / 14:56

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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 Fasting | 102.1 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP | 87.0 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.65 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.21 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.44 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.5 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.3 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.2 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 2.0 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 43.4 | 5-40 U/L | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum | 54.1 | 5-45 U/L | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum | 44.1 | 3-60 U/L | IFCC |
| ALKALINE PHOSPHATASE, Serum | 30.8 | 40-130 U/L | PNPP |
| BLOOD UREA, Serum | 34.9 | 12.8-42.8 mg/dl | Urease & GLDH |
| BUN, Serum | 16.3 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.83 | 0.67-1.17 mg/dl | Enzymatic |



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Name : MR.NITIN TIWARI
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 09-Aug-2024 / 09:19
Reported : 09-Aug-2024 / 14:56

| | | | |
|-------------|-----|------------------------------------|------------|
| eGFR, Serum | 114 | (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 | 3.4 | 3.5-7.2 mg/dl | Uricase |
|------------------|-----|---------------|---------|

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

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2422219314
Name : MR.NITIN TIWARI
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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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 | 6.1 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 128.4 | mg/dl | Calculated |

Kindly correlate clinically.

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 G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2422219314
Name : MR.NITIN TIWARI
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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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 | - |
| Transparency | Slight hazy | Clear | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Specific Gravity | 1.020 | 1.010-1.030 | Chemical Indicator |
| Reaction (pH) | Neutral (7.0) | 4.5 - 8.0 | Chemical Indicator |
| 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> | | | |
| (WBC)Pus cells / hpf | 1-2 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 1-2 | 0-5/hpf | |
| Hyaline Casts | Absent | Absent | |
| Pathological cast | Absent | Absent | |
| Crystals | Absent | Absent | |
| Calcium oxalate monohydrate crystals | Absent | Absent | |
| Calcium oxalate dihydrate crystals | Absent | Absent | |
| Triple phosphate crystals | Absent | Absent | |
| Uric acid crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 2-3 | 0-20/hpf | |
| Yeast | Absent | Absent | |



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Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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Others -

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*** End Of Report ***

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist



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Name : MR.NITIN TIWARI
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 09-Aug-2024 / 09:19
Reported : 09-Aug-2024 / 13:07

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|-------------------------|-----------------------|
| ABO GROUP | A |
| Rh TYPING | Negative |

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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 G B Road Lab, Thane West

*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2422219314
Name : MR.NITIN TIWARI
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 09-Aug-2024 / 09:19
Reported : 09-Aug-2024 / 15:48

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 126.5 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 209.0 | 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 | 28.4 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 98.1 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 75.2 | 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 | 22.9 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.5 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.6 | 0-3.5 Ratio | Calculated |

Kindly correlate clinically.
Note :LDL is done by direct measurement.

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

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2422219314
 Name : MR.NITIN TIWARI
 Age / Gender : 39 Years / Male
 Consulting Dr. : -
 Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 09-Aug-2024 / 09:19
 Reported : 09-Aug-2024 / 13:40

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|----------------------------------|---------------|
| Free T3, Serum | 5.8 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 17.5 | 11.5-22.7 pmol/L | ECLIA |
| sensitiveTSH, Serum | 1.17 | 0.35-5.5 microIU/ml microU/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)

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

J. Mujawar

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 Reported : 09-Aug-2024 / 17:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|-------------------------|----------------|-----------------------------|---------------|
| 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 ***

Dr.VANDANA KULKARNI
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Pathologist