



CID : 2424422913  
Name : MR.ANKUR JAIN  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 31-Aug-2024 / 08:47  
Reported : 31-Aug-2024 / 12:08

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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	13.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.63	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.5	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6460	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	24.9	20-40 %	
Absolute Lymphocytes	1600.0	1000-3000 /cmm	Calculated
Monocytes	12.8	2-10 %	
Absolute Monocytes	820.0	200-1000 /cmm	Calculated
Neutrophils	58.5	40-80 %	
Absolute Neutrophils	3770.0	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	230.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	205000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	15.9	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 8 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- Sick 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 \*\*\*



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**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 Fasting	77.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	114.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.68	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	24.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	30.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	31.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	65.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.0	6-20 mg/dl	Calculated
CREATININE, Serum	1.17	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	84	(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	5.5	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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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 \*\*\*



*J. Thakker*

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



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Reported : 31-Aug-2024 / 15:55

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Trace	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Present	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Flakes +	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Occasional*	Absent	-
* small clumps restricted to mucus flakes			
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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*J Thakker*

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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	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.023	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Trace (15 mg/dl)	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Trace (5 mg/dl)	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	3.9	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	0.3	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Crystals	0.5	0-1.4/hpf	
Calcium oxalate monohydrate crystals	0.2	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	0-29.5/hpf	
Bacteria / hpf	48.4	0-29.5/hpf	
Yeast	0.0	0-0.7/hpf	



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Others -

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

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**





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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  
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*Dr. Vrushi Shroff*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	132.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	115.0	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	42.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	90.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	67.0	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	23.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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



*J Thakker*

**Dr. JYOT THAKKER..**  
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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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.72	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 Borivali Lab, Borivali West

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



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
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**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	

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



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**

# SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: ANKUR JAIN  
Patient ID: 2424422913

Date and Time: 31st Aug 24 11:51 AM

Age **33** NA NA  
years months days

Gender **Male**

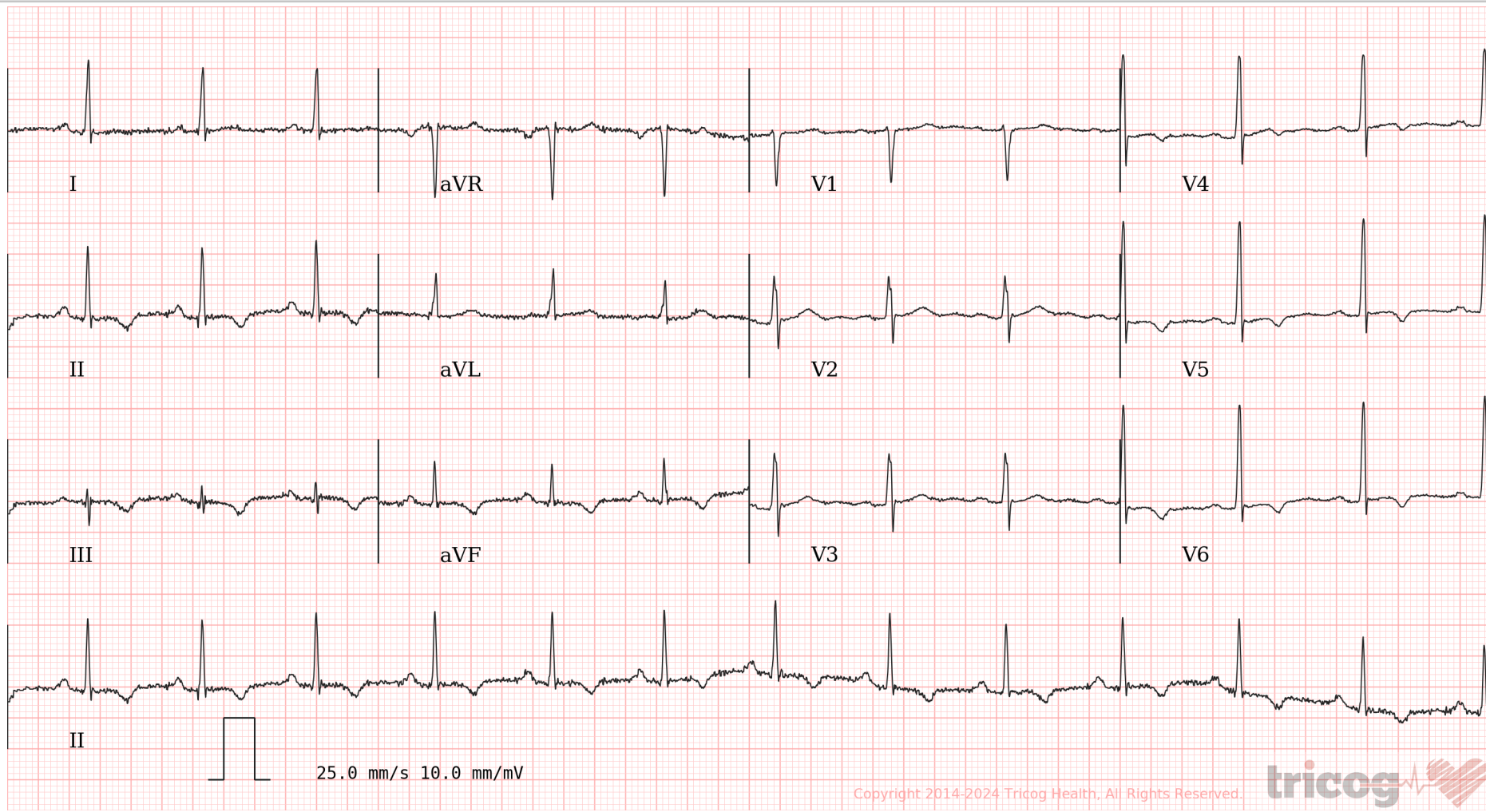
Heart Rate **80bpm**

### Patient Vitals

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

### Measurements

QRSD: 74ms  
QT: 360ms  
QTcB: 415ms  
PR: 176ms  
P-R-T: 64° 28° -67°



Sinus Rhythm, Normal axis. T wave inversion in inferolateral leads. Please correlate clinically.

REPORTED BY

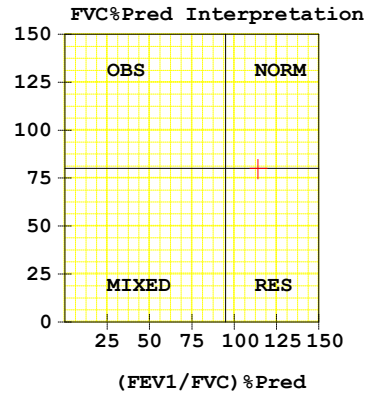
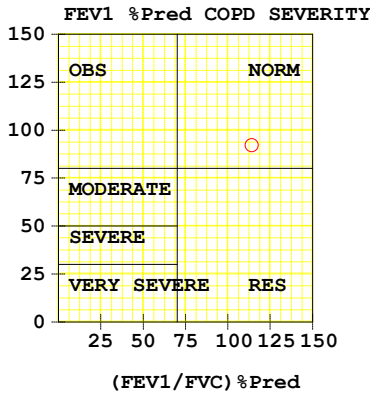
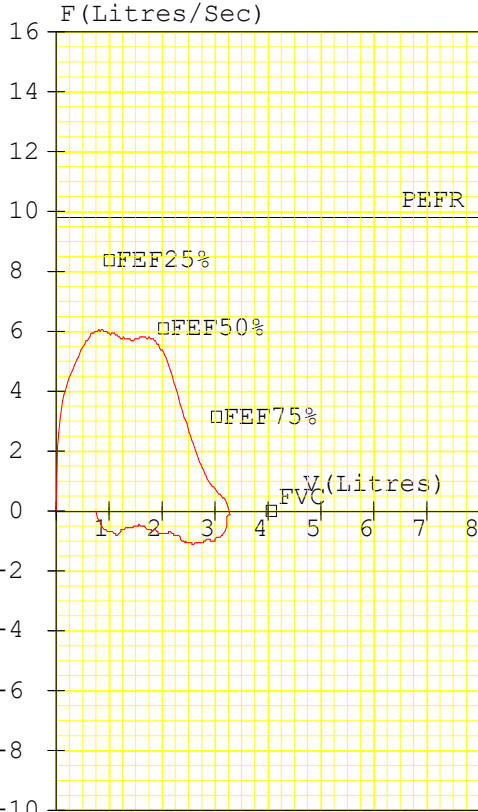
Dr. Smita Valani  
MBBS, D. Cardiology  
2011/03/0587

# SUBURBAN DIAGNOSTICS

Patient: ANKUR JAIN  
 Refd. By:  
 Pred. Eqns: RECORDERS  
 Date : 31-Aug-2024 12:06 PM

Age : 33 Yrs  
 Height : 180 Cms  
 Weight : 101 Kgs  
 ID : 2424422913

Gender : Male  
 Smoker : No  
 Eth. Corr: 100  
 Temp :



### FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	04.05	03.25	080	----	---	---
FEV1 (L)	03.38	03.10	092	----	---	---
FEV1/FVC (%)	83.46	95.38	114	----	---	---
FEF25-75 (L/s)	04.44	05.16	116	----	---	---
PEFR (L/s)	09.80	06.00	061	----	---	---
FIVC (L)	-----	02.49	---	----	---	---
FEV.5 (L)	-----	02.57	---	----	---	---
FEV3 (L)	03.93	03.25	083	----	---	---
PIFR (L/s)	-----	01.09	---	----	---	---
FEF75-85 (L/s)	-----	02.01	---	----	---	---
FEF.2-1.2 (L/s)	07.88	05.44	069	----	---	---
FEF 25% (L/s)	08.37	05.97	071	----	---	---
FEF 50% (L/s)	06.09	05.75	094	----	---	---
FEF 75% (L/s)	03.15	03.01	096	----	---	---
FEV.5/FVC (%)	-----	79.08	---	----	---	---
FEV3/FVC (%)	97.04	100.00	103	----	---	---
FET (Sec)	-----	01.52	---	----	---	---
ExplTime (Sec)	-----	00.14	---	----	---	---
Lung Age (Yrs)	033	036	109	----	---	---
FEV6 (L)	04.05	-----	---	----	---	---
FIF25% (L/s)	-----	00.53	---	----	---	---
FIF50% (L/s)	-----	00.99	---	----	---	---
FIF75% (L/s)	-----	00.72	---	----	---	---

### Pre Test COPD Severity

Test within normal limits

**Dr. Akhil P. Parulekar**  
 MBBS. MD. Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

### Pre Medication Report Indicates

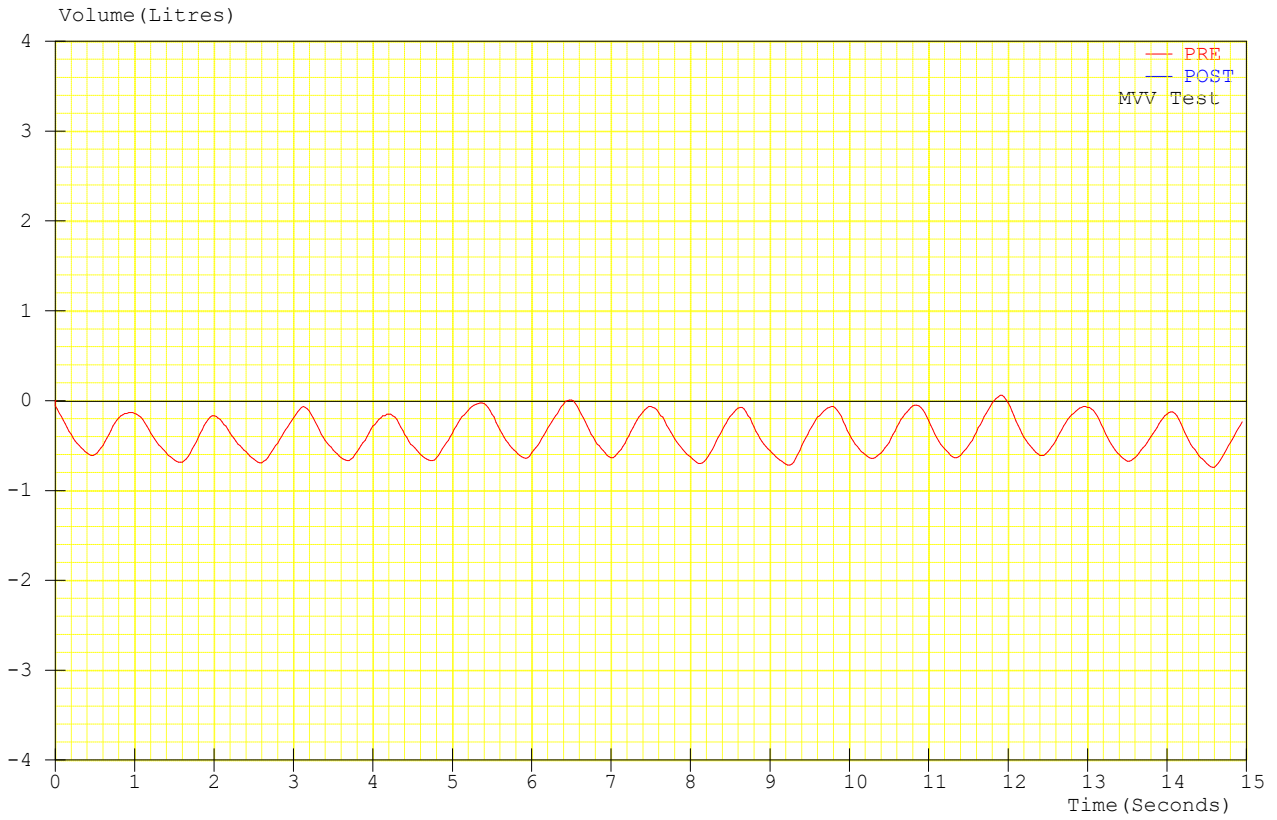
Early Small Airway Obstruction as FEF 25-75 %Pred or PEF25-75 %Pred < 70  
 Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80

# SUBURBAN DIAGNOSTICS

**Patient:** ANKUR JAIN  
**Refd.By:**  
**Pred.Eqns:** RECORDERS  
**Date :** 31-Aug-2024 12:08 PM

**Age :** 33 Yrs  
**Height :** 180 Cms  
**Weight :** 101 Kgs  
**ID :** 2424422913

**Gender :** Male  
**Smoker :** No  
**Eth. Corr:** 100  
**Temp :**



### MVV Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
MVV (L/min)	151	033	022	-----	---	---
MRf (l/min)	-----	56.09	---	-----	---	---
MVT (L)	-----	00.60	---	-----	---	---

**Dr. Akhil P. Parulekar**  
 MBBS. MD. Medicine  
 DNB Cardiology  
 Reg. No. 2012082483





भारत सरकार

GOVERNMENT OF INDIA



अंकुर राकेश जैन  
Ankur Rakesh Jain  
जन्म तारीख/DOB: 25/09/1990  
पुरुष/ MALE



**8538 7698 4712**  
VID : 9141 0805 7185 9462

माझे आधार, माझी ओळख

*Handwritten signature*

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
Shop No. 101 & 1st Floor,  
Kshitij Building, Raymond,  
Near Thunge Hospital, My. Road,  
Mira Road (East), Dist. Thane - 401 185  
Phone - 022 - 25700000

Age / Gender : 33 Years/Male

Consulting Dr. :

Collected : 31-Aug-2024 / 08:34

Reg. Location : Bhayander East (Main Centre)

Reported : 31-Aug-2024 / 16:32

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

No Complaint

#### EXAMINATION FINDINGS:

Height (cms):	179	Weight (kg):	101
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80	Nails:	NAD
Pulse:	86/min	Lymph Node:	Not Palpable

#### Systems

Cardiovascular: S1S2-Normal  
Respiratory: Chest-Clear  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

IMPRESSION: Urine R/m : Trace protein  
ECG noted

ADVICE: Adequate hydration  
Repeat urine R/m x 1 week  
SOS Nephrologist opinion

#### 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 |

*Salam*

DR. SMITA VALANI  
MBBS, D. CARDIOLOGY  
20/1/03/058

- |  |                                  |
|--|----------------------------------|
| 8) Thyroid/ Endocrine disorders          | No                               |
| 9) Nervous disorders                     | No                               |
| 10) GI system                            | No                               |
| 11) Genital urinary disorder             | No                               |
| 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                            | Yes Appendicectomy at age 10 yrs |
| 17) Musculoskeletal System               | No                               |

**PERSONAL HISTORY:**

- |               |            |
|---------------|------------|
| 1) Alcohol    | No         |
| 2) Smoking    | No         |
| 3) Diet       | Vegetarian |
| 4) Medication | No         |

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

SUBURBAN DIAGNOSTICS (I) PVT. LTD.  
8th Floor,  
Kshatriya Centre, Raymond,  
Near Thane Road, Mira-Bhy. Road,  
Mira Road (East), Dist. Thane - 401 105  
Phone : 022 - 61700000

Authenticity Check



Use a QR Code Scanner  
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CID : 2424422913  
Name : Mr ANKUR JAIN  
Age / Sex : 33 Years/Male  
Ref. Dr :  
Reg. Location : Bhayander East Main Centre

Reg. Date : 31-Aug-2024  
Reported : 31-Aug-2024 / 11:48

## 2D-Echocardiogram & Doppler Report

### Cardiac Evaluation:

#### DIMENSIONS:

IVSd	10.8	mm
IVSs	12.1	mm
LVIDd	43.4	mm
LVIDs	31.7	mm
LVPWd	10.4	mm
LVPWS	12.1	mm
LVEF	60	%
AO	30.4	mm
LA	35.1	mm
AVC	13.6	mm

#### MORPHOLOGICAL DATA

Mitral Valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
IAS / IVS	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
Pericardium	Normal
LV Studies	Normal

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Report No=2024083108344465

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

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HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

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**Name** : Mr ANKUR JAIN  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 31-Aug-2024  
**Reported** : 31-Aug-2024 / 11:48

**DOPPLER DATA:**

Mitral E velocity	0.62	cm/s	
Mitral A velocity	0.54	cm/s	
Mitral E/A	1.15		
AV max	0.82	cm/s	PG 2.7 mmhg
PV max	1.13	cm/s	PG 5.1 mmhg
TR max	1.33	cm/s	PG 22 mmhg

**IMPRESSION:**

- Normal dimensions of all cardiac chambers.
- Good LV systolic Function. LVEF = 60 %.
- No RWMA.
- No clot/vegetation/effusion.
- No PH . (PASP by TR jet 22 mm Hg).

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

**DR. SMITA VALANI**  
**MBBS, D. CARDIOLOGY**  
**Reg. No- 2011/08/0587**

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

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**HEALTHLINE:** 022-61700000 | **E-MAIL:** customerservice@suburbandiagnosics.com | **WEBSITE:** www.suburbandiagnosics.com

Date:- 31/8/24  
Name:- Ankur Jain

CID: 2424922913  
Sex / Age: /

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO

→

RE	LE
6/6	6/6
N/G	ND

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
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Mira Road (East), Dist. Thane - 401 105  
Phone : 022 - 61700000

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Age / Sex : 33 Years/Male  
Ref. Dr :  
Reg. Location : Bhayander East Main Centre

Reg. Date : 31-Aug-2024  
Reported : 31-Aug-2024 / 16:18

**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-----

*Khilji FA*

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

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**CID** : 2424422913  
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**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 31-Aug-2024  
**Reported** : 31-Aug-2024/14:29

### USG WHOLE ABDOMEN

#### LIVER:

The liver is normal in size (15.0 cm), normal in shape and shows smooth margins. **It shows raised parenchymal echotexture.** No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

#### GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

#### COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

#### PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

#### KIDNEYS:

Right kidney measures 9.0 x 4.0 cm. Left kidney measures 10.5 x 4.5 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

#### SPLEEN:

The spleen is normal in size (11.0 cm) and echotexture. No evidence of focal lesion is noted.

#### URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

Prevoid vol :- 250.0 cc

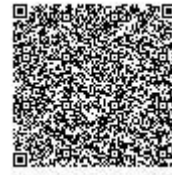
Postvoid vol :- Nil

#### PROSTATE:

The prostate is normal in size 4.5 x 3.9 x 3.7cm and weighs 22.0 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.





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**Reg. Date** : 31-Aug-2024  
**Reported** : 31-Aug-2024/14:29

**IMPRESSION:**

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality made out.**

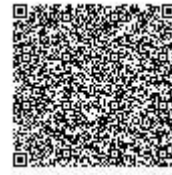
**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

*Khilji Faizur*

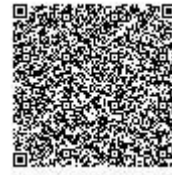
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**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
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**X-RAY CHEST PA VIEW**

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-----

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



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