

SUBURBAN DIAGNOSTICS - ANDHERI WEST

Patient Name: RAMESH KUMAR
Patient ID: 2225323481

Date and Time: 10th Sep 22 12:21 PM

Age **38** **5** **5**
years months days

Gender **Male**

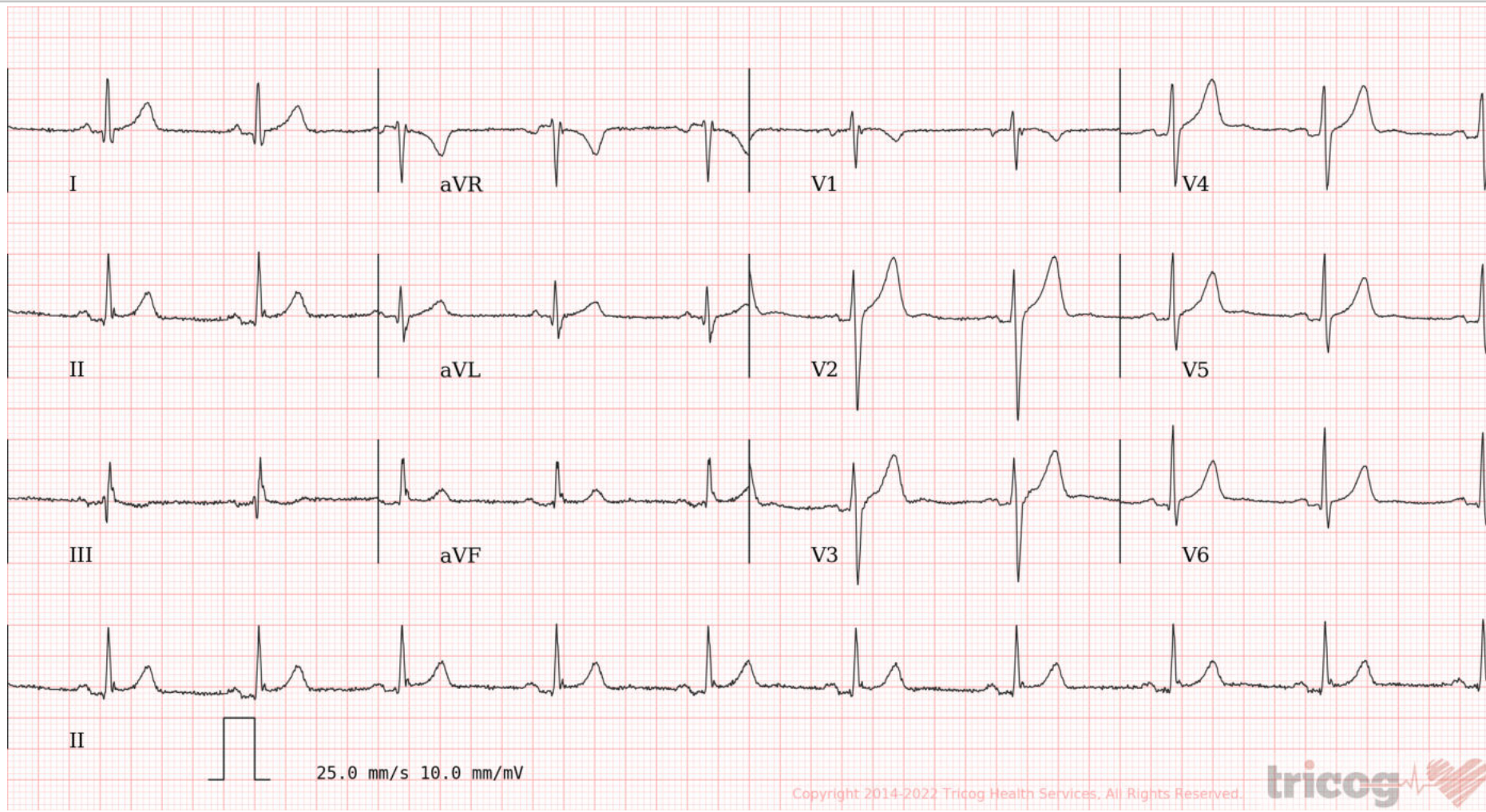
Heart Rate **61bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 86ms
QT: 388ms
QTc: 390ms
PR: 166ms
P-R-T: 34° 53° 32°



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

REPORTED BY

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468



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CID : 2225323481
Name : Mr RAMESH KUMAR
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 10-Sep-2022
Reported : 10-Sep-2022/13:58

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.4cm) and **shows bright echotexture**. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 8.9 x 3.6cm. Left kidney measures 9.6 x 4.8cm.

SPLEEN:

The spleen is normal in size (9.5cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size measuring 4.0 x 3.6 x 3.6cm and volume is 28.3cc.

IMPRESSION:

Grade I fatty liver.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist



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Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

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Reported : 10-Sep-2022 / 16:47

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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	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.53	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.5	40-50 %	Calculated
MCV	104.9	80-100 fl	Measured
MCH	32.5	27-32 pg	Calculated
MCHC	31.0	31.5-34.5 g/dL	Calculated
RDW	17.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4000	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.7	20-40 %	
Absolute Lymphocytes	1468.0	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	296.0	200-1000 /cmm	Calculated
Neutrophils	52.9	40-80 %	
Absolute Neutrophils	2116.0	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	108.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	12.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	144000	150000-400000 /cmm	Elect. Impedance
MPV	11.3	6-11 fl	Measured
PDW	20.6	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis +
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional

WBC MORPHOLOGY -

PLATELET MORPHOLOGY Megaplatelets seen on smear

COMMENT Serum Vit B12 & Folic acid estimation recommended.

Result rechecked.
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB 5 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker

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



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Age / Gender : 38 Years / Male
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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	81.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	19.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	88.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.97	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	92	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

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



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Reported : 10-Sep-2022 / 18:00

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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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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*** 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
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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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 column agglutination technology (CAT) 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

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*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	153.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	77.9	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	33.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	120.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	15.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.57	0.35-5.5 microIU/ml	ECLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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:

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 CPL, Andheri West
 *** End Of Report ***



Anupa

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

CID#	: 2225323481	SID#	: 177805461275
Name	: MR.RAMESH KUMAR	Registered	: 10-Sep-2022 / 11:43
Age / Gender	: 38 Years/Male	Collected	: 10-Sep-2022 / 11:43
Consulting Dr.	: -	Reported	: 10-Sep-2022 / 16:41
Reg.Location	: Andheri West (Main Centre)	Printed	: 10-Sep-2022 / 16:55

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

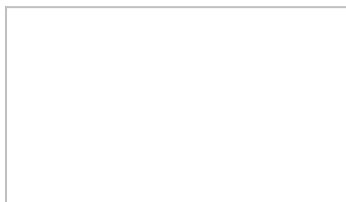
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***



Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST

CID#	: 2225323481	SID#	: 177805461275
Name	: MR.RAMESH KUMAR	Registered	: 10-Sep-2022 / 11:43
Age / Gender	: 38 Years/Male	Collected	: 10-Sep-2022 / 11:43
Consulting Dr.	: -	Reported	: 12-Sep-2022 / 13:12
Reg.Location	: Andheri West (Main Centre)	Printed	: 12-Sep-2022 / 13:16

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	173 cms	Weight (kg):	84 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80 mm of Hg	Nails:	Normal
Pulse:	64/min	Lymph Node:	Not palpable

Systems

Cardiovascular:	S1S2 audible
Respiratory:	AEBE
Genitourinary:	NAD
GI System:	Liver & Spleen not palpable
CNS:	NAD

IMPRESSION:

USG shows Grade I fatty liver,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports.
Therapeutic life style modification is advised,
Regular exercise for 30-40 minutes is recommended

CHIEF COMPLAINTS:

- | | |
|-----------------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |

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- | | |
|--|----------------------------|
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | H/O Pneumonia in childhood |
| 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 | NO |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|--------------|
| 1) Alcohol | Occasionally |
| 2) Smoking | Occasionally |
| 3) Diet | Mixed |
| 4) Medication | NO |

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083