

# SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST

Patient Name: HARISH AYER  
Patient ID: 2228119999

Date and Time: 8th Oct 22 10:21 AM

Age **34** **9** **2**  
years months days

Gender **Male**

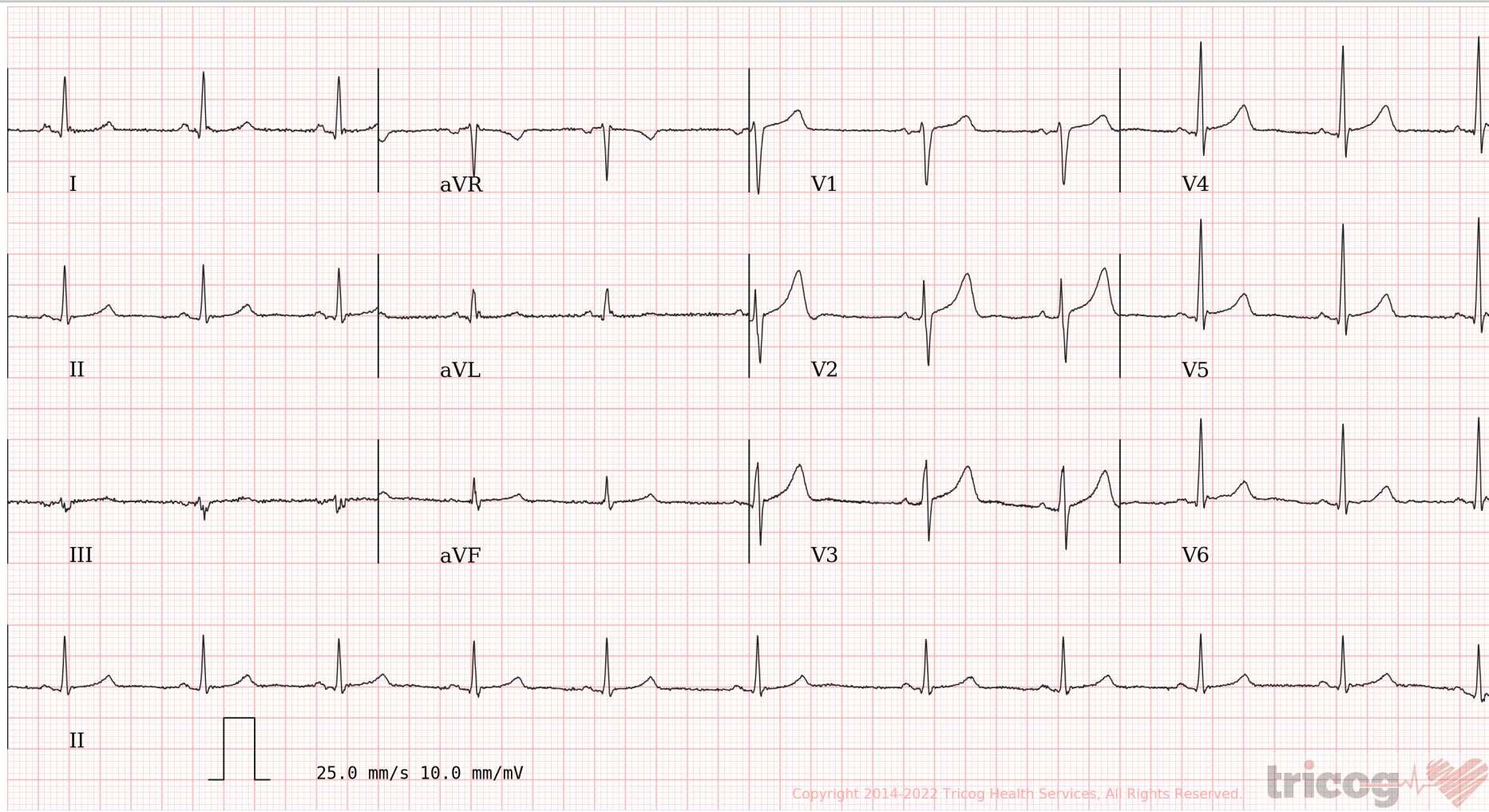
Heart Rate **66bpm**

### Patient Vitals

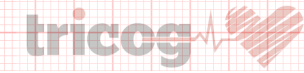
BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 82ms  
QT: 398ms  
QTc: 417ms  
PR: 124ms  
P-R-T: 14° 24° 47°



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

REPORTED BY

Dr. Ajita Bhosale  
M.B.B.S/PG.D.C.C (DIP. Cardiology)  
2013062200



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**CID** : 2228119999  
**Name** : Mr Harish .  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Mahavir Nagar, Kandivali West Main Centre  
**Reg. Date** : 08-Oct-2022  
**Reported** : 08-Oct-2022/15:23

**USG WHOLE ABDOMEN**

**LIVER:**

It is normal in size, shape and shows smooth margins. It shows normal parenchymal echotexture. Intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

**GALL BLADDER:**

It is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

**PANCREAS:**

It 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. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi.

**Right kidney measures 9.4 x 4.5 cm. Left kidney measures 10.0 x 4.8 cm.**

**SPLEEN:**

It is normal in size and echotexture. No evidence of focal lesion is noted.

**URINARY BLADDER:**

It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

**PROSTATE:**

It appears normal in size and echotexture, measures **3.9 x 2.9 x 2.7 cm**, corresponding weight is **17.0 gms**. No evidence of any obvious focal lesion is seen.

No evidence of free fluid in abdomen or significant abdominal lymphadenopathy seen.

**IMPRESSION:**

**No significant abnormality seen.**

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

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



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Centre

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**Reported** : 08-Oct-2022/11:49

**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.

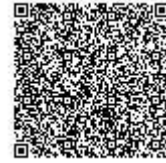
**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

**This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.**

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



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**Reported** : 08-Oct-2022/11:49

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Name : MR.HARISH AYER  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 08-Oct-2022 / 09:33  
Reported : 08-Oct-2022 / 13:18

## 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	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	<b>5.78</b>	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.7	40-50 %	Measured
MCV	<b>72</b>	80-100 fl	Calculated
MCH	<b>23.2</b>	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	<b>15.1</b>	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8220	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	35.8	20-40 %	
Absolute Lymphocytes	2942.8	1000-3000 /cmm	Calculated
Monocytes	<b>11.6</b>	2-10 %	
Absolute Monocytes	953.5	200-1000 /cmm	Calculated
Neutrophils	45.0	40-80 %	
Absolute Neutrophils	3699.0	2000-7000 /cmm	Calculated
Eosinophils	<b>6.6</b>	1-6 %	
Absolute Eosinophils	<b>542.5</b>	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	82.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	346000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated



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Reported : 08-Oct-2022 / 13:03

**RBC MORPHOLOGY**

Hypochromia	Mild
Microcytosis	Mild
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

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

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

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



*Bmhaskar*

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



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**Reported** : 08-Oct-2022 / 14:27

**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	109.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	99.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.40	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.25	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	20.8	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	23.2	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			





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**Collected** : 08-Oct-2022 / 13:43  
**Reported** : 08-Oct-2022 / 18:44

GAMMA GT, Serum	35.9	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	124.7	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	25.4	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	11.9	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.62	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	158	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.2	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Anupa Dixit*

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



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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 SDRL, Vidyavihar Lab

\*\*\* 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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	<b>Trace</b>	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	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	-		

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



*Bmhaskar*

**Dr.KETAKI MHASKAR**  
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**Pathologist**



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Reported : 08-Oct-2022 / 15:41

**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 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 \*\*\*



*J. Thakker*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	163.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	72.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	38.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	124.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.9	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	14.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



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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	5.5	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	11.5	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.968	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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)

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



*Anupa*

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