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CID : 2202245452 Name : MR.SHAILESH GOHEL Age / Gender : 32 Years / Male Consulting Dr. : -Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code Collected :22-Jan-2022 / 08:46 :22-Jan-2022 / 12:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complete Blood Count), Blood</u>				
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>		
RBC PARAMETERS					
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric		
RBC	5.63	4.5-5.5 mil/cmm	Elect. Impedance		
PCV	45.3	40-50 %	Measured		
MCV	80	80-100 fl	Calculated		
MCH	26.3	27-32 pg	Calculated		
MCHC	32.7	31.5-34.5 g/dL	Calculated		
RDW	14.6	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	7080	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS				
Lymphocytes	42.2	20-40 %			
Absolute Lymphocytes	2987.8	1000-3000 /cmm	Calculated		
Monocytes	9.6	2-10 %			
Absolute Monocytes	679.7	200-1000 /cmm	Calculated		
Neutrophils	42.3	40-80 %			
Absolute Neutrophils	2994.8	2000-7000 /cmm	Calculated		
Eosinophils	5.3	1-6 %			
Absolute Eosinophils	375.2	20-500 /cmm	Calculated		
Basophils	0.6	0.1-2 %			
Absolute Basophils	42.5	20-100 /cmm	Calculated		
Immature Leukocytes					

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS	<u>)</u>		
Platelet Count	231000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	14.6	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

Page 1 of 10

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CID	: 2202245452			
Name	: MR.SHAILESH GOHEL		目的建設建築家族等	0
Age / Gender	: 32 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:22-Jan-2022 / 08:46	
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	Reported	:22-Jan-2022 / 12:03	т

Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR	3	2-15 mm at 1 hr.	Westergren
*Sample processed at SUBURBAN DIA		vali Lab Borivali West	

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



Bmhaskar

Authenticity Check

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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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E P CID : 2202245452 0 Name : MR.SHAILESH GOHEL Use a OR Code Scanner Age / Gender : 32 Years / Male Application To Scan the Code Consulting Dr. Collected : -:22-Jan-2022 / 08:46 Reported :22-Jan-2022 / 12:00 т Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE					
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase		
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	76.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase		
BILIRUBIN (TOTAL), Serum	0.21	0.1-1.2 mg/dl	Colorimetric		
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo		
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated		
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret		
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG		
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated		
A/G RATIO, Serum	2.1	1 - 2	Calculated		
SGOT (AST), Serum	27.1	5-40 U/L	NADH (w/o P-5-P)		
SGPT (ALT), Serum	44.2	5-45 U/L	NADH (w/o P-5-P)		
GAMMA GT, Serum	27.9	3-60 U/L	Enzymatic		
ALKALINE PHOSPHATASE, Serum	80.4	40-130 U/L	Colorimetric		
BLOOD UREA, Serum	15.4	12.8-42.8 mg/dl	Kinetic		
BUN, Serum	7.2	6-20 mg/dl	Calculated		
CREATININE, Serum	0.75	0.67-1.17 mg/dl	Enzymatic		
eGFR, Serum	128	>60 ml/min/1.73sqm	Calculated		
URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Enzymatic		

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CID	: 2202245452			
Name	: MR.SHAILESH GOHEL			0
Age / Gender	: 32 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:22-Jan-2022 / 15:02	
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	Reported	:22-Jan-2022 / 18:17	т

Urine Sugar (Fasting) Urine Ketones (Fasting)	Absent Absent	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 ***



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

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Consulting Dr.

Reg. Location

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: 22-Jan-2022 / 08:46 :22-Jan-2022 / 14:01

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) **BIOLOGICAL REF RANGE** METHOD

mg/dl

	<u>KLJULIJ</u>	DIULUGICAL KLI KANGI
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

105.4

: 2202245452

: MR.SHAILESH GOHEL

: 32 Years / Male

Estimated Average Glucose (eAG), EDTA WB - CC

: -

Intended use:

DADAMETED

In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

: Mahavir Nagar, Kandivali West (Main Centre)

- 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 *** End Of Report ***





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

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: 2202245452

Collected Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

	EXAMINATION OF TALCES				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE			
PHYSICAL EXAMINATION					
Colour	Brown	Brown			
Form and Consistency	Semi Solid	Semi Solid			
Mucus	Absent	Absent			
Blood	Absent	Absent			
CHEMICAL EXAMINATION					
Reaction (pH)	Acidic (5.0)	-			
Occult Blood	Absent	Absent			
MICROSCOPIC EXAMINATION	<u>1</u>				
Protozoa	Absent	Absent			
Flagellates	Absent	Absent			
Ciliates	Absent	Absent			
Parasites	Absent	Absent			
Macrophages	Absent	Absent			
Mucus Strands	Absent	Absent			
Fat Globules	Absent	Absent			
RBC/hpf	Absent	Absent			
WBC/hpf	Absent	Absent			
Yeast Cells	Absent	Absent			
Undigested Particles	Present +	-			
Concentration Method (for ova)	No ova detected	Absent			
Reducing Substances	-	Absent			

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





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Dr.RASHMI MONTEIRO M.D. (PATH) Pathologist

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: 2202245452

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Name	: MR.SHAILESH GOHEL		自然建設建築
Age / Gender	: 32 Years / Male		Use a QR Code Scanner Application To Scan the Co
Consulting Dr. Reg. Location	: - : Mahavir Nagar, Kandivali West (Main Centre)	Collected Reported	: 22-Jan-2022 : 22-Jan-2022

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATIO	N		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	
Others	-		

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





Bmhaskar

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Name

: 2202245452 : MR.SHAILESH GOHEL Use a OR Code Scanner Age / Gender : 32 Years / Male Application To Scan the Code Consulting Dr. : -Collected : 22-Jan-2022 / 08:46 Reported :22-Jan-2022 / 16:04

: Mahavir Nagar, Kandivali West (Main Centre) Reg. Location

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

PARAMETER

RESULTS

ABO GROUP A **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.

Refernces:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia 1.
- 2. AABB technical manual

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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			
LIPID PROFILE			

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	195.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	113.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	58.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	137.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	114.0	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	23.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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





Bmhaskav

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

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CID	: 2202245452		
Name	: MR.SHAILESH GOHEL		
Age / Gender	: 32 Years / Male		Use a QR Code Scanner Application To Scan the Code
Consulting Dr.	:-	Collected	:22-Jan-2022 / 08:46
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	Reported	:22-Jan-2022 / 11:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS			
PARAMETER	BIOLOGICAL REF RANGE	<u>METHOD</u>	
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.91	0.35-5.5 microlU/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 trasiently altered becuase 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)

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



Anto

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

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PRECISE TESTING . HEALTHIER LIVING

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID: 2202245452SID: 177804696025Name: MR.SHAILESH GOHELRegistered: 22-Jan-2022 / 08:45Ade / Gender: 32 Years/MaleCollected: 22-Jan-2022 / 08:45PHYSICAL EXAMINATION REPORT

History and Complaints: NIL **EXAMINATION FINDINGS:** Height (cms): 168 Weight (kg): 65.8 Temp : Afebrile Skin: Normal Blood Pressure (mm/Hg): Nails: 110/90 Healthy Pulse: Lymph Node: 65/MIN Not Palpable Systems Cardiovascular: S1,S2 Normal No Murmurs **Respiratory: Air Entry Bilaterally Equal Genitourinary: NAD** GI System: Soft non tender No Organomegaly **CNS: NAD** IMPRESSION: HEALTHY. ADVICE: REGULAR EXERCISE. HEALTHY DIET.

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		

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 Disclaimer: 1) Please note that laboratory results serve as an aid to diagnosis and should be interpreted in relation to clinical findings. Please refer back to the laboratory if there is any discrepancy between clinical and laboratory diagnosis: 2) (i) Part of this test report can't be produced without written approval reliable mote sense.
 Prove the report pertains to submitted samples only.

SUBURBAN PRECISE TESTING - HEALTHIER LIVING

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID		: 2202245452	SID	: 1	77804696025	
Name	e	MR.SHAILESH GOHEL	Registered	: 2	2-Jan-2022 / 08:4	15
Aae / 8)	/ Gender : 32 Years/Male Collected Thyroid/ Endocrine disorders :			: 2 NO	2-Jan-2022 / 08:4	15
9)	Nervous	disorders :		NO		
10)	GI syster	n :		NO		
11)	Genital ι	irinary disorder :		NO		
12)	Rheuma	tic joint diseases or symptoms :		NO		
13)	Blood di	sease or disorder :		NO		
14)	Cancer/I	ump growth/cyst :		NO		
15)	Congeni	tal disease :		NO		
16)	Surgerie	s :		NO		
PERSC	NAL HIS	TORY:				
1)		Alcohol			NO	
2)		Smoking			NO	
3)		DietV			VEG	
4)		Medication			NO	

*** End Of Report ***

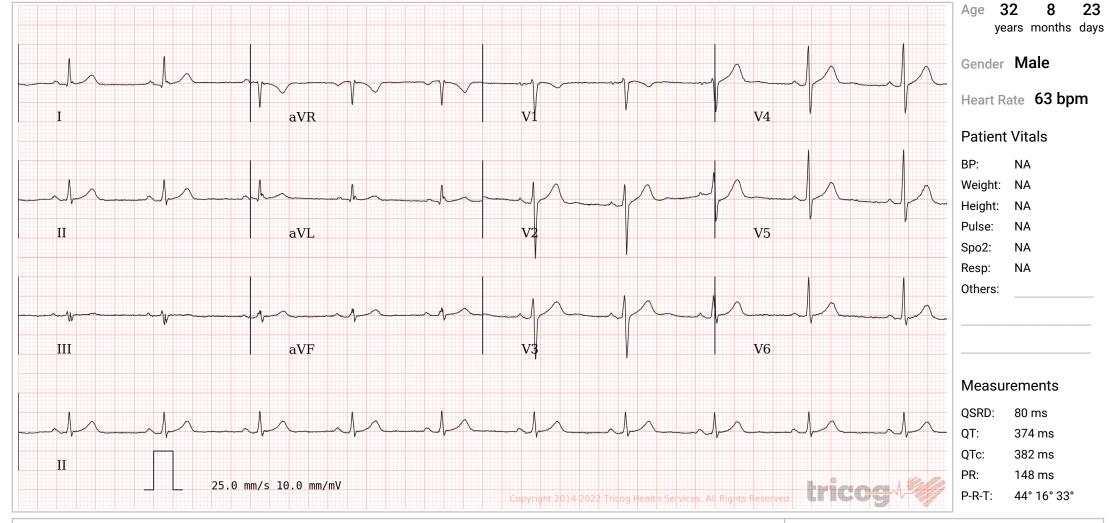
Dr.Ajita Bhosale PHYSICIAN

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SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST



Patient Name: SHAILESH GOHEL Patient ID: 2202245452 Date and Time: 22nd Jan 22 8:55 AM



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

REPORTED BY

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

Disclaimer: 1) Analysis 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 entered by the clinician and not derived from the ECG.



DIAGNOS				E
CID	: 2202245452			Р
Name	: Mr SHAILESH GOHEL			0
Age / Sex	: 32 Years/Male		Use a QR Code Scanner Application To Scan the Code	
Ref. Dr	:	Reg. Date	: 22-Jan-2022 / 08:55	R
Reg. Location	: Mahavir Nagar, Kandivali West Main Centre	Reported	: 22-Jan-2022 / 10:28	Τ

X-RAY CHEST (PA VIEW)

FINDINGS AND IMPRESSION :-

Both lung fields appear normal in radiolucency. No evidence of any parenchymal opacity/lesion is seen.

- Both hilar shadow appears normal.
- Bilateral costophrenic and cardiophrenic angles appear clear. No evidence of pleural effusion.
- Both domes of diaphragm appears normal in position and outline.
- Cardiac shadow appears normal.
- No evidence of any abnormal soft tissue shadow seen.
- Bony skeleton under review appears normal.

No significant pleuro-parenchymal abnormality seen.

Advice: - Clinical correlation.

Note : 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. X ray is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly.

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

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DR.MAHESH KADAM MBBS ,DMRD Reg No - 2011/08/2693 Consultant Radiologist

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CID : 2202245452 Name : MR.SHAILESH GOHEL Age / Gender : 32 Years / Male Consulting Dr. : -Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code Collected :22-Jan-2022 / 08:46 :22-Jan-2022 / 12:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood				
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric	
RBC	5.63	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	45.3	40-50 %	Measured	
MCV	80	80-100 fl	Calculated	
MCH	26.3	27-32 pg	Calculated	
MCHC	32.7	31.5-34.5 g/dL	Calculated	
RDW	14.6	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	7080	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS			
Lymphocytes	42.2	20-40 %		
Absolute Lymphocytes	2987.8	1000-3000 /cmm	Calculated	
Monocytes	9.6	2-10 %		
Absolute Monocytes	679.7	200-1000 /cmm	Calculated	
Neutrophils	42.3	40-80 %		
Absolute Neutrophils	2994.8	2000-7000 /cmm	Calculated	
Eosinophils	5.3	1-6 %		
Absolute Eosinophils	375.2	20-500 /cmm	Calculated	
Basophils	0.6	0.1-2 %		
Absolute Basophils	42.5	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	231000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	14.6	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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CID	: 2202245452			
Name	: MR.SHAILESH GOHEL		司名并没经理等 发展	0
Age / Gender	: 32 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:22-Jan-2022 / 08:46	
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	Reported	:22-Jan-2022 / 12:03	т

Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR	3	2-15 mm at 1 hr.	Westergren
*Sample processed at SUBURBAN DIA		vali Lab Borivali West	

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE					
	PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
	GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
	GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	76.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
	BILIRUBIN (TOTAL), Serum	0.21	0.1-1.2 mg/dl	Colorimetric	
	BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo	
	BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated	
	TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret	
	ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG	
	GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated	
	A/G RATIO, Serum	2.1	1 - 2	Calculated	
	SGOT (AST), Serum	27.1	5-40 U/L	NADH (w/o P-5-P)	
	SGPT (ALT), Serum	44.2	5-45 U/L	NADH (w/o P-5-P)	
	GAMMA GT, Serum	27.9	3-60 U/L	Enzymatic	
	ALKALINE PHOSPHATASE, Serum	80.4	40-130 U/L	Colorimetric	
	BLOOD UREA, Serum	15.4	12.8-42.8 mg/dl	Kinetic	
	BUN, Serum	7.2	6-20 mg/dl	Calculated	
	CREATININE, Serum	0.75	0.67-1.17 mg/dl	Enzymatic	
	eGFR, Serum	128	>60 ml/min/1.73sqm	Calculated	
	URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Enzymatic	

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CID	: 2202245452			
Name	: MR.SHAILESH GOHEL			0
Age / Gender	: 32 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:22-Jan-2022 / 15:02	
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	Reported	:22-Jan-2022 / 18:17	т

Urine Sugar (Fasting) Urine Ketones (Fasting)	Absent Absent	Absent Absent
Urine Sugar (PP)	Absent	Absent
Urine Ketones (PP)	Absent	Absent

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: 2202245452

: MR.SHAILESH GOHEL

: 32 Years / Male

CID

Name

Age / Gender

Consulting Dr.

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: 22-Jan-2022 / 08:46 :22-Jan-2022 / 14:01

R

Reported Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** GLYCOSYLATED HEMOGLOBIN (HbA1c) **BIOLOGICAL REF RANGE** PARAMETER RESULTS METHOD HPLC Glycosylated Hemoglobin 5.3 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % 105.4 mg/dl Calculated

Estimated Average Glucose (eAG), EDTA WB - CC

: -

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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (5.0)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	
Others	-		

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Bmhaskar

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: Mahavir Nagar, Kandivali West (Main Centre) Reg. Location

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

PARAMETER

RESULTS

ABO GROUP A **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.

Refernces:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia 1.
- 2. AABB technical manual

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	195.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	113.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	58.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	137.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	114.0	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	23.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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Consulting Dr.	:-	Collected	:22-Jan-2022 / 08:46
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	Reported	:22-Jan-2022 / 11:54

	AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS		
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.91	0.35-5.5 microlU/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 trasiently altered becuase 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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