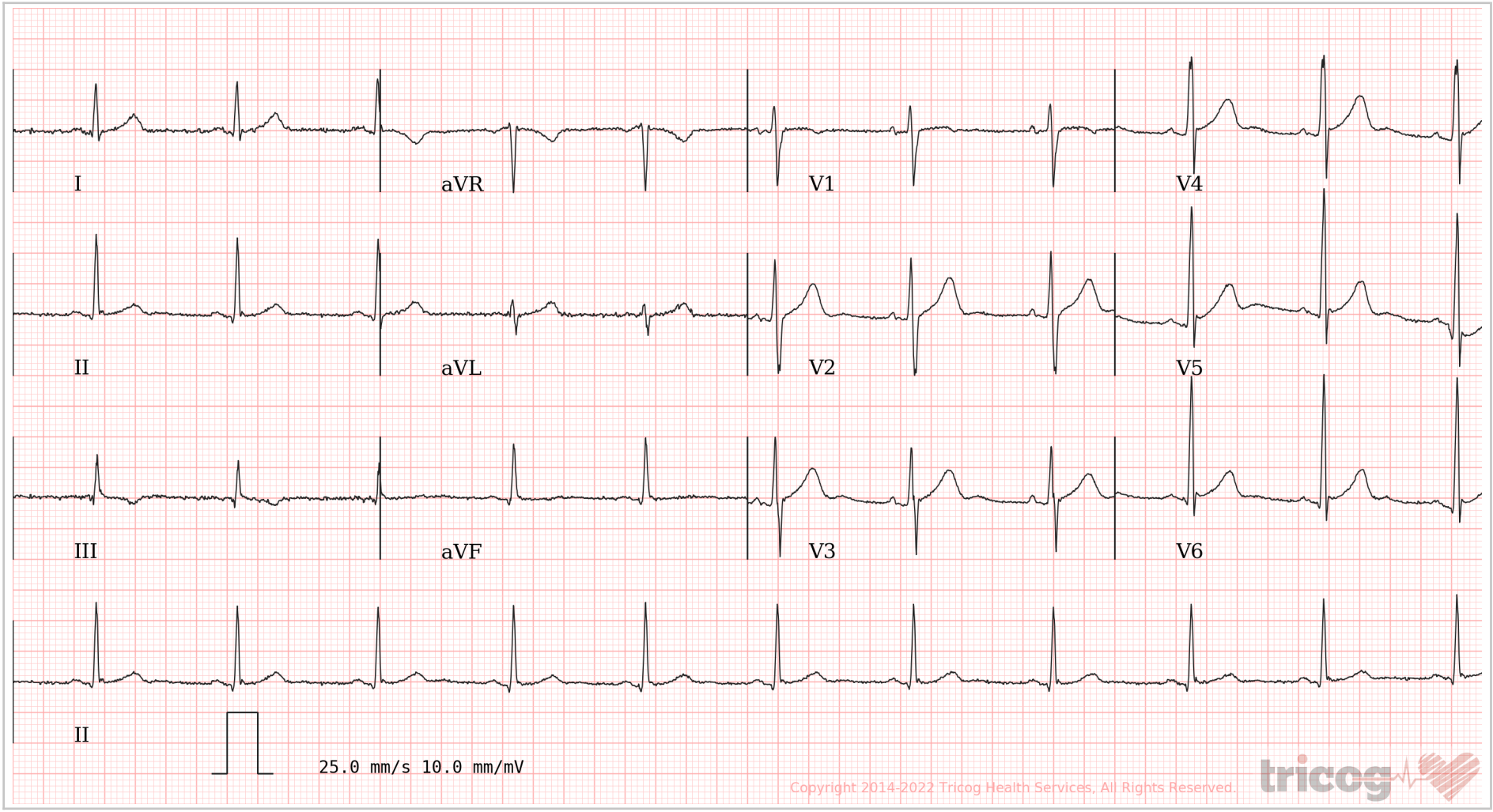
SUBURBAN DIAGNOSTICS - KANDIVALI EAST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: PRAKHAR KUMAR
Patient ID: 2208211350

Date and Time: 23rd Mar 22 11:02 AM



Age 33 years 10 months 17 days

Gender **Male**

Heart Rate **67bpm**

Patient Vitals

BP:	150/90 mmHg
Weight:	100 kg
Height:	185 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QSRD:	80ms
QT:	386ms
QTc:	407ms
PR:	132ms
P-R-T:	40° 58° 15°

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

REPORTED BY

DR AKHIL PARULEKAR
MBBS.MD. MEDICINE, DNB Cardiology
Cardiologist
2012082483

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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R E P O R T

CID	: 2208211350		
Name	: Mr PRAKHAR KUMAR		
Age / Sex	: 33 Years/Male		
Ref. Dr	:	**Reg. Date**	: 23-Mar-2022 / 10:44
Reg. Location	: Kandivali East Main Centre	**Reported**	: 23-Mar-2022 / 10:54

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size (14.4 cm) shape and smooth margins. **It shows bright parenchymal echo pattern.**The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 10 mm and CBD appears measures 3 mm .
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 mass lesions seen

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

KIDNEYS:
Right kidney measures 10.5 x 4.8 cm. Left kidney measures 10.5 x 5.2 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:
The spleen is normal in size (11.4 cm) 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. It measures 4.3 x 3.3 x 3.3 cms and volume is 25.4 cc.

IMPRESSION:
Grade II fatty liver.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053
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R E P O R T

CID	: 2208211350		
Name	: Mr PRAKHAR KUMAR		
Age / Sex	: 33 Years/Male		
Ref. Dr	:	**Reg. Date**	: 23-Mar-2022 / 11:41
Reg. Location	: Kandivali East Main Centre	**Reported**	: 23-Mar-2022 / 13:23

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. FAIZUR KHILJI before dispatch.

Khiljee

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

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SUBURBAN DIAGNOSTICS
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REPORT

CID	: 2208211350		
Name	: MR.PRAKHAR KUMAR		
Age / Gender	: 33 Years / Male		
Consulting Dr.	: -	**Collected**	: 23-Mar-2022 / 09:58
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 23-Mar-2022 / 15:35

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.89	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.3	40-50 %	Measured
MCV	95	80-100 fl	Calculated
MCH	**32.6**	27-32 pg	Calculated
MCHC	34.4	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8100	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	34.5	20-40 %	
Absolute Lymphocytes	2794.5	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	388.8	200-1000 /cmm	Calculated
Neutrophils	59.8	40-80 %	
Absolute Neutrophils	4843.8	2000-7000 /cmm	Calculated
Eosinophils	**0.9**	1-6 %	
Absolute Eosinophils	72.9	20-500 /cmm	Calculated
Basophils	**0.0**	0.1-2 %	
Absolute Basophils	**0.0**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	150000	150000-400000 /cmm	Elect. Impedance
MPV	**11.1**	6-11 fl	Calculated
PDW	**23.3**	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 23-Mar-2022 / 13:30

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	Few atypical/reactive lymphocytes present
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB	6	2-15 mm at 1 hr.	Westergren

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

*** End Of Report ***

MC-2111

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

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Name	: MR.PRAKHAR KUMAR		
Age / Gender	: 33 Years / Male		
Consulting Dr.	: -	**Collected**	: 23-Mar-2022 / 09:58
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 23-Mar-2022 / 14:03

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	123.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.12	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	**0.45**	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.67	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	**2.2**	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	27.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	40.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	48.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	125.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.6	6-20 mg/dl	Calculated
CREATININE, Serum	1.04	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	87	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	**7.5**	3.5-7.2 mg/dl	Enzymatic

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CID	: 2208211350		
Name	: MR.PRAKHAR KUMAR		
Age / Gender	: 33 Years / Male		
Consulting Dr.	: -	**Collected**	: 23-Mar-2022 / 14:16
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 23-Mar-2022 / 18:58

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 ***

MC-2111

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

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Consulting Dr.	: -	**Collected**	: 23-Mar-2022 / 09:58
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 23-Mar-2022 / 17:37

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 ***

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MC-2111

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

CID	: 2208211350		
Name	: MR.PRAKHAR KUMAR		
Age / Gender	: 33 Years / Male		
Consulting Dr.	: -	**Collected**	: 23-Mar-2022 / 09:58
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 23-Mar-2022 / 15:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
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 EXAMINATION			
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	2-3	Less than 20/hpf	
Others	-		

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MC-2111

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Pathologist

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 23-Mar-2022 / 16:04

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:

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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MC-2111

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 23-Mar-2022 / 14:06

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	143.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	124.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	**37.8**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	105.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	80.0	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	25.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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M.D. (PATH)
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Consulting Dr.	: -	**Collected**	: 23-Mar-2022 / 09:58
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 23-Mar-2022 / 14:09

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.73	0.35-5.5 microIU/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 ***

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MC-2111

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

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID#	: **2208211350**	SID#	: 177802030163
Name	: MR.PRAKHAR KUMAR	Registered	: 23-Mar-2022 / 09:55
Age / Gender	: 33 Years/Male	Collected	: 23-Mar-2022 / 09:55
Consulting Dr.	: -	Reported	: 23-Mar-2022 / 16:14
Reg.Location	: Kandivali East (Main Centre)	Printed	: 23-Mar-2022 / 16:19

PHYSICAL EXAMINATION REPORT

History and Complaints:

Covid March 2021.

EXAMINATION FINDINGS:

Height (cms):	185 cms	**Weight (kg):**	100 kgs
Temp (0c):	Afebrile	**Skin:**	Normal
Blood Pressure (mm/hg):	150/90	**Nails:**	Normal
Pulse:	72/min	**Lymph Node:**	Not palpable

Systems

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

ADVICE:

SUBURBAN DIAGNOSTICS
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Reg.Location	: Kandivali East (Main Centre)	Printed	: 23-Mar-2022 / 16:19

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
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**	Occasionaly
2)	**Smoking**	No
3)	**Diet**	Mixed
4)	**Medication**	No

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