

SUBURBAN DIAGNOSTICS - MALAD WEST



Patient Name: VISHAL BALIRAM SHINDE

Date and Time: 21st Sep 24 12:24 PM

Patient ID: 2426524514

Age **39** NA NA
years months days

Gender **Male**

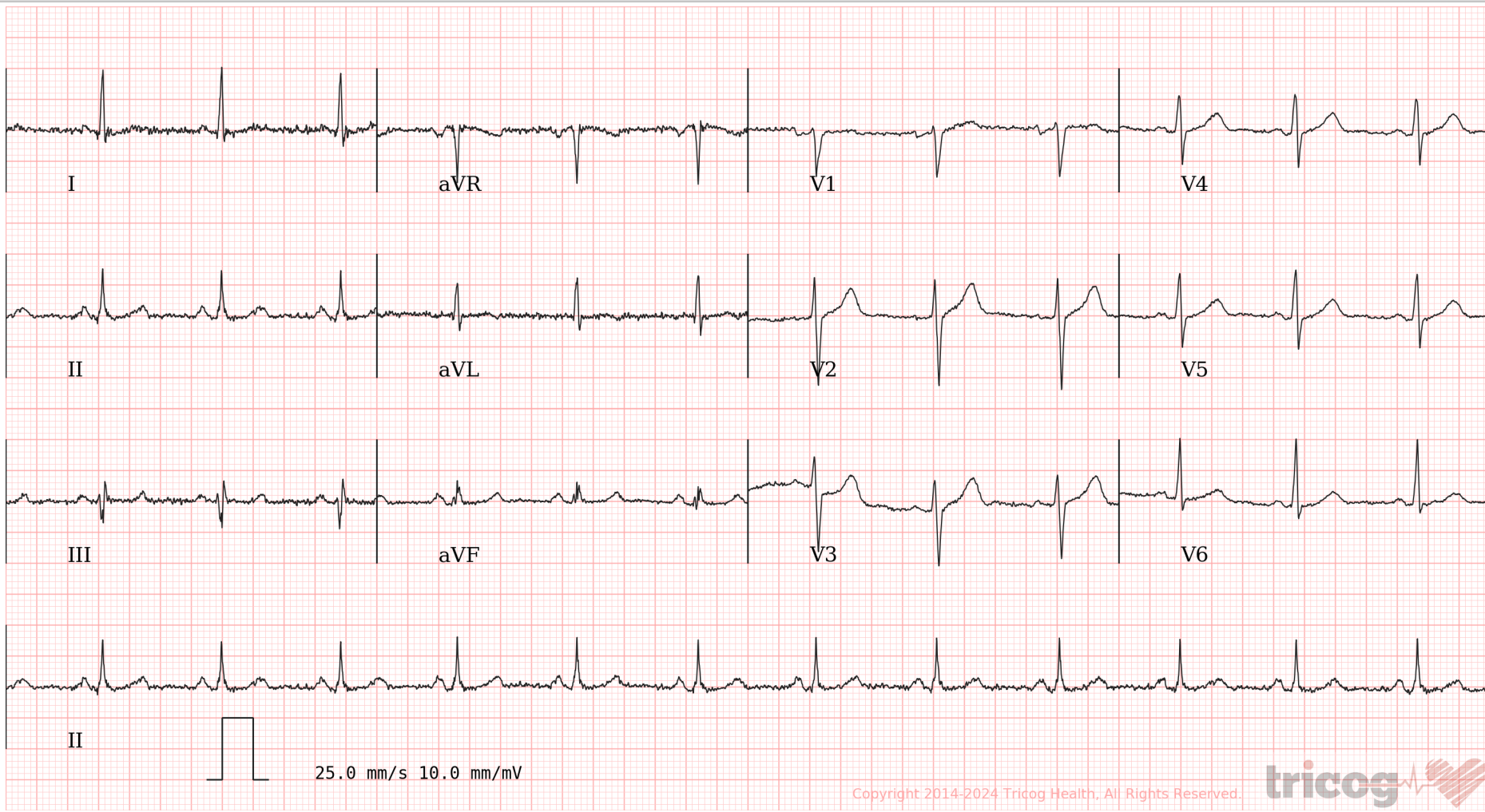
Heart Rate **78bpm**

Patient Vitals

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

Measurements

QRSD: 76ms
QT: 366ms
QTcB: 417ms
PR: 130ms
P-R-T: 65° 32° 53°



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

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882



CID : 2426524514
Name : MR.VISHAL BALIRAM SHINDE
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 11:07
Reported : 21-Sep-2024 / 14:39

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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	4.43	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.5	40-50 %	Calculated
MCV	100.4	80-100 fl	Measured
MCH	33.2	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	16.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4850	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.2	20-40 %	
Absolute Lymphocytes	1270.7	1000-3000 /cmm	Calculated
Monocytes	9.7	2-10 %	
Absolute Monocytes	470.4	200-1000 /cmm	Calculated
Neutrophils	55.1	40-80 %	
Absolute Neutrophils	2672.3	2000-7000 /cmm	Calculated
Eosinophils	8.4	1-6 %	
Absolute Eosinophils	407.4	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	29.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	282000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Measured
PDW	15.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	Mild
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 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- Sickle 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 CPL, Andheri West

*** 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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	89.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	92.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.06	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.77	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	21.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	112	(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	5.6	3.5-7.2 mg/dl	Enzymatic
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*** End Of Report ***



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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	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 ***



MC-2111

M Jain

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



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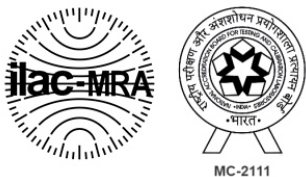
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.			
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	Benedicts

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*** End Of Report ***



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M.D.(PATH)
Pathologist



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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	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.017	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.4	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	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	Absent	
Bacteria / hpf	9.3	0-29.5/hpf	
Yeast	0.0	Absent	
Others	-		



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

<u>PARAMETER</u>	<u>RESULTS</u>
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.

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 CPL, Andheri West

*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	187.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	126.2	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	35.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	151.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	127.0	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	24.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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



M Jain

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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	18.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.66	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)

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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 ***



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JM FINANCIAL



Vishal shinde

Emp Code : 29834 **Blood Group** : A+
Date of Birth : 22/04/1985 **Joining Date** : 23/06/2022
Designation : Assistant Vice President
Department : Portfolio Management Services
Telephone : 3953 3590
Emergency : 9969104633

JM Financial Limited
5th Floor, Cnergy, Appasaheb Marathe Marg,
Prabhadevi, Mumbai - 400025


Authorized Signatory

Date of Issue : 23/06/2022



Name : MR. VISHAL BALIRAM SHINDE

Age / Gender : 39 Years/Male

Consulting Dr. :

Reg. Location : Malad West (Main Centre)

Collected

: 21-Sep-2024 / 10:55

Reported

: 21-Sep-2024 / 15:53

PHYSICAL EXAMINATION REPORT

History and Complaints:

C/O Lower Headache. *Backache*

EXAMINATION FINDINGS:

Height (cms): 165
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/70
Pulse: 60/min

Weight (kg): 79
Skin: Normal
Nails: Normal
Lymph Node: Not Palpable

Systems

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

IMPRESSION:

Mild dyslipidemia

ADVICE:

Lifestyle modification

Date:- 21/09/24
 Name:- Vishal Shinde

CID: 242632514
 Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: DV-RE-6/6
 LE-6/6

MV-RE-M/6
 LE-M/6

Aided Vision:

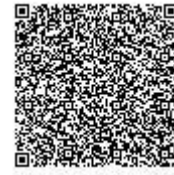
Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____				_____			
Near	_____				_____			

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 102-104, Bhoomi Centre,
 Opp. Goregaon Sports Club,
 Link Road, Malad (W), Mumbai - 400 064.



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Reg. Location : Malad West Main Centre

Reg. Date : 21-Sep-2024
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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 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:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.7 x 3.6 cm.
Left kidney measures 11.5 x 5.2 cm.

SPLEEN:

The spleen is normal in size 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 and echotexture.



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Name : Mr Vishal Baliram Shinde
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 21-Sep-2024
Reported : 21-Sep-2024/13:15

IMPRESSION:

Fatty liver.
No other significant abnormality is seen.

Suggestion: Clinicopathological 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. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101



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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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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