

Name : Mr PRAVIN ANIL KUMAR

Age / Sex : 4 Days/Male

Ref. Dr :

Reg. Location : G B Road, Thane West Main Centre

Authenticity Check

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: 22-Jan-2022 / 14:38

: 22-Jan-2022 / 14:55

R

USG WHOLE ABDOMEN

Reg. Date

Reported

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is contracted.(Not evaluated)

PORTAL VEIN: Portal vein is normal. CBD: CBD is normal.

<u>PANCREAS</u>: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

<u>KIDNEYS</u>: Right kidney measures 10.1×5.7 cm. Left kidney measures 10.2×5.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture and measures 3.0 x 3.4 x 3.2 cm in dimension and 17.7 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

There is a 12 mm defect in the anterior abdominal wall at umbilical region with herniation of mesentery within, suggestive of umbilical hernia.

Click here to view images http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022012210072416

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: Mr PRAVIN ANIL KUMAR Name

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Reg. Date

Reported

: 22-Jan-2022 / 14:55

IMPRESSION:

SMALL UMBILICAL HERNIA.

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 interobserver variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

G. R. Fale Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 **Consultant Radiologist**



Name : Mr PRAVIN ANIL KUMAR

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: 22-Jan-2022 / 11:47

R

X-RAY CHEST PA VIEW

Reg. Date

Reported

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-----

Dr. Devendra Patil MBBS, MD (Radio-Diagnosis) Consultan Radiologist MMC - 2013/02/0165



Name : MR. PRAVIN ANIL KUMAR

: 37 Years / Male Age / Gender

Consulting Dr. Collected

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:22-Jan-2022 / 11:30

:22-Jan-2022 / 11:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.68	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.4	40-50 %	Measured
MCV	95	80-100 fl	Calculated
MCH	31.9	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7500	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS		
Lymphocytes	44.8	20-40 %	
Absolute Lymphocytes	3360.0	1000-3000 /cmm	Calculated
Monocytes	5.4	2-10 %	
Absolute Monocytes	405.0	200-1000 /cmm	Calculated
Neutrophils	45.0	40-80 %	
Absolute Neutrophils	3375.0	2000-7000 /cmm	Calculated
Eosinophils	4.8	1-6 %	
Absolute Eosinophils	360.0	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	216000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	17.0	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	_

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Name : MR. PRAVIN ANIL KUMAR

: 37 Years / Male Age / Gender

Consulting Dr. Collected Reported

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Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

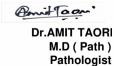
ESR 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***









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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343



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Age / Gender : 37 Years / Male

Consulting Dr. : -

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Collected

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	17.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	23.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	98.0	40-130 U/L	PNPP
BLOOD UREA, Serum	31.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	14.8	6-20 mg/dl	Calculated
CREATININE, Serum eGFR, Serum	1.13 78	0.67-1.17 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated

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Name : MR.PRAVIN ANIL KUMAR

Age / Gender : 37 Years / Male

Consulting Dr. : - Collected : 22-Jan-2022 / 13:14

Reg. Location : G B Road, Thane West (Main Centre) Reported :22-Jan-2022 / 15:14

URIC ACID, Serum 5.5 3.5-7.2 mg/dl Uricase

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

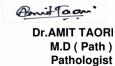
Urine Sugar (PP) Absent Absent
Urine Ketones (PP) Absent Absent

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Age / Gender : 37 Years / Male

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: 22-Jan-2022 / 10:06

HPLC

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

Glycosylated Hemoglobin 6.2

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 % Estimated Average Glucose 131.2 mg/dl Calculated

(eAG), EDTA WB - CC

(HbA1c), 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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Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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: 37 Years / Male Age / Gender

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

BIOLOGICAL REF RANGE RESULTS PARAMETER

PHYSICAL EXAMINATION

Colour Brown Brown Form and Consistency Semi Solid Semi Solid Mucus Absent Absent Blood Absent Absent

CHEMICAL EXAMINATION

Reaction (pH) Acidic (6.0)

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







Amit Taon **Dr.AMIT TAORI** M.D (Path)

Pathologist

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Name : MR. PRAVIN ANIL KUMAR

: 37 Years / Male Age / Gender

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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	<u>[</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Ded Dieed Celle / harf	Alexand	0.076-6	

Red Blood Cells / hpf Absent 0-2/hpf

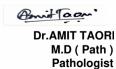
Epithelial Cells / hpf 1-2

Casts Absent Absent Crystals **Absent Absent** Amorphous debris **Absent Absent**

Bacteria / hpf 2-3 Less than 20/hpf







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Name : MR. PRAVIN ANIL KUMAR

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

RESULTS PARAMETER

ABO GROUP Α

Rh TYPING Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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
- AABB technical manual

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M.D (Path) **Pathologist**

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Name : MR. PRAVIN ANIL KUMAR

: 37 Years / Male Age / Gender

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	226.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	50.4	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	54.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	171.9	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	162.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	9.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***









Dr.AMIT TAORI M.D (Path) **Pathologist**

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Name : MR. PRAVIN ANIL KUMAR

Age / Gender : 37 Years / Male

Consulting Dr. Collected

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>ME I HOL</u>
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.97	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.

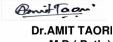
Reference:

- 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)

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