SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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R E P O R T

CID	: 2202246510		
Name	: Mr PRAVIN ANIL KUMAR		
Age / Sex	: 4 Days/Male		
Ref. Dr	:	**Reg. Date**	: 22-Jan-2022 / 14:38
Reg. Location	: G B Road, Thane West Main Centre	**Reported**	: 22-Jan-2022 / 14:55

USG WHOLE ABDOMEN

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.

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

KIDNEYS: Right kidney measures 10.1 x 5.7 cm. Left kidney measures 10.2 x 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.

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053
HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343
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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 inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

G. R. Fartade

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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053
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CID	: 2202246510		
Name	: Mr PRAVIN ANIL KUMAR		
Age / Sex	: 4 Days/Male		
Ref. Dr	:	**Reg. Date**	: 22-Jan-2022 / 10:45
Reg. Location	: G B Road, Thane West Main Centre	**Reported**	: 22-Jan-2022 / 11:47

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----------

D Patil

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

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PRECISE TESTING · HEALTHIER LIVING

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REPORT

CID	: 2202246510		
Name	: MR.PRAVIN ANIL KUMAR		
Age / Gender	: 37 Years / Male		
Consulting Dr.	: -	**Collected**	: 22-Jan-2022 / 11:30
Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 22-Jan-2022 / 11:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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 ABSOLUTE 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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CID	: 2202246510		
Name	: MR.PRAVIN ANIL KUMAR		
Age / Gender	: 37 Years / Male		
Consulting Dr.	: -	**Collected**	: 22-Jan-2022 / 10:06
Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 22-Jan-2022 / 12:00

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 DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

MC-2427

Dr.AMIT TAORI
M.D (Path)
Pathologist

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CID	: 2202246510		
Name	: MR.PRAVIN ANIL KUMAR		
Age / Gender	: 37 Years / Male		
Consulting Dr.	: -	**Collected**	: 22-Jan-2022 / 10:06
Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 22-Jan-2022 / 12:09

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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	1.13	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	78	>60 ml/min/1.73sqm	Calculated

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CID	: 2202246510		
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)	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 G B Road Lab, Thane West

*** End Of Report ***

MC-2427

Dr.AMIT TAORI
M.D (Path)
Pathologist

CID	: 2202246510		
Name	: MR.PRAVIN ANIL KUMAR		
Age / Gender	: 37 Years / Male		
Consulting Dr.	: -	**Collected**	: 22-Jan-2022 / 10:06
Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 22-Jan-2022 / 17:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	131.2	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.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)

CID	: 2202246510		
Name	: MR.PRAVIN ANIL KUMAR		
Age / Gender	: 37 Years / Male		
Consulting Dr.	: -	**Collected**	: 22-Jan-2022 / 10:06
Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 22-Jan-2022 / 15:09

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

EXAMINATION OF FAECES

PARAMETER	RESULTS	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 (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

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

*** End Of Report ***

MC-2427

Dr.AMIT TAORI
M.D (Path)
Pathologist

CID	: 2202246510		
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Consulting Dr.	: -	**Collected**	: 22-Jan-2022 / 10:06
Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 22-Jan-2022 / 13:03

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
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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*** End Of Report ***

MC-2427

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M.D (Path)
Pathologist

CID	: 2202246510		
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Consulting Dr.	: -	**Collected**	: 22-Jan-2022 / 10:06
Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 22-Jan-2022 / 12:57

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

PARAMETER	RESULTS
ABO GROUP	A
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:

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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Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 22-Jan-2022 / 12:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
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

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Consulting Dr.	: -	**Collected**	: 22-Jan-2022 / 10:06
Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 22-Jan-2022 / 11:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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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*** End Of Report ***

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MC-2427

Dr.AMIT TAORI
M.D (Path)
Pathologist