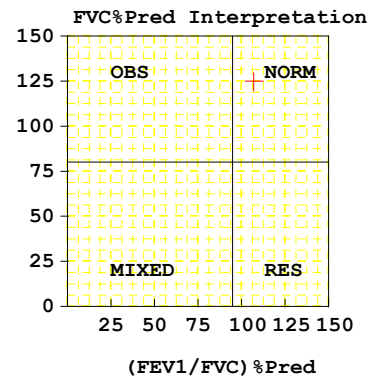
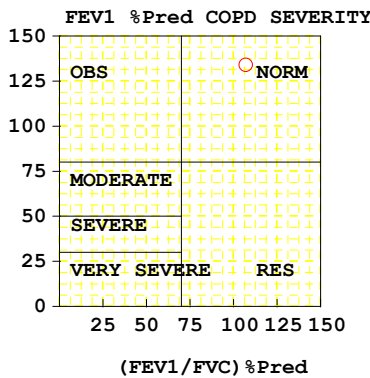
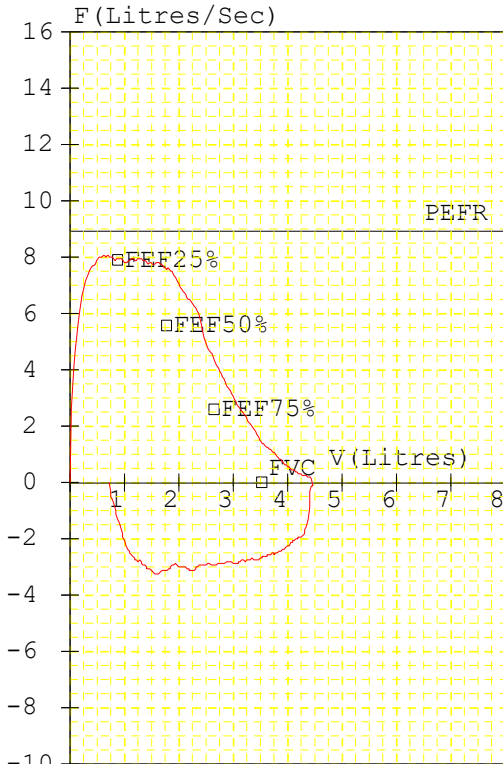


SUBURBAN DIAGNOSTICS

Patient: JIGAR DELIWALA
Refd. By:
Pred. Eqns: RECORDERS
Date : 21-Aug-2024 10:54 AM

Age : 44 Yrs
Height : 173 Cms
Weight : 75 Kgs
ID : 2423409522

Gender : Male
Smoker : No
Eth. Corr: 100
Temp :



FVC Results

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC (L)	03.54	04.44	125	----	---	---
FEV1 (L)	02.87	03.84	134	----	---	---
FEV1/FVC (%)	81.07	86.49	107	----	---	---
FEF25-75 (L/s)	03.82	04.80	126	----	---	---
PEFR (L/s)	08.92	08.02	090	----	---	---
FIVC (L)	-----	03.73	---	----	---	---
FEV.5 (L)	-----	03.09	---	----	---	---
FEV3 (L)	03.44	04.44	129	----	---	---
PIFR (L/s)	-----	03.23	---	----	---	---
FEF75-85 (L/s)	-----	01.36	---	----	---	---
FEF.2-1.2 (L/s)	06.77	07.61	112	----	---	---
FEF 25% (L/s)	07.90	07.81	099	----	---	---
FEF 50% (L/s)	05.58	06.37	114	----	---	---
FEF 75% (L/s)	02.60	02.00	077	----	---	---
FEV.5/FVC (%)	-----	69.59	---	----	---	---
FEV3/FVC (%)	97.18	100.00	103	----	---	---
FET (Sec)	-----	02.81	---	----	---	---
ExplTime (Sec)	-----	00.07	---	----	---	---
Lung Age (Yrs)	044	029	066	----	---	---
FEV6 (L)	03.54	-----	---	----	---	---
FIF25% (L/s)	-----	01.90	---	----	---	---
FIF50% (L/s)	-----	02.70	---	----	---	---
FIF75% (L/s)	-----	02.93	---	----	---	---

Test within normal limits

Dr. Akhil P. Parulekar
 MBBS. MD. Medicine
 DNB Cardiology
 Reg. No. 2012082483

Pre Medication Report Indicates

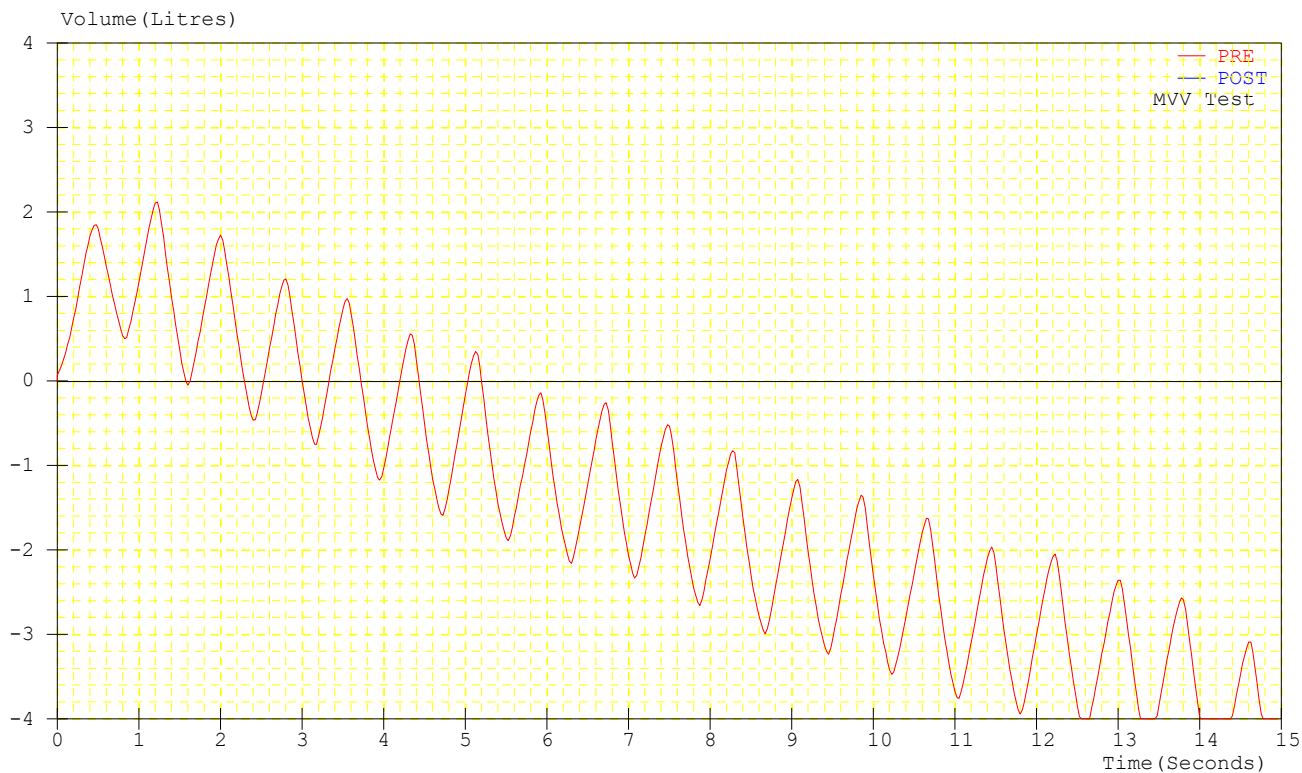
Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

SUBURBAN DIAGNOSTICS

Patient: JIGAR DELIWALA
Refd. By:
Pred. Eqns: RECORDERS
Date : 21-Aug-2024 10:57 AM

Age : 44 Yrs
Height : 173 Cms
Weight : 75 Kgs
ID : 2423409522

Gender : Male
Smoker : No
Eth. Corr: 100
Temp :



M.V.V. Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
MVV (L/min)	133	158	119	---	---	---
MRf (l/min)	-----	76.13	---	---	---	---
MVT (L)	-----	02.07	---	---	---	---

Dr. Akhil P. Parulekar
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483



CID : 2423409508
Name : MR.JIGAR DELIWALA
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 08:53
Reported : 21-Aug-2024 / 12:26

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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	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.80	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.3	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	29.9	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.9	20-40 %	
Absolute Lymphocytes	2230.8	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	338.0	200-1000 /cmm	Calculated
Neutrophils	33.9	40-80 %	
Absolute Neutrophils	1762.8	2000-7000 /cmm	Calculated
Eosinophils	15.9	1-6 %	
Absolute Eosinophils	826.8	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	41.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	336000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	12.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 21-Aug-2024 / 12:28

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 7 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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



CID : 2423409508
Name : MR.JIGAR DELIWALA
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Reported : 21-Aug-2024 / 14:23

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	93.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	74.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	38.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	67.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	30.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	60.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.90	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	108	(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	4.8	3.5-7.2 mg/dl	Enzymatic
------------------	-----	---------------	-----------

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



Bmhasakar

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



CID : 2423409508
Name : MR.JIGAR DELIWALA
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Reported : 21-Aug-2024 / 11:00

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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.

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

*** End Of Report ***



M Jain

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



CID : 2423409508
Name : MR.JIGAR DELIWALA
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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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	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.015	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	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	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Crystals	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	0-20/hpf	
Yeast	Absent	Absent	



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Reg. Location : Borivali West (Main Centre)

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Others -

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*** End Of Report ***



Bmhasakar

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



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CID : 2423409508
Name : MR.JIGAR DELIWALA
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 08:53
Reported : 21-Aug-2024 / 12:32

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Vrushi Shroff

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



CID : 2423409508
Name : MR.JIGAR DELIWALA
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Reported : 21-Aug-2024 / 14:23

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	272.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	199.0	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	39.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	233.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	193.0	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	40.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.9	0-3.5 Ratio	Calculated

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

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



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CID : 2423409508
Name : MR.JIGAR DELIWALA
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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 08:53
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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	5.02	0.35-5.5 microIU/ml microU/ml	ECLIA



CID : 2423409508
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Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Reported : 21-Aug-2024 / 13:52

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)

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



Bmhasakar

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



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CID : 2423409508
Name : MR.JIGAR DELIWALA
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 14:05
Reported : 21-Aug-2024 / 18:47

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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Bmhasakar

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



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CID : 2423409522
Name : MR.JIGAR DELIWALA
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 08:56
Reported : 21-Aug-2024 / 13:22

VITAMIN B12

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
VITAMIN B12, Serum	110.0	187-883 pg/ml	ECLIA

Intended Use:

- Vitamin B12 is also referred to as cyanocobalamin/cobalmin.
- It is essential in DNA synthesis, haematopoiesis & CNS integrity.
- It cannot be synthesized in the human body & is seldom found in products of plant origin.
- The absorption of Vit B12 depends on the presence of Intrinsic factor (IF) & may be due to lack of IF secretion by the gastric mucosa (e.g. gastrectomy, gastric atrophy) or intestinal malabsorption (e.g. ileal resection, small intestinal diseases).
- Dietary Sources of vitamin B12 are meat, fish, eggs & dairy products.

Clinical Significance:

- Vitamin B12 or folate are both of diagnostic importance for the recognition of vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia.
- Untreated deficiencies will lead to megaloblastic anemia, irreversible central nervous system degeneration, peripheral neuropathies, dementia, poor cognitive performance & depression.

Interpretation:

Increased In- Vit B12 supplements, chronic granulocytic leukemia, COPD, Chronic renal failure, diabetes, leucocytosis, hepatitis, cirrhosis, obesity, polycythemia vera, protein malnutrition, severe CHF, uremia, Vit A intake, estrogens, drugs such as chloral hydrate.
Decreased In- Inflammatory bowel disease, pernicious anaemia, strict vegetarians, malabsorption due to gastrectomy, smoking, pregnancy, multiple myeloma & haemodialysis. Alcohol & drugs like aminosalicic acid, anticonvulsants, cholestyramine, cimetidine, colchicine, metformin, neomycin, oral contraceptives, ranitidine & triamterine also cause a decrease in Vit B12 levels.

Reflex Tests: Active B12 (holotranscobalamin), Folate, Homocysteine, Methylmalonic acid (MMA) and Intrinsic factor antibody & parietal cell antibody.

Limitations: Preservatives, such as fluoride and ascorbic acid may cause interference

Reference: Vitamin B12 Pack insert

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

*** End Of Report ***



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M.D. (PATH)
Pathologist



CID : 2423409522
Name : MR. JIGAR DELIWALA
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 21-Aug-2024 / 08:56
Reported : 21-Aug-2024 / 13:22

Use a QR Code Scanner
Application To Scan the Code

VITAMIN D TOTAL (25-OH VITAMIN D)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
25-hydroxy Vitamin D, Serum	20.2	Deficiency: < 10 ng/ml Insufficiency: 10 - 30 ng/ml Sufficiency: 30 - 100 ng/ml Toxicity: > 100 ng/ml	ECLIA

Intended Use:

- Diagnosis of vitamin D deficiency
- Differential diagnosis of causes of rickets and osteomalacia
- Monitoring vitamin D replacement therapy
- Diagnosis of hypervitaminosis D

Clinical Significance: Vitamin D is a steroid hormone known for its important role in regulating body levels of calcium and phosphorus and in the mineralization of bone. Measured 25-OH vitamin D includes D3 (Cholecalciferol) and D2 (Ergocalciferol) where D2 is absorbed from food and D3 is produced by the skin on exposure to sunlight. The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-OH vitamin D; and has a longer half life making it an analyte of choice for determination of the vitamin D status.

Interpretation:

Increased In- D intoxication & Excessive exposure to sunlight
Decreased In: Lack of sunlight, Steatorrhea, Biliary and Portal cirrhosis, Pancreatic insufficiency, Inflammatory bowel disease, Alzheimer's disease, Malabsorption, Thyrotoxicosis, Dietary osteomalacia, Anticonvulsant osteomalacia, Celiac disease and Rickets

Reflex Tests: Serum Calcium, PTH and BMD

Limitation:

- For diagnostic purposes, results should be used in conjunction with other data; e.g. symptoms, results of other tests, clinical impressions, etc.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Various methods for measuring vitamin D are available but correlate with significant differences.

Reference:

- Wallach's interpretation of diagnostic tests
- Vitamin D kit insert

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



Bmhasakar

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

Name : MR. JIGAR DELIWALA

Age / Gender : 44 Years/Male

Consulting Dr. :

Collected : 21-Aug-2024 / 08:31

Reg. Location : Borivali West (Main Centre)

Reported : 22-Aug-2024 / 10:58

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 173 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80
Pulse: 70/min

Weight (kg): 75 kgs
Skin: Normal
Nails: Normal
Lymph Node: Not Palpable

Systems

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

IMPRESSION:

USG
Lipid profile ↑
Eosinophilia
SGPT-

ADVICE:

Physician Ref^y.

CHIEF COMPLAINTS:

1) Hypertension: No

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- 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

PERSONAL HISTORY:

- 1) Alcohol No
- 2) Smoking No
- 3) Diet *Neg .veg*
- 4) Medication *Veg NO*

Suburban Diagnostics (I) Pvt. Ltd.
301& 302, 3rd Floor, Mini Elegance
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714

*** End Of Report ***


Dr.NITIN SONAVANE
PHYSICIAN

Date:-

CID: 24 23409508

Name:-

Jigar Dewada

Sex / Age: M / 44

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} HO
RE LE
6/6 6/6
N/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance
Above Tanor Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092

CID NO: 2423409508	
PATIENT'S NAME: MR.JIGAR DELIWALA	AGE/SEX: 44 Y/M
REF BY: -----	DATE: 21/08/2024

2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic , Tricuspid valves normal, Trivial PR, Trivial MR.
6. Great arteries: Aorta: Normal
 - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic dysfunction. No Doppler evidence of raised LVEDP.

PATIENT'S NAME: MR.JIGAR DELIWALA	AGE/SEX: 44 Y/M
REF BY: -----	DATE: 21/08/2024

1. AO root diameter	2.9 cm
2. IVSd	0.9 cm
3. LVIDd	4.2 cm
4. LVIDs	2.3 cm
5. LVPWd	0.9 cm
6. LA dimension	3.6 cm
7. RA dimension	3.6 cm
8. RV dimension	3.0 cm
9. Pulmonary flow vel:	0.9 m/s
10. Pulmonary Gradient	3.4 m/s
11. Tricuspid flow vel	1.4 m/s
12. Tricuspid Gradient	8 m/s
13. PASP by TR Jet	18 mm Hg
14. TAPSE	2.6 cm
15. Aortic flow vel	1.2 m/s
16. Aortic Gradient	6 m/s
17. MV:E	0.7 m/s
18. A vel	0.6 m/s
19. IVC	16 mm
20. E/E'	8


Impression:

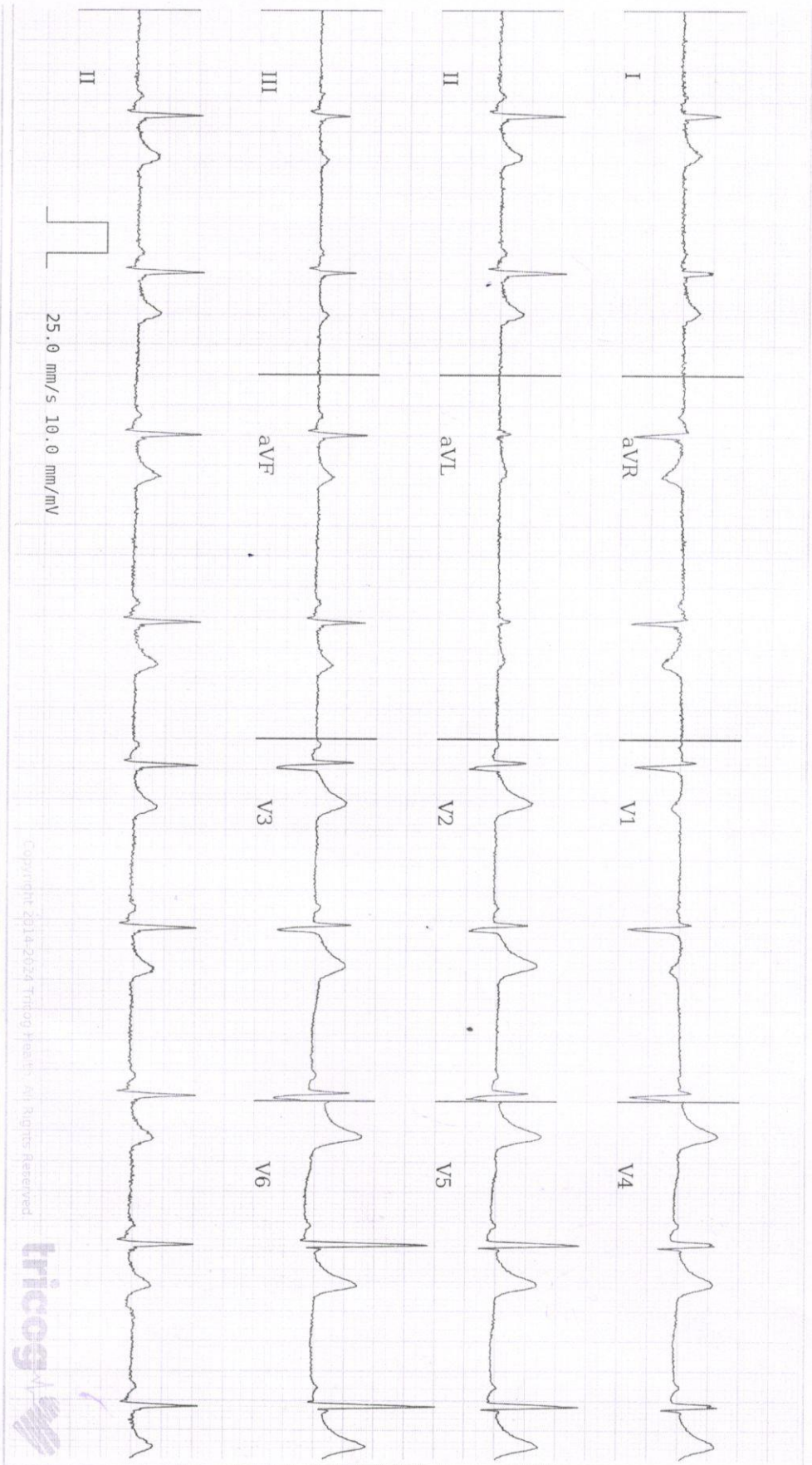
Normal 2d echo study.

Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

End of Report


DR. S. NITIN
Consultant Cardiologist
Reg. No. 87714



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Age 44 NA N
years months da

Gender Male

Heart Rate 56bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 75 kg

Height: 173 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms

QT: 406ms

QTcB: 391ms

PR: 126ms

P-R-T: 56° 57° 49°

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

REPORTED BY

[Signature]

Dr Nishu Sonwane
M.B.B.S, A.L.H., D.D.I.A.B., D.C.C.A.R.D.
Consultant Cardiologist
87714

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.



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Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 21-Aug-2024
Reported : 21-Aug-2024 / 10:41

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. 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 cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2024082108351729

CID : 2423409508
Name : Mr JIGAR DELIWALA
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 21-Aug-2024
Reported : 21-Aug-2024 / 11:13

USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size (16.2 cm), and normal in shape and echotexture. It shows raised echogenicity. 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 shows normal wall thickness. 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 8.3 x 3.2 cm. Left kidney measures 9.3 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 (7.6 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

PROSTATE:

The prostate is normal measuring 3.7 x 3.3 x 2.6 cm, volume 16.7 cc.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.
There is no evidence of any lymphadenopathy or ascites.

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IMPRESSION:-

➤ **Mild Hepatomegaly with Grade II fatty Liver**

ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. 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. This report cannot be used for medico - legal purposes

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



Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319