

Name : Mr . Niraj Surendra Kumar Dubey  
 VID : 2310522131  
 Ref By : Arcofemi Healthcare Limited

Reg Date : 15-Apr-2023 10:08  
 Age/Gender : 39 Years  
 Regn Centre : Andheri West (Main Centre)

**History and Complaints:**

Asymptomatic  
 K/C/O DM & HTN, Acute pancreatitis diagnosed in 2011, relapse in 2014

**EXAMINATION FINDINGS:**

|                                |          |                     |              |
|--------------------------------|----------|---------------------|--------------|
| <b>Height (cms):</b>           | 177 cms  | <b>Weight (kg):</b> | 71 kgs       |
| <b>Temp (0c):</b>              | Afebrile | <b>Skin:</b>        | Normal       |
| <b>Blood Pressure (mm/hg):</b> | 110 / 70 | <b>Nails:</b>       | Normal       |
| <b>Pulse:</b>                  | 68 / min | <b>Lymph Node:</b>  | Not palpable |

**Systems**

**Cardiovascular:** S1S2 audible  
**Respiratory:** AEBE  
**Genitourinary:** NAD  
**GI System:** Liver spleen not palpable  
**CNS:** NAD

**IMPRESSION:**

K/C/O Hypertension and Diabetes Mellitus on medication, H/o Acute pancreatitis,  
 HbA1c=7.1%,  
 USG shows Grade I fatty liver,  
 Rest reports appears to be in normal limits.

**ADVICE:**

Kindly consult your treating physician with all your reports,  
 Therapeutic life style modification is advised.

**CHIEF COMPLAINTS:**

- |   |                        |
|---|------------------------|
| 1) <b>Hypertension:</b>                         | Yes on medication      |
| 2) <b>IHD</b>                                   | No                     |
| 3) <b>Arrhythmia</b>                            | No                     |
| 4) <b>Diabetes Mellitus</b>                     | Yes on medication      |
| 5) <b>Tuberculosis</b>                          | NO                     |
| 6) <b>Asthama</b>                               | NO                     |
| 7) <b>Pulmonary Disease</b>                     | NO                     |
| 8) <b>Thyroid/ Endocrine disorders</b>          | NO                     |
| 9) <b>Nervous disorders</b>                     | NO                     |
| 10) <b>GI system</b>                            | H/O Acute pancreatitis |
| 11) <b>Genital urinary disorder</b>             | NO                     |
| 12) <b>Rheumatic joint diseases or symptoms</b> | NO                     |

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- 
- |                               |    |
|-------------------------------|----|
| 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    | NO  |
| 2) Smoking    | NO  |
| 3) Diet       | Mixed   |
| 4) Medication | Tab-Tezlok AM, Insulin, T.Zardian met twice in a day since 2018 |

*Sangeeta Manwani*  
**Dr.Sangeeta Manwani**  
**M.B.B.S. Reg.No.71083**

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Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

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Reported : 15-Apr-2023 / 13:55

**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>      |
|--|----------------|-----------------------------|--------------------|
| <b><u>RBC PARAMETERS</u></b>                       |                |                             |                    |
| Haemoglobin  | 14.5           | 13.0-17.0 g/dL              | Spectrophotometric |
| RBC  | 4.97           | 4.5-5.5 mil/cmm             | Elect. Impedance   |
| PCV  | 45.5           | 40-50 %                     | Calculated         |
| MCV  | 91.5           | 80-100 fl                   | Measured           |
| MCH  | 29.2           | 27-32 pg                    | Calculated         |
| MCHC   | 31.9           | 31.5-34.5 g/dL              | Calculated         |
| RDW  | 15.3           | 11.6-14.0 %                 | Calculated         |
| <b><u>WBC PARAMETERS</u></b>                       |                |                             |                    |
| WBC Total Count                                    | 6080           | 4000-10000 /cmm             | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b> |                |                             |                    |
| Lymphocytes  | 36.1           | 20-40 %                     |                    |
| Absolute Lymphocytes                               | 2190           | 1000-3000 /cmm              | Calculated         |
| Monocytes  | 7.0            | 2-10 %                      |                    |
| Absolute Monocytes                                 | 420            | 200-1000 /cmm               | Calculated         |
| Neutrophils  | 52.7           | 40-80 %                     |                    |
| Absolute Neutrophils                               | 3210           | 2000-7000 /cmm              | Calculated         |
| Eosinophils  | 4.0            | 1-6 %                       |                    |
| Absolute Eosinophils                               | 240            | 20-500 /cmm                 | Calculated         |
| Basophils  | 0.2            | 0.1-2 %                     |                    |
| Absolute Basophils                                 | 10             | 20-100 /cmm                 | Calculated         |
| Immature Leukocytes                                | -              |                             |                    |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

|                |        |                    |                  |
|----------------|--------|--------------------|------------------|
| Platelet Count | 188000 | 150000-400000 /cmm | Elect. Impedance |
| MPV            | 12.5   | 6-11 fl            | Measured         |
| PDW            | 25.9   | 11-18 %            | Calculated       |

**RBC MORPHOLOGY**

|              |   |
|--------------|---|
| Hypochromia  | - |
| Microcytosis | - |

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

\*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 | 130.0          | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >= 126 mg/dl   | Hexokinase       |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 221.7          | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >= 200 mg/dl | Hexokinase       |
| BILIRUBIN (TOTAL), Serum                 | 0.55           | 0.1-1.2 mg/dl  | Colorimetric     |
| BILIRUBIN (DIRECT), Serum                | 0.29           | 0-0.3 mg/dl  | Diazo            |
| BILIRUBIN (INDIRECT), Serum              | 0.26           | 0.1-1.0 mg/dl  | Calculated       |
| TOTAL PROTEINS, Serum                    | 7.9            | 6.4-8.3 g/dL   | Biuret           |
| ALBUMIN, Serum                           | 5.0            | 3.5-5.2 g/dL   | BCG              |
| GLOBULIN, Serum                          | 2.9            | 2.3-3.5 g/dL   | Calculated       |
| A/G RATIO, Serum                         | 1.7            | 1 - 2  | Calculated       |
| SGOT (AST), Serum                        | 21.3           | 5-40 U/L   | NADH (w/o P-5-P) |
| SGPT (ALT), Serum                        | 9.0            | 5-45 U/L   | NADH (w/o P-5-P) |
| GAMMA GT, Serum                          | 11.1           | 3-60 U/L   | Enzymatic        |
| ALKALINE PHOSPHATASE, Serum              | 68.2           | 40-130 U/L   | Colorimetric     |
| BLOOD UREA, Serum                        | 26.1           | 12.8-42.8 mg/dl  | Kinetic          |
| BUN, Serum                               | 12.2           | 6-20 mg/dl   | Calculated       |
| CREATININE, Serum                        | 0.78           | 0.67-1.17 mg/dl  | Enzymatic        |
| eGFR, Serum                              | 118            | >60 ml/min/1.73sqm   | Calculated       |

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

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|                         |        |               |           |
|-------------------------|--------|---------------|-----------|
| URIC ACID, Serum        | 4.7    | 3.5-7.2 mg/dl | Enzymatic |
| Urine Sugar (Fasting)   | +++    | Absent        |           |
| Urine Ketones (Fasting) | Absent | Absent        |           |
| Urine Sugar (PP)        | +++    | Absent        |           |
| Urine Ketones (PP)      | Absent | Absent        |           |

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



MC-2111

*Anupa*

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

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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 | 7.1     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >/= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 157.1   | 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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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP        | B              |
| 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

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

| <u>PARAMETER</u>                 | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u>   | <u>METHOD</u>                            |
|----------------------------------|----------------|---|--|
| CHOLESTEROL, Serum               | 112.1          | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD                                 |
| TRIGLYCERIDES, Serum             | 113.2          | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 38.5           | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 73.6           | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated                               |
| LDL CHOLESTEROL, Serum           | 51.0           | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                               |
| VLDL CHOLESTEROL, Serum          | 22.6           | < / = 30 mg/dl  | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 2.9            | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.3            | 0-3.5 Ratio   | Calculated                               |

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

| PARAMETER           | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---------------------|---------|----------------------|--------|
| Free T3, Serum      | 4.6     | 3.5-6.5 pmol/L       | ECLIA  |
| Free T4, Serum      | 15.8    | 11.5-22.7 pmol/L     | ECLIA  |
| sensitiveTSH, Serum | 1.62    | 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 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 transiently altered because 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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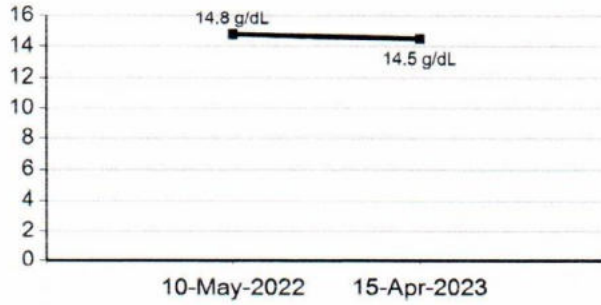
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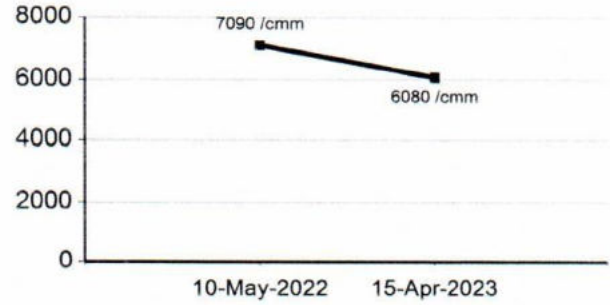
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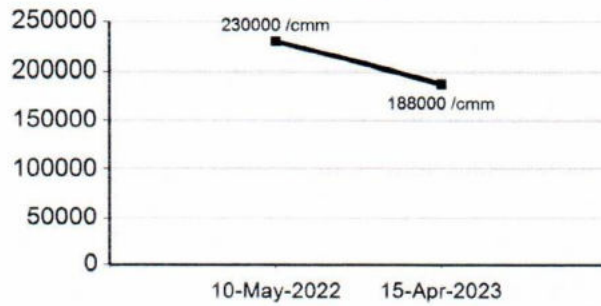
**Haemoglobin**



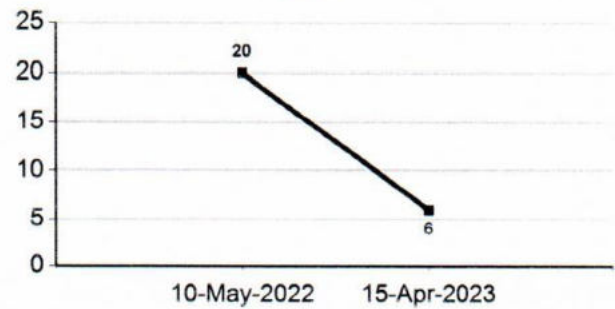
**WBC Total Count**



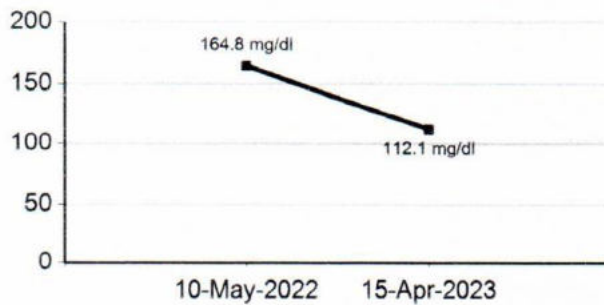
**Platelet Count**



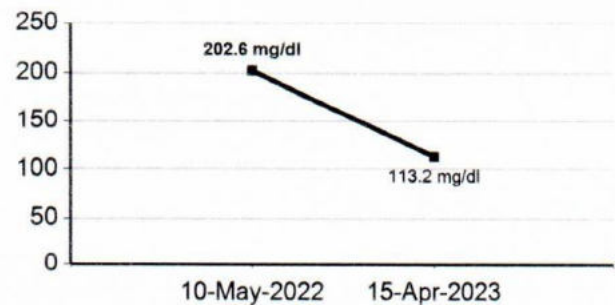
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**



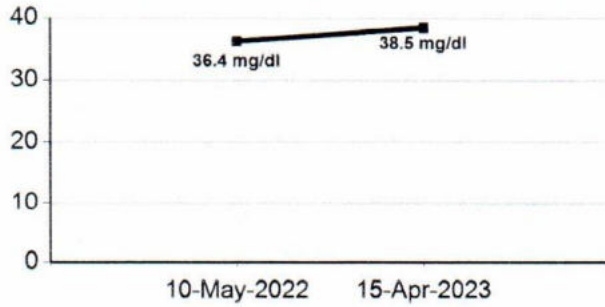
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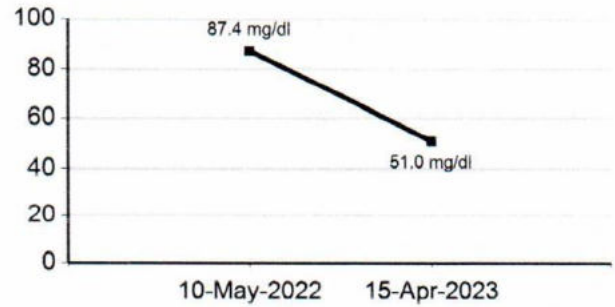
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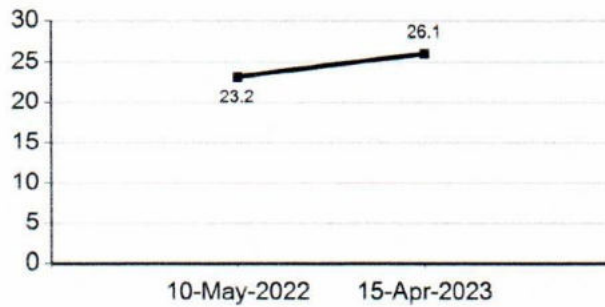
**HDL CHOLESTEROL**



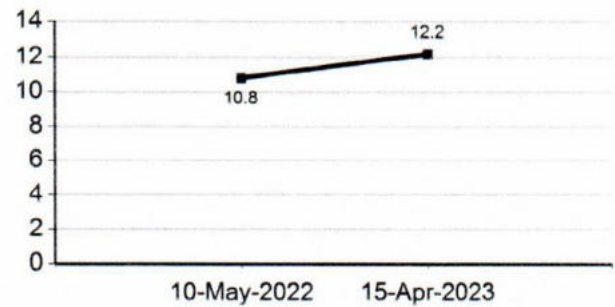
**LDL CHOLESTEROL**



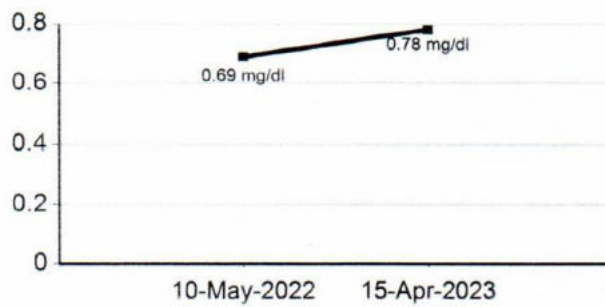
**BLOOD UREA**



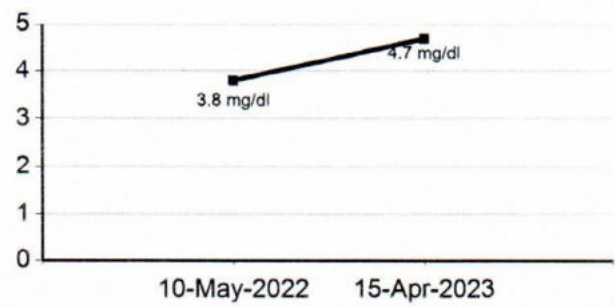
**BUN**



**CREATININE**



**URIC ACID**



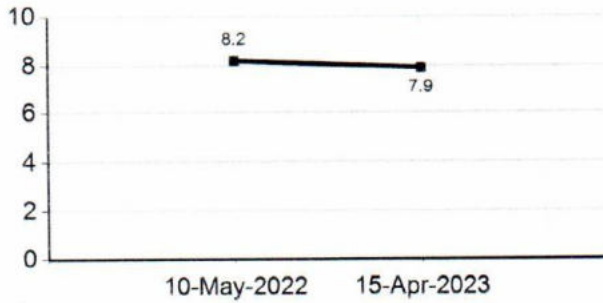
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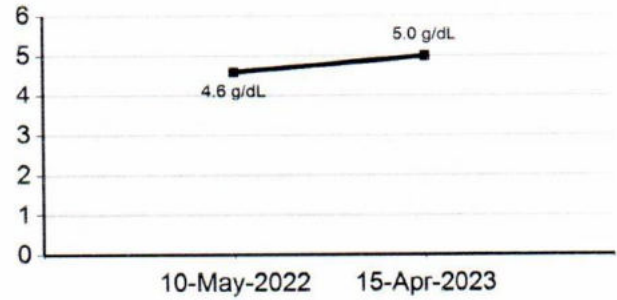
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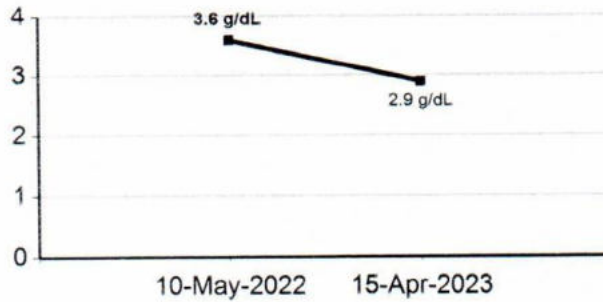
**TOTAL PROTEINS**



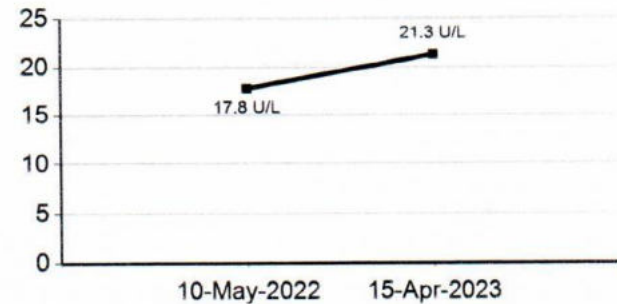
**ALBUMIN**



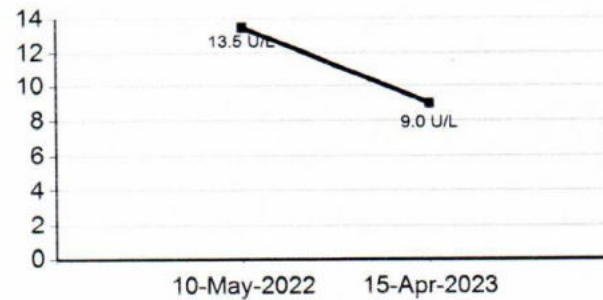
**GLOBULIN**



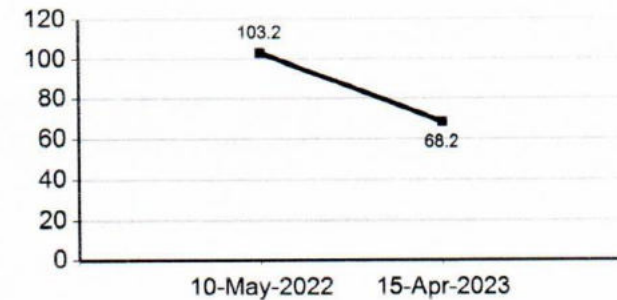
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



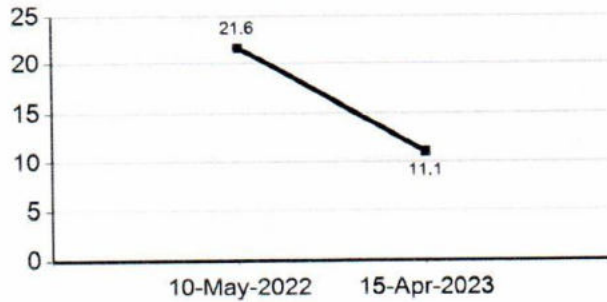
Authenticity Check



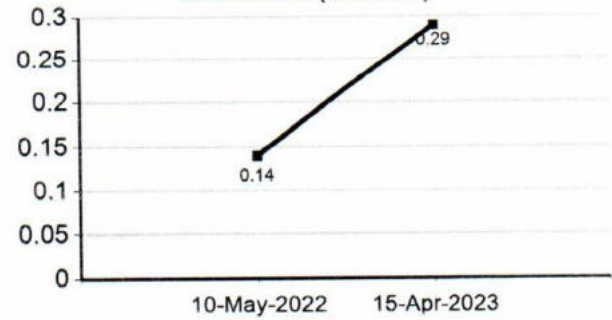
Use a QR Code Scanner Application To Scan the Code

CID : 2310522131  
Name : MR.NIRAJ SURENDRA KUMAR DUBEY  
Age / Gender : 39 Years / Male  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

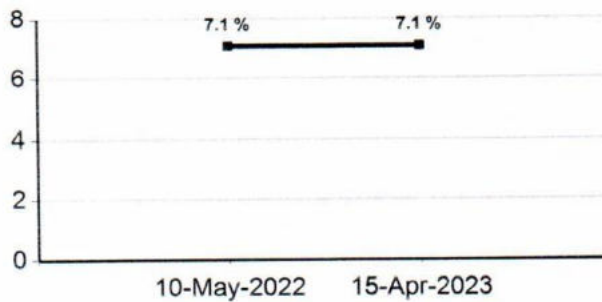
**GAMMA GT**



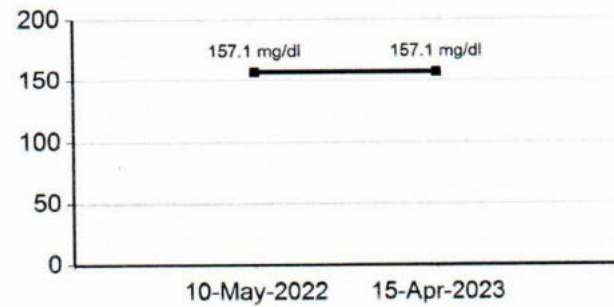
**BILIRUBIN (DIRECT)**



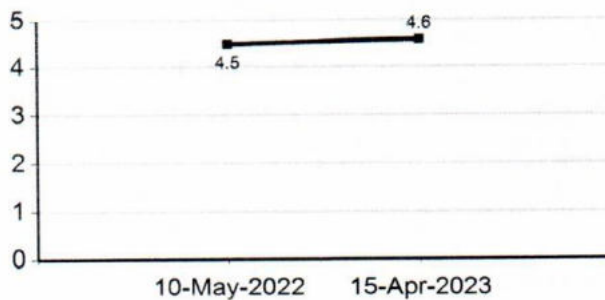
**Glycosylated Hemoglobin (HbA1c)**



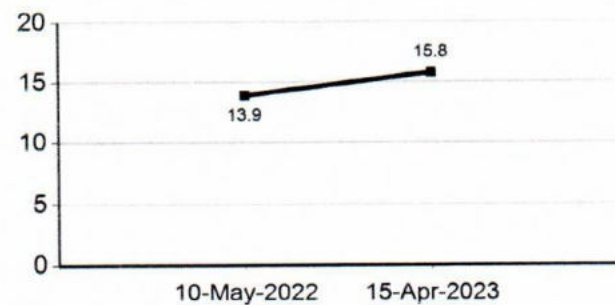
**Estimated Average Glucose (eAG)**



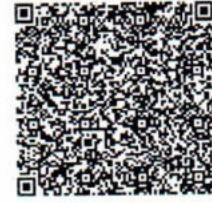
**Free T3**



**Free T4**



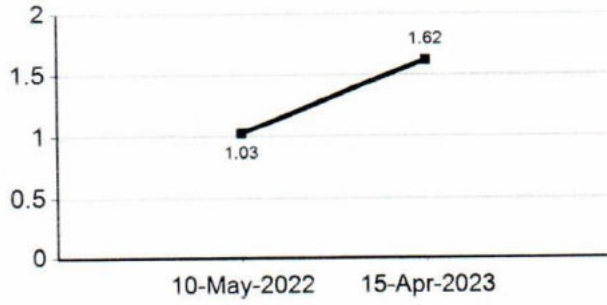
Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310522131  
Name : MR.NIRAJ SURENDRA KUMAR DUBEY  
Age / Gender : 39 Years / Male  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

sensitiveTSH



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310522131  
Name : MR.NIRAJ SURENDRA KUMAR DUBEY  
Age / Gender : 39 Years / Male  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 15-Apr-2023 / 10:12  
Reported : 15-Apr-2023 / 14:09

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

| PARAMETER                      | RESULTS | BIOLOGICAL REF RANGE | METHOD             |
|--------------------------------|---------|----------------------|--------------------|
| <b>PHYSICAL EXAMINATION</b>    |         |                      |                    |
| Color                          | Yellow  | Pale Yellow          | -                  |
| Reaction (pH)                  | 5.0     | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity               | 1.015   | 1.001-1.030          | Chemical Indicator |
| Transparency                   | Clear   | Clear                | -                  |
| Volume (ml)                    | 40      | -                    | -                  |
| <b>CHEMICAL EXAMINATION</b>    |         |                      |                    |
| Proteins                       | Absent  | Absent               | pH Indicator       |
| Glucose                        | 3+      | 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        |
| <b>MICROSCOPIC EXAMINATION</b> |         |                      |                    |
| 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                         | -       |                      |                    |

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

\*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)



Date:- 15-4-23

CID: 2310522131

Name:- NIRAJ DUBEY

Sex / Age: M / 39

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: HTN, DM & h/o Acute Pancreatitis

Past history: h/o Impaired of vision in left eye since birth.

Unaided Vision: -

Aided Vision: Yes, using corrective glasses.

Refraction: Corrected

(Right Eye)

(Left Eye)

|          | Sph   | Cyl | Axis | Vn  | Sph   | Cyl | Axis | Vn                            |
|----------|-------|-----|------|-----|-------|-----|------|-------------------------------|
| Distance | ————— |     |      | 6/6 | ————— |     |      | } Impaired vision in left eye |
| Near     | ————— |     |      | NS  | ————— |     |      |                               |

Colour Vision:  Normal /  Abnormal

Remark: Ophthalmologist opinion

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310522131  
 Name : Mr Niraj Surendra Kumar Dubey  
 Age / Sex : 39 Years/Male  
 Ref. Dr :  
 Reg. Location : Andheri West (Main Center)  
 Reg. Date : 15-Apr-2023  
 Reported : 15-Apr-2023 / 12:58

### 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-----

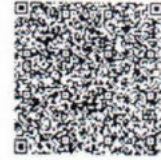
Dr R K Bhandari  
 M D , DMRE  
 MMC REG NO. 34078

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

sionNo=2023041510093135

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Page no 1 of 1 Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.



CID : 2310522131  
Name : Mr NIRAJ SURENDRA KUMAR  
DUBEY  
Age / Sex : 39 Years/Male  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

Reg. Date : 15-Apr-2023  
Reported : 15-Apr-2023 / 13:13

Use a QR Code Scanner  
Application To Scan the Code

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.2cm) and shows bright echotexture. 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 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 10.5 x 4.8cm. Left kidney measures 11.3 x 5.2cm.

### SPLEEN:

The spleen is normal in size (9.6cm) 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 measuring 3.7 x 3.6 x 3.3cm and volume is 24.3cc.

### IMPRESSION:

Grade I fatty liver.

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

DR. NIKHIL DEV  
M.B.B.S, MD (Radiology)  
Reg No - 2014/11/4764  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041510093126>

Page no 1 of 1

Patient's Name :NIRAJ SURENDRA KUMAR DUBEY Age :39 YRS / MALE  
Requesting Doctor :--- Date :17.04.2023  
CID. No : 2310522846

## 2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.  
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation  
Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.  
PASP by TRjet vel.method = 24 mm Hg.

LV / LA / RA / RV - Normal in dimension.  
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [ LVDD].  
No doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV  
wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.  
No e/o Pericardial effusion.

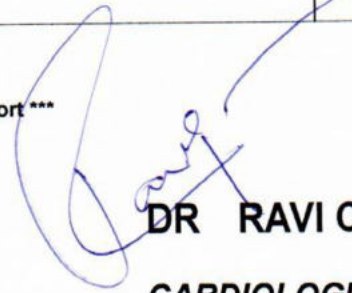
IVC normal in dimension with good inspiratory collapse.  
Normal RV systolic function (by TAPSE)

### Impression:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,  
NO RWMA, NO PAH, NO LVDD,  
NO LV HYPERTROPHY.**

| M-MODE STUDY    | Value | Unit | COLOUR DOPPLER STUDY           | Value | Unit |
|-----------------|-------|------|--------------------------------|-------|------|
| IVSd            | 10    | mm   | Mitral Valve E velocity        | 0.8   | m/s  |
| LVIDd           | 44    | mm   | Mitral Valve A velocity        | 0.5   | m/s  |
| LVPWd           | 10    | mm   | E/A Ratio                      | 1.5   | -    |
| IVSs            | 15    | mm   | Mitral Valve Deceleration Time | 156   | ms   |
| LVIDs           | 26    | mm   | E/E'                           | 4     | -    |
| LVPWs           | 16    | mm   | TAPSE                          | 22    |      |
|                 |       |      | <b>Aortic valve</b>            |       |      |
| IVRT            | -     | ms   | AVmax                          | 1.1   | m/s  |
|                 |       |      | AV Peak Gradient               | 5     | mmHg |
| <b>2D STUDY</b> |       |      | LVOT Vmax                      | 0.6   | m/s  |
| LVOT            | 20    | mm   | LVOT gradient                  | 1.6   | mmHg |
| LA              | 35    | mm   | <b>Pulmonary Valve</b>         |       |      |
| RA              | 30    | mm   | PVmax                          | 0.6   | m/s  |
| RV [RVID]       | 20    | mm   | PV Peak Gradient               | 1.6   | mmHg |
| IVC             | 12    | mm   | <b>Tricuspid Valve</b>         |       |      |
|                 |       |      | TR jet vel.                    | 2     | m/s  |
|                 |       |      | PASP                           | 24    | mmHg |

\*\*\* End of Report \*\*\*



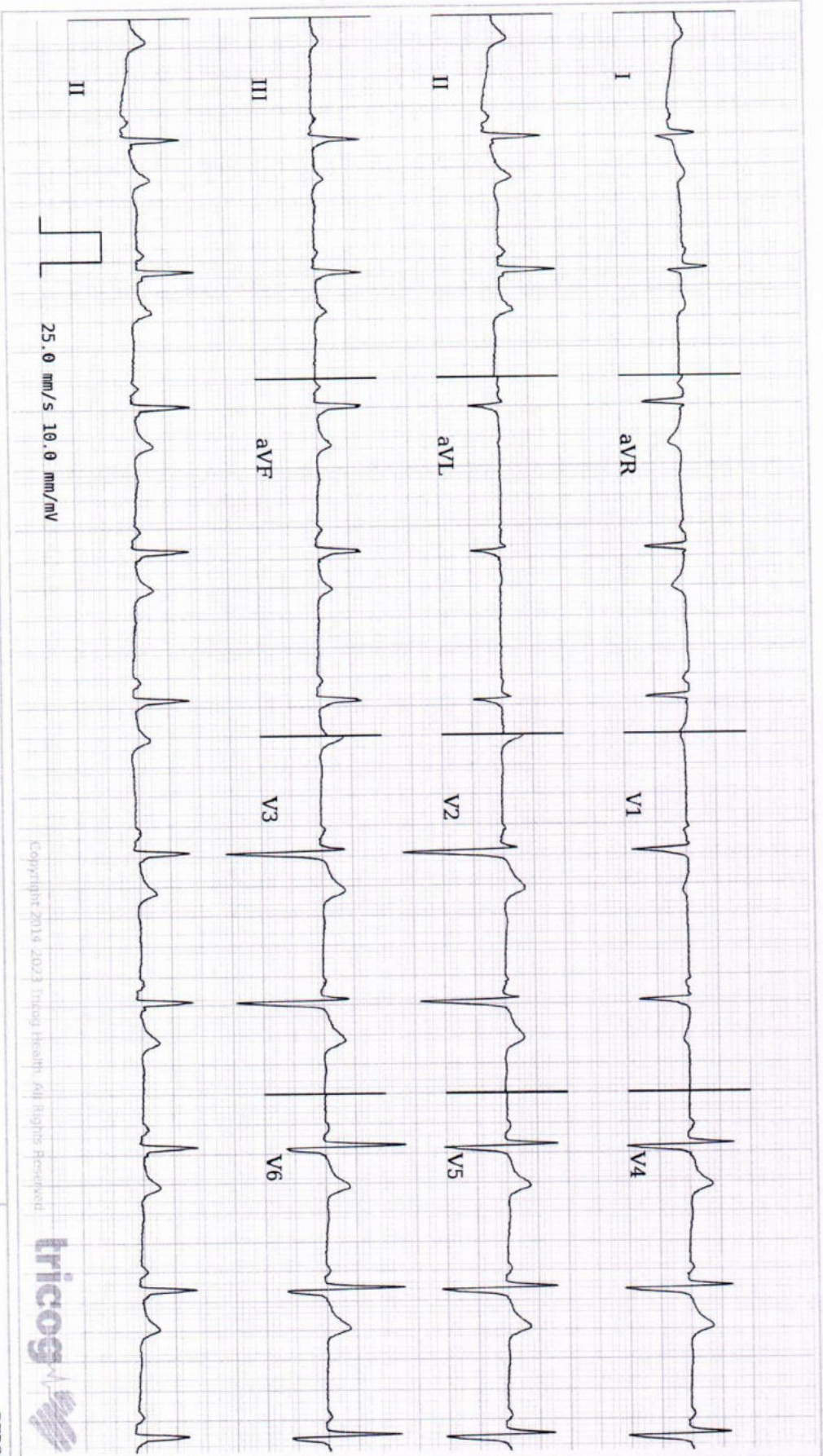
**DR RAVI CHAVAN**

**CARDIOLOGIST**  
**REG.NO.2004 /06/2468**

**Disclaimer:** 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

Patient Name: NIRAJ SURENDRA KUMAR  
DUBEY  
Patient ID: 2310522131

**SUBURBAN DIAGNOSTICS - ANDHERI WEST**  
Date and Time: 15th Apr 23 10:46 AM



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Age **39** 10 5  
years months days

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

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

**Measurements**

QRSD: 106ms  
QT: 404ms  
QTcB: 410ms  
PR: 122ms  
P-R-T: 5° 78° 58°

REPORTED BY

DR RAVI CHAWAN  
MD, D. CARD, D. DIABETES  
Cardiologist & Diabetologist  
2004/06/2468

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

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.