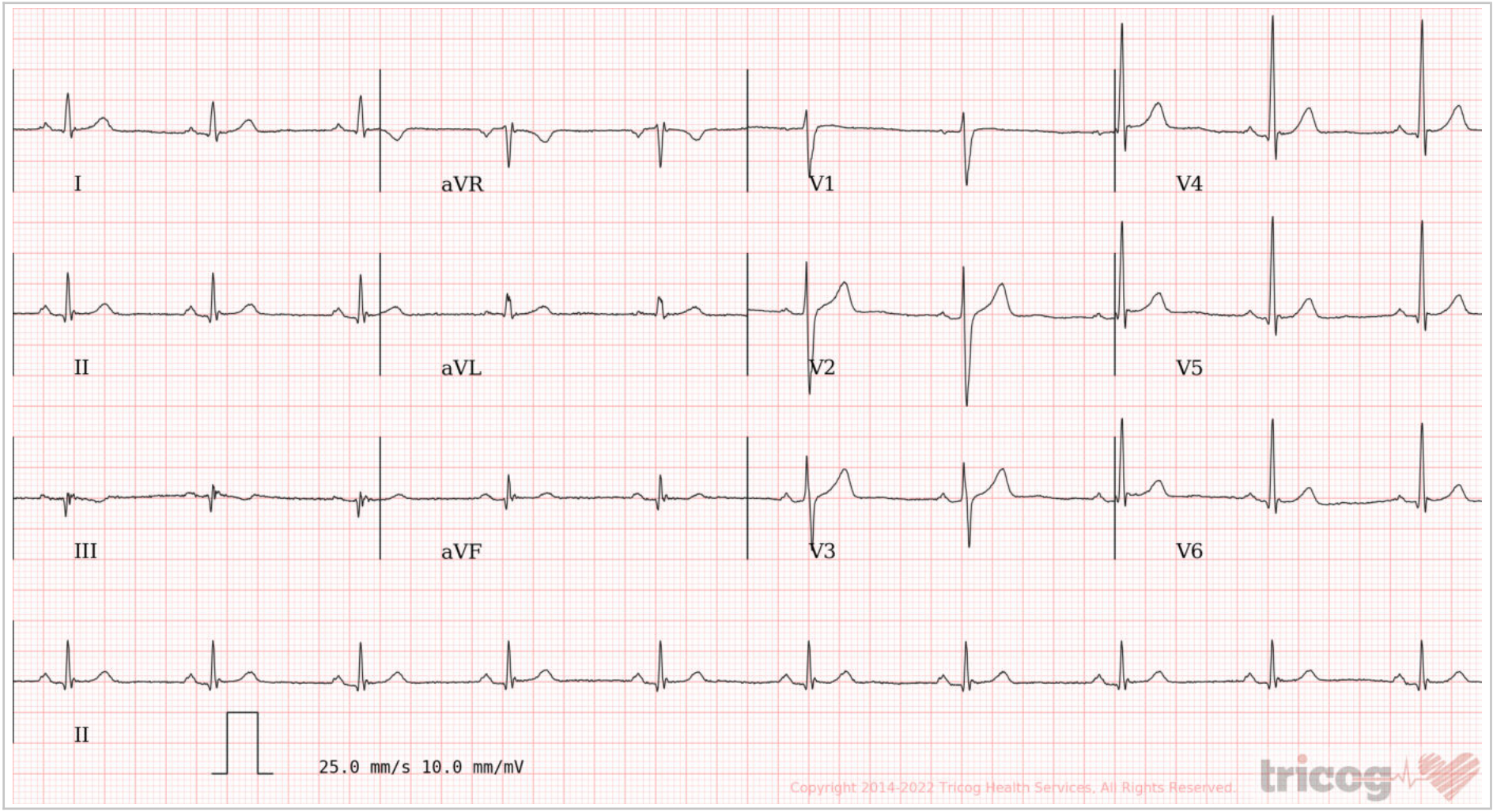
SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: ASHOK SINGH
Patient ID: 2225322225

Date and Time: 10th Sep 22 10:24 AM



Age 35 years 8 months 16 days

Gender **Male**

Heart Rate **61bpm**

Patient Vitals

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

Measurements

QRSD:	96ms
QT:	368ms
QTc:	370ms
PR:	150ms
P-R-T:	47° 26° 27°

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

REPORTED BY

Dr.Ajita Bhosale
M.B.B.S/P.G.D.C.C (DIP. Cardiology)
2013062200

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2225322225		
Name	: Mr ASHOK SINGH		
Age / Sex	: 35 Years/Male		
Ref. Dr	:	**Reg. Date**	: 10-Sep-2022
Reg. Location	: Mahavir Nagar, Kandivali West Main Centre	**Reported**	: 10-Sep-2022/19:35

USG WHOLE ABDOMEN

LIVER:
It is normal in size, shape and shows smooth margins. It shows diffusely increased parenchymal echotexture. Intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

GALL BLADDER:
It is physiologically distended and appears normal. A 3.8 x 3.0 mm size , small echogenic lesion is seen attached to gall bladder wall suggestive of small polyp. No evidence of gall stones seen.

PANCREAS:
It 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. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi.
Right kidney measures 10.2 x 4.6 cm. **Left kidney measures 10.6 x 4.8 cm.**

SPLEEN:
It is normal in size and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:
It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

PROSTATE:
It appears normal in size and echotexture, measures **4.5 x 3.4 x 2.9 cm**, corresponding weight is **23.9 gms**. No evidence of any obvious focal lesion is seen.
No evidence of free fluid in abdomen or significant abdominal lymphadenopathy seen.

IMPRESSION:
Fatty liver (Grade I).
Rest of the study shows no significant abnormality.

Advice - clinical correlation

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

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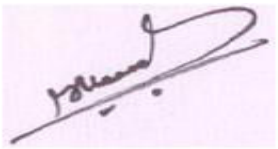

DR.MAHESH KADAM
MBBS ,DMRD
Reg No - 2011/08/2693
Consultant Radiologist

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Ref. Dr	:	**Reg. Date**	: 10-Sep-2022
Reg. Location	: Mahavir Nagar, Kandivali West Main Centre	**Reported**	: 10-Sep-2022/10:04

X- RAY CHEST (PA VIEW)

FINDINGS AND IMPRESSION: -

- Both lung fields appear normal in radiolucency. No evidence of any parenchymal opacity/lesion is seen.
- Both hilar shadow appears normal.
- Bilateral costophrenic and cardio phrenic angles appear clear. No evidence of pleural effusion.
- Both domes of diaphragm appears normal in position and outline.
- Cardiac shadow appears normal.
- No evidence of any abnormal soft tissue shadow seen.
- Bony skeleton under review appears normal.

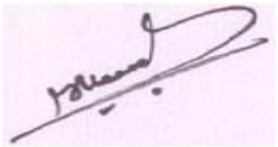
No significant pleuro-parenchymal abnormality seen.

Advice:- Clinical correlation.

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

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

This report is prepared and physically checked by DR.MAHESH KADAM before dispatch.



DR.MAHESH KADAM
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Reg. Location	: Mahavir Nagar, Kandivali West Main Centre	**Reported**	: 10-Sep-2022/10:04

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Age / Gender	: 35 Years / Male		
Consulting Dr.	: -	**Collected**	: 10-Sep-2022 / 09:31
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 10-Sep-2022 / 14:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	16.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.12	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.1	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.7	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6130	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	32.8	20-40 %	
Absolute Lymphocytes	2010.6	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	508.8	200-1000 /cmm	Calculated
Neutrophils	56.5	40-80 %	
Absolute Neutrophils	3463.5	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	116.5	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	261000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	11.6	11-18 %	Calculated

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For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com

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Consulting Dr.	: -	**Collected**	: 10-Sep-2022 / 09:31
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 10-Sep-2022 / 13:42

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB	4	2-15 mm at 1 hr.	Westergren

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

*** End Of Report ***

ilac-MRA

MC-2111

Bmhaskar

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

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Age / Gender	: 35 Years / Male		
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Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 10-Sep-2022 / 15:21

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	77.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.97	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	**0.39**	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.58	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	24.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	23.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.9	0.67-1.17 mg/dl	Enzymatic

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CID	: 2225322225		
Name	: MR.ASHOK SINGH		
Age / Gender	: 35 Years / Male		
Consulting Dr.	: -	**Collected**	: 10-Sep-2022 / 15:18
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 10-Sep-2022 / 20:57

eGFR, Serum	102	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.1	3.5-7.2 mg/dl	Enzymatic
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 Borivali Lab, Borivali West

*** End Of Report ***

MC-2111

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	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

*** End Of Report ***

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MC-2111

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Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	**Reported**	: 10-Sep-2022 / 15:06

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

PARAMETER	RESULTS
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.

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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*** End Of Report ***

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	143.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.5	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	45.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	97.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.0	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	16.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.04	0.35-5.5 microIU/ml	ECLIA

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Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered 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:
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)
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*** End Of Report ***

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