REPORT



EMail: 2834 / SUNIL KUMAR / 35 Yrs / M / 176 Cms / 83 Kg Date: 10 / 02 / 2024 09:19:51 AM Refd By : ARCOFEMI

		DISCLAIMER Negative stress test does not rule out on its manidatory.	FINAL IMPRESSION	CHRONOTROPIC RESPONSE	HAEMODYNAMIC RESPONSE	EXERCISE INDUCED ARRYTHMAS	EXERCISE TOLERANCE	REASON FOR TERMINATION	MEDICATION	ACHVITY	RISK FACTOR	TEST OBJECTIVE	REPORT: Heart Rate 165.0 tpm Heart Rate 165.0 tpm Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg Exercise Time 09:32 Mins Ectopic Beats 0.0 METS 10.8Test End Reason , Heart Rate Achieved Target Heart Rate 89% of 185
Doctor: DR.AKHIL PARULEKAR	SUBSECULO DE MARIO DE DE MARIO DE DES COMPANIOS DE COMPAN	DISCLAIMER Negative stress test does not rule out commany artery diseas. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical corellation is manifestory.	NO SIGNIFICANT STIT CHANGES NOTED  STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHMEMIC HEART  DISEASE FOR GIVEN DURATION OF EXERCISE	NORMAL	: NORMAL	NO	. GOODO	HEART PATE ACHIEVED	NONE	MODERATE ACTIVE	. NONE	POUTNE CHECK UP	wed Target Heart Rate 89% of 185



2834 (9907097773) / SUNIL KUMAR / 35 Yrs / M / 176 Cms / 83 Kg Date: 10 / 02 / 2024 09:19:51 AM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

Exercise Time Initial HR (ExStrt) Initial BP (ExStrt) Max WorkLoad Attained Duke Treadmill Score	FINDINGS:	Recovery	Recovery	PeakEx	BRUCE Stage 3	BRUCE Stage 2	BRUCE Stage 1	ExStart	7	Standing	Supine	Stage
Strt) Strt) Strt) id Attained		11,49	11:35	10.35	10 03	07:03	04.03	01.03	00.39	00.35	00.07	Time
09:32 87 bpr 130/80 10:8 C			1:00	0.32	3:00	3:00	3,00	0:24	0.04	0.28	0.07	Duration
09:32 87 bpm 47% of Target 185 130/80 (mm/Hg) 10.8 Good response to induced stress 05.4			0.00	8.80	06.5	04.0	02.7	00:0	00.0	00.0	00.0	SpeediKmp
rget 185 se to induced			00.0	16.0	14 0	12.0	10.0	0.00	00.0	00.0	00.0	Speed(Kmph) Elevation
stress		00.0	04.2	10.8	10.2	07.1	04.7	01.0	01.0	01.0	01.0	METS
Max HR At		000	130	165	150	124	106	087	083	083	079	Rate
Max HR Attained 165 bpm 89% of Target 185 Max BP Attained 160/80 (mm/Hg)		0%	70 %	89 %	81 %	67 %	57 %	47 %	45 %	45 %	43%	% THR
m 89% of Tan (mm/Hg)		+	160/80	160/80	150/80	130/80	130/80	130/80	130/80	130/80	130/80	Bo
get 185		000	208	264	225	161	137	123	107	107	102	Rpp
		00	00	00	8	8	80	00	00	8	00	PVC
												Comments

SUBURDAL PROMESSA PROMESSA (east). Morrison - 405:01. Tel: 51700000

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Test End Reasons

, Heart Rate Achieved

Dr. Aldill P. Paruiskar.

Reg. No. 20 | 2082483 DNB Cardiology

Doctor: DR.AKHIL PARULEKAR

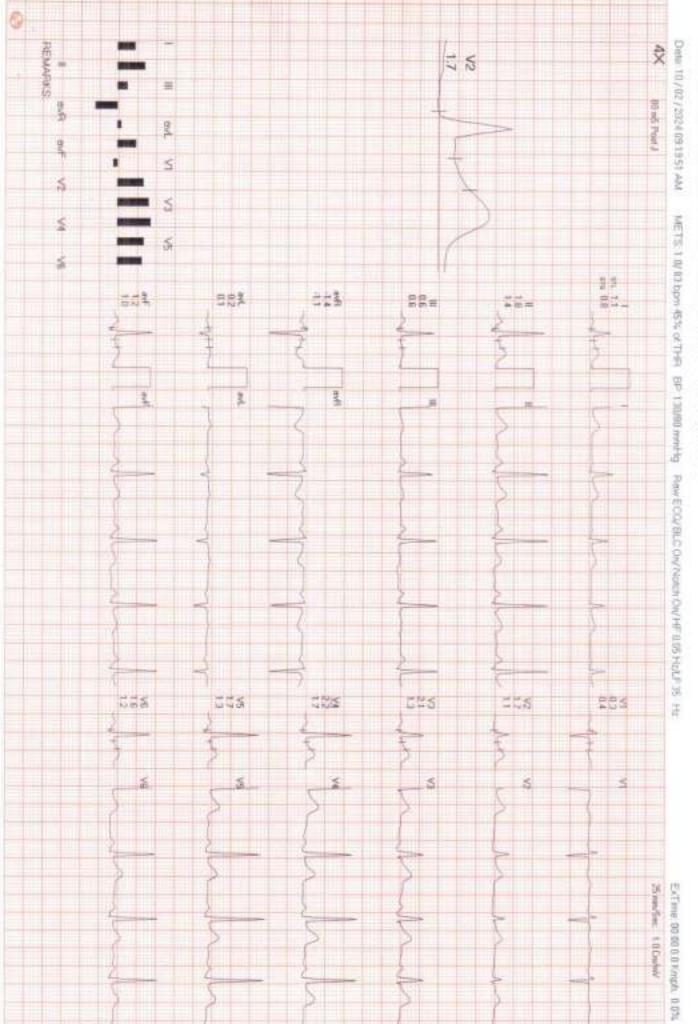
SUPINE (00:07)

(00:07)

AX Dete: 10 / 92 / 2024 09 19 53 AM 2834 |990/7097773) | SLINIL KUMAR | /35 Y/s | M | 176 Oms | 83 Kg | HR : 79 **PEMARUS** 5 5 dwfi BOwl Post J 12 METS 1.W 79 bpm 43% of THP BP 13000 mmHg Raw ECQ/ELC Cit/Notch Dit/HF 0.05 Hz/F.35 Hz 54 5 98 213 983 854 200 day. 228 555 255 222 THE PERSON 5 ZimaSec 1.0 Cra/n/r ExTime: 00:00 0.0 Kmph. 0.0%

STANDING (00:28)

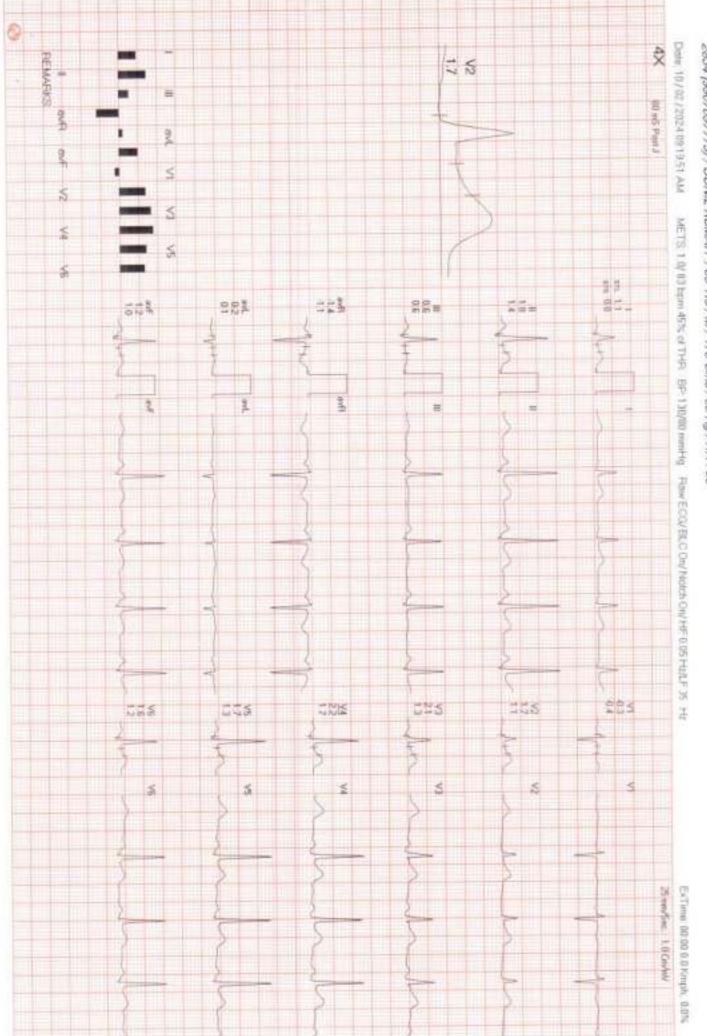
2834 (9907097779) / SUNIL KUMAR / 35 Yis / M / 176 Cins / 83 Kg / HR : 83







2834 (9907097773) / SUNIL KUMAR / 35 Yrs / M / 176 Chrs / 83 Kg / HR : 83



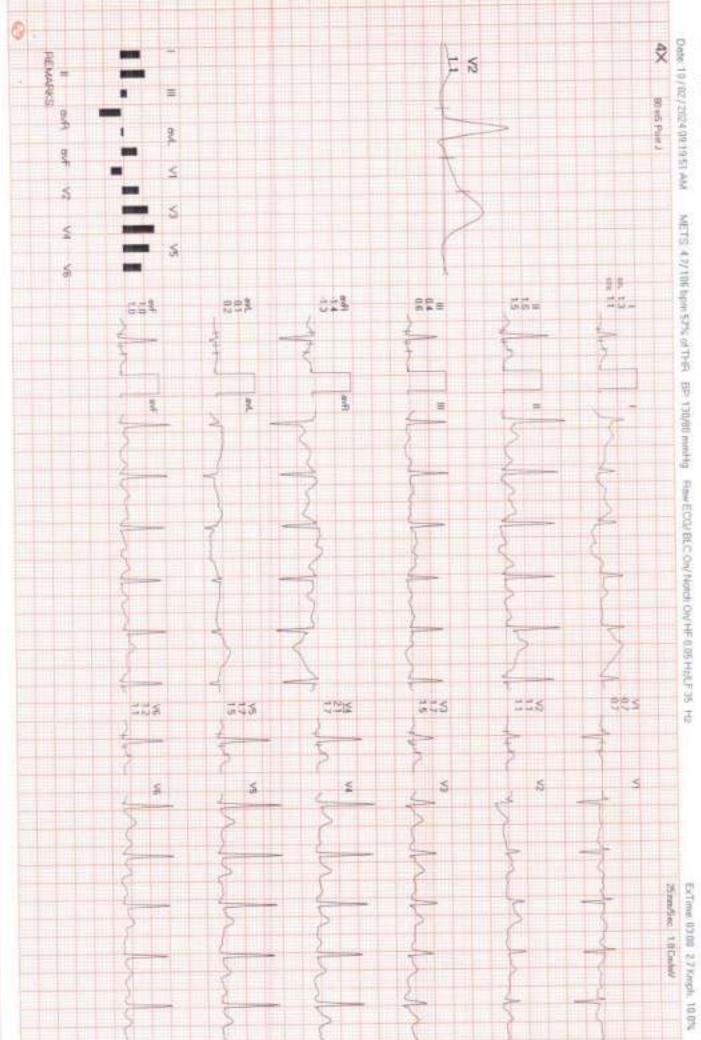
2834 (9907097773) / SUNIL KUMAR / 35 Yrs / M / 176 Cms / 83 Kg / HR : 87

Deller 10/02/2024 09:3951 AM HEMARKS 5 5 80 a6 Pun J avit avF. S METS 1 U/ 87 typm 47% of THAT BP 130/86 mmHg Rew EDG/BCC On/ Notch On/ HF 0.05 Hz/LF 15 Hz V. 8 11 12 M d#. 882 HING W 572E 346 II.S CEE 375 E45 135 3 ZSmaSec 180n/n/ ExTime: 00:00 0.0 Kmph; 0.0%



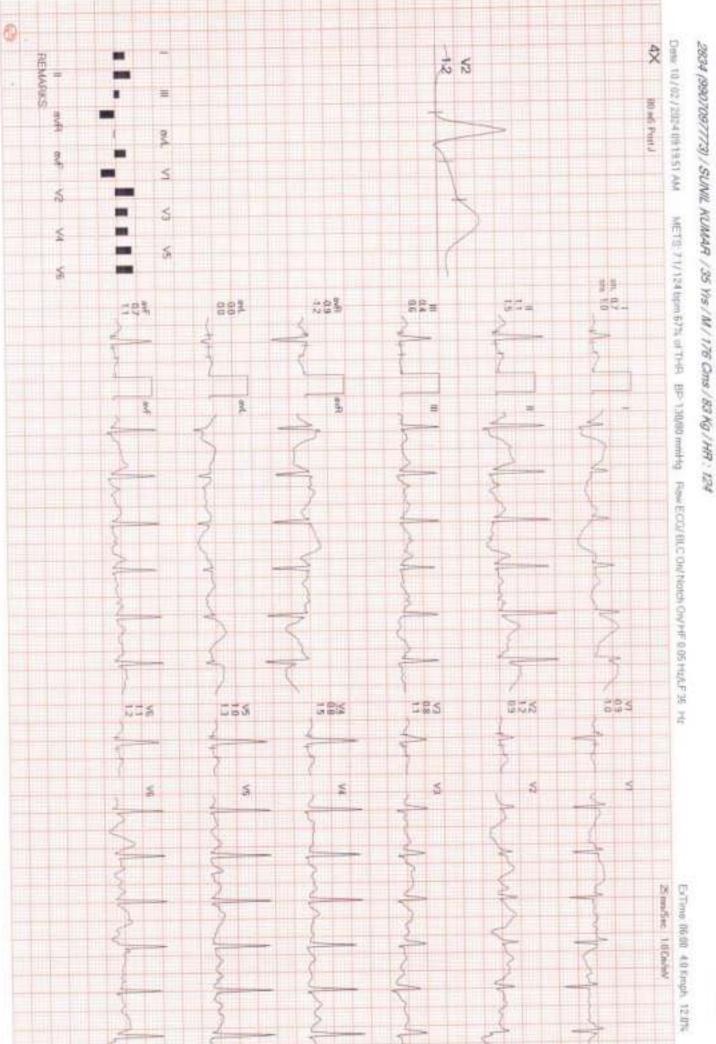


2834 (9907097773) / SUNIL KUMAR / 35 Yrs / M / 176 Oms / 83 Kg / HR : 108





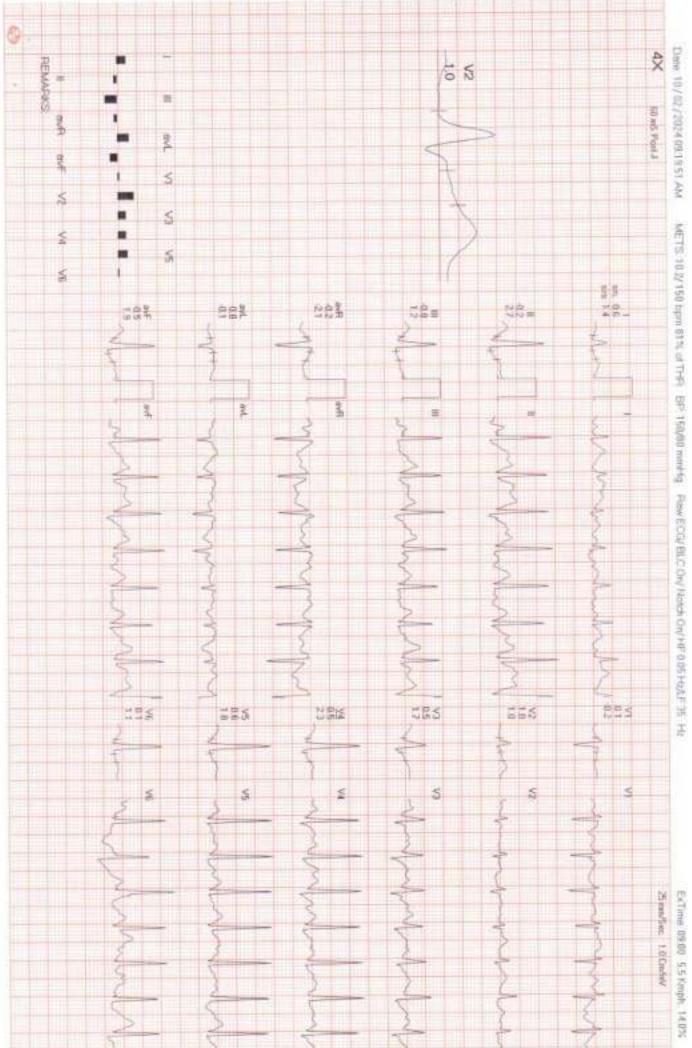
BRUCE: Stage 1 (03:00)





BRUCE: Stage 2 (03:00)

2834 (9907097773) / SUNIL KUMAR / 35 Yrs / M / 176 Cms / 83 Kg / HR : 150





BRUCE: Stage 3 (03:00)

PeakEx



2834 (9907097773) / SUNIL KUMAR / 35 Yrs / M / 176 Cms / 83 Kg / HR : 165

Date 10/02/2024091951AM BENARKS 0.8 Ħ Union Smith JAR 9 S 5 5 METS 10.0/165 bpm 89% of THR BP 160/00 mmHg Plaw ECG/BLC Dry Naick Dry HF 0.05 Ht/LF 35 Ht 5 23 th 36 th -05 222 NO. 90m 二世界 Ž. SES 204 NO. IBS BES × ZD WINDER T. D. CONTROL ExTime: 09:12 6.0 Kright: 16:0%

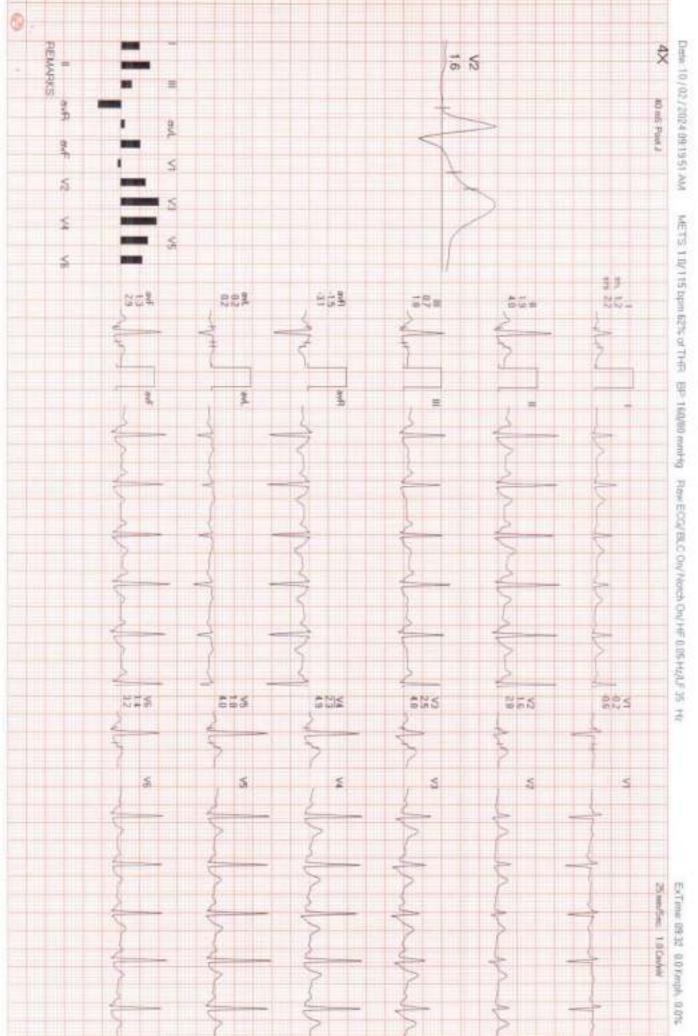
Recovery: (01:00)

2834 (9907097773) / SUNIL KUMAR / 35 Yrs / M / 176 Cms / 83 Kg / HR : 130

Desc 10/02/2024 09:18:51 AM × BEMARKS 7 5 SQ mili Post J S S S METS 42/110 bpm 70% of THR BP 150/00 mmHg. Raw ECG/BLC On/ North On/ HF 9.05 HgLF 35. Hr 4 5 99 UTV -CL S 201 IGH. 12.75 12.75 12.75 35 RES ENS 223 335 EUS S E-Time 09:32 8.9 Kinph, 8.0% ZimSec 10Code/



Dete: 10 / 02 / 2024 09:19:51 AM 2834 (9907097773) / SUNIL KUMAR / 35 Yrs / M / 176 Oms / 83 Kg / HR 115 METS 1.0/115 ppm 62% of THE BP 160/80 minHg Raw ECQ/BLC On/Norch On/HF 0.05 HzJLF 15 Hz





Recovery: (01:14)

Name

: MR. YADAV SUNIL KUMAR

Age / Gender : 35 Years/Male

Consulting Dr. :

Reg.Location : Kandivali East (Main Centre)

Collected

: 10-Feb-2024 / 09:56

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Reported

: 11-Feb-2024 / 10:17

### PHYSICAL EXAMINATION REPORT

History and Complaints:

Pain in epididymis region, IBS off & on

**EXAMINATION FINDINGS:** 

Height (cms):

176 cms

Weight (kg):

83 kgs

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 130/80

Nails:

Normal

Pulse:

72/min

Lymph Node:

Not Palpable

Systems

Cardiovascular: Normal

Respiratory:

Normal

Genitourinary:

Normal

GI System:

Normal

CNS:

Normal

IMPRESSION:

ala-fall live

ADVICE:

law fasty diet

CHIEF COMPLAINTS:

1) Hypertension:

No



: MR. YADAV SUNIL KUMAR

age / Gender

: 35 Years/Male

Consulting Dr. :

Reg.Location : Kandivali East (Main Centre)

Collected

: 10-Feb-2024 / 09:56

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Reported

: 11-Feb-2024 / 10:17

2)	IHD .	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
8)	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
C 1000	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No
0.000	Musculoskeletal System	No

### PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mix
4)	Medication	No

\*\*\* End Of Report \*\*\*

Reg. No. 69548 Consultant Chysician SHRIN

Dr.JAGRUTI DHALE

SUBURBAN DIACHOSTICS (INDIA) PVT. LTD. Thakur Wilage, Kandivali (east), Dr. Jagruti Dhale
Mumbel - 405101. Consultant Plansicial Consultant Physician Reg. No. 69548 Tel: 61700000



CID : 2404122470

: Mr YADAV SUNIL KUMAR Name

Age / Sex : 35 Years/Male

Ref. Dr

Reg. Location

: Kandivali East Main Centre

Reg. Date Reported

: 10-Feb-2024

Authenticity Check

: 11-Feb-2024 / 7:44

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### 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.SUDHANSHU SAXENA Consultant Radiologist M.B.B.5 DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021009571254

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NAME : MR SUNIL KUMAR

REF BY : AGE / SEX : 35 YR / M

CID NO :-

### USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.7 cm) shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 12 mm and CBD appears measures 3 mm. 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 mass lesions seen

### PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 10.4 x 5.4 cm. Left kidney measures 11.1 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 (9.6 cm) 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 and measures 3.4 x 3.3 x 3.0 cm and volume is 18 cc.

### IMPRESSION:

GRADE II FATTY LIVER.

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

DR AKASH CHHARI MD, RADIOLOGY CONSULTANT RADIOLOGIST



Date: - 10 | 2 | 24

CID:

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Name: - Sunil Kumar

Sex/Age:

EYE CHECK UP

Chief complaints:

NIO

Systemic Diseases: NO

Past history: HO-

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)						(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn	
Distance	-	-	+	610	-	-	0	616	
Near	_			HIG				4/4	

Colour Vision: Normal T Abnormal

Remark:

Nonual

SUBBRRAN DIACMOSTICS (MIDIA) PVT. LTD. Row (Source) \_1), Thakur Village

Mumbel - 400 call Tol: 61700000



CID : 2404122470

Name : MR. YADAV SUNIL KUMAR

:35 Years / Male Age / Gender

Consulting Dr. Collected : 10-Feb-2024 / 10:01 Reported :10-Feb-2024 / 12:41 : Kandivali East (Main Centre) Reg. Location

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Calculated

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<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	15.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.37	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.0	40-50 %	Measured
MCV	86	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated

**WBC PARAMETERS** 

**RDW** 

**WBC Total Count** 4990 4000-10000 /cmm Elect. Impedance

11.6-14.0 %

WBC DIFFERENTIAL AND ABSOLUTE COUNTS

HOO DILLETTIAL AND A	IDOOLOTE OCCIVIO		
Lymphocytes	48.2	20-40 %	
Absolute Lymphocytes	2405.2	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	394.2	200-1000 /cmm	Calculated
Neutrophils	38.4	40-80 %	
Absolute Neutrophils	1916.2	2000-7000 /cmm	Calculated
Eosinophils	4.9	1-6 %	
Absolute Eosinophils	244.5	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	29.9	20-100 /cmm	Calculated

Immature Leukocytes

WBC Differential Count by Absorbance & Impedance method/Microscopy.

14.9

**PLATELET PARAMETERS** 

Platelet Count	298000	150000-400000 /cmm	Elect. Impedance
MPV	9.9	6-11 fl	Calculated
PDW	17.2	11-18 %	Calculated

**RBC MORPHOLOGY** 

Hypochromia Microcytosis

Page 1 of 11



Name : MR. YADAV SUNIL KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. : - Collected : 10-Feb-2024 / 10:01

Reg. Location : Kandivali East (Main Centre) Reported :10-Feb-2024 / 12:08

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 5 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 \*\*\*



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

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Page 2 of 11



Name : MR. YADAV SUNIL KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. :

**:** -

Reg. Location : Kandivali East (Main Centre)



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Collected : 10-Feb-2024 / 10:01

**Reported** :10-Feb-2024 / 13:32

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	97.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	115.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.27	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	22.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	42.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	31.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	56.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.93	0.67-1.17 mg/dl	Enzymatic



Name : MR. YADAV SUNIL KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. :

eGFR, Serum

Reg. Location

: Kandivali East (Main Centre)

110

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Reported

: 10-Feb-2024 / 11:08 : 10-Feb-2024 / 16:42

Calculated

(ml/min/1.73sqm)

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 w.e.f 16-08-2023

URIC ACID, Serum

3.8

3.5-7.2 mg/dl

Enzymatic

Urine Sugar (Fasting)
Urine Ketones (Fasting)

Absent Absent Absent Absent

Urine Sugar (PP)

Absent

Absent Absent

Urine Ketones (PP)

Absent

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

\*\*\* End Of Report \*\*\*



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



Name : MR. YADAV SUNIL KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. : - Collected : 10-Feb-2024 / 10:01

Reg. Location : Kandivali East (Main Centre) Reported :10-Feb-2024 / 12:15

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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.6 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

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Estimated Average Glucose 114.0 mg/dl Calculated

(eAG), EDTA WB - CC

### Intended use:

• In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

- · In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

### Clinical Significance:

- HbA1c. Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

### Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

### Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



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

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CID : 2404122470

Name : MR. YADAV SUNIL KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. Reg. Location

: Kandivali East (Main Centre)



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:10-Feb-2024 / 11:50 :10-Feb-2024 / 18:08

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **EXAMINATION OF FAECES**

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (5.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
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 +	-	-
O		-	
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*



me Dr.JAGESHWAR MANDAL **CHOUPAL** MBBS, DNB PATH **Pathologist** 

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Name : MR. YADAV SUNIL KUMAR

Age / Gender : 35 Years / Male

**Consulting Dr.** : - **Collected** : 10-Feb-2024 / 11:50

Reg. Location : Kandivali East (Main Centre) Reported :10-Feb-2024 / 18:08

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

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION	<u>on</u>		
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 inert

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



Dr.JAGESHWAR MANDAL CHOUPAL MBBS, DNB PATH Pathologist

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CID : 2404122470

Name : MR. YADAV SUNIL KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. Reg. Location

Collected Reported :10-Feb-2024 / 15:56 : Kandivali East (Main Centre)



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: 10-Feb-2024 / 10:01

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

**RESULTS PARAMETER** 

**ABO GROUP** 0

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

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









Name : MR. YADAV SUNIL KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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Reported

:10-Feb-2024 / 10:01 :10-Feb-2024 / 13:32

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	180.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	92.3	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	49.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	131.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	113.0	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	18.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*



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

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Name : MR. YADAV SUNIL KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. : -

Reg. Location

: Kandivali East (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.55	0.35-5.5 microIU/ml mIU/ml	ECLIA



Name : MR.YADAV SUNIL KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. : - Collected : 10-Feb-2024 / 10:01

Reg. Location : Kandivali East (Main Centre) Reported :10-Feb-2024 / 14:20

### 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)
- 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 \*\*\*



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

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