

CID# : 2308421419

Name : MR.SHRIVASTAVA ABHAY KUMAR

Age / Gender : 30 Years/Male

Consulting Dr. :

Collected : 25-Mar-2023 / 09:06

Reg.Location : Lulla Nagar, Pune (Main Centre)

Reported : 25-Mar-2023 / 13:46

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):153

Weight (kg):64

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg):120/80

Nails: Healthy

Pulse:88/min

Lymph Node: Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

CHIEF COMPLAINTS:

- | | | |
|-----|--------------------------------|----|
| 1) | Hypertension: | No |
| 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 |

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- | | | |
|-----|----------------------------------------|----|
| 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 |

PERSONAL HISTORY:

- | | | |
|----|------------|-------|
| 1) | Alcohol | No |
| 2) | Smoking | No |
| 3) | Diet | Mixed |
| 4) | Medication | No |

*** End Of Report ***

All performed reports.
within range.

Dr. Milind Shinde
MBBS, DNB, Consulting Physician,
Diabetologist & Echocardiologist



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Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 25-Mar-2023 / 09:24
Reported : 25-Mar-2023 / 13:51

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.70	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.0	40-50 %	Calculated
MCV	92	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5900	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	1952.9	1000-3000 /cmm	Calculated
Monocytes	5.1	2-10 %	
Absolute Monocytes	300.9	200-1000 /cmm	Calculated
Neutrophils	54.5	40-80 %	
Absolute Neutrophils	3215.5	2000-7000 /cmm	Calculated
Eosinophils	7.3	1-6 %	
Absolute Eosinophils	430.7	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	178000	150000-400000 /cmm	Elect. Impedance
MPV	11.6	6-11 fl	Calculated
PDW	21.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

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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-ESR 5 2-15 mm at 1 hr. Sedimentation

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



MC-2463

Dr. Chandrakant Pawar

Dr. CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

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Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 25-Mar-2023 / 09:24
Reported : 25-Mar-2023 / 15:03

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	88.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.02	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.35	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.67	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	18.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	39.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	22.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic

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Collected : 25-Mar-2023 / 12:09
Reported : 25-Mar-2023 / 16:38

eGFR, Serum	114	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet in Renal Disease)
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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	5.2	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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

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Collected : 25-Mar-2023 / 09:24
Reported : 25-Mar-2023 / 12:59

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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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Collected : 25-Mar-2023 / 09:24
Reported : 25-Mar-2023 / 13:26

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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	0-1	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	

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 Pune Lab, Pune Swargate
*** End Of Report ***



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Reported : 25-Mar-2023 / 14:30

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

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

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

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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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	160.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	43.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	116.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100	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	16.7	< /= 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

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Collected : 25-Mar-2023 / 09:24
Reported : 25-Mar-2023 / 16:56

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	5.5	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	13.2	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.29	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.

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Reported : 25-Mar-2023 / 16:56

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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be 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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*** End Of Report ***



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Dr. CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

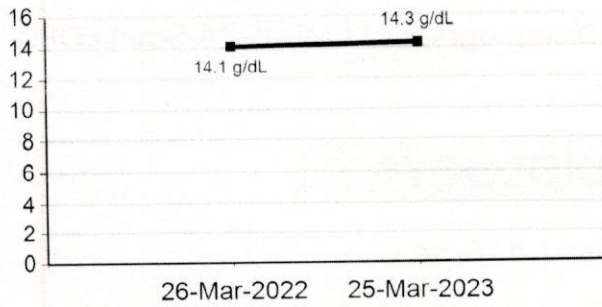
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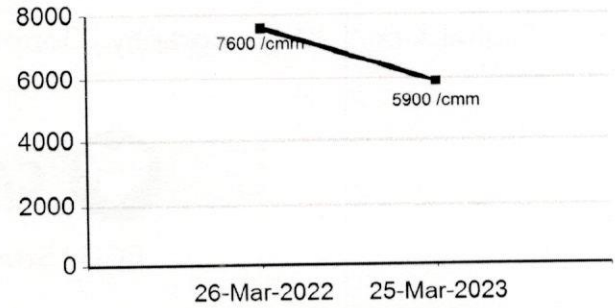
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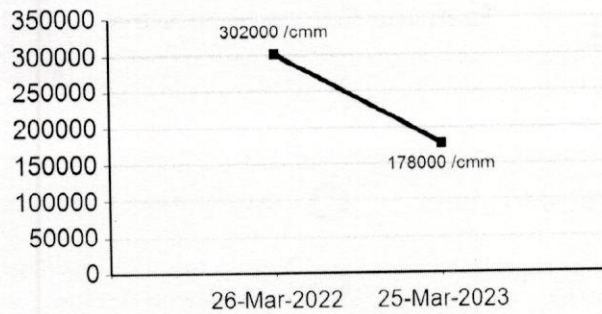
Haemoglobin



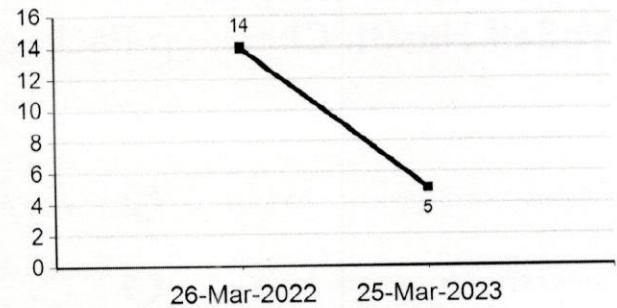
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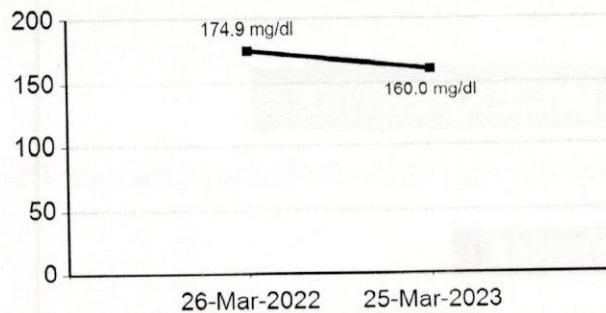
Platelet Count



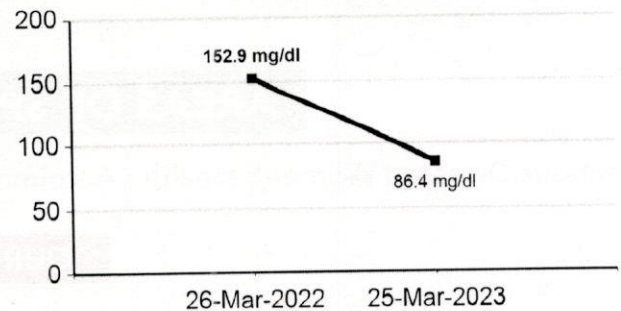
ESR



CHOLESTEROL



TRIGLYCERIDES



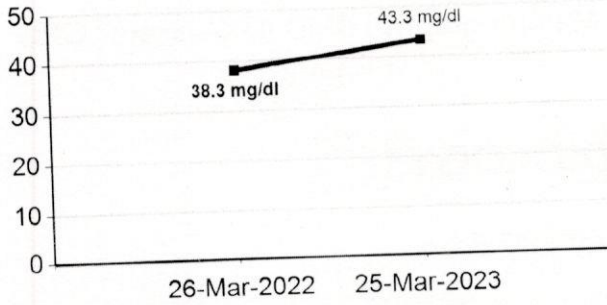
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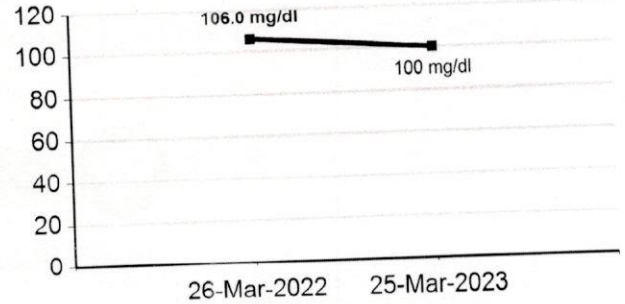
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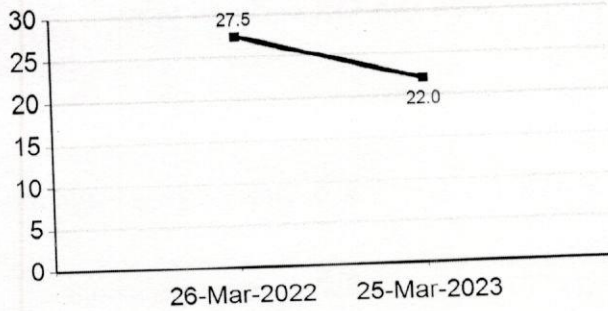
HDL CHOLESTEROL



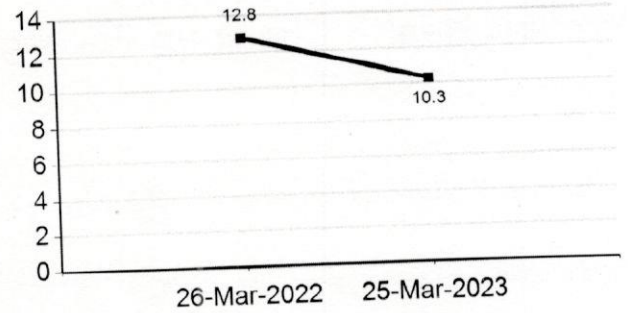
LDL CHOLESTEROL



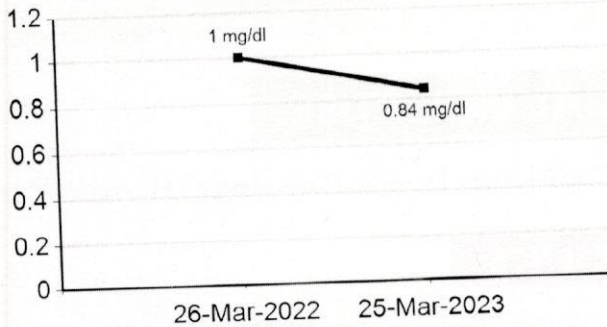
BLOOD UREA



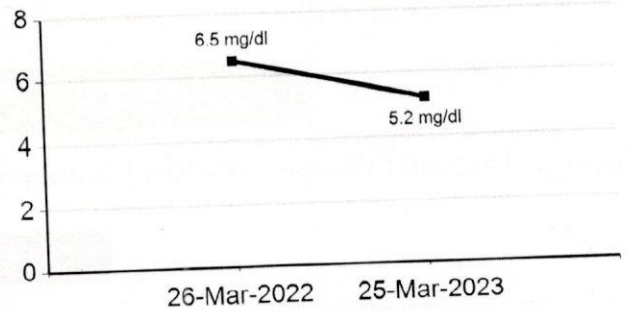
BUN



CREATININE



URIC ACID



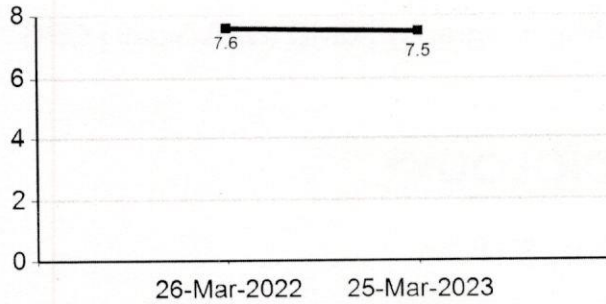
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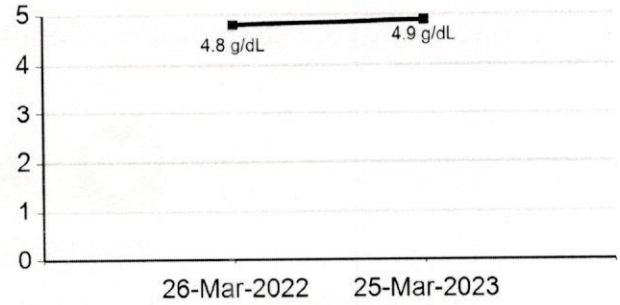
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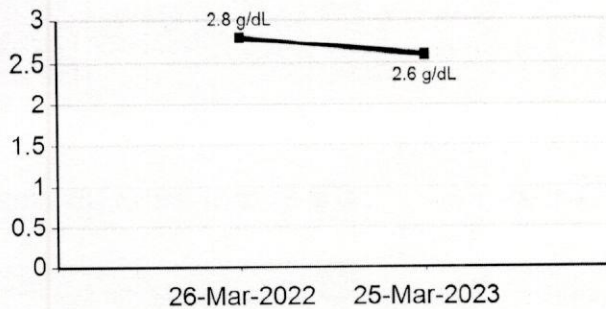
TOTAL PROTEINS



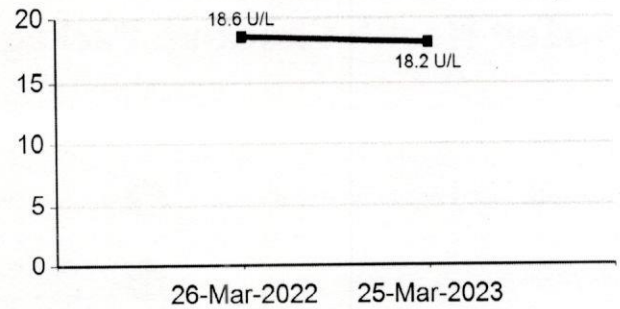
ALBUMIN



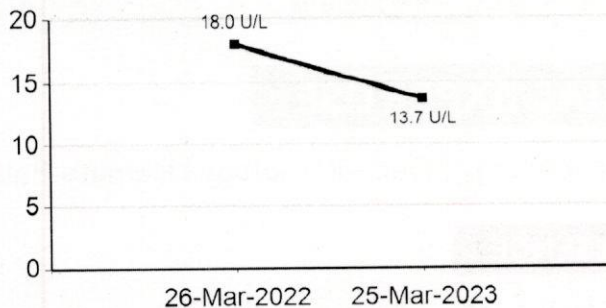
GLOBULIN



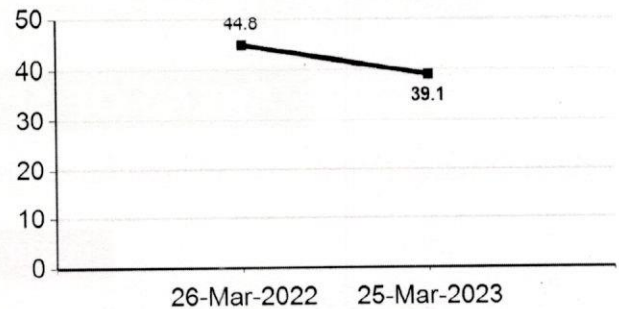
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE



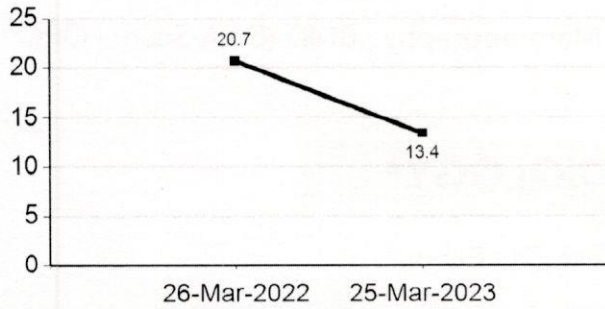
Authenticity Check



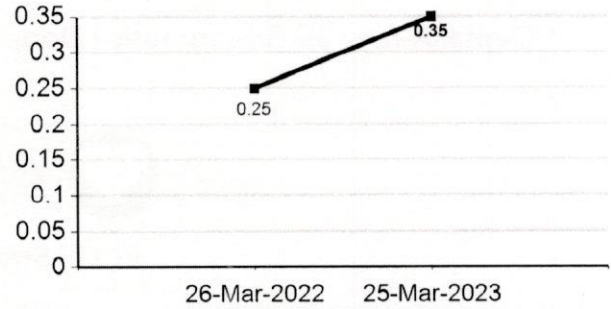
Use a QR Code Scanner Application To Scan the Code

CID : 2308421419
 Name : MR.SHRIVASTAVA ABHAY KUMAR
 Age / Gender : 30 Years / Male
 Consulting Dr. : -
 Reg. Location : Lulla Nagar, Pune (Main Centre)

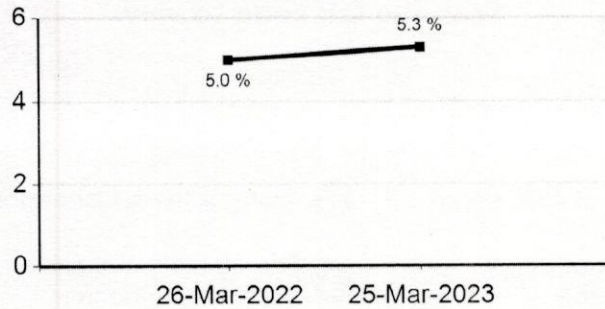
GAMMA GT



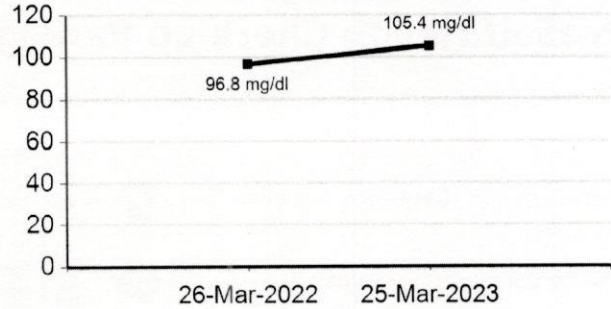
BILIRUBIN (DIRECT)



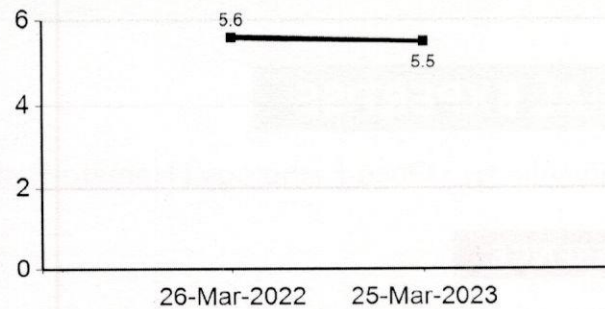
Glycosylated Hemoglobin (HbA1c)



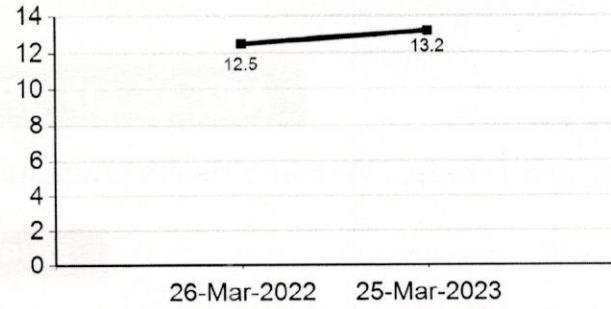
Estimated Average Glucose (eAG)



Free T3



Free T4

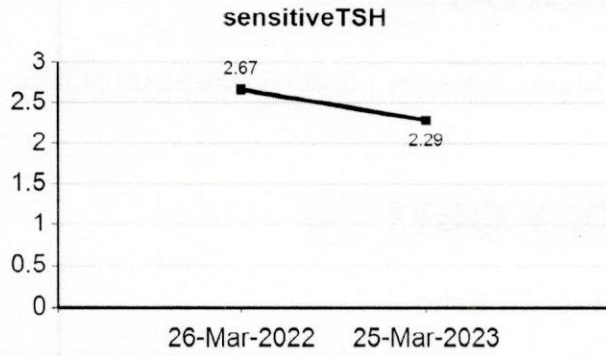


Authenticity Check

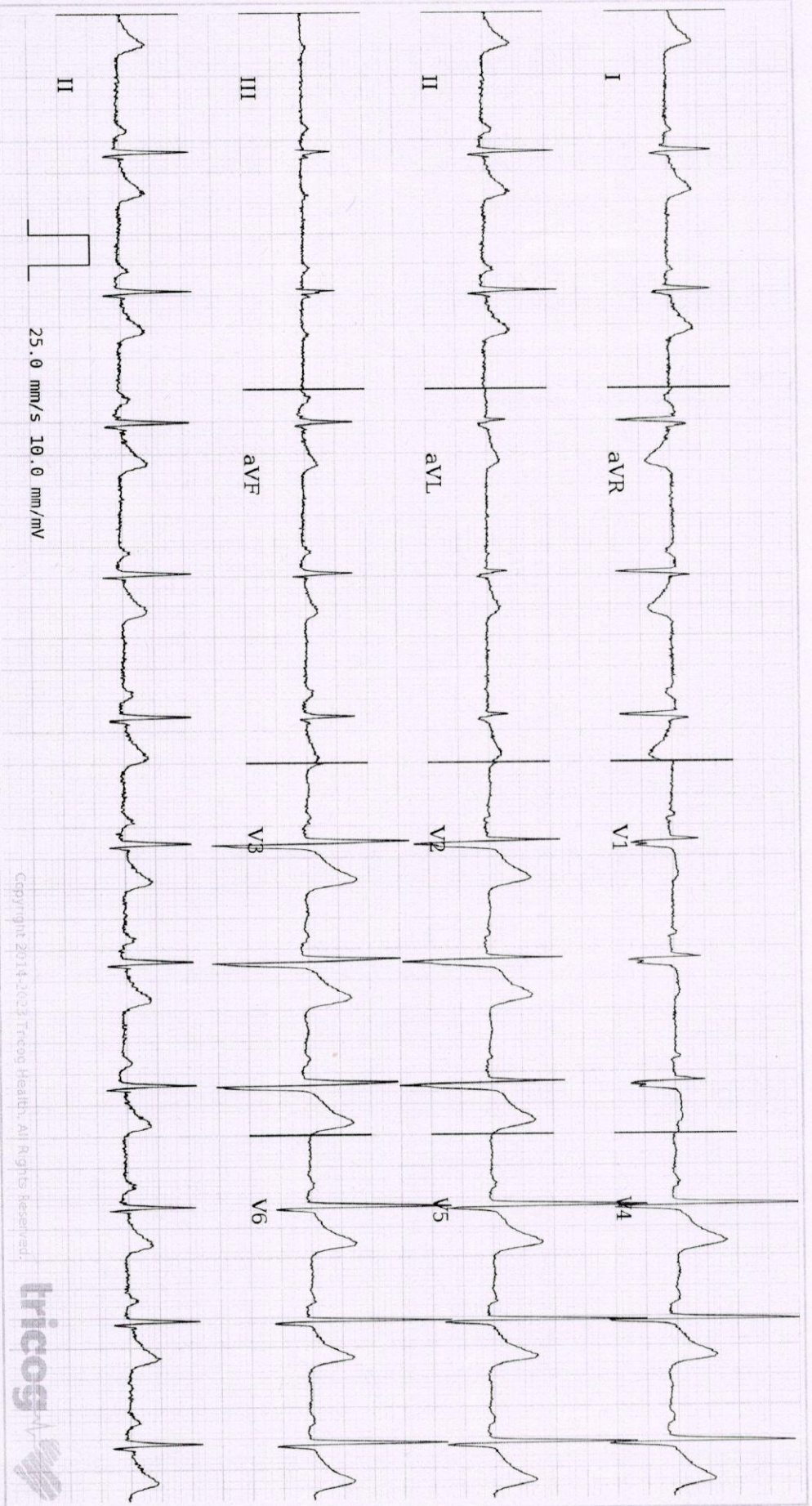


Use a QR Code Scanner
Application To Scan the Code

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Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)



SUBURBAN DIAGNOSTICS - LILLANAGAR, PUNE
Patient Name: SHRIVASTAVA ABHAY KUMAR Date and Time: 25th Mar 23 9:49 AM
Patient ID: 2308421419



25.0 mm/s 10.0 mm/mV

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Age **30** 2 **15**
years months days

Gender **Male**

Heart Rate **72bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 64 kg

Height: 153 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms

QT: 378ms

QTc: 413ms

PR: 164ms

P-R-T: 66° 57° 33°

REPORTED BY

[Signature]

Dr. Milind Shinde
MBBS, DNB Medicine
2011/05/1544



ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia. 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.

CID : 2308421419
Name : Mr SHRIVASTAVA ABHAY KUMAR
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Lulla Nagar, Pune Main Centre
Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 10:25

Use a QR Code Scanner
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USG (ABDOMEN + PELVIS)

LIVER : The liver is normal in size, shape and smooth margins. It shows normal 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 and CBD appears normal.

GALL BLADDER : The gall bladder is physiologically distended. The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

PANCREAS : The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion is noted.

KIDNEYS : 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, shape and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER : The urinary bladder is well distended. It shows thin walls and sharp mucosa. No evidence of calculus is noted. No mass or diverticulum is seen.

PROSTATE : The prostate is normal in size and echotexture.

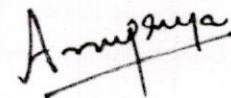
Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops. There is no evidence of any lymphadenopathy or ascitis.

IMPRESSION :

➤ No significant abnormality seen.

Advice - Clinical and lab correlation.

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



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

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Authenticity Check
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CID : 2308421419
Name : Mr SHRIVASTAVA ABHAY KUMAR
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Lulla Nagar, Pune Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 10:32

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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.

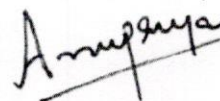
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

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