

CID	: 2123122673
Name	: MR.RAJENDRAKUMAR BHESANIYA
Age / Gender	: 35 Years / Male
Consulting Dr. Reg. Location	: - : Vashi (Main Centre)

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# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

	<u>CBC (Complet</u>	<u>e Blood Count), Blood</u>	
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	17.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.38	4.5-5.5 mil/cmm	Elect. Impedance
PCV	51.8	40-50 %	Measured
MCV	96	80-100 fl	Calculated
MCH	31.5	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5150	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	30.5	20-40 %	
Absolute Lymphocytes	1570.8	1000-3000 /cmm	Calculated
Monocytes	9.8	2-10 %	
Absolute Monocytes	504.7	200-1000 /cmm	Calculated
Neutrophils	55.4	40-80 %	
Absolute Neutrophils	2853.1	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	180.3	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	41.2	20-100 /cmm	Calculated
Immature Leukocytes			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS	<u>.</u>		
Platelet Count	204000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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Consulting Dr.	: -	Collected	:19-Aug-2021 / 09:27	
Reg. Location	: Vashi (Main Centre)	Reported	:19-Aug-2021 / 12:18	т

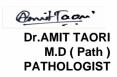
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR, Citrate WB	4	2-15 mm at 1 hr.	Westergren

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	60.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
CHOLESTEROL, Serum	205.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	47.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
LDL CHOLESTEROL, Serum	141.0	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	Colorimetric
TRIGLYCERIDES, Serum	81.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
BILIRUBIN (TOTAL), Serum	0.93	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.63	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	20.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.9	5-45 U/L	NADH (w/o P-5-P)

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Page 3 of 10

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Reg. Location	: Vashi (Main	Centre)	Reported	:19-Aug-2021 / 12:51	т
ALKALINE PHC Serum	OSPHATASE,	64.3	40-130 U/L	Colorimetric	
BLOOD UREA,	Serum	21.5	12.8-42.8 mg/dl	Kinetic	
BUN, Serum		10.0	6-20 mg/dl	Calculated	
CREATININE, Serum	Serum	0.97 94	0.67-1.17 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated	

URIC ACID, Serum 3.5-7.2 mg/dl 4.3 \*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East \*\*\* End Of Report \*\*





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Consulting Dr. Reg. Location	: - : Vashi (Main Centre)



# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TEST RESULTS BIOLOGICAL REF RANGE METHOD

PARAMETER sensitiveTSH, Serum

2.53

0.35-5.5 microIU/ml

ECLIA

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





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METHOD

Calculated

HPLC

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

mg/dl

**BIOLOGICAL REF RANGE** 

Non-Diabetic Level: < 5.7 %

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

## PARAMETER

Glycosylated Hemoglobin 4.4 (HbA1c), EDTA WB - CC

Estimated Average Glucose (eAG), EDTA WB - CC

Intended use:

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

RESULTS

79.6

- 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 CPL, Andheri West \*\*\* End Of Report \*\*\*





Dr.JYOT THAKKER M.D,D.P.B PATHOLOGIST

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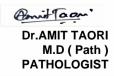


## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	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			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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





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### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** ENT BASIC CHECK UP

## PARAMETER

#### RESULTS BIOLOGICAL REF RANGE METHOD

ENT BASIC CHECK UP

DNS to right, rest NAD on basic inspection.





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:19-Aug-2021 / 14:46

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

Collected

Reported

## PARAMETER

## <u>RESULTS</u>

ABO GROUP A 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.

### **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 \*\*



M. Jain

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

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

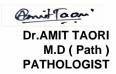
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	205.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	81.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	47.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	157.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	141.0	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	Colorimetric

### The LDL value is calculated by Friedewalds equation.

VLDL CHOLESTEROL, Serum CHOL / HDL CHOL RATIO, Serum	16.6 4.3	< /= 30 mg/dl 0-4.5 Ratio	Calculated Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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