

CID#	: 2131735432	SID#	: 177804444023
Name	: MR.MALAYA SANKAR PANIGRAHI	Registered	: 13-Nov-2021 / 10:51
Age / Gender	: 31 Years/Male	Collected	: 13-Nov-2021 / 10:51
Ref. Dr	: -	Reported	: 16-Nov-2021 / 10:28
Reg.Location	: Vashi (Main Centre)	Printed	: 16-Nov-2021 / 14:01

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	165	Weight (kg):	75
Temp (0c):	Normal	Skin:	Normal
Blood Pressure (mm/hg):	124/74	Nails:	Normal
Pulse:	76/min	Lymph Node:	Not Palpable / Not Tender

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION: AS ABOVE.

AVAILABLE REPORTS NOTED.

ADVICE: To consult family physician with all the reports.

TO DO Hb ELECTROPHORESIS, RETIC COUNT, CONSULT HEMATOLOGIST WITH REPORTS FOR Hb CORRECTION.

DIET AND LIFESTYLE MANAGEMENT, FAT FREE FOODS, ABSTAIN FROM ALCOHOL IF ANY, 6-7 KG WEIGHT LOSS ADVISED, MONITOR LIVER ENZYMES AND FASTING LIPID PROFILE AND CONSULT FAMILY PHYSICIAN,
MONITOR PPBS, CONSULT FAMILY PHYSICIAN.

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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

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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 |
| 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 | None |

*** End Of Report ***



Dr.SHEPHALI BODKHE
MBBS

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Reg. Location : Vashi (Main Centre)

Collected : 13-Nov-2021 / 11:00
Reported : 13-Nov-2021 / 15:02

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.7	13.0-17.0 g/dL	Spectrophotometric
RBC	6.47	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.8	40-50 %	Measured
MCV	63	80-100 fl	Calculated
MCH	19.7	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6470	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.0	20-40 %	
Absolute Lymphocytes	2458.6	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	420.6	200-1000 /cmm	Calculated
Neutrophils	51.9	40-80 %	
Absolute Neutrophils	3357.9	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	155.3	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	77.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	363000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	14.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	++		
Microcytosis	++		
Macrocytosis	-		



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Collected : 13-Nov-2021 / 11:00
Reported : 13-Nov-2021 / 15:12

Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Features suggest thalassemia trait.

Advice : Hb Electrophoresis & Reticulocyte count estimation.
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 9 2-15 mm at 1 hr. Westergren

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



Dr. TEJASWINI DHOTE
M.D. (PATH)
Pathologist

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Collected : 13-Nov-2021 / 11:00
Reported : 13-Nov-2021 / 14:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	56.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Result rechecked. Kindly correlate clinically.			
BILIRUBIN (TOTAL), Serum	0.53	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	21.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	46.3	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	77.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.02	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	91	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Enzymatic

*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
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 CPL, Andheri West

*** End Of Report ***



MC-2111

M Jain
Dr.MILLU JAIN
M.D.(PATH)
Pathologist

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Collected : 13-Nov-2021 / 11:00
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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	6-8	Less than 20/hpf	

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



Tejaswini Dhote

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M.D. (PATH)
Pathologist

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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

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

*** End Of Report ***



MC-2111

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	255.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	146.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	46.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	209.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	180.0	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
VLDL CHOLESTEROL, Serum	29.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

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*** End Of Report ***



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Reg. Location : Vashi (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.79	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 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 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: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.

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 Panvel Lab, Panvel East
*** End Of Report ***



Dr. Tejaswini Dhote

Dr.TEJASWINI DHOTE
M.D. (PATH)
Pathologist

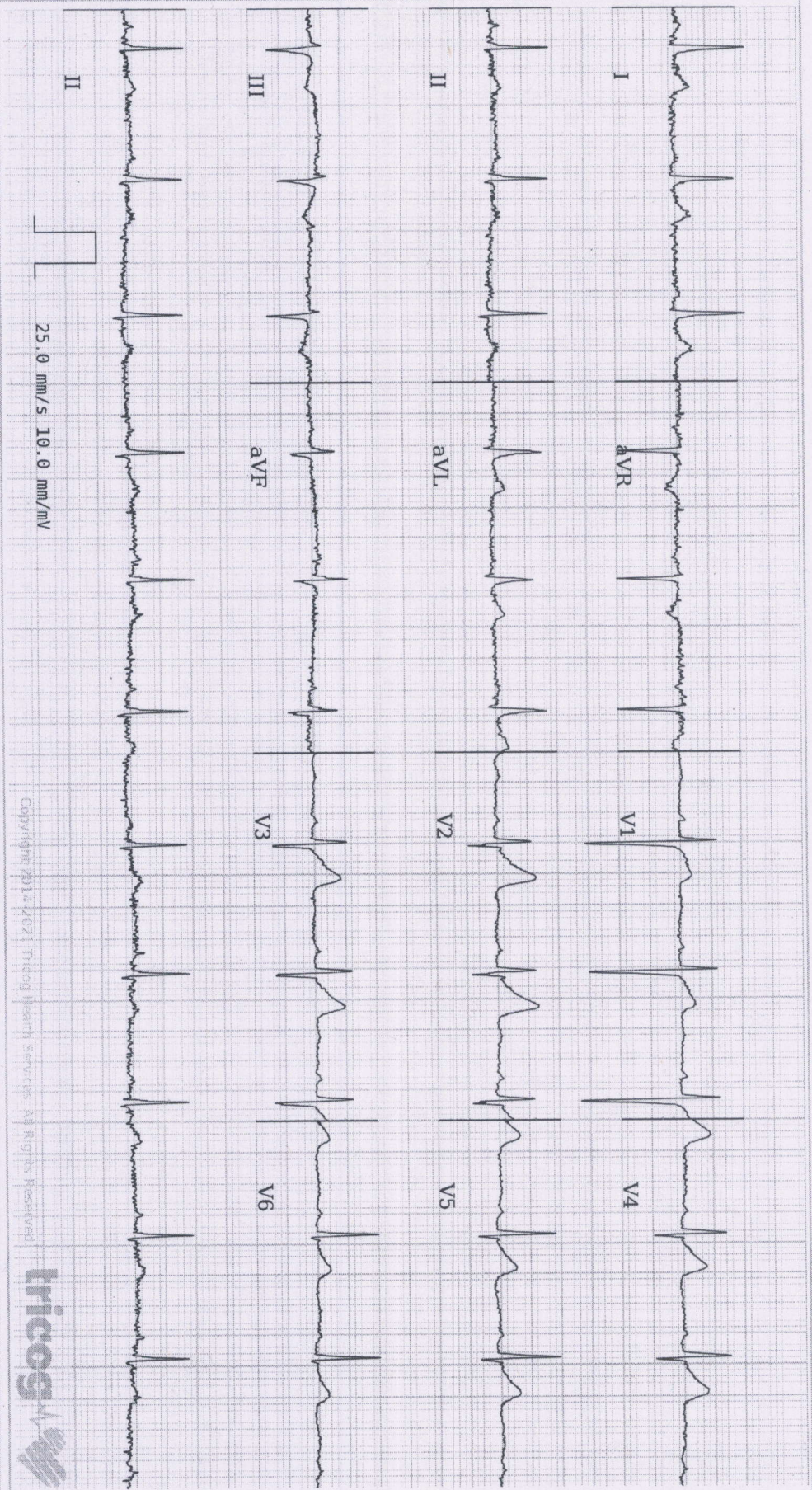
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SUBURBAN DIAGNOSTICS - VASHI

Patient Name: MALAYA SANKAR PANIGRAHI Date and Time: 13th Nov 21 2:28 PM
Patient ID: 2131735432



25.0 mm/s 10.0 mm/mV

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Age 31 7 4
years months days

Gender Male

Heart Rate 70 bpm

Patient Vitals

BP: 124/74 mmHg

Weight: 75 kg

Height: 165 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 66 ms

QT: 346 ms

QTc: 373 ms

PR: 164 ms

P-R-T: 34° 8° -6°

REPORTED BY

Amr

Dr. Anand N Motwani
M.D. (General Medicine)
Reg No 39329 M.M.C

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Baseline artefacts. Otherwise. 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.

Date:- 13/11/21

CID: 2131735432

Name:- Mr. Malaya

Sex / Age: M / 31 yrs.

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____	_____	_____	6/6	_____	_____	_____	6/6
Near	_____	_____	_____	N6	_____	_____	_____	N6

Colour Vision: Normal / Abnormal

Remark: Normal vision & glasses

Anand
DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

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Age / Sex : 31 Years/Male
Ref. Dr :
Reg.Location : Vashi Main Centre

Reg. Date : 13-Nov-2021 / 14:07

Report Date : 13-Nov-2021 / 18:44

Printed : 13-Nov-2021 / 18:44

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 Jamila Johar Fani
MD Radiologist
Reg No 2018/01/0007
Consultant Radiologist