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Suburban Diagnostics (I) Pvt. Lttl. 301& 302, 3rd Floor, Vini Eleganance. Above Tanisq Jywiler, L. T. Road. Borivali (West), Mumbai - 400 092.



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CID#

: 2132707824

SID#

: 177804494873

Name

: MR.SRIKANTH NOUSU

Registered

: 23-Nov-2021 / 10:00

Age / Gender : 36 Years/Male

Collected Reported : 23-Nov-2021 / 10:00

Ref. Dr : -

Reg.Location : Borivali West (Main Centre)

Printed

: 23-Nov-2021 / 14:39 : 24-Nov-2021 / 08:57

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):

165cms

Weight (kg):

75.6kg

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 120/80 mm of hg

Nails:

Normal

Pulse:

76/min

Lymph Node:

Not palpable

Systems

Cardiovascular: S1S2 audible

AEBE

Respiratory: Genitourinary:

NAD

GI System:

Liver & Spleen not palpable

CNS:

NAD

IMPRESSION:

Normal

ADVICE:

CHIEF COMPLAINTS:

1) Hypertension:

NO

2) IHD

NO

3) Arrhythmia

NO NO

Tuberculosis

4) Diabetes Mellitus

NO

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

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

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6) Asthama NO
7) Pulmonary Disease NO
8) Thyroid/ Endocrine disorders NO
9) Nervous disorders NO
10) Gl 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 Testis operation done in 2003

17) Musculoskeletal System NO

PERSONAL HISTORY:

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

*** End Of Report ***

Dr.NITIN SONAVANE PHYSICIAN

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST REGD. NO.: 87714

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Elect. Impedance

Calculated

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complet	te Blood Count), Blood	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			METHOD
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.92	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.3	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	30.0	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
WBC PARAMETERS		1117	Cuiculacco

WBC Total Count

4000-10000 /cmm WBC DIFFERENTIAL AND ABSOLUTE COUNTS

Lymphocytes 27.3 20-40 %

Absolute Lymphocytes 1509.7 1000-3000 /cmm Calculated Monocytes 6.5 2-10 % Absolute Monocytes 359.5 200-1000 /cmm Calculated Neutrophils 56.0 40-80 %

Absolute Neutrophils 3096.8 2000-7000 /cmm Eosinophils 9.7 1-6 %

Absolute Eosinophils 536.4 20-500 /cmm Calculated Basophils 0.5

0.1-2 % Absolute Basophils 27.7 20-100 /cmm Calculated Immature Leukocytes

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	252000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.5	11-18 %	Calculated
DDC HODDIIGI GOV			

	13.3	11-10 %	
RBC MORPHOLOGY			
Hypochromia			
Microcytosis	w		
Macrocytosis			

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Anisocytosis

Poikilocytosis

Polychromasia

olychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

5

2-15 mm at 1 hr.

Westergren

*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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AERFOCAMI HEALTHCARE BELO	OW 40 MALE/FEMALE
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PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.58	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	21.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	41.4	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	102.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	22.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.4	6-20 mg/dl	Calculated
CREATININE, Serum eGFR, Serum	0.81 115	0.67-1.17 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated
URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Enzymatic
NUMBER OF THE PROPERTY OF THE			

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







Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

Specimen Type, Urine URINARY MICROALBUMIN, Random sample

6.7 mg/l

Imm.Turbidimetry

Urine

URINARY CREATININE, Urine

25.40 mg/dl

Enzymatic Calculated

URINARY MICROALBUMIN TO URINARY CREATININE RATIO,

Spot Collection (mg/g Creatinine)

1) Normal < 30

2) Microalbuminuria 30 - 300

3) Clinical Albuminuria > 300

Method: Fully Automated Immunoturbidimetric Assay

1) Microalbuminuria is a reliable risk indicator for renal and cardiovascular disorders in diabetes and hypertension.

Microalbuminuria precedes and is highly predictive of diabetic nephropathy and end-stage renal disease.
 By measuring Microalbuminuria one can monitor the patients response to the chosen line of therapy.

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





Stashi D Dr.SHASHIKANT DIGHADE M.D. (PATH) Pathologist

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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

5.1

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

HPI C

Estimated Average Glucose 99.7

(eAG), EDTA WB - CC

mg/dl

Calculated

- 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









Pinge Dr.TRUPTI SHETTY M. D. (PATH) **Pathologist**

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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)	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 EXAMINATIO	N		
Leukocytes(Pus cells)/hpf	2-3	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	3-4	Less than 20/hpf	
Others		3.	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER

RESULTS

ABO GROUP

0

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.

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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

DADAMETER	LIFTO PRO		
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	188.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	179.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	35.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	152.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	117.0	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	35.8		Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0.455	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

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: 2132707824

Name

: MR. SRIKANTH NOUSU

Age / Gender

: 36 Years / Male

Consulting Dr.

Reg. Location

: Borivali West (Main Centre)

Authenticity Check

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: 23-Nov-2021 / 10:06 :23-Nov-2021 / 12:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.75	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 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.

Diumal 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.

- 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.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

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

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: 36 Years / Male

Consulting Dr.

Reg. Location

: Borivali West (Main Centre)

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: 23-Nov-2021 / 18:36 :24-Nov-2021 / 11:00

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

PARAMETER	

RESULTS

BIOLOGICAL REF RANGE

PHYSICAL EXAMINATION

Colour Form and Consistency

Brown Semi Solid

Brown Semi Solid

Mucus Blood

Absent Absent Absent Absent

CHEMICAL EXAMINATION

Reaction (pH) Occult Blood

Acidic (6.0)

Absent

MICROSCOPIC EXAMINATION

Protozoa Flagellates

Parasites

Macrophages

Mucus Strands

Fat Globules

RBC/hpf

WBC/hpf

Yeast Cells

Undigested Particles

Reducing Substances

Concentration Method (for ova)

Absent Ciliates

Absent Absent

Absent

Absent Absent

Absent

Absent

Absent Absent

Present +

No ova detected

Absent Absent

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







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

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

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Date:-

23/1/12021

CID: 2132707824

Name: Mr Stikanth Nousu

Sex / Age: M 36

EYE CHECK UP

Chief complaints:

ystemic Diseases:

Past history:

Unaided Vision:

Refraction:

Aided Vision:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				61.9.				616
Near				NIC				NIC

Colour Vision: Normal / Abnormal

Remark:

Normal

M.B.B.S.AFLH, D.DIAB, D.CARD.

CONSULTANT-CARDIOLOGIST REGD. NO.: 87714

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: 2132707824

Name

:Mr SRIKANTH NOUSU

Age / Sex

:36 Years/Male

Ref. Dr

Reg.Location

:Borivali West



Reg. Date :23-Nov-2021 / 10:32

Report Date :23-Nov-2021 / 17:11

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Printed

:23-Nov-2021 / 17:11

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. ROHIT MALIK DNB, DMRD, DMRE (MUM) RADIO DIAGNOSIS

http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2021112310014474 Page 1 of 1

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 PATIENT NAME : MR. SRIKANT NOUSU 	• SEX : MALE	C
REFERRED DR:	AGE : 36 YEARS	R
• CID NO :2132707824	• DATE: 23.11.2021	т

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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. No evidence of gall stones or mass lesions 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 11.2 x 5.1cm.

Left kidney measures 11.5 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 3.3 x 3.1 x 2.9 cm, Volume: 15.7 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

DR.MAHESH S KADAM. CONSULTANT RABIOLOGIST MMC REC'NO 2011/08/2693

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. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

*** End Of Report ***

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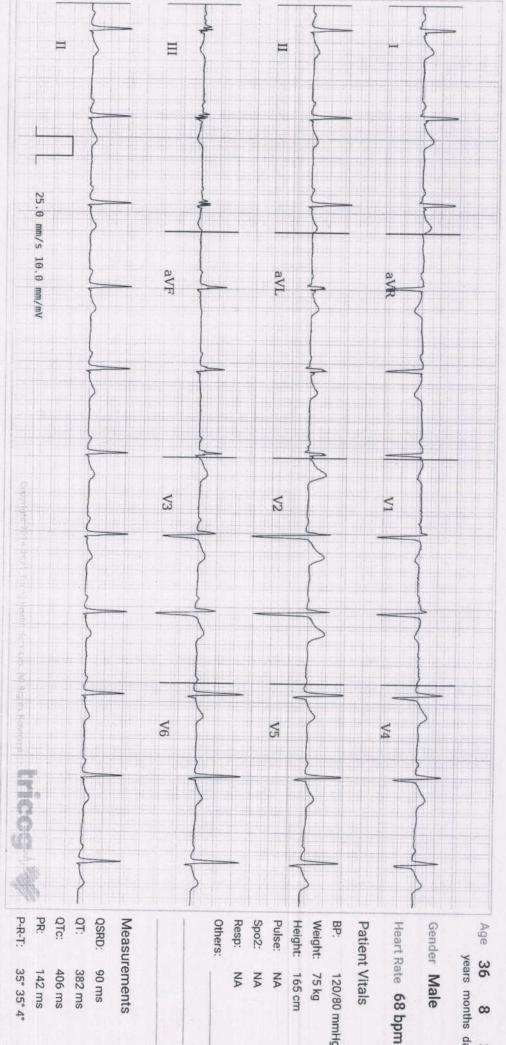
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SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: SRIKANTH NOUSU Patient ID: 2132707824

Date and Time: 23rd Nov 21 10:31 AM



years months days

120/80 mmHg

REPORTED BY

M.B.B.S.AFLH, D.DIAB, D.CARD Consultant Cardiologist Dr Nitin Sonavane ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

Above Tanisq Jweller, L. T. Road, and should happyness). Mumbal.c. A00 092. Suburban Diagnostics (I) Pvt. Ltd. 301& 302, 3rd Floor, Vini Eleganance,

Disclaimer: 1) Analysis in this report is based on ECG alone and interpreted by a qualified physician: 2) Patient vitals are as entered.

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD,
CONSULTANT-CARDIOLOGIST

and results of other investive REGD, NOsts and must be