

Name : MR.SAURABH SINGH

Age / Gender : 35 Years / Male

Consulting Dr. :

Reg. Location : Vashi (Main Centre)



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Collected : 19-Aug-2021 / 09:05

Reported :19-Aug-2021 / 12:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.55	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.9	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7700	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS		
Lymphocytes	42.2	20-40 %	
Absolute Lymphocytes	3249.4	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	585.2	200-1000 /cmm	Calculated
Neutrophils	46.7	40-80 %	
Absolute Neutrophils	3595.9	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	184.8	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	84.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	267000	150000-400000 /cmm	Elect. Impedance
MPV	11.7	6-11 fl	Calculated
PDW	21.6	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	-

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Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

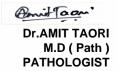
COMMENT -

Specimen: EDTA Whole Blood

ESR, Citrate WB 14 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE RESULTS BIOLOGICAL REF RANGE METHOD

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	153.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
CHOLESTEROL, Serum	207.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	37.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
LDL CHOLESTEROL, Serum	156.0	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	166.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	17.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.7	5-45 U/L	NADH (w/o P-5-P)

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ALKALINE PHOSPHATASE, Serum	155.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	28.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.5	6-20 mg/dl	Calculated
CREATININE, Serum eGFR, Serum	0.95	0.67-1.17 mg/dl	Enzymatic
	96	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.8	3.5-7.2 mg/dl	Enzymatic

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sensitiveTSH, Serum

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TEST

0.35-5.5 microIU/ml

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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3.08



Dr.ANURADHA NARAYANKHEDKAR M.D, DCP PATHOLOGIST

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: 19-Aug-2021 / 09:05

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

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

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 %

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.

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Dr.ANUPA DIXIT M.D.(PATH) PATHOLOGIST

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u>

PHYSICAL EXAMINATION

ColourBrownBrownForm and ConsistencySemi SolidSemi SolidMucusAbsentAbsentBloodAbsentAbsent

CHEMICAL EXAMINATION

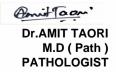
Reaction (pH) Acidic (6.5)

Occult Blood Absent Absent

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 + Concentration Method (for ova) No ova detected





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CID : 2123122415

Name : MR.SAURABH SINGH

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIRINF FXAMINATION REPORT

ORINE EXAMINATION REPORT			
<u>PARAMETER</u>	<u>RESULTS</u>	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	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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 / hnf	Absont	0-2 /hpf	

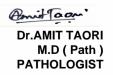
Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 1-2

Casts Absent Absent Crystals **Absent Absent** Amorphous debris **Absent Absent**

Bacteria / hpf 2-3 Less than 20/hpf





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE ENT BASIC CHECK UP

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE METHOI</u>

ENT BASIC CHECK UP NAD on basic inspection.





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

PARAMETER RESULTS

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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M. fain
Dr.MILLU JAIN
M.D.(PATH)
PATHOLOGIST

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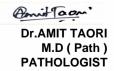
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	207.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	166.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	37.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	170.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	156.0	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	14.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.2	0-3.5 Ratio	Calculated

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