

SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: GANESH DUTE

Date and Time: 26th Nov 22 12:58 PM

Patient ID: 2233020891

Age **30** **8** **23**
years months days

Gender **Male**

Heart Rate **79bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 52 kg

Height: 170 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

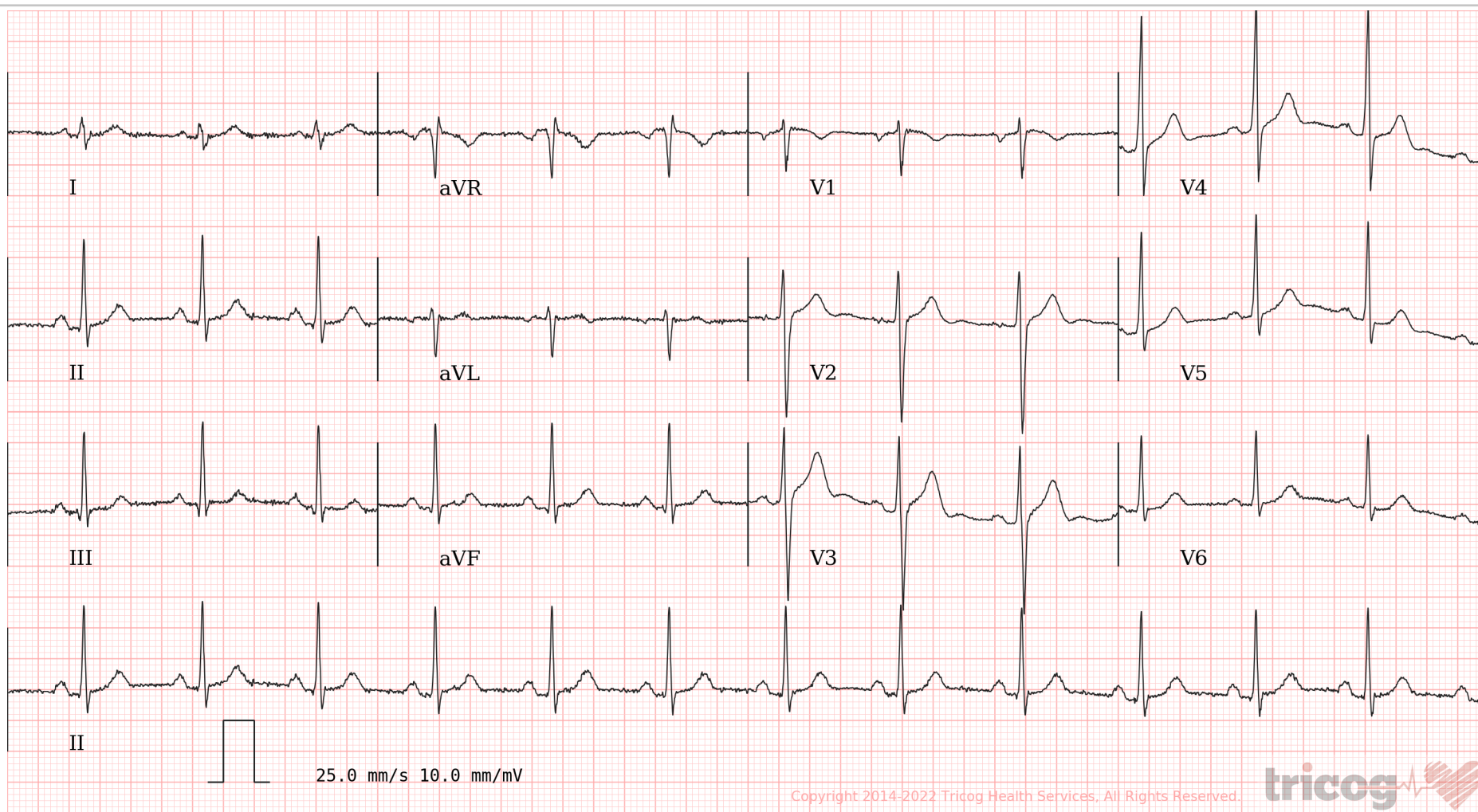
QRSD: 84ms

QT: 356ms

QTc: 408ms

PR: 152ms

P-R-T: 71° 87° 57°



Copyright 2014-2022 Tricog Health Services, All Rights Reserved.



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB,D.CARD
Consultant Cardiologist
87714



CID : 2233020891
Name : Mr GANESH DUTE
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 26-Nov-2022
Reported : 26-Nov-2022/11:31

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal . **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.0 x3.1 cm. Left kidney measures 8.8 x 4.8 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 4.5 x2.8 x 4.5 cm and prostatic weight is 31 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



CID : 2233020891
Name : Mr GANESH DUTE
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 26-Nov-2022
Reported : 26-Nov-2022/11:31

Opinion:

- **No significant abnormality is detected.**

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



Use a QR Code Scanner
Application To Scan the Code

CID : 2233020891
Name : Mr GANESH DUTE
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 26-Nov-2022
Reported : 26-Nov-2022/11:31



CID : 2233020891
Name : Mr GANESH DUTE
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 26-Nov-2022
Reported : 26-Nov-2022/14:33

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-----

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



Use a QR Code Scanner
Application To Scan the Code

CID : 2233020891
Name : Mr GANESH DUTE
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 26-Nov-2022
Reported : 26-Nov-2022/14:33



CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 09:52
Reported : 26-Nov-2022 / 15:02

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.71	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.6	40-50 %	Measured
MCV	99	80-100 fl	Calculated
MCH	33.4	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	12.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5050	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.7	20-40 %	
Absolute Lymphocytes	1398.9	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	399.0	200-1000 /cmm	Calculated
Neutrophils	63.7	40-80 %	
Absolute Neutrophils	3216.9	2000-7000 /cmm	Calculated
Eosinophils	0.4	1-6 %	
Absolute Eosinophils	20.2	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	15.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	260000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	14.4	11-18 %	Calculated



Use a QR Code Scanner
Application To Scan the Code

CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 09:52
Reported : 26-Nov-2022 / 13:09

RBC MORPHOLOGY

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 4 2-15 mm at 1 hr. Westergren

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



Bmhasakar

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 09:52
Reported : 26-Nov-2022 / 15:51

R
E
P
O
R
T

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	82.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.64	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.39	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	12.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.7	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	16.7	<73 U/L	Modified IFCC



Use a QR Code Scanner
Application To Scan the Code

CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 13:24
Reported : 26-Nov-2022 / 21:47

Kindly note change in Ref range and method w.e.f.11-07-2022

ALKALINE PHOSPHATASE, Serum	61.3	46-116 U/L	Modified IFCC
--------------------------------	------	------------	---------------

Kindly note change in Ref range and method w.e.f.11-07-2022

BLOOD UREA, Serum	21.3	19.29-49.28 mg/dl	Calculated
-------------------	------	-------------------	------------

Kindly note change in Ref range and method w.e.f.11-07-2022

BUN, Serum	9.9	9.0-23.0 mg/dl	Urease with GLDH
------------	-----	----------------	------------------

Kindly note change in Ref range and method w.e.f.11-07-2022

CREATININE, Serum	0.86	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	111	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.9	3.7-9.2 mg/dl	Uricase/ Peroxidase

Kindly note change in Ref range and method w.e.f.11-07-2022

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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhaskar

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



CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 09:52
Reported : 26-Nov-2022 / 17:03

Use a QR Code Scanner
Application To Scan the Code

**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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Vrushi Shroff
Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 09:52
Reported : 26-Nov-2022 / 16:08

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	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	1-2	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	2-3	Less than 20/hpf	
Others	-		

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



MC-2111

Bmhaskar

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 09:52
Reported : 26-Nov-2022 / 16:08

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



CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 09:52
Reported : 26-Nov-2022 / 16:47

Use a QR Code Scanner
Application To Scan the Code

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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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.

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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 09:52
Reported : 26-Nov-2022 / 16:46

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	166.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	61.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	40.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	125.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.6	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	12.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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



Anupa

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 09:52
Reported : 26-Nov-2022 / 15:51

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	5.3	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	17.0	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.348	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



Use a QR Code Scanner
Application To Scan the Code

CID : 2233020891
Name : MR.GANESH DUTE
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 26-Nov-2022 / 09:52
Reported : 26-Nov-2022 / 15:51

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 upto15 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)

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



Anupa

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

CID#	: 2233020891	SID#	: 177805656047
Name	: MR.GANESH DUTE	Registered	: 26-Nov-2022 / 09:44
Age / Gender	: 30 Years/Male	Collected	: 26-Nov-2022 / 09:44
Consulting Dr.	: -	Reported	: 26-Nov-2022 / 16:01
Reg.Location	: Borivali West (Main Centre)	Printed	: 26-Nov-2022 / 16:08

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	168 cms	Weight (kg):	52 kg
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/70 mmhg	Nails:	NAD
Pulse:	80/ min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & spleen not palpable
CNS: NAD

IMPRESSION: klclo Thalassemia minor

ADVICE:

CHIEF COMPLAINTS:

1) Hypertension:	No
2) IHD	No
3) Arrhythmia	No
4) Diabetes Mellitus	No
5) Tuberculosis	No

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**

CID# : **2233020891**
 Name : MR.GANESH DUTE
 Age / Gender : 30 Years/Male
 Consulting Dr. : -
 Reg.Location : Borivali West (Main Centre)

SID# : 177805656047
 Registered : 26-Nov-2022 / 09:44
 Collected : 26-Nov-2022 / 09:44
 Reported : 26-Nov-2022 / 16:01
 Printed : 26-Nov-2022 / 16:08

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