

CID# : 2308421602
Name : MR.VARGHESE P ASHISH
Age / Gender : 31 Years/Male
Consulting Dr. :
Reg.Location : Malad West (Main Centre)

Collected : 25-Mar-2023 / 09:19
Reported : 28-Mar-2023 / 09:46

PHYSICAL EXAMINATION REPORT

History and Complaints: Nil

EXAMINATION FINDINGS:

Height (cms):	172	Weight (kg):	75.6
Temp (0c):	<i>Afebrile</i>	Skin:	NORMAL
Blood Pressure (mm/hg):	120/70	Nails:	NORMAL
Pulse:	<i>78/m</i>	Lymph Node:	NORMAL

Systems

Cardiovascular: NORMAL
Respiratory: NORMAL
Genitourinary: NORMAL
GI System: NORMAL
CNS: NORMAL

IMPRESSION:

Mild anemia, Impaired lymphatics.

ADVICE:

*Lifestyle modification
Increase intake of iron-rich food.*

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |

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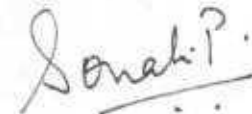
Reported : 28-Mar-2023 / 09:46

- | | |
|--|----|
| 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 | Occasionally |
| 2) Smoking | NO |
| 3) Diet | Non-Veg |
| 4) Medication | NO |

*** End Of Report ***

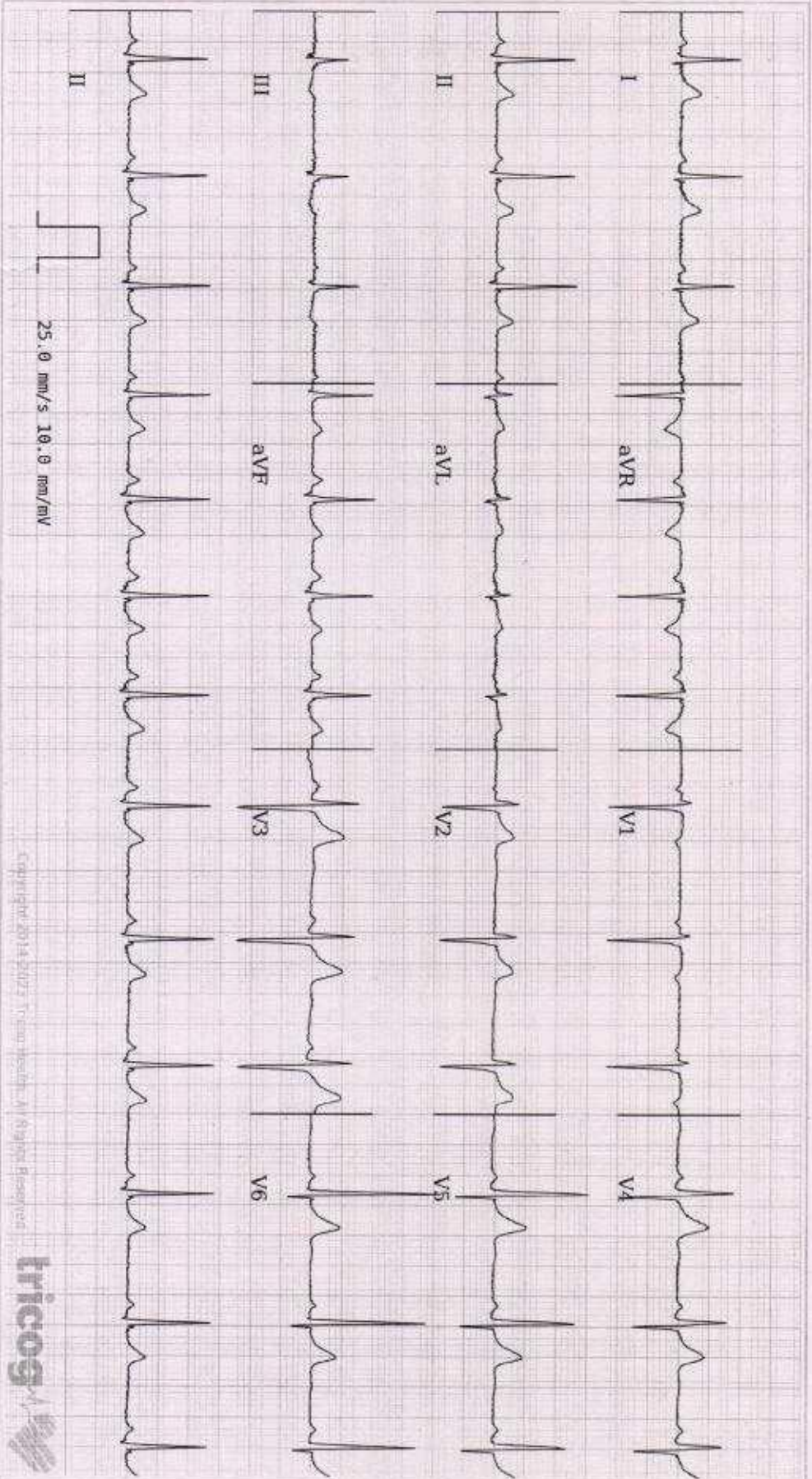


Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

Patient Name: **VARGHESE P ASHISH**

Date and Time: **25th Mar 23 10:18 AM**

Patient ID: **2308421602**



25.0 mm/s 10.0 mm/mV

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Age **31** **10** **29**
years months days

Gender **Male**

Heart Rate **79bpm**

Patient Vitals

BP: **120/70 mmHg**

Weight: **75 kg**

Height: **172 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **82ms**

QT: **336ms**

QTc: **385ms**

PR: **122ms**

P-R-T: **54° 54° 31°**

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

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

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 tests and must be interpreted by a qualified physician. 2) Patient's notes are as entered by the clinician and not derived from the ECG.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308421602
Name : Mr VARGHESE P ASHISH
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 11:27

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.1 cm), shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.7 x 4.9 cm.
Left kidney measures 10.2 x 5.0 cm.

SPLEEN:

The spleen is normal in size (9.7 cm), and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is partially distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and volume is 13.0 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032509203746>

Page no 1 of 2

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Reg. Location : Malad West Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 11:27

IMPRESSION:

- Grade I fatty infiltration of liver.

Suggestion: Clinicopathological correlation.

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. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

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Page no 2 of 2

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Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 14:48

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032509203754>

Date:- 25/3/23

CID: 2308421602

Name:- Mr. Ashish varghese Sex / Age: 31 / male

EYE CHECK UP

Chief complaints: → No

Systemic Diseases: → No

Past history: → No

Unaided Vision: Both eye - N - N6

Aided Vision: D - 6/6

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance:	—	—	—	G16	—	—	—	6/6
Near:	—	—	—	N6	—	—	—	N6

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: ASHISH, VARGHESE
 Patient ID: 2308421602
 Height: 172 cm
 Weight: 75.6 kg

DOB: 27.04.1991
 Age: 31 yrs
 Gender: Male
 Race: Asian

Study Date: 25.03.2023
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: DR SONALI HONRAO
 Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:15	0.00	0.00	104	120/70	
	STANDING	00:22	0.00	0.00	100		
	HYPERV.	00:14	0.00	0.00	96	120/70	
	WARM-UP	00:19	1.00	0.00	96		
EXERCISE	STAGE 1	03:00	1.70	10.00	142	130/70	
	STAGE 2	03:00	2.50	12.00	155	142/70	
	STAGE 3	03:00	3.40	14.00	169	150/70	
	STAGE 4	00:10	4.20	16.00	171		
RECOVERY		03:02	0.00	0.00	118	150/70	

The patient exercised according to the BRUCE for 9:10 min:s, achieving a work level of Max. METS: 10.50. The resting heart rate of 102 bpm rose to a maximal heart rate of 171 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/70 mmHg, rose to a maximum blood pressure of 150/70 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician

Soni P.

Technician

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

ASHISH, VARGHESE
 Patient ID: 2308421602
 25-03-2023
 10:32:39am

12-Lead Report

PRETEST
 SUPINE
 00:12

104 bpm
 120/70 mmHg

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.06	V1	-0.01
II	0.01	V2	0.11
III	-0.04	V3	0.03
aVR	-0.04	V4	0.04
aVL	0.05	V5	0.03
aVF	0.01	V6	0.01



ASHISH, VARGHESE
Patient ID: 2308421602
25-03-2023
10:32:58am

12-Lead Report
PRETEST
STANDING
00:32

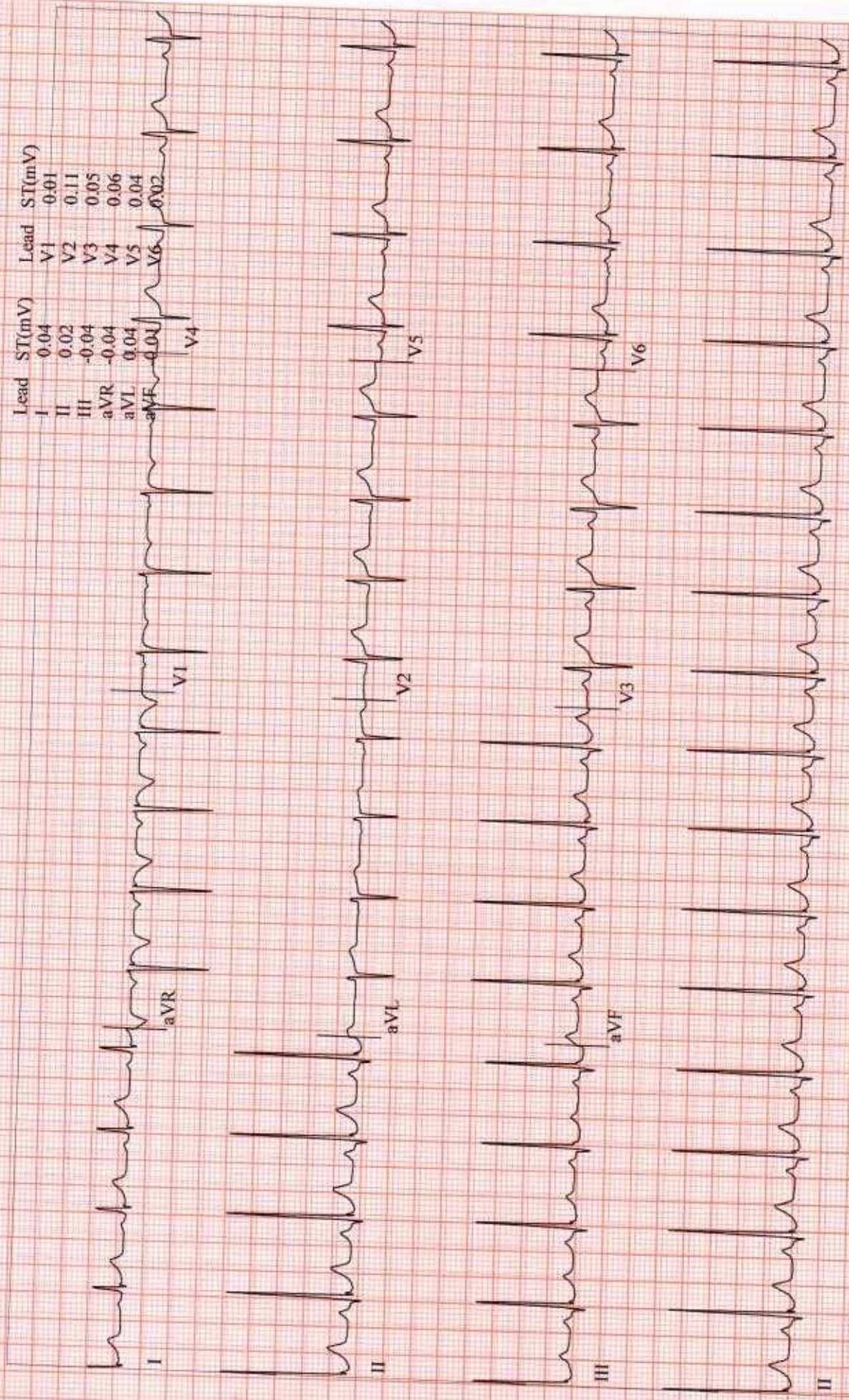
100 bpm
120/70 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	0.01
II	0.02	V2	-0.11
III	-0.04	V3	0.05
aVR	-0.04	V4	0.06
aVL	0.04	V5	0.04
aVF	0.01	V6	0.02



ASHISH, VARGHESE
 Patient ID: 2308421602
 25.03.2023
 10:33:16am

12-Lead Report

PRETEST
 HYPERV.
 00:49

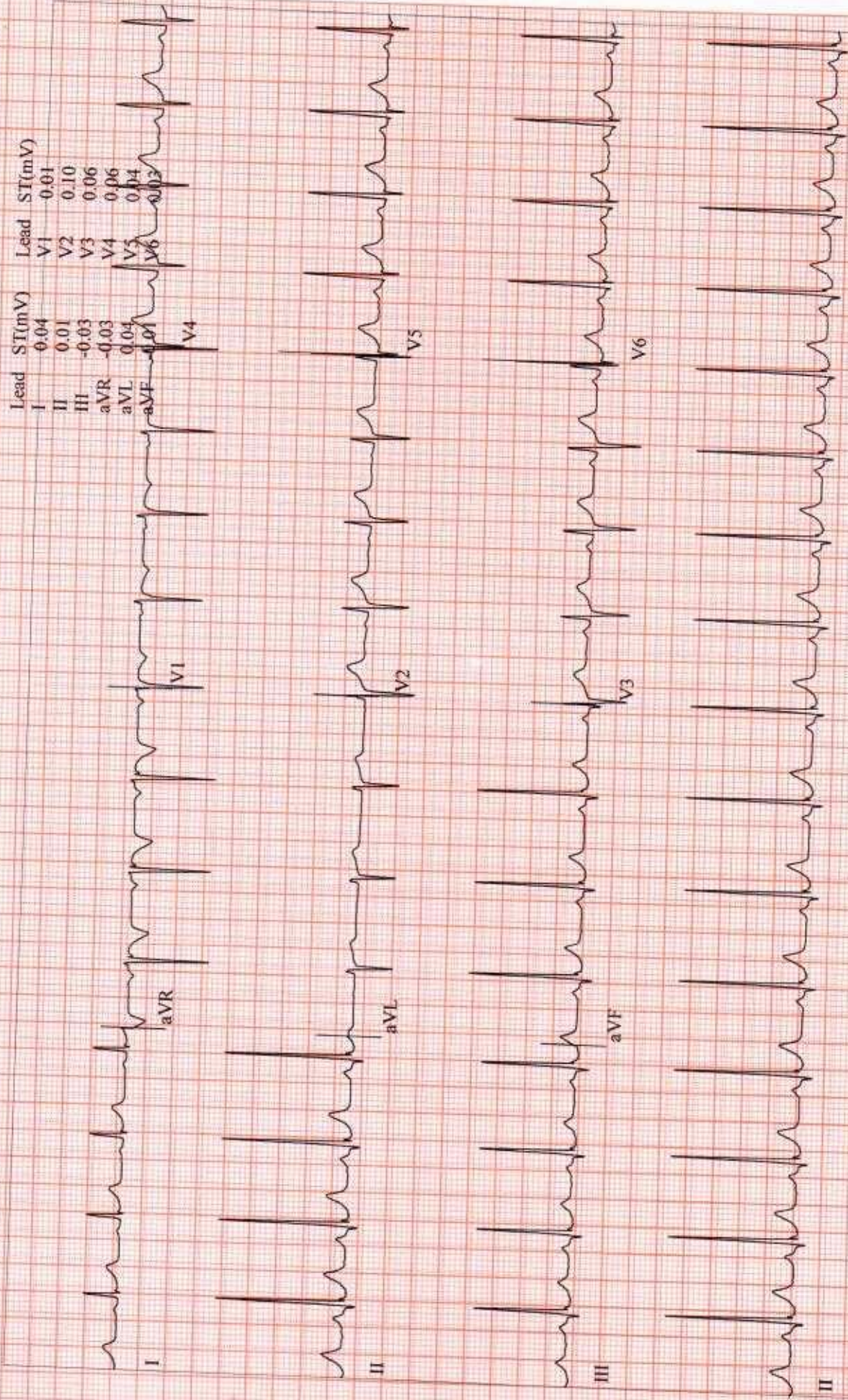
98 bpm
 120/70 mmHg

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.04	V1	-0.01
II	0.01	V2	0.10
III	-0.03	V3	0.06
aVR	-0.03	V4	0.06
aVL	0.04	V5	0.04
aVF	0.01	V6	0.03



ASHISH, VARGHESE
Patient ID 2308421602
25.03.2023
10:36:21am

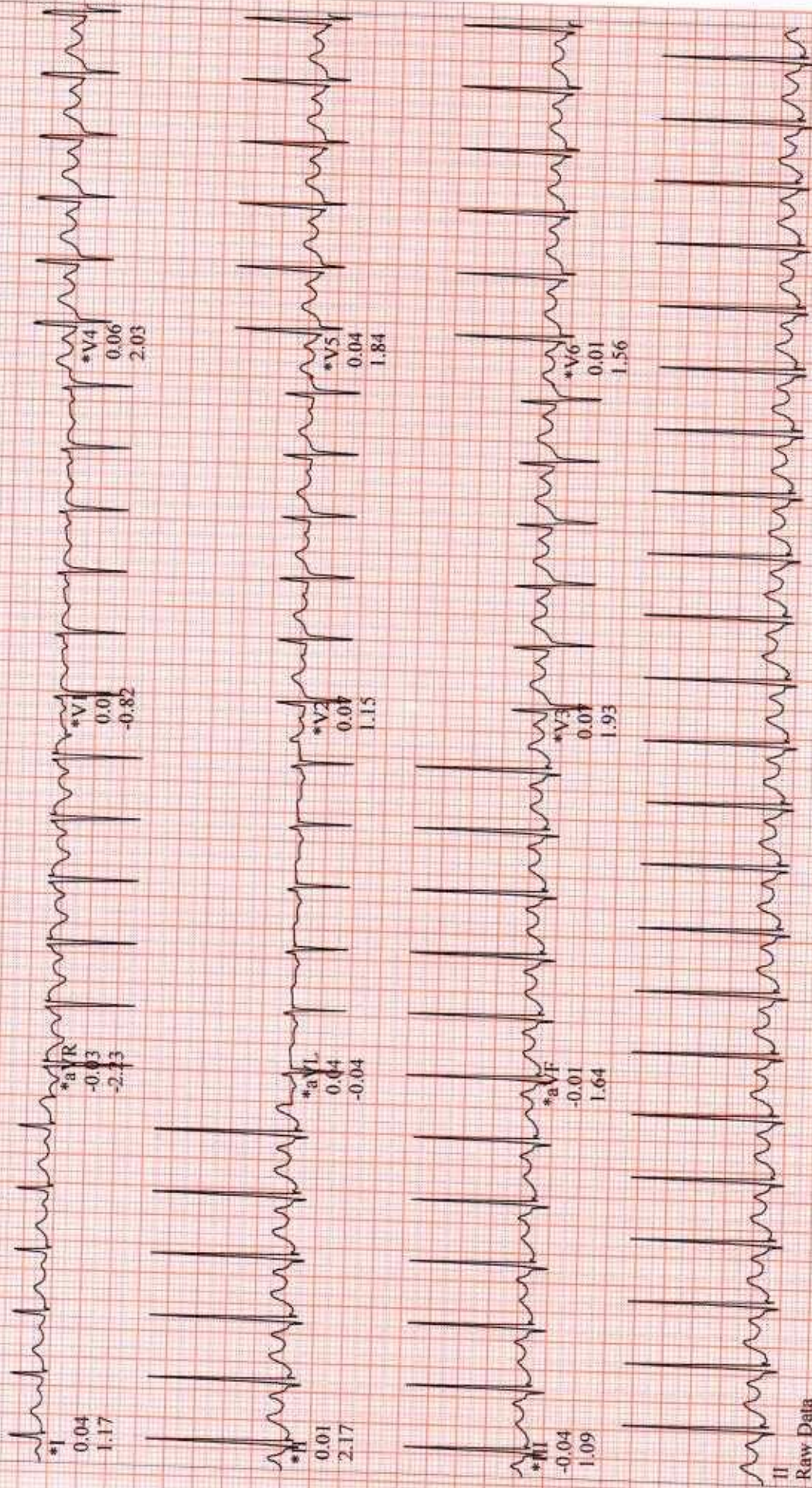
141 bpm
130/70 mmHg

Linked Medians
EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(ILV6)

*Computer Synthesized Rhythms

Start of Test: 10:32:21am

ASHISH, VARGHESE
Patient ID 2308421602
25.03.2023
10:39:21am

155 bpm
142/70 mmHg

EXERCISE
STAGE 2
05:50

Linked Medians

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(I, V6)

*Computer Synthesized Rhythms

Start of Test: 10:32:21am

ASHISH, VARGHESE
 Patient ID 2308421602
 25.03.2023
 10:42:21am

169 bpm
 150/70 mmHg

Linked Medians
 EXERCISE
 STAGE 3
 08:50

BRUCE
 3.4 mph
 14.0%

SUBURBAN DIAGNOSTICS

Lead
 ST Level (mV)
 ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz FRF+ HR(II,V6)

*Computer Synthesized Rhythms

Start of Test: 10:32:21am

ASHISH, VARGHESE
 Patient ID 2308421602
 25.03.2023
 10:42:46am

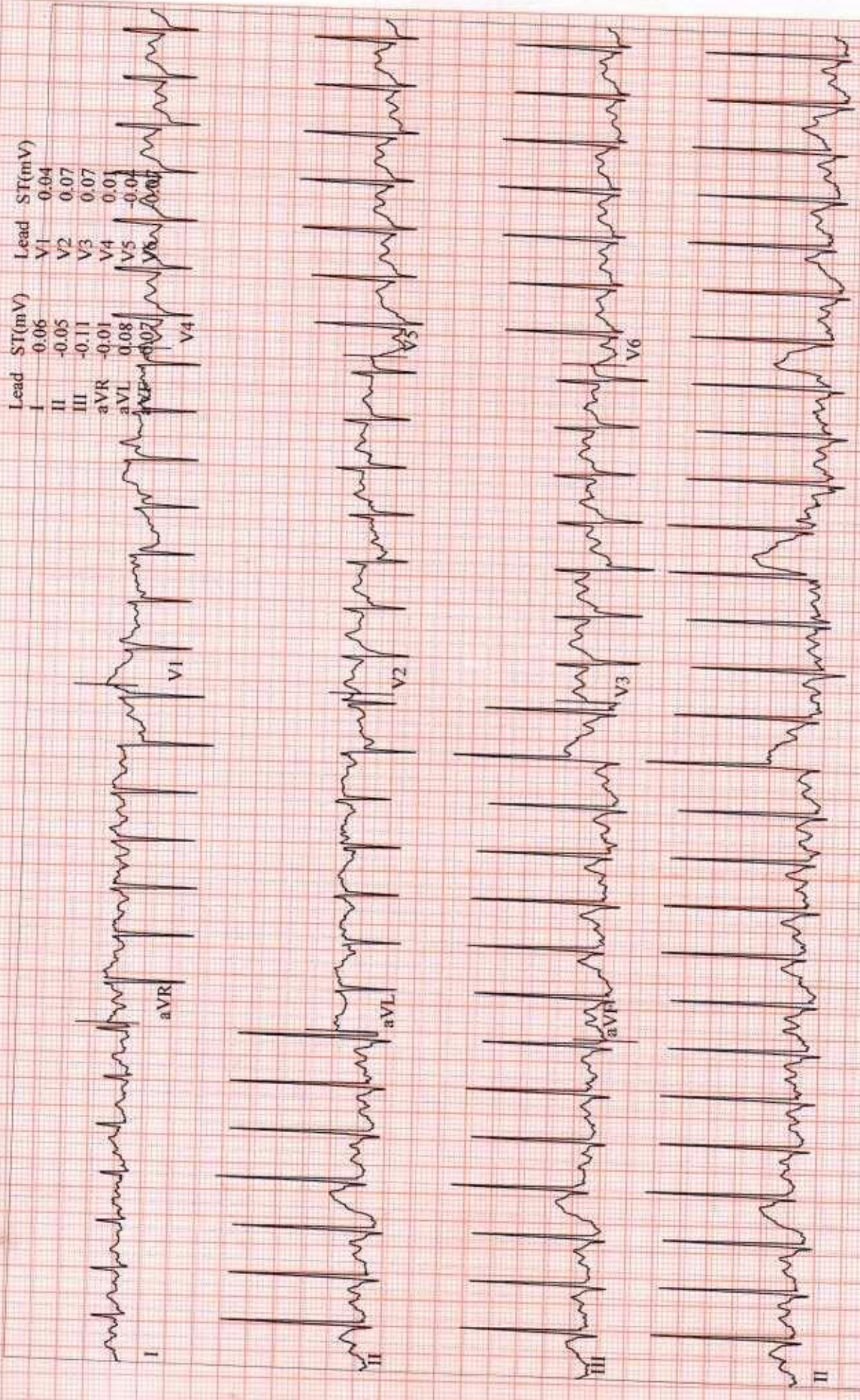
171 bpm

12-Lead Report (PEAK EXERCISE)
 EXERCISE STAGE 4
 09:10
 BRUCE
 4.2 mph
 16.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.06	V1	0.04
II	-0.05	V2	0.07
III	-0.11	V3	0.07
aVR	-0.01	V4	0.01
aVL	0.08	V5	-0.01
aVF	0.02	V6	0.07



ASHISH, VARGHESE
Patient ID 2308421602
25.03.2023
10:43:41am

157 bpm

Linked Medians

RECOVERY

#1
01:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

*Computer Synthesized Rhythms

Start of Test: 10:32:21am

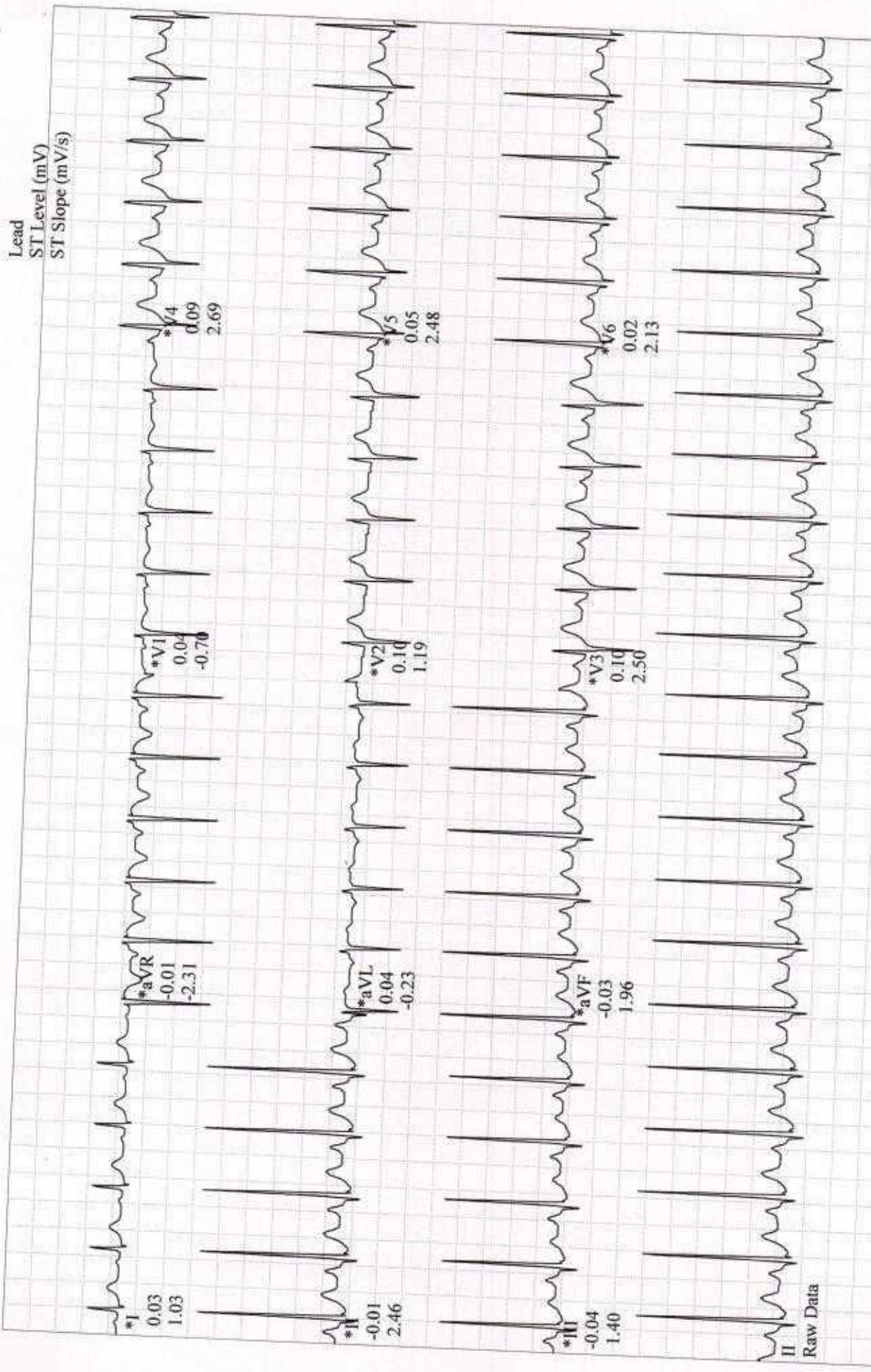
ASHISH, VARGHESE
Patient ID 2308421602
25.03.2023
10:44:41am

Linked Medians
RECOVERY
#1
02:00

129 bpm

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II, V6)

*Computer Synthesized Rhythms

Start of Test: 10:32:21am

ASHISH, VARGHESE

Patient ID 2308421602

25.03.2023

10:45:41am

Linked Medians

RECOVERY

#1

03:00

120 bpm

150/70 mmHg

BRUCE

0.0 mph

0.0%

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(IL,V6)

Start of Test: 10:32:21am



CID : 2308421602
Name : MR.VARGHESE P ASHISH
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 25-Mar-2023 / 09:30
Reported : 25-Mar-2023 / 13:27

Use a QR Code Scanner
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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	10.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.11	4.5-5.5 mil/cmm	Elect. Impedance
PCV	34.4	40-50 %	Calculated
MCV	67.4	80-100 fl	Measured
MCH	21.4	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	19.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6860	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.8	20-40 %	
Absolute Lymphocytes	2318.7	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	445.9	200-1000 /cmm	Calculated
Neutrophils	54.6	40-80 %	
Absolute Neutrophils	3745.6	2000-7000 /cmm	Calculated
Eosinophils	4.4	1-6 %	
Absolute Eosinophils	301.8	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	48.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	409000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Measured
PDW	12.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Reported : 25-Mar-2023 / 13:08

Hypochromia	+
Microcytosis	++
Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Result rechecked.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation

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

J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



CID : 2308421602
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Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 25-Mar-2023 / 09:30
Reported : 25-Mar-2023 / 13:42

Use a QR Code Scanner
Application To Scan the Code

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	97.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	94.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.66	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.43	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	24.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	32.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	91.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.67-1.17 mg/dl	Enzymatic



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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 25-Mar-2023 / 14:05
Reported : 25-Mar-2023 / 17:47

Use a QR Code Scanner
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eGFR, Serum	127	>60 ml/min/1.73sqm	Calculated
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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	6.0	3.5-7.2 mg/dl	Enzymatic
------------------	-----	---------------	-----------

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



Anupa

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



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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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Reported : 25-Mar-2023 / 15:46

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 (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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 ***

Anupa

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



MC-2111





CID : 2308421602
Name : MR.VARGHESE P ASHISH
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes ++	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	4-5*	Absent

Clumps restricted to mucus flakes.

Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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

*** End Of Report ***

M Jain

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



MC-2111





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT


PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	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	1-2	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	5-6	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

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


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



MC-2111



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Reg. Location : Malad West (Main Centre)

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

<u>PARAMETER</u>	<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.

- 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 ***


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





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	99.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	154.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	18.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	80.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	50.0	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	30.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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

J Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



MC-2111





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Age / Gender : 31 Years / Male
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Reported : 25-Mar-2023 / 13:40

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	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.93	0.35-5.5 microIU/ml	ECLIA



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

Anupa

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



MC-2111

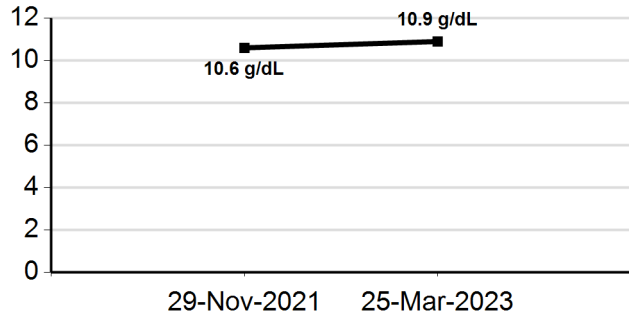




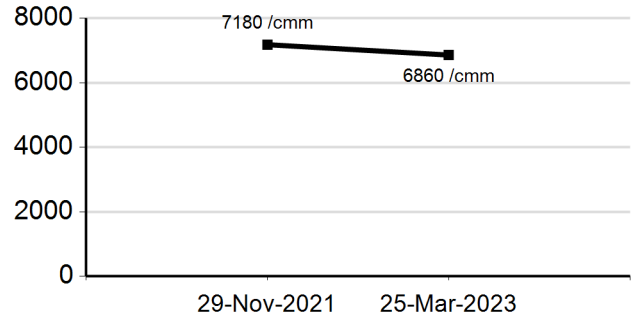
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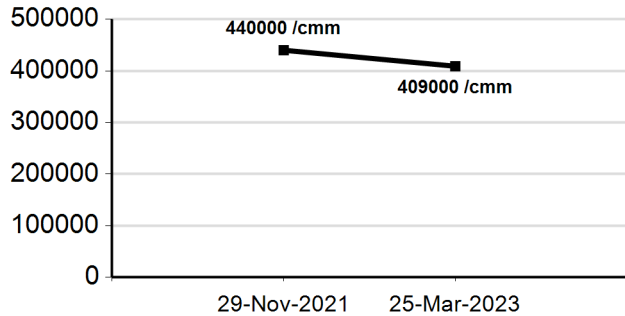
Haemoglobin



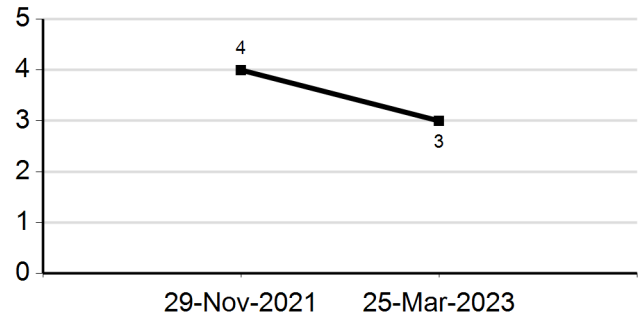
WBC Total Count



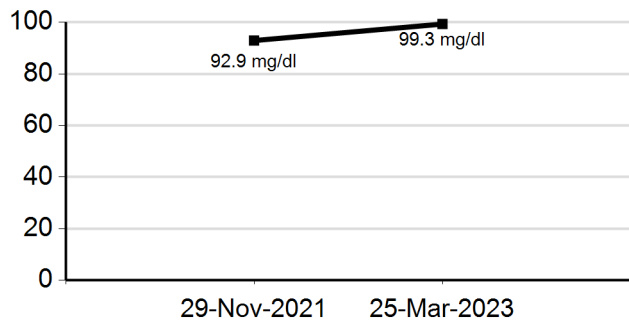
Platelet Count



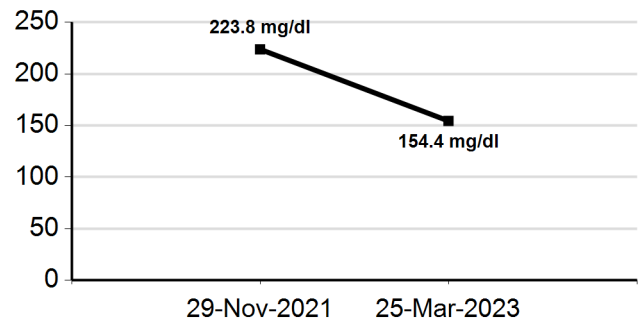
ESR



CHOLESTEROL



TRIGLYCERIDES

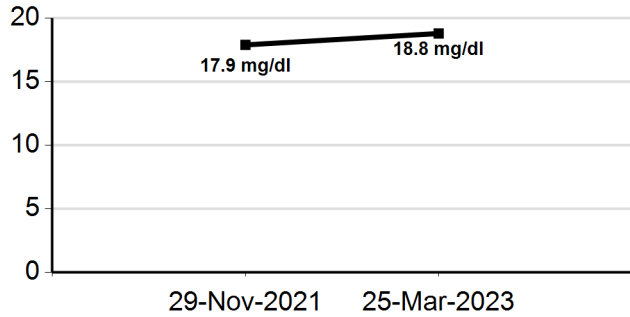




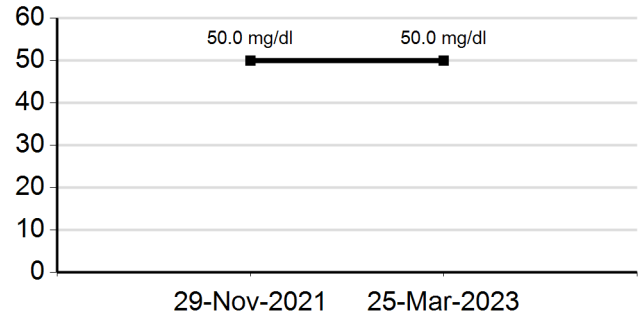
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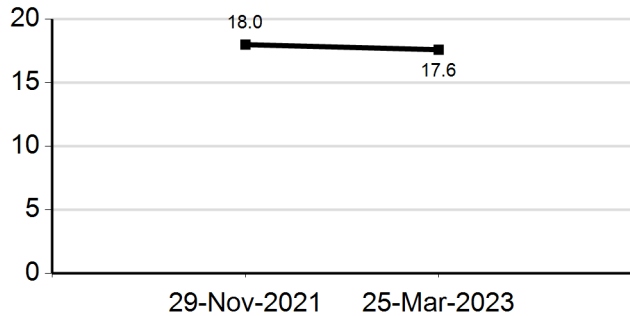
HDL CHOLESTEROL



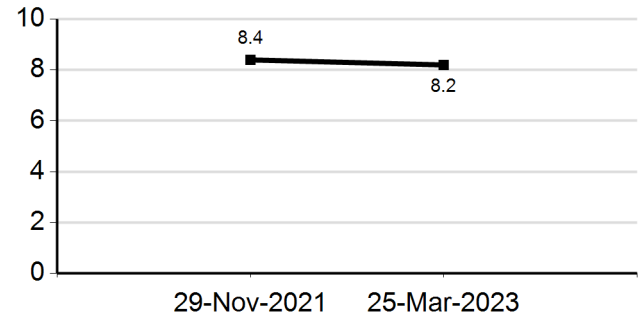
LDL CHOLESTEROL



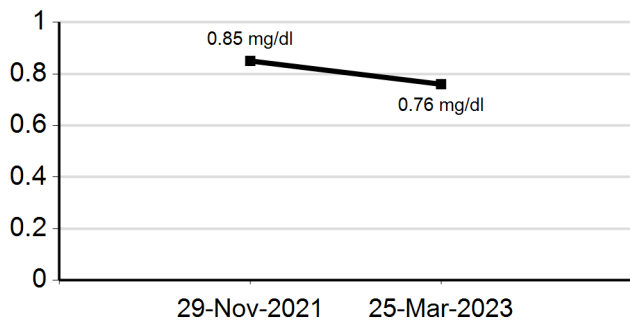
BLOOD UREA



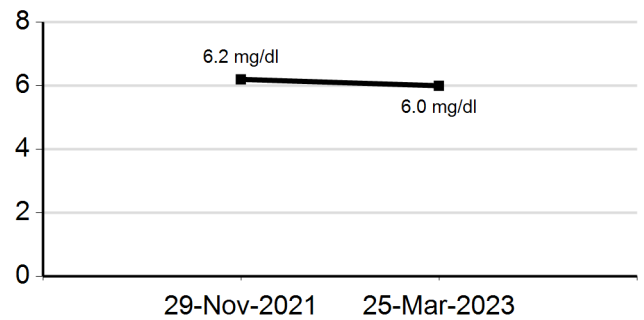
BUN



CREATININE



URIC ACID

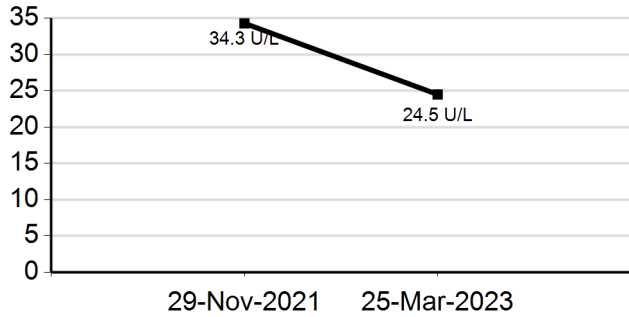




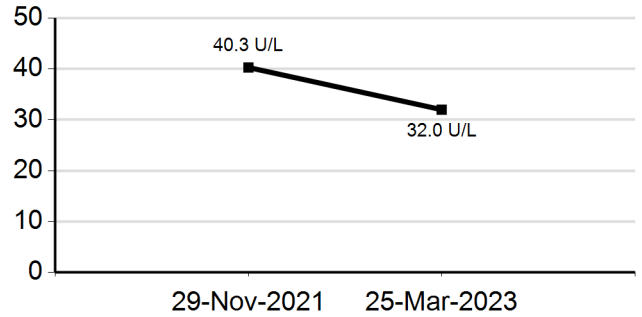
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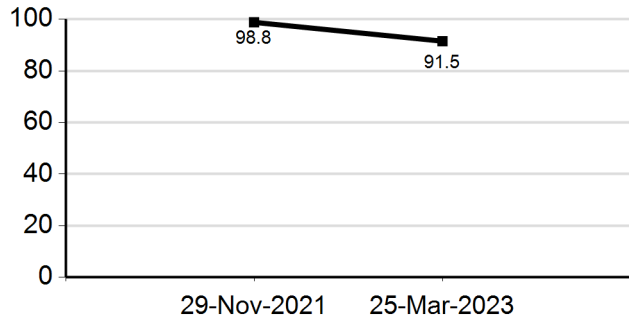
SGOT (AST)



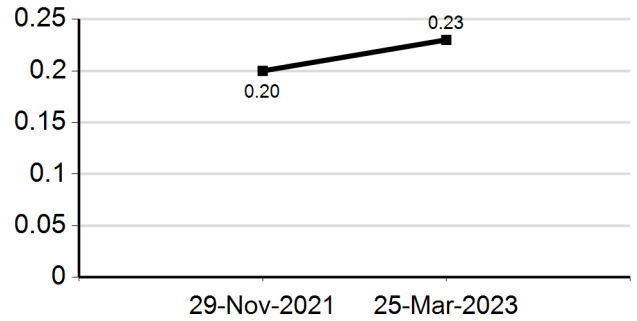
SGPT (ALT)



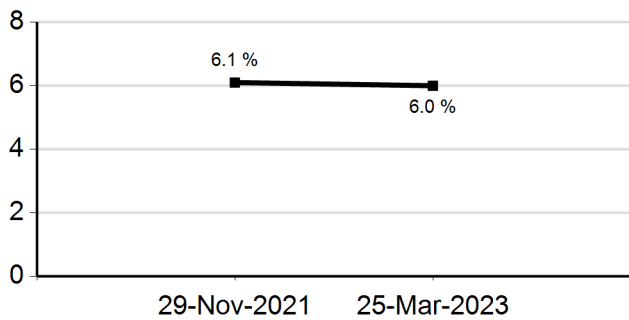
ALKALINE PHOSPHATASE



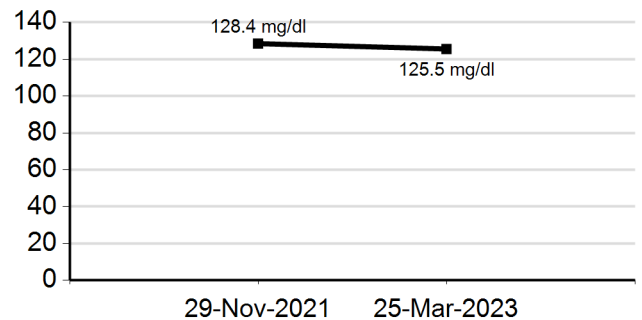
BILIRUBIN (DIRECT)



Glycosylated Hemoglobin (HbA1c)



Estimated Average Glucose (eAG)

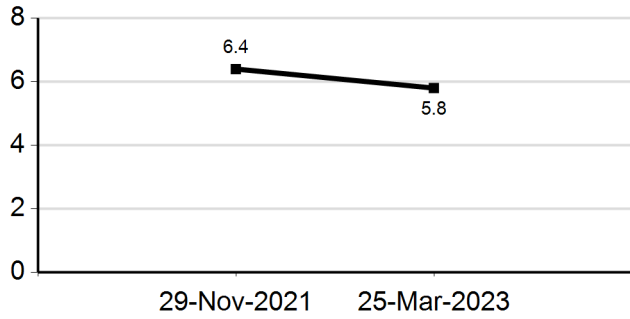




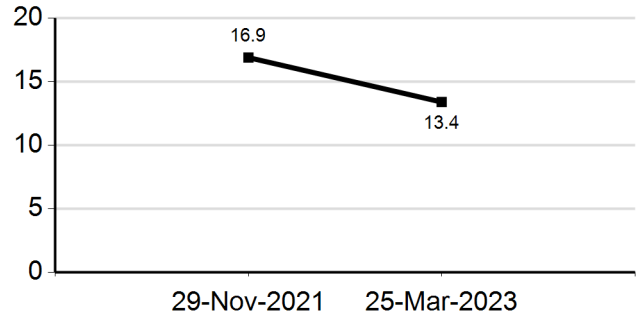
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Free T3



Free T4



sensitiveTSH

