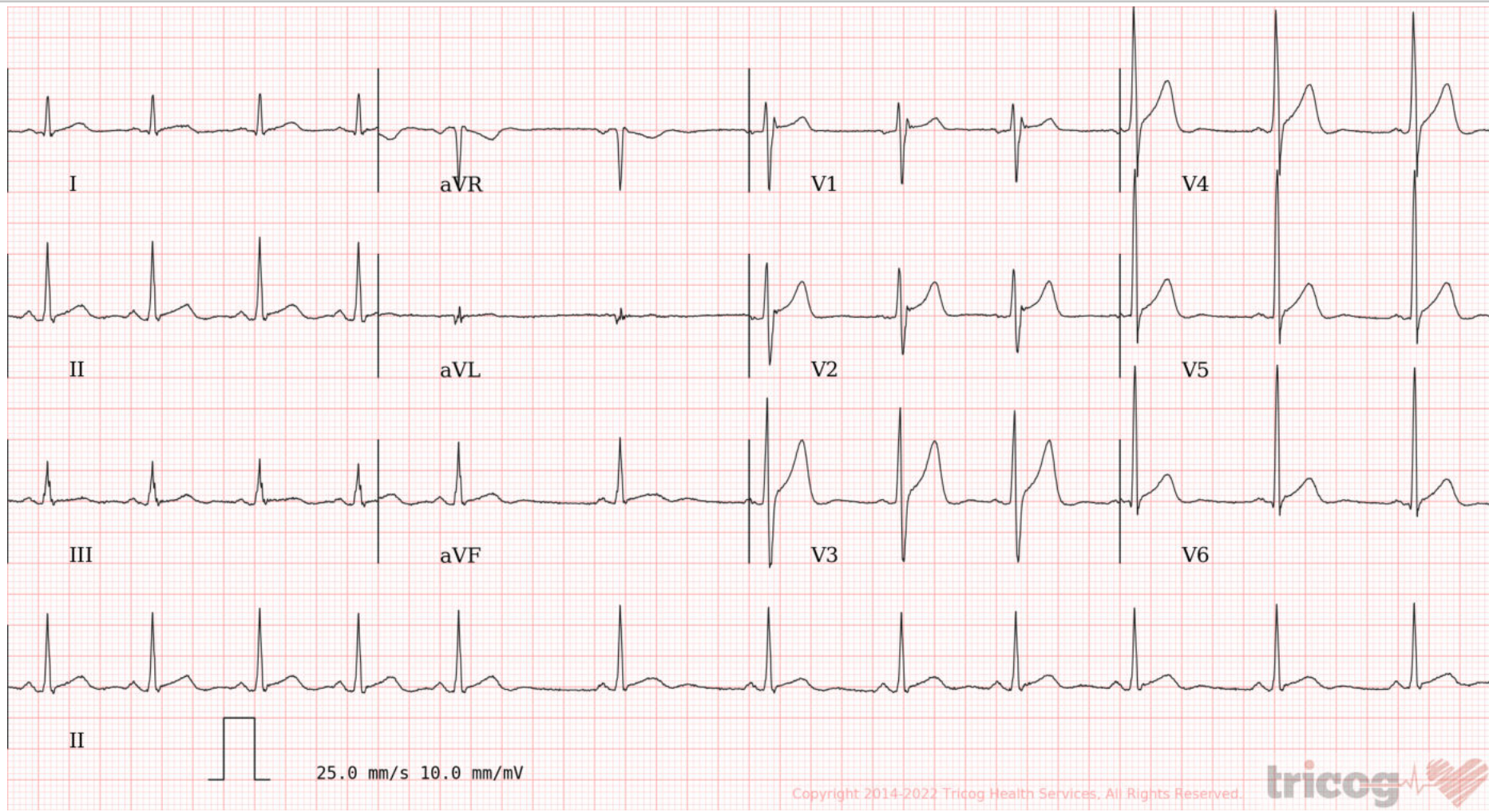


# SUBURBAN DIAGNOSTICS - KANDIVALI EAST



Patient Name: VIDAP RAVINDRA RAJGOPAL    Date and Time: 10th Sep 22 12:36 PM  
Patient ID: 2225323202



Age **29**    **4**    **1**  
          years    months    days

Gender **Male**

Heart Rate **75bpm**

### Patient Vitals

BP: 110/70 mmHg  
Weight: 56 kg  
Height: 172 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 102ms  
QT: 348ms  
QTc: 388ms  
PR: 126ms  
P-R-T: 61° 64° 63°

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

REPORTED BY

DR AKHIL PARULEKAR  
MBBS.MD. MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

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.



**CID** : 2225323202  
**Name** : Mr VIDAP RAVINDRA RAJGOPAL  
**Age / Sex** : 29 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 10-Sep-2022  
**Reported** : 10-Sep-2022/16:34

## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size (12.6 cm), shape and smooth margins. It shows normal 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 partially 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 10.1 x 3.3 cm.  
Left kidney measures 9.6 x 4.5 cm.

### **SPLEEN:**

The spleen is normal in size (9.2 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 well distended and reveal no intraluminal abnormality.

### **PROSTATE:**

The prostate is normal in size and volume is 8 cc.



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**IMPRESSION:**

**No significant abnormality is seen.**

**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 interobserver variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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

**This report is prepared and physically checked by Dr Vivek Singh before dispatch.**

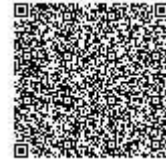
**Dr. Vivek Singh**  
**MD Radiodiagnosis**  
**Reg No: 2013/03/0388**



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**Reg. Date** : 10-Sep-2022  
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**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.**

**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.X ray is known to have inter observer variations.Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosis.Please interpret accordingly.

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

**This report is prepared and physically checked by Dr Vivek Singh before dispatch.**

**Dr.Vivek Singh**  
**MD Radiodiagnosis**  
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CID : 2225323202  
Name : MR.VIDAP RAVINDRA RAJGOPAL  
Age / Gender : 29 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Sep-2022 / 11:20  
Reported : 10-Sep-2022 / 15:18

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.33	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.9	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.4	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	16.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4870	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.6	20-40 %	
Absolute Lymphocytes	1538.9	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	384.7	200-1000 /cmm	Calculated
Neutrophils	58.6	40-80 %	
Absolute Neutrophils	2853.8	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	58.4	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	34.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	213000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	11.3	11-18 %	Calculated



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**RBC MORPHOLOGY**

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

Specimen: EDTA Whole Blood

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

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



*Bmhaskar*

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





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**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	78.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	62.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.12	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.44	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.68	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.7	1 - 2	Calculated
SGOT (AST), Serum	16.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	72.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	34.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	16.3	6-20 mg/dl	Calculated
CREATININE, Serum	1.90	0.67-1.17 mg/dl	Enzymatic



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**Consulting Dr.** : -  
**Reg. Location** : Kandivali East (Main Centre)

**Collected** : 10-Sep-2022 / 14:33  
**Reported** : 10-Sep-2022 / 20:58

eGFR, Serum	45	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.1	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Anupa*

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



CID : 2225323202  
Name : MR.VIDAP RAVINDRA RAJGOPAL  
Age / Gender : 29 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Sep-2022 / 11:20  
Reported : 10-Sep-2022 / 19:58

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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	4.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	79.6	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 \*\*\*



*J. Thakker*

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



CID : 2225323202  
Name : MR.VIDAP RAVINDRA RAJGOPAL  
Age / Gender : 29 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Sep-2022 / 11:20  
Reported : 10-Sep-2022 / 20:25

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
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)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	2-3	Less than 20/hpf	
Others	-		

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



*J. Thakker*

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





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Collected : 10-Sep-2022 / 11:20  
Reported : 10-Sep-2022 / 18:46

**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 : 2225323202  
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Age / Gender : 29 Years / Male  
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Reg. Location : Kandivali East (Main Centre)

Collected : 10-Sep-2022 / 11:20  
Reported : 10-Sep-2022 / 18:14

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	269.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	76.7	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	40.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	229	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	214.0	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	15.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.4	0-3.5 Ratio	Calculated

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



*J. Thakker*

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Collected : 10-Sep-2022 / 11:20  
Reported : 11-Sep-2022 / 14:06

**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	ECLIA
Free T4, Serum	21.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.01	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Anupa*

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**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**

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Name : MR.VIDAP RAVINDRA RAJGOPAL  
Age / Gender : 29 Years/Male  
Consulting Dr. : -  
Reg.Location : Kandivali East (Main Centre)

SID# : 177805416344  
Registered : 10-Sep-2022 / 11:09  
Collected : 10-Sep-2022 / 11:09  
Reported : 11-Sep-2022 / 10:38  
Printed : 11-Sep-2022 / 10:44

## **PHYSICAL EXAMINATION REPORT**

### **History and Complaints:**

Covid 2022 Jan.

### **EXAMINATION FINDINGS:**

<b>Height (cms):</b>	172 cms	<b>Weight (kg):</b>	50 kgs
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	110/70	<b>Nails:</b>	Normal
<b>Pulse:</b>	72/min	<b>Lymph Node:</b>	Not palpable

### **Systems**

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

### **IMPRESSION:**

### **ADVICE:**

**CENTRAL PROCESSING LAB:** 2<sup>nd</sup> 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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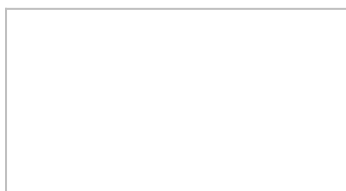
**CHIEF COMPLAINTS:**

- 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** Appendicectomy 2016
- 17) **Musculoskeletal System** No

**PERSONAL HISTORY:**

- 1) **Alcohol** No
- 2) **Smoking** No
- 3) **Diet** Mixed
- 4) **Medication** No

\*\*\* End Of Report \*\*\*



**CENTRAL PROCESSING LAB:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

**For Feedback -** customerservice@suburbandiagnositics.com | **www.suburbandiagnositics.com**



CID# : **2225323202**  
Name : MR.VIDAP RAVINDRA RAJGOPAL  
Age / Gender : 29 Years/Male  
Consulting Dr. : -  
Reg.Location : Kandivali East (Main Centre)

SID# : 177805416344  
Registered : 10-Sep-2022 / 11:09  
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