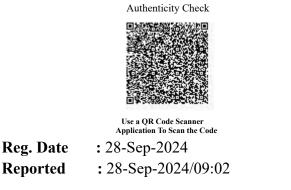


CID: 2427223025Name: Mr MALAV SHAHAge / Sex: 42 Years/MaleRef. Dr:Reg. Location: Malad West Main Centre



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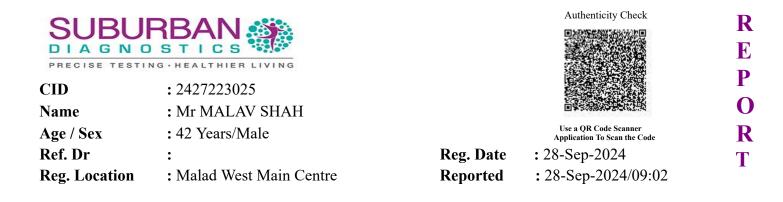
2D-ECHOCARDIOGRAPHY REPORT

INDICATION: Cardiac Evaluation

SUMMARY: Normal LV and RV systolic function. EF= 60 % No gross regional wall motion abnormality seen. E/A 1.35, Intact septae. No obvious pulmonary hypertension. No pericardial effusion. No LA/LV/LAA clot seen.

CHAMBERS:

- LV: Normal size and thickness Normal LV systolic function, EF =60 % No regional wall motion abnormality seen. No clot/ thrombus
- RV: Normal size and thickness Normal RV systolic function No clot/thrombus



LA: Normal size No clot / thrombus

RA: Normal size No clot / thrombus

VALVES:

MITRAL : Thin and mobile No stenosis / regurgitation seen.

AORTIC: No stenosis / regurgitation seen. Normal aortic root size

TRICUSPID: Thin and mobile No stenosis. No regurgitation. No pulmonary hypertension seen.

PULMONARY: Thin and mobile. No stenosis / regurgitation. Normal sized pulmonary artery and branches.

SEPTAE: IAS / IVS are Intact.

No e/o coarctation of aorta. No e/o LA/LV/LAA clot / thrombus. No pericardial effusion seen.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024092808361070



CID	: 2427223025
Name	: Mr MALAV SHAH
Age / Sex	: 42 Years/Male
Ref. Dr	:
Reg. Location	: Malad West Main Centre

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Reg. Date Reported

: 28-Sep-2024 : 28-Sep-2024/09:02

M-MODE STUDY	Value	Uni t	DOPPLER STUDY	Value	Unit
LVIDd	4.27	cm	Mitral Valve		
LVIDs	3.23	cm	Mitral Valve E velocity	0.79	m/s
IVSd	0.83	cm	Mitral Valve A velocity	0.59	m/s
LVPWd	0.87	cm	E/A	1.35	
			Mitral Valve DT	-	ms
MV M Mode	N		E/e'	-	
DE amplitude	-				
EF SLOPE	-		Aortic Valve		
EPSS	-		V max	1.04	m/s
AV M Mode	N		Mean gradient	2.58	mmHg
AV opening	-	cm	Peak gradient	4.36	mmHg
			VTI	22.58	
2D study			Tricuspid valve		
RVOT	2.76	cm	Tr jet velocity	-	m/s
AO	2.36	cm	PASP	-	mmHg
LA	2.12	cm			
IVC	-	cm	TAPSE	-	
			LVEF	60	%

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



CID	: 2427223025
Name	: Mr MALAV SHAH
Age / Sex	: 42 Years/Male
Ref. Dr	:
Reg. Location	: Malad West Main Centre

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Reg. Date Reported Use a QR Code Scanner Application To Scan the Code : 28-Sep-2024 : 28-Sep-2024/09:02

DR.MADHUKAR GARODIYA M.D (MEDICINE) Reg No: 079527

SUBURBAN DIAGNOSTICS - MALAD WEST



Patient Name: MALAV SHAH Patient ID: 2427223025 Date and Time: 28th Sep 24 9:49 AM

42 Age NA years months days Gender Male Heart Rate 86bpm V1 aVR Patient Vitals BP: 110/70 mmHg Weight: 81 kg Height: 167 cm Pulse: NA Spo2: NA NA Resp: Π aVL V2V5 Others: Measurements III V3 aVF QRSD: 78ms QT: 364ms QTcB: 435ms PR: 156ms P-R-T: 45° -9° 17° Π tricog 25.0 mm/s 10.0 mm/mV Copyright 2014-2024 Tricog Health, All Rights Reserve

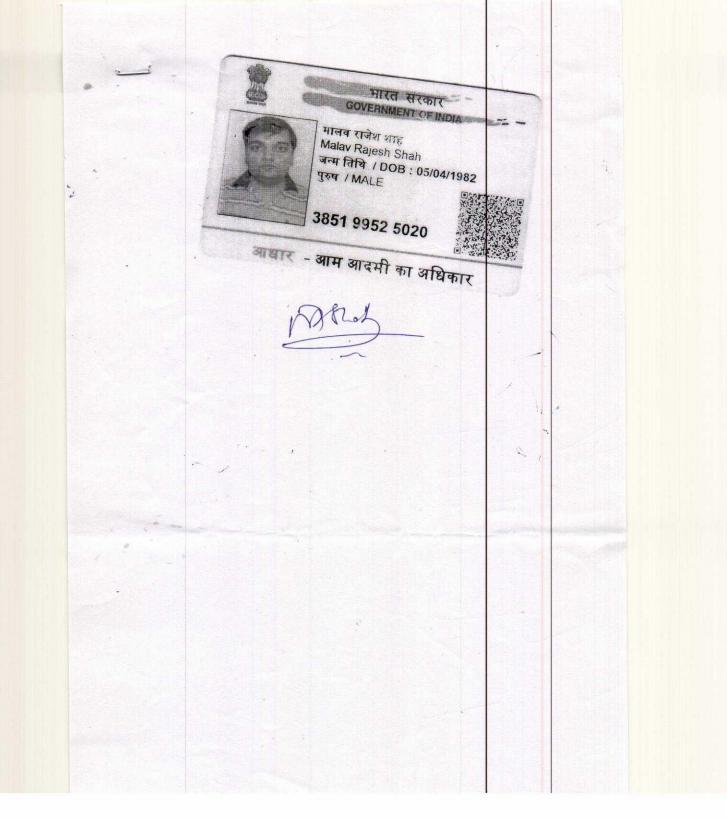
ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

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 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.





Date:- 28 69 24 Name:- Malav. Shoh

CID: 2427223025 Sex / Age: /

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EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

DV-RE-66 LE-66

Refraction:

(R	igh	nt E	Ev	e)	

NV - RE-NC LE-NG

		(Left Eye)					
Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
<							
					Spirit Spirit		Axis

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGO TICS (PIDIA) PVT. LTD. 154 T. Sorris Condia, Opp. C. Sorris Condia, Link Ross, Maist (W), Mumbai - 470 064.



CID	: 2427223025
Name	: MR.MALAV SHAH
Age / Gender	:42 Years / Male
Consulting Dr. Reg. Location	: - :Malad West (Main Centre)



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Application To Scan Collected : 28-Sep-20

Reported

:28-Sep-2024 / 08:54 :28-Sep-2024 / 11:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood					
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>		
RBC PARAMETERS					
Haemoglobin	15.4	13.0-17.0 g/dL	Spectrophotometric		
RBC	5.33	4.5-5.5 mil/cmm	Elect. Impedance		
PCV	46.4	40-50 %	Calculated		
MCV	87.0	80-100 fl	Measured		
MCH	28.9	27-32 pg	Calculated		
MCHC	33.2	31.5-34.5 g/dL	Calculated		
RDW	14.5	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	5040	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS				
Lymphocytes	33.7	20-40 %			
Absolute Lymphocytes	1700.0	1000-3000 /cmm	Calculated		
Monocytes	9.9	2-10 %			
Absolute Monocytes	500.0	200-1000 /cmm	Calculated		
Neutrophils	52.9	40-80 %			
Absolute Neutrophils	2660.0	2000-7000 /cmm	Calculated		
Eosinophils	3.1	1-6 %			
Absolute Eosinophils	160.0	20-500 /cmm	Calculated		
Basophils	0.4	0.1-2 %			
Absolute Basophils	20.0	20-100 /cmm	Calculated		
Immature Leukocytes	-				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count MPV PDW	353000 8.5 13.7	150000-400000 /cmm 6-11 fl 11-18 %	Elect. Impedance Measured Calculated
RBC MORPHOLOGY Hypochromia	-		
Microcytosis	-		

Page 1 of 12

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144



DIAGNOSTI RECISE TESTING-HEAL					E	
CID Name Age / Gender Consulting Dr. Reg. Location	: 2427223025 : MR.MALAV S : 42 Years / M : - : Malad West	ale	Collected Reported	Use a QR Code Scanner Application To Scan the Code : 28-Sep-2024 / 08:54 : 28-Sep-2024 / 12:14	O R T	
Macrocytosis Anisocytosis Poikilocytosis Polychromasia Target Cells Basophilic Stipp Normoblasts Others WBC MORPHC	-	- - - - - - Normocytic,Normochromic				
PLATELET MO		- -				

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

2-15 mm at 1 hr.

Sedimentation

Authenticity Check

THE WORLD BE SHOWN OF A SHOT

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Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

5

Limitations:

- It is a non-specific measure of inflammation. .
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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



Swate

Dr.SWATI ARORA M.D. (PATH) Pathologist

Page 2 of 12



:2427223025

: -

: MR.MALAV SHAH

: 42 Years / Male

: Malad West (Main Centre)

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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:28-Sep-2024 / 08:54 :28-Sep-2024 / 16:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE PARAMETER RESULTS **BIOLOGICAL REF RANGE** METHOD GLUCOSE (SUGAR) FASTING, 90.4 Non-Diabetic: < 100 mg/dl Hexokinase Fluoride Plasma Fasting Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl GLUCOSE (SUGAR) PP, Fluoride 92.4 Non-Diabetic: < 140 mg/dl Hexokinase Plasma PP Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl BILIRUBIN (TOTAL), Serum 0.52 0.1-1.2 mg/dl Colorimetric BILIRUBIN (DIRECT), Serum 0.18 0-0.3 mg/dl Diazo BILIRUBIN (INDIRECT), Serum Calculated 0.34 0.1-1.0 mg/dl TOTAL PROTEINS, Serum Biuret 6.4 6.4-8.3 g/dL ALBUMIN, Serum BCG 4.2 3.5-5.2 g/dL GLOBULIN, Serum 2.2 2.3-3.5 g/dL Calculated A/G RATIO, Serum 1.9 1 - 2 Calculated SGOT (AST), Serum 23.2 5-40 U/L NADH (w/o P-5-P) SGPT (ALT), Serum 31.1 5-45 U/L NADH (w/o P-5-P) GAMMA GT, Serum 22.6 3-60 U/L Enzymatic ALKALINE PHOSPHATASE, 86.8 40-130 U/L Colorimetric Serum **BLOOD UREA, Serum** 23.4 12.8-42.8 mg/dl Kinetic BUN, Serum 10.9 6-20 mg/dl Calculated CREATININE, Serum 0.79 0.67-1.17 mg/dl Enzymatic



CID Name Age / Gender Consulting Dr.	: 2427223025 : MR.MALAV SHAH : 42 Years / Male : -	Collected	Use a QR Code Scanner Application To Scan the Code : 28-Sep-2024 / 08:54	E P O R T
Reg. Location	: Malad West (Main Centre)	Reported	:28-Sep-2024 / 15:42	
eGFR, Serum	114	(ml/min/1.73sqm) Normal or High: Above Mild decrease: 60-89 Mild to moderate decre 59 Moderate to severe dec -44 Severe decrease: 15-29 Kidney failure:<15	ease: 45- crease:30	
Note: eGFR estir	nation is calculated using 2021 CKD-EPI GF	R equation		
URIC ACID, Se	rum 4.7	3.5-7.2 mg/dl	Enzymatic	
*Sample process		ITD CPL Andheri West		

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



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

Page 4 of 12



CID : 2427223025 Name : MR.MALAV SHAH Age / Gender : 42 Years / Male Consulting Dr. : -Reg. Location : Malad West (Main Centre)



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Collected :28 Reported :28

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

:28-Sep-2024 / 08:54 :28-Sep-2024 / 14:05

Calculated

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) RESULTS BIOLOGICAL REF RANGE METHOD noglobin 5.5 Non-Diabetic Level: < 5.7 %</td> HPLC

mg/dl

Glycosylated Hemoglobin 5.5 (HbA1c), EDTA WB - CC

Estimated Average Glucose 111.1 (eAG), EDTA WB - CC

Intended use:

PARAMETER

- 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 ***



M. Jain

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

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CID	: 2427223025
Name	: MR.MALAV SHAH
Age / Gender	: 42 Years / Male
Consulting Dr. Reg. Location	: - :Malad West (Main Centre)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
CHEMICAL EXAMINATION			
Specific Gravity	1.023	1.002-1.035	Refractive index
Reaction (pH)	6	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	0.4	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	15.5	0-29.5/hpf	
Yeast	Absent	Absent	
Others	-		



CID	: 2427223025
Name	: MR.MALAV SHAH
Age / Gender	:42 Years / Male
Consulting Dr.	: -
Reg. Location	: Malad West (Main Centre)

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CID : 2427223025 Name : MR.MALAV SHAH Age / Gender : 42 Years / Male Consulting Dr. : -Reg. Location : Malad West (Main Centre)



Collected Reported :28-Sep-2024 / 08:54 :28-Sep-2024 / 12:23

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

PARAMETER

RESULTS

ABO GROUP B 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

*** End Of Report ***



Dr.SWATI ARORA M.D. (PATH) Pathologist



CID	: 2427223025
Name	: MR.MALAV SHAH
Age / Gender	:42 Years / Male
Consulting Dr. Reg. Location	: - : Malad West (Main Centre)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	202.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	151.0	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	36.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	165.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	135.0	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	30.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated
*Sample processed at SURUPRAN DI		Andhari Maat	

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



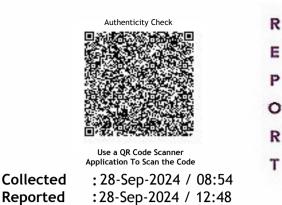
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CID	: 2427223025
Name	: MR.MALAV SHAH
Age / Gender	:42 Years / Male
Consulting Dr. Reg. Location	: - : Malad West (Main Centre)



ECLIA

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTSPARAMETERRESULTSBIOLOGICAL REF RANGEMETHODFree T3, Serum5.03.5-6.5 pmol/LECLIAFree T4, Serum17.511.5-22.7 pmol/LECLIA

Free T4, Serum	17.5	11.5-22.7 pmol/L
sensitiveTSH, Serum	1.45	0.35-5.5 microIU/ml microU/ml

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DIAGNOSTI	C S WIE			E
PRECISE TESTING - HEAL	THICA LIVING			Р
CID	: 2427223025			0
Name	: MR.MALAV SHAH			R
Age / Gender	: 42 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:28-Sep-2024 / 08:54	
Reg. Location	: Malad West (Main Centre)	Reported	:28-Sep-2024 / 12:48	

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 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.

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 ***



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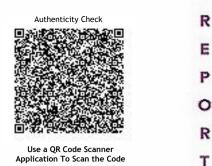
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Corporate Identity Number (CIN): U85110MH2002PTC136144



CID : 2427223025 Name : MR.MALAV SHAH Age / Gender : 42 Years / Male Consulting Dr. : -Reg. Location : Malad West (Main Centre)



Collected Reported

BIOLOGICAL REF RANGE

:28-Sep-2024 / 11:24 :28-Sep-2024 / 15:56

METHOD

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE PPUS and KETONES

PARAMETER

Urine Sugar (PP) Urine Ketones (PP)

Absent Absent

RESULTS

Absent Absent

Ab

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



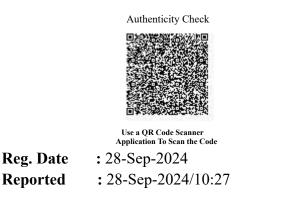
J.

Dr.SWATI ARORA M.D. (PATH) Pathologist

Page 12 of 12



CID: 2427223025Name: Mr MALAV SHAHAge / Sex: 42 Years/MaleRef. Dr:Reg. Location: Malad West Main Centre



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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 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. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures 10.4 x 4.1 cm. Left kidney measures 10.9 x 4.5 cm.

SPLEEN:

The spleen is normal in size 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 measures 3.1 x 3.0 x 2.9 cm and volume is 14.9 cc.



IMPRESSION:

Fatty liver. No other significant abnormality is seen.

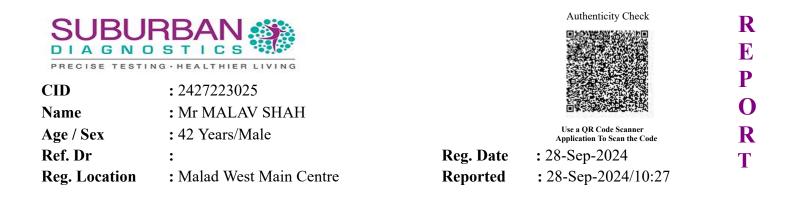
Suggestion: Clinicopathological correlation.

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 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-----

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Dr. Sunil Bhutka DMRD DNB MMC REG NO:2011051101





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Reg. Date: 28Reported: 28

: 28-Sep-2024 : 28-Sep-2024/12:53

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.

<u>IMPRESSION:</u> 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 interobserver 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-----

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Dr. Sunil Bhutka DMRD DNB MMC REG NO:2011051101

