

CID# : 2308422026
Name : MR.KULDEEP CHAUHAN
Age / Gender : 33 Years/Male
Consulting Dr. :
Reg.Location : Malad West (Main Centre)
Collected : 25-Mar-2023 / 09:52
Reported : 25-Mar-2023 / 15:37

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

| | | | |
|-------------------------|----------|--------------|--------------|
| Height (cms): | 169 | Weight (kg): | 60.8 |
| Temp (0c): | afebrile | Skin: | NAD |
| Blood Pressure (mm/hg): | 106/70 | Nails: | NAD |
| Pulse: | 72/r | Lymph Node: | Not palpable |

Systems

Cardiovascular: NAD
Respiratory: NAD
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION:

mild hematuria

ADVICE:

Drink plenty of liquids

CHIEF COMPLAINTS:

1) Hypertension: NO

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- | | |
|--|----|
| 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 | NO |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|------------|
| 1) Alcohol | Occasional |
| 2) Smoking | Occasional |
| 3) Diet | non-veg |
| 4) Medication | no |

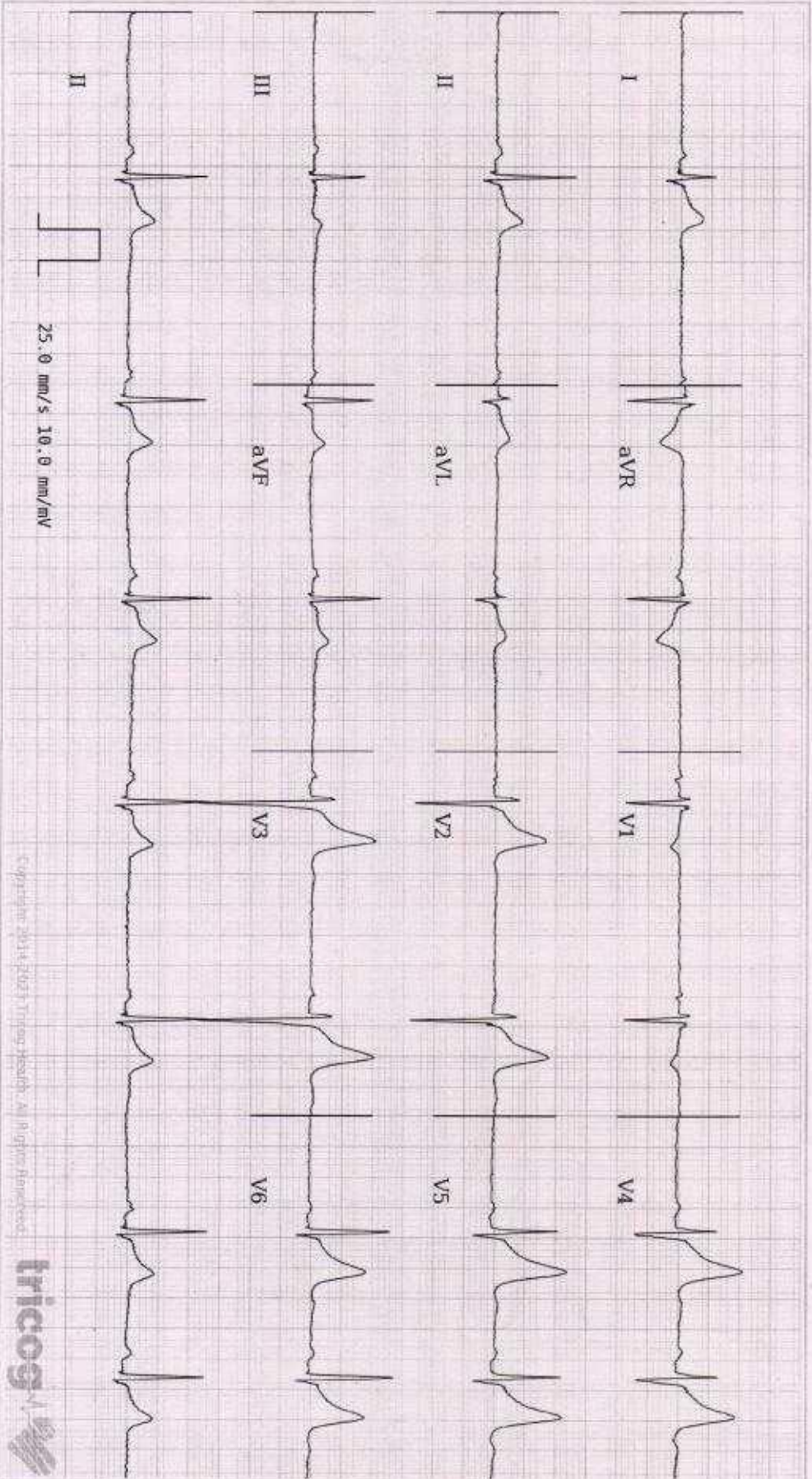
*** End Of Report ***

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

Patient Name: **KULDEEP CHAUHAN**
Patient ID: **2308422026**

SUBURBAN DIAGNOSTICS - MALAD WEST

Date and Time: **25th Mar 23 11:18 AM**



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Age **33** years **8** months **23** days

Gender **Male**

Heart Rate **46bpm**

Patient Vitals

BP: **106/70 mmHg**

Weight: **60 kg**

Height: **169 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others: **NA**

Measurements

QRSD: **100ms**

QT: **410ms**

QTc: **358ms**

PR: **160ms**

P-R-T: **SI° 70° 42°**

Sinus Bradycardia, Sinus Arrhythmia Seen, Incomplete Right Bundle Branch Block, Non-specific ST segment elevation, Hyperacute T waves in leads V3, V4, V5. Please correlate clinically.

REPORTED BY

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

Disclaimer: This Analysis or the 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. All patient vitals are as entered by the clinician and not derived from the ECG.

Date:- 25/3/23

CID: 2308422026

Name:- Mr. Kuldeep Chauhan Sex / Age: 31 / Male

EYE CHECK UP

Chief complaints: — NO

Systemic Diseases: — NO

Past history: — NO

Unaided Vision: Both eye — N — NG
D — 6/6

Aided Vision:

Refraction:

| | (Right Eye) | | | | (Left Eye) | | | |
|----------|-------------|-----|------|-----|------------|-----|------|-----|
| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
| Distance | — | — | — | 6/6 | — | — | — | 6/6 |
| Near | — | — | — | NG | — | — | — | NG |

✓
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.



CID : 2308422026
Name : Mr KULDEEP CHAUHAN
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 11:47

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.8 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 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 10.9 x 4.0 cm.
Left kidney measures 10.5 x 5.1 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 well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and volume is 17.0 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032509534469>

Authenticity Check



Use a QR Code Scanner
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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 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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Reported : 25-Mar-2023 / 14:50

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=2023032509534475>

SUBURBAN DIAGNOSTICS

Malad West

Station

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: KULDEEP, CHAUHAN
 Patient ID: 2308422026
 Height: 169 cm
 Weight: 60 kg

DOB: 02.07.1989
 Age: 33yrs
 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 | 00:30 | 0.00 | 0.00 | 70 | 106/70 | |
| | STANDING | 00:16 | 0.00 | 0.00 | 60 | 106/70 | |
| | HYPERV. | 00:14 | 0.00 | 0.00 | 60 | | |
| EXERCISE | WARM-UP | 00:26 | 1.00 | 0.00 | 70 | 106/70 | |
| | STAGE 1 | 03:00 | 1.70 | 10.00 | 91 | 110/70 | |
| | STAGE 2 | 03:00 | 2.50 | 12.00 | 108 | 116/70 | |
| | STAGE 3 | 03:00 | 3.40 | 14.00 | 131 | 124/70 | |
| | STAGE 4 | 00:55 | | | 148 | | |
| RECOVERY | | 03:04 | 0.00 | 0.00 | 87 | 136/70 | |

The patient exercised according to the BRUCE for 9:55 min:s, achieving a work level of Max. METS: 12.70. The resting heart rate of 68 bpm rose to a maximal heart rate of 148 bpm. This value represents 79 % of the maximal, age-predicted heart rate. The resting blood pressure of 106/70 mmHg, rose to a maximum blood pressure of 136/70 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

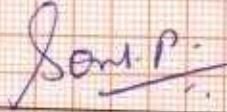
Summary: Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall impression: Normal stress test.

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



Technician

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

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Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

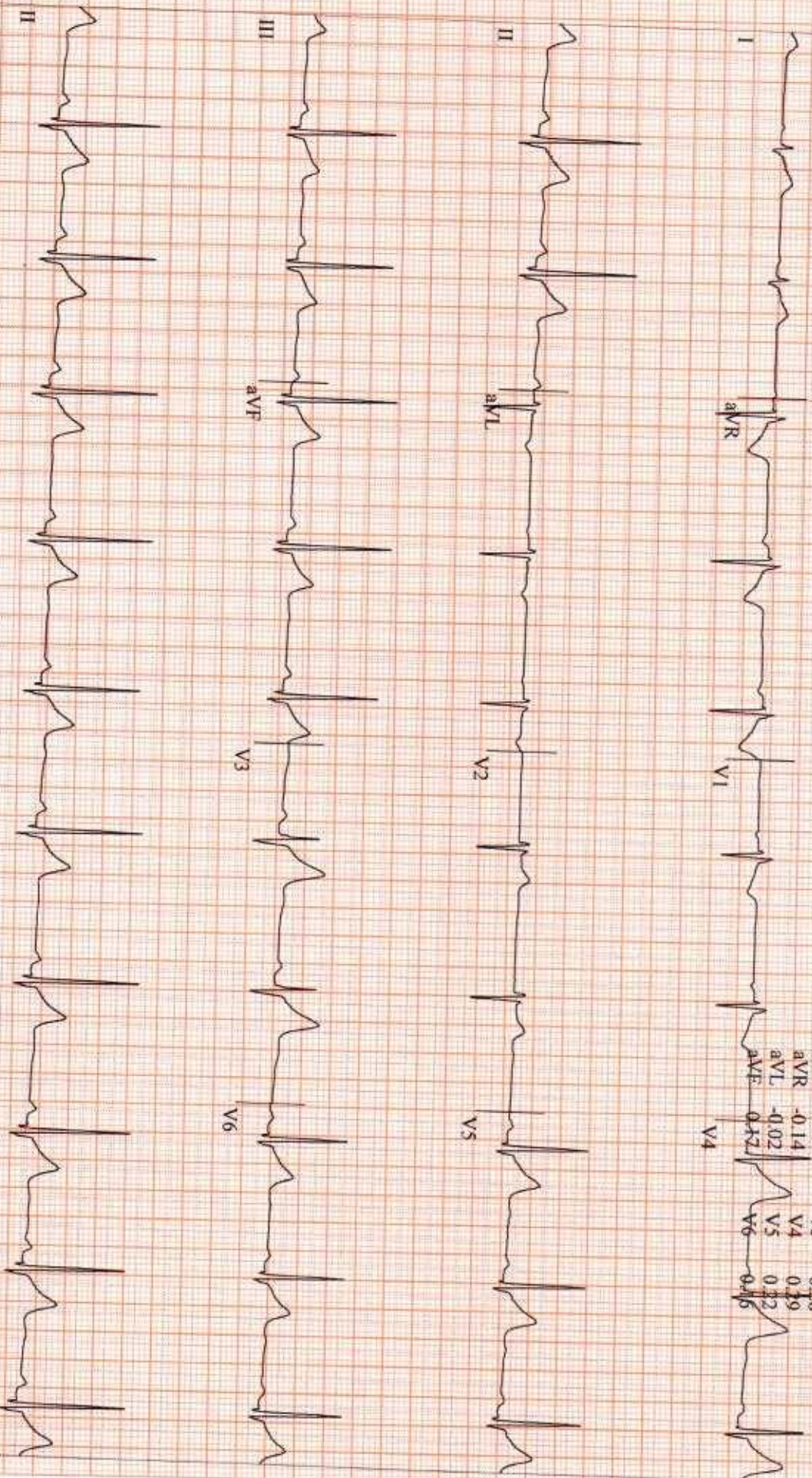
71 bpm
106/70 mmHg

PRETEST
SUPINE
00:28

BRUCE
0.0 mph
0.0%

Measured at 60ms Post J
Auto Points

| Lead | ST(mV) | Lead | ST(mV) |
|------|--------|------|--------|
| I | -0.08 | V1 | -0.05 |
| II | 0.21 | V2 | 0.06 |
| III | 0.13 | V3 | 0.28 |
| aVR | -0.14 | V4 | 0.19 |
| aVL | -0.02 | V5 | 0.32 |
| aVF | 0.42 | V6 | 0.46 |



60 bpm
 106/70 mmHg

PRETEST
 STANDING
 00:42

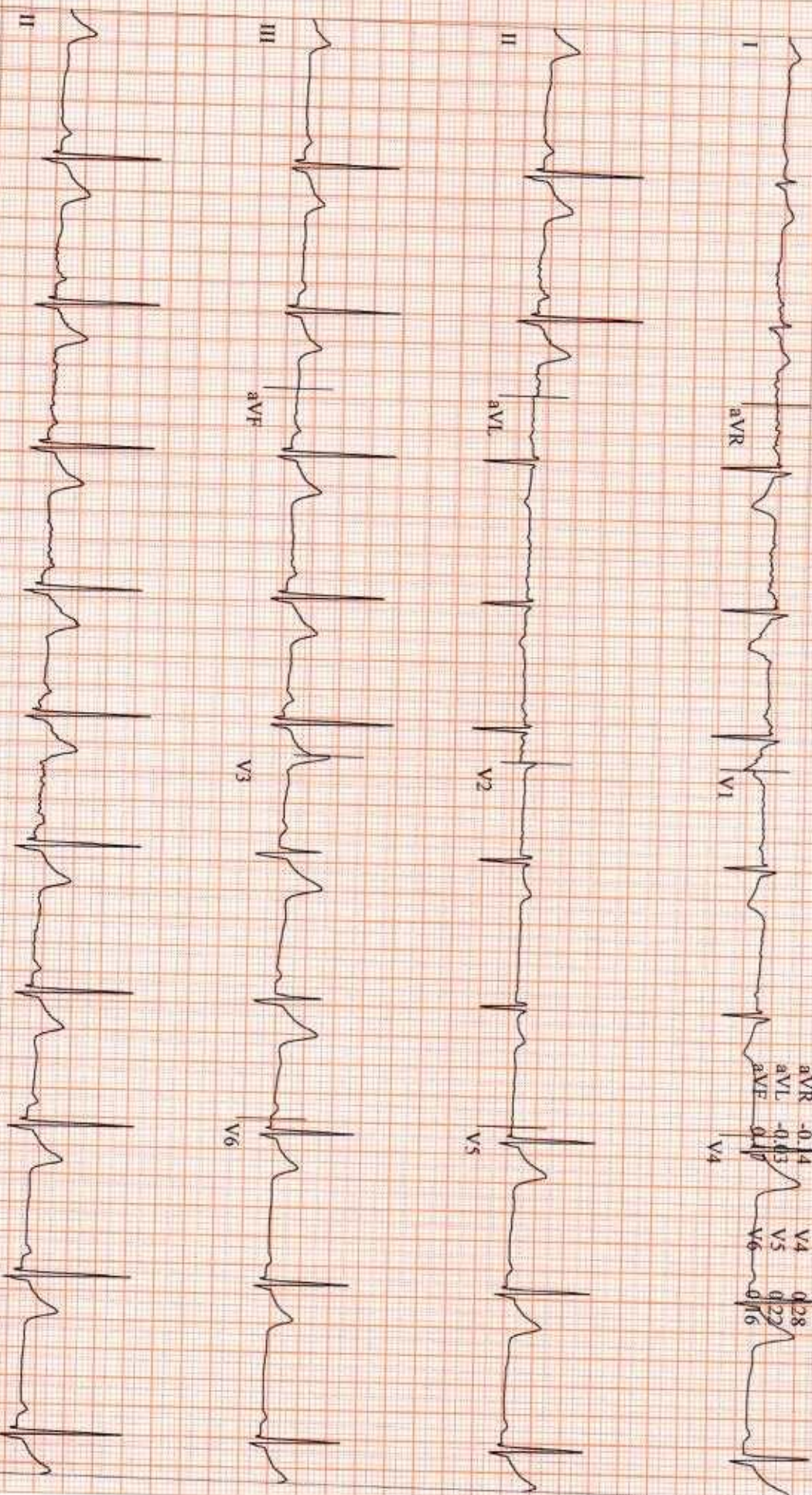
12-Lead Report

BRUCE
 0.0 mph
 0.0%

Measured at 60ms Post J
 Auto Points

SUBURBAN DIAGNOSTICS

| Lead | ST(mV) | Lead | ST(mV) |
|------|--------|------|--------|
| I | -0.07 | V1 | -0.06 |
| II | 0.20 | V2 | 0.05 |
| III | 0.13 | V3 | 0.27 |
| aVR | -0.14 | V4 | 0.28 |
| aVL | -0.03 | V5 | 0.22 |
| aVF | 0.17 | V6 | 0.16 |
| V4 | | | |



60 bpm
 106/70 mmHg

PRETEST
 HYPERTV
 00:57

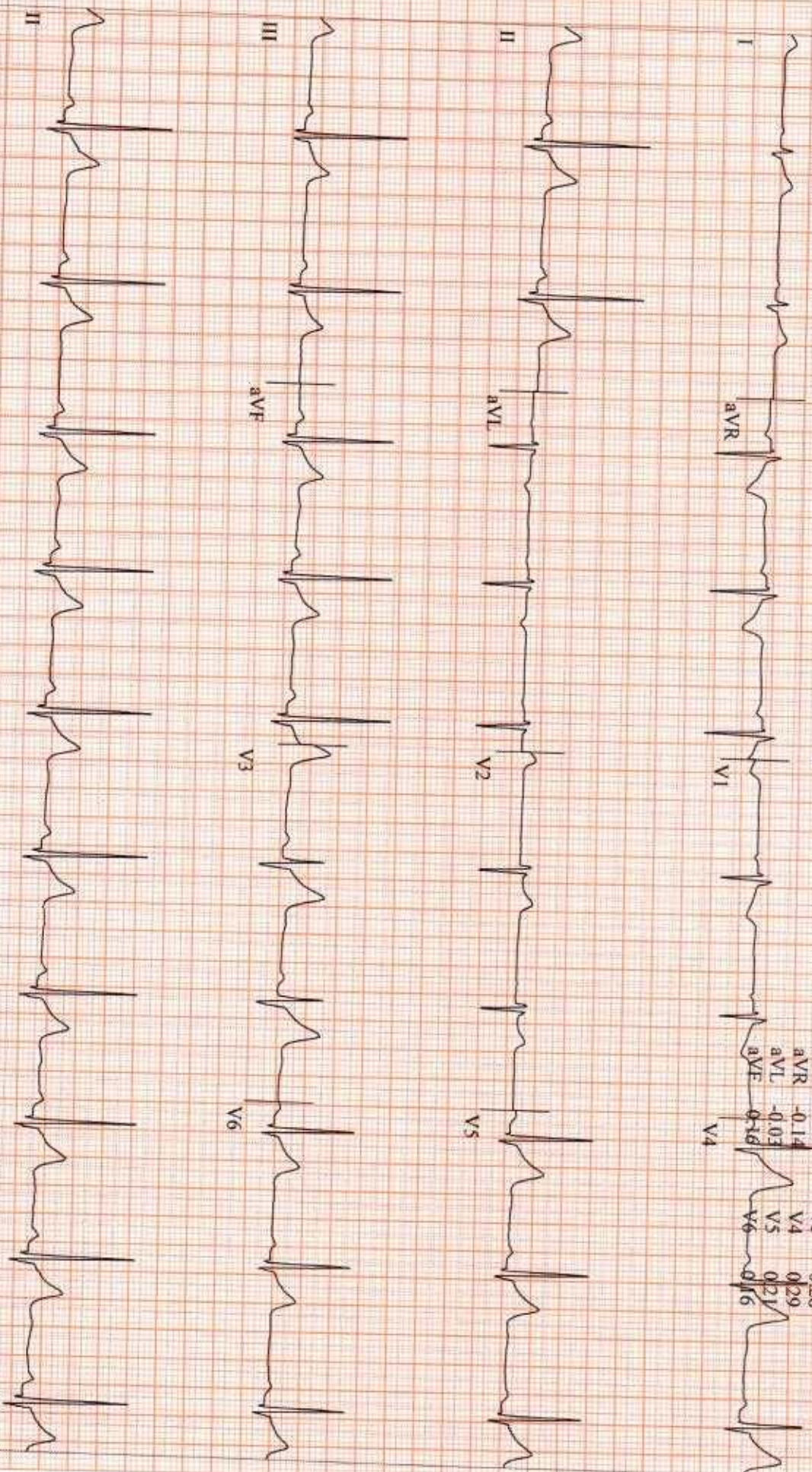
12-lead Report

BRUCE
 0.0 mph
 0.0%

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

| Lead | ST(mV) | Lead | ST(mV) |
|------|--------|------|--------|
| I | 0.07 | V1 | -0.06 |
| II | 0.20 | V2 | 0.06 |
| III | 0.13 | V3 | 0.28 |
| aVR | -0.14 | V4 | 0.29 |
| aVL | -0.03 | V5 | 0.21 |
| aVF | 0.16 | V6 | 0.16 |
| | | V4 | |



KULDEEP, CHAUHAN
Patient ID 2308422026
25-03-2023
12:08:46pm

90 bpm
110/70 mmHg

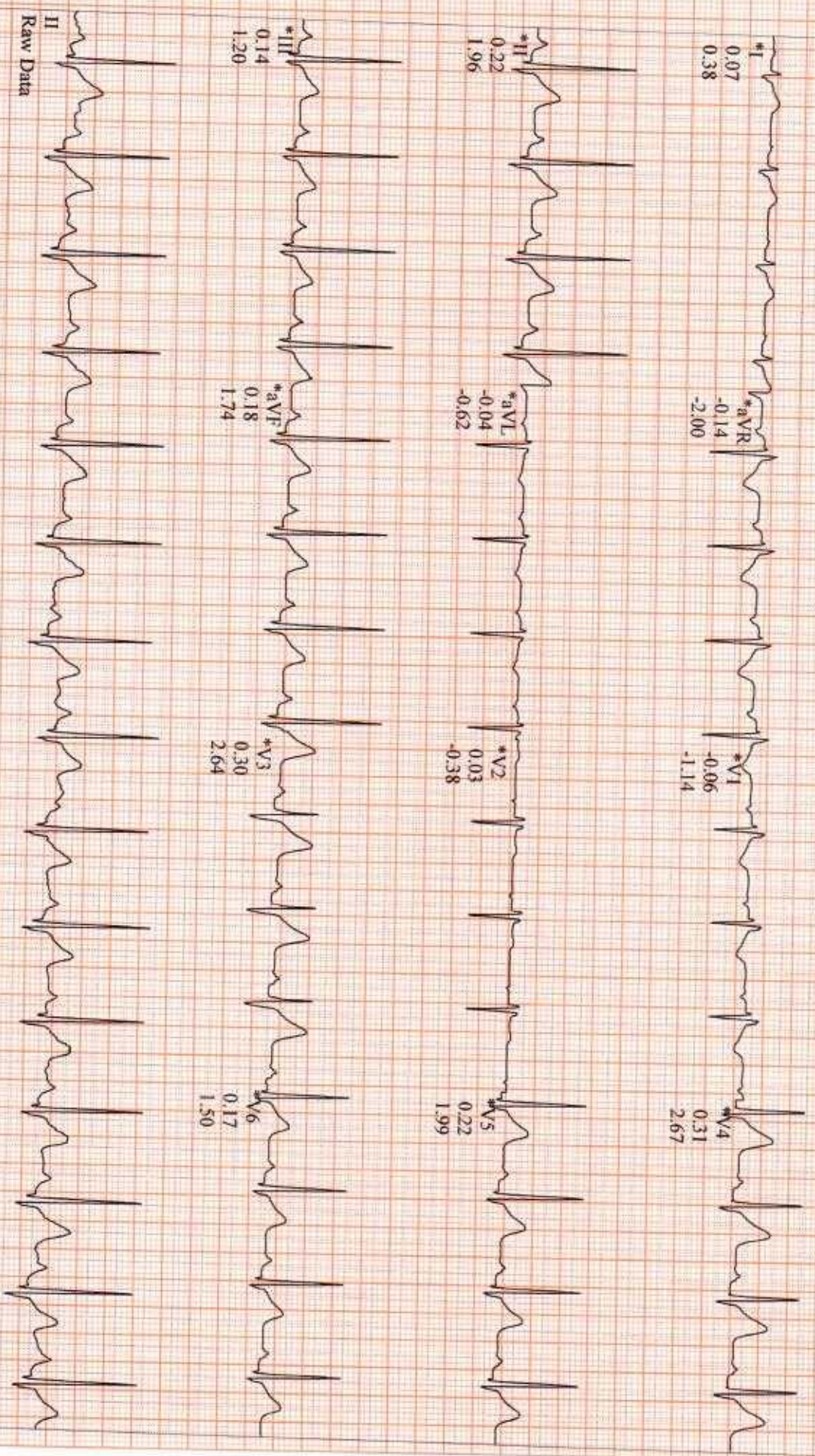
EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTICS

Linked Medians

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



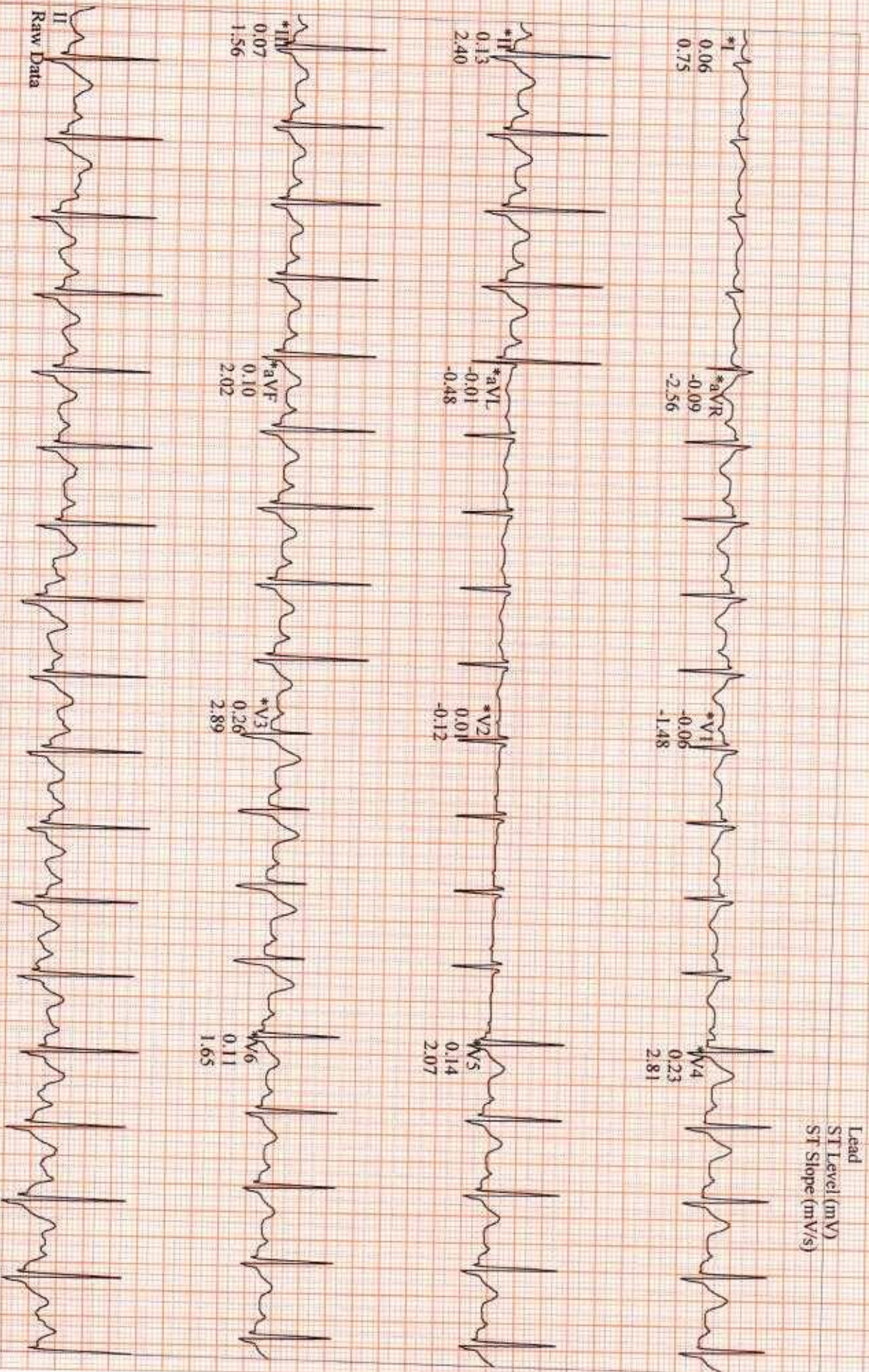
Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(QT,V5)

Start of Test: 12:04:31pm

*Computer Synthesized Rhythms

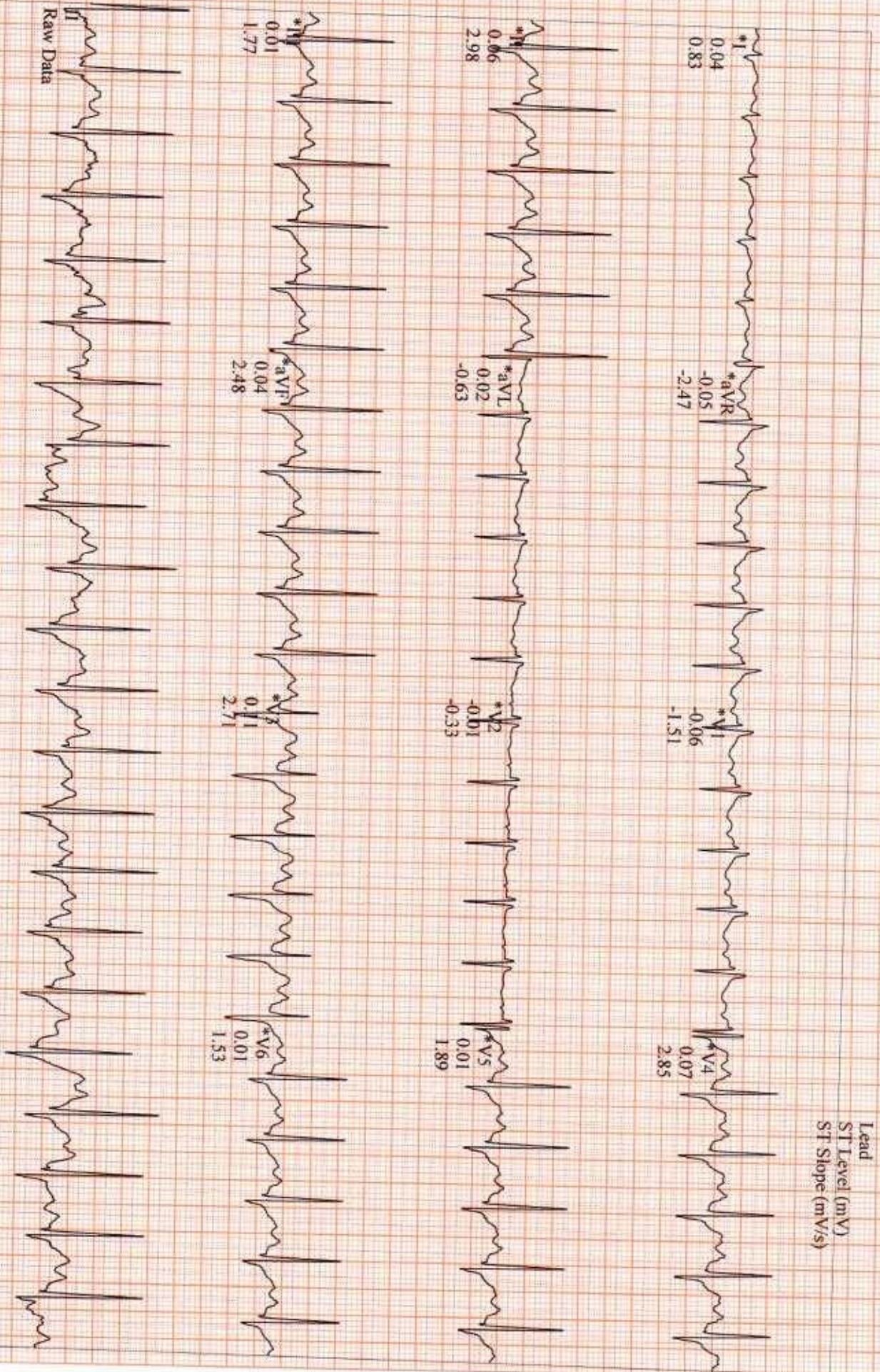


KULDEEP CHAUHAN
Patient ID: 2308422026
25.03.2023
12:14:46pm

Linked Medians
131 bpm
124/70 mmHg
EXERCISE
STAGE 3
08:50

BRUCE
3.4 mph
14.0%

SUBURBAN DIAGNOSTICS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

Start of Test: 12:04:31pm

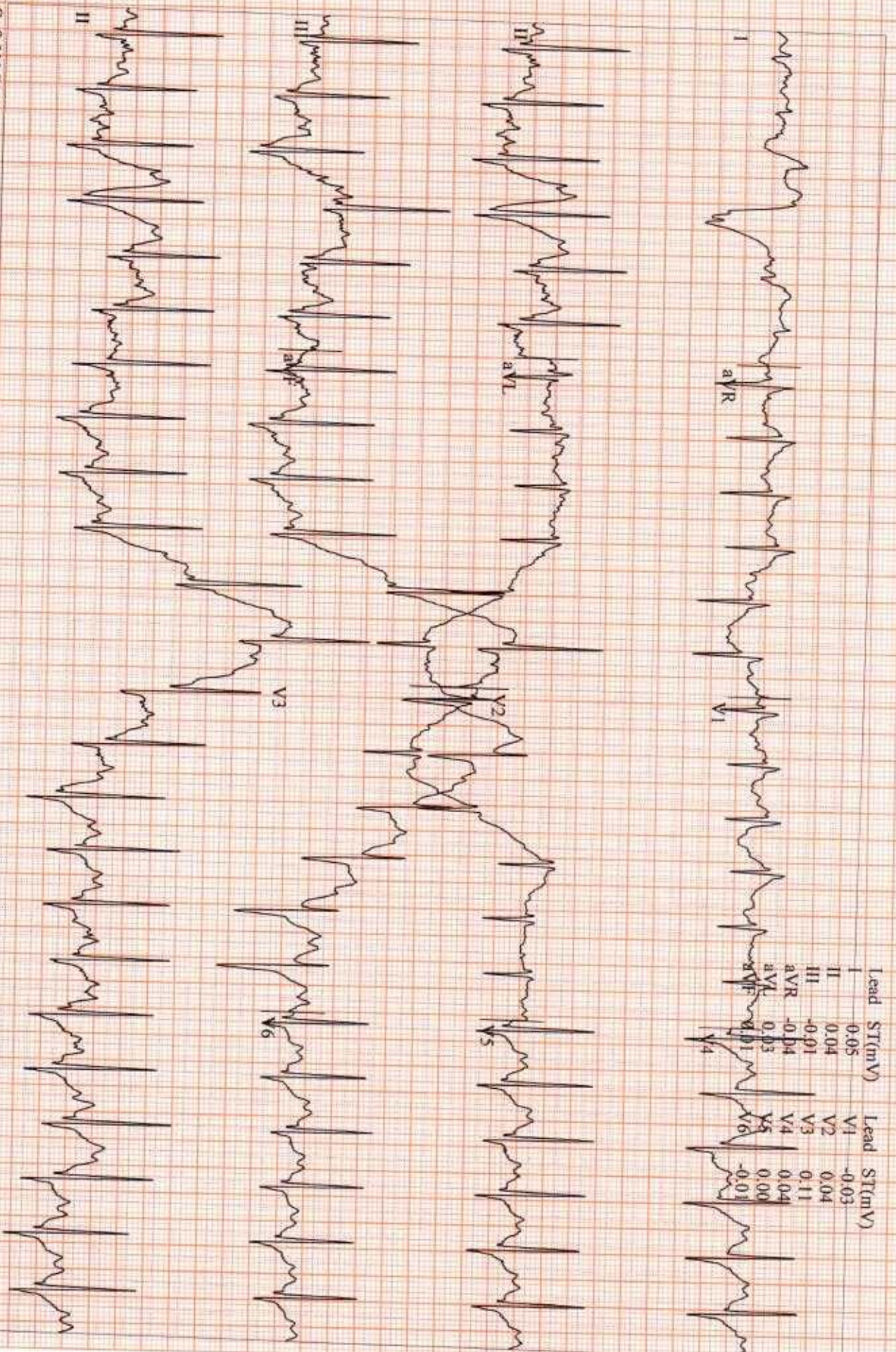
*Computer Synthesized Rhythms

KULDEEP, CHAUHAN
 Patient ID: 2308422026
 25.03.2023
 12:15:56pm

148 bpm

12-Lead Report (PEAK EXERCISE)
EXERCISE
BRUCE
STAGE 4
 09:55
 4.2 mph
 16.0 %

Measured at 60ms Post J
 Auto Points
SUBURBAN DIAGNOSTICS



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FR+ HR(V5,11)

Start of Test: 12:04:31pm

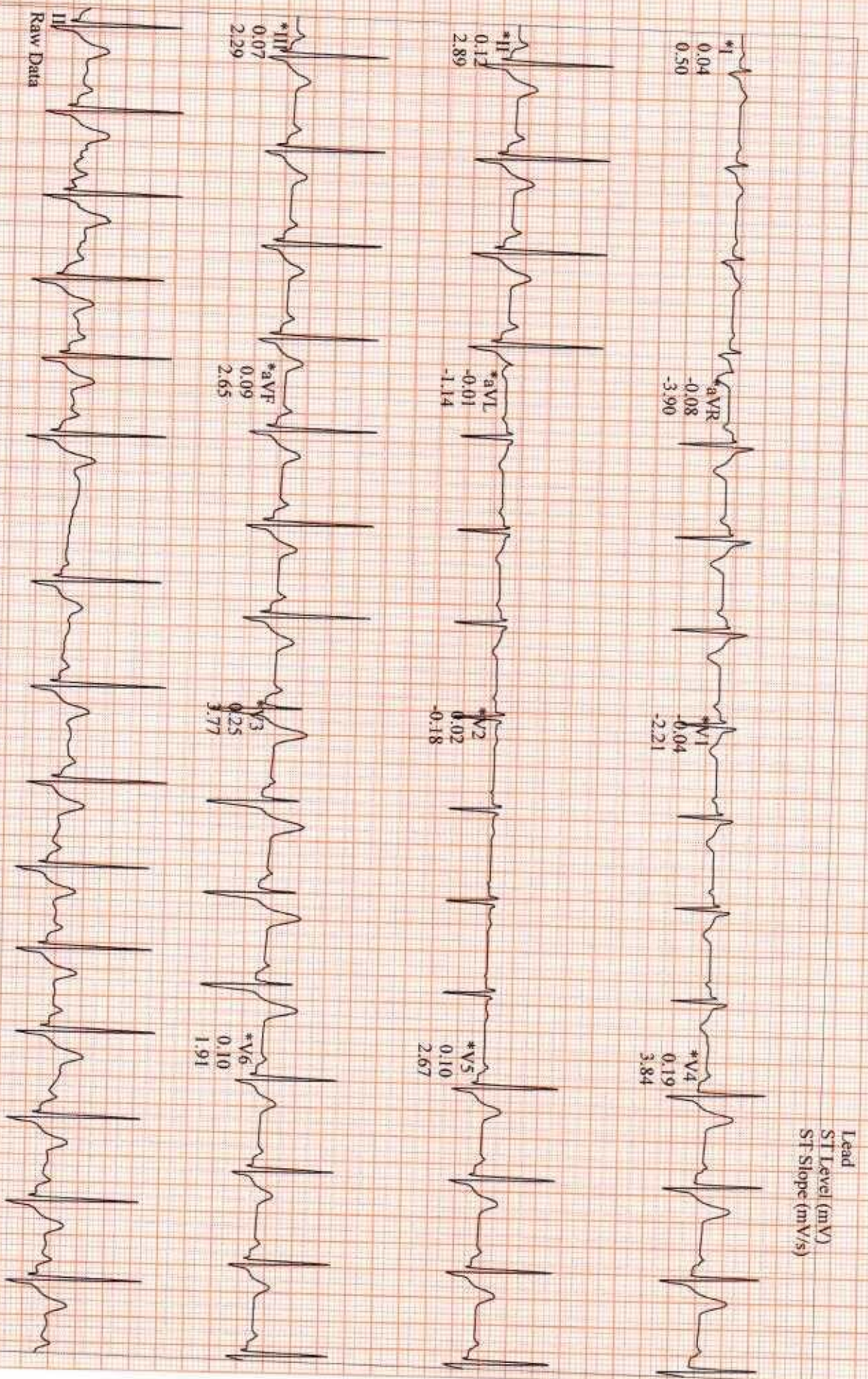
KULDEEP, CHAUHAN
Patient ID 2308422026
25.03.2023
12:16:51pm

86 bpm
136/70 mmHg

Linked Medians
RECOVERY #1
01:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FR+ HR(V5,II)

Start of Test: 12:04:31pm

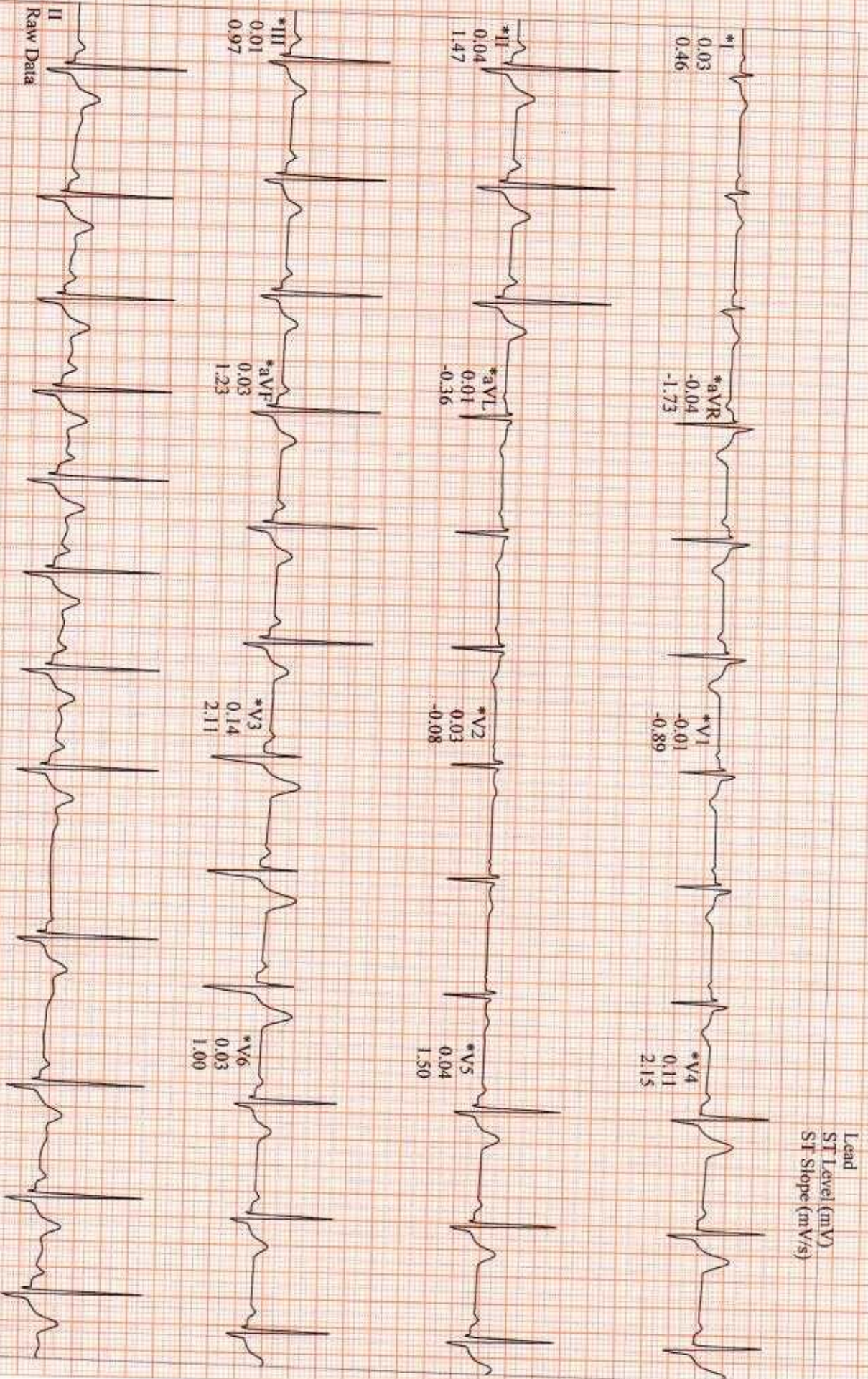
*Computer Synthesized Rhythms

70 bpm

Linked Medians
RECOVERY #1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS



Raw Data

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

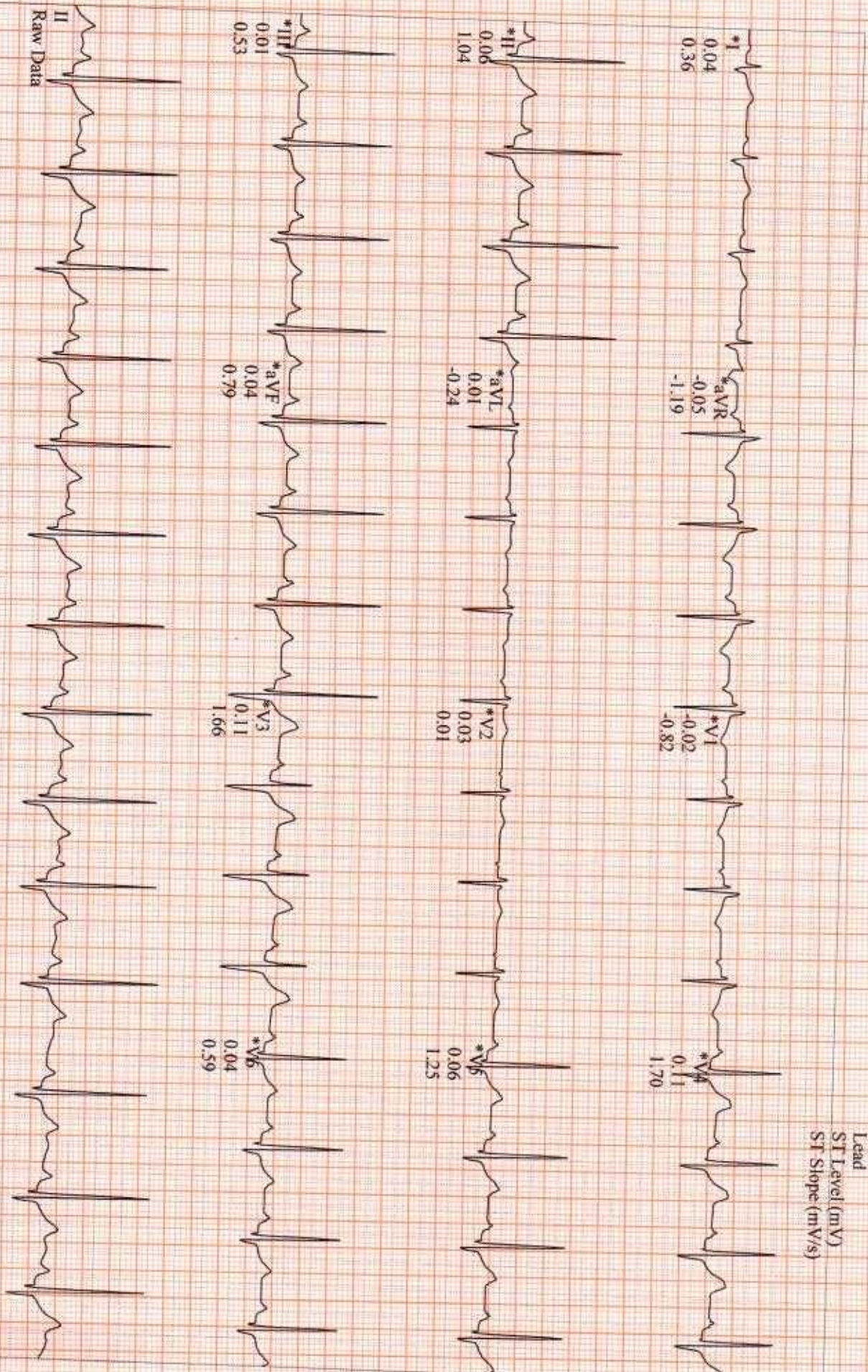
KULDEEP, CHAUHAN
Patient ID: 2308422026
25.03.2023
12:18:51pm

88 bpm
136/70 mmHg

Linked Medians
RECOVERY #1
03:00

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOSTICS



II
Raw Data

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,V5)

*Computer Synthesized Rhythms

Start of Test: 12:04:31pm



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Reg. Location : Malad West (Main Centre)

Collected : 25-Mar-2023 / 10:08
Reported : 25-Mar-2023 / 13:52

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 | 16.3 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 4.87 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 48.7 | 40-50 % | Calculated |
| MCV | 100.0 | 80-100 fl | Measured |
| MCH | 33.4 | 27-32 pg | Calculated |
| MCHC | 33.4 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.7 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 6600 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 22.9 | 20-40 % | |
| Absolute Lymphocytes | 1511.4 | 1000-3000 /cmm | Calculated |
| Monocytes | 7.4 | 2-10 % | |
| Absolute Monocytes | 488.4 | 200-1000 /cmm | Calculated |
| Neutrophils | 54.5 | 40-80 % | |
| Absolute Neutrophils | 3597.0 | 2000-7000 /cmm | Calculated |
| Eosinophils | 15.0 | 1-6 % | |
| Absolute Eosinophils | 990.0 | 20-500 /cmm | Calculated |
| Basophils | 0.2 | 0.1-2 % | |
| Absolute Basophils | 13.2 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 126000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 12.6 | 6-11 fl | Measured |
| PDW | 26.2 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |



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Reported : 25-Mar-2023 / 13:36

Hypochromia -
Microcytosis -
Macrocytosis Mild
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY Megaplatelets seen on smear
COMMENT Eosinophilia

Result rechecked.
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 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)



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Reg. Location : Malad West (Main Centre)

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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 | 86.8 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 84.8 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.98 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.33 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.65 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.8 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.9 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 1.9 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 2.6 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 21.8 | 5-40 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 31.8 | 5-45 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 19.7 | 3-60 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 99.5 | 40-130 U/L | Colorimetric |
| BLOOD UREA, Serum | 22.1 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 10.3 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.96 | 0.67-1.17 mg/dl | Enzymatic |



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Reg. Location : Malad West (Main Centre)

Collected : 25-Mar-2023 / 12:59
Reported : 25-Mar-2023 / 16:16

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eGFR, Serum 96 >60 ml/min/1.73sqm Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum 5.8 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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Reg. Location : Malad West (Main Centre)

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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 | 5.0 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 96.8 | 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 ***

J Thakker

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



MC-2111





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Name : MR.KULDEEP CHAUHAN
Age / Gender : 33 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 | METHOD |
|--------------------------------|------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| Color | Yellow | Pale Yellow | - |
| Reaction (pH) | 5.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.025 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 30 | - | - |
| CHEMICAL EXAMINATION | | | |
| Proteins | Absent | Absent | pH Indicator |
| Glucose | Absent | Absent | GOD-POD |
| Ketones | Absent | Absent | Legals Test |
| Blood | Trace | 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 | Occasional | 0-2/hpf | |
| Epithelial Cells / hpf | 0-1 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 3-4 | 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

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



MC-2111



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Name : MR.KULDEEP CHAUHAN
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Reg. Location : Malad West (Main Centre)

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Reported :

*** End Of Report ***



CID : 2308422026
Name : MR.KULDEEP CHAUHAN
Age / Gender : 33 Years / Male
Consulting Dr. : -
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 | 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.

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
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 166.0 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 105.6 | 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 | 58.6 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 107.4 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 86.0 | 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 | 21.4 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 2.8 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.5 | 0-3.5 Ratio | Calculated |

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

J Thakker

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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 | 5.7 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 17.5 | 11.5-22.7 pmol/L | ECLIA |
| sensitiveTSH, Serum | 2.41 | 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

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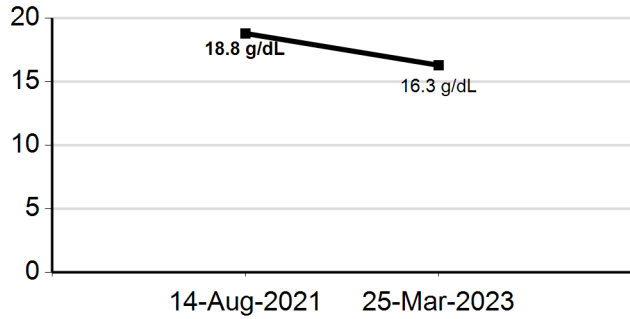




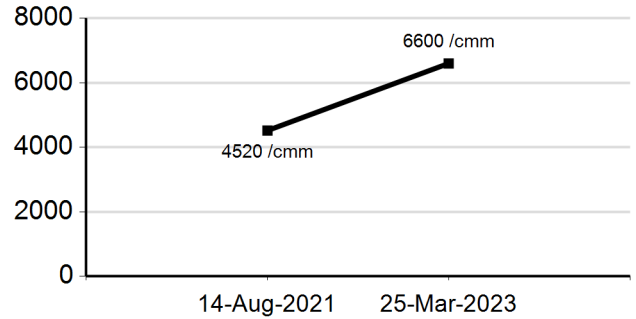
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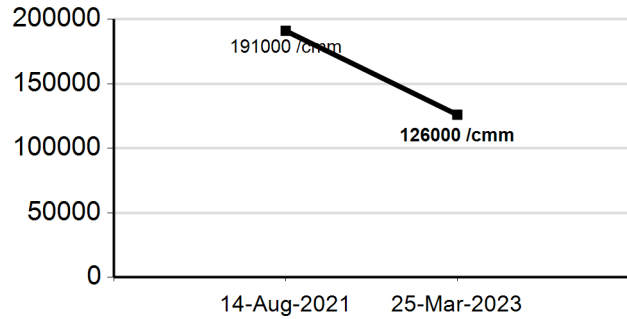
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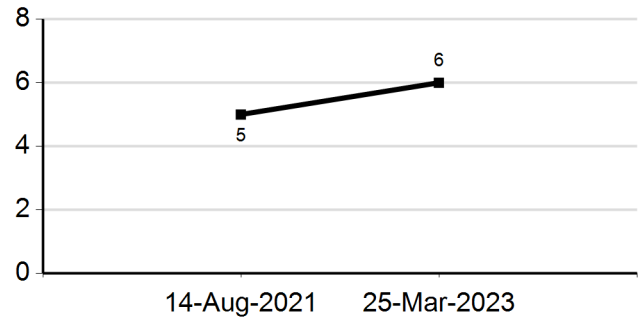
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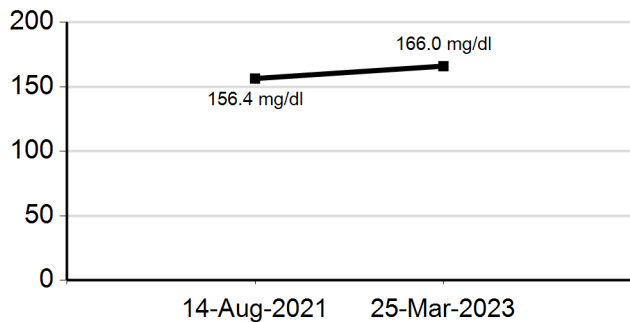
Platelet Count



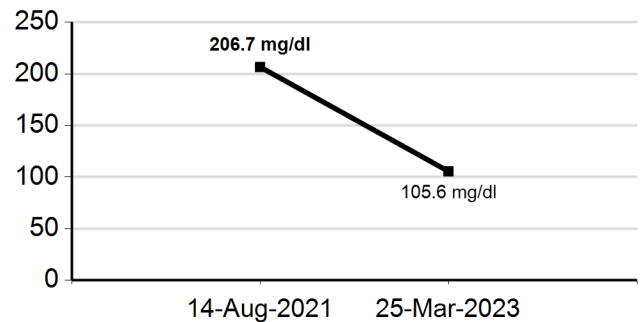
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CHOLESTEROL



TRIGLYCERIDES

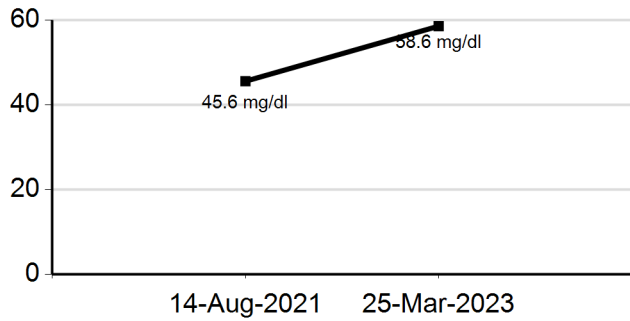




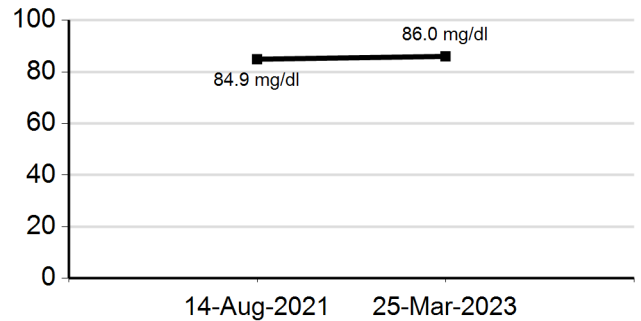
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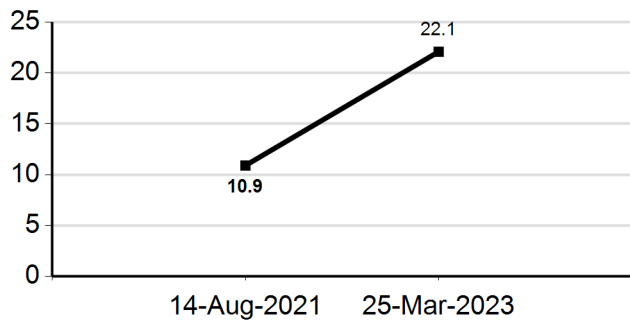
HDL CHOLESTEROL



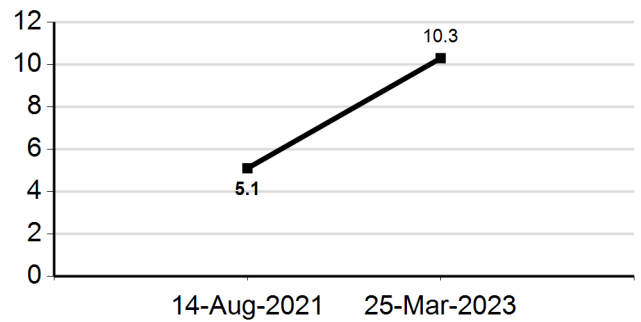
LDL CHOLESTEROL



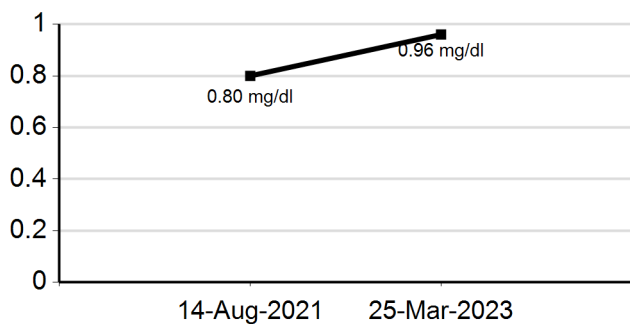
BLOOD UREA



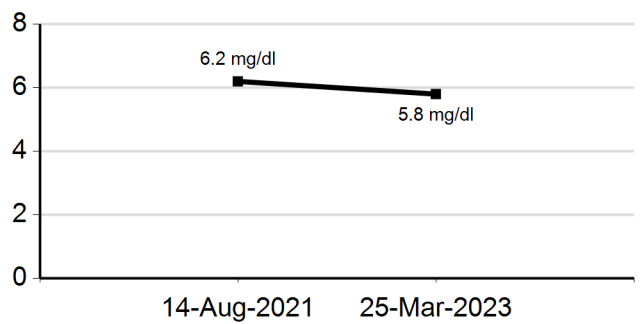
BUN



CREATININE



URIC ACID

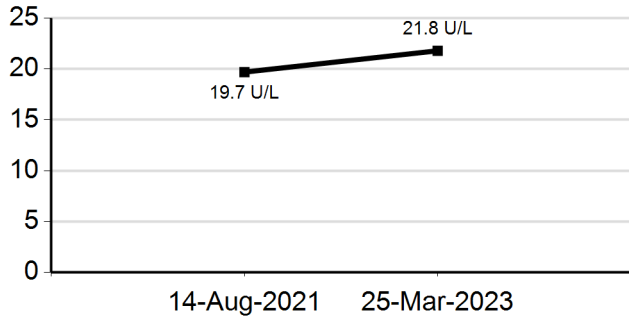




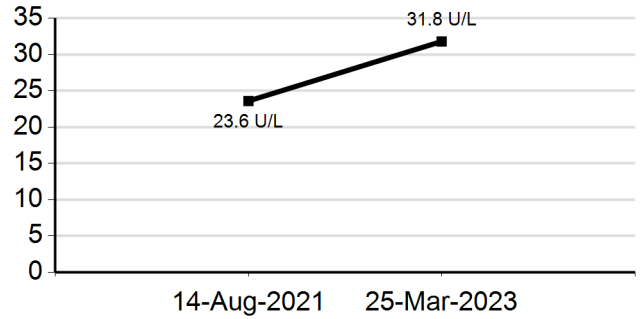
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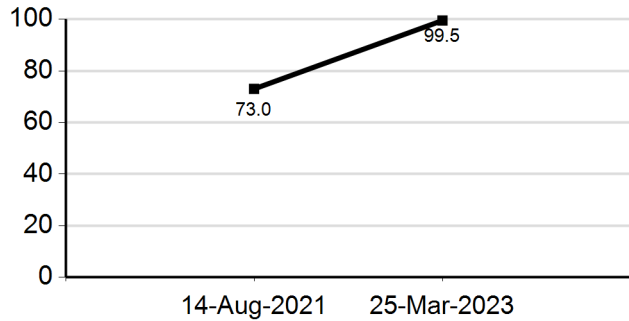
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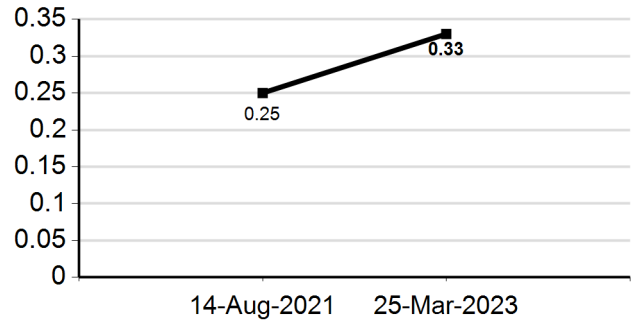
SGPT (ALT)



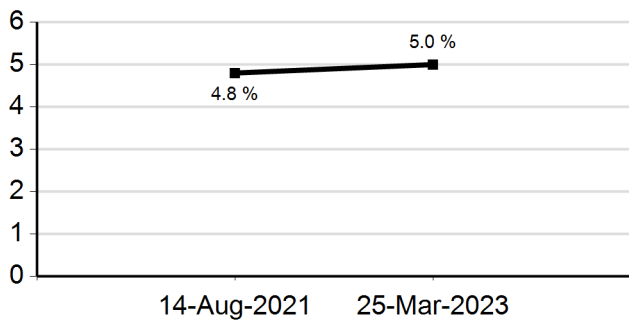
ALKALINE PHOSPHATASE



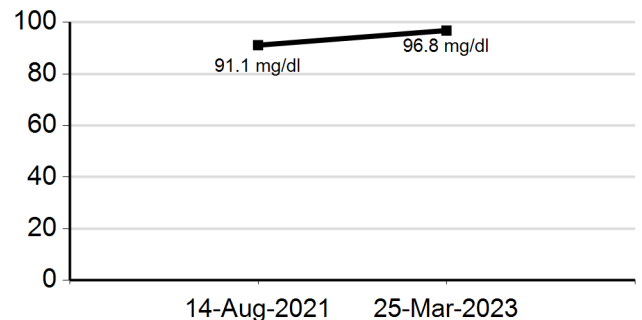
BILIRUBIN (DIRECT)



Glycosylated Hemoglobin (HbA1c)



Estimated Average Glucose (eAG)





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