

Patient Name: SAKET CHOUDHARY

Date and Time: 9th Oct 21 12:03 PM

Patient ID: 2128245539

Age **37 9 24**  
years months days

Gender **Male**

Heart Rate **70 bpm**

**Patient Vitals**

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

**Measurements**

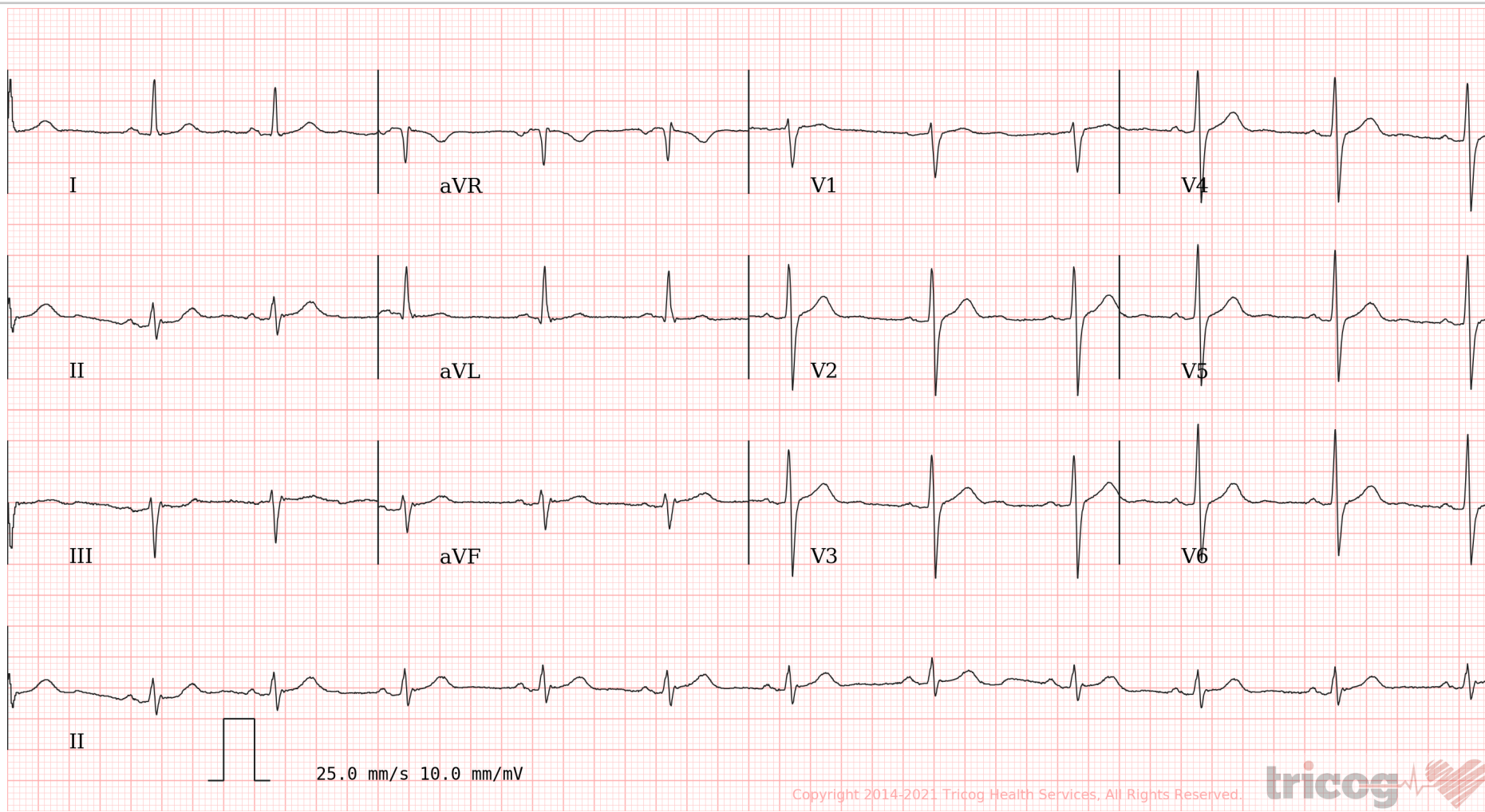
QSRD: 106 ms

QT: 368 ms

QTc: 397 ms

PR: 152 ms

P-R-T: 15° -17° 53°



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

REPORTED BY

DR RAVI CHAVAN  
MD, D.CARD, D. DIABETES  
Cardiologist & Diabetologist  
2004/06/2468

CID : 2128245539  
Name : Mr SANKET CHOUDHARY  
Age / Sex : 37 Years / Male  
Ref. Dr :  
Reg.Location : Andheri West (Main Center)

SID : 177802572464  
Registered : 09-Oct-2021 / 11:50  
Reported : 09-Oct-2021 / 13:41  
Printed : 09-Oct-2021 / 13:41

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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.**

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



Dr R K Bhandari  
M D , DMRE  
MMC REG NO. 34078



CID : 2128245539  
Name : MR.SAKET CHOUDHARY  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

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Collected : 09-Oct-2021 / 10:39  
Reported : 09-Oct-2021 / 12:21

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD SUGAR REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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

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



MC-2111

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

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

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB-ESR	4	2-15 mm at 1 hr.	Westergren

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



MC-2111



*Amar Das Gupta*  
**Dr. AMAR DASGUPTA, MD, PhD**  
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Director - Medical Services

*Anupa Dixit*  
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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.41	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.1	40-50 %	Measured
MCV	87.1	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6300	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	48.1	20-40 %	
Absolute Lymphocytes	3030.3	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	453.6	200-1000 /cmm	Calculated
Neutrophils	36.9	40-80 %	
Absolute Neutrophils	2324.7	2000-7000 /cmm	Calculated
Eosinophils	7.3	1-6 %	
Absolute Eosinophils	459.9	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	31.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	242000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-
Macrocytosis	-





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Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 2-15 mm at 1 hr. Westergren

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	93.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.16	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.43	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.73	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	22.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	28.3	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	76.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.7	6-20 mg/dl	Calculated
CREATININE, Serum	1.00	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.3	3.5-7.2 mg/dl	Enzymatic

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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.

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



MC-2111

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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	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	-		

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



*Anupa*  
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Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 09-Oct-2021 / 10:39  
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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

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	110.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	97.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	33.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	77.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	58.0	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	19.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	6.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	<b>0.013</b>	0.35-5.5 microIU/ml	ECLIA

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between 5.5 to 15 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:**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.

**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)

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CID	: 2128245539	SID	: 177802572464
Name	: MR.SAKET CHOUDHARY	Registered	: 09-Oct-2021 / 10:17
Age / Gender	: 37 Years/Male	Collected	: 09-Oct-2021 / 10:17
Ref. Dr	: -	Reported	: 11-Oct-2021 / 10:26
Reg.Location	: Andheri West (Main Centre)	Printed	: 11-Oct-2021 / 10:33

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Asymptomatic  
 K/C/O Hypothyroidism on medication.

#### EXAMINATION FINDINGS:

<b>Height (cms):</b>	172 cms	<b>Weight (kg):</b>	76 kgs
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	110/80 mm of Hg	<b>Nails:</b>	Normal
<b>Pulse:</b>	76/min	<b>Lymph Node:</b>	Not palpable

#### Systems

<b>Cardiovascular:</b>	S1S2 audible
<b>Respiratory:</b>	AEBE
<b>Genitourinary:</b>	NAD
<b>GI System:</b>	Liver & Spleen not palpable
<b>CNS:</b>	NAD

#### IMPRESSION:

K/C/O Hypothyroidism with :  
 Low TSH with Normal Levels of T3 and T4.  
 Client is fit clinically

#### ADVICE:

#### CHIEF COMPLAINTS:

1)	<b>Hypertension:</b>	NO
2)	<b>IHD</b>	NO
3)	<b>Arrhythmia</b>	NO
4)	<b>Diabetes Mellitus</b>	NO
5)	<b>Tuberculosis</b>	NO
6)	<b>Asthama</b>	NO
7)	<b>Pulmonary Disease</b>	NO
8)	<b>Thyroid/ Endocrine disorders</b>	Yes, Since 20 years
9)	<b>Nervous disorders</b>	NO



Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo  
 Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

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10)	<b>GI system</b>	NO
11)	<b>Genital urinary disorder</b>	NO
12)	<b>Rheumatic joint diseases or symptoms</b>	NO
13)	<b>Blood disease or disorder</b>	NO
14)	<b>Cancer/lump growth/cyst</b>	NO
15)	<b>Congenital disease</b>	NO
16)	<b>Surgeries</b>	NO
17)	<b>Musculoskeletal system</b>	NO

<b>PERSONAL HISTORY:</b>		
1)	<b>Alcohol</b>	NO
2)	<b>Smoking</b>	NO
3)	<b>Diet</b>	Mixed
4)	<b>Medication</b>	Tab. Eltroxin 150 mcg 1-0-0

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



**Dr.Geetanjali Khullar**