



CID : 2121127985
Name : MRS.APURVA RAGHOJIWAR
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 30-Jul-2021 / 10:01
Reported : 30-Jul-2021 / 16:38

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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 | 12.1 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.20 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 37.2 | 36-46 % | Measured |
| MCV | 88.5 | 80-100 fl | Calculated |
| MCH | 28.7 | 27-32 pg | Calculated |
| MCHC | 32.5 | 31.5-34.5 g/dL | Calculated |
| RDW | 13.7 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 6280 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 34.7 | 20-40 % | |
| Absolute Lymphocytes | 2179.2 | 1000-3000 /cmm | Calculated |
| Monocytes | 11.4 | 2-10 % | |
| Absolute Monocytes | 715.9 | 200-1000 /cmm | Calculated |
| Neutrophils | 51.1 | 40-80 % | |
| Absolute Neutrophils | 3209.1 | 2000-7000 /cmm | Calculated |
| Eosinophils | 2.6 | 1-6 % | |
| Absolute Eosinophils | 163.3 | 20-500 /cmm | Calculated |
| Basophils | 0.2 | 0.1-2 % | |
| Absolute Basophils | 12.6 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 305000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.1 | 6-11 fl | Calculated |
| PDW | 14.6 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| 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, Citrate WB 13 2-20 mm at 1 hr. Westergren

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



Amar Dasgupta
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Reported : 30-Jul-2021 / 14:00

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 | 84.8 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R | 83.9 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| CHOLESTEROL, Serum | 118.5 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | Enzymatic |
| HDL CHOLESTEROL, Serum | 36.9 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Enzymatic |
| LDL CHOLESTEROL, Serum | 64.9 | 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 | Colorimetric |
| TRIGLYCERIDES, Serum | 88.8 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | Enzymatic |
| BILIRUBIN (TOTAL), Serum | 0.23 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.12 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.11 | 0.1-1.0 mg/dl | Calculated |
| SGOT (AST), Serum | 15.6 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 10.3 | 5-33 U/L | NADH (w/o P-5-P) |

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| | | | |
|-----------------------------|------|--------------------|--------------|
| ALKALINE PHOSPHATASE, Serum | 59.8 | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | 13.1 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 6.1 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.63 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 119 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 4.3 | 2.4-5.7 mg/dl | Enzymatic |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***



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PATHOLOGIST

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Collected : 30-Jul-2021 / 10:01
Reported : 30-Jul-2021 / 13:51

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TEST

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|---|---------------|
| sensitiveTSH, Serum | 2.54 | 0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 | ECLIA |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 30-Jul-2021 / 10:01
Reported : 30-Jul-2021 / 19:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--|---------|--|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB | 5.1 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB | 99.7 | 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

Shashi D

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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> |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | Acidic (6.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.020 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 50 | - | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Proteins | Absent | Absent | pH Indicator |
| Glucose | Absent | Absent | GOD-POD |
| Ketones | Absent | Absent | Legals Test |
| Blood | Absent | Absent | Peroxidase |
| Bilirubin | Absent | Absent | Diazonium Salt |
| Urobilinogen | Normal | Normal | Diazonium Salt |
| Nitrite | Absent | Absent | Griess Test |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Leukocytes(Pus cells)/hpf | 1-2 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 3-4 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 10-12 | Less than 20/hpf | |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***



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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | O |
| Rh TYPING | POSITIVE |

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 ***



MC-2111

Anupa

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--------------|
| CHOLESTEROL, Serum | 118.5 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | Enzymatic |
| TRIGLYCERIDES, Serum | 88.8 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | Enzymatic |
| HDL CHOLESTEROL, Serum | 36.9 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Enzymatic |
| NON HDL CHOLESTEROL, Serum | 81.6 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 64.9 | 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 | Colorimetric |
| VLDL CHOLESTEROL, Serum | 16.7 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.2 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.8 | 0-3.5 Ratio | Calculated |

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