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: 22-Jan-2022 / 10:11

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Name : MR.AMIT MODI Age / Gender :31 Years / Male

Consulting Dr.

Reg. Location : G B Road, Thane West (Main Centre)

: 2202246470

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.94	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	40.9	40-50 %	Measured	
MCV	83	80-100 fl	Calculated	
MCH	28.2	27-32 pg	Calculated	
MCHC	34.1	31.5-34.5 g/dL	Calculated	
RDW	14.1	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	6900	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS			
Lymphocytes	49.7	20-40 %		
Absolute Lymphocytes	3429.3	1000-3000 /cmm	Calculated	
Monocytes	5.3	2-10 %		
Absolute Monocytes	365.7	200-1000 /cmm	Calculated	
Neutrophils	41.2	40-80 %		
Absolute Neutrophils	2842.8	2000-7000 /cmm	Calculated	
Eosinophils	3.8	1-6 %		
Absolute Eosinophils	262.2	20-500 /cmm	Calculated	
Basophils	0.0	0.1-2 %		
Absolute Basophils	0.0	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	287000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	11.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia Microcytosis

Page 1 of 4

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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



Name

: 2202246470 : MR.AMIT MODI

:31 Years / Male Age / Gender

Consulting Dr. : G B Road, Thane West (Main Centre) Reg. Location



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Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

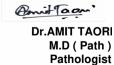
ESR, EDTA WB-ESR 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***









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: 22-Jan-2022 / 10:11

:22-Jan-2022 / 11:42

Hexokinase

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD SUGAR REPORT

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

GLUCOSE (SUGAR) FASTING, 93.1

Fluoride Plasma

Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose:

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100-125 mg/dl

Diabetic: >/= 126 mg/dl

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*** End Of Report ***







Bonit Taon

Dr.AMIT TAORI M.D (Path) Pathologist

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Reported :22-Jan-2022 / 11:36

: 22-Jan-2022 / 10:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	RESUL 15	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	6.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.04	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 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: 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***









M.D (Path) **Pathologist**

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: 2202246470

: MR.AMIT MODI :31 Years / Male

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

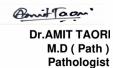
ESR 5 2-15 mm at 1 hr. Westergren

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD GLUCOSE (SUGAR) FASTING, 93.1 Non-Diabetic: < 100 mg/dl Hexokinase Fluoride Plasma Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl GLUCOSE (SUGAR) PP, Fluoride 108.7 Non-Diabetic: < 140 mg/dl Hexokinase Plasma PP/R Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl BILIRUBIN (TOTAL), Serum 0.52 0.1-1.2 mg/dl Diazo BILIRUBIN (DIRECT), Serum 0.2 0-0.3 mg/dl Diazo BILIRUBIN (INDIRECT), Serum 0.32 0.1-1.0 mg/dl Calculated TOTAL PROTEINS, Serum 6.9 6.4-8.3 g/dL Biuret ALBUMIN, Serum 4.6 3.5-5.2 g/dL BCG GLOBULIN. Serum 2.3 2.3-3.5 g/dL Calculated A/G RATIO, Serum 1 - 2 Calculated 2 SGOT (AST), Serum 19.8 5-40 U/L IFCC without pyridoxal phosphate activation SGPT (ALT), Serum 22.8 5-45 U/L IFCC without pyridoxal phosphate activation GAMMA GT, Serum 19.5 3-60 U/L **IFCC** ALKALINE PHOSPHATASE. 77.8 40-130 U/L **PNPP** Serum BLOOD UREA, Serum 14.2 12.8-42.8 mg/dl Urease & GLDH BUN, Serum 6.6 6-20 mg/dl Calculated CREATININE, Serum 0.67-1.17 mg/dl Enzymatic 1.04 eGFR, Serum 89 >60 ml/min/1.73sgm Calculated

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: 2202246470

Name : MR.AMIT MODI

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Consulting Dr.

URIC ACID, Serum

Reg. Location

CID

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8.2

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3.5-7.2 mg/dl

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Uricase

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) **Absent Absent**

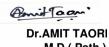
Urine Sugar (PP) Absent Absent Urine Ketones (PP) Absent Absent

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M.D (Path) **Pathologist**

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ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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



CID : 2202246470 Name : MR.AMIT MODI

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	

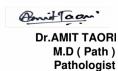
Epithelial Cells / hpf 0-1

Casts Absent Absent Crystals **Absent Absent** Amorphous debris **Absent** Absent

Bacteria / hpf 1-2 Less than 20/hpf







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

RESULTS PARAMETER

ABO GROUP В

Rh TYPING Negative

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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:

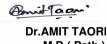
- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- AABB technical manual

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: G B Road, Thane West (Main Centre)

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	170.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	218.4	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	28.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	141.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	110.7	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	30.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

Note: LDL measured by direct method.

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	<u>RESUL 15</u>	BIOLOGICAL REF RANGE	ME I HOL
Free T3, Serum	6.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.04	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 trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

	adama dia dai gary ata				
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.

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Reported

Name : MR.AMIT MODI

:31 Years / Male Age / Gender Consulting Dr.

: G B Road, Thane West (Main Centre) Reg. Location

: 2202246470

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia **Target Cells**

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

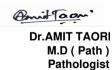
ESR, EDTA WB-ESR 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***









Page 2 of 4

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



CID : 2202246470

Name : MR.AMIT MODI

Age / Gender : 31 Years / Male

Consulting Dr. : -

Reg. Location

: G B Road, Thane West (Main Centre)

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: 22-Jan-2022 / 10:11

Hexokinase

Reported :22-Jan-2022 / 11:42

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, 93.1 Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

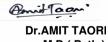
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M.D (Path)
Pathologist

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: 2202246470

Name : MR.AMIT MODI

Age / Gender :31 Years / Male

Consulting Dr.

: G B Road, Thane West (Main Centre) Reg. Location



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Reported

: 22-Jan-2022 / 10:11

:22-Jan-2022 / 11:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	RESUL 13	BIOLOGICAL REF RANGE	ME I HOD
Free T3, Serum	6.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.04	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 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: 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***







Dr.AMIT TAORI M.D (Path) **Pathologist**

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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: 2202246470

: MR.AMIT MODI

CID

Name

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

			=
	CBC (Complet	e Blood Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.94	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.9	40-50 %	Measured
MCV	83	80-100 fl	Calculated
MCH	28.2	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6900	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS		
Lymphocytes	49.7	20-40 %	
Absolute Lymphocytes	3429.3	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	365.7	200-1000 /cmm	Calculated
Neutrophils	41.2	40-80 %	
Absolute Neutrophils	2842.8	2000-7000 /cmm	Calculated
Eosinophils	3.8	1-6 %	

WBC Differential Count by Absorbance & Impedance method/Microscopy.

262.2

0.0

0.0

PLATELET PARAMETERS

Platelet Count	287000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	11.5	11-18 %	Calculated

20-500 /cmm

20-100 /cmm

0.1-2 %

RBC MORPHOLOGY

Absolute Eosinophils

Absolute Basophils

Immature Leukocytes

Basophils

Hypochromia Microcytosis

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CID : 2202246470 Name : MR.AMIT MODI

:31 Years / Male Age / Gender Consulting Dr.

: G B Road, Thane West (Main Centre) Reg. Location

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

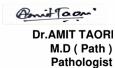
ESR 5 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***









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CID : 2202246470 Name : MR.AMIT MODI

Age / Gender : 31 Years / Male

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Reported :22-Jan-2022 / 12:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.52	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	19.8	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	22.8	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	19.5	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	77.8	40-130 U/L	PNPP
BLOOD UREA, Serum	14.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	1.04	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated

Page 3 of 9



: 2202246470

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:31 Years / Male Age / Gender

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:22-Jan-2022 / 12:46

:22-Jan-2022 / 15:14

URIC ACID, Serum

8.2

3.5-7.2 mg/dl

Collected

Reported

Uricase

Urine Sugar (Fasting) Urine Ketones (Fasting) Absent **Absent** Absent **Absent**

Urine Sugar (PP)

Absent

Absent

*** End Of Report ***

Urine Ketones (PP) Absent Absent *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West







Dr.AMIT TAORI

M.D (Path) **Pathologist**

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METHOD

Collected : 22-Jan-2022 / 10:11

Name : MR.AMIT MODI Age / Gender :31 Years / Male

: 2202246470

Consulting Dr. Reg. Location

PARAMETER

CID

: G B Road, Thane West (Main Centre)

RESULTS

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

HPLC Glycosylated Hemoglobin 5.7 Non-Diabetic Level: < 5.7 %

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

BIOLOGICAL REF RANGE

Reported

Estimated Average Glucose 116.9 mg/dl Calculated

(eAG), EDTA WB - CC

(HbA1c), EDTA WB - CC

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 ***







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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION	<u>[</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
D 10 10 11 /1 (2 2 4 5	

Red Blood Cells / hpf Absent 0-2/hpf

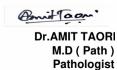
Epithelial Cells / hpf 0-1

Casts Absent Absent Crystals **Absent Absent** Amorphous debris **Absent Absent**

Bacteria / hpf 1-2 Less than 20/hpf







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Name : MR.AMIT MODI

Age / Gender : 31 Years / Male

Consulting Dr. : -

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

PARAMETER RESULTS

ABO GROUP B

Rh TYPING Negative

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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

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CID : 2202246470 Name : MR.AMIT MODI

Age / Gender : 31 Years / Male

Consulting Dr. : -

Reg. Location

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:22-Jan-2022 / 13:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	170.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	218.4	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	28.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	141.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	110.7	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	30.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

Note: LDL measured by direct method.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***







Don't Taon

Dr.AMIT TAORI M.D (Path) Pathologist

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Name

: 2202246470 : MR.AMIT MODI

Age / Gender :31 Years / Male

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Reported

: 22-Jan-2022 / 10:11

:22-Jan-2022 / 11:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>ME I HOD</u>
Free T3, Serum	6.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.04	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 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)

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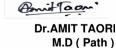
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Pathologist

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