SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID# : 2421663049

Name : MR.VIKAS KOTHARI

Age / Gender : 41 Years/Male

Consulting Dr. :

Reg.Location : Kandivali East (Main Centre)

Collected : 03-Aug-2024 / 08:10

Reported : 04-Aug-2024 / 08:55

PHYSICAL EXAMINATION REPORT

History and Complaints:

Dyslipidemia since 6 month.

EXAMINATION FINDINGS:

Height (cms):	165 cms	**Weight (kg):**	67 kgs
Temp (0c):	Afebrile	**Skin:**	Normal
Blood Pressure (mm/hg):	120/80	**Nails:**	Normal
Pulse:	72/min	**Lymph Node:**	Not palpable

Systems

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

Dyslipidemia
& VIT D

ADVICE:

Correct of Vit D deficiency

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Consulting Dr. :

Collected : 03-Aug-2024 / 08:10

Reg.Location : Kandivali East (Main Centre)

Reported : 04-Aug-2024 / 08:55

CHIEF COMPLAINTS:

1)	**Hypertension:**	No
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**	No
2)	**Smoking**	No
3)	**Diet**	Veg
4)	**Medication**	

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Mumbai - 400101.
Tel : 61700000

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

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

Dr.JAGRUTI DHALE

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 3/8/2024 CID: 242166904

Name:- Mr. Vikas kothari Sex/Age: 41/M

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision: 6/6 N/6 6/6 N/6

Refraction:

(Right Eye) (Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Normal

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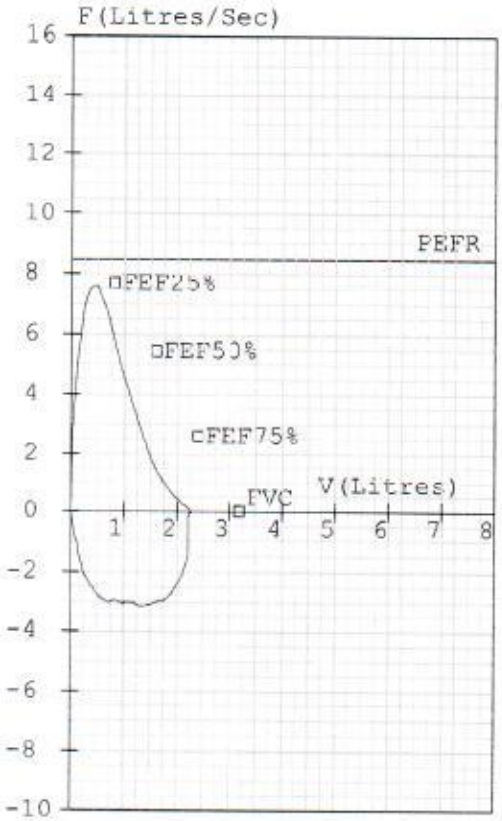
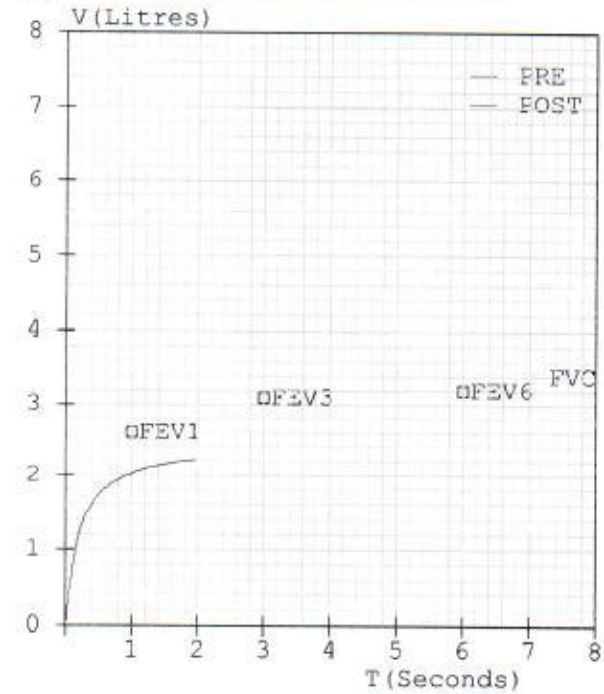
SUBURBAN DIAGNOSTICS

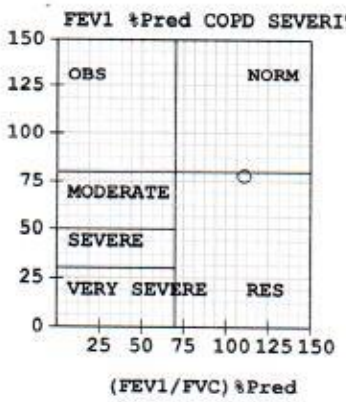
PRECISE TESTING · HEALTHIER LIVING

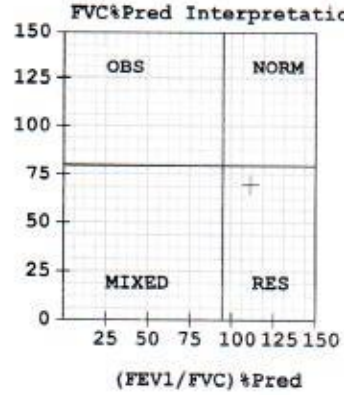
REPORT

Patient: VIKAS KOTHARI	Age : 41 Yrs	Gender : Male	
Refd.By:	Height : 165 Cms		
Pred.Eqns: RECORDERS	Weight : 67 Kgs	Eth. Corr: 100	
Date : 03-Aug-2024 10:56 AM	ID : 2421664746	Temp :	









FVC Results

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.19	02.24	070	-----	---	---
FEV1	(L)	02.61	02.04	078	-----	---	---
FEV1/FVC	(%)	81.82	91.07	111	-----	---	---
FEF25-75	(L/s)	03.80	02.99	079	-----	---	---
PEFR	(L/s)	08.46	07.46	088	-----	---	---
FIVC	(L)	-----	02.24	---	-----	---	---
FEV.5	(L)	-----	01.74	---	-----	---	---
FEV3	(L)	03.09	02.24	072	-----	---	---
PIFR	(L/s)	-----	03.10	---	-----	---	---
FEF75-85	(L/s)	-----	00.80	---	-----	---	---
FEF.2-1.2	(L/s)	06.57	05.60	085	-----	---	---
FEF 25%	(L/s)	07.68	07.18	093	-----	---	---
FEF 50%	(L/s)	05.46	03.85	071	-----	---	---
FEF 75%	(L/s)	02.61	01.16	044	-----	---	---
FEV.5/FVC	(%)	-----	77.68	---	-----	---	---
FEV3/FVC	(%)	96.87	100.00	103	-----	---	---
FET	(Sec)	-----	02.17	---	-----	---	---
ExplTime	(Sec)	-----	00.06	---	-----	---	---
Lung Age	(Yrs)	041	050	122	-----	---	---
FEV6	(L)	03.19	-----	---	-----	---	---
FIF25%	(L/s)	-----	02.91	---	-----	---	---
FIF50%	(L/s)	-----	02.96	---	-----	---	---
FIF75%	(L/s)	-----	02.85	---	-----	---	---

Pre Test COPD Severity

Restrictive stage COPD as FEV1/FVC >= 70% and FEV1 < 80%

Pre Medication Report Indicates
Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80

Dr. Akhil P. Parulekar
MBBS. MD. Medicine
DNB Cardiology
Reg. No. 2012082483

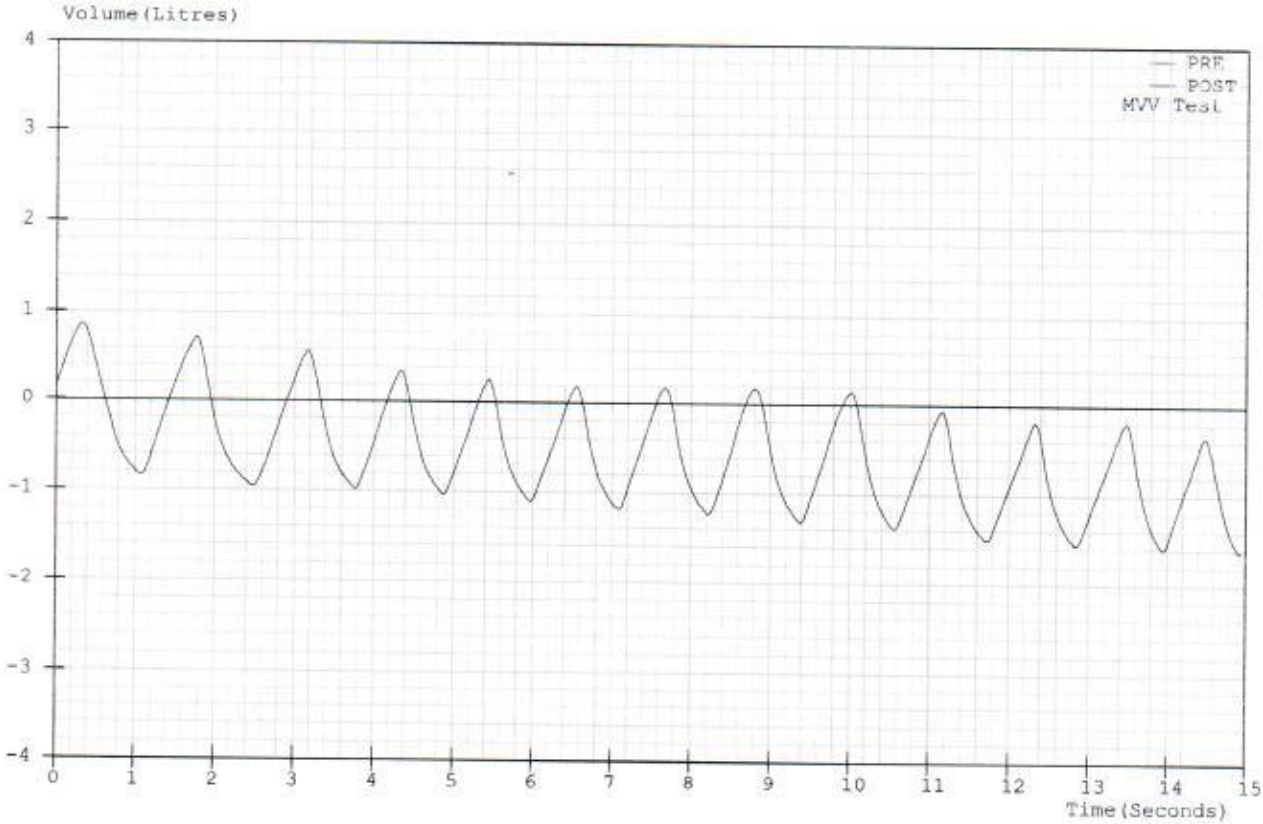
SUBURBAN DIAGNOSTICS

PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS

REPORT

Patient: VIKAS KOTHARI	Age : 41 Yrs	Gender : Male	
Refd.By:	Height : 165 Cms		
Pred.Eqns: RECORDERS	Weight : 67 Kgs	Eth. Corr: 100	
Date : 03-Aug-2024 10:57 AM	ID : 2421664746	Temp :	



MVV Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
MVV (L/min)	126	076	060	-----	---	---
MRf (1/min)	-----	52.09	---	-----	---	---
MVT (L)	-----	01.46	---	-----	---	---

Dr. Akhil P. Parulekar
MBBS. MD. Medicine
DNB Cardiology
Reg. No. 2012082483

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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REPORT

CID	**: 2421663049**		
Name	**: Mr VIKAS KOTHARI**		
Age / Sex	**: 41 Years/Male**		
Ref. Dr	**:**	**Reg. Date**	**: 03-Aug-2024**
Reg. Location	**: Kandivali East Main Centre**	**Reported**	**: 03-Aug-2024 / 13:03**

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. 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=2024080308111596

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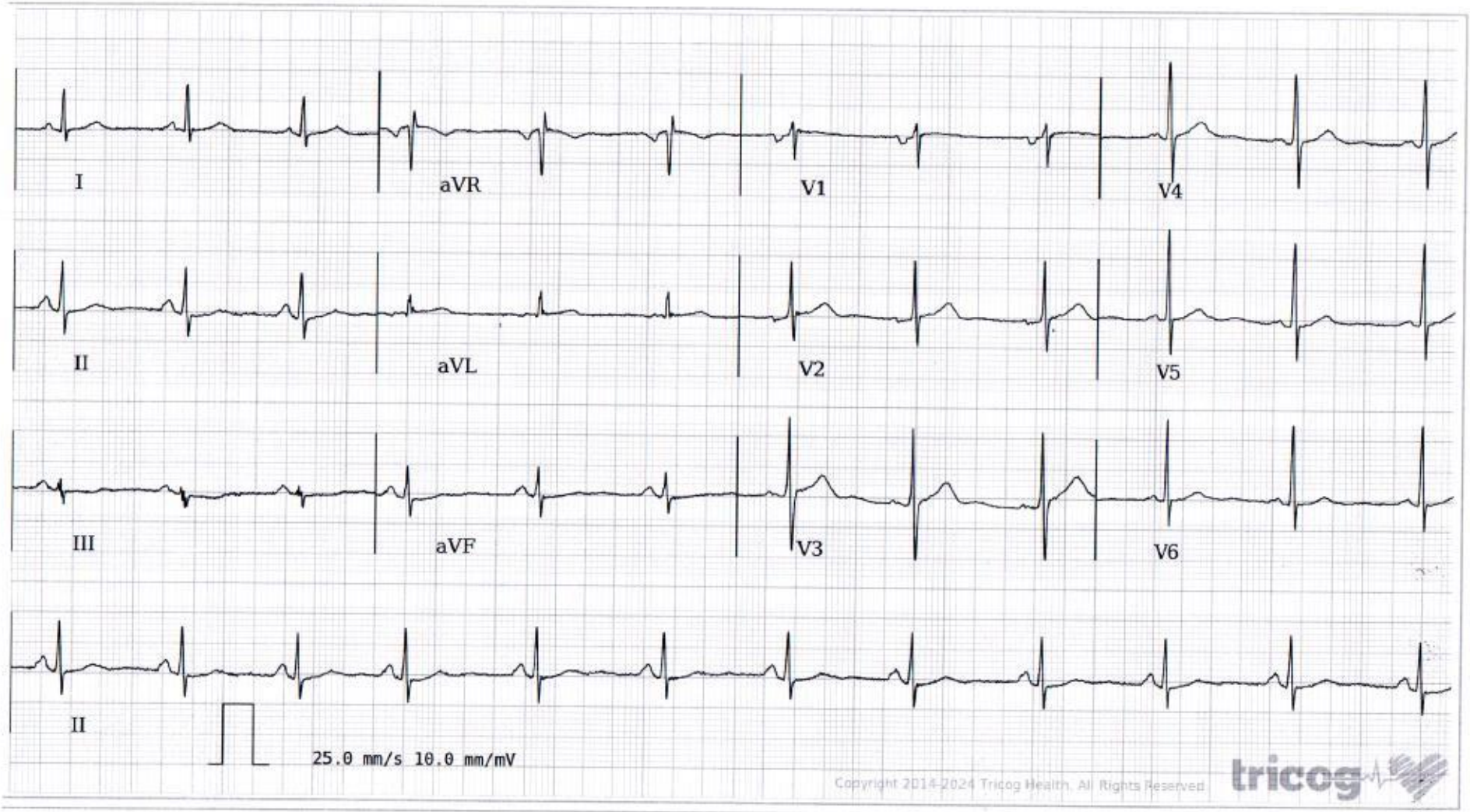
WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | **E-MAIL:** customerservice@suburbandiagnostics.com | **WEBSITE:** www.suburbandiagnostics.com

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

Patient Name: VIKAS KOTHARI
Patient ID: 2421663049

Date and Time: 3rd Aug 24 9:42 AM



Age **41** years **NA** months **NA** days

Gender **Male**

Heart Rate **73bpm**

Patient Vitals

BP:	120/80 mmHg
Weight:	67 kg
Height:	165 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	80ms
QT:	370ms
QTcB:	407ms
PR:	124ms
P-R-T:	63° 22° 24°

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

REPORTED BY

DR AKHIL PARULEKAR
MBBS,MD. MEDICINE, DNB Cardiology
Cardiologist
2012082483

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

REPORT

• PATIENT NAME : MR . VIKAS KOTHARI	• SEX : MALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 41 YEARS
• CID NO : 2421663049	• DATE : 03/08/2024

2D & M-MODE ECHOCARDIOGRAM REPORT
COLOR FLOW DOPPLER REPORT

ECHO & DOPPLER FINDINGS :

- No diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present
- No left ventricular hypertrophy seen.
- All cardiac chambers appear normal in size.
- All cardiac valves show normal structure and physiological function
- No significant stenosis nor regurgitation seen
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion seen.
- TAPSE and MAPSE measured to 17 mm and 15 mm respectively.
- Mild TR jet. PASP by TR jet measured to 22 mm Hg
- Visual estimation of LVEF of 65 %.

MEASUREMENTS:

IVS d (mm)	09	Ao (mm)	30
IVS s (mm)	12	LA (mm)	30
LVIDd (mm)	43	EPSS (mm)	02
LVIDs (mm)	23	EF SLOPE (ml/s)	84
Pwd (mm)	07	MV (mm)	17
Pws (mm)	13		

Conti....2

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

REPORT

• PATIENT NAME : MR . VIKAS KOTHARI	• SEX : MALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 41 YEARS
• CID NO : 2421663049	• DATE : 03/08/2024

DOPPLER: Mitral E / A

Mitral (m/s)	0.6	Aortic (m/s)	1.20
Tricuspid (m/s)	0.7	Pulmonary (m/s)	0.9

TDI

Septal e' =0.09 m/s
Septal a' = 0.07 m/s
Septal s' = 0.06 m/s

Lateral e' = 0.09 m/s
Lateral a' = 0.07 m/s
Lateral s' = 0.07m/s

Dr. P. Bhatjiwale, M.D
PG cert in Clinical Cardiology,
Fellowship in 2 D Echo & Doppler Studies
Reg. No 68857

NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris and does not rule out CAD

Adv: Please correlate clinically. CAG/ Further cardiac evaluation as indicated.

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

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Authenticity Check
<<QRCode>>

CID	: 2421663049		
Name	: Mr VIKAS KOTHARI		
Age / Sex	: 41 Years/Male	Use a QR Code Scanner Application To Scan the Code	
Ref. Dr	:	Reg. Date	: 03-Aug-2024
Reg. Location	: Kandivali East Main Centre	Reported	: 03-Aug-2024 / 9:08

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size (12.1 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 (10 mm) and CBD (2.9 mm) appears normal.

GALL BLADDER:
The gall bladder is physiologically distended and appears normal.No evidence of gall stones or mass lesions seen

PANCREAS:
The pancreas is well visualized and appears normal.No evidence of solid or cystic mass lesion.

KIDNEYS:
Right kidney measures 10.2 x 5.1 cm. Left kidney measures 10.3 x 4.9 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus,hydronephrosis or mass lesion seen.

SPLEEN:
The spleen is normal in size (8.4 cm) 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 measures 3.8 x 3.4 x 3.4 cm and volume is 23 cc.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS SEEN.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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Consulting Dr.	:	Collected	: 03-Aug-2024 / 08:10
Reg.Location	: Kandivali East (Main Centre)	Reported	: 04-Aug-2024 / 08:55

CHIEF COMPLAINTS:

1)	**Hypertension:**	No
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**	No
2)	**Smoking**	No
3)	**Diet**	Veg
4)	**Medication**	Yes

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

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Dr. Jagruti Dhale
MBBS
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Dr.JAGRUTI DHALE

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Name	: MR.VIKAS KOTHARI		
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Consulting Dr.	: -	**Collected**	: 03-Aug-2024 / 08:15
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 14:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.87	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.5	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	29.2	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6890	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	22.6	20-40 %	
Absolute Lymphocytes	1550.0	1000-3000 /cmm	Calculated
Monocytes	5.0	2-10 %	
Absolute Monocytes	340.0	200-1000 /cmm	Calculated
Neutrophils	59.9	40-80 %	
Absolute Neutrophils	4120.0	2000-7000 /cmm	Calculated
Eosinophils	**12.0**	1-6 %	
Absolute Eosinophils	**830.0**	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	236000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	16.3	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Corporate Identity Number (CIN): U85110MH2002PTC136144

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 11:37

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	9	2-15 mm at 1 hr.	Sedimentation

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

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

Limitations:

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

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

Reference:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***

ilac-MRA
MC-6201

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

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Consulting Dr.	: -	**Collected**	: 03-Aug-2024 / 08:15
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 11:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	100.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	111.7	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	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	16.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.92	0.67-1.17 mg/dl	Enzymatic

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 11:00

eGFR, Serum	107	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	5.3	3.5-7.2 mg/dl	Enzymatic

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***

ilac-MRA

MC-6201

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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

CID	: 2421663049		
Name	: MR.VIKAS KOTHARI		
Age / Gender	: 41 Years / Male		
Consulting Dr.	: -	**Collected**	: 03-Aug-2024 / 08:15
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 11:17

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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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MC-6201

Dr.JYOT THAKKER
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Name	: MR.VIKAS KOTHARI		
Age / Gender	: 41 Years / Male		
Consulting Dr.	: -	**Collected**	: 03-Aug-2024 / 08:15
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 14:09

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

EXAMINATION OF FAECES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
MICROSCOPIC EXAMINATION			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***

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MC-6201

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Consulting Dr.	: -	**Collected**	: 03-Aug-2024 / 08:15
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 12:49

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.010	1.002-1.035	Chemical Indicator
Reaction (pH)	6.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Crystals	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/hpf	
Yeast	Absent	Absent	

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Age / Gender	: 41 Years / Male		
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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 12:49

Others -

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***

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MC-6201

Dr.JYOT THAKKER..
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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 14:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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MC-5460

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Pathologist

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 11:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	129.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	65.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	43.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	86.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	73.0	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	13.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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MC-6201

Dr.JYOT THAKKER
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Pathologist and AVP(Medical Services)

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Consulting Dr.	: -	**Collected**	: 03-Aug-2024 / 08:15
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 12:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.75	0.35-5.5 microIU/ml microU/ml	ECLIA

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CID	: 2421663049		
Name	: MR.VIKAS KOTHARI		
Age / Gender	: 41 Years / Male		
Consulting Dr.	: -	**Collected**	: 03-Aug-2024 / 08:15
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 12:31

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

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:
1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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MC-6201

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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Name	: MR.VIKAS KOTHARI		
Age / Gender	: 41 Years / Male		
Consulting Dr.	: -	**Collected**	: 03-Aug-2024 / 11:26
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 15:35

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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MC-6201

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REPORT

CID	: 2421664746		
Name	: MR.VIKAS KOTHARI		
Age / Gender	: 41 Years / Male		
Consulting Dr.	: -	**Collected**	: 03-Aug-2024 / 10:59
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 15:56

VITAMIN B12

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
VITAMIN B12, Serum	253	211-911 pg/ml	CLIA

Intended Use:

- Vitamin B12 is also referred to as cyanocobalamin/cobalmin.
- It is essential in DNA synthesis, haematopoiesis & CNS integrity.
- It cannot be synthesized in the human body & is seldom found in products of plant origin.
- The absorption of Vit B12 depends on the presence of Intrinsic factor (IF) & may be due to lack of IF secretion by the gastric mucosa (e.g. gastrectomy, gastric atrophy) or intestinal malabsorption (e.g. ileal resection, small intestinal diseases).
- Dietary Sources of vitamin B12 are meat, fish, eggs & dairy products.

Clinical Significance:

- Vitamin B12 or folate are both of diagnostic importance for the recognition of vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia.
- Untreated deficiencies will lead to megaloblastic anemia, irreversible central nervous system degeneration, peripheral neuropathies, dementia, poor cognitive performance & depression.

Interpretation:
Increased In- Vit B12 supplements, chronic granulocytic leukemia, COPD, Chronic renal failure, diabetes, leucocytosis, hepatitis, cirrhosis, obesity, polycythemia vera, protein malnutrition, severe CHF, uremia, Vit A intake, estrogens, drugs such as chloral hydrate.
Decreased In- Inflammatory bowel disease, pernicious anaemia, strict vegetarians, malabsorption due to gastrectomy, smoking, pregnancy, multiple myeloma & haemodialysis. Alcohol & drugs like aminosalicylic acid, anticonvulsants, cholestyramine, cimetidine, colchicine, metformin, neomycin, oral contraceptives, ranitidine & triamterine also cause a decrease in Vit B12 levels.

Reflex Tests: Active B12 (holotranscobalamin), Folate, Homocysteine, Methylmalonic acid (MMA) and Intrinsic factor antibody & parietal cell antibody.

Limitations: Preservatives, such as fluoride and ascorbic acid may cause interference

Reference: Vitamin B12 Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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MC-5460

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 03-Aug-2024 / 15:52

VITAMIN D TOTAL (25-OH VITAMIN D)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
25-hydroxy Vitamin D, Serum	**28.5**	Deficiency: < 20 ng/ml Insufficiency: 20 - < 30 ng/ml Sufficiency: 30 - 100 ng/ml Toxicity: > 100 ng/ml	CLIA

Intended Use:

- Diagnosis of vitamin D deficiency
- Differential diagnosis of causes of rickets and osteomalacia
- Monitoring vitamin D replacement therapy
- Diagnosis of hypervitaminosis D

Clinical Significance: Vitamin D is a steroid hormone known for its important role in regulating body levels of calcium and phosphorus and in the mineralization of bone. Measured 25-OH vitamin D includes D3 (Cholecalciferol) and D2 (Ergocalciferol) where D2 is absorbed from food and D3 is produced by the skin on exposure to sunlight. The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-OH vitamin D; and has a longer half life making it an analyte of choice for determination of the vitamin D status.

Interpretation:
Increased In- D intoxication & Excessive exposure to sunlight
Decreased In: Lack of sunlight, Steatorrhea, Biliary and Portal cirrhosis, Pancreatic insufficiency, Inflammatory bowel disease, Alzheimer's disease, Malabsorption, Thyrotoxicosis , Dietary osteomalacia, Anticonvulsant osteomalacia, Celiac disease and Rickets

Reflex Tests: Serum Calcium, PTH and BMD

Limitation:

- For diagnostic purposes, results should be used in cunjunction with other data; e.g. symptoms, results of other tests, clinical impressions, etc.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Various methods for measuring vitamin D are available but correlate with significant differences.

Reference:

- Wallach's interpretation of diagnostic tests
- Vitamin D kit insert

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