



भारत सरकार
Government of India



Pankaj Kishore Kumar
DOB: 21/09/1984
Male



8624 3025 8940

मेरा आधार, मेरी पहचान

(Handwritten signature)

SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

CID# : 2308108795
Name : MR.PATEL KALPESH KUMAR J
Age / Gender : 38 Years/Male
Consulting Dr. :
Reg.Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:11
Reported : 22-Mar-2023 / 18:21

PHYSICAL EXAMINATION REPORT

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):	173	Weight (kg):	74.7
Temp (0c):	afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/70	Nails:	NAD
Pulse:	72/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

Mild dyslipidemia

ADVICE:

Lifestyle modification

CHIEF COMPLAINTS:

1) Hypertension:

NO

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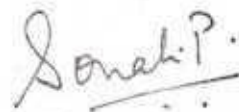
Collected : 22-Mar-2023 / 08:11
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- 2) IHD NO
- 3) Arrhythmia NO
- 4) Diabetes Mellitus NO
- 5) Tuberculosis NO
- 6) Asthama NO
- 7) Pulmonary Disease NO
- 8) Thyroid/ Endocrine disorders NO
- 9) Nervous disorders NO
- 10) GI system NO
- 11) Genital urinary disorder NO
- 12) Rheumatic joint diseases or symptoms NO
- 13) Blood disease or disorder NO
- 14) Cancer/lump growth/cyst NO
- 15) Congenital disease NO
- 16) Surgeries NO
- 17) Musculoskeletal System NO

PERSONAL HISTORY:

- 1) Alcohol NO
- 2) Smoking NO
- 3) Diet Non-Veg
- 4) Medication NO

*** End Of Report ***


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



CID : 2308108795
Name : Mr PATEL KALPESH KUMAR J
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 11:51

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.4 cm), shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is partially distended apparently normal.

PANCREAS:

The pancreas head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.5 x 3.9 cm.
Left kidney measures 10.0 x 5.4 cm.

SPLEEN:

The spleen is normal in size (8.3 cm), and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and volume is 11.0 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032208120623>

Authenticity Check



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Application To Scan the Code

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Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 11:51

IMPRESSION:

- Grade I fatty infiltration of liver.

Suggestion: Clinicopathological correlation.

Note : Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

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Page no 2 of 2

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Reg. Location : Malad West Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 13:22

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032208120631>

Patient Name: PATEL KALPESH KUMAR J
Patient ID: 2308108795

Date and Time: 22nd Mar 23 11:29 AM



Age 38 11 30
years months days

Gender Male

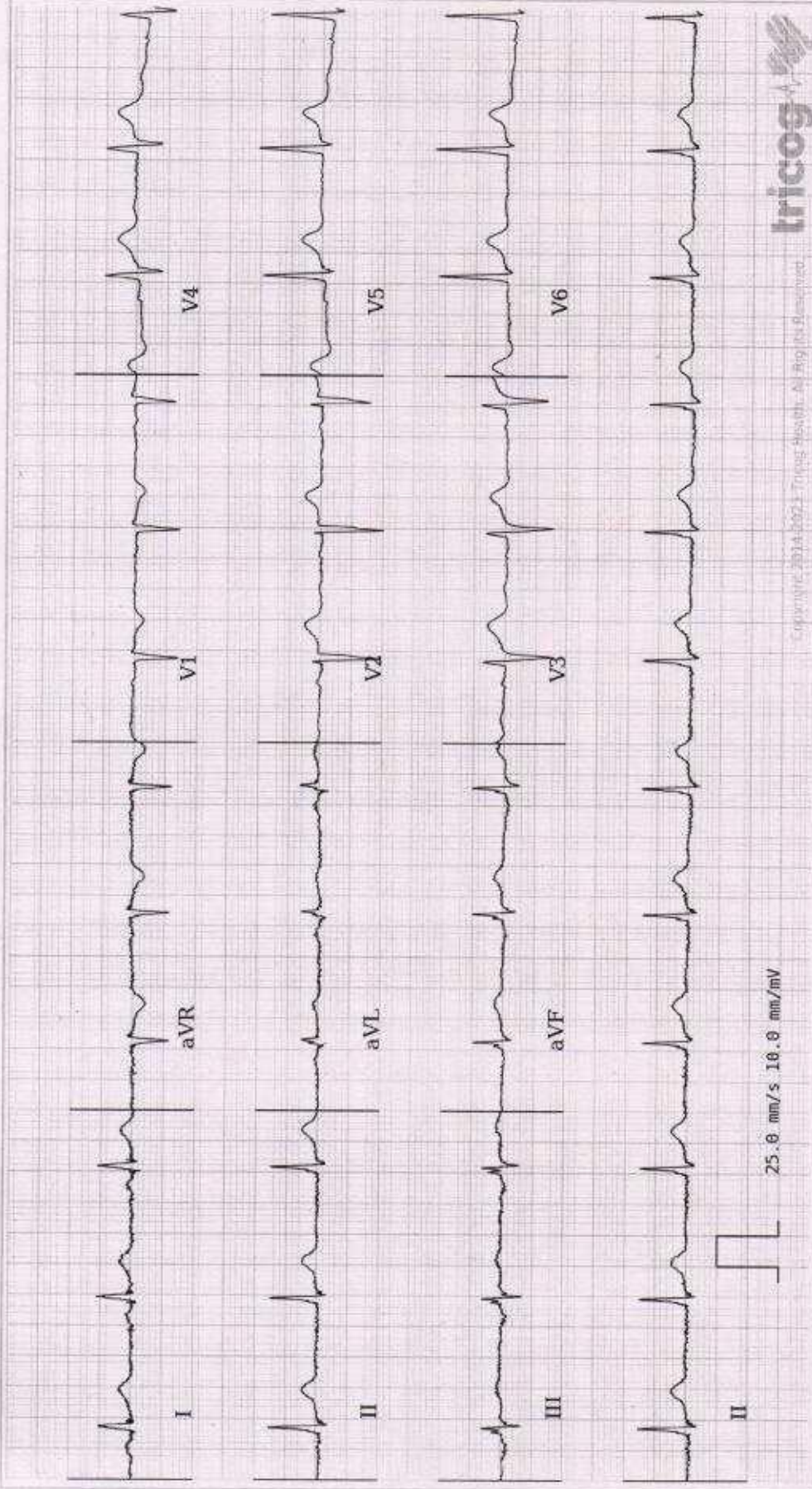
Heart Rate 72bpm

Patient Vitals

BP: NA 110/70
Weight: 74 kg
Height: 173 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 82ms
QT: 376ms
QTc: 411ms
PR: 136ms
P-R-T: 104° 31° 30°



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

REPORTED BY

[Signature]

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as reported by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: KALPESH KUMAR, PATEL
 Patient ID: 2308108795
 Height: 173 cm
 Weight: 74.7 kg

DOB: 23.03.1984
 Age: 38yrs
 Gender: Male
 Race: Asian

Study Date: 22.03.2023
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: DR SONALI HONRAO
 Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:22	0.00	0.00	78	110/70	
	STANDING	00:29	0.00	0.00	75	110/70	
	HYPERV.	00:22	0.00	0.00	76	110/70	
	WARM-UP	00:20	1.00	0.00	82	110/70	
EXERCISE	STAGE 1	03:00	1.70	10.00	102	120/70	
	STAGE 2	03:00	2.50	12.00	129	130/70	
	STAGE 3	03:00	3.40	14.00	146		
	STAGE 4	01:32	4.20	16.00	162	142/70	
RECOVERY		03:02	0.00	0.00	96	160/80	

The patient exercised according to the BRUCE for 10:32 min:s, achieving a work level of Max. METS: 13.40. The resting heart rate of 80 bpm rose to a maximal heart rate of 171 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 160/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

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

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician

Sonali P.

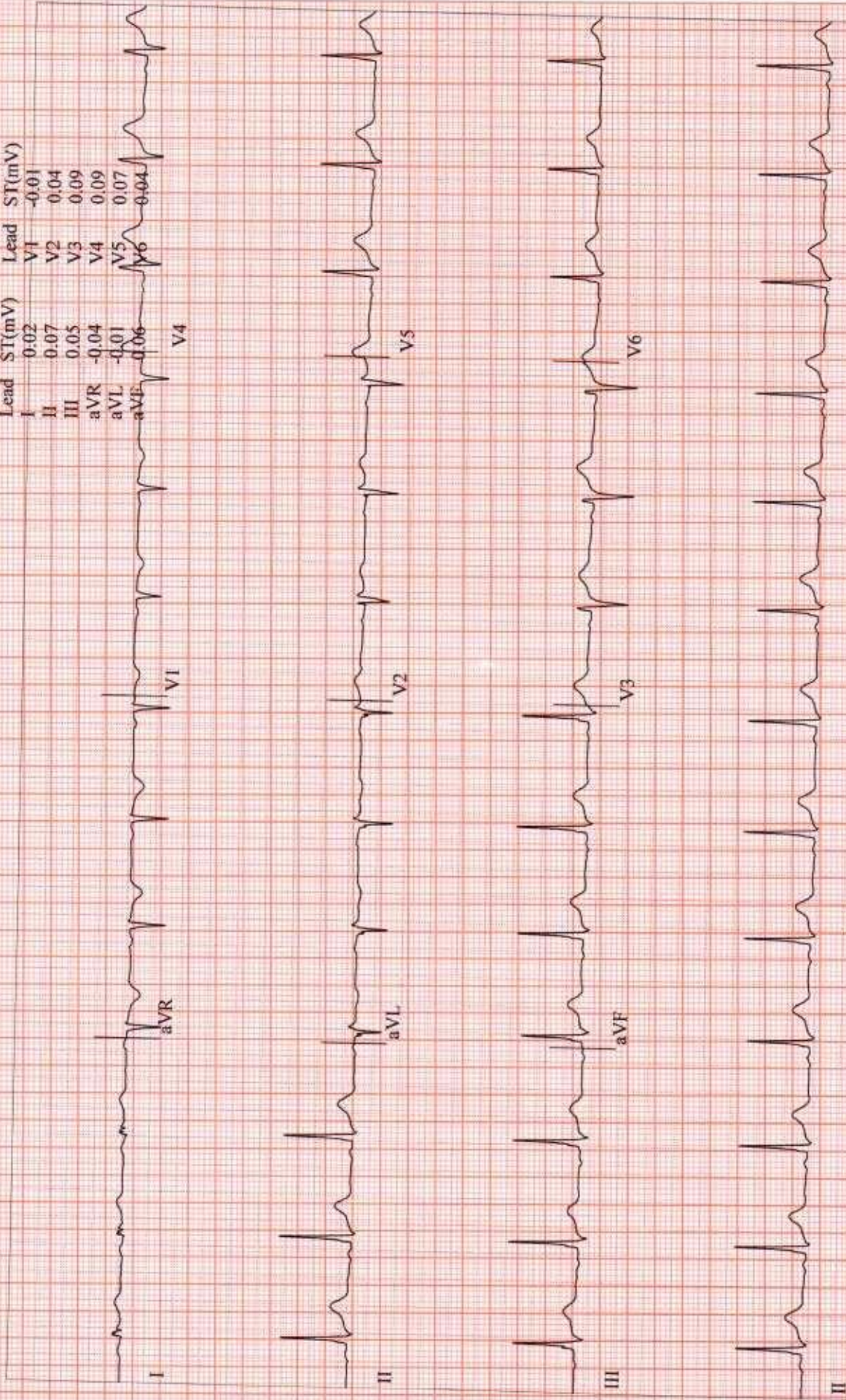
Technician

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

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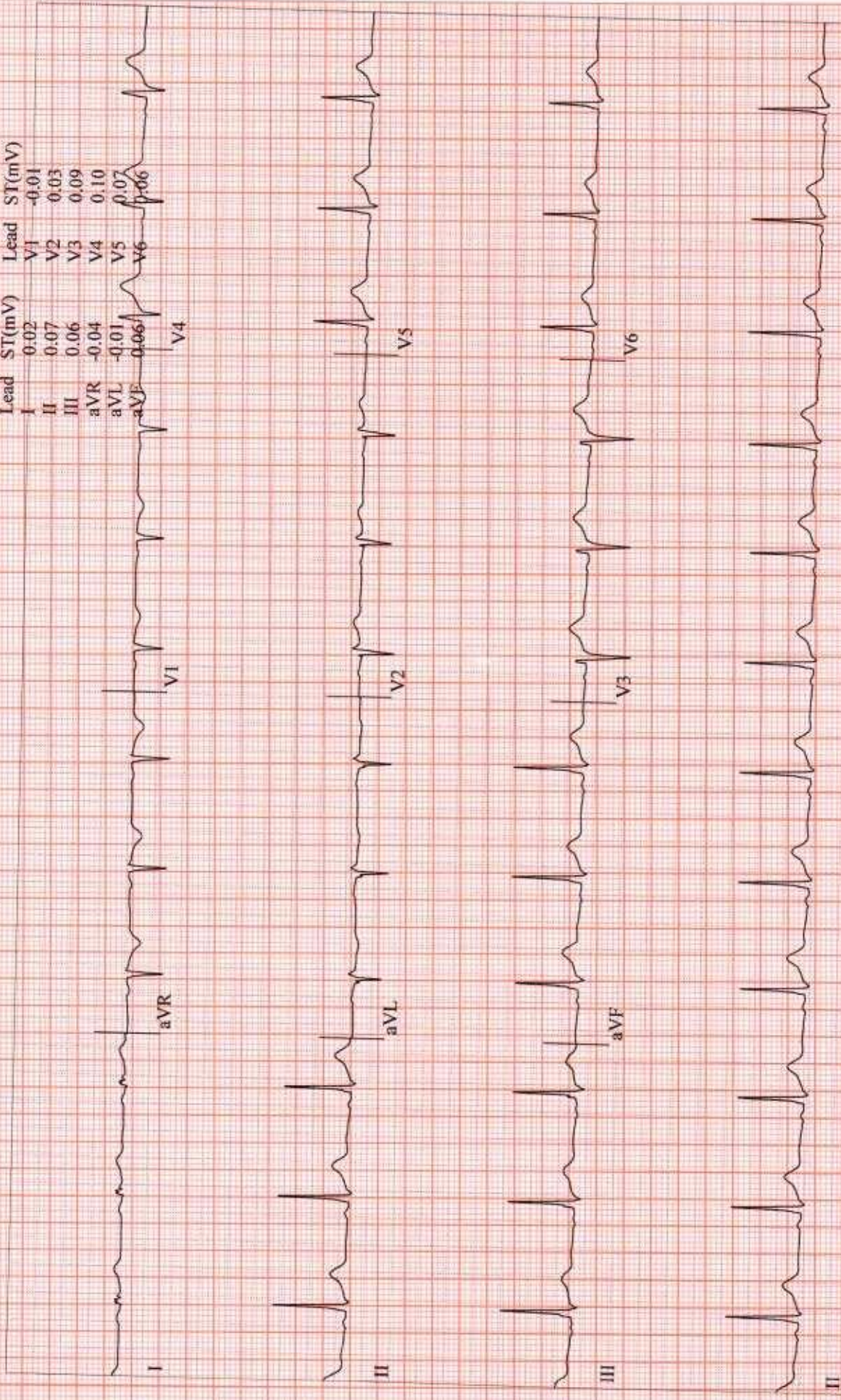
Measured at 60ms Post J Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.02	V1	-0.01
II	0.07	V2	0.04
III	0.05	V3	0.09
aVR	-0.04	V4	0.09
aVL	-0.01	V5	0.07
aVF	0.06	V6	0.04



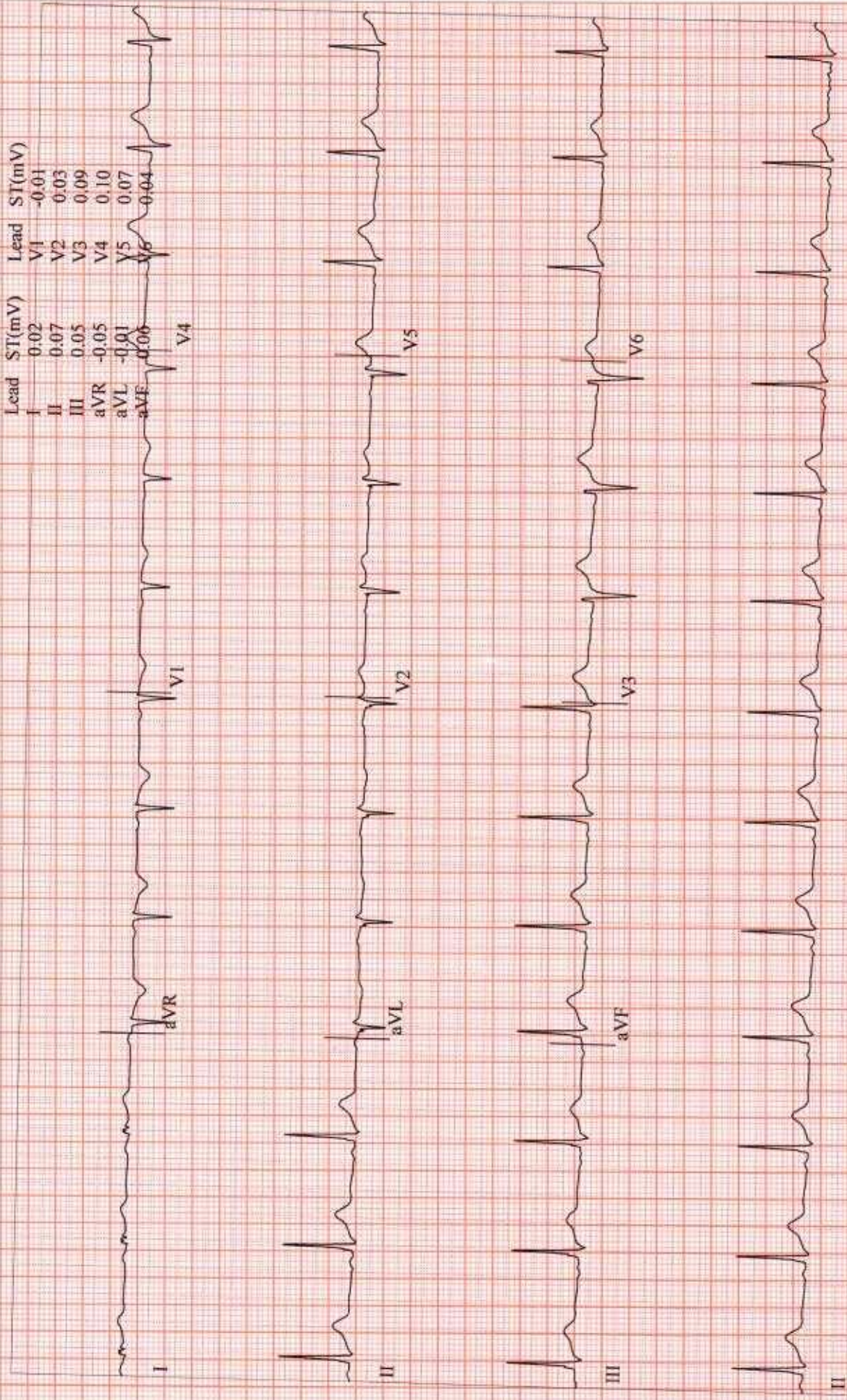
Measured at 60ms Post J Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.02	V1	-0.01
II	0.07	V2	0.03
III	0.06	V3	0.09
aVR	-0.04	V4	0.10
aVL	-0.01	V5	0.07
aVF	0.06	V6	0.06



Measured at 60ms Post J Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.02	V1	-0.01
II	0.07	V2	0.03
III	0.05	V3	0.09
aVR	-0.05	V4	0.10
aVL	-0.01	V5	0.07
aVF	0.06	V6	0.04



KALPESH KUMAR, PATEL

Patient ID: 2308108795

22.03.2023

12:16:01pm

Linked Medians

EXERCISE
STAGE I

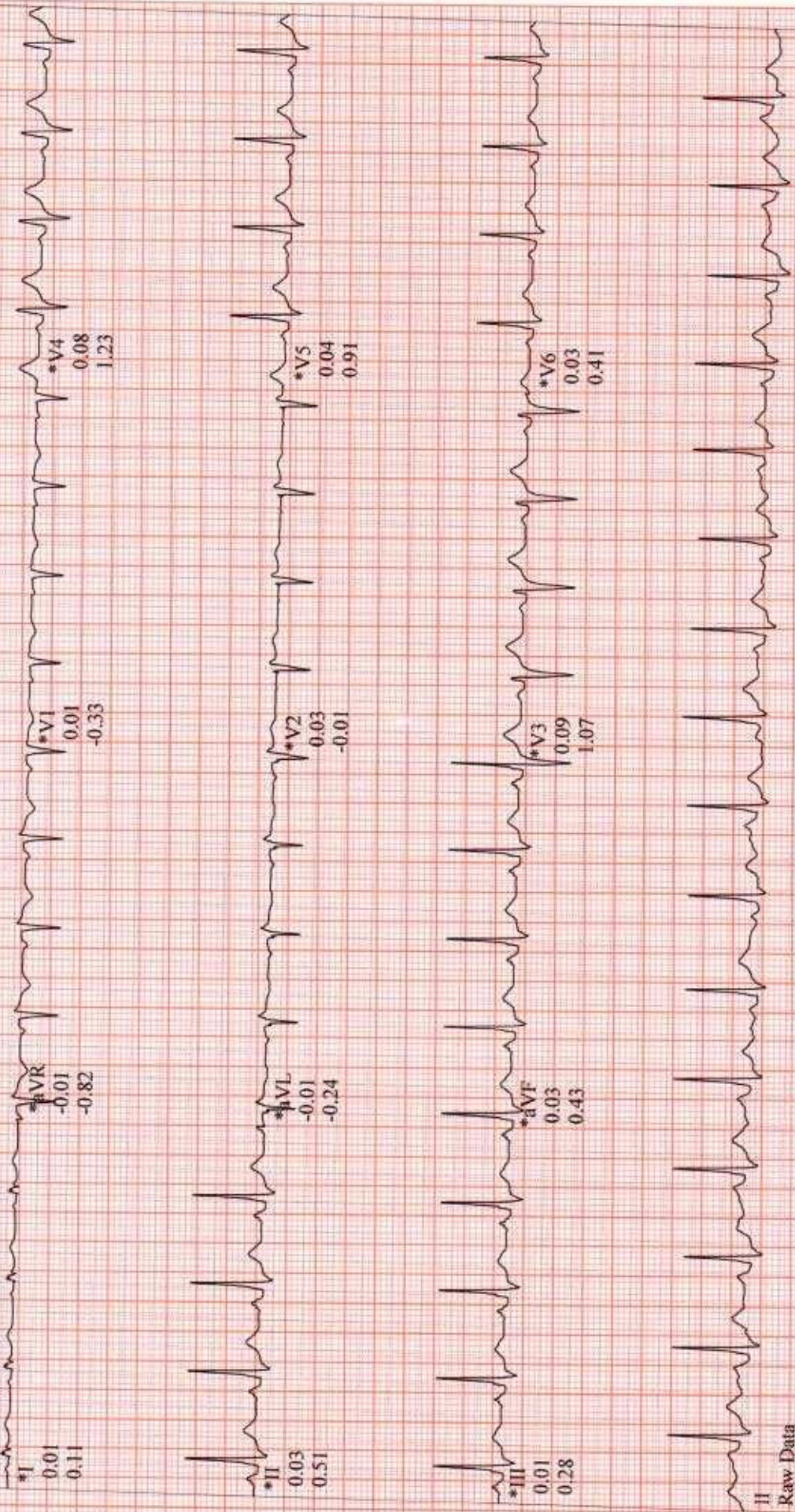
02:50

100 bpm
120/70 mmHg

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTICS

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



II
Raw Data

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

*Computer Synthesized Rhythms

Start of Test: 12:11:37pm

KALPESH KUMAR, PATEL

Patient ID 2308108795

22.03.2023

12:19:01pm

Linked Medians

EXERCISE

STAGE 2

05:50

125 bpm

130/70 mmHg

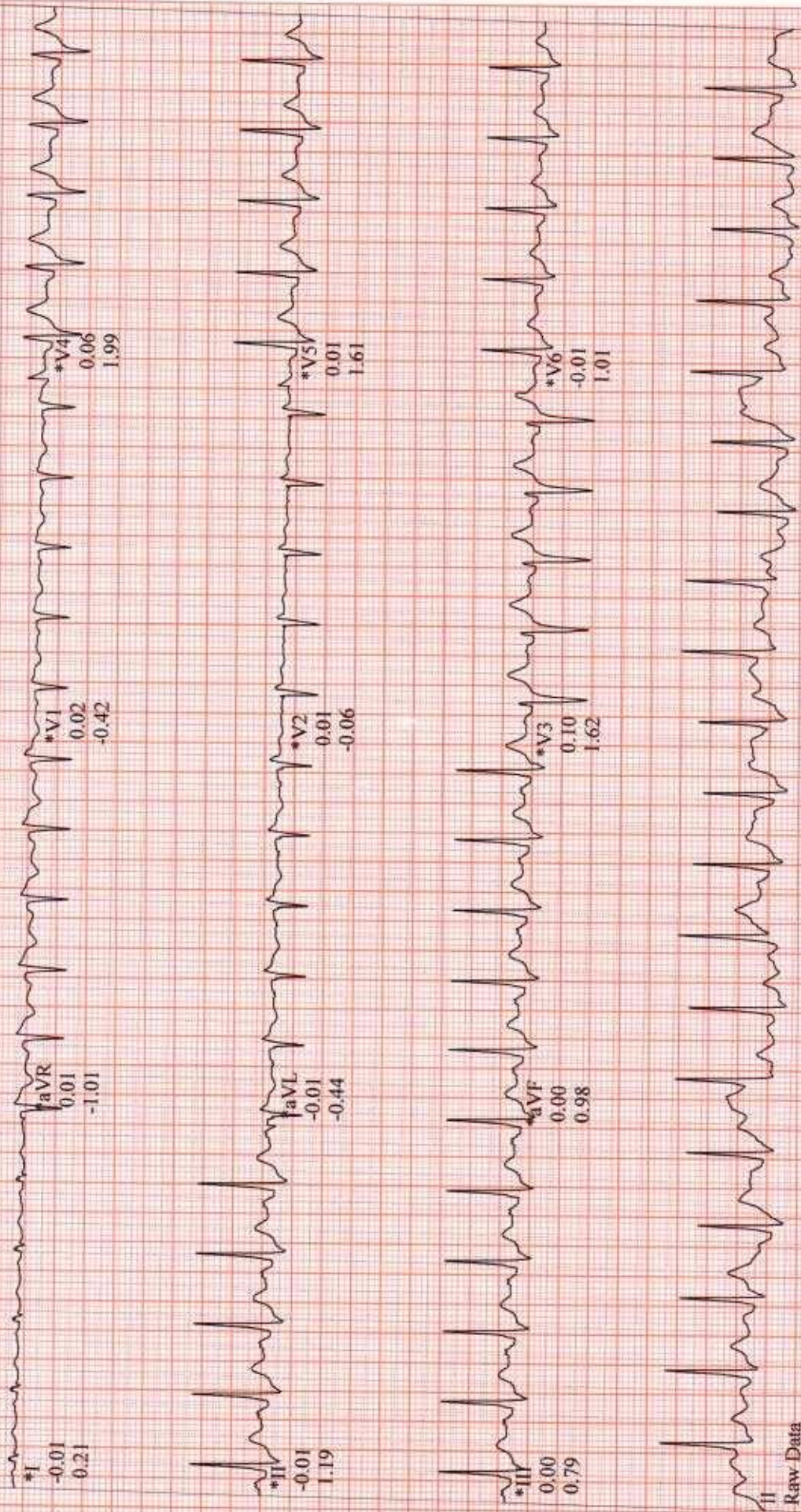
BRUCE

2.5 mph

12.0 %

SUBURBAN DIAGNOSTICS

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



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

*Computer Synthesized Rhythms

Start of Test: 12:11:37pm

KALPESH KUMAR, PATEL

Patient ID 2308108795

22.03.2023

12:22:01pm

Linked Medians

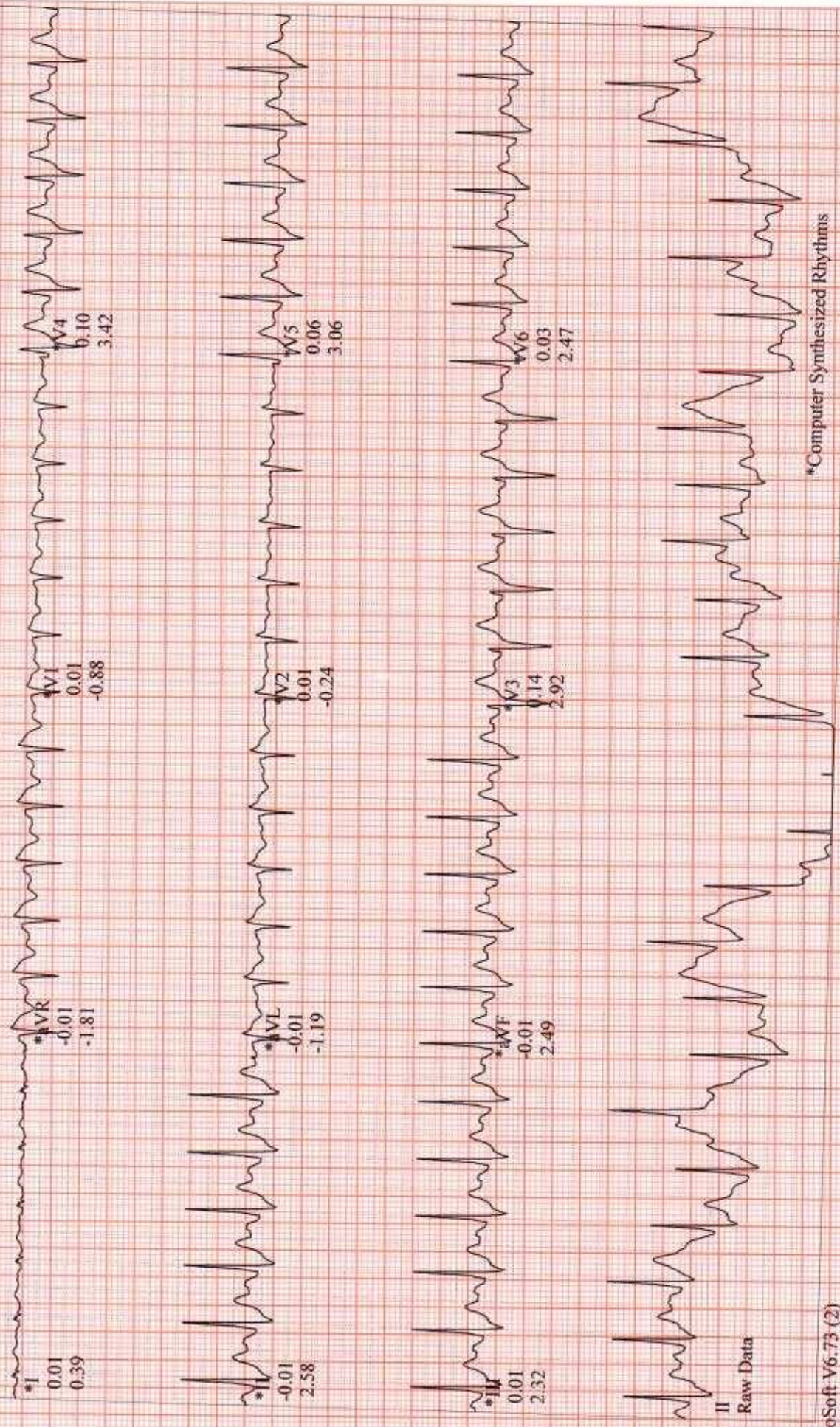
EXERCISE STAGE 3
08:50

146 bpm

BRUCE
3.4 mph
14.0 %

SUBURBAN DIAGNOSTICS

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



II
Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,V6)

Start of Test: 12:11:37pm

KALPESH KUMAR, PATEL
 Patient ID 2308108795
 22.03.2023
 12:23:48pm

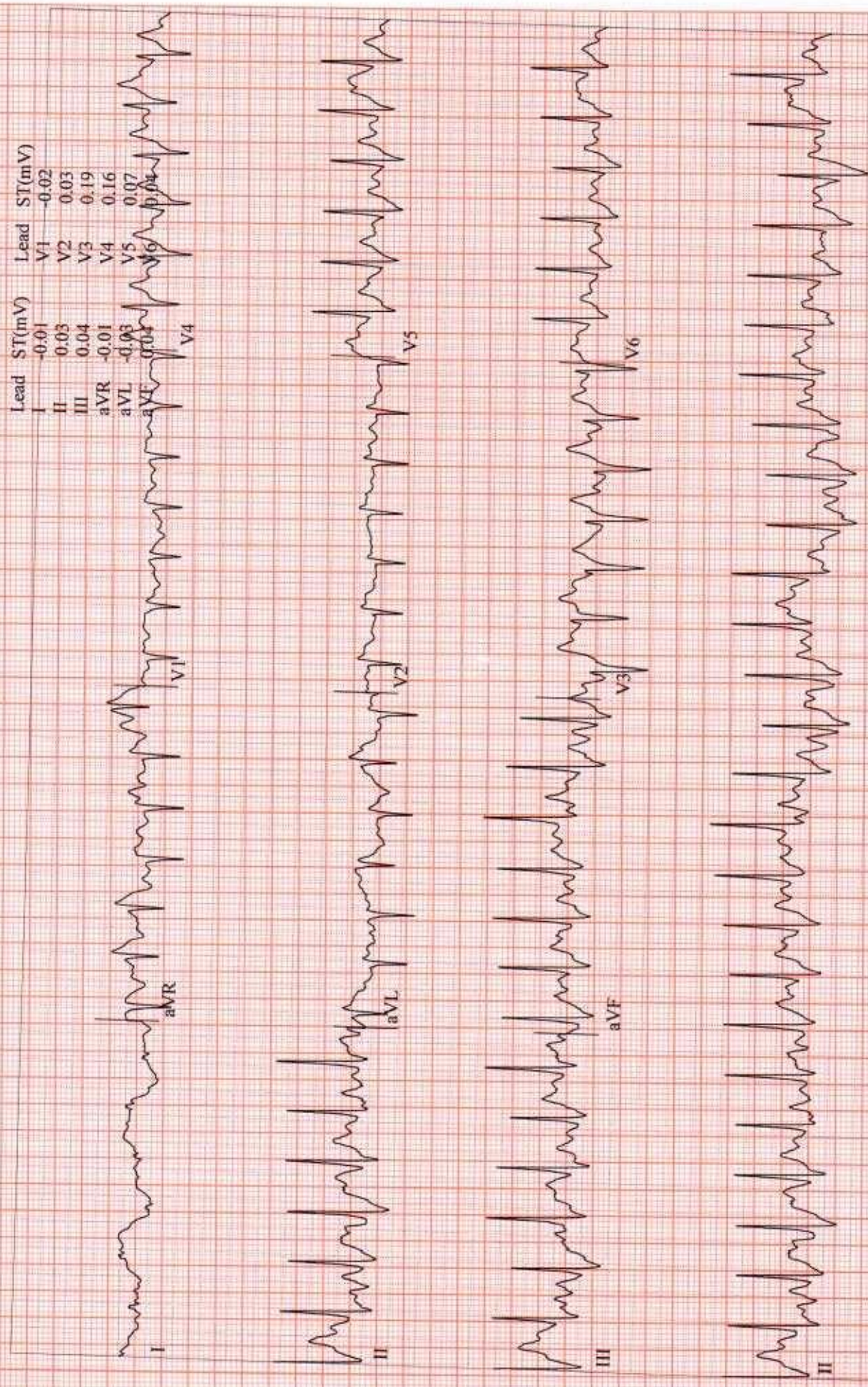
12-Lead Report (PEAK EXERCISE)
 EXERCISE STAGE 4
 10:32
 BRUCE
 4.2 mph
 16.0 %

162 bpm

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	-0.02
II	0.03	V2	0.03
III	0.04	V3	0.19
aVR	-0.01	V4	0.16
aVL	-0.03	V5	0.07
aVF	0.04	V6	0.04



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V3)

Start of Test: 12:11:37pm

KALPESH KUMAR, PATEL

Patient ID 2308108795

22.03.2023

12:24:43pm

Linked Medians

RECOVERY

#1

01:00

133 bpm

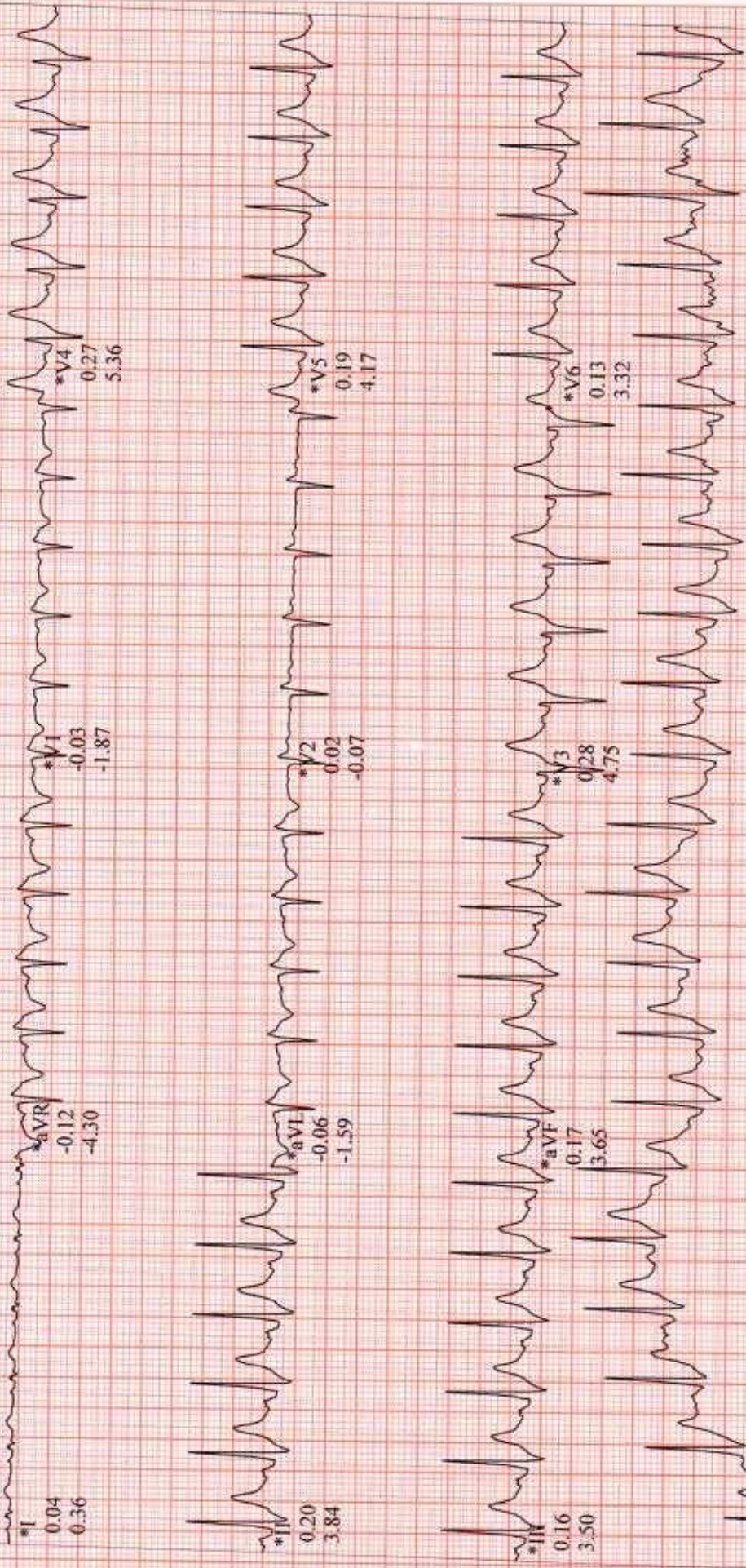
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5, V3)

*Computer Synthesized Rhythms

Start of Test: 12:11:37pm

KALPESH KUMAR, PATEL
Patient ID 2308108795
22.03.2023
12:25:43pm

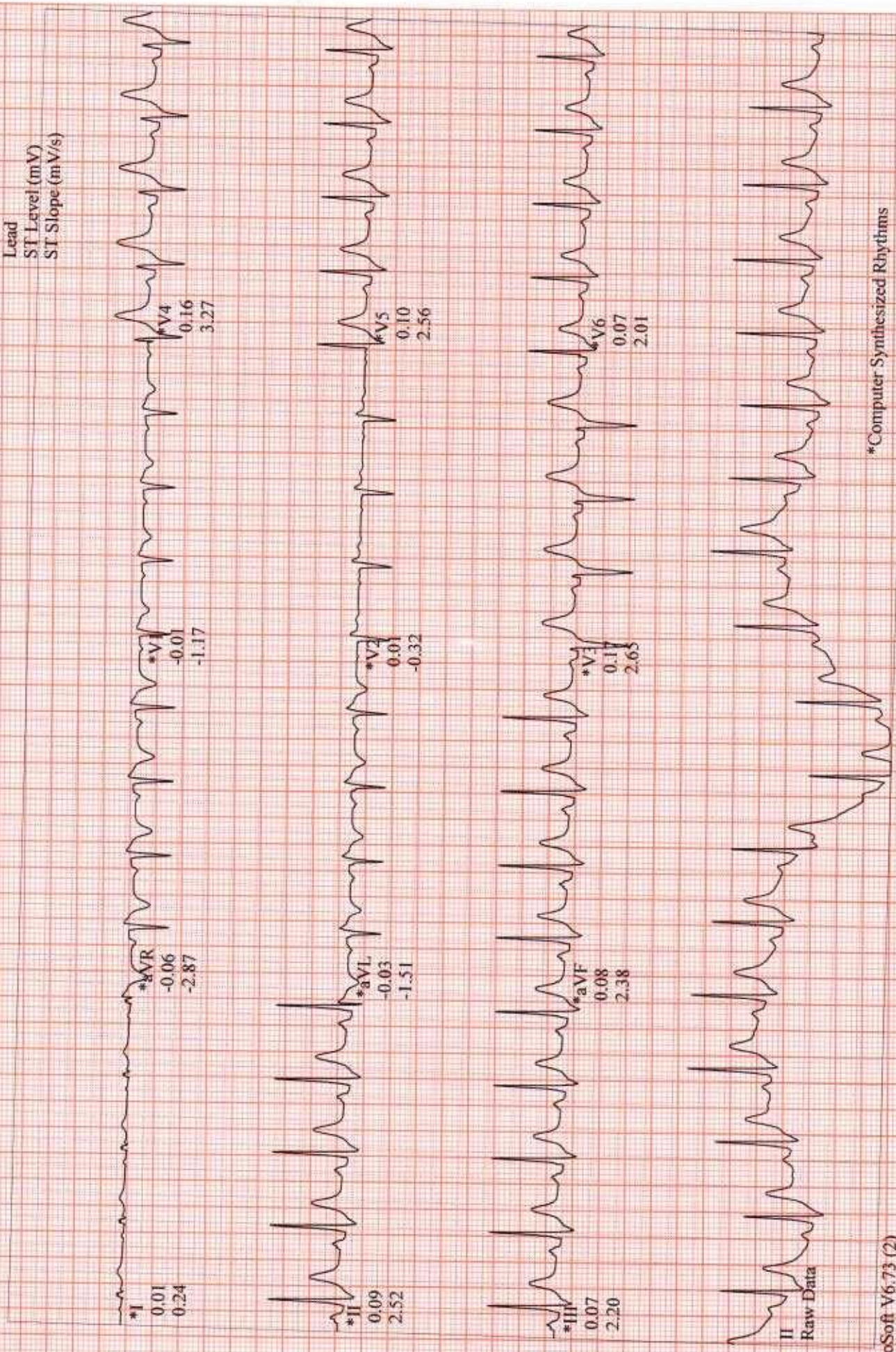
Linked Medians
RECOVERY
#1
02:00

107 bpm

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

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



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V3)

*Computer Synthesized Rhythms

Start of Test: 12:11:37pm

KALPESH KUMAR, PATEL

Patient ID 2308108795

22.03.2023

12:26:43pm

Linked Medians

RECOVERY

#1

03:00

98 bpm

160/80 mmHg

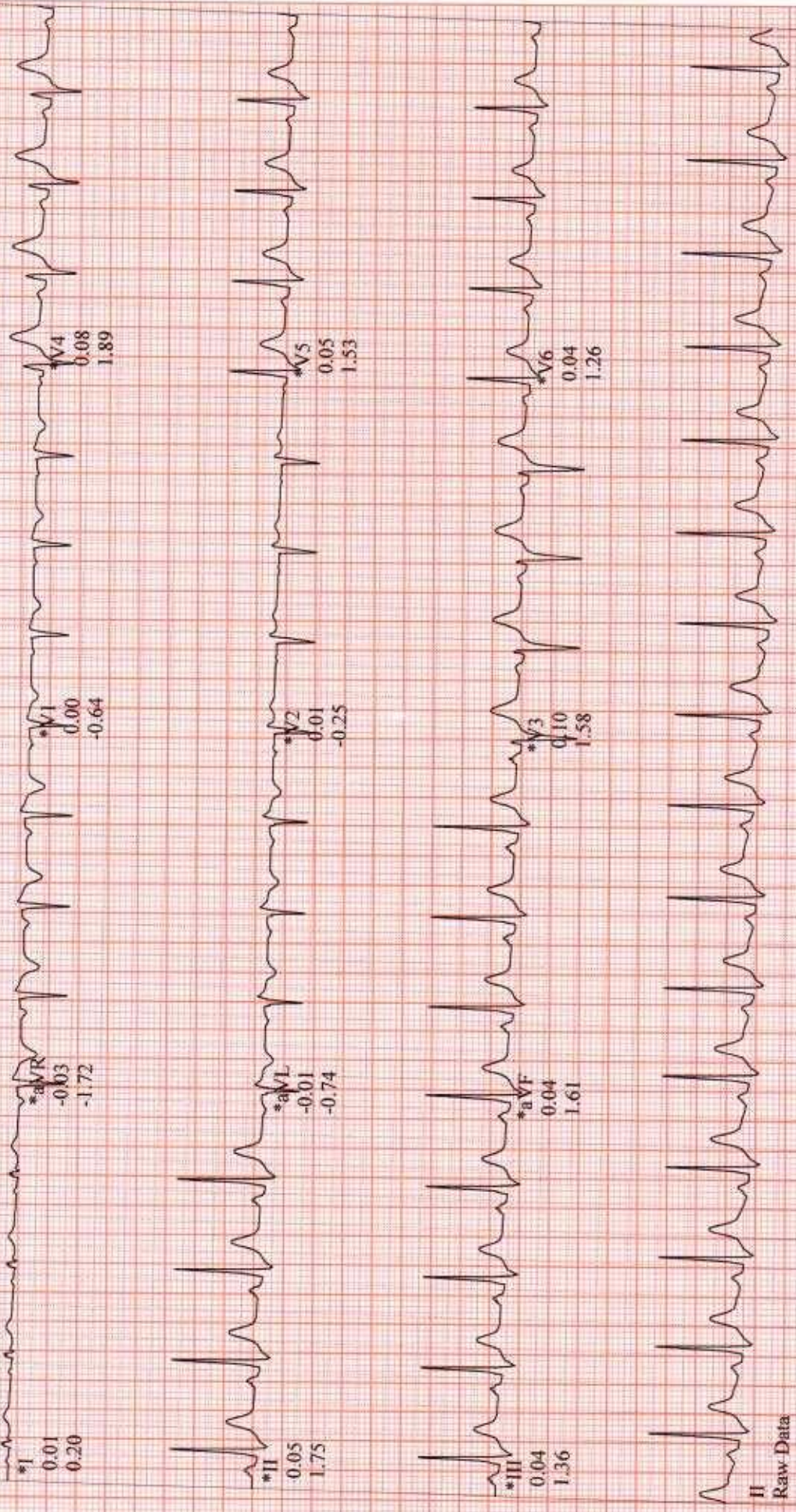
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

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



II
Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V3)

*Computer Synthesized Rhythms

Start of Test: 12:11:37pm



CID : 2308108795
Name : MR.PATEL KALPESH KUMAR J
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:15
Reported : 22-Mar-2023 / 10:56

Use a QR Code Scanner
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.15	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.0	40-50 %	Calculated
MCV	89.3	80-100 fl	Measured
MCH	28.7	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5250	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.2	20-40 %	
Absolute Lymphocytes	1900	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	290	200-1000 /cmm	Calculated
Neutrophils	54.4	40-80 %	
Absolute Neutrophils	2860	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	170	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	253000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Measured
PDW	14.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Hypochromia	-
Microcytosis	-
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 3 2-15 mm at 1 hr. Sedimentation

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

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



MC-2111



CID : 2308108795
Name : MR.PATEL KALPESH KUMAR J
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:15
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	14.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	97.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.9	6-20 mg/dl	Calculated
CREATININE, Serum	1.11	0.67-1.17 mg/dl	Enzymatic



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Reported : 22-Mar-2023 / 15:59

eGFR, Serum 79 >60 ml/min/1.73sqm Calculated

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

URIC ACID, Serum 7.3 3.5-7.2 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent

Urine Ketones (Fasting) Absent Absent

Urine Sugar (PP) Absent Absent

Urine Ketones (PP) Absent Absent

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



Anupa

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



CID : 2308108795
Name : MR.PATEL KALPESH KUMAR J
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:15
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 ***

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



MC-2111





CID : 2308108795
Name : MR.PATEL KALPESH KUMAR J
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	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	2-3	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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M Jain

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Pathologist



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Collected :
Reported :

*** End Of Report ***



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

PARAMETER	RESULTS
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 ***

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist





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Age / Gender : 38 Years / Male
Consulting Dr. : -
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	186.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	151.4	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	34.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	152.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	30.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist





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 Consulting Dr. : -
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.66	0.35-5.5 microIU/ml	ECLIA



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Interpretation:

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

Clinical Significance:

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

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

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

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

Limitations:

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

Reference:

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

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*** End Of Report ***

Anupa

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



MC-2111

