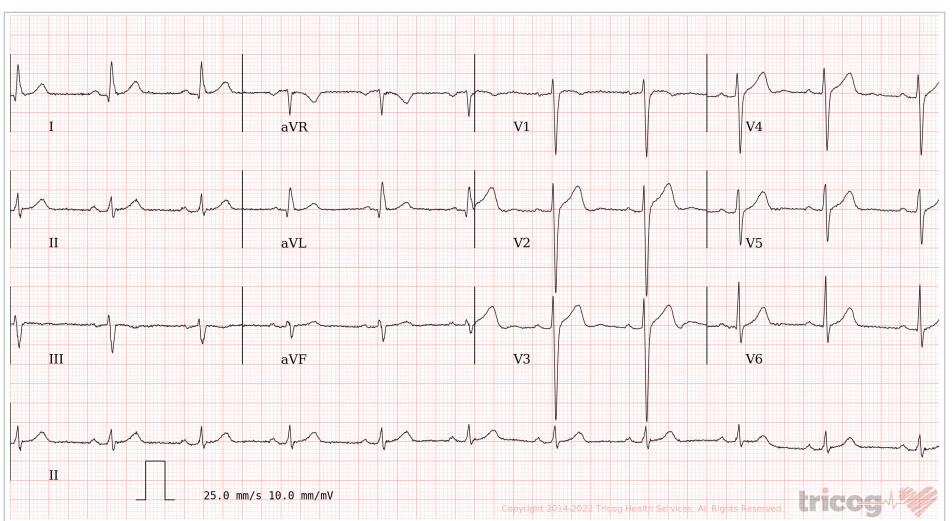
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: PRADEEPT BHARDWAJ

Date and Time: 12th Mar 22 1:21 PM

Patient ID: 2207127949



Age 42 NA 11 years months days

Gender Male

Heart Rate 64bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 77 kg

Height: 173 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 110ms

QT: 394ms

QTc: 406ms

PR: 168ms

P-R-T: 25° -6° 18°

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

REPORTED BY

DR AKHIL PARULEKAR MBBS.MD. MEDICINE, DNB Cardiology

Cardiologist 2012082483

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 entered by the clinician and not derived from the ECG.



Name : Mr PRADEEPT BHARDWAJ

Age / Sex : 42 Years/Male

Ref. Dr :

Reg. Location : Kandivali East Main Centre

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: 12-Mar-2022 / 14:30

Reported : 12-Mar-2022 / 14:29

USG WHOLE ABDOMEN

Reg. Date

LIVER:

The liver is normal in size, 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 physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.5 x 4.2 cm. Left kidney measures 9.8 x 4.8 cm.

SPLEEN:

The spleen is normal in size 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 15 cc.

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Reg. Date

Reported

: 12-Mar-2022 / 14:29

IMPRESSION:

Grade I fatty liver.

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 cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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

This report is prepared and physically checked by Dr. Shrikant Bodke before dispatch.

DR. SHRIKANT M. BODKE D.M.R.E., M.B.B.S. Reg. No. 2006/04/2376

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: 12-Mar-2022 / 13:19

R

: 14-Mar-2022 / 11:59

X-RAY CHEST PA VIEW

Reg. Date

Reported

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	
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This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari

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

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Age / Gender : 42 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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:12-Mar-2022 / 11:41

:12-Mar-2022 / 15:51

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	14.5	13.0-17.0 g/dL	Spectrophotometric		
RBC	5.04	4.5-5.5 mil/cmm	Elect. Impedance		
PCV	43.1	40-50 %	Measured		
MCV	86	80-100 fl	Calculated		
MCH	28.7	27-32 pg	Calculated		
MCHC	33.5	31.5-34.5 g/dL	Calculated		
RDW	14.1	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	6650	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS				
Lymphocytes	46.7	20-40 %			
Absolute Lymphocytes	3105.6	1000-3000 /cmm	Calculated		
Monocytes	8.0	2-10 %			
Absolute Monocytes	532.0	200-1000 /cmm	Calculated		
Neutrophils	40.1	40-80 %			
Absolute Neutrophils	2666.7	2000-7000 /cmm	Calculated		
Eosinophils	4.4	1-6 %			
Absolute Eosinophils	292.6	20-500 /cmm	Calculated		
Basophils	0.8	0.1-2 %			
Absolute Basophils	53.2	20-100 /cmm	Calculated		
Immature Leukocytes	-				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	260000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	15.2	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	_

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Age / Gender : 42 Years / Male

Consulting Dr. : - Collected : 12-Mar-2022 / 11:41

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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 10 2-15 mm at 1 hr. Westergren

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Name : MR.PRADEEPT BHARDWAJ

Age / Gender : 42 Years / Male

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	117.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	40.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	86.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	43.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	100.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.99	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	88	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.0	3.5-7.2 mg/dl	Enzymatic

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Name : MR.PRADEEPT BHARDWAJ

: 42 Years / Male Age / Gender

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

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

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

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Name : MR.PRADEEPT BHARDWAJ

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: 12-Mar-2022 / 11:41

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c) BIOLOGICAL REF RANGE RESULTS METHOD

Glycosylated Hemoglobin **HPLC** Non-Diabetic Level: < 5.7 % 5.6 (HbA1c), EDTA WB - CC

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

Estimated Average Glucose 114.0 mg/dl Calculated

(eAG), EDTA WB - CC

Intended use:

PARAMETER

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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Dr.SHASHIKANT DIGHADE M.D. (PATH) **Pathologist**

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Name : MR.PRADEEPT BHARDWAJ

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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	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 / hnf	Absont	0-2/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 4-5 Less than 20/hpf

Others









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Name : MR.PRADEEPT BHARDWAJ

Age / Gender : 42 Years / Male

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

<u>PARAMETER</u> <u>RESULTS</u>

ABO GROUP B

Rh TYPING POSITIVE

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

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Name : MR.PRADEEPT BHARDWAJ

: 42 Years / Male Age / Gender

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	206.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	133.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	36.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	170.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	143.0	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	27.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.0	0-3.5 Ratio	Calculated

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

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Name : MR.PRADEEPT BHARDWAJ

Age / Gender : 42 Years / Male

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	KESUL 1S	BIOLOGICAL REF RANGE	ME I HOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.3	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)

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CID# : **2207127949** SID# : 177804775629

Name : MR.PRADEEPT BHARDWAJ Registered : 12-Mar-2022 / 11:41

Age / Gender : 42 Years/Male Collected : 12-Mar-2022 / 11:41

Consulting Dr. : - Reported : 13-Mar-2022 / 11:21

Reg.Location : Kandivali East (Main Centre) Printed : 13-Mar-2022 / 11:35

PHYSICAL EXAMINATION REPORT

History and Complaints:

Back pain.

EXAMINATION FINDINGS:

Height (cms): 173 cms Weight (kg): 77 kgs

Temp (0c): Afebrile **Skin:** sanitizer allergy

Blood Pressure (mm/hg): 110/80 Nails: Normal

Pulse: 72/min Lymph Node: Not palpable

Systems

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

IMPRESSION:

ADVICE:

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CID# : **2207127949** SID# : 177804775629

Name : MR.PRADEEPT BHARDWAJ Registered : 12-Mar-2022 / 11:41

Age / Gender : 42 Years/Male Collected : 12-Mar-2022 / 11:41

Consulting Dr. : - Reported : 13-Mar-2022 / 11:21

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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	No

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