

CID : 2124037550

Name : MR.GANESH KUMAR J

Age / Gender : 30 Years / Male

Consulting Dr.

Reg. Location : Vashi (Main Centre)



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Collected :28-Aug-2021 / 09:38

Reported :28-Aug-2021 / 13:44

## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	15.2	13.0-17.0 g/dL	Spectrophotometric	
RBC	5.38	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	46.2	40-50 %	Measured	
MCV	86	80-100 fl	Calculated	
MCH	28.3	27-32 pg	Calculated	
MCHC	33.0	31.5-34.5 g/dL	Calculated	
RDW	12.8	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	13060	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABSO	WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	32.6	20-40 %		
Absolute Lymphocytes	4257.6	1000-3000 /cmm	Calculated	
Monocytes	6.3	2-10 %		
Absolute Monocytes	822.8	200-1000 /cmm	Calculated	
Neutrophils	42.0	40-80 %		
Absolute Neutrophils	5485.2	2000-7000 /cmm	Calculated	
Eosinophils	18.2	1-6 %		
Absolute Eosinophils	2376.9	20-500 /cmm	Calculated	
Basophils	0.9	0.1-2 %		
Absolute Basophils	117.5	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	130000	150000-400000 /cmm	Elect. Impedance
MPV	12.4	6-11 fl	Calculated
PDW	24.9	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-
Macrocytosis	-

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Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY Platelets adequate on smear. megaplatelets seen on smear

COMMENT Eosinophilia

Result rechecked

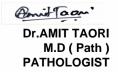
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE RESULTS BIOLOGICAL REF RANGE METHOD

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	107.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
CHOLESTEROL, Serum	186.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	33.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
LDL CHOLESTEROL, Serum	129.7	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	Colorimetric
TRIGLYCERIDES, Serum	203.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
BILIRUBIN (TOTAL), Serum	0.74	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.59	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	27.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.3	5-45 U/L	NADH (w/o P-5-P)

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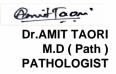
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Collected

ALKALINE PHOSPHATASE, Serum	91.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.4	6-20 mg/dl	Calculated
CREATININE, Serum eGFR, Serum	1.01	0.67-1.17 mg/dl	Enzymatic
	92	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.6	3.5-7.2 mg/dl	Enzymatic

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East \*\*\* End Of Report \*\*





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**METHOD** 

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**BIOLOGICAL REF RANGE** 

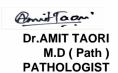
# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TEST

sensitiveTSH, Serum 2.36 0.35-5.5 microIU/ml ECLIA

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





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• 28 - Aug - 2021 / 00•3

# 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 5.5 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

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

Estimated Average Glucose 111.2 mg/dl Calculated

(eAG), 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
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Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) PATHOLOGIST

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

ORINE EXAMINATION REPORT			
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
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 EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	

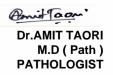
Leukocytes(Pus cells)/hpf 2-3 0-5/hpf
Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 2-3

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

Bacteria / hpf 3-4 Less than 20/hpf





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ENT BASIC CHECK UP

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: 28-Aug-2021 / 09:35 : 30-Aug-2021 / 12:58

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
ENT BASIC CHECK UP

DNS? to right, Rest NAD on basic inspection

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>M</u>





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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.

#### 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 CPL, Andheri West
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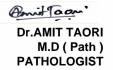
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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	186.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	203.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	33.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	152.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	129.7	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	Colorimetric
VLDL CHOLESTEROL, Serum	22.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO,	3.8	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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