

CID# : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years/Male  
Consulting Dr. :  
Reg.Location : Swargate, Pune (Main Centre)

Collected : 25-Mar-2023 / 07:57  
Reported : 25-Mar-2023 / 14:28

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

H/O Arthritis 1yrs

### EXAMINATION FINDINGS:

Height (cms): 173cm  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 120/80mmHg  
Pulse: 69/min

Weight (kg): 74kg  
Skin: Normal  
Nails: Healthy  
Lymph Node: Not Palpable

### Systems

Cardiovascular: S1 S2 Normal No murmurs  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Soft non tender no Organomegaly  
CNS: Normal

### IMPRESSION:

### ADVICE:

*consult family physician*

### CHIEF COMPLAINTS:

- |                      |    |
|----------------------|----|
| 1) Hypertension:     | NO |
| 2) IHD               | NO |
| 3) Arrhythmia        | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis      | NO |

  
Dr. I. U. BAMB  
M.B.B.S., M.D. (Medicine)  
Reg. No. 39452

CID# : 2308420701

Name : MR.VISHAL DHOLE

Age / Gender : 34 Years/Male

Consulting Dr. :

Reg.Location : Swargate, Pune (Main Centre)

Collected : 25-Mar-2023 / 07:57

Reported : 25-Mar-2023 / 14:28

- |  |    |
|--|----|
| 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       | Mixed         |
| 4) Medication | for Arthritis |

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

**Dr.I U BAMB**



CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 25-Mar-2023 / 08:04  
Reported : 25-Mar-2023 / 11:23

Use a QR Code Scanner  
Application To Scan the Code

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.56	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.8	40-50 %	Calculated
MCV	88	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6100	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	32.3	20-40 %	
Absolute Lymphocytes	1970.3	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	445.3	200-1000 /cmm	Calculated
Neutrophils	52.5	40-80 %	
Absolute Neutrophils	3202.5	2000-7000 /cmm	Calculated
Eosinophils	7.9	1-6 %	
Absolute Eosinophils	481.9	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	224000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated

**RBC MORPHOLOGY**



CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 25-Mar-2023 / 08:04  
Reported : 25-Mar-2023 / 11:10

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 5 2-15 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Dr. Chandrakant Pawar*

Dr.CHANDRAKANT PAWAR  
M.D.(PATH)  
Pathologist



CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 25-Mar-2023 / 08:04  
Reported : 25-Mar-2023 / 12:52

**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	86.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.88	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.56	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	15.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	26.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	73.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	12.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.86	0.67-1.17 mg/dl	Enzymatic



CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 25-Mar-2023 / 10:36  
Reported : 25-Mar-2023 / 16:39

eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet in Renal Disease)
-------------	-----	--------------------	---

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

URIC ACID, Serum	3.8	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



**Dr.CHANDRAKANT PAWAR**  
M.D.(PATH)  
Pathologist



CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 25-Mar-2023 / 08:04  
Reported : 25-Mar-2023 / 11:23

**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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 Pune Lab, Pune Swargate

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



MC-2483

*Chandrakant Pawar*

**Dr.CHANDRAKANT PAWAR**  
**M.D.(PATH)**  
**Pathologist**



CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 25-Mar-2023 / 08:04  
Reported : 25-Mar-2023 / 13:28

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Dr. Chandrakant Pawar*

**Dr.CHANDRAKANT PAWAR**  
**M.D.(PATH)**  
**Pathologist**





CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 25-Mar-2023 / 08:04  
Reported : 25-Mar-2023 / 13:21

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	0-1	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	

**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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

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



*Dr. Chandrakant Pawar*

**Dr.CHANDRAKANT PAWAR**  
**M.D.(PATH)**  
**Pathologist**



CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 25-Mar-2023 / 08:04  
Reported : 25-Mar-2023 / 13:21

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

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

This sample has been tested for bombay group/ bombay phenotype/ OH using anti H letin..

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Chandrakant Pawar*

**Dr.CHANDRAKANT PAWAR**  
**M.D.(PATH)**  
**Pathologist**



CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 25-Mar-2023 / 08:04  
Reported : 25-Mar-2023 / 12:52

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	168.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	118.4	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	53.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	115.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.0	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	24.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Dr. Chandrakant Pawar*

**Dr.CHANDRAKANT PAWAR**  
M.D.(PATH)  
Pathologist



CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 25-Mar-2023 / 08:04  
Reported : 25-Mar-2023 / 16:12

**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	5.5	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.8	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	3.15	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



Use a QR Code Scanner  
Application To Scan the Code

CID : 2308420701  
Name : MR.VISHAL DHOLE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 25-Mar-2023 / 08:04  
Reported : 25-Mar-2023 / 16:12

**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, tyrosin 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 Pune Lab, Pune Swargate

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



*Chandrakant Pawar*

**Dr.CHANDRAKANT PAWAR**  
M.D.(PATH)  
Pathologist

Name: Vishal Dhole

Sex / Age: 34/M/1M

CID: 2308420701

Date: 25/3/23

**EYE EXAMINATION**

**VISION**

Distance Vision Without Glasses	Right Eye	Left Eye
Distance Vision With Glasses	Right Eye 6/6	Left Eye 6/6
Near Vision Without Glasses	Right Eye 5/6	Left Eye 5/6
Near Vision With Glasses	Right Eye	Left Eye

**GENERAL EXAMINATION:**

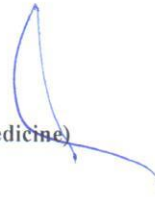
LIDS  
CORNEA  
CONJUNCTIVAE  
EYE MOVEMENTS  
COLOUR VISION



DR I.U.BAMB

M.B.B.S MD (Medicine)

Reg No 39452



Authenticity Check  
<<QRCode>>

CID : 2308420701  
Name : Mr VISHAL DHOLE  
Age / Sex : 34 Years/Male  
Ref. Dr :  
Reg. Location : Swargate, Pune Main Centre  
Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 12:13

Use a QR Code Scanner  
Application To Scan the Code

**USG WHOLE ABDOMEN**

**LIVER:** Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

**GALL BLADDER :** Partially distended. No evidence of any pericholecystic collection.

**PANCREAS :** Normal in size and echotexture. Pancreatic duct is normal.

**SPLEEN :** Normal in size and echopattern. No focal lesion. Splenic vein is normal.

**RIGHT KIDNEY :** Measures 10.0 x 4.6 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**LEFT KIDNEY :** Measures 10.1 x 4.9 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**Retroperitoneum and flanks obscured due to bowel gas.**

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

**URINARY BLADDER :** Well distended. No calculi. Wall thickness is normal.

**PROSTATE :** Normal in size and shows normal echotexture.

**IMPRESSION :** USG Abdomen and pelvis study is within normal limits.

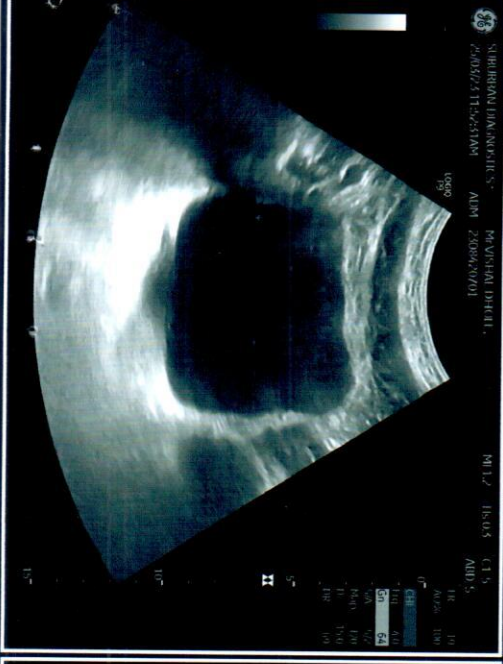
Clinical correlation is indicated.

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



**DR. NIKHIL G. JOSHI**  
**M.B.B.S., D.M.R.E.**  
**REG. NO. 2001/02/397**

Click here to view images <<ImageLink>>





Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2308420701  
Name : Mr VISHAL DHOLE  
Age / Sex : 34 Years/Male  
Ref. Dr :  
Reg. Location : Swargate, Pune Main Centre

Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 18:14

### X-RAY CHEST PA VIEW

Trachea is central.  
Slightly prominent bronchovascular markings are noted bilaterally.  
Visualized bilateral lung fields otherwise appear grossly normal.  
Both hila appear normal.  
Cardiac silhouette has grossly normal appearance for age.  
Bilateral costophrenic and cardiophrenic angles appear grossly normal.  
Visualized bony thorax and soft-tissues are grossly normal for age.

#### IMPRESSION :

No other significant abnormality detected  
*Advice – Clinical correlation and further evaluation if clinically indicated.*

Dr. SATYAJEET S. GHODAKE  
MBBS, MD, DNB, MNAMS.  
Regd. No. 2013/05/1417  
Consultant Radiologist

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

This report is prepared and physically checked by DR SATYAJEET before dispatch.  
*Investigations have their own limitations. Solitary radiological investigation never leads to a final diagnosis. They should be always correlated with clinical and pathological examinations.*

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032507581869>

Page no 1 of 1