Name ISE TESTING : MR. SUVENDRA KUMAR

Age / Gender : 35 Years/Male

Consulting Dr. :

Reg.Location : Kandivali East (Main Centre)

Collected

Reported

: 09-Mar-2024 / 07:37

: 10-Mar-2024 / 09:15

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# PHYSICAL EXAMINATION REPORT

**History and Complaints:** 

Renal calculi-5-6 yr ago

**EXAMINATION FINDINGS:** 

Height (cms):

171 cms

Weight (kg):

72 kgs

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 150/90

Nails:

Normal

Pulse:

72/min

Lymph Node:

Not Palpable

Systems

Cardiovascular: Normal Normal Respiratory:

Genitourinary:

Normal

GI System:

Normal

CNS:

Normal

IMPRESSION:

- USE- faty liver. Gr I

ADVICE:

las fact did

CHIEF COMPLAINTS:



Name ISE TESTING : MRISUVENDRA KUMAR

Age / Gender : 35 Years/Male

PERSONAL HISTORY:

1) Alcohol

Diet

2)

3)

Smoking

Medication

Consulting Dr. :

Reg.Location : Kandivali East (Main Centre)

Collected

: 09-Mar-2024 / 07:37

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: 10-Mar-2024 / 09:15 Reported

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	Yes
12)	Rheumatic joint diseases or symptoms	No
District Co.	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No
17)	Musculoskeletal System	No

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

No

No

Veg

No

Dr. Jagruti Dhale Consultant Physician Reg. No. 69548

Dr.JAGRUTI DHALE

SUDURBAH DIAONOSTICS (NOIA) PVT. LTD. Row House Its. 3, Aengan, Thakur Vitinge, Kandivali (cast), Mambai - 400101.

Tel: 61700000



Date: - 9 3 24

CID: 240694418 OR

R

Sex/Age: 351 M

R

Name: - Suvendry Kungr

EYE CHECK UP

20 Chief complaints:

NO Systemic Diseases:

NO Past history:

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)		(1	eft	Eye)
1					

	Sph	СуІ	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	1	6/6	1	1	7	6/6
Near				MIG		(6		HIC

Colour Vision: Normal Abnormal

Mormal Remark:

SUBBRRAN DIAGNOSTICS (NOIA) PVT. LTD. Row House No. 3, Aangan, Thakur village, Kandivali (east), Mumbal - 400101. Tel: 61700600



Authenticity Check <<QRCode>>

CID

: 2406921418

Name

: Mr SUVENDRA KUMAR

Age / Sex

: 35 Years/Male

Ref. Dr

Reg. Location

: Kandivali East Main Centre

Reg. Date Reported

: 09-Mar-2024

: 09-Mar-2024 / 8:32

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# USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (12.5 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 measures 12 mm and CBD measures 2.5 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 10.0 x 4.3 cm.

Left kidney measures 10.0 x 5.6 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) 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 3.4 x 2.9 x 2.8 cm volume is 14 cc.

### IMPRESSION:

GRADE I FATTY LIVER.

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

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

Click here to view images << lmageLink>>

# SUBURBAN BIAGNUSTICS - MAINDIVALLI LAST

Date and Time: 9th Mar 24 8:21 AM

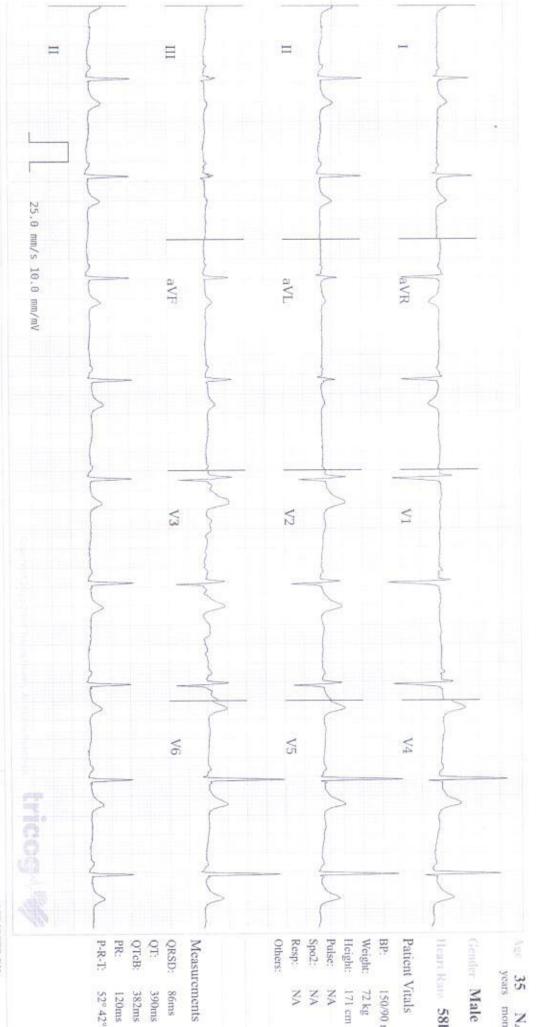
35 N. years mon

171 cm

NA

150/901

Patient ID: Patient Name: SUVENDRA KUMAR 2406921418



Sinus Bradycardia. Please correlate clinically.

The state of the s REPORTED BY

52° 42°

120ms

382ms 390ms 86ms

DR AKHIL PARULEKAR
MBBS.MD. MEDICINE, DNB Cardsology
Cardsologist
2012082483

Name ISE TESTING : MR. SUVENDRA KUMAR

Age / Gender : 35 Years/Male

Consulting Dr. :

Reg.Location : Kandivali East (Main Centre)

Collected

Reported

: 09-Mar-2024 / 07:37

: 10-Mar-2024 / 09:15

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Cardiovascular: Normal Normal Respiratory:

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CHIEF COMPLAINTS:



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Medication

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Reg.Location : Kandivali East (Main Centre)

Collected

: 09-Mar-2024 / 07:37

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: 10-Mar-2024 / 09:15 Reported

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17)	Musculoskeletal System	No

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

No

No

Veg

No

Dr. Jagruti Dhale Consultant Physician Reg. No. 69548

Dr.JAGRUTI DHALE

SUDURBAH DIAONOSTICS (NOIA) PVT. LTD. Row House Its. 3, Aengan, Thakur Vitinge, Kandivali (cast), Mambai - 400101.

Tel: 61700000



Date: - 9 3 24

CID: 240694418 OR

R

Sex/Age: 351 M

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Name: - Suvendry Kungr

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20 Chief complaints:

NO Systemic Diseases:

NO Past history:

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)		(1	eft	Eye)
1					

	Sph	СуІ	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	1	6/6	1	1	7	6/6
Near				MIG		(6		HIC

Colour Vision: Normal Abnormal

Mormal Remark:

SUBBRRAN DIAGNOSTICS (NOIA) PVT. LTD. Row House No. 3, Aangan, Thakur village, Kandivali (east), Mumbal - 400101. Tel: 61700600



Authenticity Check <<QRCode>>

CID

: 2406921418

Name

: Mr SUVENDRA KUMAR

Age / Sex

: 35 Years/Male

Ref. Dr

Reg. Location

: Kandivali East Main Centre

Reg. Date Reported

: 09-Mar-2024

: 09-Mar-2024 / 8:32

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# USG WHOLE ABDOMEN

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### PROSTATE:

The prostate is normal in size and measures 3.4 x 2.9 x 2.8 cm volume is 14 cc.

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GRADE I FATTY LIVER.

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

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

Click here to view images << lmageLink>>

# SUBURBAN BIAGNUSTICS - MAINDIVALLI LAST

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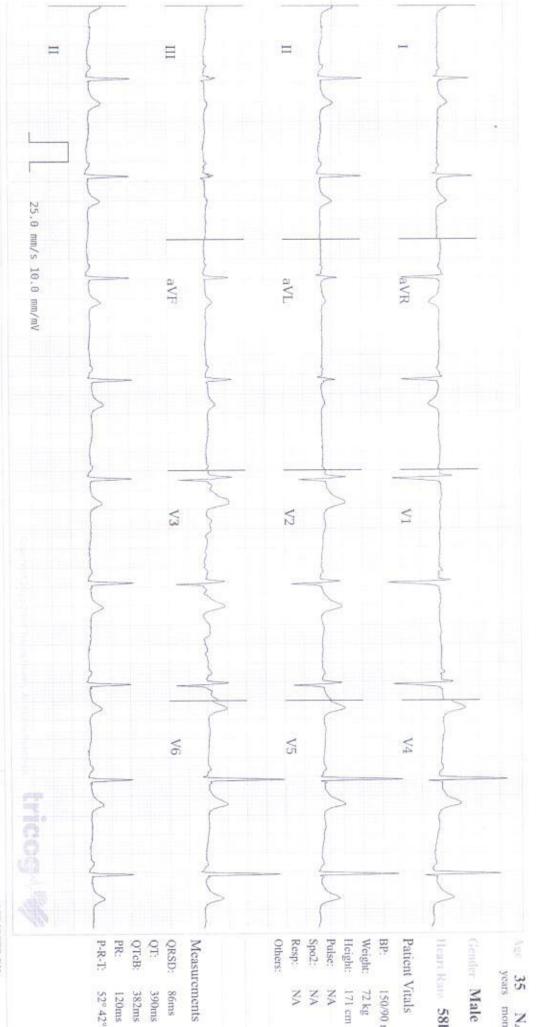
35 N. years mon

171 cm

NA

150/901

Patient ID: Patient Name: SUVENDRA KUMAR 2406921418



Sinus Bradycardia. Please correlate clinically.

The state of the s REPORTED BY

52° 42°

120ms

382ms 390ms 86ms

DR AKHIL PARULEKAR
MBBS.MD. MEDICINE, DNB Cardsology
Cardsologist
2012082483



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R

: 09-Mar-2024

Reg. Date

Reported

: 09-Mar-2024 / 13:49

CID

: 2406921418

Name

: Mr SUVENDRA KUMAR

Age / Sex

: 35 Years/Male

Ref. Dr

Reg. Location

: Kandivali East Main Centre

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



Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. :-

Reg. Location : Kandivali East (Main Centre)



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:09-Mar-2024 / 07:40 :09-Mar-2024 / 10:50

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (	Compl	lete	Blood	Count),	Blood
-------	-------	------	-------	---------	-------

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.80	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.5	40-50 %	Measured
MCV	95	80-100 fl	Calculated
MCH	31.9	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8230	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS		
Lymphocytes	33.6	20-40 %	
Absolute Lymphocytes	2765.3	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	477.3	200-1000 /cmm	Calculated
Neutrophils	55.1	40-80 %	
Absolute Neutrophils	4534.7	2000-7000 /cmm	Calculated
Eosinophils	4.9	1-6 %	
Absolute Eosinophils	403.3	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	49.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	195000	150000-400000 /cmm	Elect. Impedance
MPV	10.8	6-11 fl	Calculated
PDW	22.4	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia -Microcytosis -

Page 1 of 11



CID : 2406921418

Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. Collected :09-Mar-2024 / 07:40 :09-Mar-2024 / 10:48

Reported Reg. Location : Kandivali East (Main Centre)

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

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:

- 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 \*\*\*





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

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Page 2 of 11



CID : 2406921418

Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr.

Reg. Location

: Kandivali East (Main Centre)



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:09-Mar-2024 / 07:40 :09-Mar-2024 / 14:39

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	125.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.92	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.49	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.43	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	28.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	44.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	109.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.78	0.67-1.17 mg/dl	Enzymatic



Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. :

eGFR, Serum

**Reg. Location**: Kandivali East (Main Centre)

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:09-Mar-2024 / 19:43

Calculated

Collected : 09-Mar-2024 / 11:00

(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89

Mild to moderate decrease: 45-

Reported

59

Moderate to severe decrease:30

-44

Severe decrease: 15-29 Kidney failure: <15

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum 4.3 3.5-7.2 mg/dl Enzymatic

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

119

Urine Sugar (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

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









Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. : -

**Reg. Location**: Kandivali East (Main Centre)



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:09-Mar-2024 / 07:40

:09-Mar-2024 / 13:10

**HPLC** 

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.6 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

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

Collected

Reported

Estimated Average Glucose 114.0 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 Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*





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

Page 5 of 11



Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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:09-Mar-2024 / 07:40

:09-Mar-2024 / 13:26

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.5)	-	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

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





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

Page 6 of 11



CID : 2406921418

Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr.

: Kandivali East (Main Centre) Reg. Location



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Collected

Reported

:09-Mar-2024 / 07:40

:09-Mar-2024 / 13:26

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **URINE 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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	35	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	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 inert

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





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

Page 7 of 11



Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. : -

Reg. Location

: Kandivali East (Main Centre)

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Reported

:09-Mar-2024 / 07:40

:09-Mar-2024 / 12:25

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

PARAMETER RESULTS

ABO GROUP B

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





Dr.VRUSHALI SHROFF M.D.(PATH) Pathologist

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Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. : -

Reg. Location

: Kandivali East (Main Centre)

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
CHOLESTEROL, Serum	126.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	96.3	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	42.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	83.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	65.0	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	18.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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









Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. :

Reg. Location

: Kandivali East (Main Centre)

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.76	0.35-5.5 microIU/ml	ECLIA



Name : MR.SUVENDRA KUMAR

Age / Gender : 35 Years / Male

Consulting Dr. : - Collected : 09-Mar-2024 / 07:40

Reg. Location : Kandivali East (Main Centre) Reported :09-Mar-2024 / 14:30

### 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

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





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

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