

CID# : 2403420884

Name : MR. RAJINIKANTH JADHAV

Age / Gender : 31 Years/Male

Consulting Dr. :

Reg. Location : Andheri West (Main Centre)

Collected : 03-Feb-2024 / 08:53

Reported : 05-Feb-2024 / 14:08

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 170 cms

Temp (0c): Afebrile

Blood Pressure (mm/hg): 110/80 mm of Hg

Pulse: 84/min

Weight (kg): 84 kgs

Skin: Normal

Nails: Normal

Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 audible

Respiratory: AEBE

Genitourinary: NAD

GI System: Liver & Spleen not palpable

CNS: NAD

IMPRESSION:

USG shows Grade I fatty liver,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports.
Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

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



CID# TESTING REF: **2403420884**

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- | | |
|--|----|
| 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 | Occasional |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083

Date:- 05/02/24

CID: 2403420884

Name:- Rajinikanth Jadhav

Sex / Age: / M / 31

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Nil

Past history:

Unaided Vision: -

Aided Vision: -

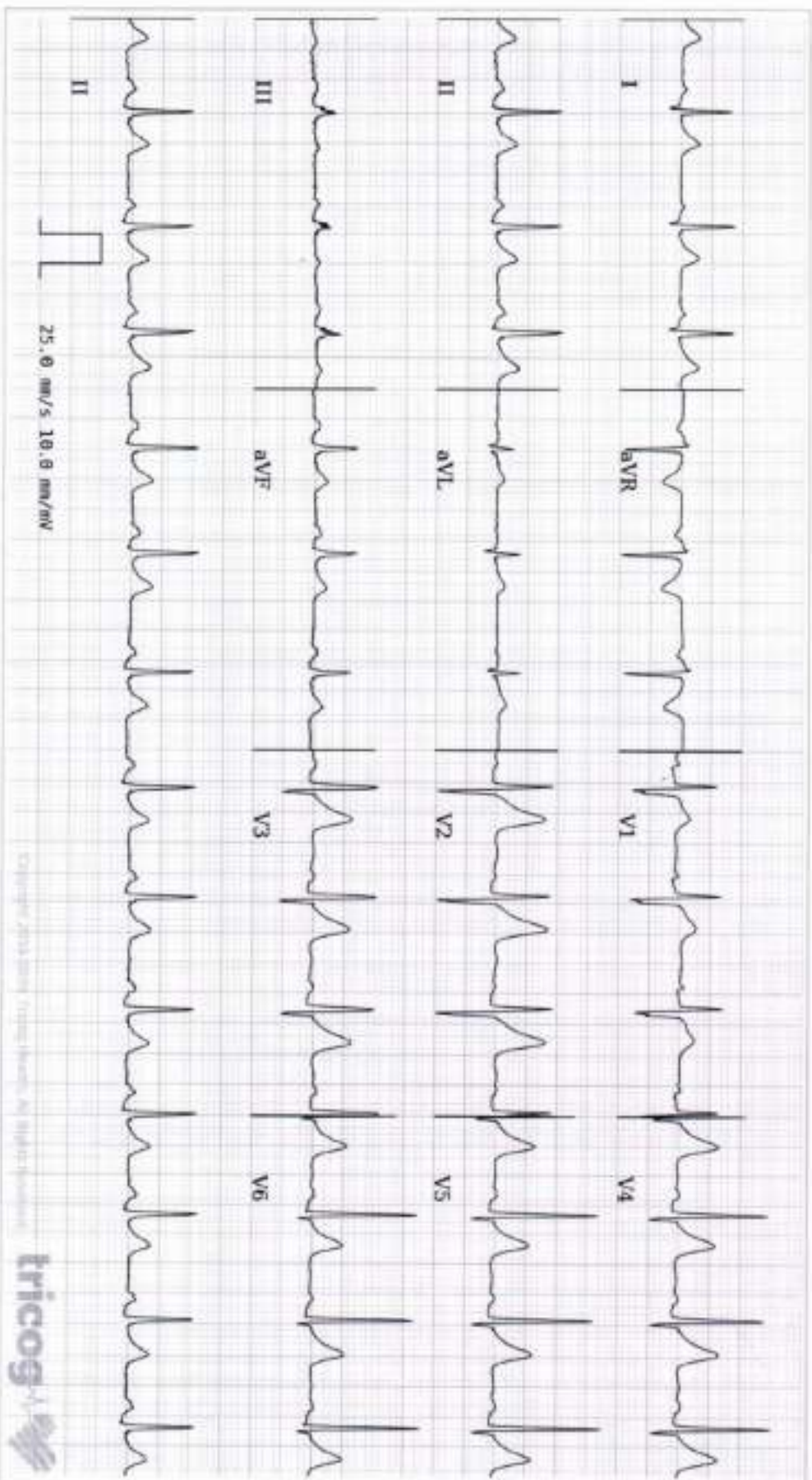
Refraction: -

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/6	-	-	-	6/6
Near	-	-	-	N5	-	-	-	N5

Colour Vision: Normal / Abnormal

Remark: Normal vision

Suburban Diagnostics (I) Pvt. Ltd.
Aster, 2nd Floor, Opp. Embassy Building
Sundarvan Complex, Andheri (West)
Mumbai - 400 063, Tel: 022-40274527



Age: 31 NA NA
years months days

Gender: Male

Heart Rate: 83bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Respi: NA
Others: NA

Measurements

QRSD: 82ms
QT: 346ms
QTcB: 406ms
PR: 152ms
P-R-T: 60° 40° 40°

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

REPORTED BY

DR RAVI CHAVAN
MD, DCARD, D. DIAGNOSTICS
Cardiology & Diagnostics
2004902348



Disclaimer: 1) Analysis is this report is based on ECG done and should be read in conjunction with clinical history, symptoms, and results of other diagnostic tests and used for reference only. 2) Patient details are not reported to the physician and are removed from the ECG report.

SUBURBAN DIAGNOSTICS

Patient Details

Date: 03-Feb-24

Time: 09:24:44

Name: RAJINIKANTH JADHAV ID: 2403420884

Age: 31 y

Sex: M

Height: 170 cms

Weight: 84 Kgs

Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 189 bpm

THR: 160 (85 % of Pr.MHR) bpm

Total Exec. Time: 9 m 31 s

Max. HR: 164 (87% of Pr.MHR)bpm

Max. Mets: 13.50

Max. BP: 170 / 80 mmHg

Max. BP x HR: 27880 mmHg/min

Min. BP x HR: 4320 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 19	1.0	0	0	60	110 / 80	-1.06 aVR	-3.18 III
Standing	0 : 7	1.0	0	0	54	110 / 80	-1.06 aVR	2.48 V2
Hyperventilation	0 : 30	1.0	0	0	72	110 / 80	-2.97 aVR	2.48 II
1	3 : 0	4.6	1.7	10	101	120 / 80	-1.27 aVR	2.83 V2
2	3 : 0	7.0	2.5	12	126	130 / 80	-1.06 II	3.18 V3
3	3 : 0	10.2	3.4	14	157	140 / 80	-2.76 III	4.80 V3
Peak Ex	0 : 31	13.5	4.2	16	164	170 / 80	-4.25 II	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	142	150 / 80	-2.55 II	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	116	130 / 80	-1.91 aVR	5.66 V2
Recovery(3)	0 : 16	1.0	0	0	110	110 / 80	-0.64 III	4.25 V3

Interpretation

GOOD EFFORT TOLERANCE
NORMAL CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ANGINA/ ANGINA EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE
IMPRESSION STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE
ISCHAEMIA

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

Dr. Ravi Chavan
MD, D Card
Consultant Cardiologist
Reg. No.: 2004/08/2468

Ref. Doctor: ARCOFEMI HEALTHCARE

(Summary Report edited by user)

Doctor: DR. RAVI CHAVAN

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



SUBURBAN DIAGNOSTICS

Test Report

RAJINIKANTH JADHAV (31 M)

ID: 2403420894

Date: 03-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 13 s HR: 57 bpm

Protocol: Brude

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 110/80

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

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

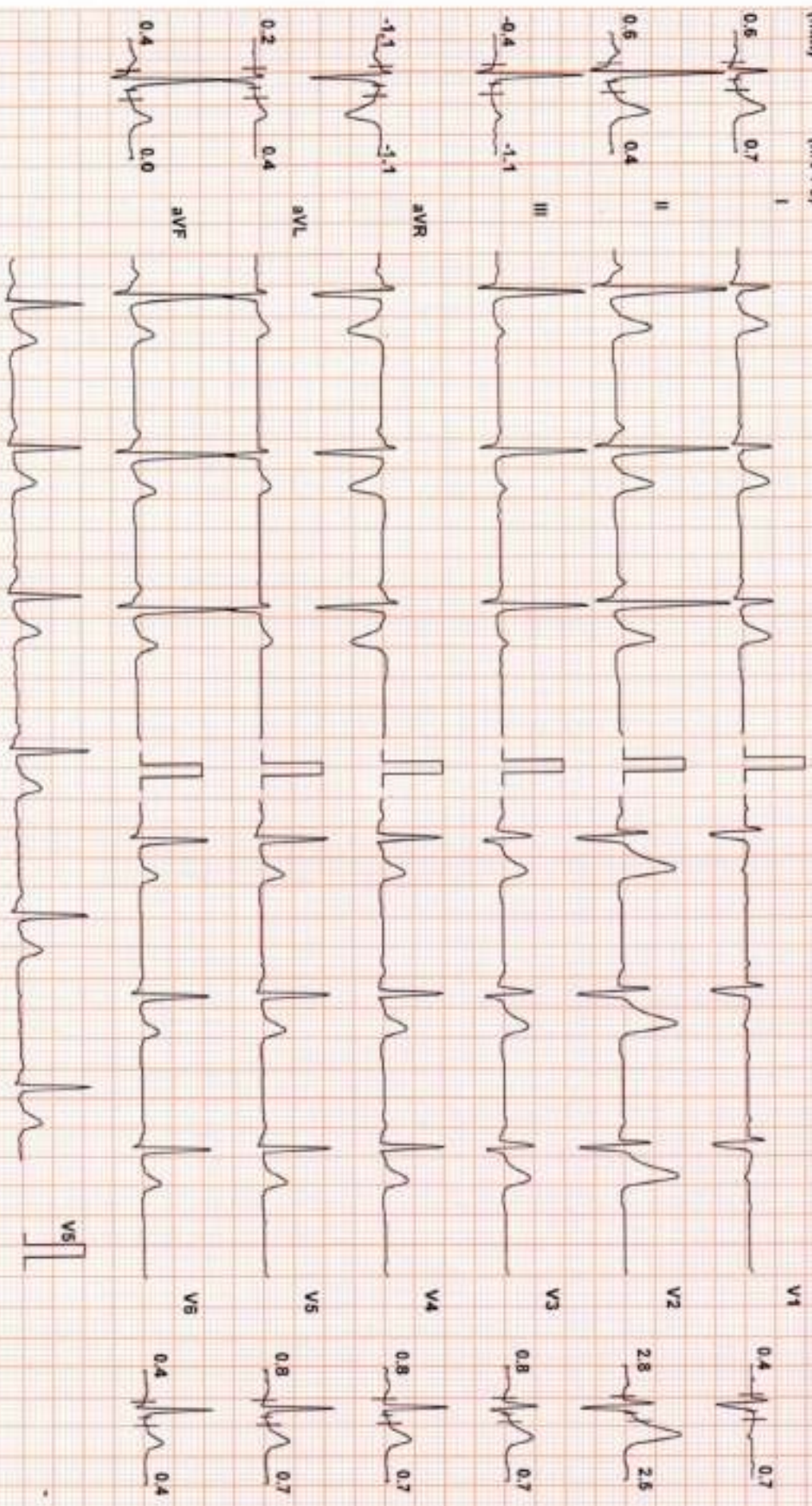


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R - 60 ms

Prod J = J - 60 ms

Scale: Standard V4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

RAJINIKANTH JADHAV (31 M)

ID: 2403420884

Date: 03-Feb-24 Exec Time : 0 m 0 s Stage Time : 0 m 1 s **HR: 54 bpm**

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 110 / 80

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

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

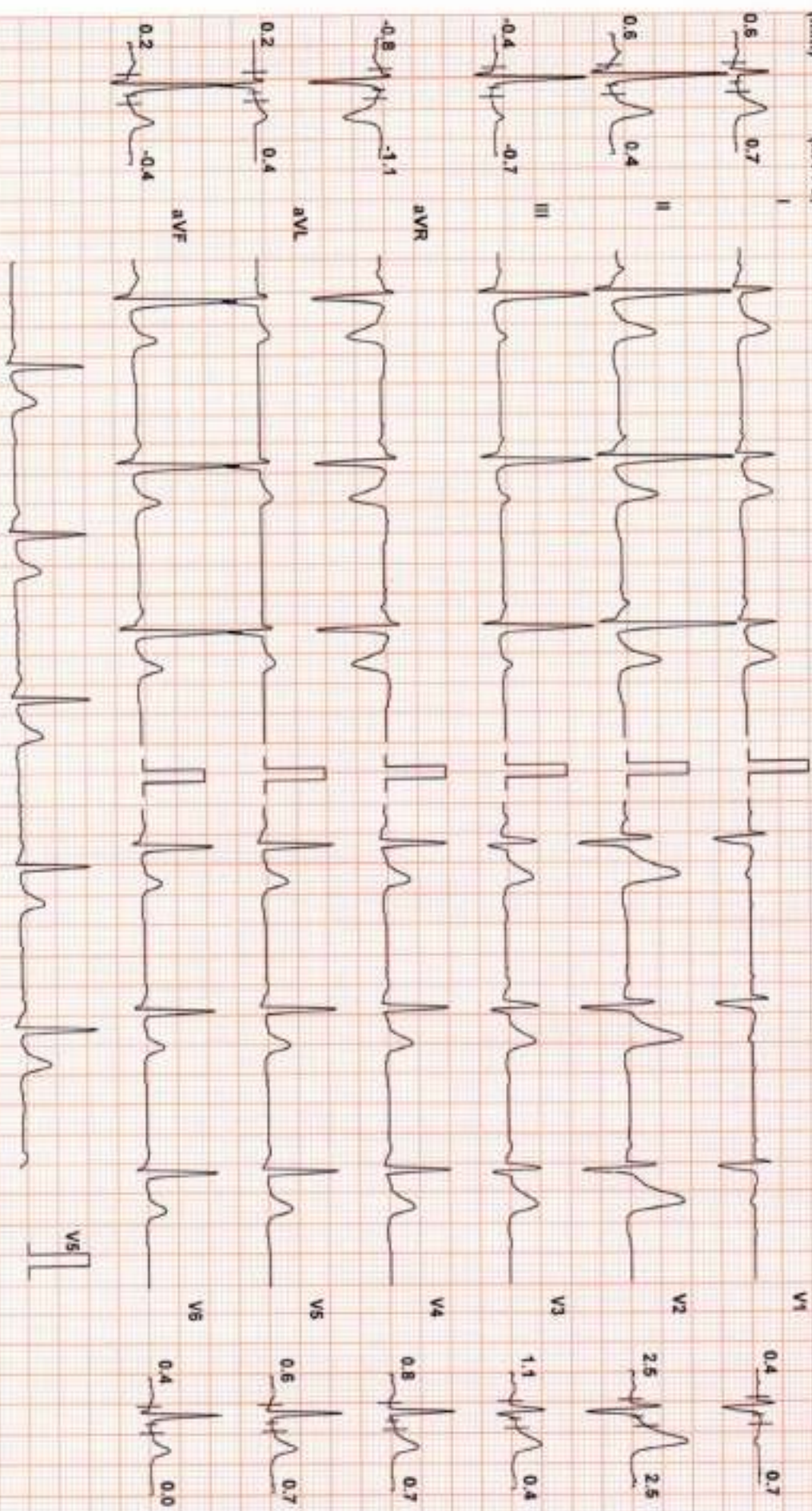


Chart Speed: 25 mm/sec
Scale: Standard V x 7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

350 = R = 60 ms

J = R = 60 ms

Post J = J = 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

RAJINIKANTH JADHAV (31 M)

ID: 2403420884

Date: 03-Feb-24

Exec Time: 0 m 0 s

Stage Time: 0 m 24 s HR: 78 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 110 / 80

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

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

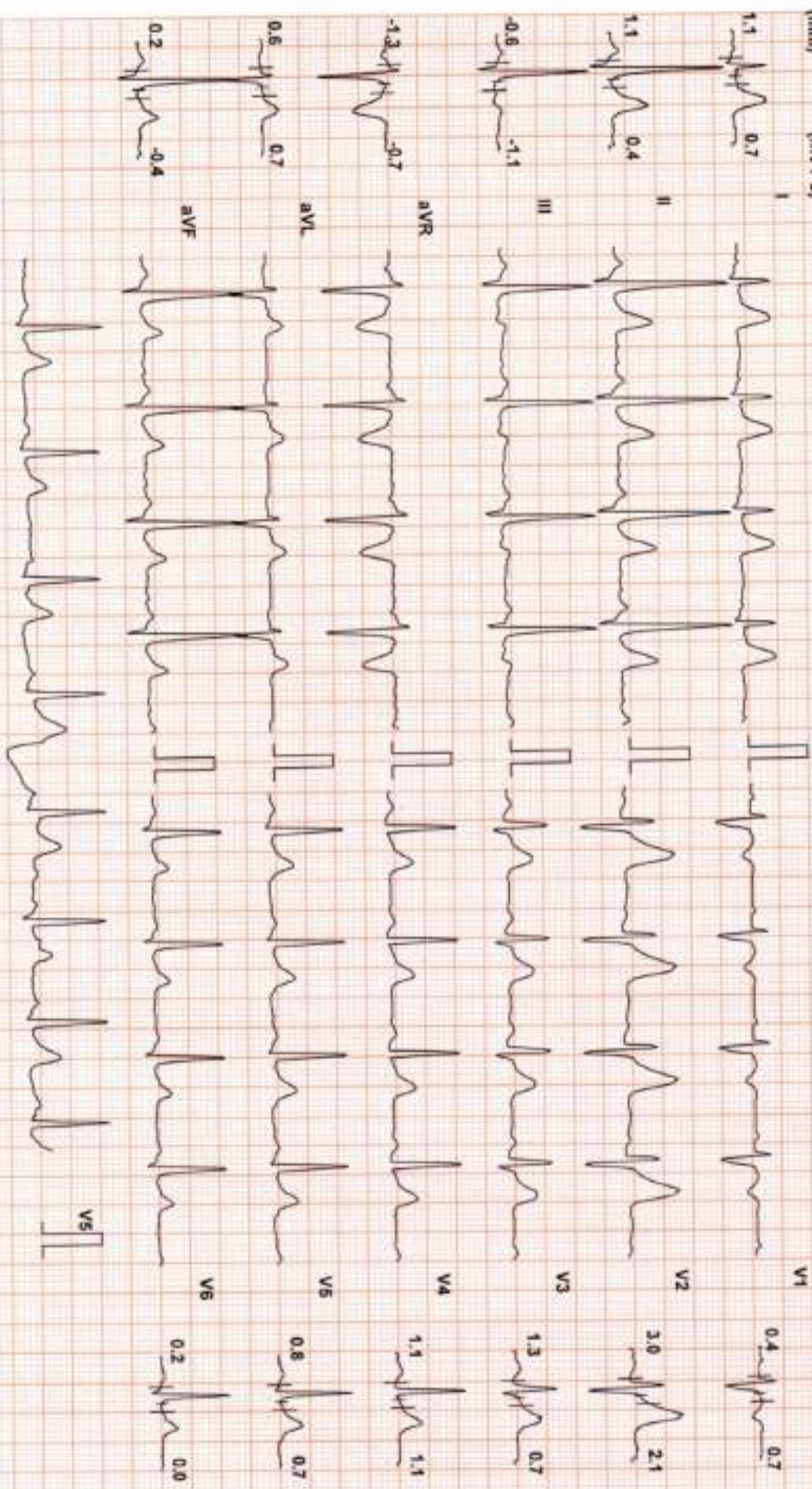


Chart Speed: 25 mm/sec
Scale: Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

100 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

RAJINIKANTH JADHAV (31 M)

ID: 2403420884

Date: 03-Feb-24 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 103 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10 %

(THR: 160 bpm)

B.P: 120 / 80

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

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

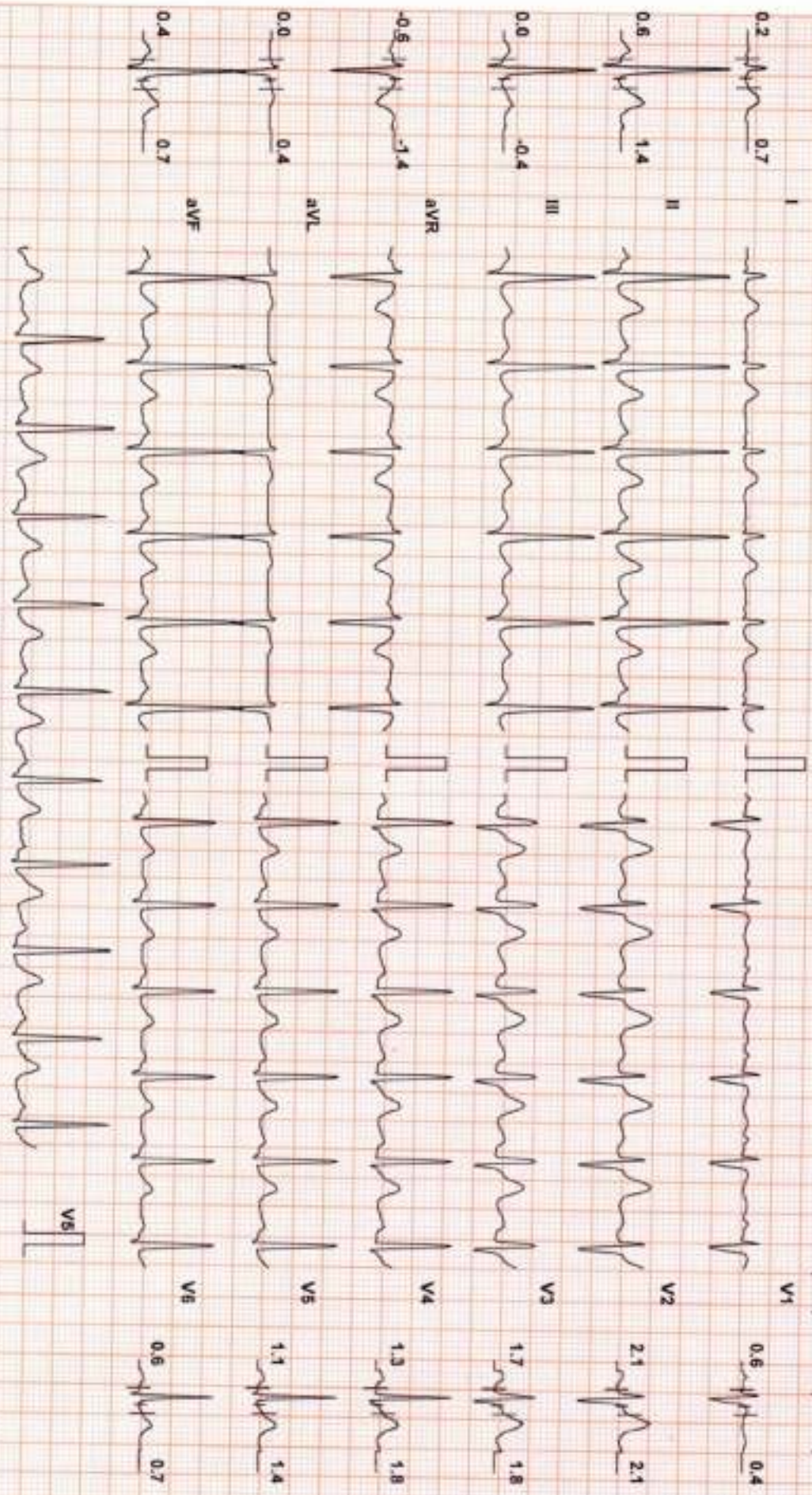


Chart Speed: 25 mm/sec
Schluter Standard V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 50 ms

Post J = J + 50 ms

Linked Median

RAJINIKANTH JADHAV (31 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2403420884

Date: 03-Feb-24

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 127 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 160 bpm)

B.P: 130/80

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

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

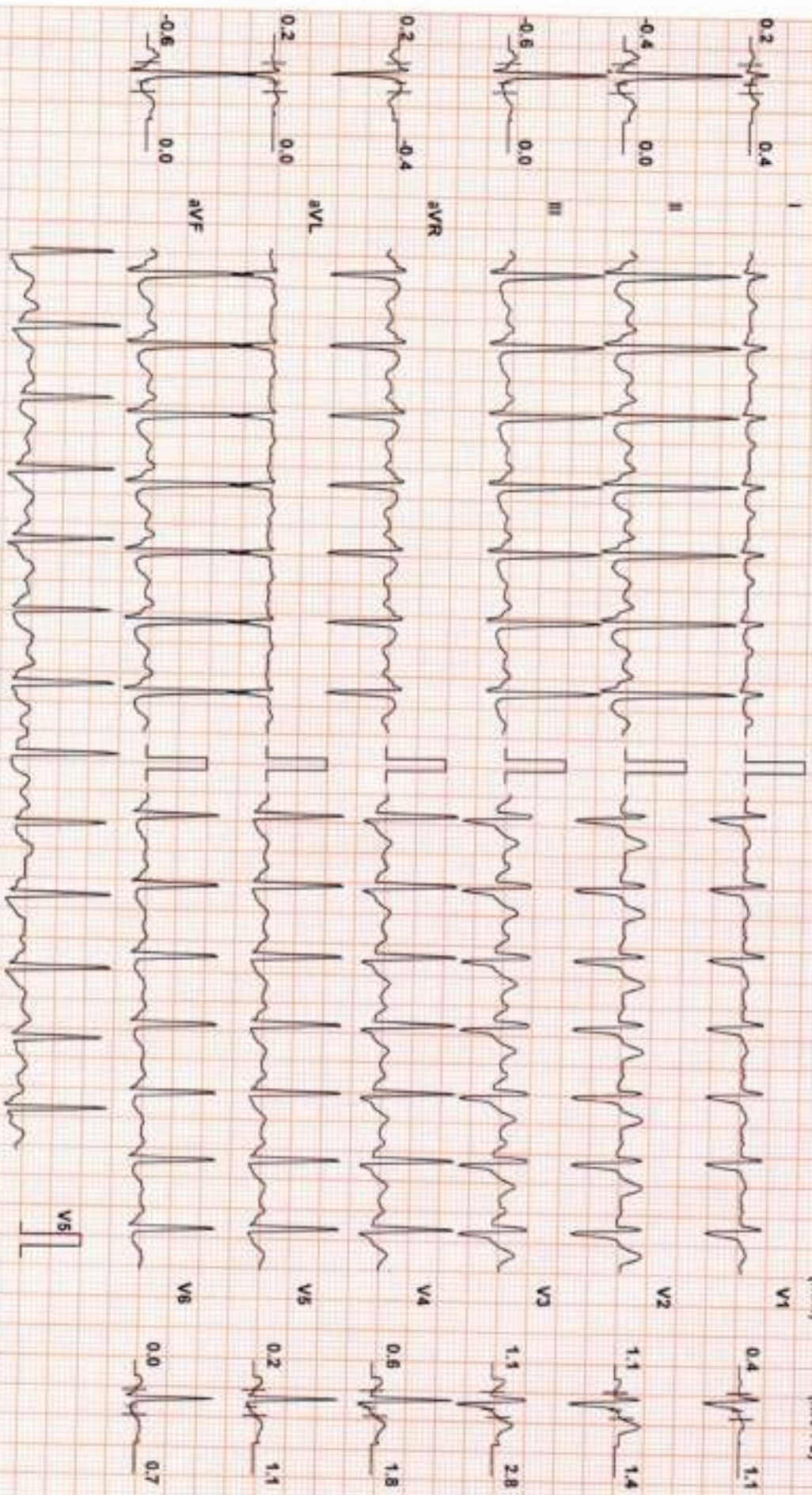


Chart Speed: 25 mm/sec
Scriber: Spandev V 4.7

Filter: 35 Hz

Mains Filt ON

Amp: 10 mm

IR - R - 50 ms

J - R - 50 ms

Post J - J + 50 ms

Linked Median



RAJINIKANTH JADHAV (31 M)

SUBURBAN DIAGNOSTICS

ID: 2403420884

Date: 03-Feb-24

Exec Time : 6 m 5 s

Stage Time : 0 m 5 s

HR: 126 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 160 bpm)

B.P: 140 / 80

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

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

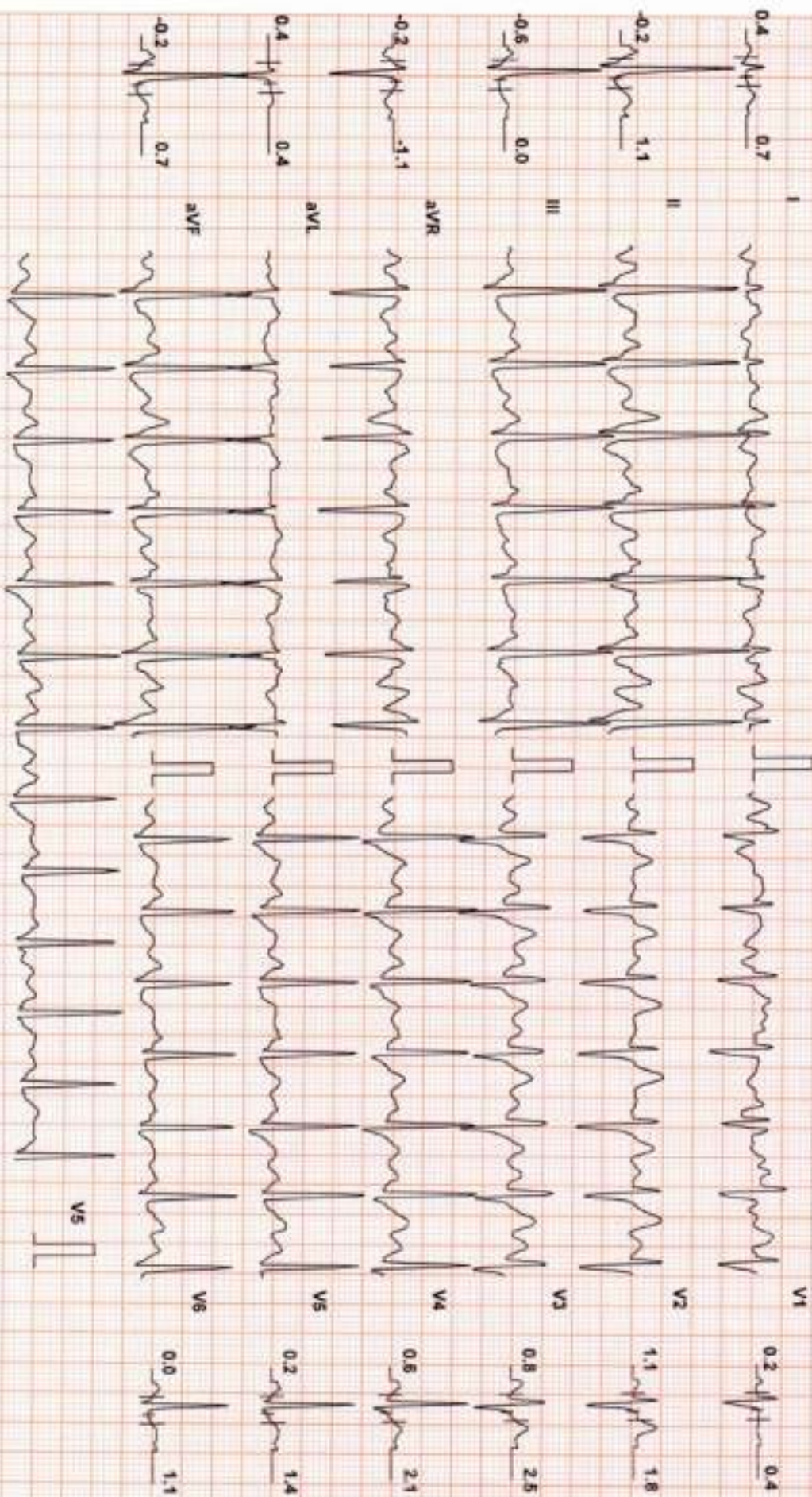


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main: Fil ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

For: J = J + 60 ms

Scale: Standard V 47

RAJINIKANTH JADHAV (31 M)

ID: 2403420884

Date: 03-Feb-24

Exec Time: 8 m 54 s Stage Time: 2 m 54 s HR: 157 bpm

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 160 bpm)

B.P: 140 / 80

Protocol: Bruce

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

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

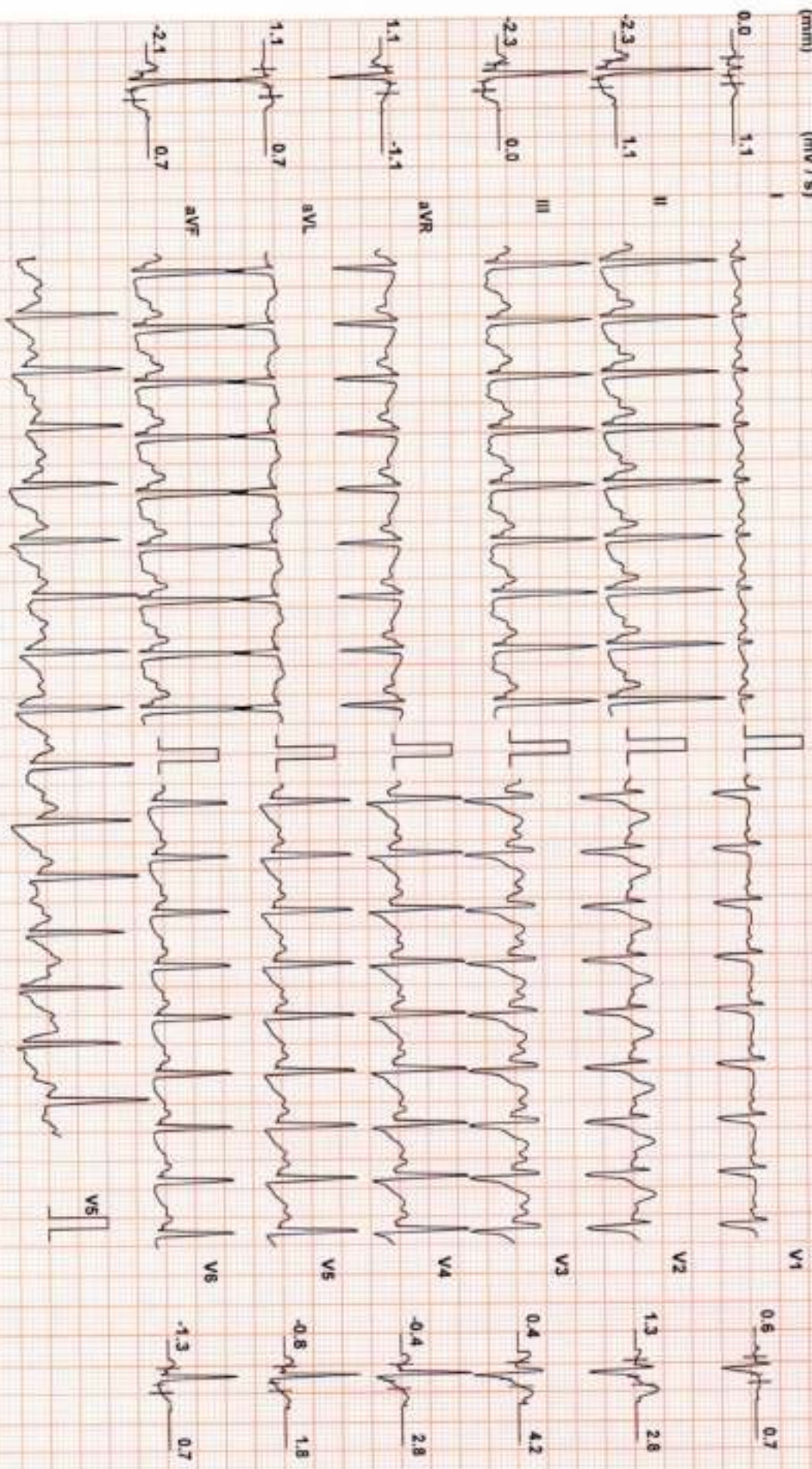


Chart Speed: 25 mm/sec
Schler-Spanden V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Ip = R = 50 ms

J = R = 60 ms

Post J = J + 60 ms

Linked Median

RAJINIKANTH JADHAV (31 M)

ID: 2403420884

Date: 03-Feb-24

Exec Time: 9 m 3 s

Stage Time: 0 m 3 s

HR: 158 bpm

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 160 bpm)

B.P: 170 / 80

Protocol: Bruce

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

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

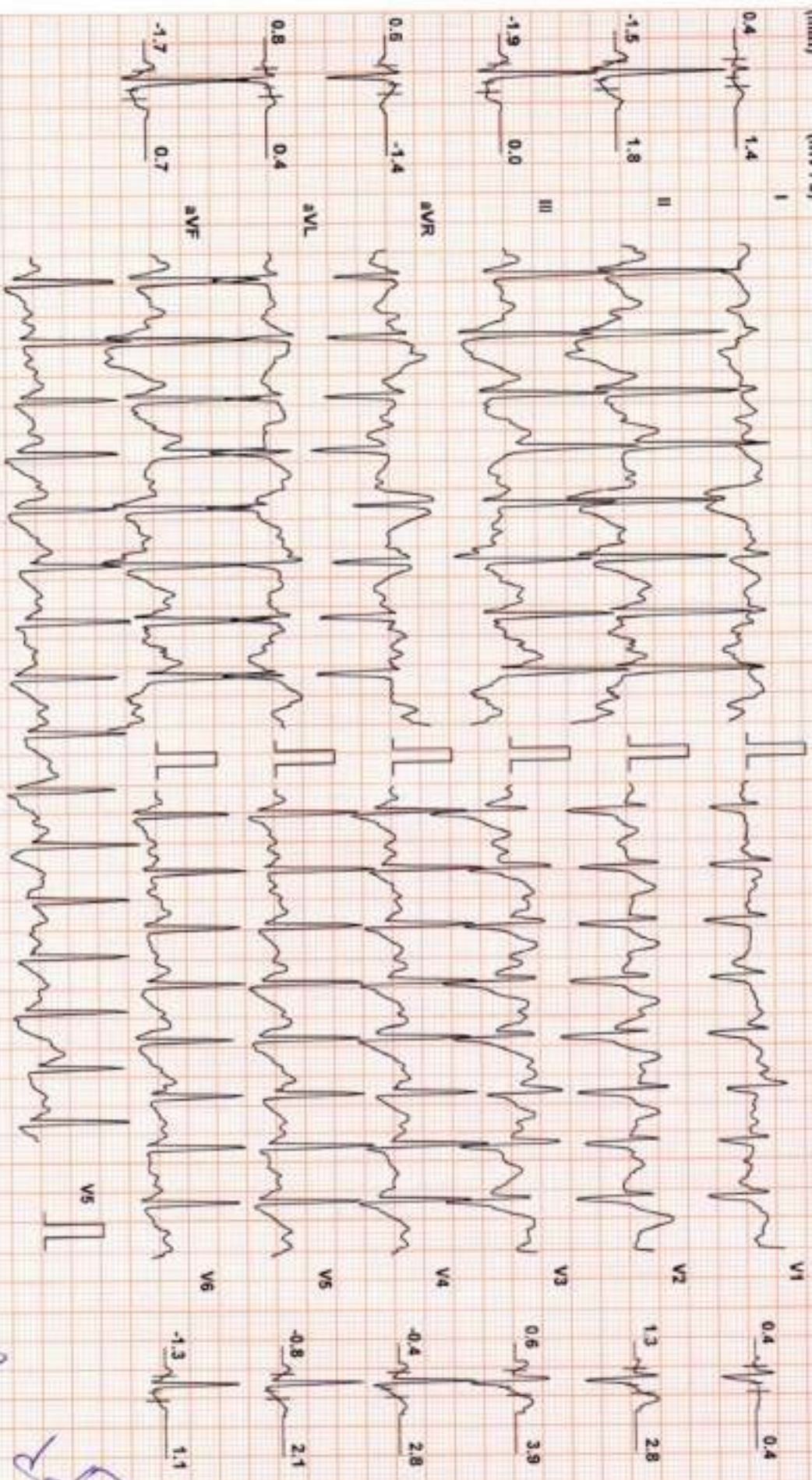


Chart Speed: 25 mm/sec
Scale: Standard V47

Filter: 35 Hz

Main Filter: ON

Ampl: 10 mm

60 = R - 60 ms

J = R - 80 ms

Post J = J - 60 ms

Handwritten signature in blue ink.

SUBURBAN DIAGNOSTICS

Test Report

RAJINIKANTH JADHAV (31 M)

ID: 2403420864

Date: 03-Feb-24

Exec Time : 9 m 31 s

Stage Time : 0 m 54 s

HR: 147 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 150 / 80

Protocol: Bruce

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

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

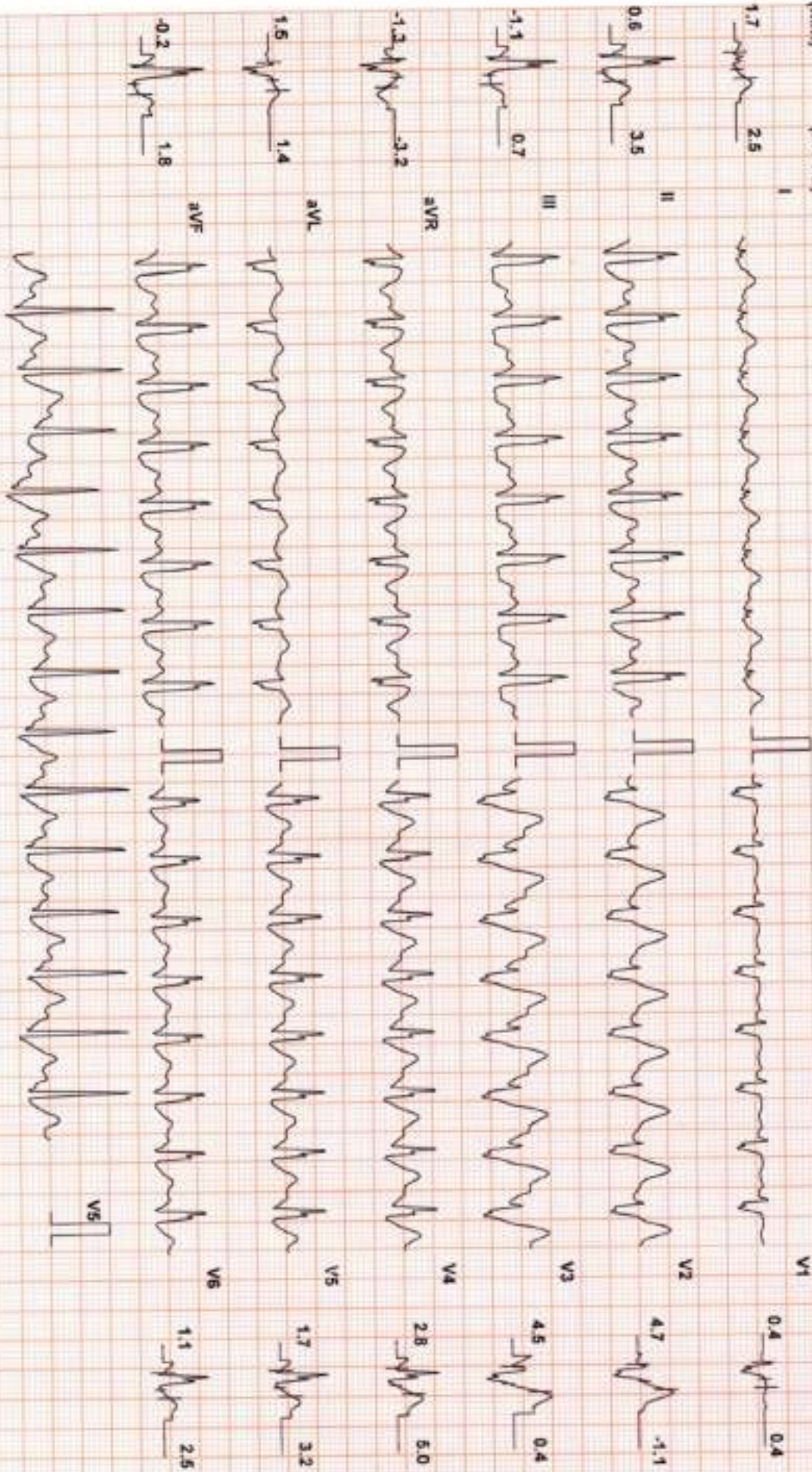


Chart Speed: 25 mm/sec
Scale: Standard V47

Filter: 35 Hz

Main: Filtr ON

Amp: 10 mm

150 * R - 60 ms

J - R * 60 ms

Post J - J * 60 ms

Linked Median

RAJINIKANTH JADHAV (31 M)

ID: 2403420894

Date: 03-Feb-24

Exec Time: 9 m 31 s

Stage Time: 0 m 54 s

HR: 117 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 130 / 80

Protocol: Bruce

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

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

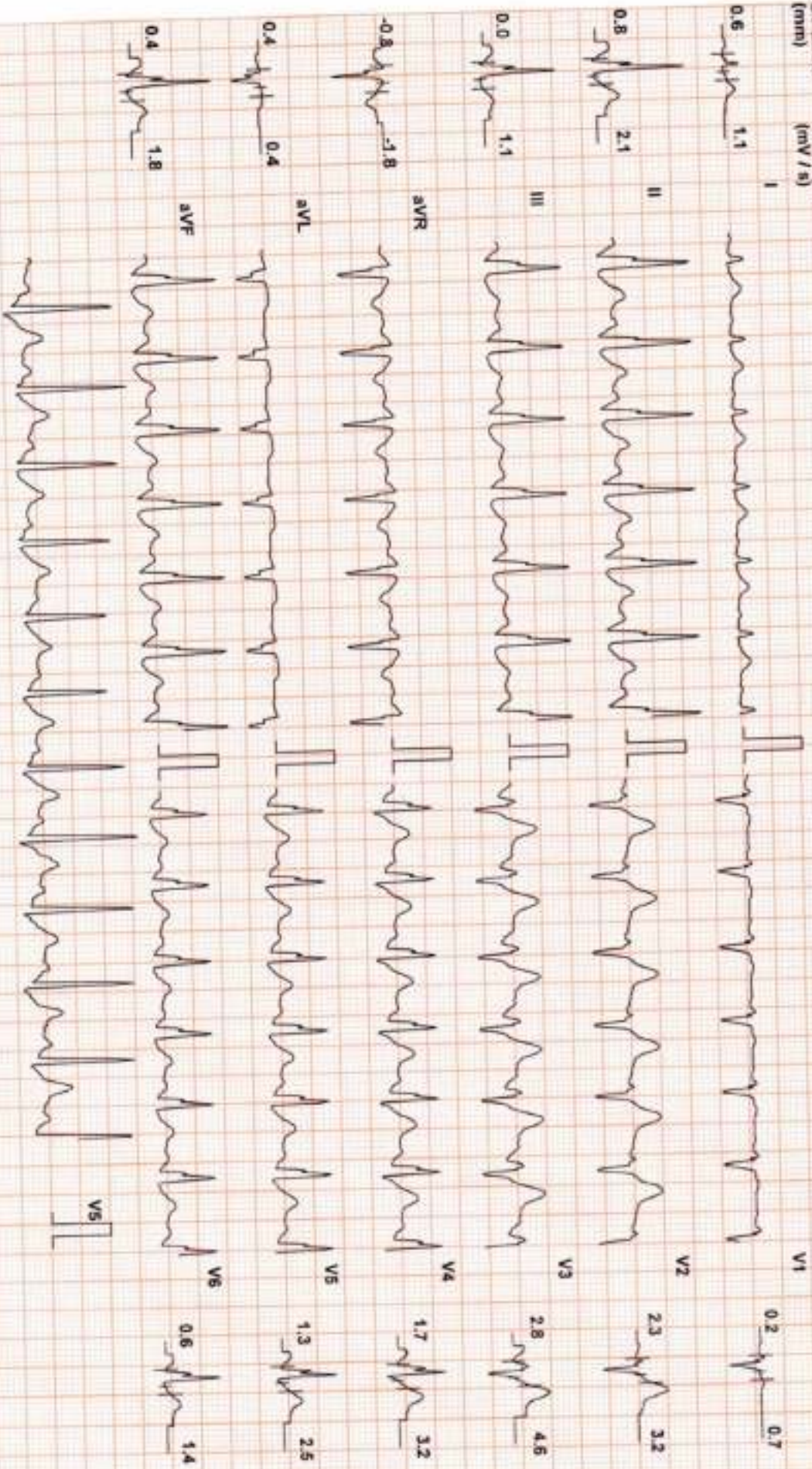


Chart Speed: 25 mm/sec
Schaller Spawden V47

Filter: 35 Hz

Mains Filter ON

Amp: 10 mm

100 = R - 80 ms

J = R - 60 ms

Post J = J - 60 ms

Linked Median

Authenticity Check
<<QRCode>>

CID : 2403420884
Name : Mr Rajinikanth Jadhav
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 03-Feb-2024
Reported : 03-Feb-2024 / 12:57

Use a QR Code Scanner
Application To Scan the Code

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.

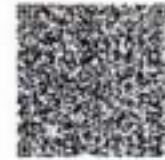
-----End of Report-----



Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

Click here to view images <<ImageLink>>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2403420884
Name : Mr RAJINIKANTH JADHAV
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 03-Feb-2024
Reported : 03-Feb-2024 / 14:27

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.0cm) and shows bright echotexture. 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 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 9.5 x 4.1cm. Left kidney measures 8.5 x 4.7cm.

SPLEEN:

The spleen is normal in size (8.8cm) 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 measuring 3.5 x 2.8 x 2.5cm and volume is 13.3cc.

IMPRESSION:

Grade I fatty liver.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No - 2014/11/4764
Consultant Radiologist

Click here to view images <http://3-111-232-119/IRISViewer/NormalViewer?AccessionNo=2024020308542170>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector 18, Rohini, New Delhi - 110085. | CIN No.: U74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics India Pvt. Ltd., Apton, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Vihar Road, Vihar, Mumbai - 400053. Page no 1 of 1

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Smart, Premier Road, Vidyashar West, Mumbai - 400086

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com



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 Name : MR.RAJINIKANTH JADHAV
 Age / Gender : 31 Years / Male
 Consulting Dr. : -
 Reg. Location : Andheri West (Main Centre)

Collected : 03-Feb-2024 / 09:05
 Reported : 03-Feb-2024 / 10:49

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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	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.55	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.2	40-50 %	Calculated
MCV	81.5	80-100 fl	Measured
MCH	26.3	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4930	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.0	20-40 %	
Absolute Lymphocytes	1330	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	380	200-1000 /cmm	Calculated
Neutrophils	58.8	40-80 %	
Absolute Neutrophils	2900	2000-7000 /cmm	Calculated
Eosinophils	5.9	1-6 %	
Absolute Eosinophils	290	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	227000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Measured
PDW	16.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	-		



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Name : MR.RAJINIKANTH JADHAV
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 03-Feb-2024 / 09:05
Reported : 03-Feb-2024 / 11:06

Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
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:

- Pack Insert
- 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 CPL, Andheri West

*** End Of Report ***



J Thakker

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



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 Collected : 03-Feb-2024 / 09:05
 Reported : 03-Feb-2024 / 12:45

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	87.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	73.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.18	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.39	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.79	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	17.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	63.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	24.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.3	6-20 mg/dl	Calculated
CREATININE, Serum	1.03	0.67-1.17 mg/dl	Enzymatic



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Collected : 03-Feb-2024 / 12:26
 Reported : 03-Feb-2024 / 15:26

eGFR, Serum	100	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		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	6.0	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 ***



J. Thakker

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 M.D. (PATH), DPB
 Pathologist and AVP (Medical Services)



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 Age / Gender : 31 Years / Male
 Consulting Dr. : -
 Reg. Location : Andheri West (Main Centre)

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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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 inert

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



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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 automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 CPL, Andheri West
*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	153.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	82.8	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	49.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	104.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.0	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	16.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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



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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	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.23	0.35-5.5 microIU/ml mIU/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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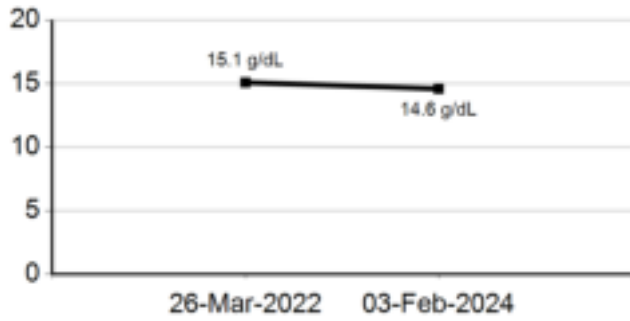
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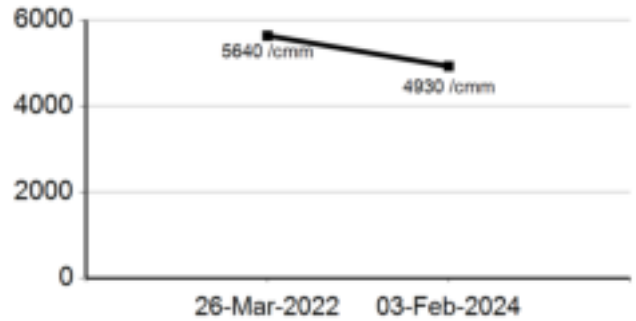
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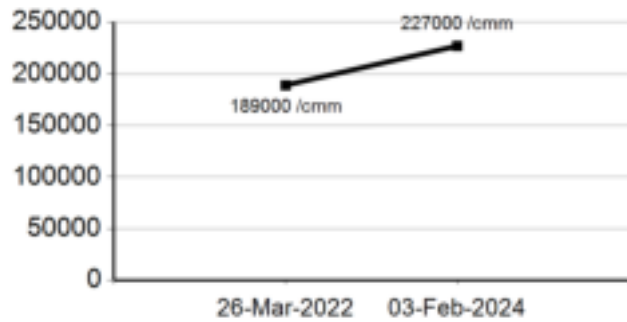
Haemoglobin



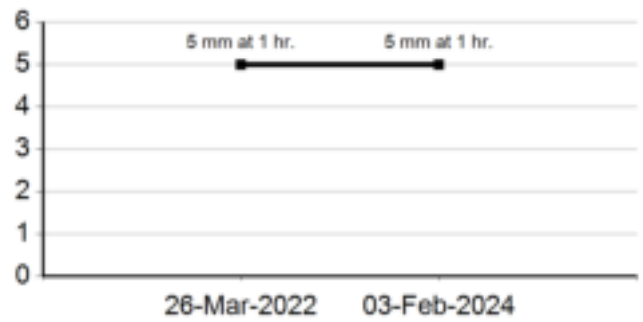
WBC Total Count



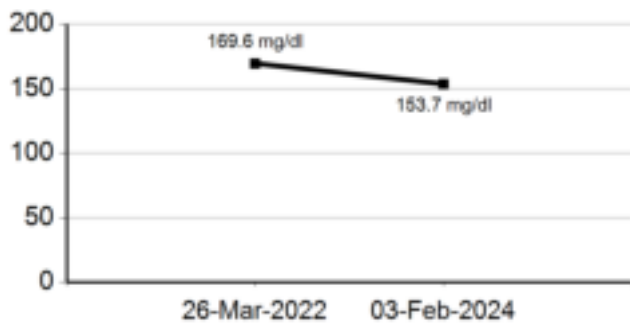
Platelet Count



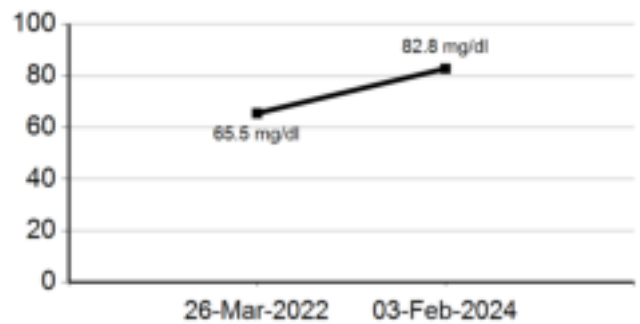
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CHOLESTEROL



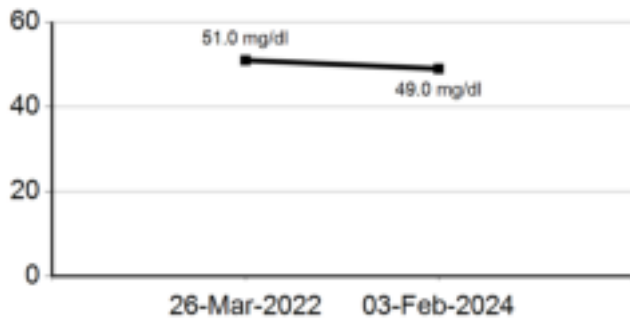
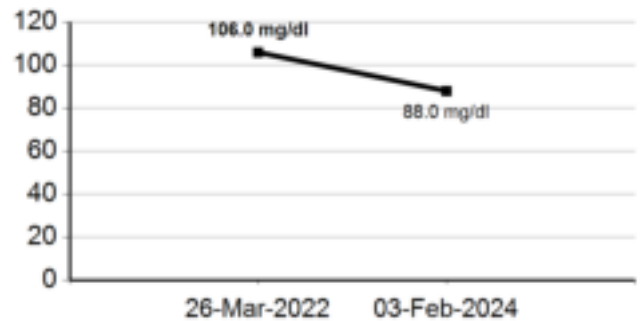
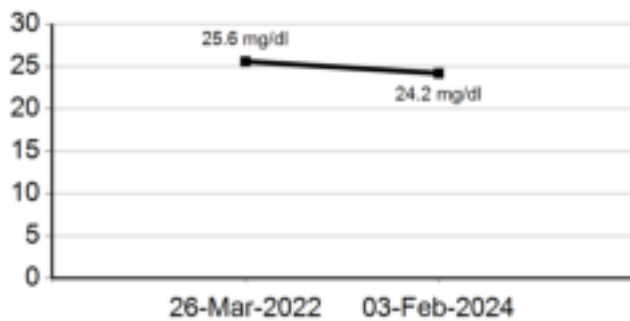
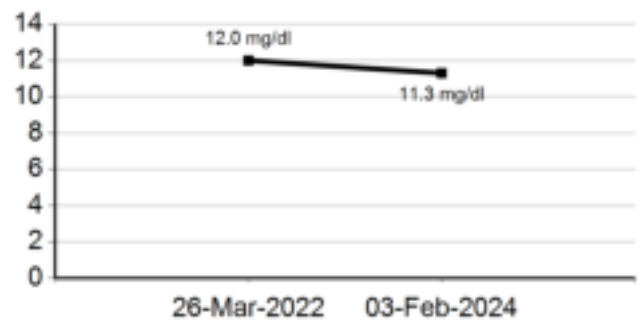
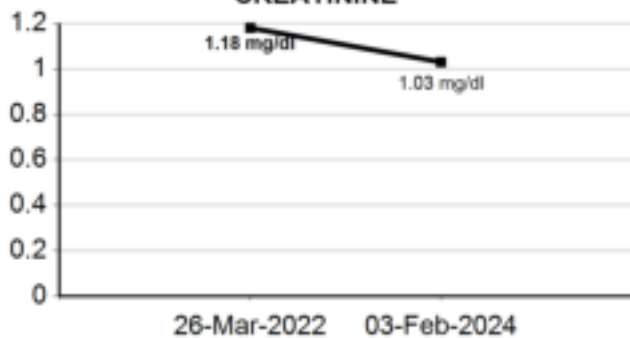
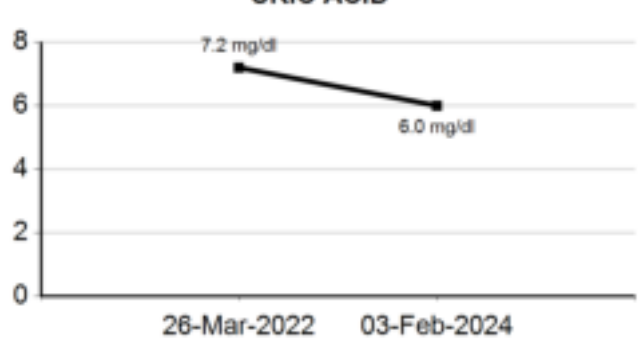
TRIGLYCERIDES





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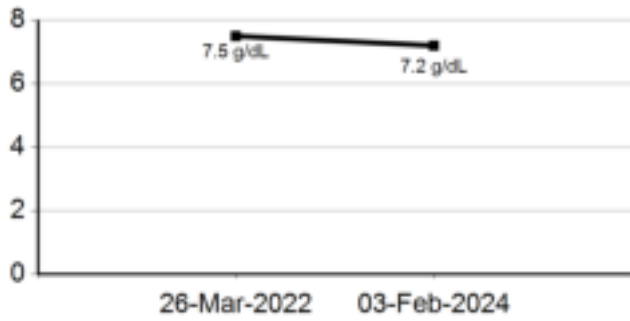
HDL CHOLESTEROL**LDL CHOLESTEROL****BLOOD UREA****BUN****CREATININE****URIC ACID**



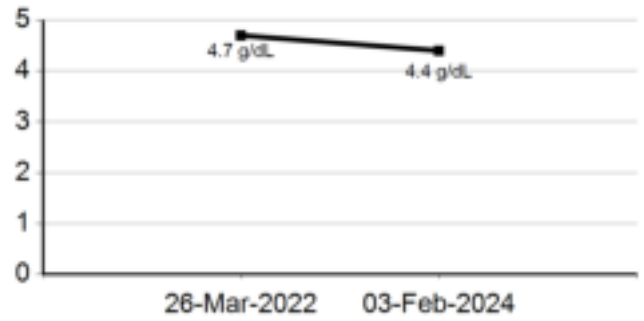
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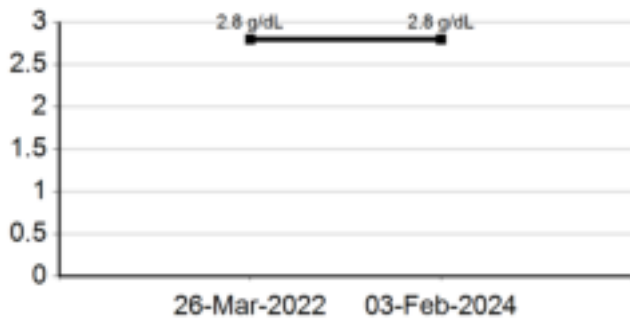
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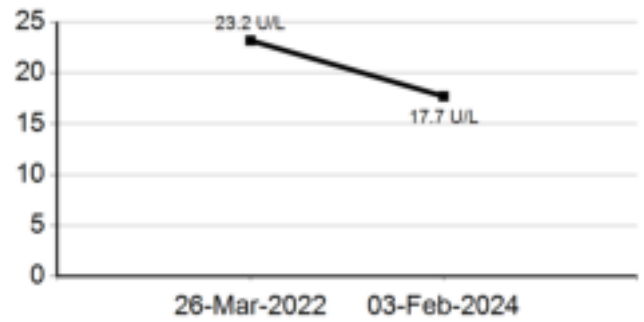
ALBUMIN



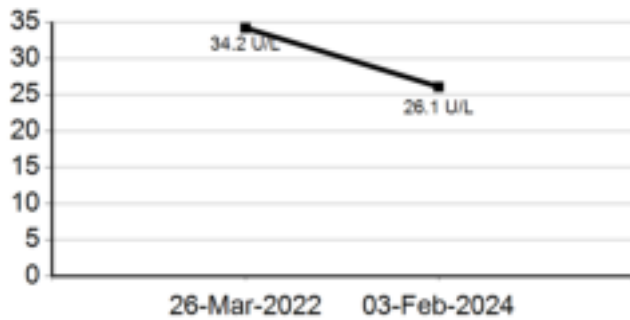
GLOBULIN



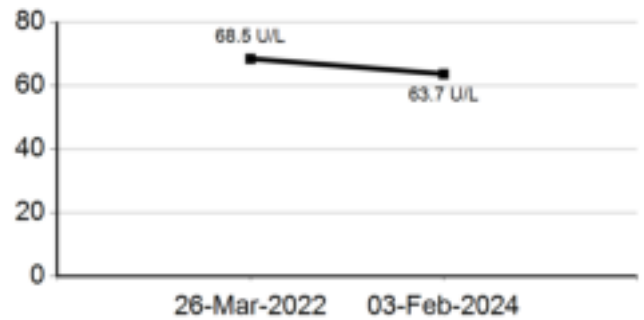
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

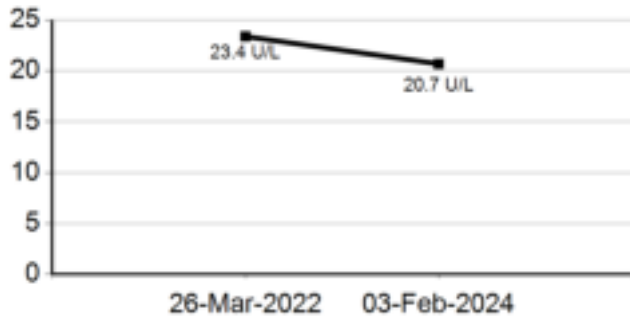




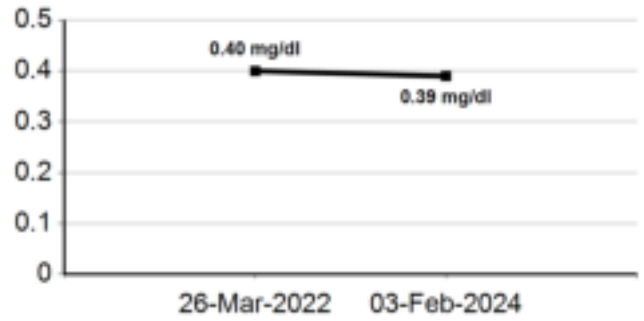
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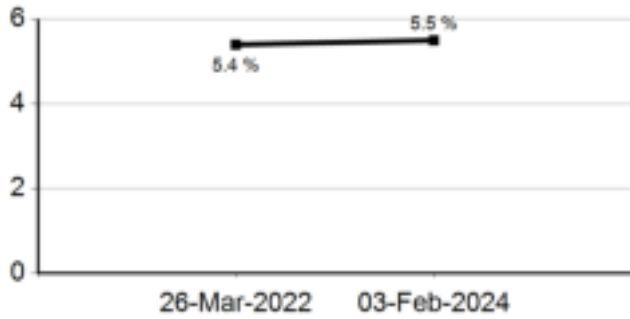
GAMMA GT



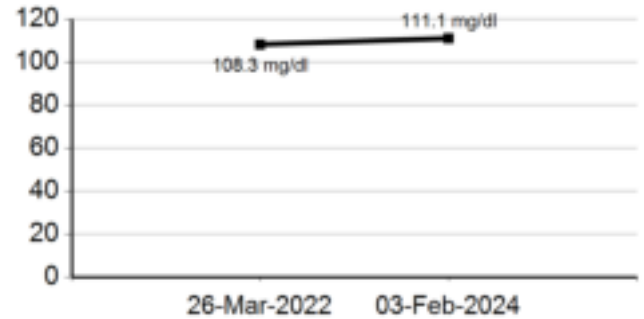
BILIRUBIN (DIRECT)



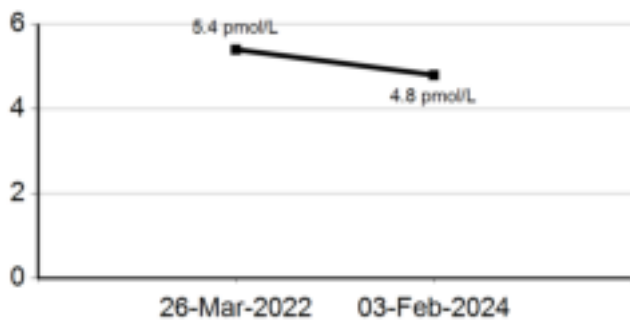
Glycosylated Hemoglobin (HbA1c)



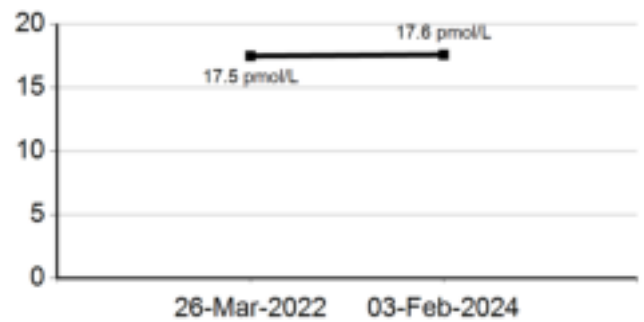
Estimated Average Glucose (eAG)



Free T3



Free T4





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