

बैंक ऑफ बड़ोदा
Bank of Baroda

नाम

अशीम कुमार मजुमदार

Name

Ashim Kumar Majumder

कर्मचारी कूट क्र.

E.C. No.

155260

जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder



Date:

To,
Suburban Diagnostics (India) Private Limited
Shop No.6, Fenkin Belleza, Ghodbunder Rd,
opp. M.K. Plaza, Kasarvadavali,
Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

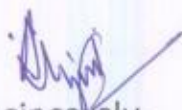
This is to inform you that I, Myself ~~Mr~~/Mrs/ Ms. Ashim Majumdar
don't want to performed the following tests:

- 1) Sho - R
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 2408216676 / 22/03/24

Corporate/ TPA/ Insurance Client Name : Arcoferri

Thanking you.


Yours sincerely,

(Mr/Ms/Ms. Ashim Majumdar)

PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Ashim Majumdar	Sex/Age	male / 54 yrs.
Date	22.03.24	Location	KASARVADAVALI

History and Complaints

Nil

EXAMINATION FINDINGS:

Height	162 cm	Temp (0c):	Normal
Weight	65 kg	Skin:	Normal
Blood Pressure	130/70	Nails:	Normal
Pulse	78/min	Lymph Node:	Normal

Systems :

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

Impression:

1) Hb & + ESR ↑ 2) RBS ↑ 3) Dyslipidemia 4) Sickle Anemia 5) Fatty Liver
6) Prostateomegaly

ADVICE :

TO ~~the~~ low FAF BGL & to follow up with physician & Metabolic & Biochemist

CHIEF COMPLAINTS :

Anand
DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthma	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 symptom	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No



PERSONAL HISTORY:

1)	Alcohol	Occasionally
2)	Smoking	Stopped since 2008.
3)	Diet	Non-veg.
4)	Medication	Nil

Date: 22.03.24

CID: 2408216676

Name: Mr. Ashim Majumdar Sex/Age: male / 54 yrs.

EYE CHECK UP

Chief complaints: Nil

Systematic Diseases: Nil

Past History: Nil

Unaided Vision: -

Aided Vision: Rt - 6/6, NG
Lt - 6/6, NG

Refraction: -

Colour Vision: Normal

Remarks: -

CID No. : 2408216676	Sex : MALE
Name : Mr. ASHIM MAJUMDER	Age : 54 YRS
Ref. By : -----	Date : 22/03/2024

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LVIDD	43	mm
LVIDS	21	mm
LVEF	60	%
IVS	12	mm
PW	7	mm
AO	18	mm
LA	30	mm

2D ECHO:

- All cardiac chambers are normal in size.
- Left ventricular contractility : Normal.
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid, aortic, pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal.
- Inter - atrial and inter - ventricular septum are intact.
- Pulmonary veins, IVC, hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

COLOR DOPPLER:

- Mitral valve doppler – E- 0.7 m/s, A - 0.8 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.2 m/s, PG 6.7 mmHg
- No significant gradient across aortic valve.
- Grade I diastolic dysfunction.

IMPRESSION :

- MILD CONCENTRIC LVH.
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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



DR. YOGESH KHARCHE
DNB (MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.

Dr. Yogesh Kharche
DNB. Medicine DNB. Cardiology
Consultant Interventional Cardiologist
Regd. No. 2007/12/4139

2D ECHOCARDIOGRAPHY



Use a QR Code Scanner
Application To Scan the Code

CID : 2408216676
Name : Mr ASHIM MAJUMDER
Age / Sex : 54 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 22-Mar-2024
Reported : 22-Mar-2024 / 9:35

USG ABDOMEN AND PELVIS

LIVER: Liver is normal in size and shows mild fatty infiltrations. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.5 x 4.5 cm. Left kidney measures 10.9 x 4.4 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits. Prevoid vol - 281 cc. Postvoid vol - 82 cc (**significant**)

PROSTATE: Prostate is enlarged in size with normal echotexture and measures 3.5 x 4.3 x 3.8 cm in dimension and 31.0 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:
PROSTATOMEGALY WITH SIGNIFICANT POSTVOID URINE RESIDUE.
MILD FATTY LIVER.

Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032208142586>

CID : 2408216676
Name : Mr ASHIM MAJUMDER
Age / Sex : 54 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 22-Mar-2024
Reported :

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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.

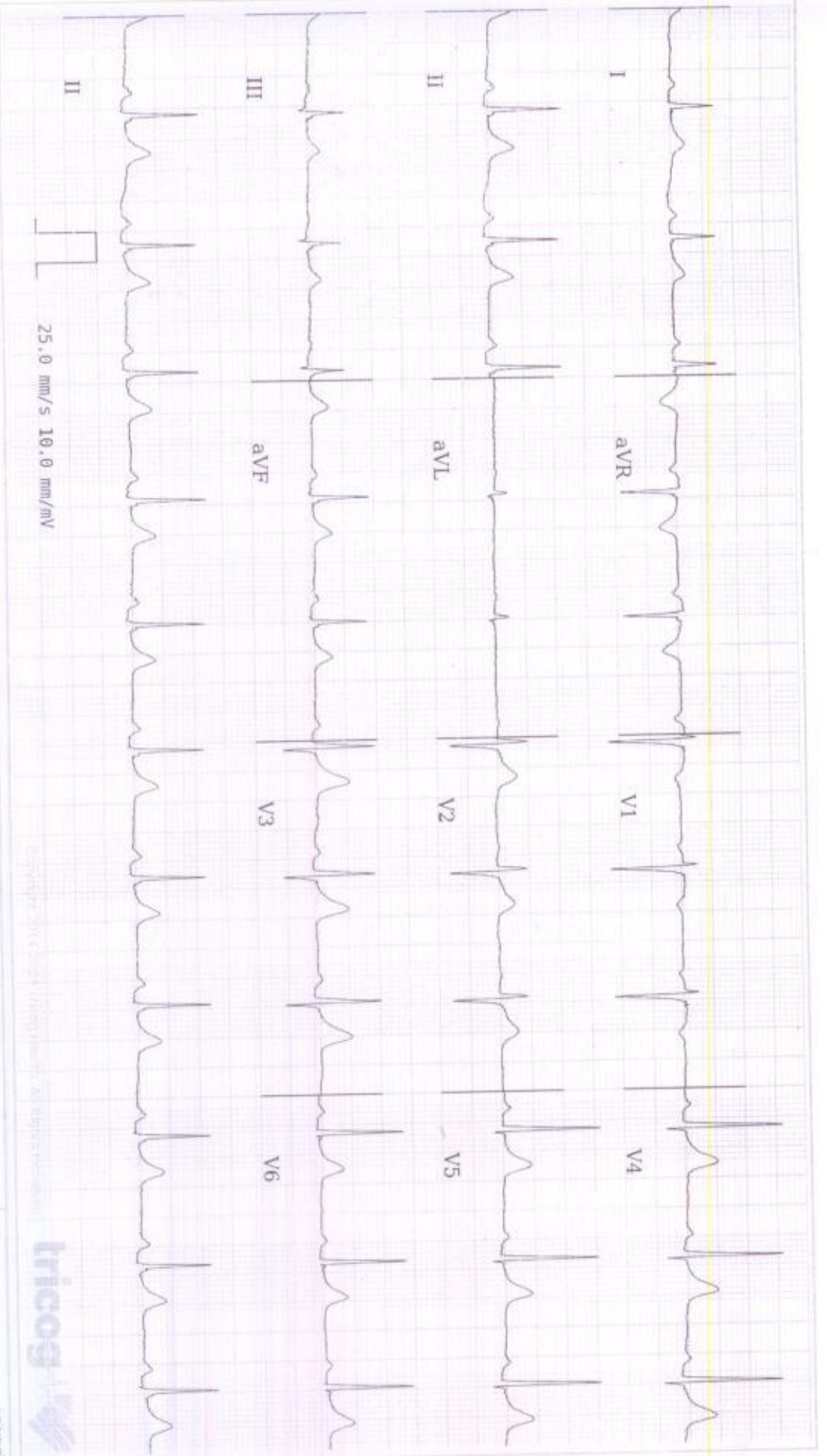
-----End of Report-----

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALLI

Patient Name: **ASHIM MAJUMDER**
Patient ID: **2408216676**

Date and Time: **22nd Mar 24 8:43 AM**



Age **54** NA
years months

Gender **Male**

Heart Rate **70bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 80ms
QT: 368ms
QTcB: 397ms
PR: 160ms
P-R-T: 51° 54° 59°

REPORTED BY

Aravind

Dr Aravind N. Moorthy
M.D. (General Medicine)
Reg No 39929 MLAC

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

Disclaimer: (1) Analyze in this report is limited to ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other diagnostic and non-invasive tests and must be interpreted by a qualified physician. (2) Patient safety and security for the clinician and not derived from the ECG.



CID	: 2408216676	SID	: 177803052485
Name	: MR.ASHIM MAJUMDER	Registered	: 22-Mar-2024 / 08:13
Age / Gender	: 54 Years / Male	Collected	: 22-Mar-2024 / 08:21
Dr.	: -	Reported	: 22-Mar-2024 / 11:04
Reg. Location	: Thane Kasarvadavali (Main Centre)	Printed	: 23-Mar-2024 / 18:17

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.38	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.5	40-50 %	Measured
MCV	92.5	80-100 fl	Calculated
MCH	28.7	27-32 pg	Calculated
MCHC	31.1	31.5-34.5 g/dL	Calculated
RDW	16.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5560	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.8	20-40 %	
Absolute Lymphocytes	1434.5	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	367.0	200-1000 /cmm	Calculated
Neutrophils	66.4	40-80 %	
Absolute Neutrophils	3691.8	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	66.7	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	167000	150000-400000 /cmm	Elect. Impedance
MPV	11.6	6-11 fl	Calculated
PDW	21.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	23	2-20 mm at 1 hr.	Sedimentation
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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 G B Road Lab, Thane West

*** End Of Report ***

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	104.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	19.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	102	(ml/min/1.73sqm) 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	Calculated

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

TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.1	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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 G B Road Lab, Thane West

*** End Of Report ***

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Reg. Location	: Thane Kasarvadavali (Main Centre)	Printed	: 23-Mar-2024 / 18:17

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.686	<4.0 ng/ml	CLIA

Kindly note change in platform w.e.f. 24-01-2024

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction,
Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Note : The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be

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comparable due to differences in assay methods and reagent specificity.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***

PROVISIONAL REPORT

CID	: 2408216676	SID	: 177803052485
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Age / Gender	: 54 Years / Male	Collected	: 22-Mar-2024 / 08:21
Dr.	: -	Reported	: 22-Mar-2024 / 11:04
Reg. Location	: Thane Kasarvadavali (Main Centre)	Printed	: 23-Mar-2024 / 18:17

**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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	1-2		
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 G B Road Lab, Thane West
*** End Of Report ***

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
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)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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 G B Road Lab, Thane West

*** End Of Report ***

CID	: 2408216676	SID	: 177803052485
Name	: MR.ASHIM MAJUMDER	Registered	: 22-Mar-2024 / 08:13
Age / Gender	: 54 Years / Male	Collected	: 22-Mar-2024 / 08:21
Dr.	: -	Reported	: 22-Mar-2024 / 11:04
Reg. Location	: Thane Kasarvadavali (Main Centre)	Printed	: 23-Mar-2024 / 18:17

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	194.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	163.2	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	30.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	164.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	131.0	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	33.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.3	0-3.5 Ratio	Calculated

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*** End Of Report ***

CID	: 2408216676	SID	: 177803052485
Name	: MR.ASHIM MAJUMDER	Registered	: 22-Mar-2024 / 08:13
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Reg. Location	: Thane Kasarvadavali (Main Centre)	Printed	: 23-Mar-2024 / 18:17

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.07	0.35-5.5 microu/ml	ECLIA

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
 *** End Of Report ***

PROVISIONAL REPORT

CID	: 2408216676	SID	: 177803052485
Name	: MR.ASHIM MAJUMDER	Registered	: 22-Mar-2024 / 08:13
Age / Gender	: 54 Years / Male	Collected	: 22-Mar-2024 / 08:21
Dr.	: -	Reported	: 22-Mar-2024 / 11:04
Reg. Location	: Thane Kasarvadavali (Main Centre)	Printed	: 23-Mar-2024 / 18:17

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.31	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	19.5	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	25.8	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	22.5	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	140.3	40-130 U/L	PNPP

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***