

PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Batta Manideep	Sex/Age	male / 31yrs
Date	23.03.24	Location	KASARVADAVALI

History and Complaints

H/O Hypothyroidism ↓ R_o

EXAMINATION FINDINGS:

Height	175 cm	Temp (0c):	NO RISE
Weight	78 kg	Skin:	NO RISE
Blood Pressure	130/70	Nails:	NO RISE
Pulse	72/6	Lymph Node:	NO RISE

Systems :

Cardiovascular:	NO RISE
Respiratory:	NO RISE
Genitourinary:	NO RISE
GI System:	NO RISE
CNS:	NO RISE

Impression:

DYSLIPIDEMIA

ADVICE :

TO KEEP LOW FAT DIET & MONITOR LIPID PROFILE & Follow up with physician

CHIEF COMPLAINTS :

1)	Hypertension:	} Nil
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthma	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptom	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	Nil
16)	Surgeries	Sinus operated 10yrs back

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



PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Non-Veg
4)	Medication	Tab. Thyrox 75mcg

Date :

CID :

Name : Mr. Batta Mamideep

Sex/Age :

EYE CHECK UP

Chief Complaints : Nil

Systemic Diseases : Nil

Past History : Nil

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

Aided Vision : -

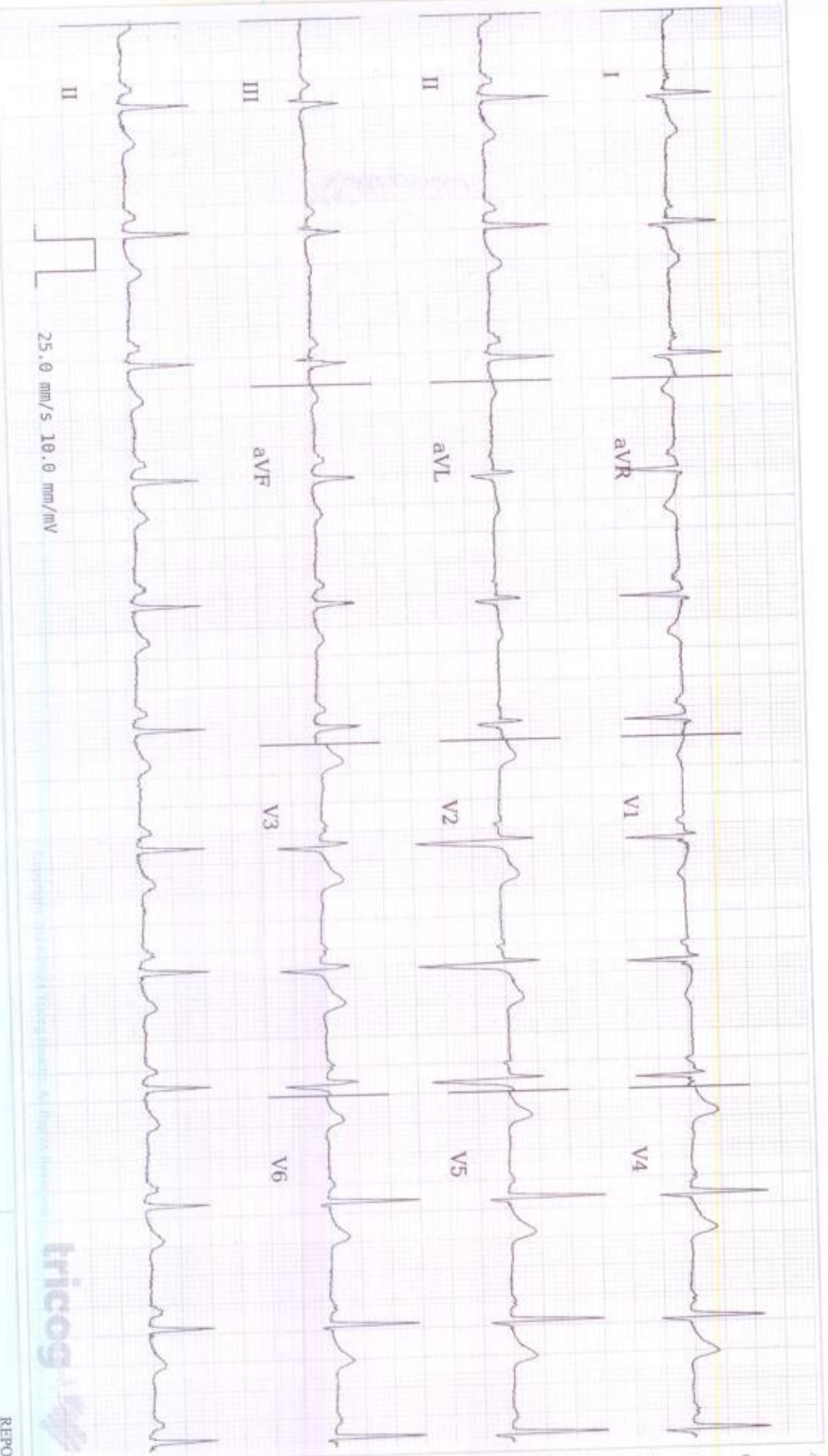
Refraction : -

Colour Vision : Normal

Remarks :

Patient Name: **BATTA MANIDEEP**
Patient ID: **2408320891**

SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALI
Date and Time: **23rd Mar 24 1:13 PM**



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



REPORTED BY

Aravind

Dr. Aravind N. Motwani
M.D. (General Medicine)
Reg. No. 39329 M.S.C.

Age	31	NA
years	months	
Gender	Male	
Heart Rate	74	bbp
Patient Vitals		
BP:	NA	
Weight:	NA	
Height:	NA	
Pulse:	NA	
SpO2:	NA	
Resp:	NA	
Others:		
Measurements		
QRSD:	82ms	
QT:	366ms	
QTcB:	406ms	
PR:	132ms	
P-R-T:	69° 57° 4	

Disclaimer: (1) Any report (either signed or sealed or ECG alone and signed) be given as an advisory to clinical history, symptoms, and results of other routine and non-routine tests and should be interpreted by a qualified professional. (2) Patient vital signs are not detected from the ECG.

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details **Date:** 23-Mar-24 **Time:** 1:30:33 PM
Name: MR. BATA MANIDEEP ID: 2408320891
Age: 31 y **Sex:** M **Height:** 78 cms **Weight:** 175 Kgs
Clinical History: H/O HYPOTHYROIDISM AND INSOMNIA

Medications: FOR HYPOTHYROIDISM AND INSOMNIA

Test Details

Protocol: Bruce **Pr.MHR:** 189 bpm **THR:** 160 (85 % of Pr.MHR) bpm
Total Exec. Time: 8 m 28 s **Max. HR:** 165 (87% of Pr.MHR) bpm **Max. Mets:** 10.20
Max. BP: 190 / 90 mmHg **Max. BP x HR:** 31350 mmHg/min **Min. BP x HR:** 5040 mmHg/min
Test Termination Criteria: THR ACHIEVED

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 : 51	1.0	0	0	72	130 / 70	-0.42 III	2.12 V2
Standing	0 : 12	1.0	0	0	75	130 / 70	-0.42 III	1.77 V2
Hyperventilation	0 : 16	1.0	0	0	83	130 / 70	-0.42 III	1.77 V2
1	3 : 0	4.6	1.7	10	113	140 / 84	-0.64 III	2.12 V2
2	3 : 0	7.0	2.5	12	140	160 / 86	-0.85 III	2.83 V2
Peak Ex	2 : 28	10.2	3.4	14	165	190 / 90	-1.27 III	3.89 V2
Recovery(1)	1 : 0	1.8	1	0	134	190 / 90	-1.06 III	5.31 V2
Recovery(2)	1 : 0	1.0	0	0	100	190 / 90	-1.06 III	4.60 V2
Recovery(3)	1 : 0	1.0	0	0	110	170 / 90	-0.85 III	2.48 V2
Recovery(4)	0 : 17	1.0	0	0	105	160 / 90	-0.64 III	2.12 V4

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL HEART RATE AND BP RESPONSE
 NO ARRHYTHMIAS NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

IMPRESSION

STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISCHAEMIA

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

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



Ref. Doctor: CORPORATE
 (Summary Report edited by user)

Doctor: Dr. Anand Motwani
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. BATTI MANIDEEP (31 M)

ID: 2408320891

Date: 23-Mar-24

Exec Time : 0 m 0 s

Stage Time : 0 m 45 s

HR: 75 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 160 bpm)

B.P.: 130/70

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

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

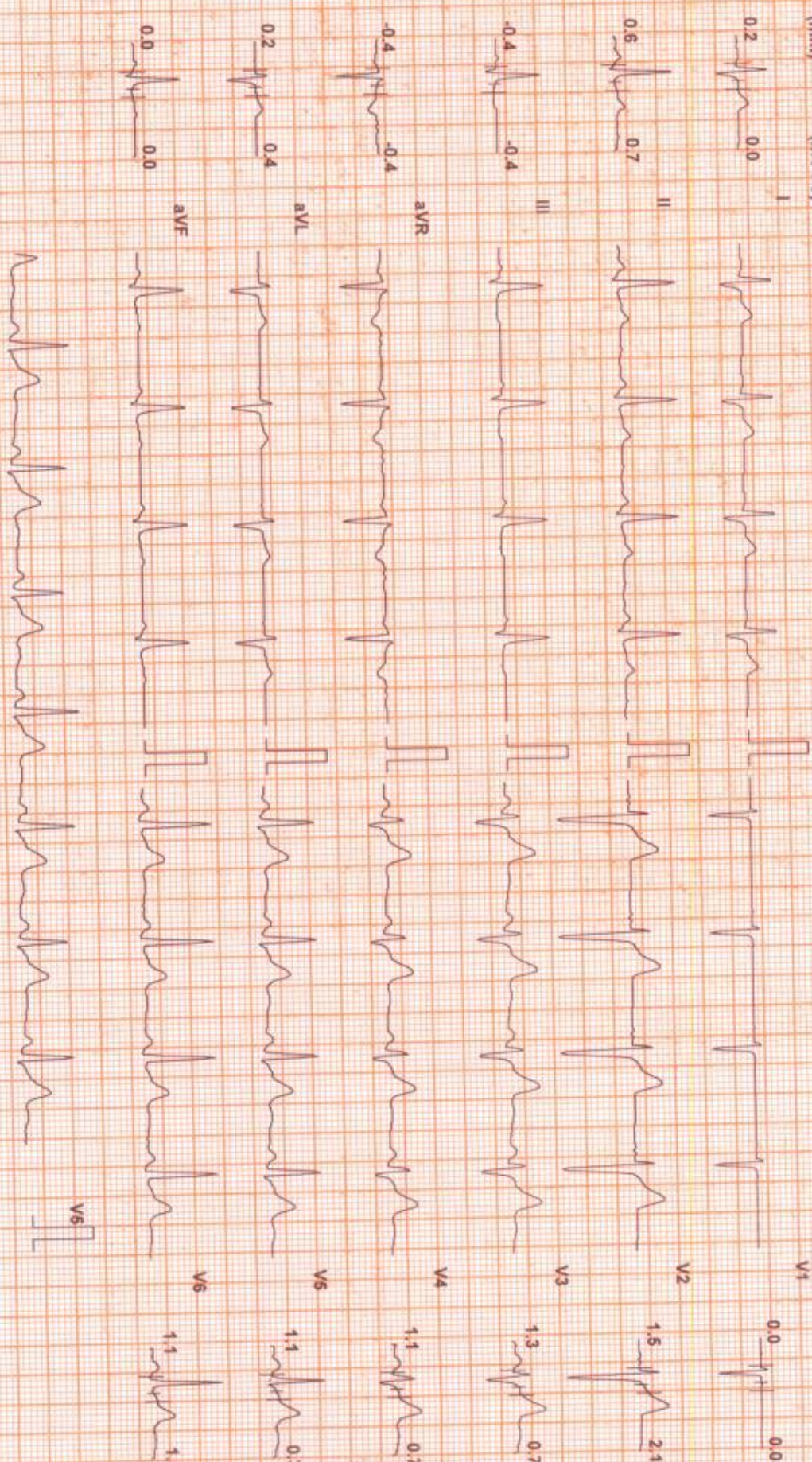


Chart Speed: 25 mm/sec
Schiller Spandon V4.7

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = V + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. BATTAMANIDEEP (31 M)

ID: 2408320891

Date: 23-Mar-24

Exec Time: 0 m 0 s

Stage Time: 0 m 6 s

HR: 79 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 160 bpm)

B.P.: 130 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

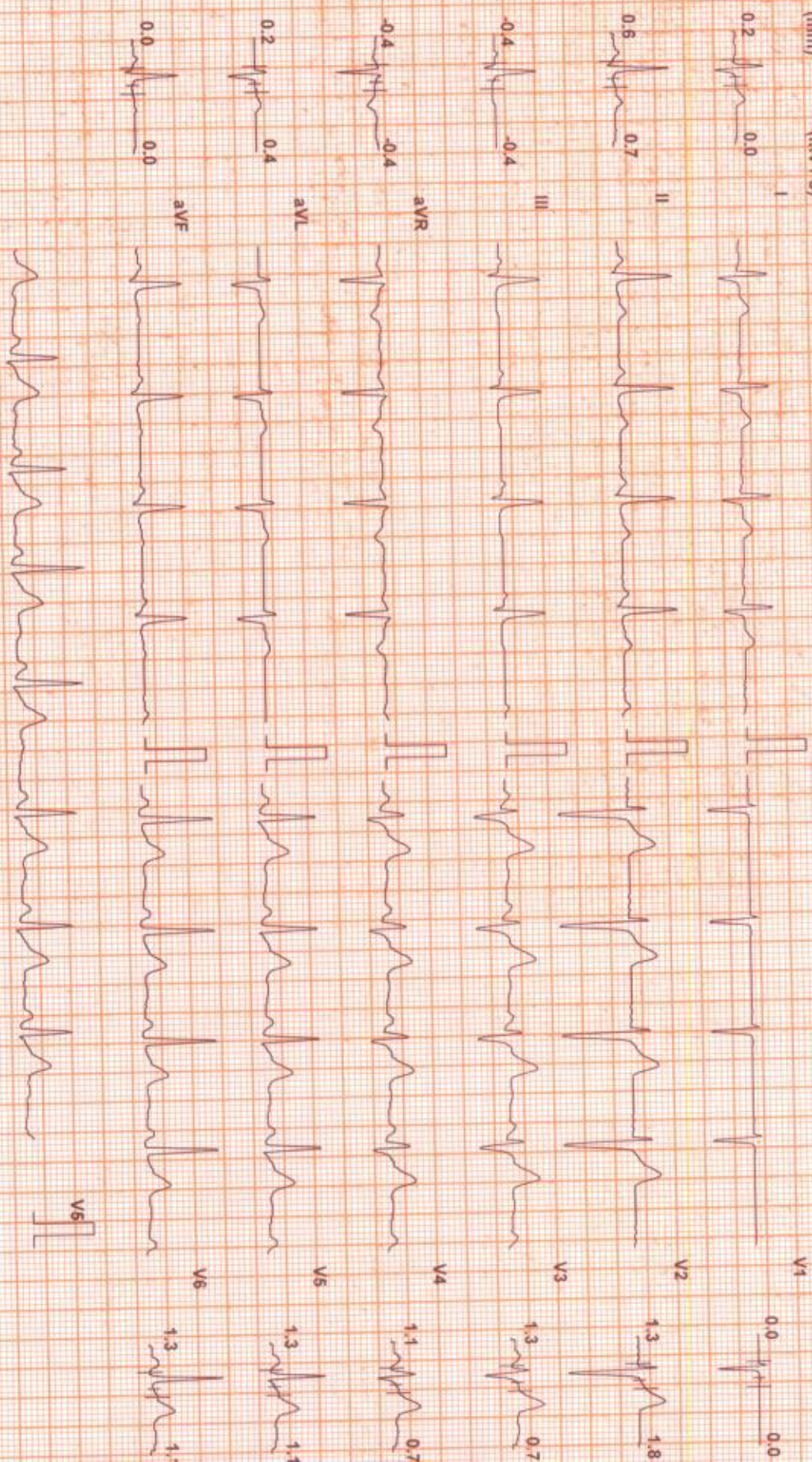


Chart Speed: 25 mm/sec
Schiller Spandin V 4.7

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. BATTAMANIDEEP (31 M)

ID: 2408320891

Date: 23-Mar-24

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 73 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P. 130/70

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

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

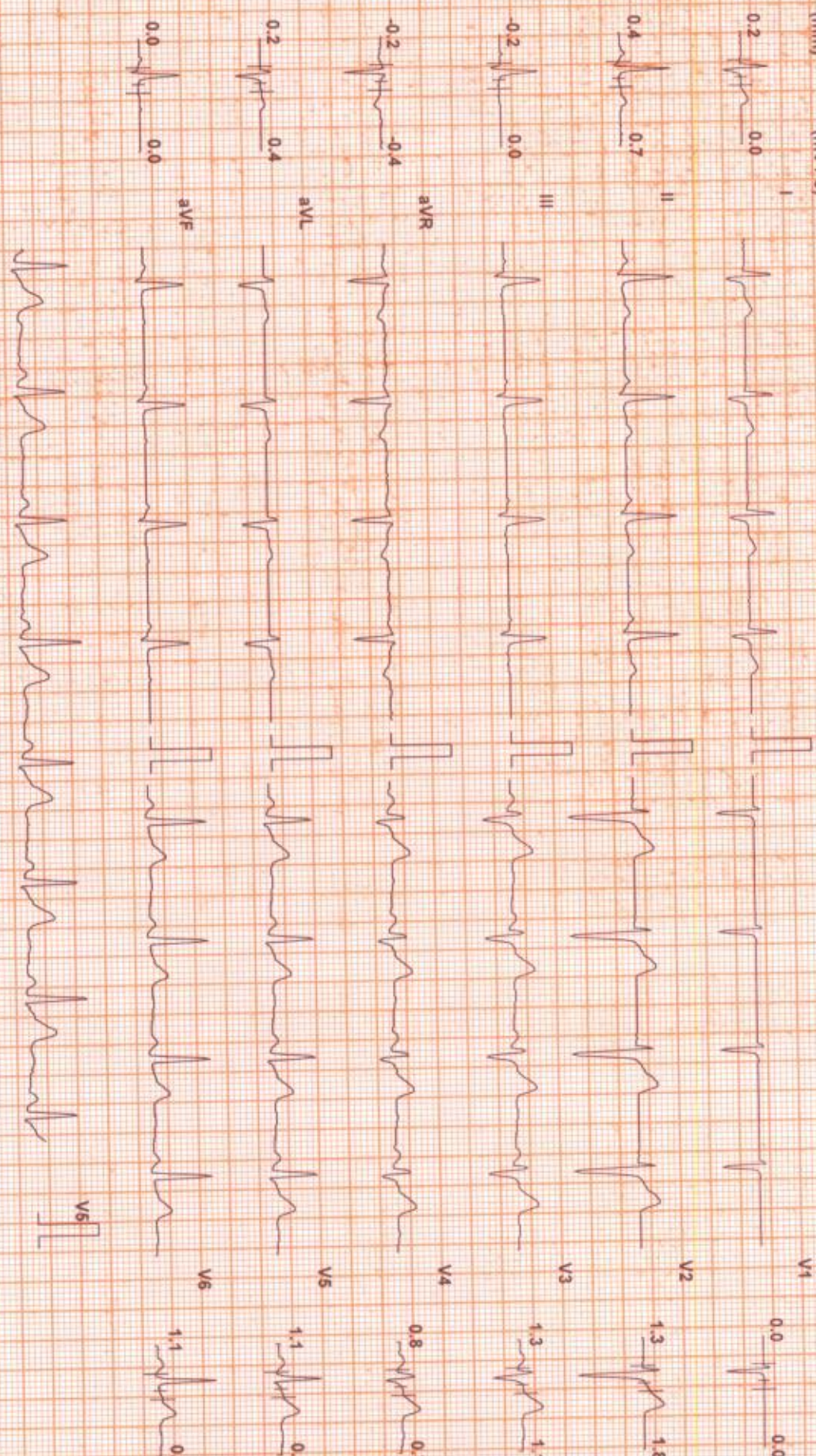


Chart Speed: 25 mm/sec
Schiller Standard V4.2

Filter: 35 Hz

Mains Filter: ON

Amp: 10 mm

50 = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. BATTIA MANIDEEP (31 M)

ID: 2408320891

Date: 23-Mar-24

Exec Time: 2 m 54 s

Stage Time: 2 m 54 s

HR: 111 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 160 bpm)

B.P.: 140 / 84

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

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

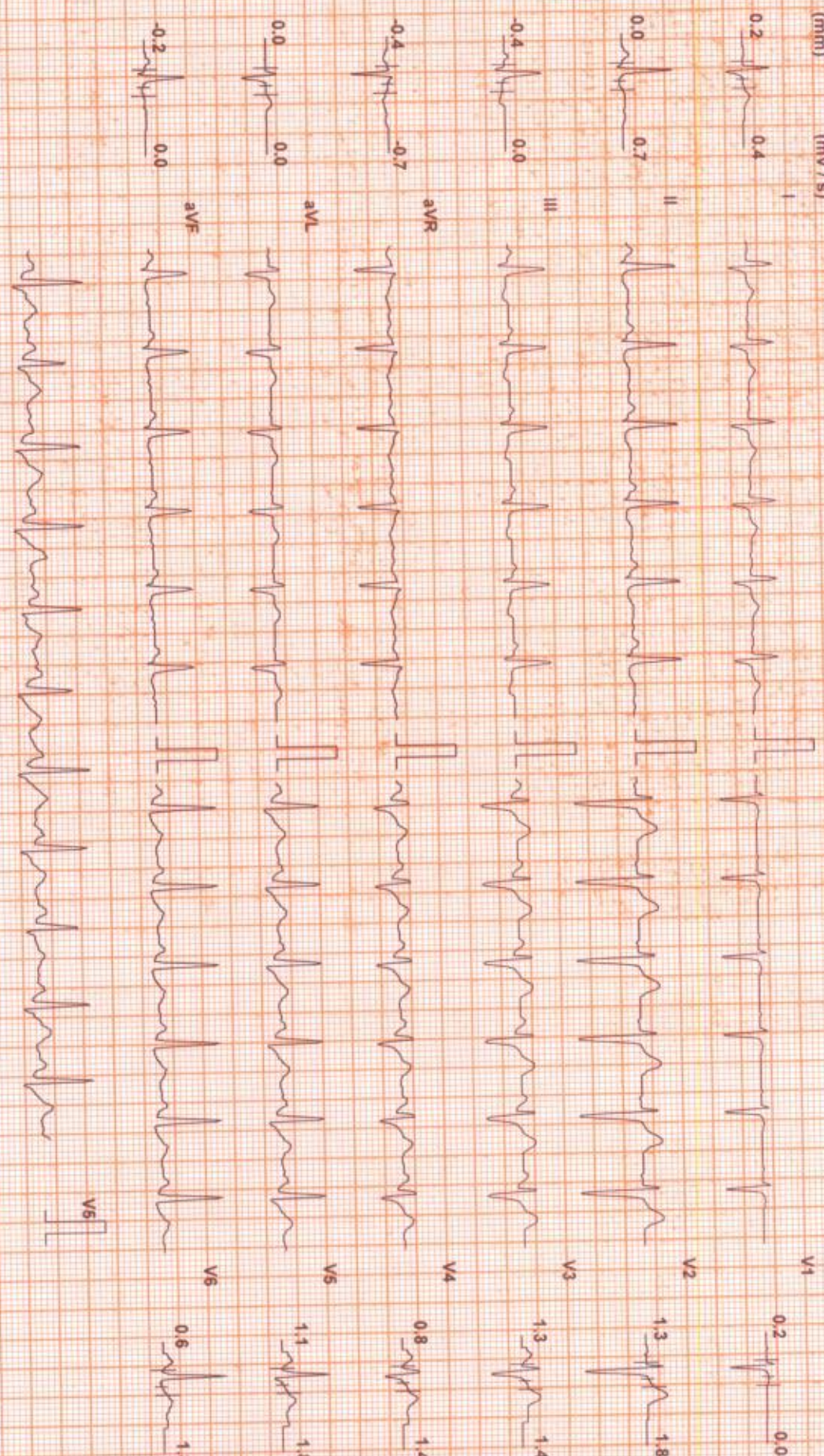


Chart Speed: 25 mm/sec
Schlitz Spander: V4.7

Filter: 35 Hz

Mains Filter ON

Amp: 10 mm

100 = R - 60 ms

J = R * 60 ms

Post J = J * 60 ms

Linked Median



MR. BATTI MANIDEEP (31 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

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

ID: 2408320891 Date: 23-Mar-24 Exec Time: 5 m 54 s Stage Time: 2 m 54 s HR: 142 bpm
Stage: 2 Speed: 2.5 mph Grade: 12% (THR: 160 bpm) B.P.: 160/86

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

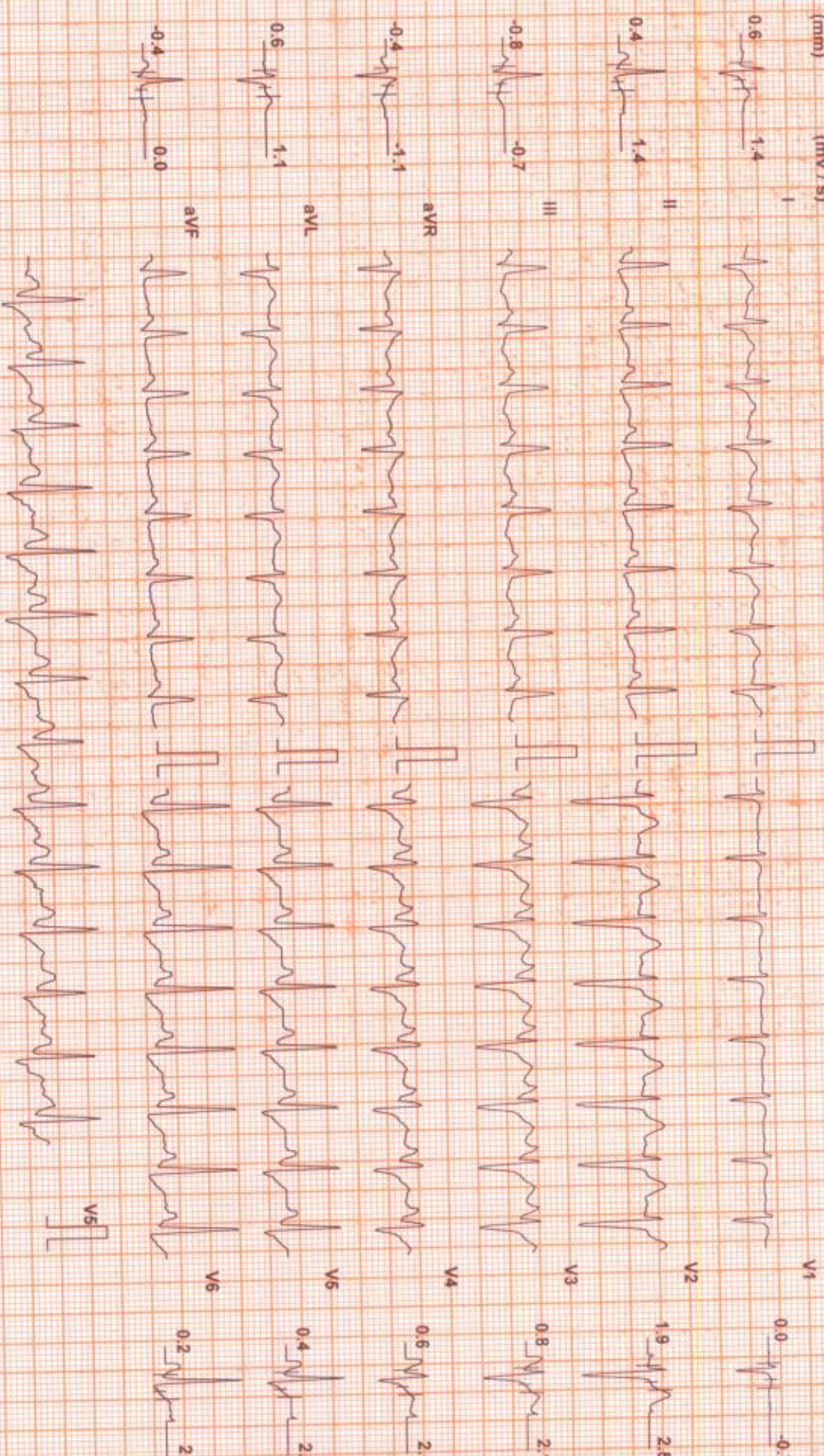


Chart Speed: 25 mm/sec
Schiller Speland V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

160 = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. BATTAMANIDEEP (31 M)

ID: 2408320891

Date: 23-Mar-24

Exec Time: 8 m 22 s

Stage Time: 2 m 22 s

HR: 165 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 160 bpm)

B.P: 190 / 90

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

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

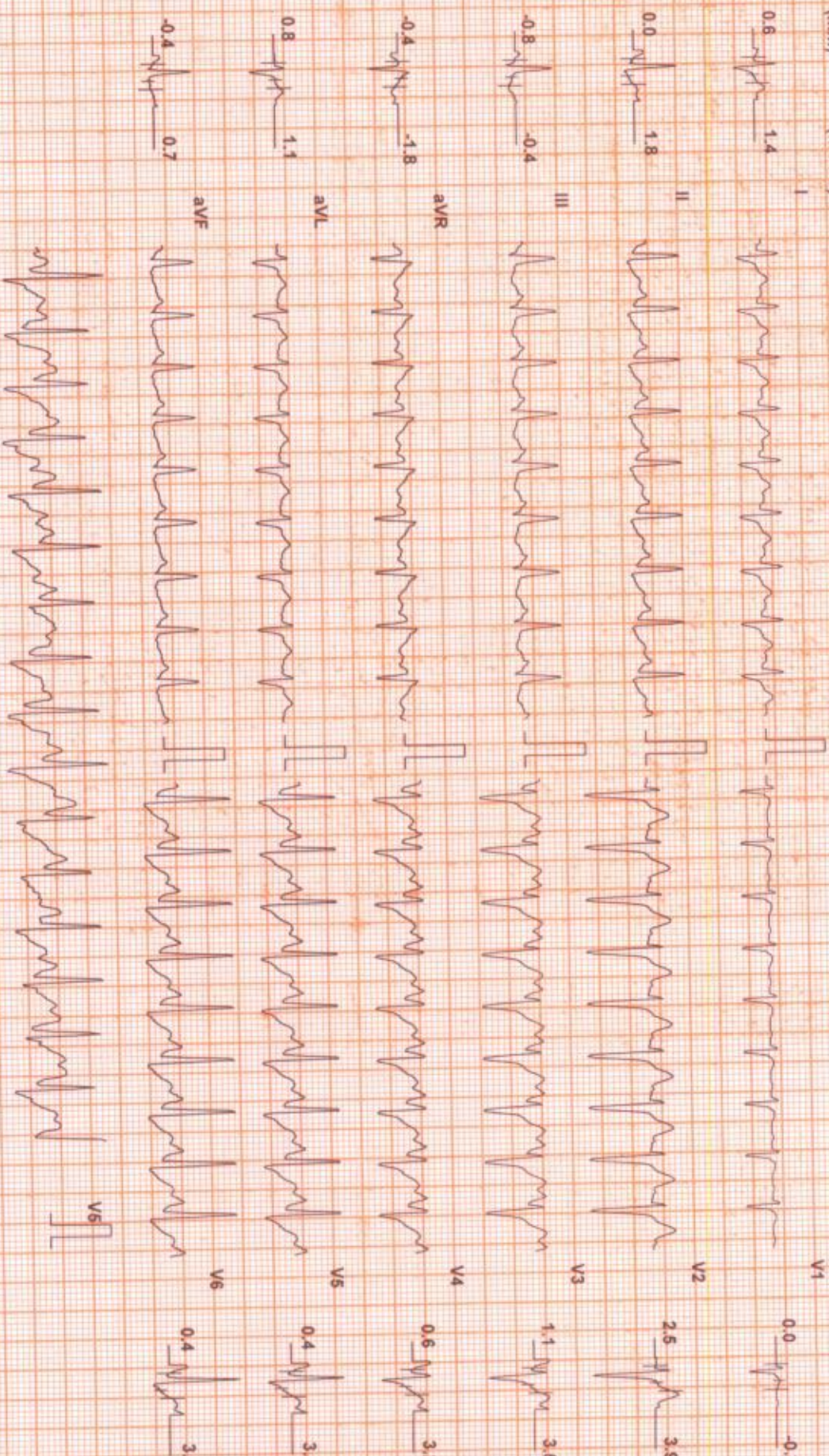


Chart Speed: 25 mm/sec
Scholer Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. BATTIA MANIDEEP (31 M)

ID: 2408320891 Date: 23-Mar-24 Exec Time: 8 m 28 s Stage Time: 0 m 54 s HR: 123 bpm

Protocol: Bruce

Stage: Recovery(1) Speed: 1 mph Grade: 0% (THR: 160 bpm) B.P: 190 / 90

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

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

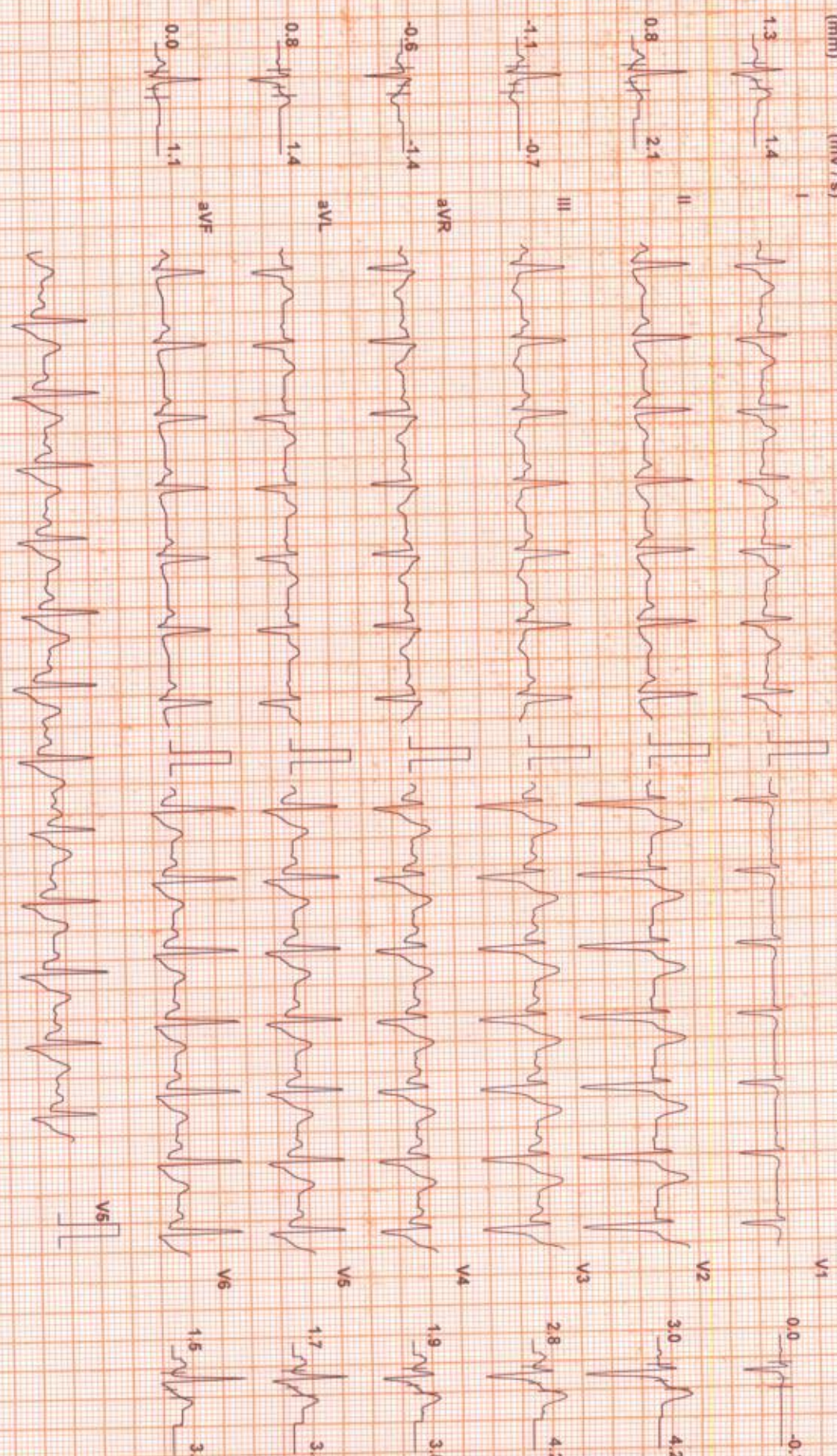


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Main Filter ON

Amp: 10 mm

ISO ± R - 60 ms

J = R ± 60 ms

Post J = V ± 60 ms

Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR BATTAMANIDEEP (31 M)

ID: 2408320891

Date: 23-Mar-24

Exec Time : 8 m 28 s

Stage Time : 0 m 54 s

HR: 104 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 160 bpm)

B.P: 190 / 90

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

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

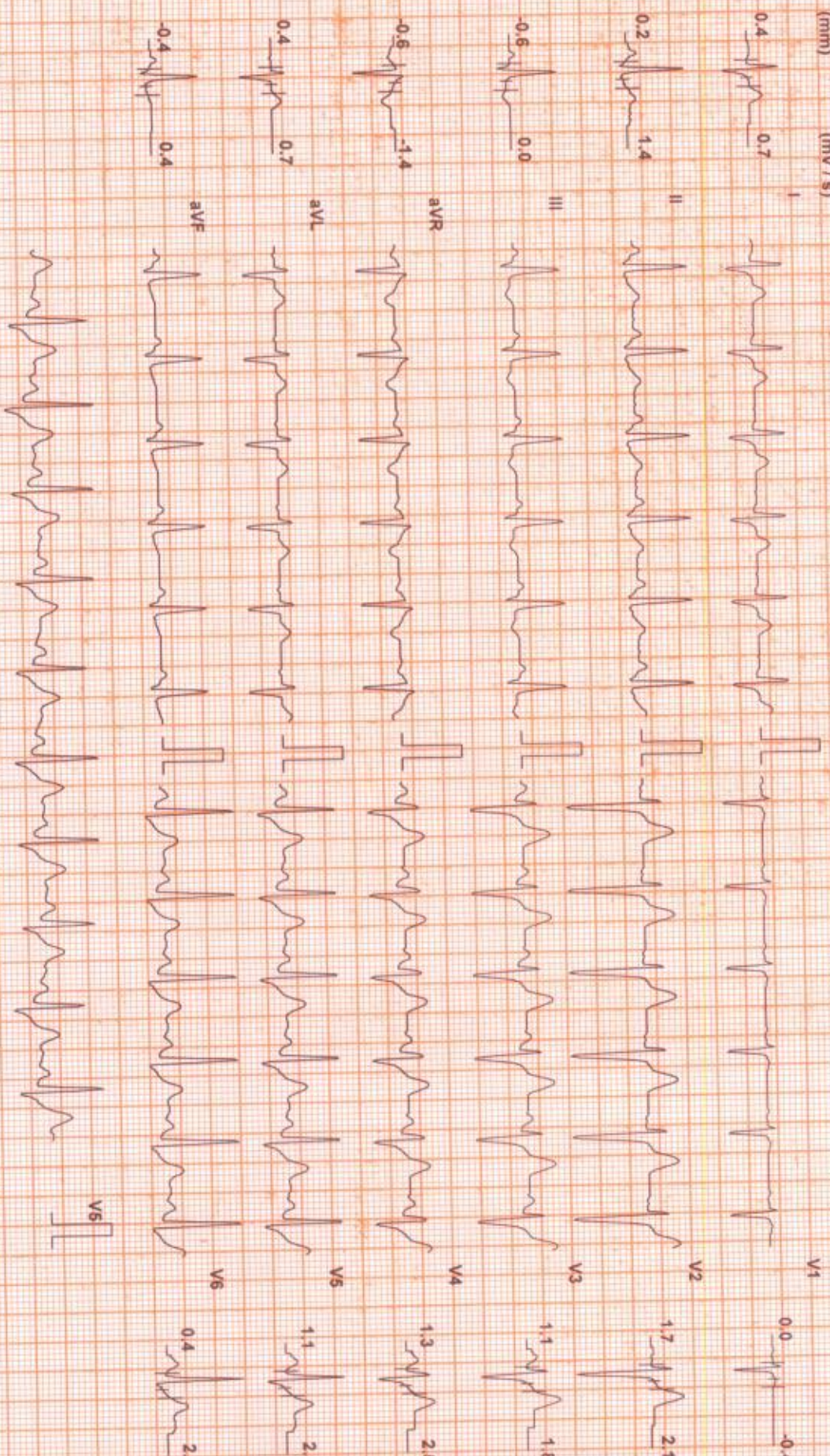


Chart Speed: 25 mm/sec
Schluter Spander V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R = 80 ms

Post J = V = 60 ms

Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. BATTAMANIDEEP (31 M)

ID: 2408320891

Date: 23-Mar-24

Exec Time: 8 m 28 s

Stage Time: 0 m 54 s

HR: 107 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 170 / 90

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

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

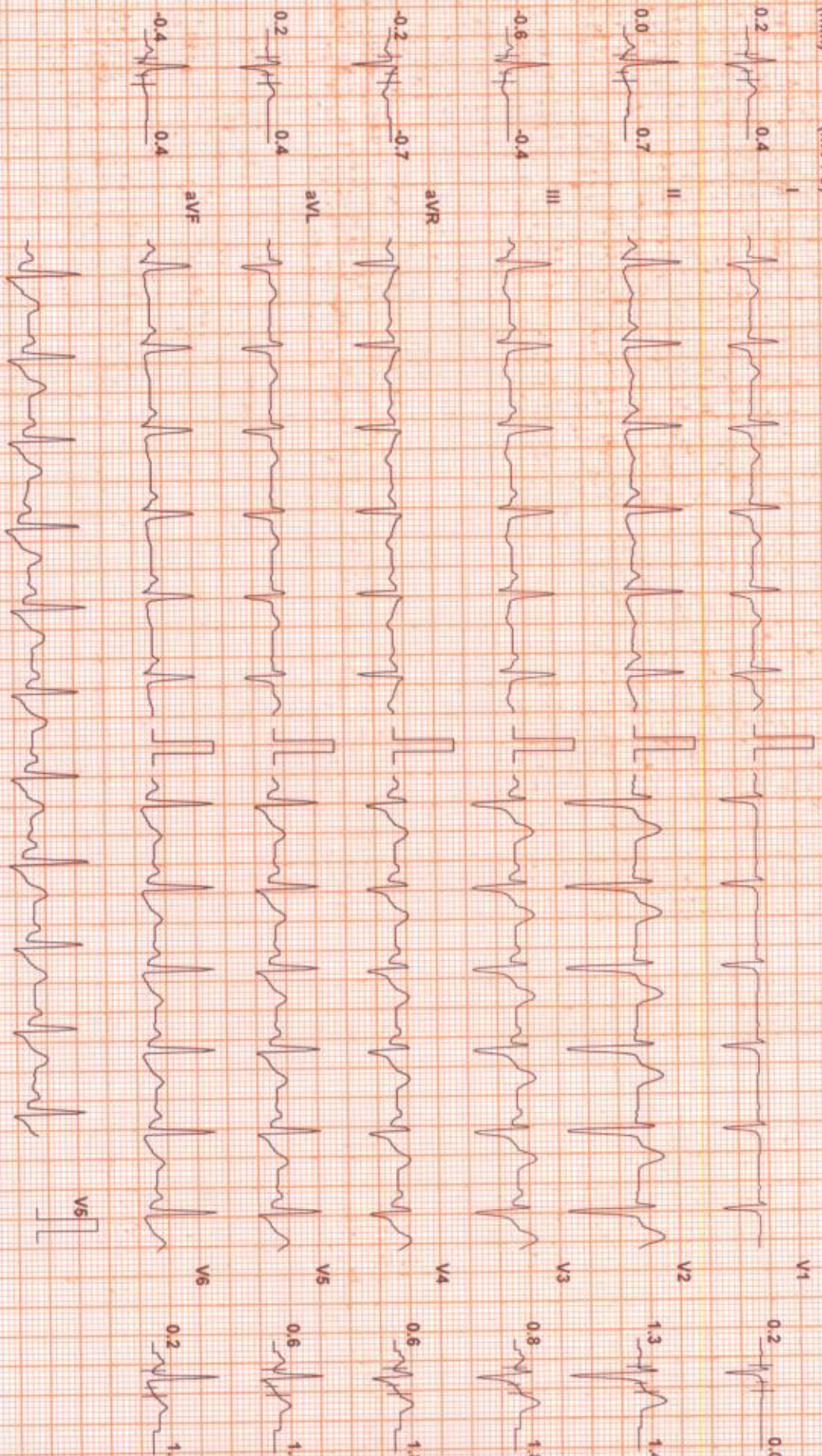


Chart Speed: 25 mm/sec

Filter: 35-Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R, 60 ms

J = R, 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spacelab V4.7



MR. BATTI MANIDEEP (31 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

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

ID: 2408320891 Date: 23-Mar-24 Exec Time : 8 m 28 s Stage Time : 0 m 54 s HR: 107 bpm
Stage: Recovery(4) Speed: 0 mph Grade: 0 % (THR: 160 bpm) B.P: 170 / 90

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

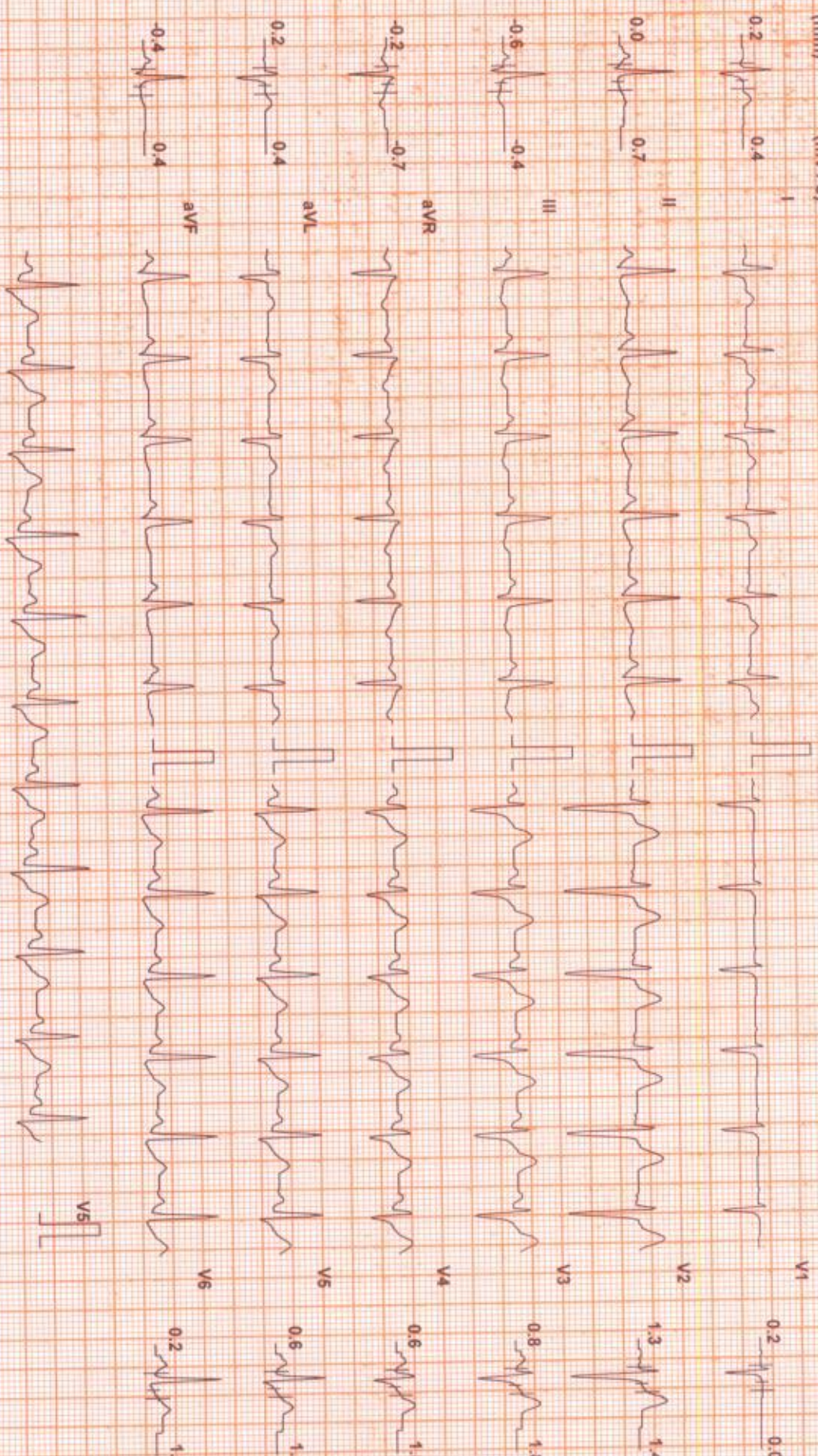


Chart Speed: 25 mm/sec
Schuler-Späender V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median

CID : 2408320891
Name : Mr Batta Manideep
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024 / 15:47

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.

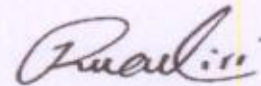
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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



Dr. JITENDRA GIRI
DMRD, FELLOWSHIP IN USG &
COLOUR DOPPLER (MUHS)
Reg No - 2011/06/2160
CONSULTANT RADIOLOGIST

Click here to view images <<ImageLink>>

Page no 1 of 1



CID : 2408320891
Name : MR.BATTA MANIDEEP
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 08:50
Reported : 23-Mar-2024 / 13:06

Use a QR Code Scanner
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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	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.05	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.4	40-50 %	Measured
MCV	84.0	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7070	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	40.0	20-40 %	
Absolute Lymphocytes	2828.0	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	572.7	200-1000 /cmm	Calculated
Neutrophils	48.9	40-80 %	
Absolute Neutrophils	3457.2	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	
Absolute Eosinophils	205.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	246000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Calculated
PDW	11.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner
Application To Scan the Code

CID : 2408320891
Name : MR.BATTA MANIDEEP
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 08:50
Reported : 23-Mar-2024 / 12:52

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 6 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
- Brigiden 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 ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2408320891
Name : MR.BATTA MANIDEEP
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 23-Mar-2024 / 08:50
Reported : 23-Mar-2024 / 15:43

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	87.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	20.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	32.7	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	23.2	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	72.1	40-130 U/L	PNPP
BLOOD UREA, Serum	10.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	4.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.67-1.17 mg/dl	Enzymatic



Use a QR Code Scanner
Application To Scan the Code

CID : 2408320891
Name : MR.BATTA MANIDEEP
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 11:55
Reported : 23-Mar-2024 / 17:34

eGFR, Serum	123	(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	5.3	3.5-7.2 mg/dl	Uricase
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 G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2408320891
Name : MR. BATT A MANIDEEP
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 08:50
Reported : 23-Mar-2024 / 17:14

Use a QR Code Scanner
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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.

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

*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



CID : 2408320891
Name : MR.BATTA MANIDEEP
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 23-Mar-2024 / 08:50
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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)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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 ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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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 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 ***

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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	219.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	131.9	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	37.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	181.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	156.0	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	25.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.1	0-3.5 Ratio	Calculated

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

J. Mujawar

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M.D (Path)
Pathologist



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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	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.02	0.35-5.5 microIU/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 trasiently altered becuae 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 G B Road Lab, Thane West

*** End Of Report ***

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