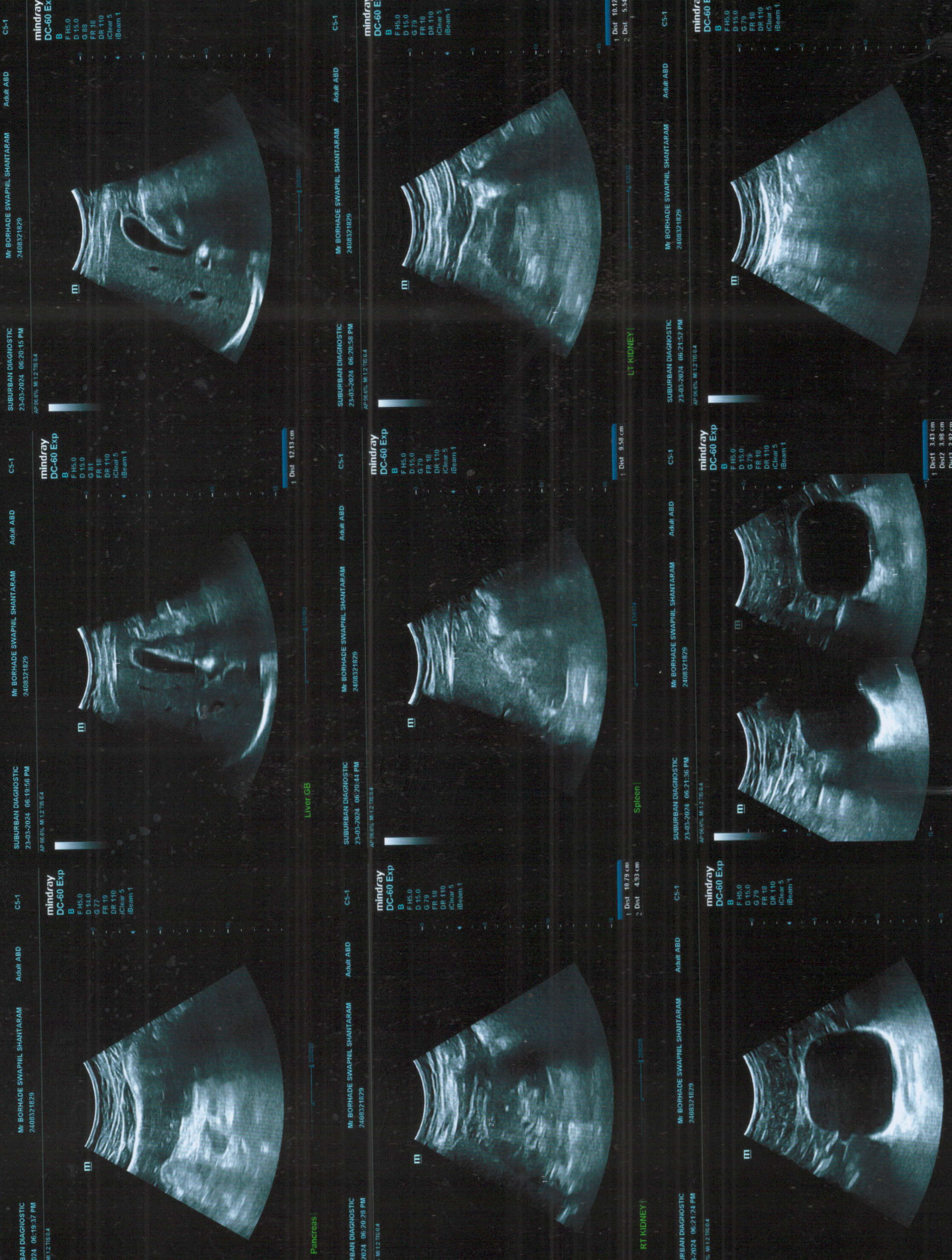


SUBURBAN DIAGNOSTIC CENTRE

23 Mar 2024 Study : ABD

Mr BORHADE SWAPNIL SHANTARAM 030Y / M



Suburban Diagnostic 23-03-2024 06:20:15 PM 2408321829 Mr. Borhade Swapnil Shantaram 2408321829 C5-1 Adult ABD

mindray DC-60 Exp B F H5.0 D 15.0 G 7.9 FR 10 DR 110 iClear 5 iBeam 1

1 Dist 12.13 cm

Suburban Diagnostic 23-03-2024 06:19:56 PM 2408321829 Mr. Borhade Swapnil Shantaram 2408321829 C5-1 Adult ABD

mindray DC-60 Exp B F H5.0 D 15.0 G 7.9 FR 10 DR 110 iClear 5 iBeam 1

1 Dist 9.88 cm

Suburban Diagnostic 23-03-2024 06:20:41 PM 2408321829 Mr. Borhade Swapnil Shantaram 2408321829 C5-1 Adult ABD

mindray DC-60 Exp B F H5.0 D 15.0 G 7.9 FR 10 DR 110 iClear 5 iBeam 1

1 Dist 40.75 cm
2 Dist 4.33 cm

Suburban Diagnostic 23-03-2024 06:21:24 PM 2408321829 Mr. Borhade Swapnil Shantaram 2408321829 C5-1 Adult ABD

mindray DC-60 Exp B F H5.0 D 15.0 G 7.9 FR 10 DR 110 iClear 5 iBeam 1

1 Dist 10.12 cm
2 Dist 3.54 cm

Suburban Diagnostic 23-03-2024 06:21:52 PM 2408321829 Mr. Borhade Swapnil Shantaram 2408321829 C5-1 Adult ABD

mindray DC-60 Exp B F H5.0 D 15.0 G 7.9 FR 10 DR 110 iClear 5 iBeam 1

1 Dist 3.45 cm
2 Dist 3.48 cm
3 Dist 2.37 cm
4 Dist 2.37 cm
5 Dist 2.37 cm
6 Dist 2.37 cm
7 Dist 2.37 cm
8 Dist 2.37 cm
9 Dist 2.37 cm
10 Dist 2.37 cm
11 Dist 2.37 cm
12 Dist 2.37 cm

Suburban Diagnostic 23-03-2024 06:22:08 PM 2408321829 Mr. Borhade Swapnil Shantaram 2408321829 C5-1 Adult ABD

mindray DC-60 Exp B F H5.0 D 15.0 G 7.9 FR 10 DR 110 iClear 5 iBeam 1

1 Dist 10.12 cm
2 Dist 3.54 cm

Suburban Diagnostic 23-03-2024 06:22:54 PM 2408321829 Mr. Borhade Swapnil Shantaram 2408321829 C5-1 Adult ABD

mindray DC-60 Exp B F H5.0 D 15.0 G 7.9 FR 10 DR 110 iClear 5 iBeam 1

1 Dist 10.12 cm
2 Dist 3.54 cm

Suburban Diagnostic 23-03-2024 06:23:40 PM 2408321829 Mr. Borhade Swapnil Shantaram 2408321829 C5-1 Adult ABD

mindray DC-60 Exp B F H5.0 D 15.0 G 7.9 FR 10 DR 110 iClear 5 iBeam 1

1 Dist 10.12 cm
2 Dist 3.54 cm

Suburban Diagnostic 23-03-2024 06:24:26 PM 2408321829 Mr. Borhade Swapnil Shantaram 2408321829 C5-1 Adult ABD

mindray DC-60 Exp B F H5.0 D 15.0 G 7.9 FR 10 DR 110 iClear 5 iBeam 1

1 Dist 10.12 cm
2 Dist 3.54 cm

Swapnil Borhade
 age - 20 yrs / M
 23/3/2024

PHY2.

History and Complaints:

EXAMINATION FINDINGS:

Height (cms):

175
N

Weight (kg):

85

BMI

Temp (0c): Afebrile

Blood Pressure (mm/hg):

120/76
72

Skin: Normal

Nails: Healthy

Lymph Node: Not Palpable

Pulse:

Systems

Cardiovascular: S1, S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

IMPRESSION:

fit

N

ADVICE:

CHIEF COMPLAINTS:

- 1) Hypertension:
- 2) IHD:
- 3) Arrhythmia:
- 4) Diabetes Mellitus :
- 5) Tuberculosis :
- 6) Asthama:
- 7) Pulmonary Disease :

8)	Thyroid/ Endocrine disorders :	
9)	Nervous disorders :	
10)	GI system :	
11)	Genital urinary disorder :	
12)	Rheumatic joint diseases or symptoms :	
13)	Blood disease or disorder :	
14)	Cancer/lump growth/cyst :	
15)	Congenital disease :	
16)	Surgeries :	

PERSONAL HISTORY:

1)	Alcohol		
2)	Smoking		Nil
3)	Diet		mix
4)	Medication		Nil

Dr. H.P. Dixit
 M.B.B.S., M.D.(Medicine)
 Reg No: 44768

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG |
Stress Test/TMT | 2D Echo | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

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Date:- 23/3/24
Name:- Swapnil Borhade
Sex / Age: 30 / m
CID:

EYE CHECK UP

Chief complaints:
Systemic Diseases: | RA
Past history:
Unaided Vision: N6 6/12
Aided Vision: N6 6/12
Refraction: Spectacles ⊕

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	—	—	—	—	—
Near	—	—	—	—	—	—	—	—

Colour Vision: Normal / Abnormal
Remark: Spectacles

Dr. H.P. Dixit
M.B.B.S., M.D.(Medicine)
Reg No: 44768



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CID : 2408321829
Name : MR.BORHADE SWAPNIL SHANTARAM
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 10:19
Reported : 23-Mar-2024 / 14:02

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	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.76	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.8	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.6	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	12.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6830	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	23.1	20-40 %	
Absolute Lymphocytes	1577.7	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	525.9	200-1000 /cmm	Calculated
Neutrophils	60.5	40-80 %	
Absolute Neutrophils	4132.1	2000-7000 /cmm	Calculated
Eosinophils	7.7	1-6 %	
Absolute Eosinophils	525.9	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	68.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	294000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	14.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		

Authenticity Check



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Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 10:19
Reported : 23-Mar-2024 / 15:16

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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
- 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 Pune Baner Balewadi Lab

*** End Of Report ***

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



Authenticity Check



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CID : 2408321829
Name : MR.BORHADE SWAPNIL SHANTARAM
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 10:19
Reported : 23-Mar-2024 / 16:37

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	75.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	22.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	75.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	25.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.9	6-20 mg/dl	Calculated
CREATININE, Serum	1.15	0.67-1.17 mg/dl	Enzymatic



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CID : 2408321829
Name : MR.BORHADE SWAPNIL SHANTARAM
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 15:08
Reported : 23-Mar-2024 / 16:55

eGFR, Serum	88	(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	8.5	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 Pune Baner Balewadi Lab
*** End Of Report ***

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



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CID : 2408321829
Name : MR.BORHADE SWAPNIL SHANTARAM
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 10:19
Reported : 23-Mar-2024 / 13:40

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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:


Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***


Dr.KARAN MAURYA
D.N.B (Path)
Pathologist




CID : 2408321829
Name : MR.BORHADE SWAPNIL SHANTARAM
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 11:57
Reported : 23-Mar-2024 / 17:15

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid.	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
<u>MICROSCOPIC EXAMINATION</u>			
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	Occasional	Absent	-
WBC/hpf	3-4	Absent	-
Yeast Cells	Occasional	Absent	-
Undigested Particles	Absent	-	-
Concentration Method (for ova)	No ova detected	Absent	-

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***


Dr.ROBIN ALEXANDER
M.D. (PATH)



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CID : 2408321829
Name : MR.BORHADE SWAPNIL SHANTARAM
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 10:19
Reported : 23-Mar-2024 / 16:50

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)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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	4-5	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab

*** End Of Report ***

Dr.ROBIN ALEXANDER
M.D. (PATH)



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CID : 2408321829
Name : MR.BORHADE SWAPNIL SHANTARAM
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 10:19
Reported : 23-Mar-2024 / 14:34

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

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

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

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 Pune Lab, Pune Swargate
*** End Of Report ***



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



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CID : 2408321829
Name : MR.BORHADE SWAPNIL SHANTARAM
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 10:19
Reported : 23-Mar-2024 / 16:37

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	169.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	94.1	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	28.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	141.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	19.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.3	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***

Dr.ROBIN ALEXANDER
M.D. (PATH)

Authenticity Check



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CID : 2408321829
Name : MR.BORHADE SWAPNIL SHANTARAM
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 10:19
Reported : 23-Mar-2024 / 14:16

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	4.5	3.10-6.80 pmol/L	ECLIA
Note: Kindly note change in reference range and method w.e.f 12-07-2023			
Free T4, Serum	17.8	12-22 pmol/L	ECLIA
Note: Kindly note change in reference range and method w.e.f 12-07-2023			
sensitiveTSH, Serum	2.23	0.270-4.20 mIU/ml	ECLIA

Note: Kindly note change in reference range and method w.e.f 12-07-2023 TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Mar-2024 / 10:19
Reported : 23-Mar-2024 / 14:16

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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)

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



MC-2463

Signature

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

CID : 2408321829
Name : Mr BORHADE SWAPNIL
SHANTARAM
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024 / 18:16

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 and CBD 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 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 10.7x 4.9 cm. Left kidney measures 10.1x 5.5 cm.

SPLEEN:

The spleen is normal in size 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 reveals no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and volume is 20 cc.

IMPRESSION:

No significant abnormality is seen.

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



Dr Prajakta Sorte (Radiologist).
Degree - M.B.B.S DMRE
Registration no - 2005/12/4132

Click here to view images <<ImageLink>>

SUDUKDAN DIAGNOSTICS - TUMBLE SAUDAGAK, FUNE

Date and Time: 23rd Mar 24 10:12 AM

Patient Name: **BORHADE SWAPNIL SHANTARAM**
Patient ID: **2408321829**



Age **30** NA NA
years months days

Gender **Male**

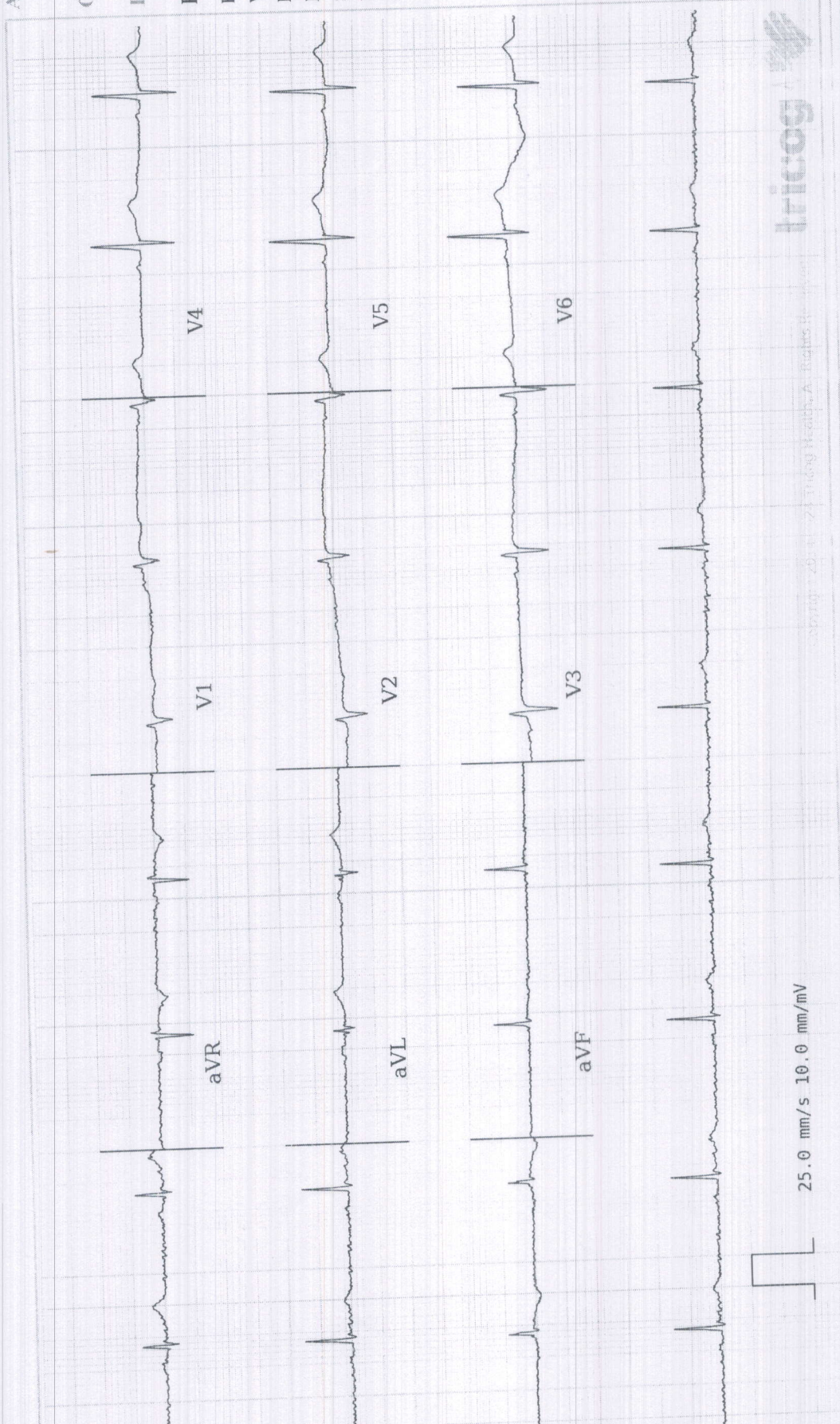
Heart Rate **60bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 85 kg
Height: 175 cm
Pulse: 86 bpm
Spo2: 92 %
Resp: NA
Others:

Measurements

QRSD: 66ms
QT: 364ms
QTcB: 364ms
PR: 146ms
P-R-T: 14° 70° 5°



REPORTED BY

[Signature]

Dr. H. P. DIXIT
M.B.B.S MD(MEDICINE)
44768

Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other diagnostic tests and must be interpreted by a qualified physician. All reports are generated by the computer and not derived from the ECG.

CID : 2408321829
Name : Mr BORHADE SWAPNIL
SHANTARAM
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024 / 18:08

Use a QR Code Scanner
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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-----



Dr Prajakta Sorte (Radiologist).
Degree - M.B.B.S DMRE
Registration no - 2005/12/4132

R

Mr BORHADE SWAPNIL SHANTARAM M 030Y 2408321829 CHEST PA
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR