



Date 29 $03/29$ CID 24089 3699 History and ComplaintsKlclo HfEXAMINATION FINDINGS:Height (cms):173Temp (0c):Weight (kg):108Skin:NorredBlood Pressure130190Nails:NorredBMI36.0	InterformSexAgeIn 34 Date $29 03 29$ CID $24089 + 369 9$ History and ComplaintsImage: SexAgeImage: SexAgeImage: SexAgeK U 0HfEXAMINATION FINDINGS:Height (cms): 173 Temp (0c):NorralWeight (kg): 108 Skin:NorralBlood Pressure 130190 Nails:NorralPulse 78 Lymph Node:NPBMI $36 \cdot 0$ Image: Systems:Systems :Sepiratory:AFB)Senitourinary:NorralSystem:DerdAl Fer			L EXAMINATIO	KEPORT		
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REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388 MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

CHI	EF COMPLAINTS:	
1)	Hypertension:	+ 9 m/y
2)	IHD	No
3)	Arrhythmia	ap
4)	Diabetes Mellitus	NO
5)	Tuberculosis	NO
6)	Asthama	NO
7)	Pulmonary Disease	MP
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	Hlo Depresen- on HA.
10)	GI system	Noma
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	NQ,
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
5)	Congenital disease	MO
6)	Surgeries	operated her vomace ven.
7)	Musculoskeletal System	NAD

PERSONAL HISTORY:

1)	Aleshal	
•)	Alcohol	Oceanoraly
2)	Smoking	Decaveraby
3)	Diet	My , ,
4)	Medication	Tab Telming. 180 Antidep

SUBURBAN DIAGNOSTIC (I) PVT LTD. FLAT NO.101 ANAND SAGAR CHS ABOVE RAJKAMAL SHOP SECTOR - 17, VASHI. NAVI MUMBAI - 400703 Dr. Alka Patnaik M.B.B.S. C.G.O., Nagpur Reg. No.73367 Dip. Psysextherapy-U.K. Reg. No.0F395 PGDHM

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Systemic	Diseases:	HT7						
Past histo	ry:	net						
Unaided \	/ision:	- 10						
Aided Visio	on: 4	0 0						
Refraction		n gla	u -		(Left Eye	;)		
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	Sph	Cyl	Axis	- 6/6	Sph	Cyl	Axis	-
Distance Near	Sph	Cyl	Axis			Cyl	Axis	Vn -6/o NO

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NAME :- MR.APURVA SHIRKE	AGE :- 34YRS	R
SEX :- MALE	DATE :- 29 /03/2024	т
CID NO :-2408915467		

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2D Echo and Colour doppler report

All cardiac chambers are normal in dimension No obvious resting regional wall motion abnormalities (RWMA) Interatrial and Interventricular septum – Appears Normal Valves – Structurally normal Good biventricular function. IVC is normal. Pericardium is normal. Great vessels - Origin and visualized proximal part are normal. No coarctation of aorta.

Doppler study

Normal flow across all the valves. No pulmonary hypertension. No diastolic dysfunction.

Measurements

Aorta annulus	20 mm
Left Atrium	31 mm
LVID(Systole)	21 mm
LVID(Diastole)	41 mm
IVS(Diastole)	10 mm
PW(Diastole)	9 mm
LV ejection fraction.	55-60%

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Conclusion

Good biventricular function

No RWMA

Valves - Structurally normal

No diastolic dysfunction

No PAH

* END OF THE REPORT *

P¹ Dr. Anirban Dasgupta MBBS DNB Reg. No.2005/02/0920

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Performed by: Dr. Anirban Dasgupta D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

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ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically. Disclaimer 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and physican 2) Parient vitals are as entered by the clinical and not derived from the ECG.	II 25.0 mm/s 10.0 mm/mV	III aVF	II aVL	among many provide managed from the surgery of the surgery of the average of the surgery of the	Patient Name: PHECISE TESTING-HEALTHIER LIVING PAGE TESTING-HEALTHIER LIVING
lease correlate clinical	m/mV	a how was a second and a second a secon		and producer and the province in the second	ame: APURVA SHIRKE): 2408913689
V.		V3	22	LA	
ve tests and must be interpreted by a qualified		Volument volument	V5	V4	Date and Time: 29th Mar 24 12:19 PM
	tricog	Si la			24 12:19 PM
REPORTED BY		Measurements QRSD: 94ms QT: 410ms QTcB: 455ms PR: 166ms P-R-T: 73° 52° 35°	BP: 130/90 mmHg Weight: 108 kg Height: 173 cm Pulse: NA Spo2: NA Resp: NA Others:	ent V	Age 34 NA NA years months day



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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-----

Special

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Dr. Swapnil Nisal MBBS, DMRE MMC Reg. No.2015/06/3297

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CID	: 2408913689
Name	: MR.APURVA SHIRKE
Age / Gender	: 34 Years / Male
Consulting Dr.	: -
Reg. Location	: Vashi (Main Centre)

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:29-Mar-2024 / 10:21 :29-Mar-2024 / 15:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood					
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>		
RBC PARAMETERS					
Haemoglobin	13.7	13.0-17.0 g/dL	Spectrophotometric		
RBC	4.77	4.5-5.5 mil/cmm	Elect. Impedance		
PCV	40.7	40-50 %	Measured		
MCV	85	80-100 fl	Calculated		
MCH	28.7	27-32 pg	Calculated		
MCHC	33.6	31.5-34.5 g/dL	Calculated		
RDW	13.2	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	9830	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS				
Lymphocytes	32.4	20-40 %			
Absolute Lymphocytes	3184.9	1000-3000 /cmm	Calculated		
Monocytes	6.9	2-10 %			
Absolute Monocytes	678.3	200-1000 /cmm	Calculated		
Neutrophils	56.8	40-80 %			
Absolute Neutrophils	5583.4	2000-7000 /cmm	Calculated		
Eosinophils	3.6	1-6 %			
Absolute Eosinophils	353.9	20-500 /cmm	Calculated		
Basophils	0.3	0.1-2 %			
Absolute Basophils	29.5	20-100 /cmm	Calculated		
Immature Leukocytes	-				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	428000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	12.8	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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

Corporate Identity Number (CIN): U85110MH2002PTC136144



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EGISE TESTING - HEALTHER LIVING	P
CID : 2408913689	0
Name : MR.APURVA SHIRKE	R
Age / Gender : 34 Years / Male Use a QR Code Scanner Application To Scan the Code Application To Scan the Code	т
Consulting Dr. : - Collected : 29-Mar-2024 / 10:21	
Reg. Location: Vashi (Main Centre)Reported: 29-Mar-2024 / 14:16	

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
Others WBC MORPHOLOGY	Normocytic,Normochromic
WBC MORPHOLOGY	-
WBC MORPHOLOGY PLATELET MORPHOLOGY	

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a

2-15 mm at 1 hr.

period of time. Interpretation:

ESR, EDTA WB-ESR

Factors that increase ESR: Old age, Pregnancy, Anemia Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

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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 Panvel Lab, Panvel East *** End Of Report ***

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Dr.IMRAN MUJAWAR M.D (Path) Pathologist

Sedimentation

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:2408913689

: -

: MR.APURVA SHIRKE

: Vashi (Main Centre)

: 34 Years / Male

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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AERFO	CAMI HEALTHCARE BE	LOW 40 MALE/FEMALE	
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.48	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	31.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	43.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	72.6	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	96.5	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	23.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.82	0.73-1.18 mg/dl	Enzymatic
Noto: Kindly noto in change in refe	r_{0} r_{0		

Note: Kindly note in change in reference range w.e.f. 07-09-2023

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Corporate Identity Number (CIN): U85110MH2002PTC136144

CID Name Age / Gender	: 2408913689 : MR.APURVA S : 34 Years / Ma			Authenticity Check	R E P O R T
Consulting Dr. Reg. Location	: - : Vashi (Main C	entre)	Collected Reported	:29-Mar-2024 / 10:21 :29-Mar-2024 / 18:20	
eGFR, Serum		117	(ml/min/1.73sqm) Normal or High: Above Mild decrease: 60-89 Mild to moderate decre 59 Moderate to severe de -44 Severe decrease: 15-29 Kidney failure:<15	ease: 45- crease:30	
Note: eGFR estin	nation is calculated	using 2021 CKD-EPI G	FR equation w.e.f 16-08-2023		
URIC ACID, Ser	rum	6.7	3.7-9.2 mg/dl	Uricase/ Peroxidase	
Urine Sugar (Fa	sting)	Absent	Absent		
Urine Ketones (Fasting)	Absent	Absent		
*Sample processe	ed at SUBURBAN DIA		F. LTD Panvel Lab, Panvel East End Of Report ***		

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Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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CID :2408913689 Name : MR.APURVA SHIRKE Age / Gender : 34 Years / Male Consulting Dr. : -Reg. Location : Vashi (Main Centre)



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Non-Diabetic Level: < 5.7 %

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

: 29-Mar-2024 / 10:21 :29-Mar-2024 / 18:55

HPLC

Calculated

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c) BIOLOGICAL REF RANGE** RESULTS METHOD

mg/dl

Glycosylated Hemoglobin 5.7 (HbA1c), EDTA WB - CC

Estimated Average Glucose 116.9 (eAG), EDTA WB - CC

Intended use:

PARAMETER

- 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 ***



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

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CID	:2408913689
Name	: MR.APURVA SHIRKE
Age / Gender	: 34 Years / Male
Consulting Dr.	: -
Reg. Location	: Vashi (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	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	5-6	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 Panvel Lab, Panvel East *** End Of Report ***

Sonia Kher

Dr.SONIA KHER M.D. (PATH) Pathologist

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CID : 2408913689 Name : MR.APURVA SHIRKE Age / Gender : 34 Years / Male Consulting Dr. : -Reg. Location : Vashi (Main Centre) Use a QR Code Scanner Application To Scan the Code R

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

PARAMETER

<u>RESULTS</u>

ABO GROUP AB Rh TYPING Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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

*** End Of Report ***



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

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:2408913689
: MR.APURVA SHIRKE
: 34 Years / Male
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: Vashi (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	214.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	254.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	45.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	169.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	141.0	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	28.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



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

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Name	: MR.APURVA SHIRKE			R
Age / Gender	: 34 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:29-Mar-2024 / 10:21	
Reg. Location	: Vashi (Main Centre)	Reported	:29-Mar-2024 / 18:12	

<u>A</u>		RE BELOW 40 MALE/FEMALE FUNCTION TESTS	_
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.713	0.55-4.78 microIU/ml	CLIA

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CID	: 2408913689			0
Name	: MR.APURVA SHIRKE			R
Age / Gender	: 34 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:29-Mar-2024 / 10:21	
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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 becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non- thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours

following the last biotin administration.

2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.

this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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



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

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Corporate Identity Number (CIN): U85110MH2002PTC136144



: Mr Apurva Shirke

: Vashi Main Centre

: 34 Years/Male

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Reg. Date: 29Reported: 29

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LIVER:

Name

Age / Sex

Reg. Location

Ref. Dr

The liver is normal in size, shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein 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 10.3 x 4.4 cm. Left kidney measures 10.4 x 5.3 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 reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size.It measures 3.4 x 2.2 x 3.6 cm and volume is 14.6 cc.

IMPRESSION:

Grade I fatty infiltration of liver.

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

Dr Shilpa Beri MBBS DMRE Reg No 2002/05/2302 Consultant Radiologist



CID	: 2408913689
Name	: Mr Apurva Shirke
Age / Sex	: 34 Years/Male
Ref. Dr	:
Reg. Location	: Vashi Main Centre

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