SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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REPORT

CID	: 2408913689		
Name	: MR.APURVA SHIRKE		
Age / Gender	: 34 Years / Male		
Consulting Dr.	: -	**Collected**	: 29-Mar-2024 / 10:21
Reg. Location	: Vashi (Main Centre)	**Reported**	: 29-Mar-2024 / 15:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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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Reg. Location	: Vashi (Main Centre)	**Reported**	: 29-Mar-2024 / 14:16

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	8	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 Panvel Lab, Panvel East

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Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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Reg. Location	: Vashi (Main Centre)	**Reported**	: 29-Mar-2024 / 18:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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

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

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eGFR, Serum	117	(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

URIC ACID, Serum	6.7	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 ***

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MC-5460

Dr.ANUPA DIXIT
M.D.(PATH)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
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

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Dr.VRUSHALI SHROFF
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Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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.

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Dr.ANUPA DIXIT
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Consultant Pathologist & Lab Director

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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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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)

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*** End Of Report ***

ilac-MRA MC-5460

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

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Name	: Mr Apurva Shirke		
Age / Sex	: 34 Years/Male		
Ref. Dr	:	**Reg. Date**	: 29-Mar-2024
Reg. Location	: Vashi Main Centre	**Reported**	: 29-Mar-2024/12:01

USG WHOLE ABDOMEN

LIVER:
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 measures3.4 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

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Ref. Dr	:	**Reg. Date**	: 29-Mar-2024
Reg. Location	: Vashi Main Centre	**Reported**	: 29-Mar-2024/12:01

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FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR - 17, VASHI,
NAVI MUMBAI - 400703

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Mr Apurva Shree	Sex/Age	m/34
Date	29/03/24	CID	240891369 9

History and Complaints

k/c/o HT

EXAMINATION FINDINGS:

Height (cms):	173	Temp (0c):	Normal
Weight (kg):	108	Skin:	Normal
Blood Pressure	130/90	Nails:	Normal
Pulse	78	Lymph Node:	NP
BMI	36.0		

Systems :

Cardiovascular:	S, Sr Qaud, Ne Murm
Respiratory:	AEB
Genitourinary:	Normal
GI System:	Hepatomegaly
CNS:	Normal

Impression: High BMI, Obesity
- Hyperlipedemia
- Grade I Fatty Liver.

Advice: Dietary Restriction
- Lifestyle Modification

SUBURBAN DIAGNOSTICS
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REPORT

CHIEF COMPLAINTS:		
1)	Hypertension:	+ 9 mm
2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	NO
5)	Tuberculosis	NO
6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	H/o Depreen - on Rx
10)	GI system	Normal
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	NO
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	Operated for varicocoen
17)	Musculoskeletal System	WNL

PERSONAL HISTORY:		
1)	Alcohol	Occasionally
2)	Smoking	occasionally
3)	Diet	Mix
4)	Medication	Tab Telmikind. 1BD / Antidepressant

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Dr. Alka Patnaik
M.B.B.S. C.G.O. Nagpur Reg. No.73367
Dip. Psysextherapy-U.K. Reg. No.OF395
PGDHM

SUBURBAN DIAGNOSTICS
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REPORT

Date:- 29/3/24 CID: 240891369 4

Name:- Mr Apurva Shirke Sex / Age: M/ 23

EYE CHECK UP

Chief complaints: NP

Systemic Diseases: NT

Past history: – NH

Unaided Vision: – NO

Aided Vision: Yes

Refraction: With glass

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N6				N6

Colour Vision: Normal / Abnormal

Remark:

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

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

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%

Conclusion

Good biventricular function

No RWMA

Valves – Structurally normal

No diastolic dysfunction

No PAH

*** END OF THE REPORT ***

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

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

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SUBURBAN DIAGNOSTICS

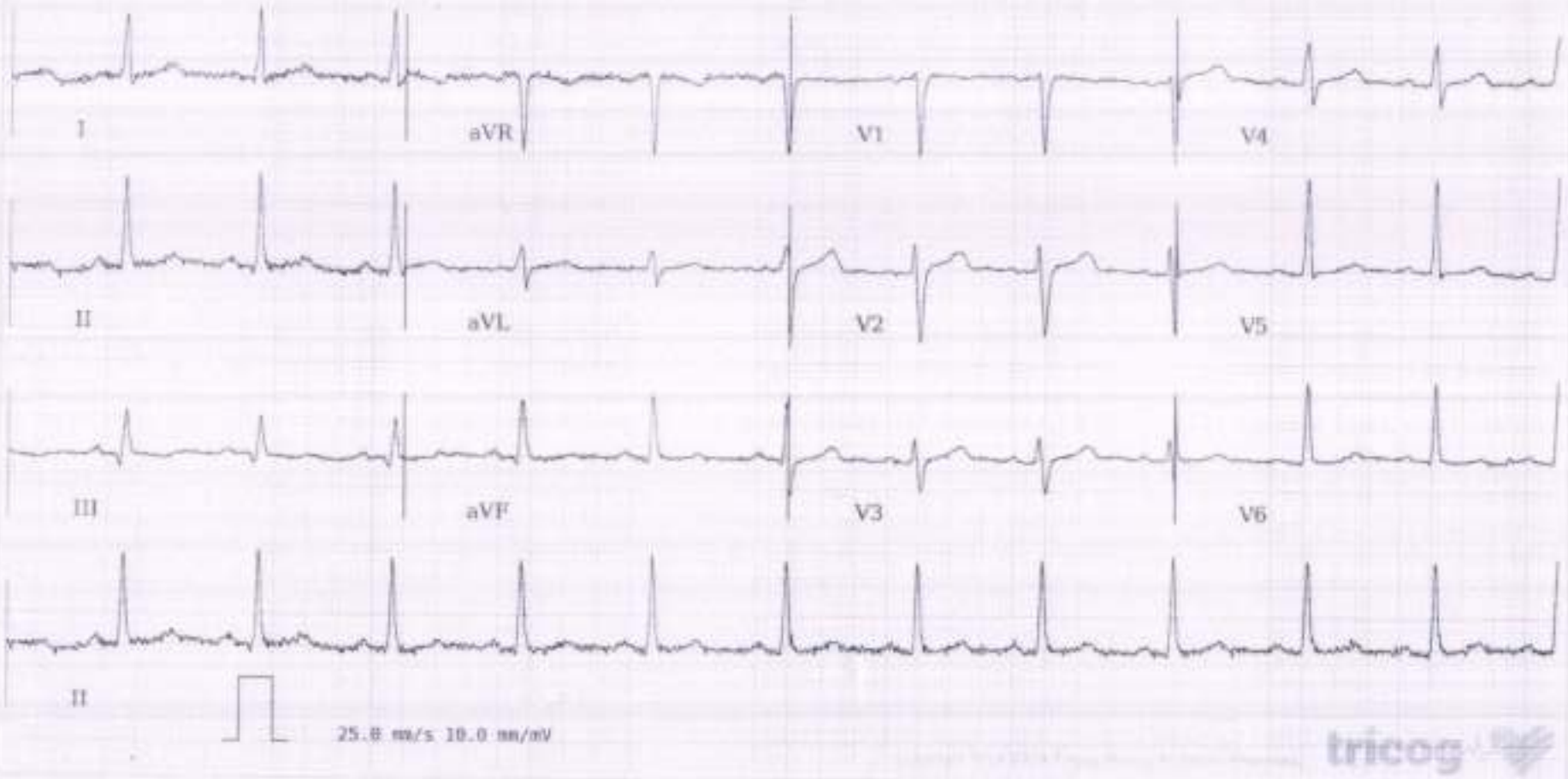
PRECISE TESTING. HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - VASHI

Patient Name: APURVA SHIRKE

Patient ID: 2408913689

Date and Time: 29th Mar 24 12:19 PM



Age: 34 years NA months NA days

Gender: Male

Heart Rate: 74bpm

Patient Vitals

BP: 130/90 mmHg
Weight: 108 kg
Height: 173 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 94ms
QT: 410ms
QTcB: 455ms
PR: 166ms
P-R-T: 73° 52° 35°

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

REPORTED BY

Dr Anirban Dasgupta
MBBS DNB
Reg. 2009/02/0870

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

Authenticity Check
<<QRCode>>

REPORT

CID	: 2408913689		
Name	: Mr Apurva Shirke		
Age / Sex	: 34 Years/Male		
Ref. Dr	:		
Reg. Location	: Vashi Main Centre	Reg. Date	: 29-Mar-2024
		Reported	: 29-Mar-2024 / 18:34

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

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