Patient Name	**:** Sanjay .	**Episode No.**	**:** 0
UHID	**:** 12698582	**Sample ID**	**:** FHM23-R13616
Age / Gender	**:** 30 Year / Male	**Sample Drawn**	**:**
Ward	**:**	**Sample Received**	**:** 09/Sep/2023 03:39 PM
Referred By	**:**	**Reported**	**:** 09/Sep/2023 06:03 PM
Diagnosis / Clinical Information	**:**		

Blood Group Report

Final Report

Sample Type	**: EDTA**
Method	**: AUTOMATION**
Forward Blood Group	**: O Rh Positive**
Reverse Blood Group	**: O**
Final Blood Group	**: O Rh Positive**
Remark	**:**

Tested By : kuldeep kuldeep **Verified By :** kuldeep kuldeep **Approved By :**

Dr. Apra Kalra
Addi Director & Head
Transfusion Medicine

Note : Blood group is identified by ABO antigens (forward grouping) present on red cell membrane And anti-ABO antibodies (reverse grouping) present in the plasma. A grouping discrepancy is when there is a mismatch in forward and reverse Blood grouping. Special methods need to be Performed to solve such discrepancies.

In case of Newborn/cord blood grouping, only forward blood grouping would be done as the anti-ABO antibodies (for reverse grouping) Are not present till 4 to 6 months of age. Thus new born grouping should be considered as provisional report and should be supplemented by re-blood grouping after 4 to 6 months of age/ or by more sensitive tests like molecular blood grouping.

"Blood grouping is done on the received sample. In case of any suspected discrepancy, Blood centre should be contacted , 1724692270"

*******End of Report *******

Reference:

Method section 2: Red cell typing; AABB technical manual 19th Ed
Wong ECC, Punzalan RC. Neonatal and Pediatric
Transfusion practice. Technical Manual,
AABB, 19th Ed; p613-640

DIAGNOSTIC REPORT

MC-2559

Fortis HOSPITAL Mohali

PATIENT NAME : SANJAY . **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WI008711**
PATIENT ID : FH.12698582
CLIENT PATIENT ID: UID:12698582
ABHA NO :

AGE/SEX : 30 Years Male
DRAWN : 09/09/2023 09:29:00
RECEIVED : 09/09/2023 14:36:35
REPORTED : 09/09/2023 22:25:09

CLINICAL INFORMATION :

UID:12698582 REQNO-1580020
CORP-OPD
BILLNO-1002123OPCR014366
BILLNO-1002123OPCR014366

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB) METHOD : SLS- HEMOGLOBIN DETECTION METHOD	16.0	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	5.26	4.5 - 5.5	mil/µL
WHITE BLOOD CELL (WBC) COUNT METHOD : FLOWCYTOMETRY	6.55	4.0 - 10.0	thou/µL
PLATELET COUNT METHOD : HYDRO DYNAMIC FOCUSING METHOD / MICROSCOPY	237	150 - 410	thou/µL

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : HYDRODYNAMIC FOCUSING	47.4	40.0 - 50.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	90.1	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	30.4	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	33.8	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	12.2	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	17.1		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	10.5	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

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Patient Ref. No. 6000003134999

DIAGNOSTIC REPORT

MC-2559

Fortis HOSPITAL Mohali

PATIENT NAME : SANJAY . **REF. DOCTOR :** SELF

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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
NEUTROPHILS	52	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
LYMPHOCYTES	37	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
MONOCYTES	8	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
EOSINOPHILS	3	1 - 6	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
BASOPHILS	0	0 - 2	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
ABSOLUTE NEUTROPHIL COUNT	3.41	2.0 - 7.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE LYMPHOCYTE COUNT	2.42	1.0 - 3.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE MONOCYTE COUNT	0.52	0.2 - 1.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE EOSINOPHIL COUNT	0.20	0.02 - 0.50	thou/µL
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.4		
METHOD : CALCULATED PARAMETER			

Interpretation(s)
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait
(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.

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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R	05	0 - 14	mm at 1 hr

METHOD : WESTERGREN METHOD

Interpretation(s)
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.
TEST INTERPRETATION
Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

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MC-2559

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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
BIOCHEMISTRY			
LIVER FUNCTION PROFILE, SERUM			
BILIRUBIN, TOTAL	0.63	UPTO 1.2	mg/dL
METHOD : DIAZONIUM ION, BLANKED (ROCHE)			
BILIRUBIN, DIRECT	0.18	0.00 - 0.30	mg/dL
METHOD : DIAZOTIZATION			
BILIRUBIN, INDIRECT	0.45	0.00 - 0.60	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	7.7	6.6 - 8.7	g/dL
METHOD : BIURET			
ALBUMIN	4.9	3.97 - 4.94	g/dL
METHOD : BROMOCRESOL GREEN			
GLOBULIN	2.8	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO	1.8	1.0 - 2.0	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	20	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	0 - 41	U/L
METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE			
ALKALINE PHOSPHATASE	55	40 - 129	U/L
METHOD : PNPP - AMP BUFFER			
GAMMA GLUTAMYL TRANSFERASE (GGT)	34	8 - 61	U/L
METHOD : GAMMA GLUTAMYLCARBOXY 4NITROANILIDE			
LACTATE DEHYDROGENASE	186	135 - 225	U/L
METHOD : LACTATE -PYRUVATE UV			
GLUCOSE FASTING,FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR)	78	74 - 106	mg/dL
METHOD : HEXOKINASE			

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MC-2559

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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN METHOD : UREASE - UV	13	6 - 20	mg/dL
URIC ACID, SERUM			
URIC ACID METHOD : URICASE, COLORIMETRIC	5.7	3.4 - 7.0	mg/dL
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
HBA1C METHOD : HPLC	4.5	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
ESTIMATED AVERAGE GLUCOSE(EAG) METHOD : CALCULATED PARAMETER	82.5	< 116.0	mg/dL
CREATININE EGFR			
CREATININE METHOD : ALKALINE PICRATE-KINETIC	0.80	0.70 - 1.20	mg/dL
AGE	30		years

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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
GLOMERULAR FILTRATION RATE (MALE)	122	GFR of +90 normal or minimal kidney damage with normal GFR 89- 60 mild decrease 59-30 moderate decrease 29-15 severe decrease < 15 kidney failure (units: mL/min/1.73mSq.)	

Interpretation(s)

GLUCOSE POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	103	Non-Diabetes 70 - 140	mg/dL

METHOD : HEXOKINASE

Interpretation(s)
LIVER FUNCTION PROFILE, SERUM-
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.**Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver,liver cancer,kidney failure,hemolytic anemia,pancreatitis,hemochromatosis. AST levels may also increase after a heart attack or strenuous activity.ALT test measures the amount of this enzyme in the blood.ALT is found mainly in the liver, but also in smaller amounts in the kidneys,heart,muscles, and pancreas.It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.AST levels increase during acute hepatitis,sometimes due to a viral infection,ischemia to the liver,chronic hepatitis,obstruction of bile ducts,cirrhosis.
ALP is a protein found in almost all body tissues.Tissues with higher amounts of ALP include the liver,bile ducts and bone.Elevated ALP levels are seen in Biliary obstruction,

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Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Pagets disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia,Malnutrition,Protein deficiency,Wilsons disease.

GGT is an enzyme found in cell membranes of many tissues mainly in the liver,kidney and pancreas.It is also found in other tissues including intestine,spleen,heart, brain and seminal vesicles.The highest concentration is in the kidney,but the liver is considered the source of normal enzyme activity.Serum GGT has been widely used as an index of liver dysfunction.Elevated serum GGT activity can be found in diseases of the liver,biliary system and pancreas.Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.

Total Protein also known as total protein,is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.Higher-than-normal levels may be due to:Chronic inflammation or infection,including HIV and hepatitis B or C,Multiple myeloma,Waldenstroms disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.

Albumin is the most abundant protein in human blood plasma.It is produced in the liver.Albumin constitutes about half of the blood serum protein.Low blood albumin levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome,protein-losing enteropathy,Burns,hemodilution,increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc

GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.

Increased in:Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.

Decreased in :Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency,hypopituitarism,diffuse liver disease, malignancy(adrenocortical,stomach,fibrosarcoma),infant of a diabetic mother,enzyme deficiency diseases(e.g.galactosemia),Drugs-insulin,ethanol,propranolol;sulfonylureas,tolbutamide,and other oral hypoglycemic agents.

NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values),there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment,Renal Glyosuria,Glycaemic index & response to food consumed,Alimentary Hypoglycemia,Increased insulin response & sensitivity etc.

BLOOD UREA NITROGEN (BUN), SERUM-**Causes of Increased** levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

URIC ACID, SERUM-**Causes of Increased levels:**-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome **Causes of decreased levels**-Low Zinc intake,OCP,Multiple Sclerosis

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2. Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :

1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
2.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

a) Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c) HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

GLUCOSE POST-PRANDIAL, PLASMA-Spectrophotometry Hexokinase

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Ritu Pankaj

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase Viii,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000003134999

DIAGNOSTIC REPORT

MC-2559

PATIENT NAME : SANJAY . **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WI008711**
PATIENT ID : FH.12698582
CLIENT PATIENT ID: UID:12698582
ABHA NO :

AGE/SEX : 30 Years Male
DRAWN : 09/09/2023 09:29:00
RECEIVED : 09/09/2023 14:36:35
REPORTED : 09/09/2023 22:25:09

CLINICAL INFORMATION :

UID:12698582 REQNO-1580020
CORP-OPD
BILLNO-1002123OPCR014366
BILLNO-1002123OPCR014366

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	181	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
TRIGLYCERIDES	132	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	40	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	**123 High**	< 100 Optimal 100 - 129 Near or above optimal 130 - 160 Borderline High 161 - 189 High >/= 190 Very High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
NON HDL CHOLESTEROL	**141 High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	26.4	Desirable value : 10 - 35	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	**4.5 High**	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Ms. Hardeep Kaur, M.Sc.
Biochemistry

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

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LDL/HDL RATIO	**3.1 High**	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

METHOD : CALCULATED PARAMETER

Interpretation(s)

Dr. Ritu Pankaj, MD, PDCC
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Biochemistry

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CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

COLOR	YELLOW		
METHOD : MANUAL EXAMINATION			
APPEARANCE	CLEAR		
METHOD : MANUAL EXAMINATION			

CHEMICAL EXAMINATION, URINE

PH	6.0	4.7 - 7.5	
METHOD : DOUBLE INDICATOR PRINCIPLE			
SPECIFIC GRAVITY	>=1.030	1.003 - 1.035	
METHOD : REFLECTANCE PHOTOMETRY (IONIC CONCENTRATION)			
PROTEIN	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTION PHOTOMETRY (PROTEIN ERROR INDICATOR)			
GLUCOSE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE PHOTOMETRY (GLUCOSE OXIDASE METHOD)			
KETONES	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTION PHOTOMETRY (NITROPRUSSIDE)			
BLOOD	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE PHOTOMETRY (BENZIDINE REACTION)			
BILIRUBIN	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)			
UROBILINOGEN	NORMAL	NORMAL	
METHOD : REFLECTANCE PHOTOMETRY (EHRLICH'S REACTION)			
NITRITE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)			

MICROSCOPIC EXAMINATION, URINE

Dr. Irneet Mundi, MD
Associate Consultant,34080

Dr. Shafira Garg (MD, Pathology)
Attending Consultant,47150

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

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RED BLOOD CELLS METHOD : MICROSCOPY	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S) METHOD : REFLECTANCE PHOTOMETRY & MICROSCOPY	NOT DETECTED	0-5	/HPF
EPITHELIAL CELLS METHOD : MICROSCOPY	NOT DETECTED	0-5	/HPF
CASTS METHOD : MICROSCOPY	NOT DETECTED		
CRYSTALS METHOD : MICROSCOPY	NOT DETECTED		
BACTERIA METHOD : MICROSCOPY	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

Interpretation(s)

Dr. Irneet Mundi, MD
Associate Consultant,34080

Dr. Shafira Garg (MD, Pathology)
Attending Consultant,47150

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

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DIAGNOSTIC REPORT

MC-2559

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FORTIS HOSPITAL # MOHALI,
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CLINICAL PATH - STOOL ANALYSIS

STOOL: OVA & PARASITE	RESULT PENDING
PHYSICAL EXAMINATION,STOOL	RESULT PENDING
CHEMICAL EXAMINATION,STOOL	RESULT PENDING
MICROSCOPIC EXAMINATION,STOOL	RESULT PENDING

View Details View Report

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Patient Ref. No. 6000003134999

DIAGNOSTIC REPORT

MC-2559

Fortis HOSPITAL Mohali

PATIENT NAME : SANJAY . **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

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SPECIALISED CHEMISTRY - HORMONE			
THYROID PANEL, SERUM			
T3	134.5	80.00 - 200.00	ng/dL
T4	6.74	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE)	1.610	0.270 - 4.200	µIU/mL

****End Of Report****
Please visit www.agilusdiagnostics.com for related Test Information for this accession

Meenakshi Malhotra

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

Ritu Pankaj

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Patient Ref. No. 6000003134999

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name: Mr. Sanjay
UHID: 1269858 2 Date: 09/09/23
Age: 30 Gender: M

Nursing Assessment

Profile	
Height (cm): 182cm.	Waist Circumference (cm): 34inches
Weight (Kg.): 82KG.	Body Mass Index: 24.7Kg/m2
Occupation: Private Job	Marital Status ☐ Single ☑ Married

Vital Signs	
Pulse Rate (/min): 85/min+Sp02-97%	Respiratory Rate (/min): 20b/min
Blood Pressure (mmHg): 98/60mmHG.	Temperature (if febrile): Afebrile.

Past History	
☑ Hypertension:	☑ Diabetes:
☑ Heart disease:	☑ Dyslipidemia:
☑ Asthma:	☒ Tuberculosis:
☑ Allergies:	
☑ Others:	

For Women	
LMP:	Last Pap smear done in
Menopause ☐ Yes ☐ No	Last Mammography done in
Consent for X-ray & Mammography	

Current Medications
NIL

Signature, Name and Emp. ID of the Nurse: Reeta.

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name: Mr - Sanjay
UHID: 12698582 Date: 09/09/23
Age: 30 Gender: M

Internal Medicine Consultation

Relevant History:
- No complaints
- No medications
- Alcohol- occ.
- No smoking

Diagnosis:
- dyslipidemia
- cholelithiasis
- OVERWEIGHT.

Examination Findings:
BMI = 24.7 kg/m²

Advice / Treatment Plan:
- Regular Exercise
- Dietary advice.
- URSOCOL 300 1—1 x three months
- surgery opinion

11/9/23

Dr. MANJEET SINGH TREHAN
MBBS,MD
Additional Director-Internal Medicine (FMC)
Fortis Hospital, Mohali (Pb.)
Mobile No.9814104609
Reg. No.PMC 24797

Investigations:
HR- 16.0
FBS- 78 HbA1c- 4.5 %. PP- 103
LFT- N
RFT- N
Lipid- 123 mHDL- 141
Urine- N
TFT- N
ECG- N
USG- cholelithiasis
TMT- WNL

Signature and stamp of the Consultant

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name Mr. Sanjay
UHID : 12698582 Date : 09/09/23
Age : 30 Gender : M

Ophthalmology Consultation

History: NIL

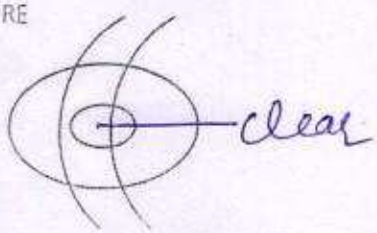
Examination findings:

Visual acuity R 6/6, L 6/6P Visual acuity with glasses R, L

Colour Vision R WNL, L WNL

Slit Lamp Examination

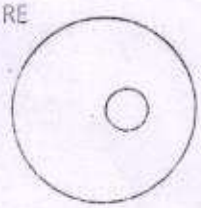
RE



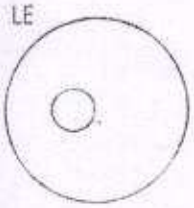
LE

Fundus Examination

RE



LE



Diagnosis: Myopia LE

Treatment"

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance	Corrected			6/6
Near				N6

Left eye

	SPH	CYL	AXIS	VA
Distance	aided			6/6
Near				N6

Signature and stamp of the Ophthalmologist :

Sanjay
ID: 12698582

09.09.2023 10:12:44
Fortis Med Centre
sector 11
Chandgarh

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

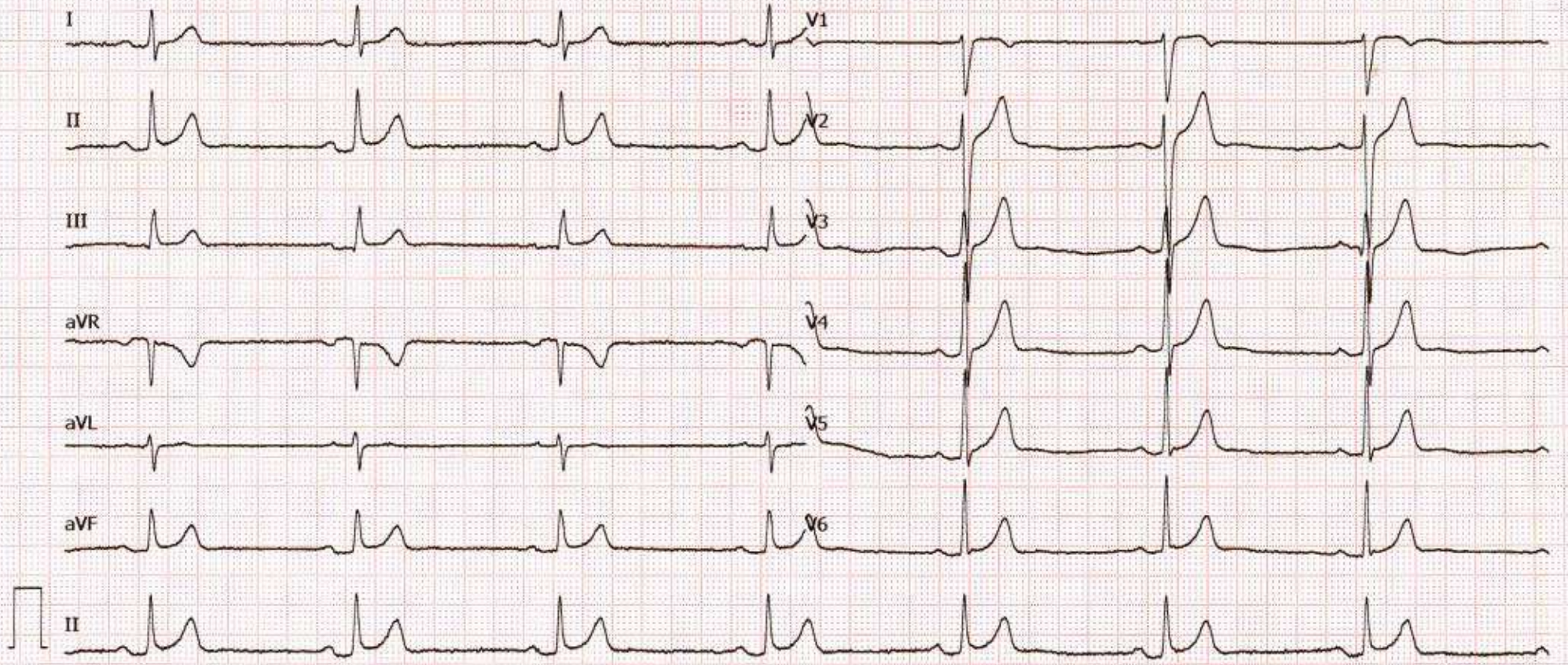
Room:

44 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	96 ms
QT / QTcBaz :	414 / 353 ms
PR :	178 ms
P :	104 ms
RR / PP :	1366 / 1363 ms
P / QRS / T :	40 / 67 / 58 degrees

Marked sinus bradycardia
Early repolarization
Abnormal ECG



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz

Unconfirmed
2x5x6_25_R1 1/1

Fortis MEDCENTRE
CHANDIGARH

Fortis Medcentre
SCO-11, Sector-11-D,
Chandigarh - 160 011 (India)
Telephone : 0172 506 1222 / 505 5441
Fax : 0172-5055440
E-mail : contactus.fmc@fortishealthcare.com
Website : www.fortishealthcare.com

NAME: MR. SANJAY
AGE AND SEX: 30Y/M
UHID NO: 12698582
DATE:09/09/2023
ROI: WHOLE ABDOMEN

Liver is normal in size, outline and echogenicity. No focal lesion seen. IHBR's are not dilated. Portal vein and hepatic veins are normal.

Gall bladder is normally distended. A Calculus is seen at GB neck region measuring 10.8mm s/o Cholelithiasis. No pericholecystic fluid / collection seen. CBD is normal.

Pancreas is visualized in region of head and proximal body and is normal in size, shape, outline and echotexture. No focal lesion seen. Distal body and tail are obscured by bowel gases.

Spleen is normal in size, outline and echotexture. No focal lesion seen.

Right kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Left kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Retroperitoneum is normal.

The urinary bladder is fully distended and is normal in outline and wall thickness. No calculi or growth seen.

Prostate is normal in size and shows normal outline and echopattern. No focal lesion seen.

No free fluid is seen.

Opinion: Cholelithiasis.

Suggested clinical correlation.

Dr. ADITI PANWAR
PMC - 41230
Consultant Radiologist

SANJAY **Study Date: 09/09/2023**

Patient ID: 12698582 Accession #: Alt ID:

DOB: 20/08/1983 Age: 40y Gender: M Ht: Wt: BSA:

Institution: Fortis MEDCENTRE, Chandigarh

Referring Physician:

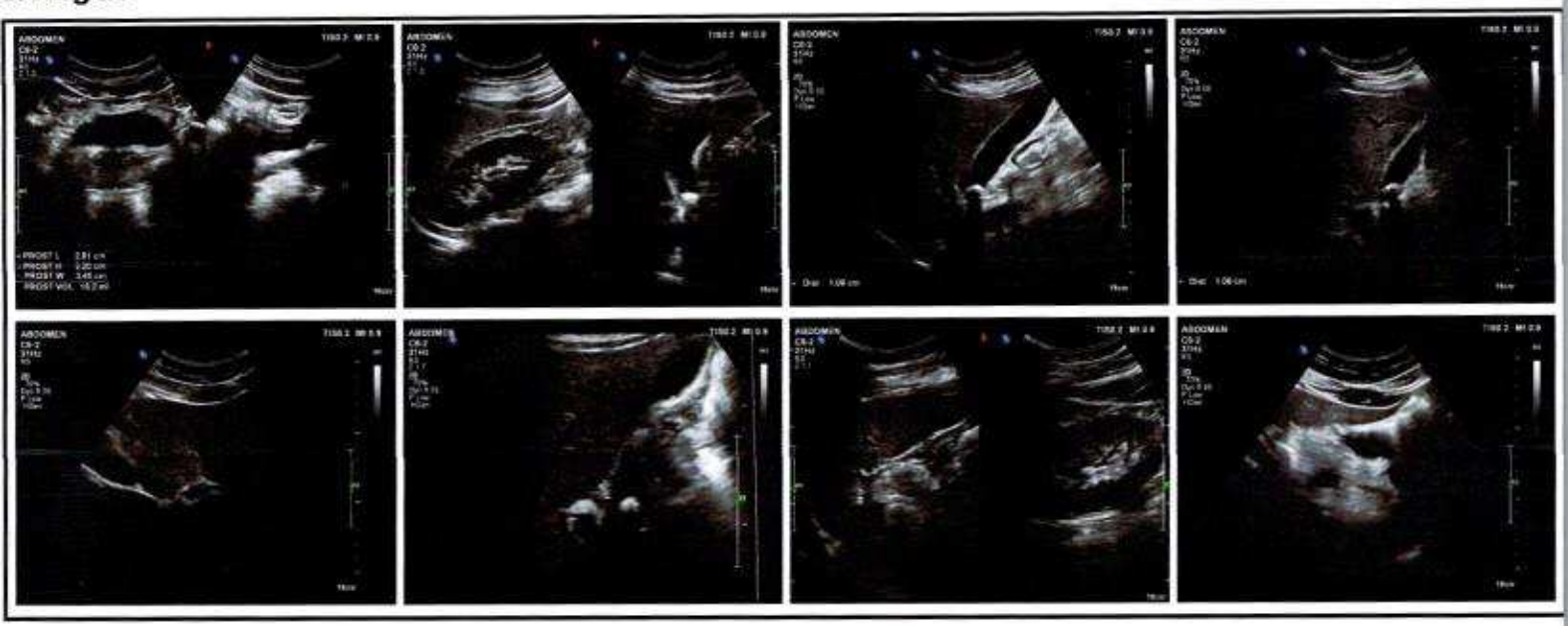
Physician of Record: Performed By:

Comments:

Other Measurements

Abdomen General: Bladder Dimensions	
PROST L	2.81 cm
PROST H	3.20 cm
PROST W	3.45 cm

Images



Signature

Signature:

Name(Print): Date:

Fortis Medcntre
SCO 11, Sector 11 D
Chandigarh

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Sanjay,
Patient ID: 12698582
Height: 182 cm
Weight: 83 kg

DOB: 20.08.1993
Age: 30yrs
Gender: Male
Race: Indian

Study Date: 09.09.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR MANJEET/DR VIJAY HARJAI

Medications:
--

Medical History:
--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:04	0.00	0.00	68	100/60	
	STANDING	00:26	0.00	0.00	77		
EXERCISE	STAGE 1	03:00	2.70	10.00	103	100/60	
	STAGE 2	03:00	4.00	12.00	112	110/70	
	STAGE 3	03:00	5.50	14.00	117	120/80	
	STAGE 4	01:41	6.80	16.00	139		
RECOVERY		02:10	0.00	10.00	88	140/90	

The patient exercised according to the BRUCE for 10:40 min:s, achieving a work level of Max. METS: 13.50. The resting heart rate of 68 bpm rose to a maximal heart rate of 141 bpm. This value represents 74 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/60 mmHg , rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.

Conclusions

Negative for inducible ischemia.

--

Physician

Dr. MANJEET SINGH TREHAN
MBBS,MD
Additional Director-Internal Medicine (FMC)
Fortis Hospital, Mohali (Pb.)
Mobile No.9814104609
Reg. No.PMC 24797

CE

CARDIOPRINT

12-Lead Report

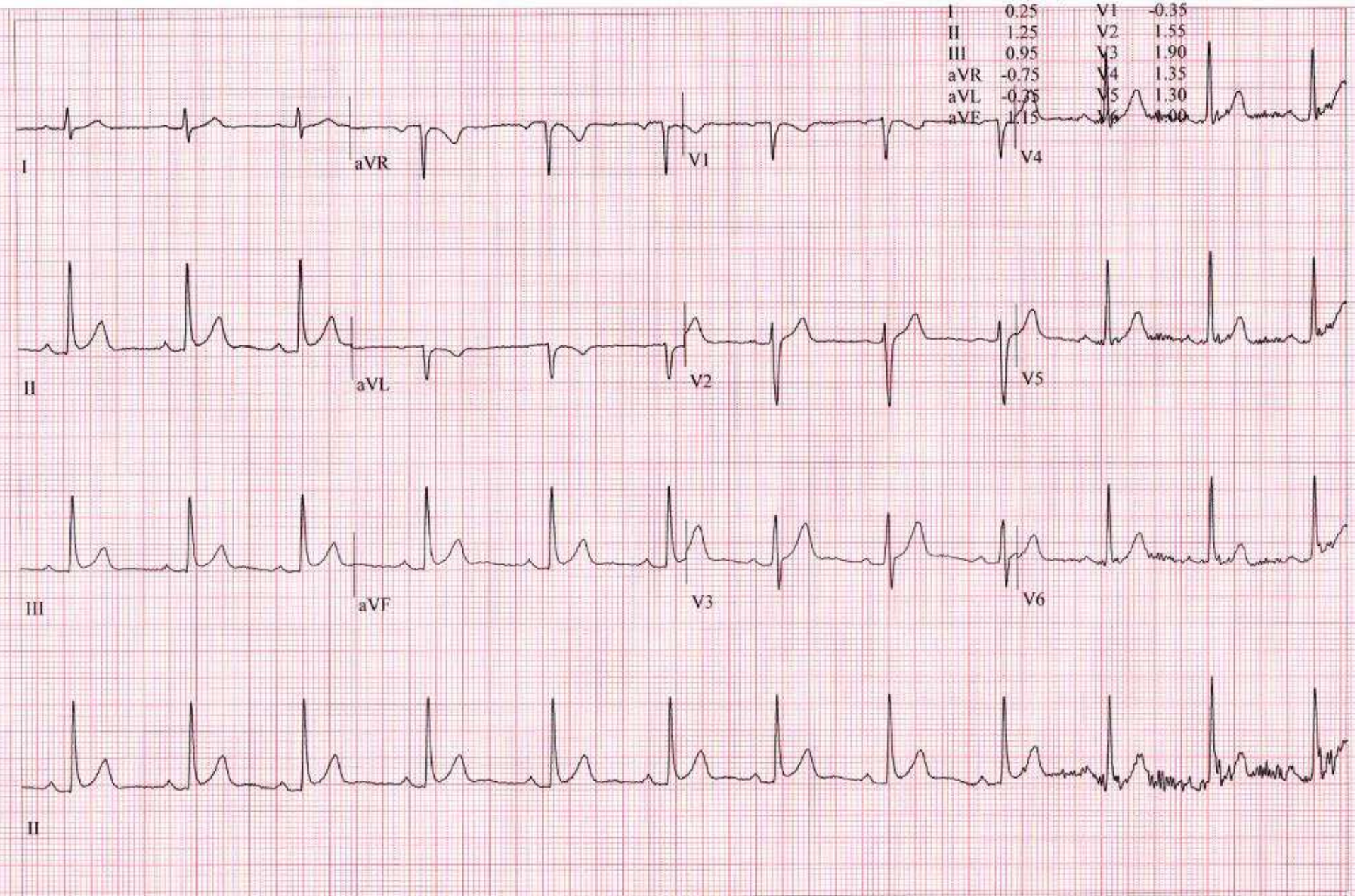
Fortis Medcntre

Sanjay,
Patient ID 12698582
09.09.2023
11:25:55am

70 bpm
100/60 mmHg

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.25	V1	-0.35
II	1.25	V2	1.55
III	0.95	V3	1.90
aVR	-0.75	V4	1.35
aVL	-0.35	V5	1.30
aVF	1.15	V6	1.00



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V6)

Start of Test: 11:25:51am

CARDIOPRINT CE

12-Lead Report

Fortis Medcntre

Sanjay,
Patient ID 12698582
09.09.2023
11:26:14am

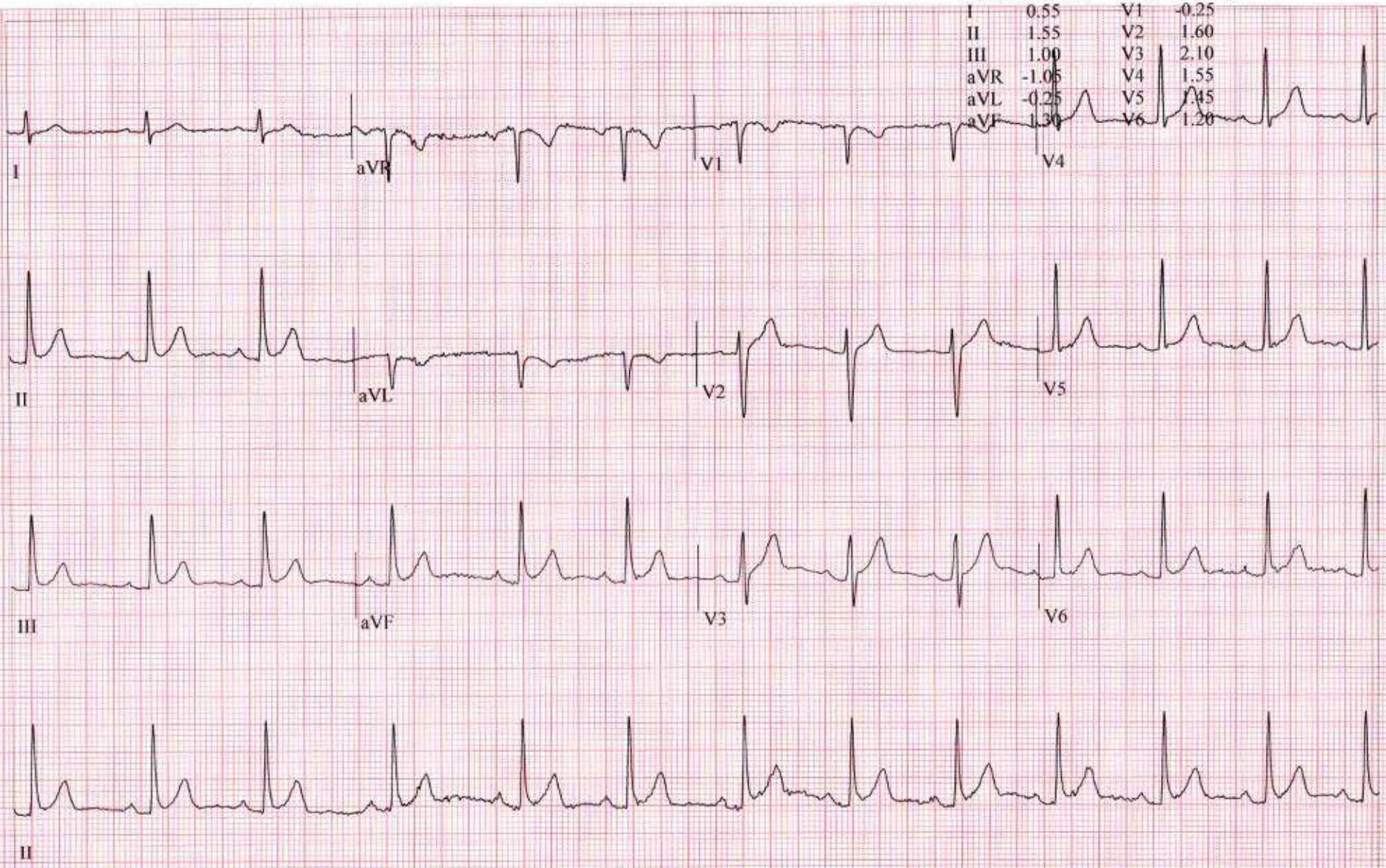
72 bpm
100/60 mmHg

PRETEST
STANDING
00:18

BRUCE
0.0 km/h
0.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.55	V1	-0.25
II	1.55	V2	1.60
III	1.00	V3	2.10
aVR	-1.05	V4	1.55
aVL	-0.25	V5	1.45
aVF	1.30	V6	1.20



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V6)

Start of Test: 11:25:51am

CARDIOPRINT CE

Comparative Medians Report

Fortis Medcntre

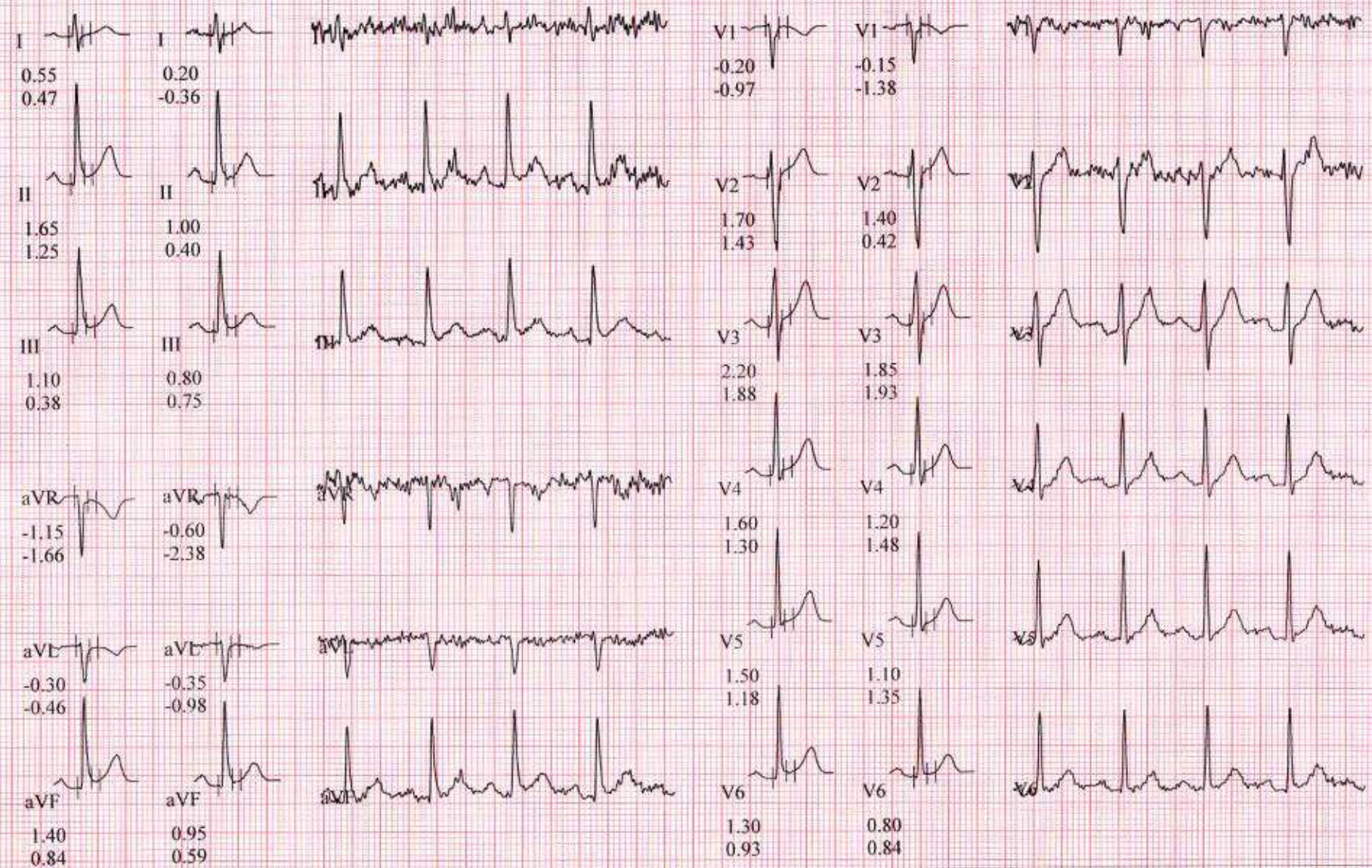
Sanjay,
Patient ID 12698582
09.09.2023
11:29:09am

103 bpm
100/60 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
2.7 km/h
10.0 %

Lead	BASELINE 60 ms post J	CURRENT 60 ms post J	ST Level (mm)	ST Slope (mV/s)
I	0.55	0.20		
II	0.47	-0.36		
III	1.65	1.00		
aVR	1.25	0.40		
aVL	1.10	0.80		
aVF	0.38	0.75		
V1	-0.20	-0.15		
V2	-0.97	-1.38		
V3	1.70	1.40		
V4	1.43	0.42		
V5	2.20	1.85		
V6	1.88	1.93		
	1.60	1.20		
	1.30	1.48		
	1.50	1.10		
	1.18	1.35		
	1.30	0.80		
	0.93	0.84		
	-0.30	-0.35		
	-0.46	-0.98		
	1.40	0.95		
	0.84	0.59		
	-1.15	-0.60		
	-1.66	-2.38		



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V6)

Start of Test: 11:25:51am

CARDIOPRINT CE

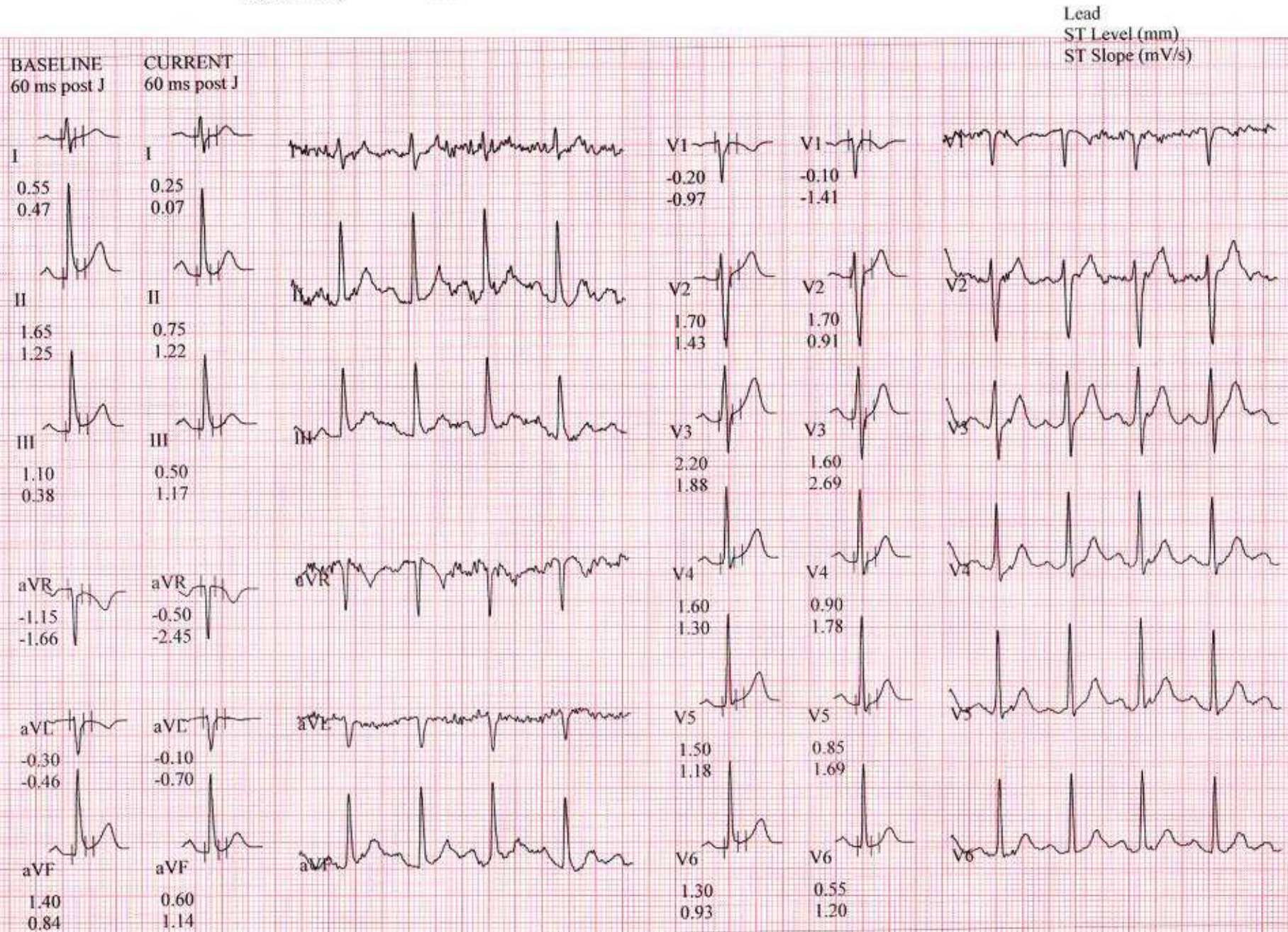
Fortis Medcntre

Sanjay,
Patient ID 12698582
09.09.2023
11:32:09am

108 bpm
110/70 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V6)

CARDIOPRINT CE

Start of Test: 11:25:51am

Comparative Medians Report

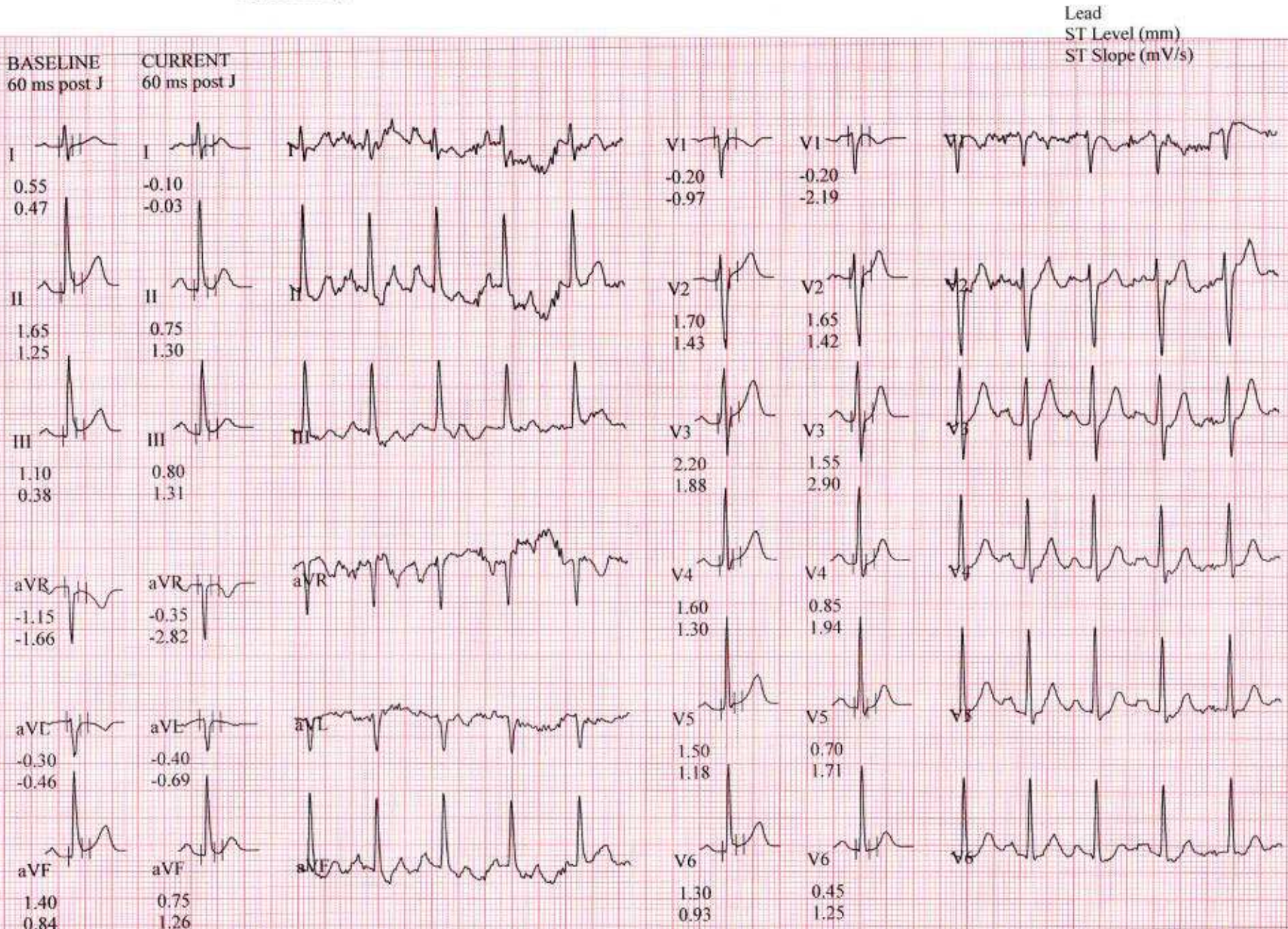
Fortis Medcntre

Sanjay,
Patient ID 12698582
09.09.2023
11:35:09am

118 bpm
120/80 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
5.5 km/h
14.0 %



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V6)

Start of Test: 11:25:51am

CARDIOPRINT CE

Comparative Medians Report (PEAK EXERCISE)

Fortis Medcntre

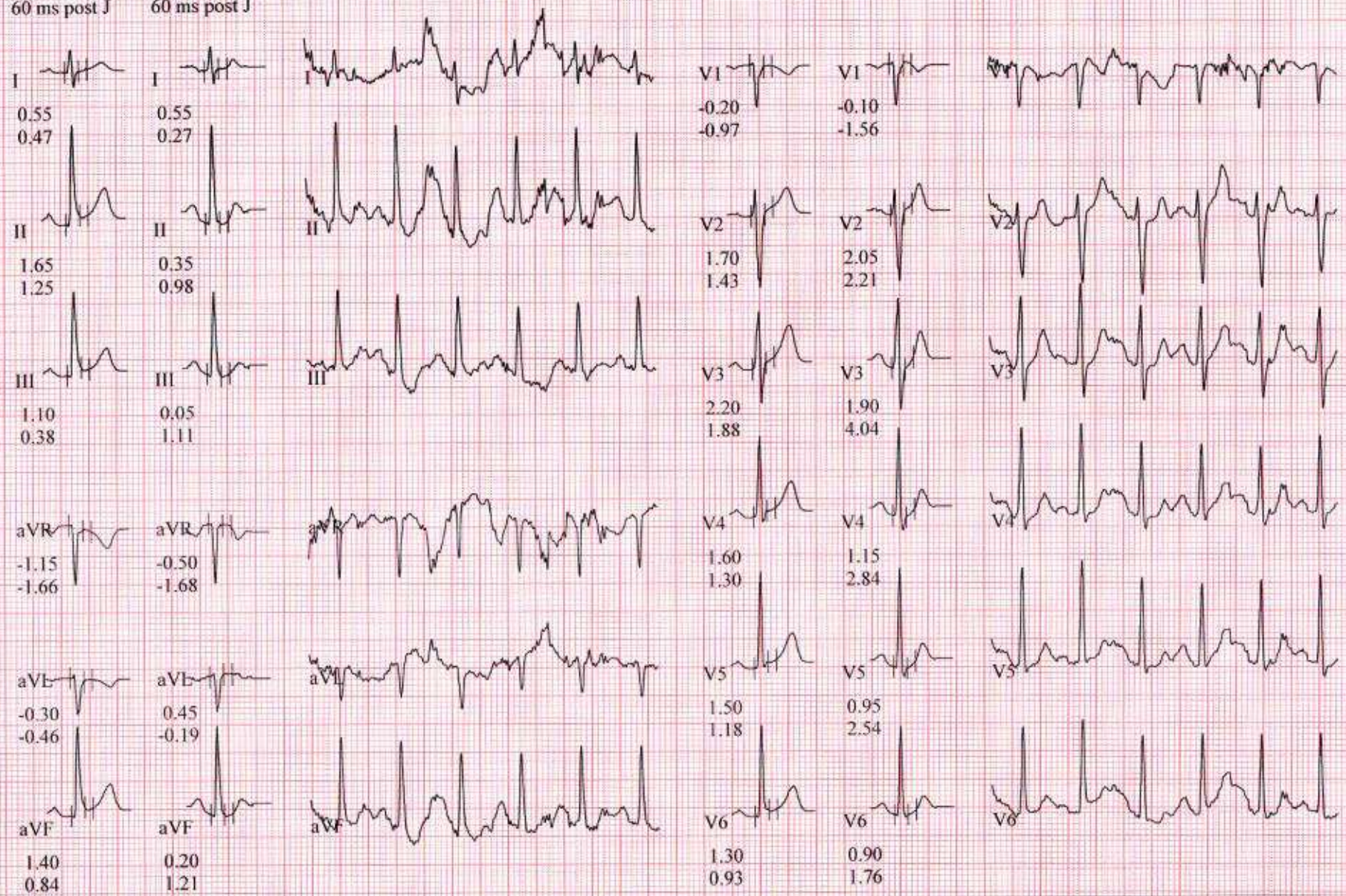
Sanjay,
Patient ID 12698582
09.09.2023
11:37:00am

139 bpm

EXERCISE
STAGE 4
10:41

BRUCE
6.8 km/h
16.0 %

Lead	BASELINE 60 ms post J	CURRENT 60 ms post J
ST Level (mm)		
ST Slope (mV/s)		
I	0.55	0.55
	0.47	0.27
II	1.65	0.35
	1.25	0.98
III	1.10	0.05
	0.38	1.11
aVR	-1.15	-0.50
	-1.66	-1.68
aVL	-0.30	0.45
	-0.46	-0.19
aVF	1.40	0.20
	0.84	1.21
V1	-0.20	-0.10
	-0.97	-1.56
V2	1.70	2.05
	1.43	2.21
V3	2.20	1.90
	1.88	4.04
V4	1.60	1.15
	1.30	2.84
V5	1.50	0.95
	1.18	2.54
V6	1.30	0.90
	0.93	1.76



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V6)

Start of Test: 11:25:51am

CARDIOPRINT CE

Comparative Medians Report

Fortis Medcntre

Sanjay,
Patient ID 12698582
09.09.2023
11:37:49am

118 bpm

RECOVERY
#1
00:50

BRUCE
0.0 km/h
10.0 %

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

	BASELINE 60 ms post J	CURRENT 60 ms post J
I	0.55 0.47	0.65 1.21
II	1.65 1.25	1.00 2.27
III	1.10 0.38	0.35 0.98
aVR	-1.15 -1.66	-0.80 -2.84
aVL	-0.30 -0.46	0.20 -0.19
aVF	1.40 0.84	0.65 1.63
V1	-0.20 -0.97	-0.20 -1.50
V2	1.70 1.43	2.25 2.68
V3	2.20 1.88	2.45 4.28
V4	1.60 1.30	1.40 2.94
V5	1.50 1.18	1.20 2.61
V6	1.30 0.93	0.85 2.07

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V6)

Start of Test: 11:25:51am

CARDIOPRINT CE

Comparative Medians Report

Fortis Medcntre

Sanjay,
Patient ID 12698582
09.09.2023
11:38:49am

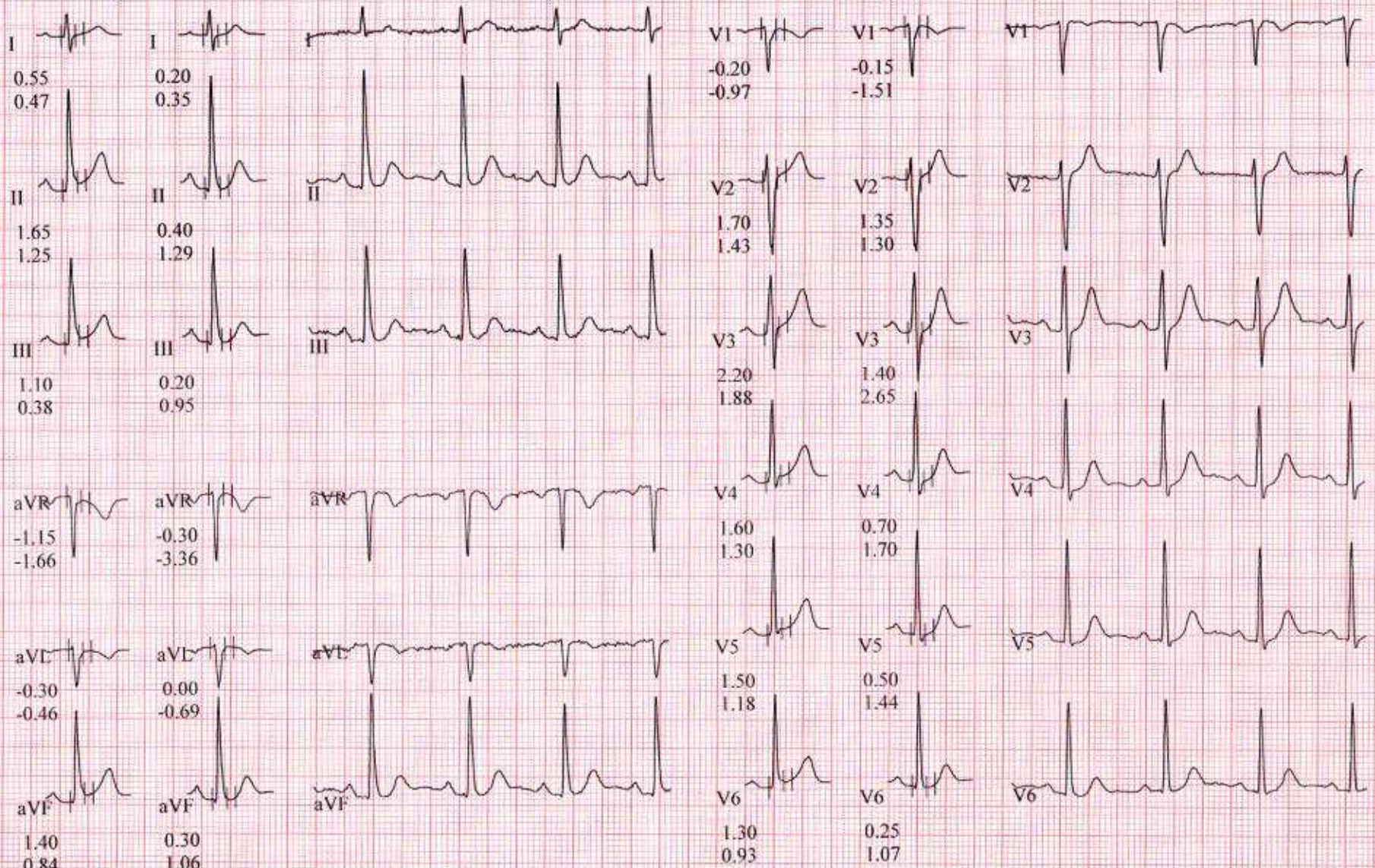
92 bpm

RECOVERY
#1
01:50

BRUCE
0.0 km/h
10.2 %

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

	BASELINE 60 ms post J	CURRENT 60 ms post J	
I	0.55	0.20	
	0.47	0.35	
II	1.65	0.40	
	1.25	1.29	
III	1.10	0.20	
	0.38	0.95	
aVR	-1.15	-0.30	
	-1.66	-3.36	
aVL	-0.30	0.00	
	-0.46	-0.69	
aVF	1.40	0.30	
	0.84	1.06	
V1	-0.20	-0.15	
	-0.97	-1.51	
V2	1.70	1.35	
	1.43	1.30	
V3	2.20	1.40	
	1.88	2.65	
V4	1.60	0.70	
	1.30	1.70	
V5	1.50	0.50	
	1.18	1.44	
V6	1.30	0.25	
	0.93	1.07	



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V6)

Start of Test: 11:25:51am

Patient Name	: Sanjay .	**Episode No.**	: 0
UHID	: 12698582	**Sample ID**	: FHM23-R13616
Age / Gender	: 30 Year / Male	**Sample Drawn**	:
Ward	:	**Sample Received**	: 09/Sep/2023 03:39 PM
Referred By	:	**Reported**	: 09/Sep/2023 06:03 PM
Diagnosis / Clinical Information	:		

Blood Group Report

Final Report

Sample Type	**: EDTA**
Method	**: AUTOMATION**
Forward Blood Group	**: O Rh Positive**
Reverse Blood Group	**: O**
Final Blood Group	**: O Rh Positive**
Remark	:

Tested By : kuldeep kuldeep **Verified By :** kuldeep kuldeep **Approved By :**

Dr. Apra Kalra
Addl Director & Head
Transfusion Medicine

Note : Blood group is identified by ABO antigens (forward grouping) present on red cell membrane And anti-ABO antibodies (reverse grouping) present in the plasma. A grouping discrepancy is when there is a mismatch in forward and reverse Blood grouping. Special methods need to be Performed to solve such discrepancies.

In case of Newborn/cord blood grouping, only forward blood grouping would be done as the anti-ABO antibodies (for reverse grouping) Are not present till 4 to 6 months of age. Thus new born grouping should be considered as provisional report and should be supplemented by re-blood grouping after 4 to 6 months of age/ or by more sensitive tests like molecular blood grouping.

"Blood grouping is done on the received sample. In case of any suspected discrepancy, Blood centre should be contacted , 1724692270"

*******End of Report *******

Reference:
Method section 2: Red cell typing; AABB technical manual 19th Ed
Wong ECC, Punzalan RC. Neonatal and Pediatric
Transfusion practice. Technical Manual,
AABB, 19th Ed; p613-640