

BMI CHART

Name: Pratik Shyam Konde Age: 31 yrs

Date: 28/10/23

BP: 100/60
mmHg

Height (cms): 153.00 Weight(kgs): 65kg

Sex: M/F

BMI: _____

| WEIGHT lbs kgs | HEIGHT in/cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | | | | | | | | | | | | |
| 100 45.5 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | | | | | | | | | | | | |
| 105 47.7 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | | | | | | | | | | | | | | | | | |
| 110 50.0 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | | | | | | | | | | | | | | | | | |
| 115 52.3 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | | | | | | | | | | | | | | | | | | | |
| 120 54.5 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | | | | | | | | | | | | | | | | | | | |
| 125 56.8 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | | | | | | | | | | | | | | | | | | | |
| 130 59.1 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | | | | | | | | | | | | | | | | | | | |
| 135 61.4 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | | | | | | | | | | | | | | | | | | | |
| 140 63.6 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | | | | | | | | | | | | | | | | | | | |
| 145 65.9 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | | | | | | | | | | | | | | | | | | | |
| 150 68.2 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | | | | | | | | | | | | | | | | | | | |
| 155 70.5 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | | | | | | | | | | | | | | | | | | | |
| 160 72.7 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | | | | | | | | | | | | | | | | | | | |
| 165 75.0 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | | | | | | | | | | | | | | | | | | | |
| 170 77.3 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | | | | | | | | | | | | | | | | | | | |
| 175 79.5 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | | | | | | | | | | | | | | | | | | | |
| 180 81.8 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | | | | | | | | | | | | | | | | | | | |
| 185 84.1 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | | | | | | | | | | | | | | | | | | | |
| 190 86.4 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | | | | | | | | | | | | | | | | | | | |
| 195 88.6 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | | | | | | | | | | | | | | | | | | | |
| 200 90.9 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | | | | | | | | | | | | | | | | | | | |
| 205 93.2 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | | | | | | | | | | | | | | | | | | | |
| 210 95.5 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | | | | | | | | | | | | | | | | | | | |
| 215 97.7 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | | | | | | | | | | | | | | | | | | | |

Doctors Notes:

Signature



| | | | | | |
|------|--------------------------|--------|------------|-----|----|
| UHID | 12051169 | Date | 20/10/2023 | | |
| Name | Mrs. Nikita Shyam Kamble | Sex | Female | Age | 31 |
| OPD | Pap Smear | Health | Check-up | | |

Drug allergy:
 Sys illness:

S/O Dr. Tina

wp - 8/10/23; Regular; 28 day cycle.
 Slightly nervous.

Obs H:- Pz 12 → Both F TND → TL done (up TL
 (4 months back))
 7yr ♀
 4yr ♂

Sx / Med :- None.

FH → DM - in grandfather

Counseling done for HPV vaccines

O/E

Cx / healthy
 Vj

Adv

Flu 2
 Repal



| | | | | | |
|------|--------------------------|-----------------|------------|-----|----|
| UHID | 12051169 | Date | 20/10/2023 | | |
| Name | Mrs. Nikita Shyam Kamble | Sex | Female | Age | 31 |
| OPD | Dental 12 | | 7987696540 | | |
| | | Health Check-up | | | |

Drug allergy: |
 Sys illness:

- O/E -
- Gains +
 - Calculus + +
 - Impacted \bar{c} $\frac{8}{8} | \frac{8}{8}$
 - Top +ve \bar{c} $\frac{1}{7}$
 - Rc treated \bar{c} $\frac{1}{7}$

Treatment

- A/d - Oral prophylaxis (Cleaning)
 - OPG

Dr. Trupti

PATIENT NAME : MRS.NIKITA SHYAM KAMBLE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022WJ004103

PATIENT ID : FH.12051169

CLIENT PATIENT ID: UID:12051169

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 20/10/2023 08:38:00

RECEIVED : 20/10/2023 08:39:48

REPORTED : 20/10/2023 13:16:02

CLINICAL INFORMATION :

UID:12051169 REQNO-1596926
CORP-OPD
BILLNO-150123OPCR060153
BILLNO-150123OPCR060153

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|

HAEMATOLOGY - CBC

CBC-S, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

| | | | |
|--|------|-------------|---------------|
| HEMOGLOBIN (HB) | 12.6 | 12.0 - 15.0 | g/dL |
| METHOD : SLS METHOD | | | |
| RED BLOOD CELL (RBC) COUNT | 4.23 | 3.8 - 4.8 | mil/ μ L |
| METHOD : HYDRODYNAMIC FOCUSING | | | |
| WHITE BLOOD CELL (WBC) COUNT | 5.12 | 4.0 - 10.0 | thou/ μ L |
| METHOD : FLUORESCENCE FLOW CYTOMETRY | | | |
| PLATELET COUNT | 247 | 150 - 410 | thou/ μ L |
| METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION | | | |

RBC AND PLATELET INDICES

| | | | |
|---|------|--------------|------|
| HEMATOCRIT (PCV) | 38.9 | 36.0 - 46.0 | % |
| METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD | | | |
| MEAN CORPUSCULAR VOLUME (MCV) | 92.0 | 83.0 - 101.0 | fL |
| METHOD : CALCULATED PARAMETER | | | |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH) | 29.8 | 27.0 - 32.0 | pg |
| METHOD : CALCULATED PARAMETER | | | |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) | 32.4 | 31.5 - 34.5 | g/dL |
| METHOD : CALCULATED PARAMETER | | | |
| RED CELL DISTRIBUTION WIDTH (RDW) | 12.3 | 11.6 - 14.0 | % |
| METHOD : CALCULATED PARAMETER | | | |
| MENTZER INDEX | 21.8 | | |
| METHOD : CALCULATED PARAMETER | | | |
| MEAN PLATELET VOLUME (MPV) | 10.4 | 6.8 - 10.9 | fL |
| METHOD : CALCULATED PARAMETER | | | |

WBC DIFFERENTIAL COUNT



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Consultant Pathologist

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Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 22000000879809

PATIENT NAME : MRS.NIKITA SHYAM KAMBLE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

 FORTIS VASHI-CHC -5PLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022WJ004103

PATIENT ID : FH.12051169

CLIENT PATIENT ID: UID:12051169

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 CORP-OPD
 BILLNO-1501230PCR060153
 BILLNO-1501230PCR060153

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|---|-------|---------|-------------------------------|---------------|
| NEUTROPHILS | | 43 | 40.0 - 80.0 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| LYMPHOCYTES | | 45 High | 20.0 - 40.0 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| MONOCYTES | | 9 | 2.0 - 10.0 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| EOSINOPHILS | | 3 | 1 - 6 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| BASOPHILS | | 0 | 0 - 2 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| ABSOLUTE NEUTROPHIL COUNT | | 2.36 | 2.0 - 7.0 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE LYMPHOCYTE COUNT | | 2.30 | 1.0 - 3.0 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE MONOCYTE COUNT | | 0.46 | 0.2 - 1.0 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE EOSINOPHIL COUNT | | 0.15 | 0.02 - 0.50 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE BASOPHIL COUNT | | 0 Low | 0.02 - 0.10 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| NEUTROPHIL LYMPHOCYTE RATIO (NLR) | | 0.9 | | |
| METHOD : CALCULATED | | | | |

MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC

WBC

METHOD : MICROSCOPIC EXAMINATION

NORMAL MORPHOLOGY

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

ADEQUATE



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 UID:12051169 REQNO-1596926
 CORP-OPD
 BILLNO-1501230PCRD60153
 BILLNO-1501230PCRD60153

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|--------------------|---------|-------------------------------|-------|
| Final | | | |

Interpretation(s)

RBC AND PLATELET INDICES-Hentzer 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 | 35 High | 0 - 20 | mm at 1 hr |
|-------|---------|--------|------------|

METHOD : WESTERGREN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

| | | | |
|-------|-----|--|---|
| HBA1C | 5.4 | 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) | % |
|-------|-----|--|---|

METHOD : Hb VARIANT (HPLC)

| | | | |
|--------------------------------|-------|---------|-------|
| ESTIMATED AVERAGE GLUCOSE(EAG) | 108.3 | < 116.0 | mg/dL |
|--------------------------------|-------|---------|-------|

METHOD : CALCULATED PARAMETER



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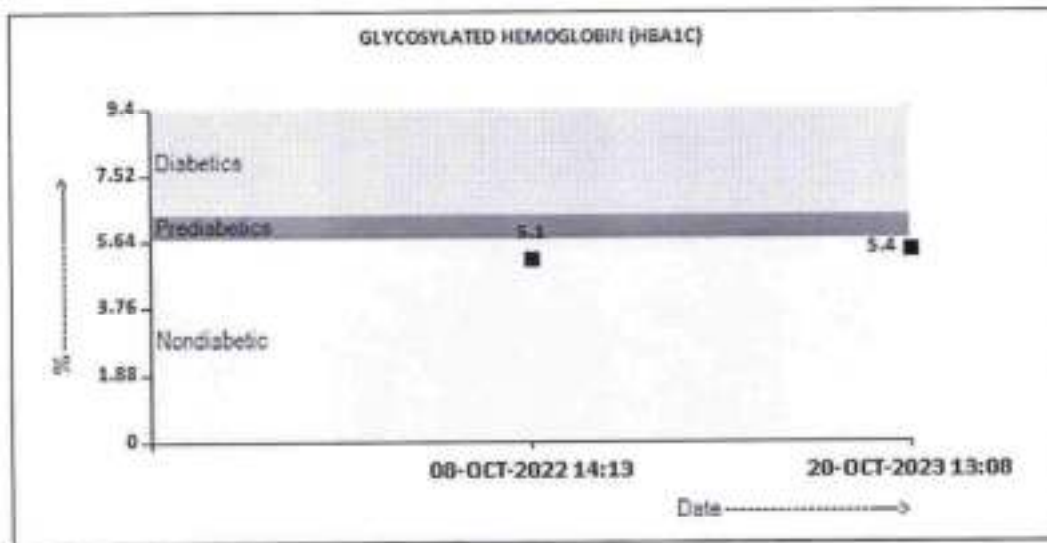
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Interpretation(s)

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, Vasculitis, 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 (Paraproteinemia, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy ESR in first trimester is 0-48 mm/hr(52 if anemic) and in second trimester (0-70 mm /hr(95 if anemic), ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Polikibcytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Dohi's Haematology of Infancy and Childhood, 9th edition;2. Paediatric reference intervals. AACCPress, 7th edition. Edited by S. Soltin;3. The reference for



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the adult reference range is *Practical Hematology by Dacie and Lewis, 10th edition.
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 patient's metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to mg/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 addition 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 platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy



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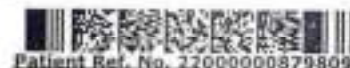
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CLINICAL INFORMATION :

UID:12051169 REQNO-1596926

CORP-OPD

BILLNO-150123OPCR060153

BILLNO-150123OPCR060153

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

| | |
|-----------------------------|----------|
| ABO GROUP | TYPE A |
| METHOD : TUBE AGGLUTINATION | |
| RH TYPE | POSITIVE |
| METHOD : TUBE AGGLUTINATION | |

Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.



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 CIN - U74899PB1995PLCO45956
 Email : -



Patient Ref. No. 22000000879809

PATIENT NAME : MRS.NIKITA SHYAM KAMBLE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022WJ004103

PATIENT ID : FH.12051169

CLIENT PATIENT ID: UID:12051169

ABHA NO : 1

AGE/SEX : 31 Years Female

DRAWN : 20/10/2023 08:38:00

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CLINICAL INFORMATION :

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BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

| | | | |
|--|---------|-----------|-------|
| BILIRUBIN, TOTAL | 0.46 | 0.2 - 1.0 | mg/dL |
| METHOD : JENDRASSIK AND GROFF | | | |
| BILIRUBIN, DIRECT | 0.08 | 0.0 - 0.2 | mg/dL |
| METHOD : JENDRASSIK AND GROFF | | | |
| BILIRUBIN, INDIRECT | 0.38 | 0.1 - 1.0 | mg/dL |
| METHOD : CALCULATED PARAMETER | | | |
| TOTAL PROTEIN | 7.1 | 6.4 - 8.2 | g/dL |
| METHOD : BIURET | | | |
| ALBUMIN | 3.4 | 3.4 - 5.0 | g/dL |
| METHOD : BCP DYE BINDING | | | |
| GLOBULIN | 3.7 | 2.0 - 4.1 | g/dL |
| METHOD : CALCULATED PARAMETER | | | |
| ALBUMIN/GLOBULIN RATIO | 0.9 Low | 1.0 - 2.1 | RATIO |
| METHOD : CALCULATED PARAMETER | | | |
| ASPARTATE AMINOTRANSFERASE(AST/SGOT) | 24 | 15 - 37 | U/L |
| METHOD : UV WITH PSP | | | |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 25 | < 34.0 | U/L |
| METHOD : UV WITH PSP | | | |
| ALKALINE PHOSPHATASE | 58 | 30 - 120 | U/L |
| METHOD : PNP-AMP | | | |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | 23 | 5 - 55 | U/L |
| METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE | | | |
| LACTATE DEHYDROGENASE | 177 | 81 - 234 | U/L |
| METHOD : LACTATE -PYRUVATE | | | |

GLUCOSE FASTING, FLUORIDE PLASMA

| | | | |
|---------------------------|----|--|-------|
| FBS (FASTING BLOOD SUGAR) | 88 | Normal : < 100 Pre-diabetes: 100-125 Diabetes: >=126 | mg/dL |
|---------------------------|----|--|-------|

METHOD : HEXOKINASE



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CLIENT PATIENT ID: UID:12051169

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AGE/SEX : 31 Years Female

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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

| | | | |
|---------------------|----|--------|-------|
| BLOOD UREA NITROGEN | 12 | 6 - 20 | mg/dL |
|---------------------|----|--------|-------|

METHOD : URSEAE - LV



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PATIENT ID : FH.12051169

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ABHA NO :

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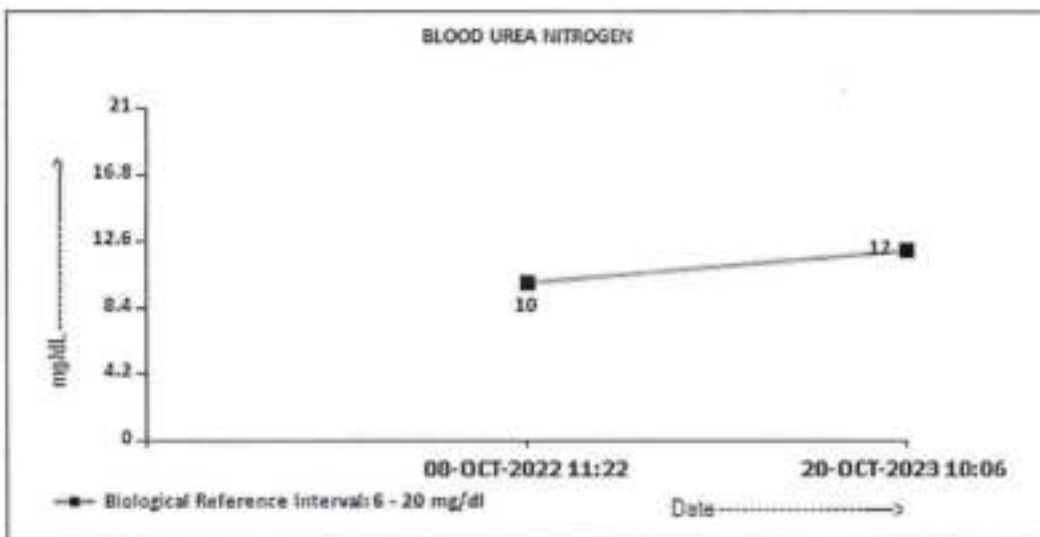
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CREATININE EGFR- EPI

| | | | |
|--|-------|----------------------------|---------------------------|
| CREATININE | 0.87 | 0.60 - 1.10 | mg/dL |
| METHOD : ALKALINE PICRATE KINETIC JAFFES | | | |
| AGE | 31 | | years |
| GLOMERULAR FILTRATION RATE (FEMALE) | 91.29 | Refer Interpretation Below | mL/min/1.73m ² |
| METHOD : CALCULATED PARAMETER | | | |



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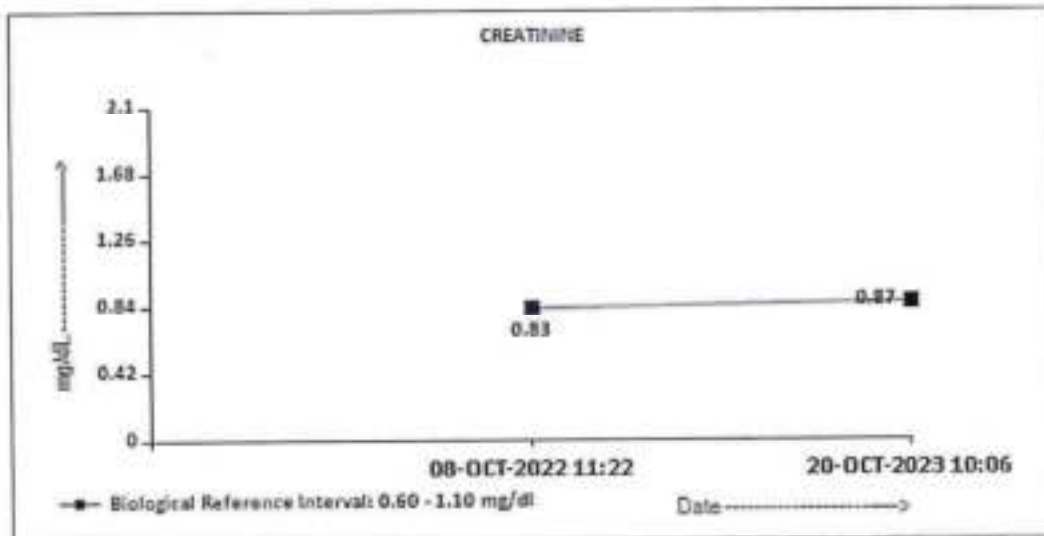
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**BUN/CREAT RATIO**

| | | |
|-----------------|-------|--------------|
| BUN/CREAT RATIO | 13.79 | 5.00 - 15.00 |
|-----------------|-------|--------------|

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

| | | | |
|-----------|-----|-----------|-------|
| URIC ACID | 4.5 | 2.6 - 6.0 | mg/dL |
|-----------|-----|-----------|-------|

METHOD : URICASE UV

TOTAL PROTEIN, SERUM

| | | | |
|---------------|-----|-----------|------|
| TOTAL PROTEIN | 7.1 | 6.4 - 8.2 | g/dL |
|---------------|-----|-----------|------|

METHOD : BIURET

ALBUMIN, SERUM


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| ALBUMIN | | 3.4 | 3.4 - 5.0 | g/dL |
| METHOD : SCP DYE BINDING | | | | |
| GLOBULIN | | | | |
| GLOBULIN | | 3.7 | 2.0 - 4.1 | g/dL |
| METHOD : CALCULATED PARAMETER | | | | |
| ELECTROLYTES (NA/K/CL), SERUM | | | | |
| SODIUM, SERUM | | 139 | 136 - 145 | mmol/L |
| METHOD : ISE INDIRECT | | | | |
| POTASSIUM, SERUM | | 3.97 | 3.50 - 5.10 | mmol/L |
| METHOD : ISE INDIRECT | | | | |
| CHLORIDE, SERUM | | 105 | 98 - 107 | mmol/L |
| METHOD : ISE INDIRECT | | | | |

Interpretation(s)

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, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatemia, 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



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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, Waldenström 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, hemodialysis, 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 yet 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 Glycosuria, Glycosuria 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 hemorrhage, Cirrhosis, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

CREATININE EGFR- EPI- Kidney disease outcomes quality initiative (KDOQI) guidelines state that estimation of GFR is the best overall indices of the kidney function.

- It gives a rough measure of number of functioning nephrons. Reduction in GFR implies progression of underlying disease.

- The GFR is a calculation based on serum creatinine test.

- Creatinine is mainly derived from the metabolism of creatine in muscle, and its generation is proportional to the total muscle mass. As a result, creatinine generation is higher in men than in women, in younger than in older individuals, and in blacks than in whites.

- Creatinine is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate.

- When kidney function is compromised, excretion of creatinine decreases with a consequent increase in blood creatinine levels. With the creatinine test, a reasonable estimate of the actual GFR can be determined.

- This equation takes into account several factors that impact creatinine production, including age, gender, and race.

- CKD EPI (Chronic kidney disease epidemiology collaboration) equation performed better than MDRD equation especially when GFR is high (>60 ml/min per 1.73m²). This formula has less bias and greater accuracy which helps in early diagnosis and also reduces the rate of false positive diagnosis of CKD.

References:

National Kidney Foundation (NKF) and the American Society of Nephrology (ASN).

Estimated GFR Calculated Using the CKD-EPI equation-<https://testguide.labmed.uw.edu/guideline/egfr>

Ghahani JK, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. *Kidney Rep* 2022; 4(10):471-35756325

Harrison's Principle of Internal Medicine, 21st ed. pg 62 and 334.

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

TOTAL PROTEIN, SERUM- 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, Waldenström 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, SERUM- Human serum 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, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.



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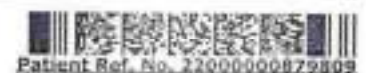
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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

| | | | |
|--|--------|--|-------|
| CHOLESTEROL, TOTAL | 168 | < 200 Desirable 200 - 239 Borderline High >/= 240 High | mg/dL |
| METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE | | | |
| TRIGLYCERIDES | 127 | < 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High | mg/dL |
| METHOD : ENZYMATIC ASSAY | | | |
| HDL CHOLESTEROL | 39 Low | < 40 Low >/=60 High | mg/dL |
| METHOD : DIRECT MEASURE - PEG | | | |
| LDL CHOLESTEROL, DIRECT | 107 | < 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High | mg/dL |
| METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT | | | |
| NON HDL CHOLESTEROL | 129 | Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220 | mg/dL |
| METHOD : CALCULATED PARAMETER | | | |
| VERY LOW DENSITY LIPOPROTEIN | 25.4 | </= 30.0 | mg/dL |
| METHOD : CALCULATED PARAMETER | | | |
| CHOL/HDL RATIO | 4.3 | 3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk | |
| METHOD : CALCULATED PARAMETER | | | |



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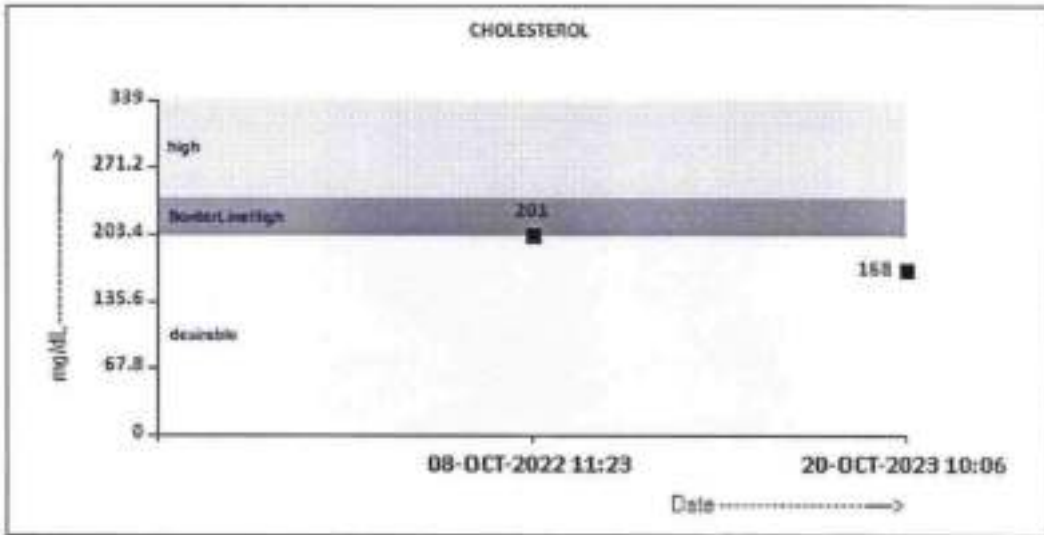

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| | | |
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| PATIENT NAME : MRS.NIKITA SHYAM KAMBLE | | REF. DOCTOR : |
| CODE/NAME & ADDRESS : C000045507 | ACCESSION NO : 0022WJ004103 | AGE/SEX : 31 Years Female |
| FORTIS VASHI-CHC -SPLZD | PATIENT ID : FH.12051169 | DRAWN : 20/10/2023 08:38:00 |
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 BILLNO-1501230PCR060153

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|--------------------|-------|---------|--|-------|
| LDL/HDL RATIO | | 2.7 | 0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk | |

METHOD : CALCULATED PARAMETER



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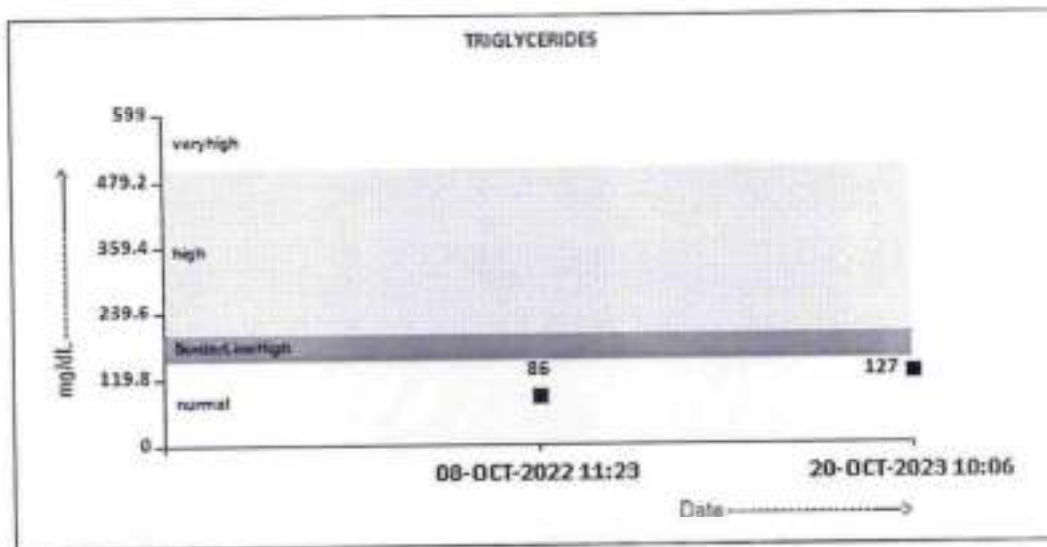
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 Maharashtra, India
 Tel : 022-39199222, 022-49723322,
 CIN - U74899MH1995PLC045656
 Email : -

Patient Ref. No. 2200000879809

| | | |
|---|--|---|
| PATIENT NAME : MRS.NIKITA SHYAM KAMBLE | | REF. DOCTOR : |
| CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001 | ACCESSION NO : 0022WJ004103 PATIENT ID : FH.12051169 CLIENT PATIENT ID: UID:12051169 ABHA NO : | AGE/SEX :31 Years Female DRAWN :20/10/2023 08:38:00 RECEIVED : 20/10/2023 08:39:48 REPORTED :20/10/2023 13:16:02 |

CLINICAL INFORMATION :
 UID:12051169 REQNO-1596926
 CORP-OPD
 BILLNO-150123OPCR060153
 BILLNO-150123OPCR060153

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|



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 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist

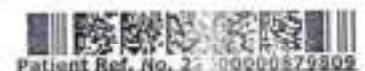


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 CIN - U74899PB1995PLC045956
 Email :-



Patient Ref. No. 2: 00000829809

PATIENT NAME : MRS.NIKITA SHYAM KAMBLE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

ACCESSION NO : 0022WJ004103

PATIENT ID : FH.12051169

CLIENT PATIENT ID: UID:12051169

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 20/10/2023 08:38:00

RECEIVED : 20/10/2023 08:39:48

REPORTED : 20/10/2023 13:16:02

CLINICAL INFORMATION :

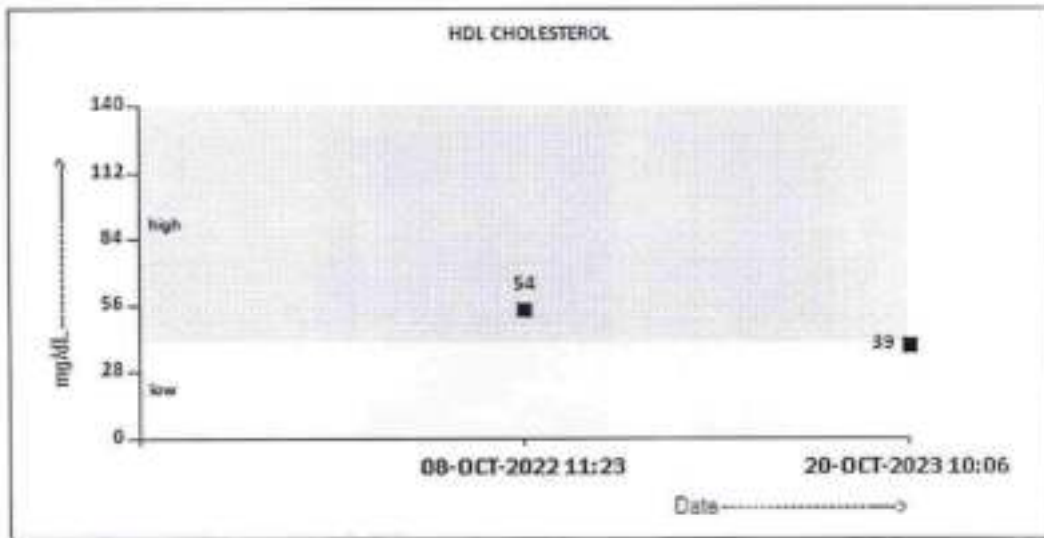
UID:12051169 REQNO-1596926

CORP-OPD

BILLNO-150123OPCR060153

BILLNO-150123OPCR060153

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|--------------------|-------|---------|-------------------------------|-------|
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 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist

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 CIN - U74899PB1995PLC045956
 Email :-



Patient Ref. No. 22000002879809

PATIENT NAME : MRS.NIKITA SHYAM KAMBLE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022WJ004103

PATIENT ID : FH.12051169

CLIENT PATIENT ID: UID:12051169

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 20/10/2023 09:38:00

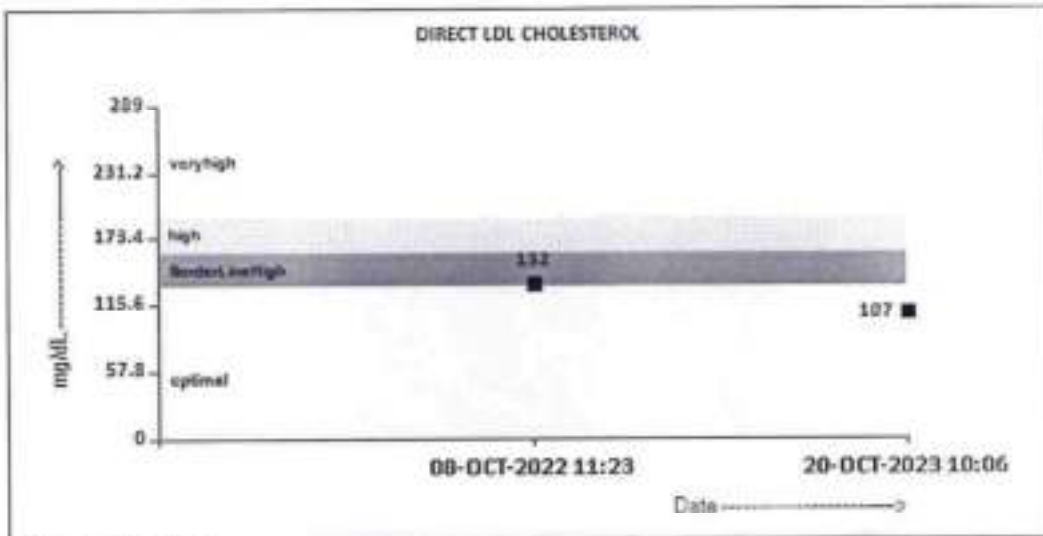
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REPORTED : 20/10/2023 13:16:02

CLINICAL INFORMATION :

UID:12051169 REQNO-1596926
CORP-OPD
BILLNO-150123OPCR060153
BILLNO-150123OPCR060153

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|



Interpretation(s)

Dr. Akshay Dhotre, MD
(Reg.no. MMC 2019/09/6377)
Consultant Pathologist



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CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 2200000979809

PATIENT NAME : MRS.NIKITA SHYAM KAMBLE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022WJ004103

PATIENT ID : FH.12051169

CLIENT PATIENT ID: UID:12051169

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 20/10/2023 08:38:00

RECEIVED : 20/10/2023 08:39:48

REPORTED : 20/10/2023 13:16:02

CLINICAL INFORMATION :

UID:12051169 REQNO-1596926
CORP-OPD
BILLNO-1501230PCRD60153
BILLNO-1501230PCRD60153

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

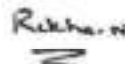
| | |
|-------------------|---------------|
| COLOR | PALE YELLOW |
| METHOD : PHYSICAL | |
| APPEARANCE | SLIGHTLY HAZY |
| METHOD : VISUAL | |

CHEMICAL EXAMINATION, URINE

| | | |
|--|--------------|---------------|
| PH | 6.0 | 4.7 - 7.5 |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD | | |
| SPECIFIC GRAVITY | >=1.030 | 1.003 - 1.035 |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION) | | |
| PROTEIN | NOT DETECTED | NOT DETECTED |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE | | |
| GLUCOSE | NOT DETECTED | NOT DETECTED |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOO/POD | | |
| KETONES | NOT DETECTED | NOT DETECTED |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE | | |
| BLOOD | NOT DETECTED | NOT DETECTED |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN | | |
| BILIRUBIN | NOT DETECTED | NOT DETECTED |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT | | |
| UROBILINOGEN | NORMAL | NORMAL |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRLICH REACTION) | | |
| NITRITE | NOT DETECTED | NOT DETECTED |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE | | |
| LEUKOCYTE ESTERASE | DETECTED | NOT DETECTED |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY | | |



Dr. Akshay Dhotre, MD
(Reg.no. MMC 2019/09/6377)
Consultant Pathologist



Dr. Rekha Nair, MD
(Reg No. MMC 2001/06/2354)
Microbiologist

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CIN - U74899PB1905PLC045956
Email : -



Patient Ref. No. 2200000879809

| | | |
|---|---|--|
| PATIENT NAME : MRS.NIKITA SHYAM KAMBLE | | REF. DOCTOR : |
| CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001 | ACCESSION NO : 0022WJ004103 PATIENT ID : FH.12051169 CLIENT PATIENT ID: UID:12051169 ABHA NO : | AGE/SEX : 31 Years Female DRAWN : 20/10/2023 08:38:00 RECEIVED : 20/10/2023 08:39:48 REPORTED : 20/10/2023 13:16:02 |

CLINICAL INFORMATION :
 UID:12051169 REQNO-1596926
 CORP-OPD
 BILLNO-1501230PCR060153
 BILLNO-1501230PCR060153

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|---------------------------------------|-------|---|-------------------------------|-------|
| MICROSCOPIC EXAMINATION, URINE | | | | |
| RED BLOOD CELLS | | NOT DETECTED | NOT DETECTED | /HPF |
| METHOD : MICROSCOPIC EXAMINATION | | | | |
| PUS CELL (WBC'S) | | 8-10 | 0-5 | /HPF |
| METHOD : MICROSCOPIC EXAMINATION | | | | |
| EPITHELIAL CELLS | | 15-20 | 0-5 | /HPF |
| METHOD : MICROSCOPIC EXAMINATION | | | | |
| CASTS | | NOT DETECTED | | |
| METHOD : MICROSCOPIC EXAMINATION | | | | |
| CRYSTALS | | NOT DETECTED | | |
| METHOD : MICROSCOPIC EXAMINATION | | | | |
| BACTERIA | | DETECTED | NOT DETECTED | |
| METHOD : MICROSCOPIC EXAMINATION | | | | |
| YEAST | | NOT DETECTED | NOT DETECTED | |
| METHOD : MICROSCOPIC EXAMINATION | | | | |
| REMARKS | | URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT. | | |

Interpretation(s)

Dr. Akshay Dhotre, MD
 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist

Dr. Rekha Nair, MD
 (Reg No. MMC 2001/06/2354)
 Microbiologist

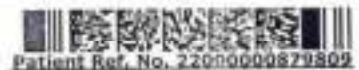


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 Email : -



PATIENT NAME : MRS.NIKITA SHYAM KAMBLE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022WJ004103
 PATIENT ID : FH.12051169
 CLIENT PATIENT ID: UID:12051169
 ABHA NO :

AGE/SEX : 31 Years Female
 DRAWN : 20/10/2023 08:38:00
 RECEIVED : 20/10/2023 08:39:48
 REPORTED : 20/10/2023 13:16:02

CLINICAL INFORMATION :

UID:12051169 REQNO-1596926
 CORP-OPD
 BILLNO-1501230PCR060153
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| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|

SPECIALISED CHEMISTRY - HORMONE


THYROID PANEL, SERUM

| | | | |
|--|------------|---|--------|
| T3 | 94.2 | Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0 | ng/dL |
| METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE | | | |
| T4 | 6.31 | Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70 | µg/dL |
| METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE | | | |
| TSH (ULTRASENSITIVE) | 4.350 High | Non Pregnant Women 0.27 - 4.20 Pregnant Women 1st Trimester: 0.33 - 4.59 2nd Trimester: 0.35 - 4.10 3rd Trimester: 0.21 - 3.15 | µIU/mL |
| METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY | | | |

Interpretation(s)

End Of Report

Please visit www.agilusdiagnostics.com for related Test Information for this accession


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 Consultant Pathologist

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Patient Ref. No. 2200000879809

PATIENT NAME : MRS.NIKITA SHYAM KAMBLE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022WJ004141

PATIENT ID : FH.12051169

CLIENT PATIENT ID: UID:12051169

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 20/10/2023 11:18:00

RECEIVED : 20/10/2023 11:20:02

REPORTED : 20/10/2023 13:10:52

CLINICAL INFORMATION :

 UID:12051169 REQNO-1596926
 CORP-OPD
 BILLNO-150123OPCR060153
 BILLNO-150123OPCR060153

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|

BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

| | | | |
|---------------------------------|----|----------|-------|
| PPBS(POST PRANDIAL BLOOD SUGAR) | 82 | 70 - 140 | mg/dL |
| METHOD : HEXOKINASE | | | |



Comments


NOTE: - POST PRANDIAL PLASMA GLUCOSE VALUES. TO BE CORRELATE WITH CLINICAL, DIETETIC AND THERAPEUTIC HISTORY.

Interpretation(s)

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. Additional test HbA1c

End Of Report

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 Consultant Pathologist

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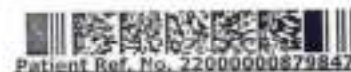


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 CIN - U74899PB1995PLC045956
 Email : -


Patient Ref. No. 22000000879842

PATIENT NAME : MRS.NIKITA SHYAM KAMBLE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022WJ004191

PATIENT ID : FH.12051169

CLIENT PATIENT ID: UID:12051169

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 20/10/2023 14:28:00

RECEIVED : 20/10/2023 14:28:50

REPORTED : 21/10/2023 12:31:28

CLINICAL INFORMATION :

 UID:12051169 REQNO-1596926
 CORP-OPD
 BILLNO-150123OPCR060153
 BILLNO-150123OPCR060153
Test Report Status **Final**

Units

CYTOLOGY

PAPANICOLAOU SMEAR

PAPANICOLAOU SMEAR

TEST METHOD

CONVENTIONAL GYNEC CYTOLOGY

SPECIMEN TYPE

TWO UNSTAINED CERVICAL SMEARS RECEIVED

REPORTING SYSTEM

2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY

SPECIMEN ADEQUACY

SATISFACTORY

METHOD : MICROSCOPIC EXAMINATION

MICROSCOPY

 SMEARS STUDIED SHOW SUPERFICIAL SQUAMOUS CELLS,
 INTERMEDIATE SQUAMOUS CELLS, OCCASIONAL SQUAMOUS
 METAPLASTIC CELLS, OCCASIONAL CLUSTERS OF ENDOCERVICAL CELLS
 IN THE BACKGROUND OF PLENTY POLYMORPHS.

INTERPRETATION / RESULT

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Comments

 PLEASE NOTE PAPANICOLAOU SMEAR STUDY IS A SCREENING PROCEDURE FOR CERVICAL
 CANCER WITH INHERENT FALSE NEGATIVE RESULTS, HENCE SHOULD BE INTERPRETED
 WITH CAUTION.

NO CYTOLOGICAL EVIDENCE OF HPV INFECTION IN THE SMEARS STUDIED.

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 Consultant Pathologist

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 CIN - U74899PB1995PLC045956
 Email : -


Patient Ref. No. 22000000829697

*Sinus rhythm
T wave ↑ W-10
HC.*

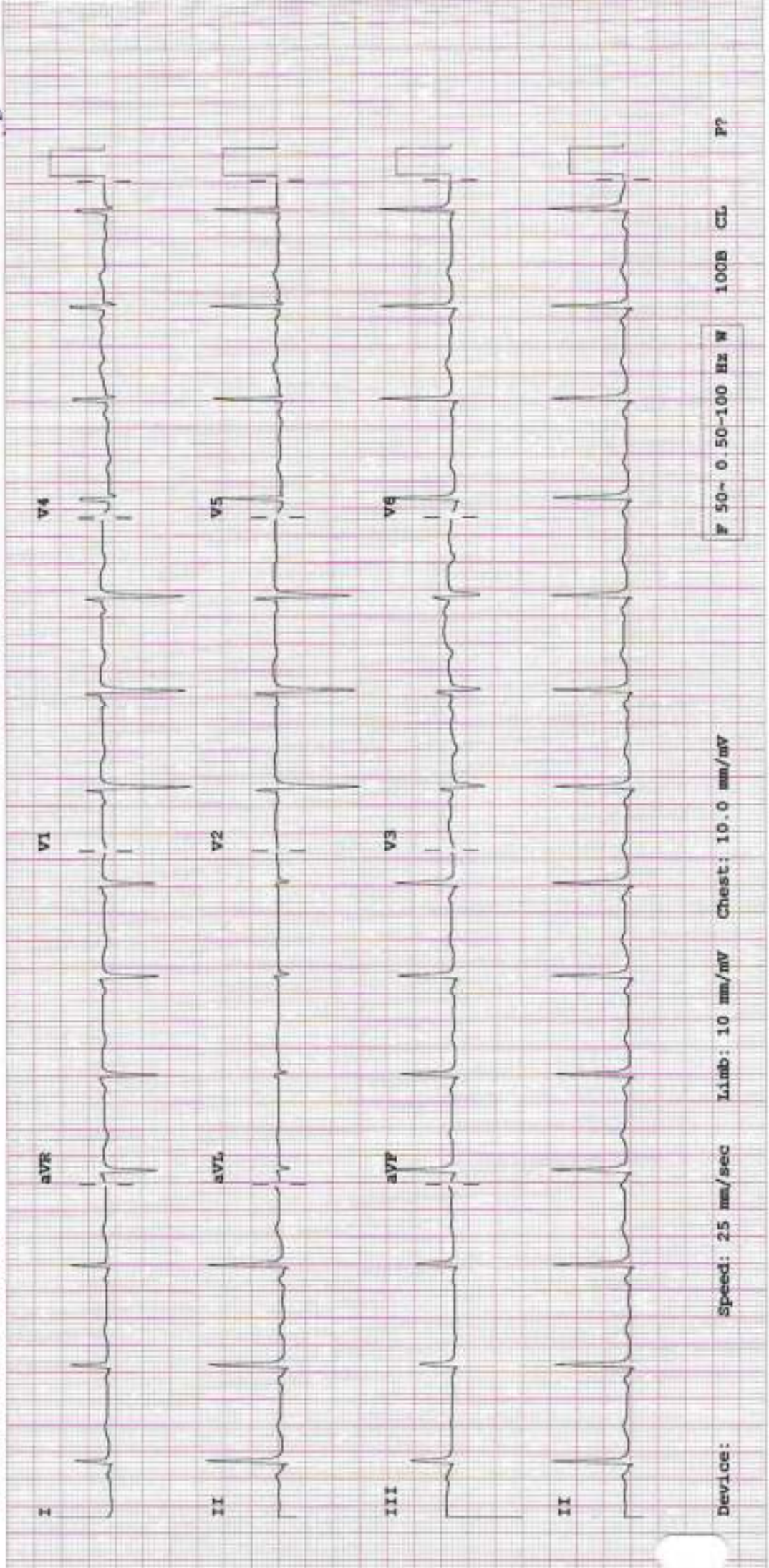
Rate 83 - Sinus rhythm.....Normal P axis, V-rate 50-99
PR 125
QRS 63
QT 373
QTc 439

--AXIS--
P 64
QRS 63
T 22
12 Lead; Standard Placement

Correlate clinically

Unconfirmed Diagnosis

-- ABNORMAL ECG --



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50- 0.50-100 Hz W

100B CL F?



DEPARTMENT OF NIC

Date: 20/Oct/2023

Name: Mrs. Nikita Shyam Kamble

UHID | Episode No : 12051169 | 60969/23/1501

Age | Sex: 31 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2310/127021 | 20-Oct-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 20-Oct-2023 15:28:59

Bed Name :

Order Doctor Name : Dr.SELF .

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction.
- No left ventricle hypertrophy. No left ventricle dilatation.
- Structurally normal valves.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- No tricuspid regurgitation. No pulmonary hypertension.
- Intact IAS and IVS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimensions.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.

M-MODE MEASUREMENTS:

| | | |
|-------------|----|----|
| LA | 36 | mm |
| AO Root | 27 | mm |
| AO CUSP SEP | 18 | mm |
| LVID (s) | 31 | mm |
| LVID (d) | 43 | mm |
| IVS (d) | 09 | mm |
| LVPW (d) | 10 | mm |
| RVID (d) | 29 | mm |
| RA | 31 | mm |
| LVEF | 60 | % |



DEPARTMENT OF NIC

Date: 20/Oct/2023

Name: Mrs. Nikita Shyam Kamble

UHID | Episode No : 12051169 | 60969/23/1501

Age | Sex: 31 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2310/127021 | 20-Oct-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 20-Oct-2023 15:28:59

Bed Name :

Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 0.9 m/sec.

A WAVE VELOCITY:0.5 m/sec

E/A RATIO:1.4

| | PEAK (mmHg) | MEAN (mmHg) | V max (m/sec) | GRADE OF REGURGITATION |
|-----------------|----------------|----------------|------------------|---------------------------|
| MITRAL VALVE | N | | | Nil |
| AORTIC VALVE | 05 | | | Nil |
| TRICUSPID VALVE | N | | | Nil |
| PULMONARY VALVE | 2.0 | | | Nil |

Final Impression :

- Normal 2 Dimensional and colour doppler echocardiography study.


DR. PRASHANT PAWAR
DNB(MED), DNB (CARDIOLOGY)

Hiranandani Healthcare Pvt. Ltd.

Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.

Board Line: 022 - 39199222 | Fax: 022 - 39133220

Emergency: 022 - 39199100 | Ambulance: 1255

For Appointment: 022 - 39199200 | Health Checkup: 022 - 39199300

www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D12G

PAN NO : AABCH5894D



Hiranandani
HOSPITAL
A Fortis Network Hospital

DEPARTMENT OF RADIOLOGY

Date: 20/Oct/2023

Name: Mrs. Nikita Shyam Kamble

UHID | Episode No : 12051169 | 60969/23/1501

Age | Sex: 31 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2310/127021 | 20-Oct-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 20-Oct-2023 14:51:49

Bed Name :

Order Doctor Name : Dr.SELF .

X-RAY-CHEST- PA

Findings:

Both lung fields are clear.

The cardiac shadow appears within normal limits.

Trachea and major bronchi appears normal.

Both costophrenic angles are well maintained.

Bony thorax is unremarkable.

DR. YOGINI SHAH

DMRD., DNB. (Radiologist)



(For Billing/Reports & Discharge Summary only)

| | | | |
|--------------|-----------------------|----------------|-----------------------|
| Patient Name | : Nikita Shyam Kamble | Patient ID | : 12051169 |
| Sex / Age | : F / 31Y 5M 13D | Accession No. | : PHC.6798925 |
| Modality | : US | Scan DateTime | : 20-10-2023 11:24:52 |
| IPID No | : 60969/23/1501 | ReportDatetime | : 20-10-2023 11:56:55 |

USG – WHOLE ABDOMEN

LIVER is normal in size and echogenicity. No IHBR dilatation. No focal lesion is seen in liver. Portal vein appears normal in caliber.

GALL BLADDER is physiologically distended. Gall bladder reveals normal wall thickness. No evidence of calculi in gall bladder. No evidence of pericholecystic collection.

CBD appears normal in caliber.

SPLEEN is normal in size and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis.

Right kidney measures 9.5 x 4.1 cm.

Left kidney measures 11.1 x 4.8 cm. *Mild fullness of pelvicalyceal system is seen.*

PANCREAS is normal in size and morphology. No evidence of peripancreatic collection.

URINARY BLADDER is normal in capacity and contour. Bladder wall is normal in thickness. No evidence of intravesical calculi.

UTERUS is normal in size, measuring 7.2 x 5.5 x 3.1 cm.

Endometrium measures 4 mm in thickness.

Both ovaries are normal.

Right ovary measures 3.0 x 1.3 cm.

Left ovary measures 3.5 x 1.3 cm.

No evidence of ascites.

Impression:

- No significant abnormality is detected.

DR. KUNAL NIGAM
M.D. (Radiologist)