Hiranandani HOSPITAL
(A Fortis Network Hospital)

Hiranandani Fortis Hospital
Mini Seashore Road,
Sector 10 - A, Vashi,
Navi Mumbai - 400 703.
Tel. : +91-22-3919 9222
Fax : +91-22-3919 9220/21
Email : vashi@vashihospital.com

BMI CHART

Date: 03/02/20

Name: Mrs. Hema Tilak Dhatrika Age: 54 yrs Sex: M / F

BP: 130/90 mm Hg Height (cms): 158 cm Weight(kgs): 59 kg BMI: 25

WEIGHT lbs	100	105	100	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
kgs	45.5	47.7	50.50	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7
HEIGHT in/cm	Underweight					Healthy					Overweight					Obese					Extremely Obese			
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	36	37	38	39	40
5'2" - 157.4	18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39
5'3" - 160.0	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	32	33	34	35	36	37	38
5'4" - 162.5	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34
5'7" - 170.1	15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32
5'9" - 176.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31
5'10" - 177.8	14	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30
5'11" - 180.3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29
6'1" - 185.4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28
6'2" - 187.9	12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27
6'3" - 190.5	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26
6'4" - 193.0	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26

Doctors Notes:

Signature

Hiranandani Healthcare Pvt. Ltd.
Mini Sea Shore Road, Sector 10 -A, Vashi, Navi Mumbai - 400703
Board Line: 022 - 39199222 | Fax: 022 - 39199220
Emergency: 022 - 39199100 | Ambulance: 1255
For Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300
www.fortishealthcare.com |
CIN : U85100MH2005PTC154823
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

Hiranandani HOSPITAL
(A Fortis Network Hospital)

UHID	12290955	Date	13/02/2023		
Name	Mrs.Neha Nitin Dhatavkar	Sex	Female	Age	54
OPD	Pap Smear	Health Check Up			

Stages / P2C2.

Drug allergy:
Sys illness:

PM :- 6 mths

Pap - Cp ug/(H) Pap.

Adv

- Pap Smear 3yrly.
- mammography } yrly
  USG Pelvis
- self breast exam monthly

Dr

Hiranandani Healthcare Pvt. Ltd.
Mini Sea Shore Road, Sector 10 -A, Vashi, Navi Mumbai - 400703
Board Line: 022 - 39199222 | Fax: 022 - 39199220
Emergency: 022 - 39199100 | Ambulance: 1255
For Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300
www.fortishealthcare.com |
CIN : U85100MH2005PTC154823
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

Hiranandani HOSPITAL
(A Fortis Network Hospital)

UHID	~~2300741~~ (1229055)	**Date**	**13/02/2023**		
Name	**Mrs.~~Rina Thali~~** Neha Nitin	**Sex**	**Female**	**Age**	57 yrs
OPD	**Opthal 14**	**Health Check Up**			

Drug allergy: → Not known
Sys illness: → No.

Ch. No.

H/a No.

Unaided → R6 6/60
L6. 6/60

R6 +2.50 cyl. 6/6
L6 +2.50 cyl 6/6

Add → +2.00 → N6
N6

FOP → RE → 11.4
LE → 11.2

(Same as P.G.P.)

Hiranandani Healthcare Pvt. Ltd.
Mini Sea Shore Road, Sector 10 -A, Vashi, Navi Mumbai - 400703
Board Line: 022 - 39199222 | Fax: 022 - 39199220
Emergency: 022 - 39199100 | Ambulance: 1255
For Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300
www.fortishealthcare.com |
CIN : U85100MH2005PTC154823
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

9112.

Hiranandani HOSPITAL
(A Fortis Network Hospital)

UHID	**12290955**	**Date**	**13/02/2023**		
Name	**Mrs.Neha Nitin Dhatavkar**	**Sex**	**Female**	**Age**	**54**
OPD	**Dental 12**	**Health Check Up**			

Drug allergy:
Sys illness:

Missing 7654 | 67

Root piece 54|

Stains + Calculus +

Treatment

Adv CBCT full mouth.

Adv. extraction 54|

Adv Implant supported bridge 7654|

Adv Implant |67.

Adv. Oral prophylaxis.

|

Dr Diksha Kaha

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

CLIENT PATIENT ID : UID:12290955

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

Test Report Status **Final**	Results	Biological Reference Interval	Units
KIDNEY PANEL - 1			
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	9	6 - 20	mg/dL
METHOD : UREASE - UV			
CREATININE EGFR- EPI			
CREATININE	0.78	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES			
AGE	54		years
GLOMERULAR FILTRATION RATE (FEMALE)	90.20	Refer Interpretation Below	mL/min/1.7
METHOD : CALCULATED PARAMETER			
BUN/CREAT RATIO			
BUN/CREAT RATIO	11.54	5.00 - 15.00	
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM			
URIC ACID	4.1	2.6 - 6.0	mg/dL
METHOD : URICASE UV			
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.9	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN, SERUM			
ALBUMIN	3.9	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN			
GLOBULIN	4.0	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER			
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM	141	136 - 145	mmol/L
METHOD : ISE INDIRECT			
POTASSIUM, SERUM	4.24	3.50 - 5.10	mmol/L
METHOD : ISE INDIRECT			

Scan to View Details

Scan to View Rep

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 1
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

CLIENT PATIENT ID : UID:12290955

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

Test Report Status **Final**	Results	Biological Reference Interval	Units
CHLORIDE, SERUM METHOD : ISE INDIRECT	104	98 - 107	mmol/L

Interpretation(s)

PHYSICAL EXAMINATION, URINE

COLOR METHOD : PHYSICAL	PALE YELLOW		
APPEARANCE METHOD : VISUAL	**SLIGHTLY HAZY**		

CHEMICAL EXAMINATION, URINE

PH METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD	6.0	4.7 - 7.5	
SPECIFIC GRAVITY METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)	1.020	1.003 - 1.035	
PROTEIN METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE	NOT DETECTED	NOT DETECTED	
GLUCOSE METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD	NOT DETECTED	NOT DETECTED	
KETONES METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE	NOT DETECTED	NOT DETECTED	
BLOOD METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN	NOT DETECTED	NOT DETECTED	
BILIRUBIN METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT	NORMAL	NORMAL	
UROBILINOGEN METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRLICH REACTION)	NOT DETECTED	NOT DETECTED	
NITRITE METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE	NOT DETECTED	NOT DETECTED	
LEUKOCYTE ESTERASE METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY			

MICROSCOPIC EXAMINATION, URINE

Scan to View Details

Scan to View R

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 1
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

CLIENT PATIENT ID : UID:12290955

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

Test Report Status **Final**	Results	Biological Reference Interval	Units
RED BLOOD CELLS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S) METHOD : MICROSCOPIC EXAMINATION	**5-7**	0-5	/HPF
EPITHELIAL CELLS METHOD : MICROSCOPIC EXAMINATION	**8-10**	0-5	/HPF
CASTS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
CRYSTALS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
BACTERIA METHOD : MICROSCOPIC EXAMINATION	**DETECTED**	NOT DETECTED	
YEAST METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
REMARKS	URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT		

Interpretation(s)

Interpretation(s)
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.
CREATININE EGFR- EPI-GFR— Glomerular filtration rate (GFR) is a measure of the function of the kidneys. The GFR is a calculation based on a serum creatinine test
Creatinine is a muscle waste product that is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate. When kidney function decrease
creatinine is excreted and concentrations increase in the blood. With the creatinine test, a reasonable estimate of the actual GFR can be determined.
A GFR of 60 or higher is in the normal range.
A GFR below 60 may mean kidney disease.
A GFR of 15 or lower may mean kidney failure.
Estimated GFR (eGFR) is the preferred method for identifying people with chronic kidney disease (CKD). In adults, eGFR calculated using the Modification of Diet in
Disease (MDRD) Study equation provides a more clinically useful measure of kidney function than serum creatinine alone.
The CKD-EPI creatinine equation is based on the same four variables as the MDRD Study equation, but uses a 2-slope spline to model the relationship between esti
GFR and serum creatinine, and a different relationship for age, sex and race. The equation was reported to perform better and with less bias than the MDRD Study
especially in patients with higher GFR. This results in reduced misclassification of CKD.
The CKD-EPI creatinine equation has not been validated in children & will only be reported for patients = 18 years of age. For pediatric and childrens, Schwartz Ped
Bedside eGFR (2009) formulae is used. This revised "bedside" pediatric eGFR requires only serum creatinine and height.
URIC ACID, SERUM-**Causes of Increased levels:**-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metab

Scan to View Details

Scan to View R

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

REFERRING DOCTOR : SELF CLIENT PATIENT ID : UID:12290955

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

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

syndrome
Causes of decreased levels-Low Zinc intake,OCP,Multiple Sclerosis
TOTAL PROTEIN, SERUM-Serum 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, Waldenstrom''''''''''''''s 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, hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.

Scan to View Details

Scan to View Report

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

REFERRING DOCTOR : SELF CLIENT PATIENT ID : UID:12290955

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

Test Report Status **Final**	Results		Biological Reference Interval	Units
HAEMATOLOGY - CBC				
CBC-5, EDTA WHOLE BLOOD				
BLOOD COUNTS, EDTA WHOLE BLOOD				
HEMOGLOBIN (HB)	13.4		12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY				
RED BLOOD CELL (RBC) COUNT	4.45		3.8 - 4.8	mil/µL
METHOD : ELECTRICAL IMPEDANCE				
WHITE BLOOD CELL (WBC) COUNT	5.79		4.0 - 10.0	thou/µL
METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY				
PLATELET COUNT	234		150 - 410	thou/µL
METHOD : ELECTRICAL IMPEDANCE				
RBC AND PLATELET INDICES				
HEMATOCRIT (PCV)	39.4		36 - 46	%
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR VOLUME (MCV)	88.6		83 - 101	fL
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	30.2		27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	34.1		31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER				
RED CELL DISTRIBUTION WIDTH (RDW)	**14.5**	**High**	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER				
MENTZER INDEX	19.9			
MEAN PLATELET VOLUME (MPV)	10.4		6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER				
WBC DIFFERENTIAL COUNT				
NEUTROPHILS	49		40 - 80	%
METHOD : FLOWCYTOMETRY				
LYMPHOCYTES	**41**	**High**	20 - 40	%
METHOD : FLOWCYTOMETRY				

Scan to View Details

Scan to View Report

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

CLIENT PATIENT ID : UID:12290955

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

Test Report Status **Final**	Results	Biological Reference Interval	Units
MONOCYTES METHOD : FLOWCYTOMETRY	8	2 - 10	%
EOSINOPHILS METHOD : FLOWCYTOMETRY	2	1 - 6	%
BASOPHILS METHOD : FLOWCYTOMETRY	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT METHOD : CALCULATED PARAMETER	2.84	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT METHOD : CALCULATED PARAMETER	2.37	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT METHOD : CALCULATED PARAMETER	0.46	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT METHOD : CALCULATED PARAMETER	0.12	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT METHOD : CALCULATED PARAMETER	**0**	**Low** 0.02 - 0.10	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR) METHOD : CALCULATED PARAMETER	1.2		
MORPHOLOGY			
RBC METHOD : MICROSCOPIC EXAMINATION	PREDOMINANTLY NORMOCYTIC NORMOCHROMIC		
WBC METHOD : MICROSCOPIC EXAMINATION	NORMAL MORPHOLOGY		
PLATELETS METHOD : MICROSCOPIC EXAMINATION	ADEQUATE		

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(> 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 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 posit

Scan to View Details

Scan to View R

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

REFERRING DOCTOR : SELF CLIENT PATIENT ID : UID:12290955

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

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

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.

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R	10	0 - 20	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.

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE O

METHOD : TUBE AGGLUTINATION

RH TYPE	POSITIVE

METHOD : TUBE AGGLUTINATION

Scan to View Details

Scan to View Report

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

REFERRING DOCTOR : SELF CLIENT PATIENT ID : UID:12290955

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

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

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.

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.88	0.2 - 1.0	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, DIRECT	0.15	0.0 - 0.2	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, INDIRECT	0.73	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	7.9	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN	3.9	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN	4.0	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO	1.0	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15	15 - 37	U/L
METHOD : UV WITH P5P			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	< 34.0	U/L
METHOD : UV WITH P5P			
ALKALINE PHOSPHATASE	65	30 - 120	U/L
METHOD : PNPP-ANP			
GAMMA GLUTAMYL TRANSFERASE (GGT)	29	5 - 55	U/L
METHOD : GAMMA GLUTAMYLCARBOXY 4NITROANILIDE			

Scan to View Details

Scan to View Report

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

CLIENT PATIENT ID : UID:12290955

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

Test Report Status **Final**	Results	Biological Reference Interval	Units
LACTATE DEHYDROGENASE	155	100 - 190	U/L
METHOD : LACTATE -PYRUVATE			
GLUCOSE FASTING,FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR)	95	74 - 99	mg/dL
METHOD : HEXOKINASE			
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			

Interpretation(s)
LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE
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.AL 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, Paget""s disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia,Malnutrition,Protein deficiency,Wilson""s 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 th 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,biliar system and pancreas.Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.Serum 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,Waldenstrom""s disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephro syndrome,Protein-losing enteropathy etc.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

Scan to View Details

Scan to View Report

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

REFERRING DOCTOR : SELF CLIENT PATIENT ID : UID:12290955

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

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

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 th 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.
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 :
I.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.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.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.
IV.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

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	197	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL

METHOD : ENZYMATIC/COLORIMETRIC,CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE

TRIGLYCERIDES	114	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL

METHOD : ENZYMATIC ASSAY

Scan to View Details

Scan to View Report

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

REFERRING DOCTOR : SELF CLIENT PATIENT ID : UID:12290955

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

Test Report Status **Final**	Results		Biological Reference Interval	Units
HDL CHOLESTEROL	52		< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG				
LDL CHOLESTEROL, DIRECT	**135**	**High**	< 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	**145**	**High**	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	22.8		</= 30.0	mg/dL
METHOD : CALCULATED PARAMETER				
CHOL/HDL RATIO	3.8		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				
LDL/HDL RATIO	2.6		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER				

Interpretation(s)

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

Scan to View Details

Scan to View Report

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 12:59:50

REFERRING DOCTOR : SELF CLIENT PATIENT ID : UID:12290955

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

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

Dr.Akta Dubey
Counsultant Pathologist

Dr. Rekha Nair, MD
Microbiologist

Scan to View Details

Scan to View Report

LABORATORY REPORT

Patient Ref. No. 22000000828360

Cert. No. MC-2984

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
BHOOMI TOWER, 1ST FLOOR, HALL NO.1, PLOT NO.28 SECTOR 4,
KHARGHAR
NAVI MUMBAI, 410210
MAHARASHTRA, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002451** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 09:32:00 RECEIVED : 13/02/2023 09:33:24 REPORTED : 13/02/2023 14:34:04

CLIENT PATIENT ID : UID:12290955

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

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

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	113.70	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, COMPETITIVE IMMUNOASSAY			
T4	5.58	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, COMPETITIVE IMMUNOASSAY			
TSH (ULTRASENSITIVE)	3.970	0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			

Interpretation(s)

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

Dr. Swapnil Sirmukaddam
Consultant Pathologist

Scan to View Details

Scan to View Report

LABORATORY REPORT

Patient Ref. No. 22000000828394

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 1
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002485** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 12:05:00 RECEIVED : 13/02/2023 12:05:12 REPORTED : 13/02/2023 13:06:28

CLIENT PATIENT ID : UID:12290955

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

Test Report Status **Final**	Results	Biological Reference Interval	Units
BIOCHEMISTRY			
GLUCOSE, POST-PRANDIAL, PLASMA			
PPBS(POST PRANDIAL BLOOD SUGAR)	114	70 - 139	mg/dL
METHOD : HEXOKINASE			

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 Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c

****End Of Report****

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

Dr.Akta Dubey
Counsultant Pathologist

Scan to View Details

Scan to View Repor

LABORATORY REPORT

Patient Ref. No. 22000000828443

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.NEHA NITIN DHATAVKAR PATIENT ID : **FH.12290955**

ACCESSION NO : **0022WB002534** AGE : 54 Years SEX : Female ABHA NO :

DRAWN : 13/02/2023 14:56:00 RECEIVED : 13/02/2023 15:13:01 REPORTED : 13/02/2023 18:08:55

CLIENT PATIENT ID : UID:12290955

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12290955 REQNO-1371371
CORP-OPD
BILLNO-150123OPCR008793
BILLNO-150123OPCR008793

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 PARABASAL CELLS, INTERMEDIATE SQUAMOU CELLS IN THE BACKGROUND OF FEW POLYMORPHS.
INTERPRETATION / RESULT	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY-ATROPHIC SMEAR.
ENDOMETRIAL CELLS (IN A WOMAN >/= 45 YRS)	ABSENT
METHOD : MICROSCOPIC EXAMINATION	

Comments

PLEASE NOTE PAPANICOLAU 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.

****End Of Report****

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

Dr.Akta Dubey
Counsultant Pathologist

Scan to View Details

Scan to View Repo

12290955
54 Years

NEHA DHATAVKAR
Female

2/13/2023 11:16:14 AM

HC

Rate 87 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Borderline T abnormalities, diffuse leads.....T flat/neg

PR 138
QRSD 81
QT 358
QTc 431

--AXIS--
P 30
QRS 36
T -10

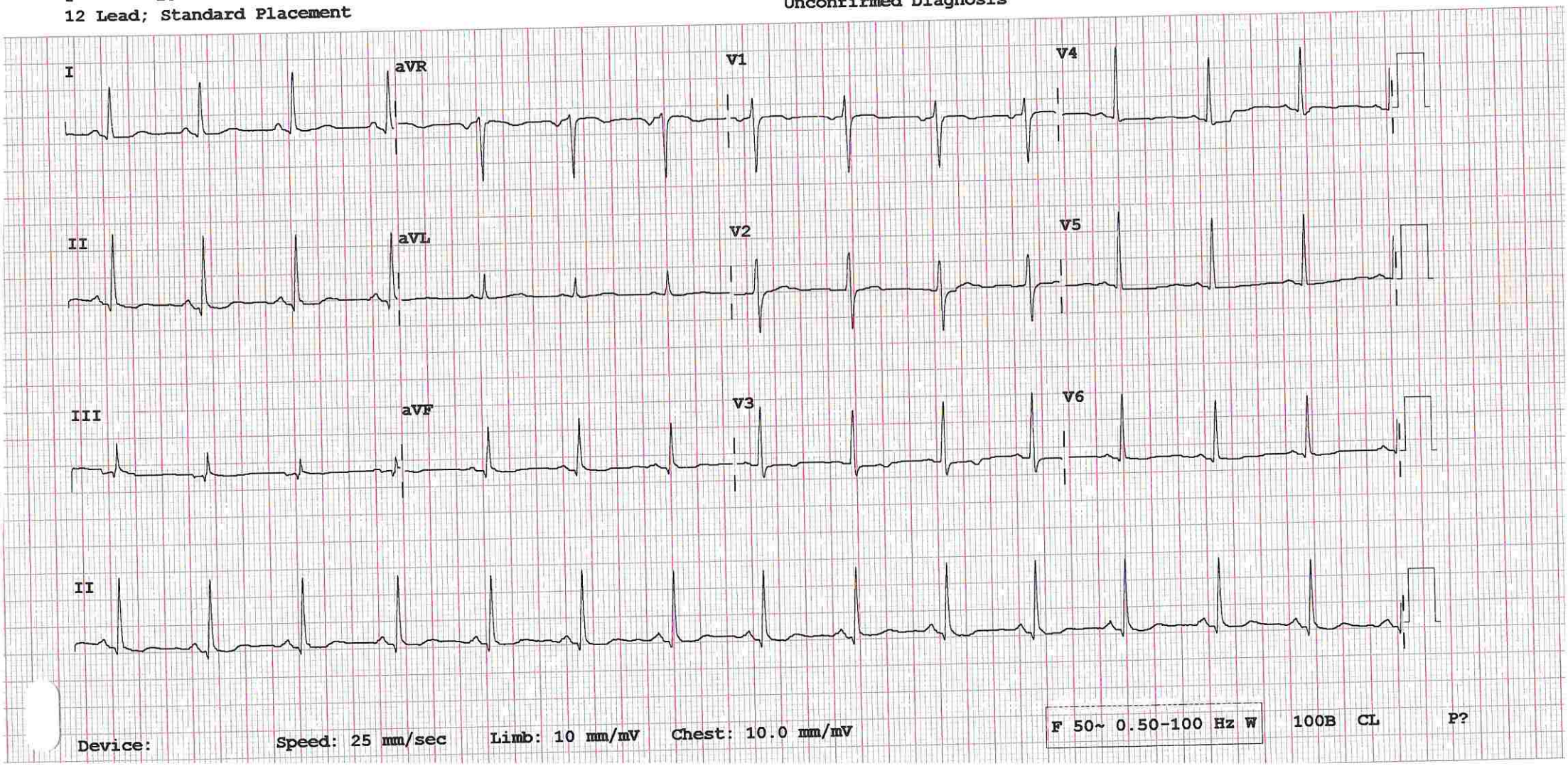
12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis

sinus rhythm
↑↓ V3-V5

Correlate Clinically



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

F 50~ 0.50-100 Hz W 100B CL P?

Hiranandani Healthcare Pvt. Ltd.
Min Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.
Board Line: 022 - 39199222 I Fax: 022 - 39133220
Emergency: 022 - 39199100 I Ambulance: 1255
For Appointment: 022 - 39199200 I Health Checkup: 022 - 39199300
www.fortishealthcare.com I vashi@fortishealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Hiranandani HOSPITAL (A Fortis Network Hospital)

Date: 14/Feb/2023

DEPARTMENT OF NIC

Name: Mrs. Neha Nitin Dhatavkar
Age | Sex: 54 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12290955 | 8997/23/1501
Order No | Order Date: 1501/PN/OP/2302/18504 | 13-Feb-2023
Admitted On | Reporting Date : 14-Feb-2023 09:21:44
Order Doctor Name : Dr.SELF .

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- Mild concentric left ventricle hypertrophy.
- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- Grade I left ventricle diastolic dysfunction. No e/o raised LVEDP.
- Trivial mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- No tricuspid regurgitation. No pulmonary hypertension.
- Intact IVS and IAS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 15 mm with normal inspiratory collapse .

M-MODE MEASUREMENTS:

LA	28	mm
AO Root	27	mm
AO CUSP SEP	17	mm
LVID (s)	20	mm
LVID (d)	33	mm
IVS (d)	12	mm
LVPW (d)	13	mm
RVID (d)	17	mm
RA	30	mm
LVEF	60	%

Hiranandani Healthcare Pvt. Ltd.
Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.
Board Line: 022 - 39199222 I Fax: 022 - 39133220
Emergency: 022 - 39199100 I Ambulance: 1255
For Appointment: 022 - 39199200 I Health Checkup: 022 - 39199300
www.fortishealthcare.com I vashi@fortishealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Hiranandani HOSPITAL (A Fortis Network Hospital)

(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF NIC

Date: 14/Feb/2023

Name: Mrs. Neha Nitin Dhatavkar
Age | Sex: 54 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12290955 | 8997/23/1501
Order No | Order Date: 1501/PN/OP/2302/18504 | 13-Feb-2023
Admitted On | Reporting Date : 14-Feb-2023 09:21:44
Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 0.5m/sec.
A WAVE VELOCITY:0.9 m/sec
E/A RATIO: 0.6 ,E/E'= 14

	PEAK (mmHg)	MEAN (mmHg)	V max (m/sec)	GRADE OF REGURGITATION
MITRAL VALVE	N			Trivial
AORTIC VALVE	06			Nil
TRICUSPID VALVE	N			Nil
PULMONARY VALVE	4.0			Nil

Final Impression :

- Mild LVH.
- No RWMA.
- Grade I LV diastolic dysfunction.
- Trivial MR and TR. No PH.
- Normal LV and RV systolic function.

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 I Fax: 022 - 39133220
Emergency: 022 - 39199100 I Ambulance: 1255
For Appointment: 022 - 39199200 I Health Checkup: 022 - 39199300
www.fortishealthcare.com I vashi@fortishealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Hiranandani HOSPITAL (A Fortis Network Hospital)

DEPARTMENT OF RADIOLOGY

Date: 13/Feb/2023

Name: Mrs. Neha Nitin Dhatavkar
Age | Sex: 54 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12290955 | 8997/23/1501
Order No | Order Date: 1501/PN/OP/2302/18504 | 13-Feb-2023
Admitted On | Reporting Date : 13-Feb-2023 11:05:31
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 appear normal.

Both costophrenic angles are well maintained.

Bony thorax appears unremarkable.

Aditya

DR. ADITYA NALAWADE
M.D. (Radiologist)

Hiranandani Healthcare Pvt. Ltd.
Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.
Board Line: 022 - 39199222 I Fax: 022 - 39133220
Emergency: 022 - 39199100 I Ambulance: 1255
For Appointment: 022 - 39199200 I Health Checkup: 022 - 39199300
www.fortishealthcare.com I vashi@fortishealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Hiranandani HOSPITAL (A Fortis Network Hospital)

Date: 13/Feb/2023

DEPARTMENT OF RADIOLOGY

Name: Mrs. Neha Nitin Dhatavkar
Age | Sex: 54 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12290955 | 8997/23/1501
Order No | Order Date: 1501/PN/OP/2302/18504 | 13-Feb-2023
Admitted On | Reporting Date : 13-Feb-2023 11:00:41
Order Doctor Name : Dr.SELF .

US-WHOLE ABDOMEN

LIVER is normal in size and echogenicity. Intrahepatic portal and biliary systems are normal. No focal lesion is seen in liver. Portal vein is normal.

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 8.6 x 3.8 cm.
Left kidney measures 8.0 x 4.3 cm.

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 mass/calculi.

UTERUS – post menopausal status.
Endometrium measures 4 mm in thickness.

Both ovaries are not visualised, however adnexae are clear.

No evidence of ascites.

A defect of size 15.2 mm is seen at anterior abdominal wall in umbilical region through which there is herniation of omentum – s/o umbilical hernia.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **Umbilical hernia.**

DR. CHETAN KHADKE
M.D. (Radiologist)