

BMI CHART

Date: 11/04/23

Name: Mr Sachin Sahukar Age: 43 yrs Sex: M/F
BP: 130/80 Height (cms): 164 cm Weight(kgs): 64.8 kg BMI: 24
mm = ft x 12

WEIGHT lbs	100	105	110	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	50.5	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	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	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	33	34	35	36	37	38	39	
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	38
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	31	32	33	34	35	36	37	
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	30	31	32	33	34	35	35	
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	34	34
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33
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	32	32
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	31	31
5'11" - 180.3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	26	27	28	28	29	30	30	
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	26	27	28	28	29	30	
6'1" - 185.4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	24	25	26	27	27	28	29		
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	28
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	27	27
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	26

Doctors Notes:

Signature

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Emergency: 022 - 39199100 | Ambulance: 1255
For Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300
www.fortishhealthcare.com |
CIN : U85100MH2005PTC154823
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

UHID	8178712	Date	11/02/2023		
Name	Mr.Sachin Salunkhe	Sex	Male	Age	43
OPD	Ophthal 14	Health Check Up			

Drug allergy:
Sys illness:

Vh 6/8
6/6

Anterior
exam T wall.

O/G: Anterior T wall

Rx:
- Dry drop PRECIPITANS.
✓ CBA. H-1-1
- Blue + Blue glasses.
✓
Ry.

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UHID	8178712	Date	11/02/2023		
Name	Mr.Sachin Salunkhe	Sex	Male	Age	43
OPD	Dental 12	Health Check Up			

Drug allergy:
 Sys illness:

missing $\frac{54}{6} \mid \frac{6}{7}$

Carries $\frac{7}{7} \mid \frac{7}{6}$

stains + calculus +

Treatment

Adv Implant $\frac{54}{6} \mid \frac{6}{7}$

Adv CBCT.

Adv. filling $\frac{7}{7} \mid \frac{6}{6}$

Adv oral prophylaxis

Dr. Diksha Kulkarni



Cert. No. MC-2275

Fortis

SRL
Diagnostics

LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE

PATIENT ID : **FH.8178712**

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : **0022WB002189** AGE : 43 Years SEX : Male

ABHA NO :

DRAWN : 11/02/2023 13:44:00

RECEIVED : 11/02/2023 13:43:39

REPORTED : 11/02/2023 15:11:06

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:8178712 REQNO-1370947

CORP-OPD

BILLNO-150123OPCR008500

BILLNO-150123OPCR008500

Test Report Status	Results	Biological Reference Interval	Units
Final			

BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

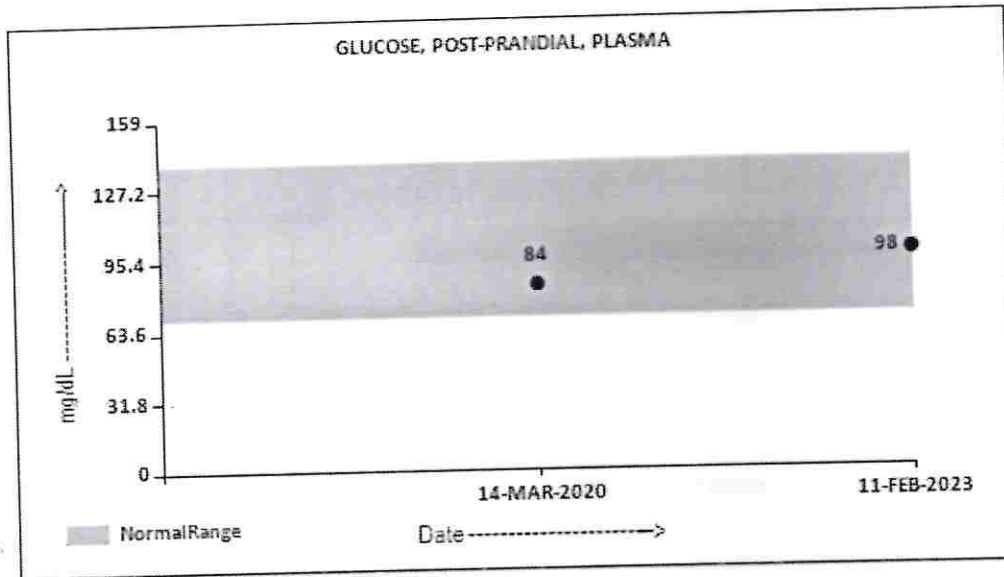
PPBS(POST PRANDIAL BLOOD SUGAR)

98

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 Glycosuria, 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

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Patient Ref. No. 220000082



Cert. No. MC-2275



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Dr.Akta Dubey

Consultant Pathologist

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PATIENT ID : FH.8178712

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ACCESSION NO : 0022WB002099 AGE : 43 Years SEX : Male

ABHA NO :

DRAWN : 11/02/2023 10:59:00

RECEIVED : 11/02/2023 11:05:30

REPORTED : 11/02/2023 13:51:22

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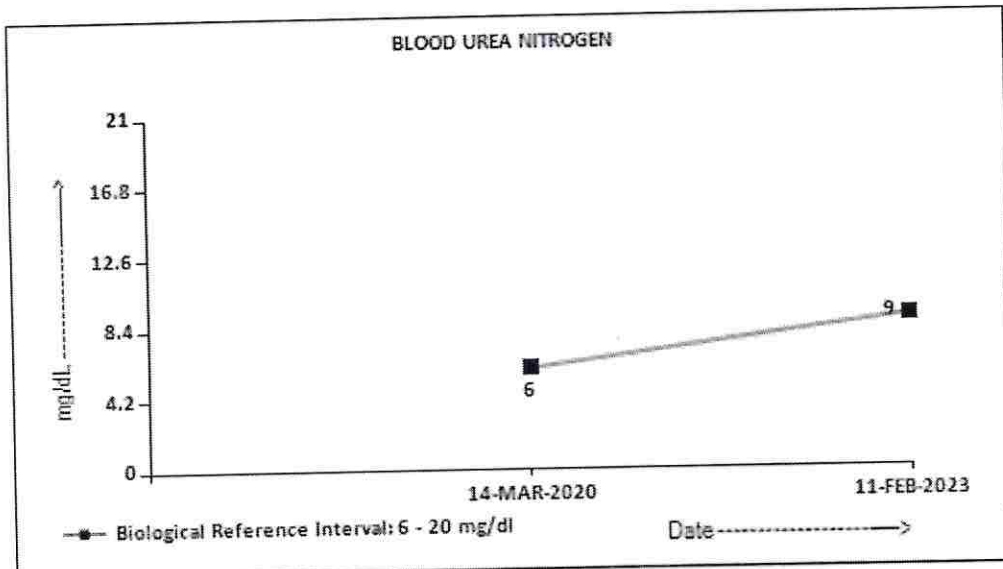
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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN 9 6 - 20 mg/dL
 METHOD : UREASE - UV



CREATININE EGFR- EPI

CREATININE 0.86 Low 0.90 - 1.30 mg/dL
 METHOD : ALKALINE PICRATE KINETIC JAFFES

AGE 43 years

GLOMERULAR FILTRATION RATE (MALE) 110.18 Refer Interpretation Below mL/min/1.73m²
 METHOD : CALCULATED PARAMETER

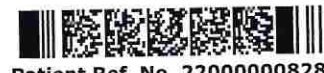
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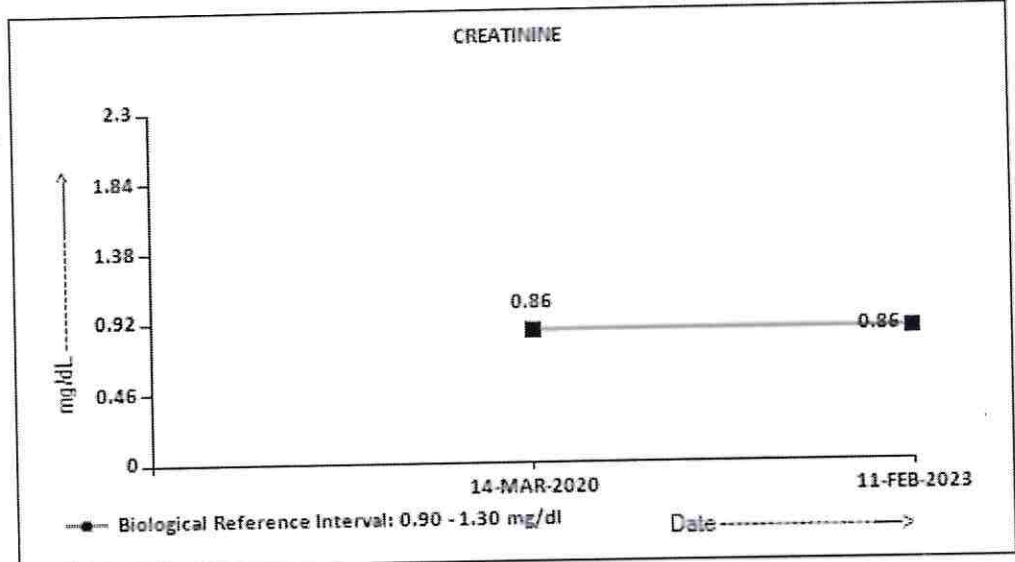
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BUN/CREAT RATIO			
BUN/CREAT RATIO	10.47	5.00 - 15.00	
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM			
URIC ACID	5.1	3.5 - 7.2	mg/dL
METHOD : URICASE UV			
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.8	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN, SERUM			
ALBUMIN	4.2	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN			
GLOBULIN	3.6	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER			
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM	137	136 - 145	mmol/L
METHOD : ISE INDIRECT			
POTASSIUM, SERUM	4.37	3.50 - 5.10	mmol/L

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Patient Ref. No. 22000008281



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BILLNO-150123OPCR008500

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Test Report Status	Final	Results	Biological Reference Interval	Units
METHOD : ISE INDIRECT CHLORIDE, SERUM METHOD : ISE INDIRECT		101	98 - 107	mmol/L
Interpretation(s)				
PHYSICAL EXAMINATION, URINE				
COLOR		PALE YELLOW		
METHOD : PHYSICAL				
APPEARANCE		CLEAR		
METHOD : VISUAL				
CHEMICAL EXAMINATION, URINE				
PH		6.0	4.7 - 7.5	
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD				
SPECIFIC GRAVITY		1.020	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-GOD/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		NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY				
MICROSCOPIC EXAMINATION, URINE				
RED BLOOD CELLS		NOT DETECTED	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION				
PUS CELL (WBC'S)		1-2	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				

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CORP-OPD

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Test Report Status	Final	Results	Biological Reference Interval	Units
EPITHELIAL CELLS		0-1	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
CASTS		NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				
CRYSTALS		NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				
BACTERIA		NOT 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)

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 decreases, less 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 Renal 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 estimated 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 equation 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 Pediatric 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,Metabolic 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.

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Fortis

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HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

MORPHOLOGY

RBC

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC

METHOD : MICROSCOPIC EXAMINATION

WBC

NORMAL MORPHOLOGY

METHOD : MICROSCOPIC EXAMINATION

PLATELETS

ADEQUATE

METHOD : MICROSCOPIC EXAMINATION

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)

14.3

13.0 - 17.0

g/dL

METHOD : SPECTROPHOTOMETRY

RED BLOOD CELL (RBC) COUNT

4.79

4.5 - 5.5

mil/ μ L

METHOD : ELECTRICAL IMPEDANCE

WHITE BLOOD CELL (WBC) COUNT

4.53

4.0 - 10.0

thou/ μ L

METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY

PLATELET COUNT

208

150 - 410

thou/ μ L

METHOD : ELECTRICAL IMPEDANCE

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)

42.5

40 - 50

%

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR VOLUME (MCV)

88.7

83 - 101

fL

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR HEMOGLOBIN (MCH)

29.8

27.0 - 32.0

pg

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR HEMOGLOBIN

33.6

31.5 - 34.5

g/dL

CONCENTRATION(MCHC)

METHOD : CALCULATED PARAMETER

RED CELL DISTRIBUTION WIDTH (RDW)

15.3

High 11.6 - 14.0

%

METHOD : CALCULATED PARAMETER

MENTZER INDEX

18.5

MEAN PLATELET VOLUME (MPV)

10.5

6.8 - 10.9

fL

METHOD : CALCULATED PARAMETER

WBC DIFFERENTIAL COUNT

NEUTROPHILS

56

40 - 80

%

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METHOD : FLOWCYTOMETRY			
LYMPHOCYTES		34	20 - 40 %
METHOD : FLOWCYTOMETRY			
MONOCYTES		9	2 - 10 %
METHOD : FLOWCYTOMETRY			
EOSINOPHILS		1	1 - 6 %
METHOD : FLOWCYTOMETRY			
BASOPHILS		00	0 - 2 %
METHOD : FLOWCYTOMETRY			
ABSOLUTE NEUTROPHIL COUNT		2.54	2.0 - 7.0 thou/ μ L
METHOD : CALCULATED PARAMETER			
ABSOLUTE LYMPHOCYTE COUNT		1.54	1.0 - 3.0 thou/ μ L
METHOD : CALCULATED PARAMETER			
ABSOLUTE MONOCYTE COUNT		0.41	0.2 - 1.0 thou/ μ L
METHOD : CALCULATED PARAMETER			
ABSOLUTE EOSINOPHIL COUNT		0.05	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)		1.6	
METHOD : CALCULATED PARAMETER			

Interpretation(s)

RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait

(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

E.S.R	03	0 - 14	mm at 1 hr
METHOD : WESTERGREN METHOD			

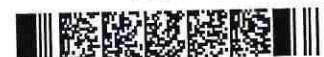
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Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE

Fortis

SRL Diagnostics

PATIENT ID : FH.8178712

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : 0022WB002099 AGE : 43 Years SEX : Male

ABHA NO :

DRAWN : 11/02/2023 10:59:00

RECEIVED : 11/02/2023 11:05:30

REPORTED : 11/02/2023 13:51:22

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:8178712 REQNO-1370947

CORP-OPD

BILLNO-150123OPCR008500

BILLNO-150123OPCR008500

Test Report Status	Final	Results	Biological Reference Interval
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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, Vasculitides, 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: Polycythemia 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

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

1.59

High 0.2 - 1.0

mg/dL

METHOD : JENDRASSIK AND GROFF

BILIRUBIN, DIRECT

0.37

High 0.0 - 0.2

mg/dL

METHOD : JENDRASSIK AND GROFF

BILIRUBIN, INDIRECT

1.22

High 0.1 - 1.0

mg/dL

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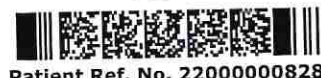


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Patient Ref. No. 220000008281



Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE



PATIENT ID : FH.8178712

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : 0022WB002099

AGE : 43 Years

SEX : Male

ABHA NO :

DRAWN : 11/02/2023 10:59:00

RECEIVED : 11/02/2023 11:05:30

REPORTED : 11/02/2023 13:51:22

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:8178712 REQNO-1370947
CORP-OPD
BILLNO-150123OPCR008500
BILLNO-150123OPCR008500

Test Report Status	Final	Results	Biological Reference Interval
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN		7.8	6.4 - 8.2 g/dL
METHOD : BIURET			
ALBUMIN		4.2	3.4 - 5.0 g/dL
METHOD : BCP DYE BINDING			
GLOBULIN		3.6	2.0 - 4.1 g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO		1.2	1.0 - 2.1 RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		22	15 - 37 U/L
METHOD : UV WITH P5P			
ALANINE AMINOTRANSFERASE (ALT/SGPT)		32	< 45.0 U/L
METHOD : UV WITH P5P			
ALKALINE PHOSPHATASE		64	30 - 120 U/L
METHOD : PNPP-ANP			
GAMMA GLUTAMYL TRANSFERASE (GGT)		30	15 - 85 U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE			
LACTATE DEHYDROGENASE		143	100 - 190 U/L
METHOD : LACTATE -PYRUVATE			
GLUCOSE FASTING, FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR)		86	74 - 99 mg/dL
METHOD : HEXOKINASE			

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LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE

PATIENT ID : **FH.8178712**

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : **0022WB002099** AGE : 43 Years SEX : Male

ABHA NO :

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CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR : SELF

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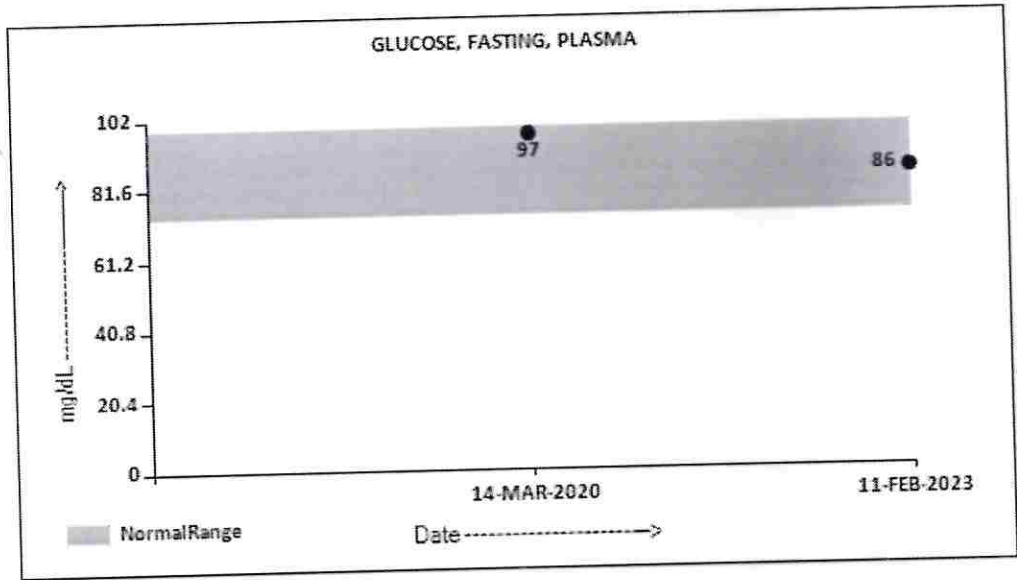
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CORP-OPD

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BILLNO-150123OPCR008500

Test Report Status	Final	Results	Biological Reference Interval
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GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.1	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)	%
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METHOD : HB VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)	99.7	< 116.0	mg/dL
--------------------------------	------	---------	-------

METHOD : CALCULATED PARAMETER

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Patient Ref. No. 22000008280

LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE

PATIENT ID : FH.8178712

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : 0022WB002099 AGE : 43 Years SEX : Male

ABHA NO :

DRAWN : 11/02/2023 10:59:00

RECEIVED : 11/02/2023 11:05:30

REPORTED : 11/02/2023 13:51:22

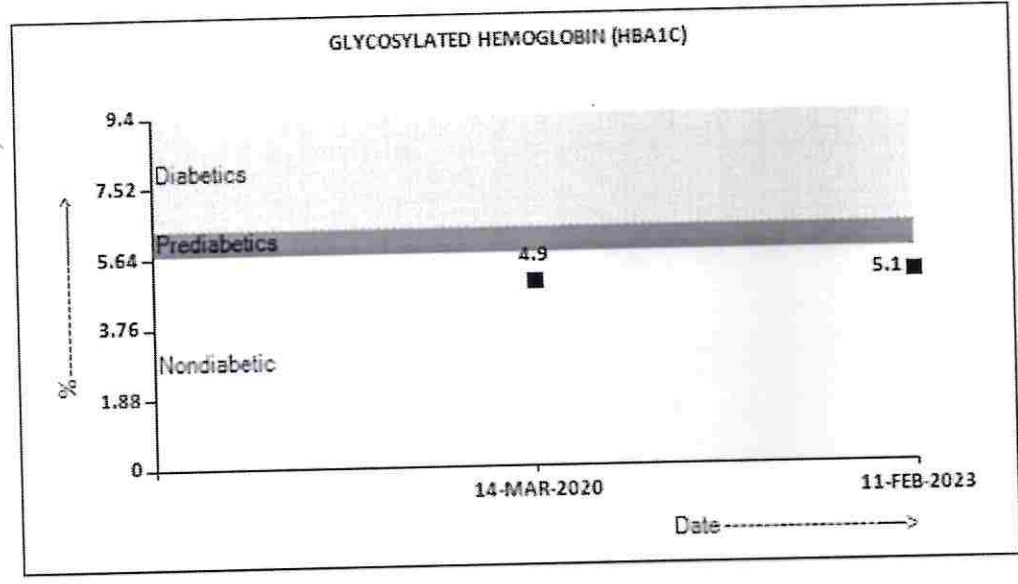
CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:8178712 REQNO-1370947
CORP-OPD
BILLNO-150123OPCR008500
BILLNO-150123OPCR008500

Test Report Status	Final	Results	Biological Reference Interval
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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 result 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, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels are 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 the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc. 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. 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.

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 so that no glucose is excreted in the urine.

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LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE

PATIENT ID : **FH.8178712**

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : **0022WB002099** AGE : 43 Years SEX : Male ABHA NO :

DRAWN : 11/02/2023 10:59:00 RECEIVED : 11/02/2023 11:05:30 REPORTED : 11/02/2023 13:51:22

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:8178712 REQNO-1370947
CORP-OPD
BILLNO-150123OPCR008500
BILLNO-150123OPCR008500

Test Report Status	Final	Results	Biological Reference Interval
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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 glycaemic 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, 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 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 :

- 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 addition 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	196	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC,CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	89	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	49	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	136	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			

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Patient Ref. No. 2200000828



LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE

PATIENT ID : **FH.8178712**

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : **0022WB002099** AGE : 43 Years SEX : Male

ABHA NO :

DRAWN : 11/02/2023 10:59:00

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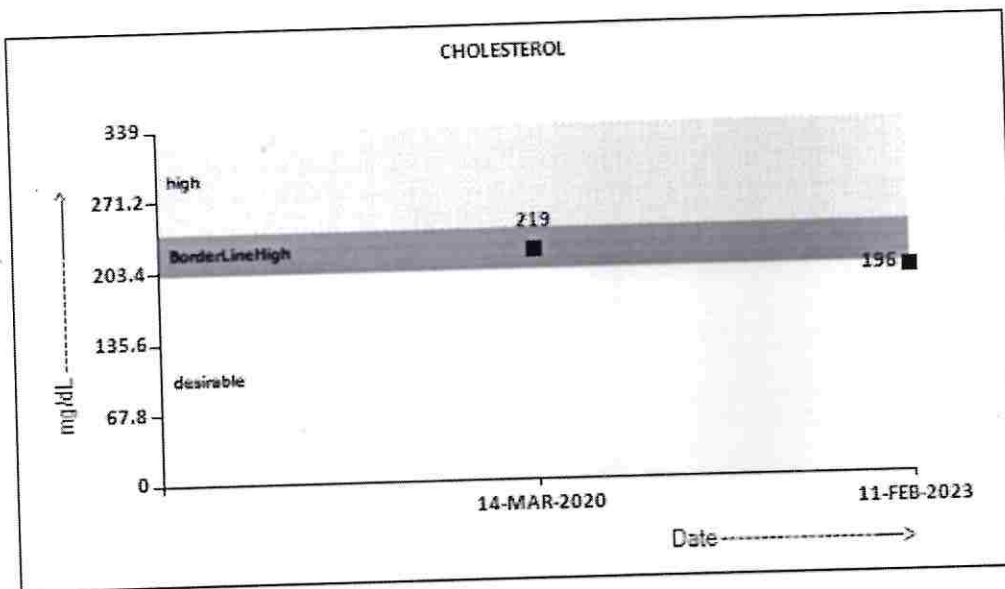
CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:8178712 REQNO-1370947
CORP-OPD
BILLNO-150123OPCR008500
BILLNO-150123OPCR008500

Test Report Status	Final	Results	Biological Reference Interval
NON HDL CHOLESTEROL		147	High Desirable: Less than 130 mg/dL Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN		17.8	<= 30.0 mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO		4.0	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		2.8	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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Patient Ref. No. 2200000828



Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE



PATIENT ID : FH.8178712

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : 0022WB002099 AGE : 43 Years SEX : Male

ABHA NO :

DRAWN : 11/02/2023 10:59:00

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CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

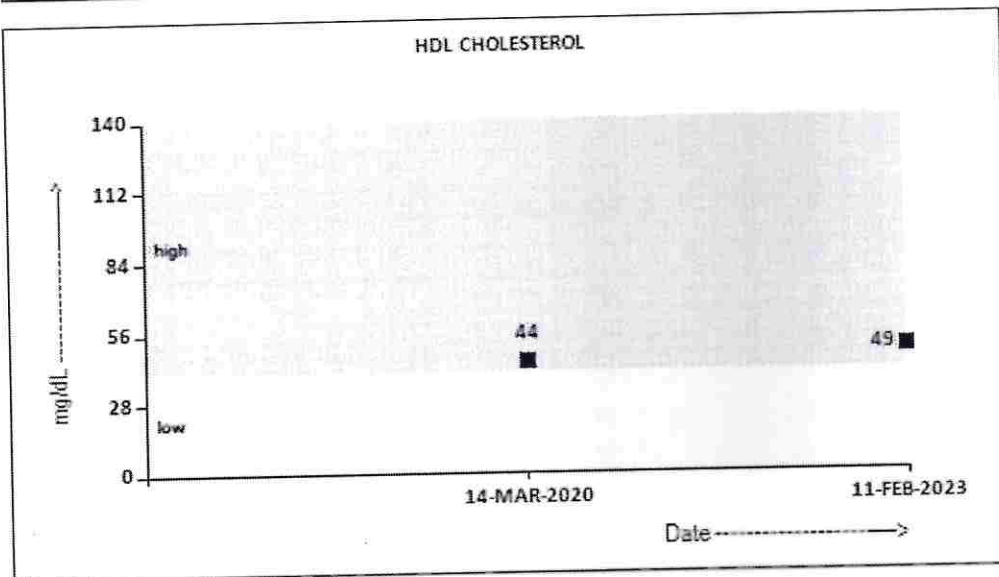
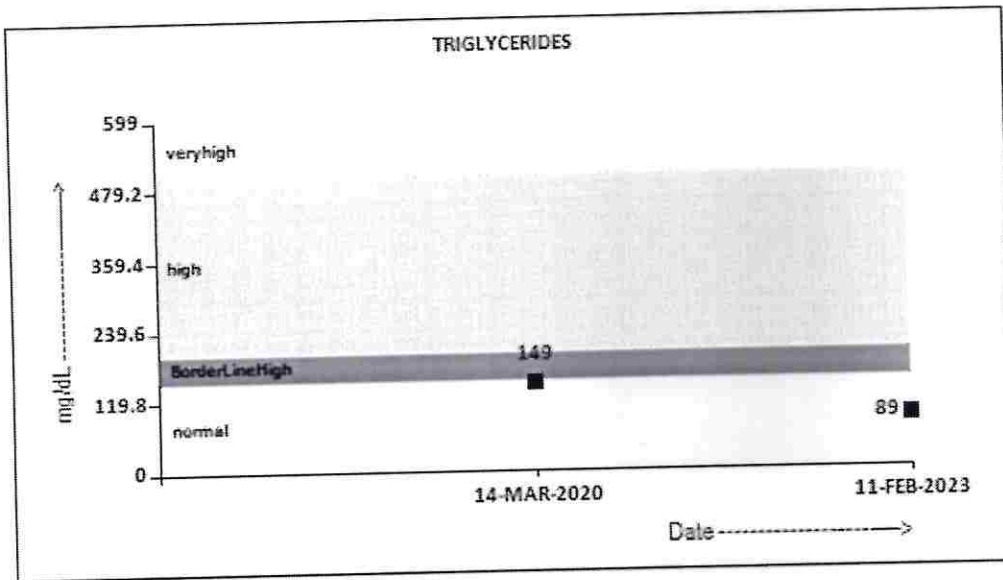
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CORP-OPD

BILLNO-150123OPCR008500

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Test Report Status	Final	Results	Biological Reference Interval
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Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE



PATIENT ID : FH.8178712

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : 0022WB002099

AGE : 43 Years

SEX : Male

ABHA NO :

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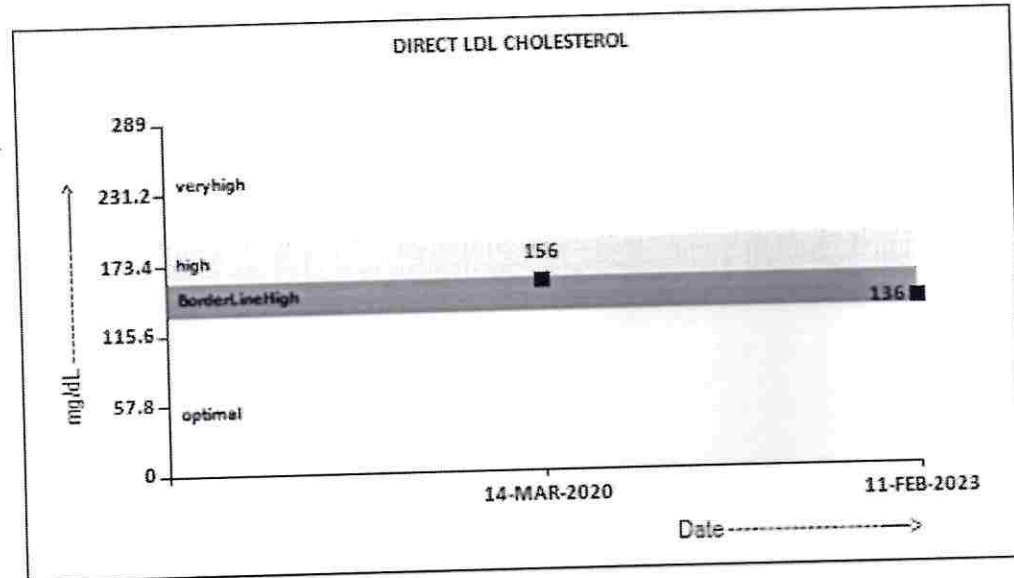
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CORP-OPD

BILLNO-150123OPCR008500

BILLNO-150123OPCR008500

Test Report Status	Results	Biological Reference Interval
Final		



Interpretation(s)

End Of Report

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

Dr. Akta Dubey
Consultant Pathologist

Dr. Rekha Nair, MD
Microbiologist

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LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE

PATIENT ID : **FH.8178712**

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : **0022WB002099**

AGE : 43 Years

SEX : Male

ABHA NO :

DRAWN : 11/02/2023 10:59:00

RECEIVED : 11/02/2023 11:05:30

REPORTED : 11/02/2023 19:08:32

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

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CORP-OPD

BILLNO-150123OPCR008500

BILLNO-150123OPCR008500

Test Report Status	Results	Biological Reference Interval	Units
Final			

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	113.00	80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			
T4	6.02	5.1 - 14.1	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			
TSH (ULTRASENSITIVE)	3.500	0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			

Interpretation(s)

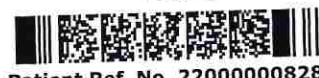
SRL Ltd
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 CIN - U74899PB1995PLC045956



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Patient Ref. No. 22000000828

LABORATORY REPORT

PATIENT NAME : MR.SACHIN VASANT SALUNKHE

PATIENT ID : **FH.8178712**

CLIENT PATIENT ID : UID:8178712

ACCESSION NO : **0022WB002099** AGE : 43 Years SEX : Male

ABHA NO :

DRAWN : 11/02/2023 10:59:00

RECEIVED : 11/02/2023 11:05:30

REPORTED : 11/02/2023 19:08:32

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:8178712 REQNO-1370947
CORP-OPD
BILLNO-150123OPCR008500
BILLNO-150123OPCR008500

Test Report Status	Final	Results	Biological Reference Interval	Units
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SPECIALISED CHEMISTRY - TUMOR MARKER

PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN 0.638 < 2.0 ng/mL
METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

Interpretation(s)

PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is detected in the male patients with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatitis.
- PSA is not detected (or detected at very low levels) in the patients without prostate tissue (because of radical prostatectomy or cystoprostatectomy) and also in the female patient.
- It is a suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.
- Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and useful in detecting residual disease and early recurrence of tumor.
- Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostatitis and Benign Prostatic Hyperplasia.
- Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA (false positive) levels persisting up to 3 weeks.
- As per American urological guidelines, PSA screening is recommended for early detection of Prostate cancer above the age of 40 years. Following Age specific reference range can be used as a guide lines-

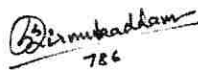
Age of male	Reference range (ng/ml)
40-49 years	0-2.5
50-59 years	0-3.5
60-69 years	0-4.5
70-79 years	0-6.5

(* conventional reference level (< 4 ng/ml) is already mentioned in report,which covers all agegroup with 95% prediction interval)

References- Teitz ,textbook of clinical chemistry, 4th edition) 2.Wallach's Interpretation of Diagnostic Tests

****End Of Report****

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



Dr. Swapnil Sirmukaddam
Consultant Pathologist

SRL Ltd
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Patient Ref. No. 2200000828

2/11/2023 2:12:24 PM

SACHIN SALUNKHE

Male

8178712

43 Years

H.C.

SIND M-X-M

NORMAL

[Handwritten signature]

Rate 75 Sinus rhythm.....normal P axis, V-rate 50- 99

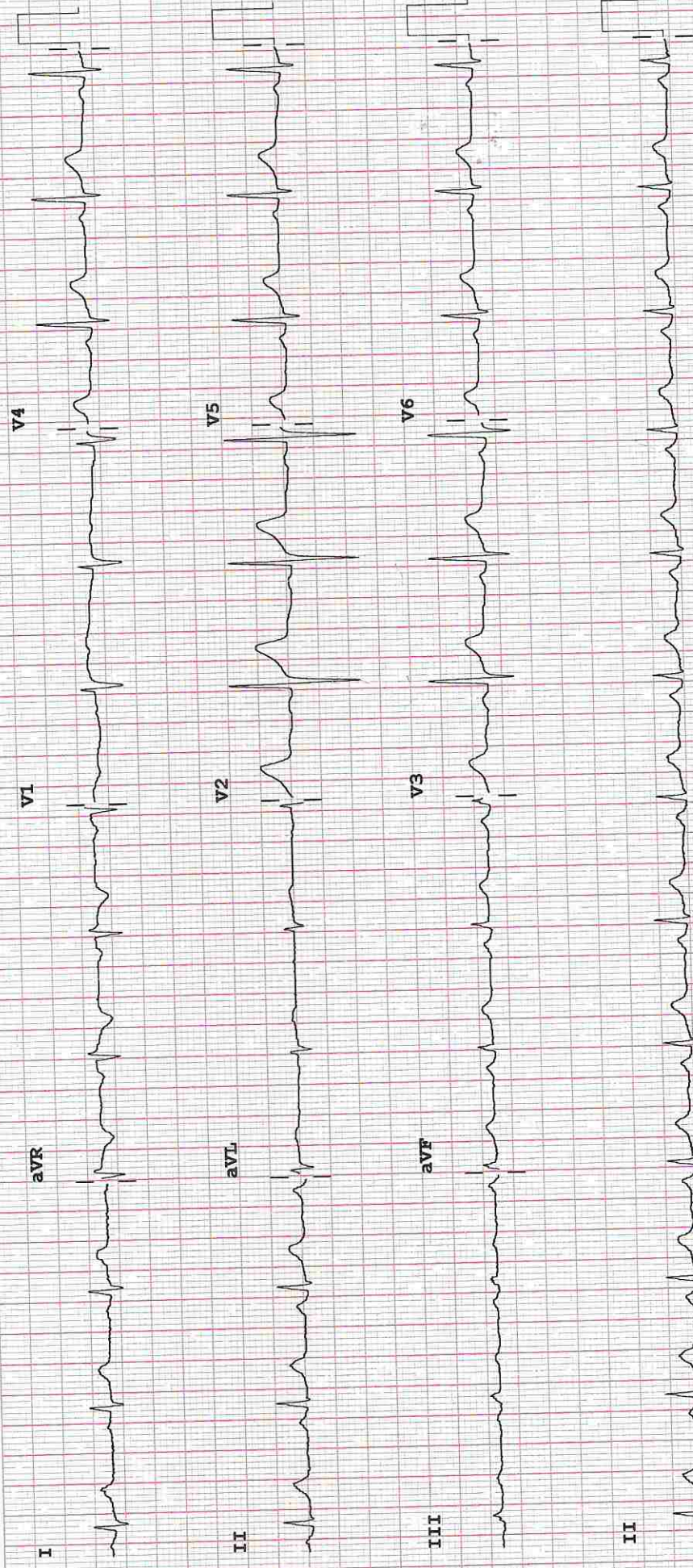
PR 165
QRSD 80
QT 379
QTc 424

--AXIS--
P 69
QRS 63
T 39

- NORMAL ECG -

Unconfirmed Diagnosis

12 Lead; Standard Placement



F 50~ 0.50-100 Hz W

100B CL

P?

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

Device:



DEPARTMENT OF NIC

Date: 13/Feb/2023

Name: Mr. Sachin Vasant Salunkhe

Age | Sex: 43 YEAR(S) | Male

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 8178712 | 8707/23/1501

Order No | Order Date: 1501/PN/OP/2302/17873 | 11-Feb-2023

Admitted On | Reporting Date : 13-Feb-2023 12:56:04

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 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 left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 15 mm with normal inspiratory collapse .

M-MODE MEASUREMENTS:

LA	31	mm
AO Root	28	mm
AO CUSP SEP	19	mm
LVID (s)	23	mm
LVID (d)	41	mm
IVS (d)	10	mm
LVPW (d)	09	mm
RVID (d)	22	mm
RA	31	mm
LVEF	60	%



DEPARTMENT OF NIC

Date: 13/Feb/2023

Name: Mr. Sachin Vasant Salunkhe
Age | Sex: 43 YEAR(S) | Male
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 8178712 | 8707/23/1501
Order No | Order Date: 1501/PN/OP/2302/17873 | 11-Feb-2023
Admitted On | Reporting Date : 13-Feb-2023 12:56:04
Order Doctor Name : Dr.SELF.

DOPPLER STUDY:

E WAVE VELOCITY: 0.7 m/sec.
A WAVE VELOCITY: 0.85 m/sec
E/A RATIO: 1.3

	PEAK (mmHg)	MEAN (mmHg)	V max (m/sec)	GRADE OF REGURGITATION
MITRAL VALVE	N			Trivial
AORTIC VALVE	05			Nil
TRICUSPID VALVE	25			Nil
PULMONARY VALVE	2.0			Nil

Final Impression :

- No RWMA.
- Trivial MR.
- Normal LV and RV systolic function.

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

Hiranandani Healthcare Pvt. Ltd.

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



DEPARTMENT OF RADIOLOGY

Date: 11/Feb/2023

Name: Mr. Sachin Vasant Salunkhe

UHID | Episode No : 8178712 | 8707/23/1501

Age | Sex: 43 YEAR(S) | Male

Order No | Order Date: 1501/PN/OP/2302/17873 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 11-Feb-2023 15:23:35

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)



Date: 11/Feb/2023

DEPARTMENT OF RADIOLOGY

Name: Mr. Sachin Vasant Salunkhe
Age | Sex: 43 YEAR(S) | Male
Order Station : FO-OPD
Bed Name :

UHD | Episode No : 8178712 | 8707/23/1501
Order No | Order Date: 1501/PN/OP/2302/17873 | 11-Feb-2023
Admitted On | Reporting Date : 11-Feb-2023 12:46:18
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 appears 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 10.2 x 3.7 cm. Left kidney measures 10.6 x 5.5 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.

PROSTATE is normal in size & echogenicity. It measures ~ 10 cc in volume.

No evidence of ascites.

IMPRESSION:

- No significant abnormality is detected.

VS
DR. YOGINI SHAH
DMRD., DNB. (Radiologist)