



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 0220/21
Email : vashi@vashihospital.com

BMI CHART

Date: 23/12/23

Name: Deepali Coadge. Age: 45 yrs

Sex: M / F

BP: 110/80 mmHg Height (cms): 152 Weight(kgs): 55 BMI: 23.80

BP% : 99.1 p2% : 85 blm.

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	50.0	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	88.7	90.9	93.2	95.5	97.7
HEIGHT In/m	Underweight					Healthy					Overweight					Obese		Extremely Obese						
5'0" - 152.4	18	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	41
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	40
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" - 162.6	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	18	20	20	21	22	23	24	25	26	27	28	29	30	30	31	32	33	34	35	36	37
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	26	27	28	29	29	30	31	32	33	34	35	36
5'7" - 170.1	15	16	17	18	18	19	20	21	22	23	23	24	25	26	27	28	29	30	30	31	32	33	34	35
5'8" - 172.7	15	16	16	17	18	18	19	20	21	22	22	23	24	25	26	27	28	29	30	30	31	32	33	34
5'9" - 175.2	14	15	16	17	17	18	19	20	21	22	23	23	24	25	26	27	28	29	30	30	31	32	33	34
5'10" - 177.8	14	15	15	16	17	18	18	20	20	21	22	23	23	24	25	26	27	28	29	30	30	31	32	33
5'11" - 180.3	14	14	15	16	16	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	30	31	32	33
6'0" - 182.8	13	14	14	15	16	17	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33
6'1" - 185.4	13	13	14	15	15	16	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33
6'2" - 187.9	12	13	14	14	15	16	16	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32
6'3" - 190.5	12	13	13	14	15	16	16	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32
6'4" - 193.0	12	12	13	14	14	15	16	17	17	18	19	20	20	21	22	23	24	25	26	27	28	29	30	31

Doctors Notes:

Signature



UHID	12165573	Date	23/12/2023
Name	Mrs. Deepali Landge	Sex	Female Age 44
OPD	Dental 12	Health Check Up	

O/E - stain +

Drug allergy:
Sys illness:

~ calculus +

Treatment

~ofd - Scaling Grade I (leaving)

Dr. Nepti

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



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UHID	12165573	Date	23/12/2023
Name	Mrs. Deepali Landge	Sex	Female Age 44
OPD	Pap	Health Check Up	

Drug allergy:
Sys illness:



UHID	12165573	Date	23/12/2023
Name	Mrs. Deepali Landge	Sex	Female Age 44
OPD	Ophthal 14	Health Check Up	

As no.
 n= No

Drug allergy: -> Not know.
 Sys illness: -> No.
Habit -> No

U.V. -> 6/6
 -> 6/6
 (Agony Same as P.U.P.)

P.R. -> P.R. 6/6
 -> P.R. 6/6
 Add -> +1.50 -> No

FOP -> 14.8 -
 -> 15.8

(Handwritten Signature)

PATIENT NAME : MRS.DEEPALI U LANDGE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WL004358

PATIENT ID : FH.12165573

CLIENT PATIENT ID: UID:12165573

ABHA NO :

AGE/SEX : 44 Years Female

DRAWN : 23/12/2023 09:17:00

RECEIVED : 23/12/2023 09:18:36

REPORTED : 23/12/2023 16:01:12

CLINICAL INFORMATION :

UID:12165573 REQNO-1641998
CORP-OPD
BILLNO-150123OPCR072079
BILLNO-150123OPCR072079Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

Parameter	Result	Reference Interval	Units
HEMOGLOBIN (HB) METHOD : SLS METHOD	11.5 Low	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	3.70 Low	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY	6.62	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION	299	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD	36.5	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	98.6	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	31.1	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	31.5	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	15.1 High	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	26.7		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	9.4	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT


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Consultant Pathologist

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NEUTROPHILS		59	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		32	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		8	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
EOSINOPHILS		1	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		0	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		3.91	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.12	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.53	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.07	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)		1.8		
METHOD : CALCULATED				

MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

MILD HYPOCHROMASTIA, MILD ANISOCYTOSIS

WBC

METHOD : MICROSCOPIC EXAMINATION

NORMAL MORPHOLOGY

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

ADEQUATE



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Patient Ref. No. 22000000892278

PATIENT NAME : MRS.DEEPALI U LANDGE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022WL004358	AGE/SEX : 44 Years Female
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Test Report Status	Final	Results	Biological Reference Interval	Units
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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) 106304
This ratio element is a calculated parameter and out of NABL scope.



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HAEMATOLOGY**ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD**

E.S.R	59 High	0 - 20	mm at 1 hr
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METHOD : WESTERGRÉN METHOD


GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.5	Non-diabetic: < 5.7	%
		Pre-diabetics: 5.7 - 6.4	
		Diabetics: > or = 6.5	
		Therapeutic goals: < 7.0	
		Action suggested : > 8.0	
		(ADA Guideline 2021)	

METHOD : HB VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)	111.2	< 116.0	mg/dL
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METHOD : CALCULATED PARAMETER


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CLINICAL INFORMATION :

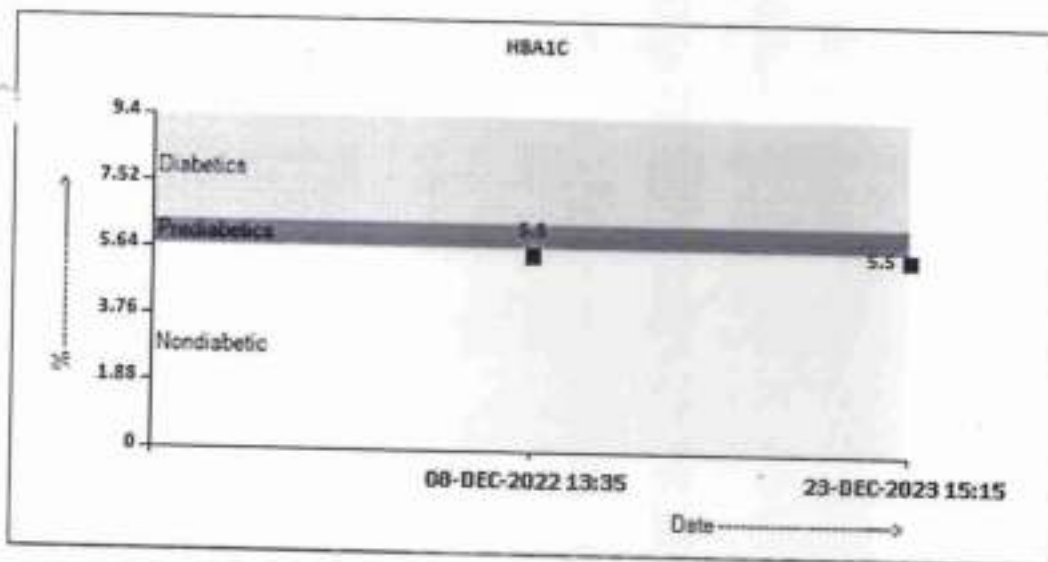
UID:12165573 REQNO-1641998

CORP-OPD

BILLNO-1501230PCR072079

BILLNO-1501230PCR072079

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Interpretation(s)
ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA 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, Placental 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 BRI 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 : Polikilocytosis, (Sickle Cells, spherocytes), Macrocytosis, Low fibrinogen, Very high WBC counts, Drugs (Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Hematology of Infancy and Childhood, 9th edition; 2. Pediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin; 3. The reference for

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ACCESSION NO : 0022WL004358

PATIENT ID : FH.12165573

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AGE/SEX :44 Years Female

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the adult reference range is "Practical Haematology by Dale 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 pathway (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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MC-5837

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IMMUNOHAEMATOLOGY**ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**


ABO GROUP	TYPE B
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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Results
Biological Reference Interval Units
BIOCHEMISTRY
LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL METHOD : JENDRASSIK AND GROFF	0.56	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASSIK AND GROFF	0.15	0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.41	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : BIURET	8.1	6.4 - 8.2	g/dL
ALBUMIN METHOD : BCP DYE BINDING	3.8	3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	4.3 High	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	0.9 Low	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT) METHOD : UV WITH PSP	22	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH PSP	34	< 34.0	U/L
ALKALINE PHOSPHATASE METHOD : PNPP-ANP	83	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE	22	5 - 55	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	137	81 - 234	U/L

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	91	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >=126	mg/dL
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Dr. Akshay Dhotre, MD
 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist


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


Patient Ref. No. 22000000892278

PATIENT NAME : MRS.DEEPALI U LANDGE

REF. DOCTOR :

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

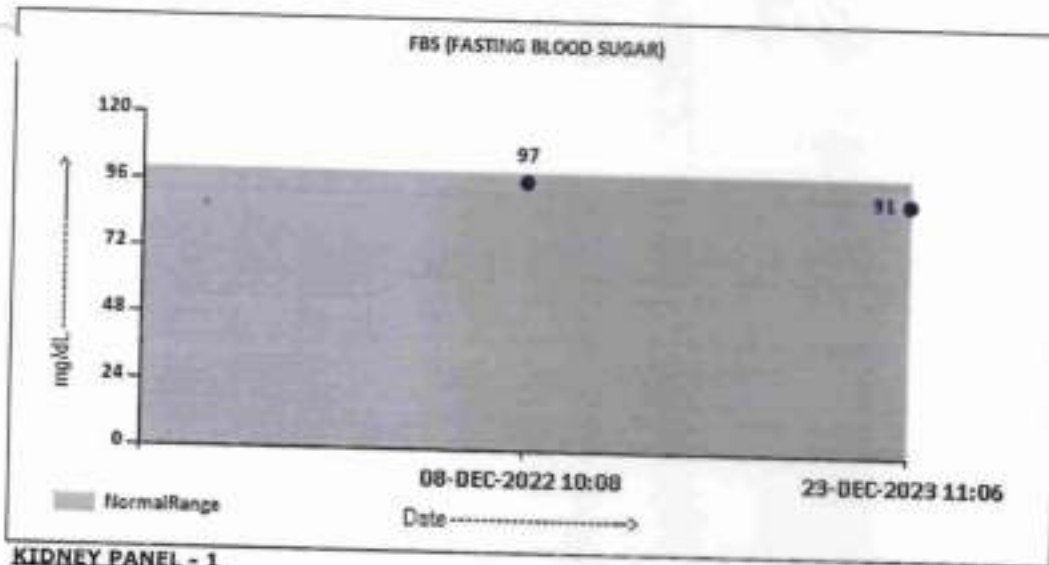
ACCESSION NO : 0022WL004358
PATIENT ID : FH.12165573
CLIENT PATIENT ID: UID:12165573
ABHA NO : 1

AGE/SEX : 44 Years Female
DRAWN : 23/12/2023 09:17:00
RECEIVED : 23/12/2023 09:18:36
REPORTED : 23/12/2023 16:01:12

CLINICAL INFORMATION :

UID:12165573 REQNO-1641998
 CORP-OPD
 BILLNO-150123OPCR072079
 BILLNO-150123OPCR072079

Test Report Status	Final	Results	Biological Reference Interval	Units
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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN

METHOD : UREAGE - UV

5 Low

6 - 20

mg/dL

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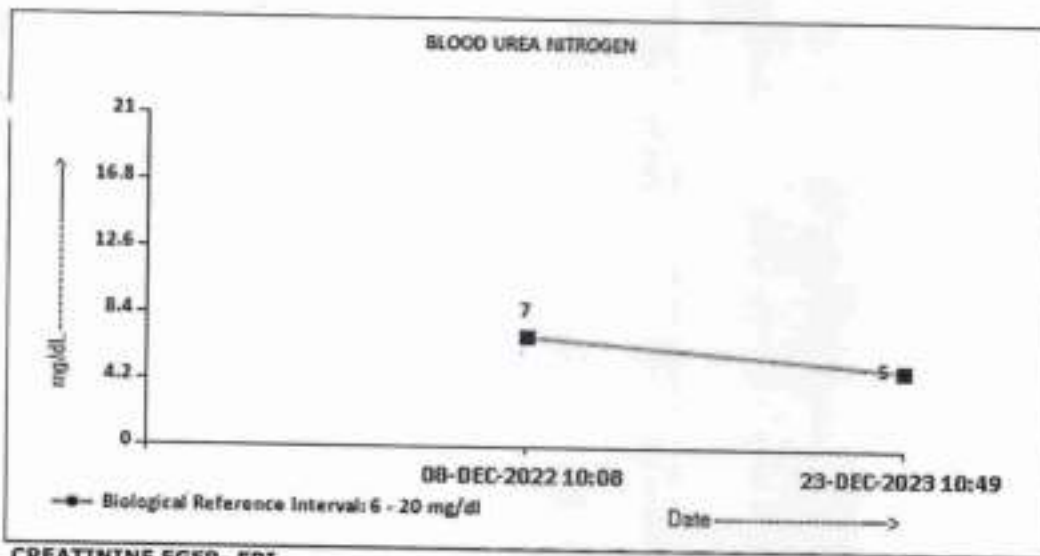
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CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022WL004358	AGE/SEX : 44 Years Female
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12165573	DRAWN : 23/12/2023 09:17:00
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Test Report Status	Final	Results	Biological Reference Interval	Units
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CREATININE EGFR- EPI

CREATININE	0.71	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES			
AGE	44		years
GLOMERULAR FILTRATION RATE (FEMALE)	107.46	Refer Interpretation Below	mL/min/1.73m ²
METHOD : CALCULATED PARAMETER			

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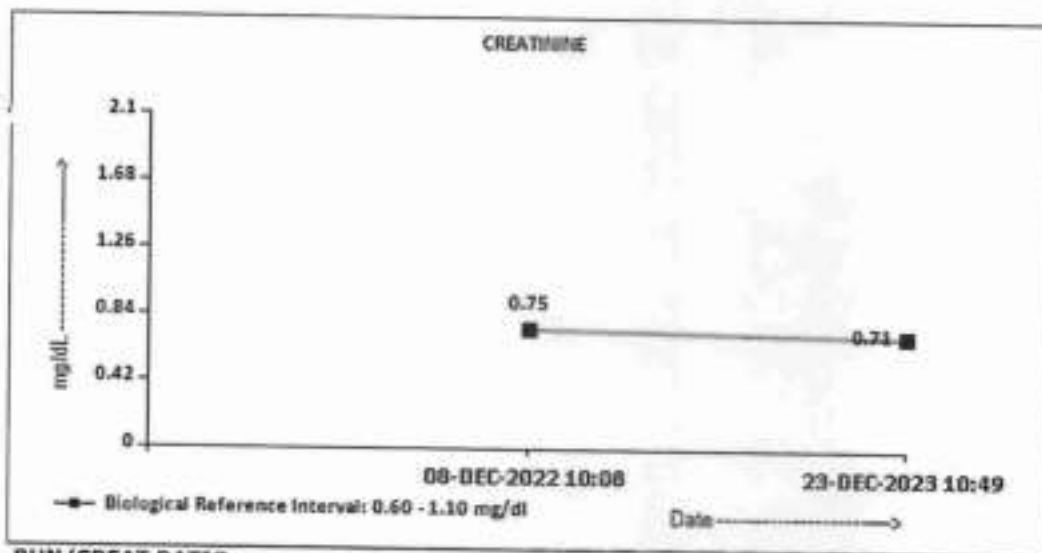
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BUN/CREAT RATIO

BUN/CREAT RATIO	7.04	5.00 - 15.00
-----------------	------	--------------

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID	3.2	2.6 - 6.0	mg/dL
-----------	-----	-----------	-------

METHOD : URICASE UV


TOTAL PROTEIN, SERUM

TOTAL PROTEIN	8.1	6.4 - 8.2	g/dL
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METHOD : BIURET

ALBUMIN, SERUM

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ALBUMIN		3.8	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING				
GLOBULIN		4.3 High	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM, SERUM		136	136 - 145	mmol/L
METHOD : ISE INDIRECT				
POTASSIUM, SERUM		4.21	3.50 - 5.10	mmol/L
METHOD : ISE INDIRECT				
CHLORIDE, SERUM		100	98 - 107	mmol/L
METHOD : ISE INDIRECT				

Interpretation(s)

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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, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatemia, 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

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FORTIS HOSPITAL # VASHI,
MUMBAI 440001

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CLIENT PATIENT ID: UID:12165573

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AGE/SEX : 44 Years Female

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CORP-OPD

BILLNO-150123OPCR072079

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Test Report Status **Final**

Results

Biological Reference Interval Units

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'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 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 so that 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, tobutamide, 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, Glycaemic index & response to food consumed, Alimentary Hypoglycaemia, increased insulin response & sensitivity etc.

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

Causes of decreased level include Liver disease, SIADH.

CREATININE EGFRA-EPI-- Kidney disease outcomes quality initiative (KDIGO) 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, mean 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 (>40 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://tools.guide.imed.um.edu/guideline/egfr>

Ghuman JK, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. *Kidney Med* 2022, 4:100471. 35756325

Harrison's Principle of Internal Medicine, 21st ed. pp 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'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, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WL004358

PATIENT ID : FH.12165573

CLIENT PATIENT ID: UID:12165573

ABHA NO :

AGE/SEX : 44 Years Female

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CLINICAL INFORMATION :

UID:12165573 REQNO-1641998

CORP-OPD

BILLNO-1501230PCR072079

BILLNO-1501230PCR072079

Test Report Status **Final**

Results

Biological Reference Interval Units

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	170	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	169 High	< 150 Normal 150 - 199 Borderline High 200 - 499 High >= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	41	< 40 Low >= 60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	100	< 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	33.8 High	<= 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	4.2	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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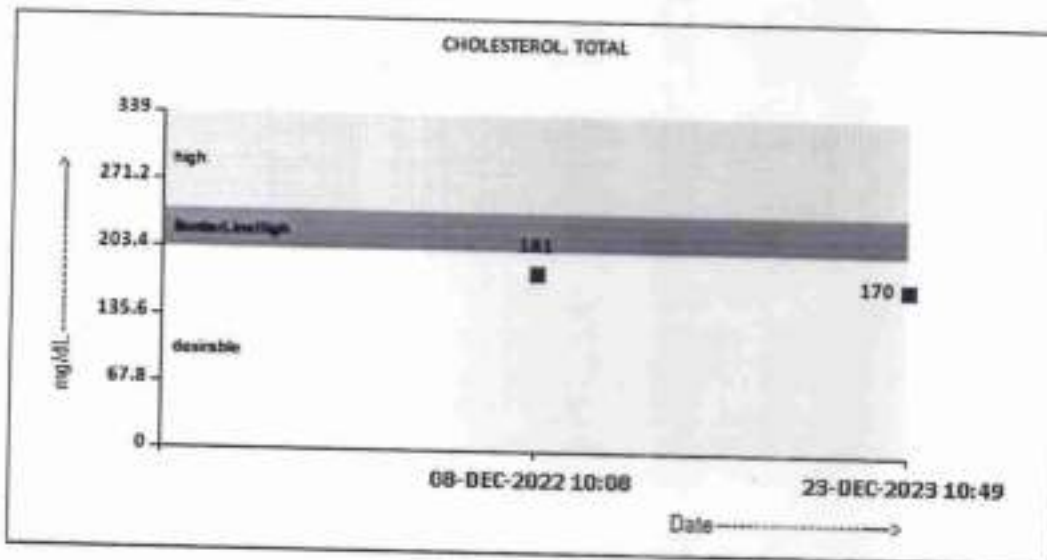
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Test Report Status	Final	Results	Biological Reference Interval	Units
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LDL/HDL RATIO	2.4	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk
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METHOD : CALCULATED PARAMETER.



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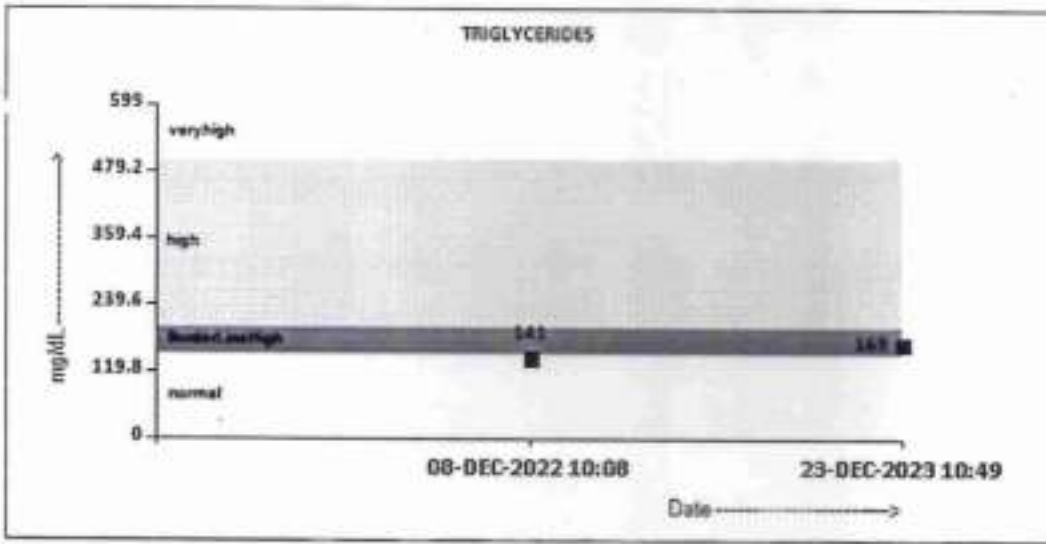
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CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WL004358 PATIENT ID : FH.12165573 CLIENT PATIENT ID: UID:12165573 ASHA NO :	AGE/SEX : 44 Years Female DRAWN : 23/12/2023 09:17:00 RECEIVED : 23/12/2023 09:18:36 REPORTED : 23/12/2023 16:01:12

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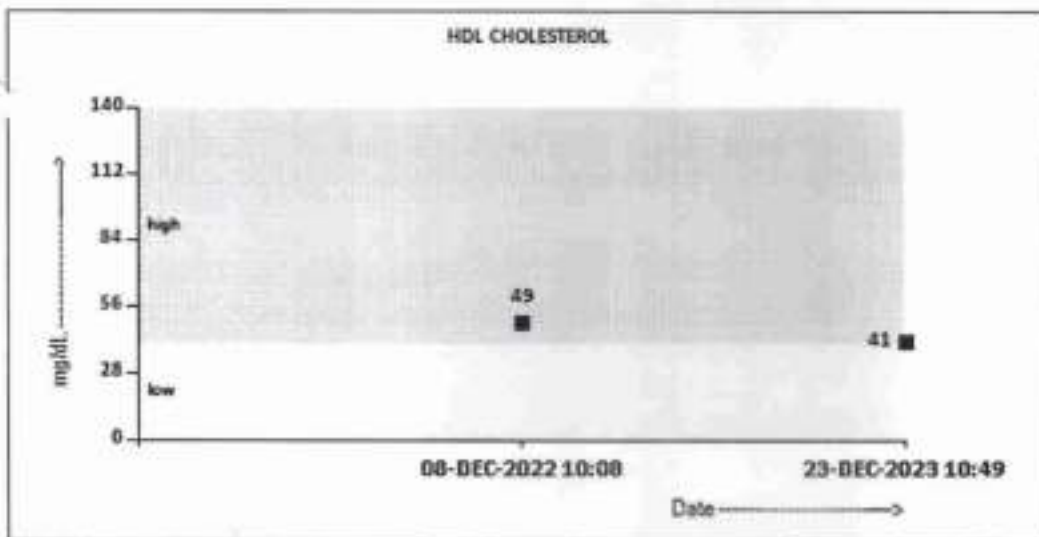
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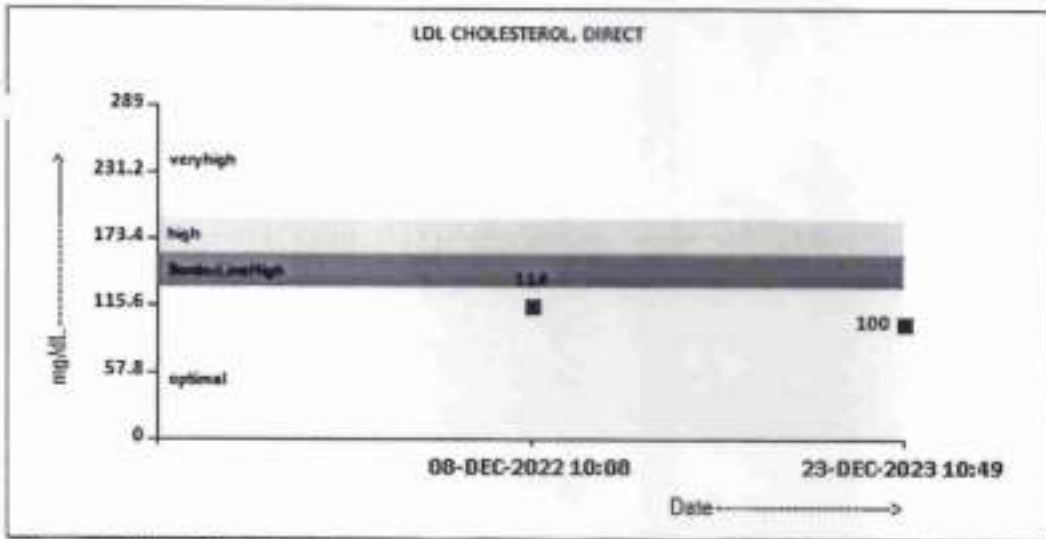


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REPORTED : 23/12/2023 16:01:12

CLINICAL INFORMATION :

UID:12165573 REQNO-1641998

CORP-OPD

BILLNO-150123OPCR072079

BILLNO-150123OPCR072079

Test Report Status	Final	Results	Biological Reference Interval	Units
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CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW

METHOD : PHYSICAL

APPEARANCE HAZY

METHOD : VISUAL

CHEMICAL EXAMINATION, URINE

PH 6.5 4.7 - 7.5

METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD

SPECIFIC GRAVITY <=1.005 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 DETECTED (TRACE)
IN URINE

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 EHRICH REACTION)


NITRITE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE

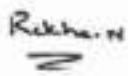
LEUKOCYTE ESTERASE DETECTED (+) NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY

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



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


View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 2200000892278

PATIENT NAME : MRS.DEEPALI U LANDGE
REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022WL004358
PATIENT ID : FH.12165573
CLIENT PATIENT ID: UID:12165573
ABHA NO :
AGE/SEX : 44 Years Female
DRAWN : 23/12/2023 09:17:00
RECEIVED : 23/12/2023 09:18:36
REPORTED : 23/12/2023 16:01:12

CLINICAL INFORMATION :

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 CORP-OPD
 BILLNO-150123OPCR072079
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Test Report Status	Results	Biological Reference Interval	Units
Final			

MICROSCOPIC EXAMINATION, URINE
RED BLOOD CELLS

DETECTED (OCCASIONAL)	NOT DETECTED	/HPF
8-10	0-5	/HPF
5-7	0-5	/HPF
NOT DETECTED		
NOT DETECTED		
DETECTED	NOT DETECTED	
NOT DETECTED	NOT DETECTED	

METHOD : MICROSCOPIC EXAMINATION

PUS CELL (WBC'S)

METHOD : MICROSCOPIC EXAMINATION

EPITHELIAL CELLS

METHOD : MICROSCOPIC EXAMINATION

CASTS

METHOD : MICROSCOPIC EXAMINATION

CRYSTALS

METHOD : MICROSCOPIC EXAMINATION

BACTERIA

METHOD : MICROSCOPIC EXAMINATION

YEAST

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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PATIENT NAME : MRS.DEEPALI U LANDGE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WL004358

PATIENT ID : FH.12165573

CLIENT PATIENT ID: UID:12165573

ABHA NO :

AGE/SEX : 44 Years Female

DRAWN : 23/12/2023 09:17:00

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UID:12165573 REQNO-1641998

CORP-OPD

BILLNO-1501230PCR072079

BILLNO-1501230PCR072079

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

THYROID PANEL, SERUM

T3	107.5	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
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METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

T4	10.05	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)	2.540	Non Pregnant Women 0.27 - 4.20 Pregnant Women (As per American Thyroid Association) 1st Trimester 0.100 - 2.500 2nd Trimester 0.200 - 3.000 3rd Trimester 0.300 - 3.000	µIU/mL
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METHOD : ELECTROCHEMILUMINESCENCE, SANDWICH IMMUNOASSAY

Interpretation(s)

End Of Report

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



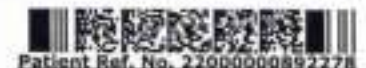
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Maharashtra, India
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CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 22000000892278

PATIENT NAME : MRS.DEEPALI U LANDGE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022WL004413	AGE/SEX : 44 Years Female
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12165573	DRAWN : 23/12/2023 11:53:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:12165573	RECEIVED : 23/12/2023 11:53:34
MUMBAI 440001		ABHA NO :	REPORTED : 23/12/2023 13:02:45

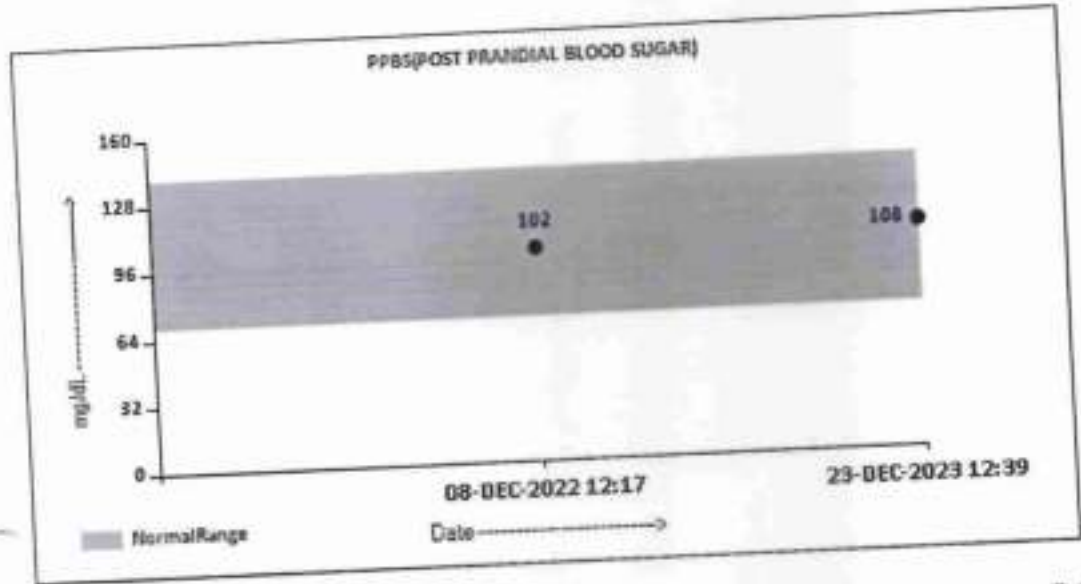
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BILLNO-150123OPCR072079
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA	Results	Biological Reference Interval	Units
PPBS(POST PRANDIAL BLOOD SUGAR)	108	70 - 140	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****
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Dr. Akshay Dhotre, MD
(Reg.no. MMC 2019/09/6377)
Consultant Pathologist

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CIN - U74899PB1995PLC045956
Email : -

Patient Ref. No. 27000000892133



Date: 23/Dec/2023

DEPARTMENT OF NIC

Name: Mrs. Deepali U Landge
Age | Sex: 44 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12165573 | 73401/23/1501
Order No | Order Date: 1501/PN/OP/2312/152309 | 23-Dec-2023
Admitted On | Reporting Date : 23-Dec-2023 18:36:29
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.
- IVC measures 15 mm with normal inspiratory collapse.

M-MODE MEASUREMENTS:

LA	25	mm
AO Root	18	mm
AO CUSP SEP	-	mm
LVID (s)	23	mm
LVID (d)	39	mm
IVS (d)	09	mm
LVPW (d)	10	mm
RVID (d)	29	mm
RA	28	mm
LVEF	60	%



DEPARTMENT OF NIC

U85100MH2005PTC 154823

Name: Mrs. Deepali U Landge
Age | Sex: 44 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12165573 | 73401/23/1501
Order No | Order Date: 1501/PN/OP/2312/152309 | 23-Dec-2023
Admitted On | Reporting Date : 23-Dec-2023 18:36:29
Order Doctor Name : Dr.SELF.


DOPPLER STUDY:

E WAVE VELOCITY: 0.8 m/sec.
A WAVE VELOCITY: 0.5 m/sec
E/A RATIO: 1.6

	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 (CARD)

DR. AMIT SINGH,
MD(MED), DM(CARD)



DEPARTMENT OF RADIOLOGY

Date: 23/Dec/2023

Name: Mrs. Deepali U Landge
Age | Sex: 44 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12165573 | 73401/23/1501
Order No | Order Date: 1501/PN/OP/2312/152309 | 23-Dec-2023
Admitted On | Reporting Date : 23-Dec-2023 20:16:03
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 are unremarkable.

DR. SIDDHESH PURUSHOTTAM
MD (Radiologist)



Deepali U. Landge
44 Years / Female

Date: 23/12/2023
UHID: 12165573

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 9.4 x 3.4 cm.
Left kidney measures 9.3 x 4.3 cm.

PANCREAS: Head and body of pancreas is visualised and appears normal. Rest of the pancreas is obscured due to bowel gas.

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 8.4 x 5.2 x 3.8 cm.
Endometrium measures 5.6 mm in thickness.

Both ovaries are normal.
Right ovary measures 2.9 x 1.9 cm.
Left ovary measures 2.6 x 1.7 cm.

No evidence of ascites.

Impression:

- No significant abnormality is detected.

DR. CHETAN KHADKE
M.D. (RADIOLOGIST)