



BMI CHART

Date: ___/___/___

Name: _____ Age: _____ yrs Sex: M / F

BP: 110/70 mmHg Height (cms): 152 cm Weight(kgs): 67.1 kg BMI: _____

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	88.6	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	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:

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 :12373003
Name:Mrs.Poonam Gupta
OPD :PAP

Date:25/03/23
Sex/age: F/34
Health Check-up

Drug allergy:
Sys illness:

S/O Dr. Kuma

LMP- 7/3/23.

P212 → }
 → 8 yrs - ♀ | USG } a sw
 → 9 months - → | USG }

O/R

Cx / nearly
V3

Adv
Plu e
Reports





UHID :12373003
Name:Mrs.Poonam Gupta
OPD :Dental 12

Date:25/03/23
Sex/age: F/34
Health Check-up

M/H: - N/A

Drug allergy: N/A
Sys illness:

O/E

Dental Caries \bar{c} $\frac{7}{7}$

palatal Caries $\frac{6}{7}$

Treatment plan.

filling composite \bar{c} $\frac{6}{7}$

Dr. Poonam Gupta

PATIENT NAME : MRS. POONAM AVINASH GUPTA

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004896
 PATIENT ID : FH.12373003
 CLIENT PATIENT ID: UID:12373003
 ABHA NO :

AGE/SEX : 34 Years Female
 DRAWN : 25/03/2023 09:52:00
 RECEIVED : 25/03/2023 09:53:01
 REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
 CORP-OPD
 BILLNO-1501230PCR017327
 BILLNO-1501230PCR017327

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

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB) METHOD : SPECTROPHOTOMETRY	11.6 Low	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : ELECTRICAL IMPEDANCE	4.00	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY	6.01	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : ELECTRICAL IMPEDANCE	215	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : CALCULATED PARAMETER	35.2 Low	36 - 46	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	88.2	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	29.1	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	33.0	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	15.4 High	11.6 - 14.0	%
MENTZER INDEX	22.1		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	12.4 High	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS METHOD : FLOWCYTOMETRY	64	40 - 80	%
LYMPHOCYTES METHOD : FLOWCYTOMETRY	29	20 - 40	%



Dr. Akta Dubey
 Consultant Pathologist



View Details



View Report

PERFORMED AT :

SRL 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. 2200000836429

PATIENT NAME : MRS.POONAM AVINASH GUPTA

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004896
 PATIENT ID : FH.12373003
 CLIENT PATIENT ID: UID:12373003
 ABHA NO :

AGE/SEX : 34 Years Female
 DRAWN : 25/03/2023 09:52:00
 RECEIVED : 25/03/2023 09:53:01
 REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
 CORP-OPD
 BILLNO-150123OPCR017327
 BILLNO-150123OPCR017327

Test Report Status	Final	Results	Biological Reference Interval	Units
MONOCYTES		6	2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS		1	1 - 6	%
METHOD : FLOWCYTOMETRY				
BASOPHILS		0	0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT		3.85	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.74	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.36	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.06	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)		2.2		
METHOD : CALCULATED PARAMETER				
MORPHOLOGY				
RBC		MILD HYPOCHROMASIA, MILD ANISOCYTOSIS		
METHOD : MICROSCOPIC EXAMINATION				
WBC		NORMAL MORPHOLOGY		
METHOD : MICROSCOPIC EXAMINATION				
PLATELETS		ADEQUATE		
METHOD : MICROSCOPIC EXAMINATION				

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.



Dr. Akta Dubey
 Consultant Pathologist



View Details



View Report

PERFORMED AT :

SRL 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. 22000000836429

PATIENT NAME : MRS.POONAM AVINASH GUPTA		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507 - FORTIS		ACCESSION NO : 0022WC004896	AGE/SEX : 34 Years Female
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12373003	DRAWN : 25/03/2023 09:52:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:12373003	RECEIVED : 25/03/2023 09:53:01
MUMBAI 440001		ABHA NO :	REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :
 UID:12373003 REQNO-1431052
 CORP-OPD
 BILLNO-150123OPCR017327
 BILLNO-150123OPCR017327

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

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.



Dr. Akta Dubey
Counsellant Pathologist



[View Details](#)

[View Report](#)

PERFORMED AT :

SRL 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. 2200000836429

PATIENT NAME : MRS.POONAM AVINASH GUPTA

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507 - FORTIS

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

ACCESSION NO : 0022WC004896

PATIENT ID : FH.12373003

CLIENT PATIENT ID: UID:12373003

ABHA NO :

AGE/SEX : 34 Years Female

DRAWN : 25/03/2023 09:52:00

RECEIVED : 25/03/2023 09:53:01

REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052

CORP-OPD

BILLNO-150123OPCR017327

BILLNO-150123OPCR017327

Test Report Status Final

Results

Biological Reference Interval Units

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

E.S.R

26 High

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, 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, (Sickle Cells, 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.

Dr. Akta Dubey
Consultant Pathologist



View Details



View Report

PERFORMED AT :

SRL 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. 22000000836429

PATIENT NAME : MRS.POONAM AVINASH GUPTA		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507 - FORTIS FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WC004896 PATIENT ID : FH.12373003 CLIENT PATIENT ID: UID:12373003 ABHA NO :	AGE/SEX : 34 Years Female DRAWN : 25/03/2023 09:52:00 RECEIVED : 25/03/2023 09:53:01 REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :
 UID:12373003 REQNO-1431052
 CORP-OPD
 BILLNO-1501230PCR017327
 BILLNO-1501230PCR017327

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

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

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

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.

Akta Dubey
Dr.Akta Dubey
 Counsultant Pathologist



PERFORMED AT :
 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.POONAM AVINASH GUPTA **REF. DOCTOR : SELF**

CODE/NAME & ADDRESS : C000045507 - FORTIS FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WC004896	AGE/SEX : 34 Years Female
	PATIENT ID : FH.12373003	DRAWN : 25/03/2023 09:52:00
	CLIENT PATIENT ID: UID:12373003	RECEIVED : 25/03/2023 09:53:01
	ABHA NO :	REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
 CORP-OPD
 BILLNO-150123OPCR017327
 BILLNO-150123OPCR017327

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

BIOCHEMISTRY				
<u>LIVER FUNCTION PROFILE, SERUM</u>				
BILIRUBIN, TOTAL	0.68	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	0.53	0.1 - 1.0		mg/dL
METHOD : CALCULATED PARAMETER				
TOTAL PROTEIN	7.3	6.4 - 8.2		g/dL
METHOD : BIURET				
ALBUMIN	4.1	3.4 - 5.0		g/dL
METHOD : BCP DYE BINDING				
GLOBULIN	3.2	2.0 - 4.1		g/dL
METHOD : CALCULATED PARAMETER				
ALBUMIN/GLOBULIN RATIO	1.3	1.0 - 2.1		RATIO
METHOD : CALCULATED PARAMETER				
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	39 High	15 - 37		U/L
METHOD : UV WITH P5P				
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45 High	< 34.0		U/L
METHOD : UV WITH P5P				
ALKALINE PHOSPHATASE	85	30 - 120		U/L
METHOD : PNPP-ANP				
GAMMA GLUTAMYL TRANSFERASE (GGT)	19	5 - 55		U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE				
LACTATE DEHYDROGENASE	181	100 - 190		U/L
METHOD : LACTATE -PYRUVATE				
<u>GLUCOSE FASTING, FLUORIDE PLASMA</u>				
FBS (FASTING BLOOD SUGAR)	84	74 - 99		mg/dL
METHOD : HEXOKINASE				
<u>GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD</u>				

Akta Dubey

Dr. Akta Dubey
Consultant Pathologist



View Details



View Report

PERFORMED AT :

SRL 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. 2200000836429

PATIENT NAME : MRS.POONAM AVINASH GUPTA

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004896
 PATIENT ID : FH.12373003
 CLIENT PATIENT ID: UID:12373003
 ABHA NO :

AGE/SEX : 34 Years Female
 DRAWN : 25/03/2023 09:52:00
 RECEIVED : 25/03/2023 09:53:01
 REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
 CORP-OPD
 BTLLNO-150123OPCR017327
 BTLLNO-150123OPCR017327

Test Report Status	Final	Results	Biological Reference Interval	Units
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)	%
METHOD : HB VARIANT (HPLC)				
ESTIMATED AVERAGE GLUCOSE(EAG)		99.7	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER				
KIDNEY PANEL - 1				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN		6	6 - 20	mg/dL
METHOD : UREASE - UV				
CREATININE EGFR- EPI				
CREATININE		0.81	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES				
AGE		34		years
GLOMERULAR FILTRATION RATE (FEMALE)		97.63	Refer Interpretation Below	mL/min/1.73m ²
METHOD : CALCULATED PARAMETER				
BUN/CREAT RATIO				
BUN/CREAT RATIO		7.41	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		7.3	6.4 - 8.2	g/dL
METHOD : BIURET				
ALBUMIN, SERUM				
ALBUMIN		4.1	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING				
GLOBULIN				

Dr. Akta Dubey
 Counsultant Pathologist



View Details View Rep

PERFORMED AT :

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





MC-2275

Fortis

PATIENT NAME : MRS.POONAM AVINASH GUPTA

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004896
 PATIENT ID : FH.12373003
 CLIENT PATIENT ID: UID:12373003
 ABHA NO :

AGE/SEX : 34 Years Female
 DRAWN : 25/03/2023 09:52:00
 RECEIVED : 25/03/2023 09:53:01
 REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
 CORP-OPD
 BILLNO-150123OPCR017327
 BILLNO-150123OPCR017327

Test Report Status	Final	Results	Biological Reference Interval	Units
LOBULIN		3.2	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		4.48	3.50 - 5.10	mmol/L
METHOD : ISE INDIRECT				
CHLORIDE, SERUM		104	98 - 107	mmol/L
METHOD : ISE INDIRECT				
Interpretation(s)				

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. 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

Dubey

Dr. Akta Dubey
 Consultant Pathologist



View Details



View Report

PERFORMED AT :

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





REF. DOCTOR : SELF

PATIENT NAME : MRS. POONAM AVINASH GUPTA

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

ACCESSION NO : 0022WC004896
 PATIENT ID : FH.12373003
 CLIENT PATIENT ID: UID:12373003
 ABHA NO :

AGE/SEX : 34 Years Female
 DRAWN : 25/03/2023 09:52:00
 RECEIVED : 25/03/2023 09:53:01
 REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
 CORP-OPD
 BILLNO-150123OPCR017327
 BILLNO-150123OPCR017327

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

urine.

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

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

NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control. High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, 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 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 :

- 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 platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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

Dubey

Dr. Akta Dubey
 Counsultant Pathologist



View Details



View Repo

PERFORMED AT :

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.POONAM AVINASH GUPTA

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004896
PATIENT ID : FH.12373003
CLIENT PATIENT ID: UID:12373003
ABHA NO :

AGE/SEX : 34 Years Female
DRAWN : 25/03/2023 09:52:00
RECEIVED : 25/03/2023 09:53:01
REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
CORP-OPD
BILLNO-150123OPCR017327
BILLNO-150123OPCR017327

Test Report Status	Results	Biological Reference Interval	Units
Final			

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.

Dr. Akta Dubey
Consultant Pathologist



View Details



View Report

PERFORMED AT :

SRL 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. 22000000836429

PATIENT NAME : MRS.POONAM AVINASH GUPTA		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507 - FORTIS FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WC004896 PATIENT ID : FH.12373003 CLIENT PATIENT ID: UID: 12373003 ABHA NO :	AGE/SEX : 34 Years Female DRAWN : 25/03/2023 09:52:00 RECEIVED : 25/03/2023 09:53:01 REPORTED : 25/03/2023 13:12:36	

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
CORP-OPD
BILLNO-150123OPCR017327
BILLNO-150123OPCR017327

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

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	141	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC,CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	62	< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	53	< 40 Low >=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	81	< 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	88	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	12.4	<= 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	2.7 Low	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	1.5	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER			



Dr.Akta Dubey
Consultant Pathologist



View Details View Re

PERFORMED AT :

SRL 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. 2200000836429



PATIENT NAME : MRS.POONAM AVINASH GUPTA

REF. DOCTOR : SELF

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

ACCESSION NO : **0022WC004896**
 PATIENT ID : FH.12373003
 CLIENT PATIENT ID: UID:12373003
 ABHA NO :

AGE/SEX :34 Years Female
 DRAWN :25/03/2023 09:52:00
 RECEIVED :25/03/2023 09:53:01
 REPORTED :25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
 CORP-OPD
 BILLNO-150123OPCR017327
 BILLNO-150123OPCR017327

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

Interpretation(s)

Dr.Akta Dubey
 Counsultant Pathologist

Page 12 Of



View Details



View Repo

PERFORMED AT :

SRL 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. 22000000836429

PATIENT NAME : MRS.POONAM AVINASH GUPTA		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507 - FORTIS		ACCESSION NO : 0022WC004896	AGE/SEX : 34 Years Female
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12373003	DRAWN : 25/03/2023 09:52:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:12373003	RECEIVED : 25/03/2023 09:53:01
MUMBAI 440001		ABHA NO :	REPORTED : 25/03/2023 16:33:02

CLINICAL INFORMATION :
 UID:12373003 REQNO-1431052
 CORP-OPD
 BILLNO-150123OPCR017327
 BILLNO-150123OPCR017327

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

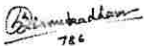
SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	99.52	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	6.45	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)	1.880	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



PERFORMED AT :
 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 Ref. No. 2200000836429

PATIENT NAME : MRS.POONAM AVINASH GUPTA

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004896
 PATIENT ID : FH.12373003
 CLIENT PATIENT ID: UID:12373003
 ABHA NO :

AGE/SEX : 34 Years Female
 DRAWN : 25/03/2023 09:52:00
 RECEIVED : 25/03/2023 09:53:01
 REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
 CORP-OPD
 BILLNO-150123OPCR017327
 BILLNO-150123OPCR017327

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

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

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 <=1.005 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-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



Dr. Akta Dubey
 Counsultant Pathologist



Dr. Rekha Nair, MD
 Microbiologist



View Details



View Report

PERFORMED AT :

SRL 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. 2200000836429



MC-2275

Fortis

PATIENT NAME : MRS.POONAM AVINASH GUPTA

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004896
PATIENT ID : FH.12373003
CLIENT PATIENT ID: UID:12373003
ABHA NO :

AGE/SEX : 34 Years Female
DRAWN : 25/03/2023 09:52:00
RECEIVED : 25/03/2023 09:53:01
REPORTED : 25/03/2023 13:12:36

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
CORP-OPD
BILLNO-150123OPCR017327
BILLNO-150123OPCR017327

Test Report Status	Final	Results	Biological Reference Interval	Units
PUS CELL (WBC'S)		1-2	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
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)				

End Of Report

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

Dubey

Dr.Akta Dubey
Consultant Pathologist

Rekha N

Dr. Rekha Nair, MD
Microbiologist



View Details



View Report

PERFORMED AT :

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74699PB1995PLC045956
Email : -



Patient Ref. No. 2200000836429



MC-2275

Fortis

SRL
Diagnostics

PATIENT NAME : MRS.POONAM AVINASH GUPTA

REF. DOCTOR :

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

ACCESSION NO : 0022WC004979
PATIENT ID : FH.12373003
CLIENT PATIENT ID: UID:12373003
ABHA NO :

AGE/SEX : 34 Years Female
DRAWN : 25/03/2023 12:45:00
RECEIVED : 25/03/2023 12:47:02
REPORTED : 25/03/2023 14:23:49

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
CORP-OPD
BILLNO-150123OPCR017327
BILLNO-150123OPCR017327

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

BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	76	70 - 139	mg/dL
METHOD : HEXOKINASE			

Comments

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

Interpretation(s)

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

End Of Report

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

Akta Dubey

Dr.Akta Dubey
Counsultant Pathologist



View Details



View Report

PERFORMED AT :

SRL 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. 2200000836512



Patient Ref. No. 22000000836429



CLIENT CODE : C000045507

Cert. No. MC-2984

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,MUMBAI 440001
MAHARASHTRA INDIASRL 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.POONAM AVINASH GUPTA

PATIENT ID : FH.12373003

ACCESSION NO : 0022WC004896 AGE : 34 Years SEX : Female

ABHA NO :

DRAWN : 25/03/2023 09:52:00

RECEIVED : 25/03/2023 09:53:01

REPORTED : 25/03/2023 16:33:02

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : UID:12373003

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
CORP-OPD
BILLNO-150123OPCR017327
BILLNO-150123OPCR017327

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

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	99.52	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	6.45	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)	1.880	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. 22000000836543



SRI
Diagnostic

CLIENT CODE : C000045507

Cert. No. MC-2275

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.POONAM AVINASH GUPTA

PATIENT ID : FH.12373003

ACCESSION NO : **0022WC005010** AGE : 34 Years SEX : Female ABHA NO :

DRAWN : 25/03/2023 14:08:00 RECEIVED : 25/03/2023 14:08:01 REPORTED : 27/03/2023 10:42:49

REFERRING DOCTOR :

CLIENT PATIENT ID : UID:12373003

CLINICAL INFORMATION :

UID:12373003 REQNO-1431052
CORP-OPD
BILLNO-150123OPCR017327
BILLNO-150123OPCR017327

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
MICROSCOPY	SMEARS STUDIED SHOW SUPERFICIAL SQUAMOUS CELLS, INTERMEDIATE SQUAMOUS CELLS IN THE BACKGROUND OF MODERATE POLYMORPHS.
INTERPRETATION / RESULT	ENDOCERVICAL CELLS ARE NOT SEEN. NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Comments

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

NO CYTOLOGICAL EVIDENCE OF HPV INFECTION IN THE SMEARS STUDIED.

****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 Report

123733003
34 Years

POONAM GUPTA
Female

3/25/2023 11:50:23 AM

H/C

Rate 79 . Sinus rhythm.....normal P axis, V-rate 50-99
Baseline wander in lead(s) V4

PR 120
QRSD 86
QT 358
QTc 411

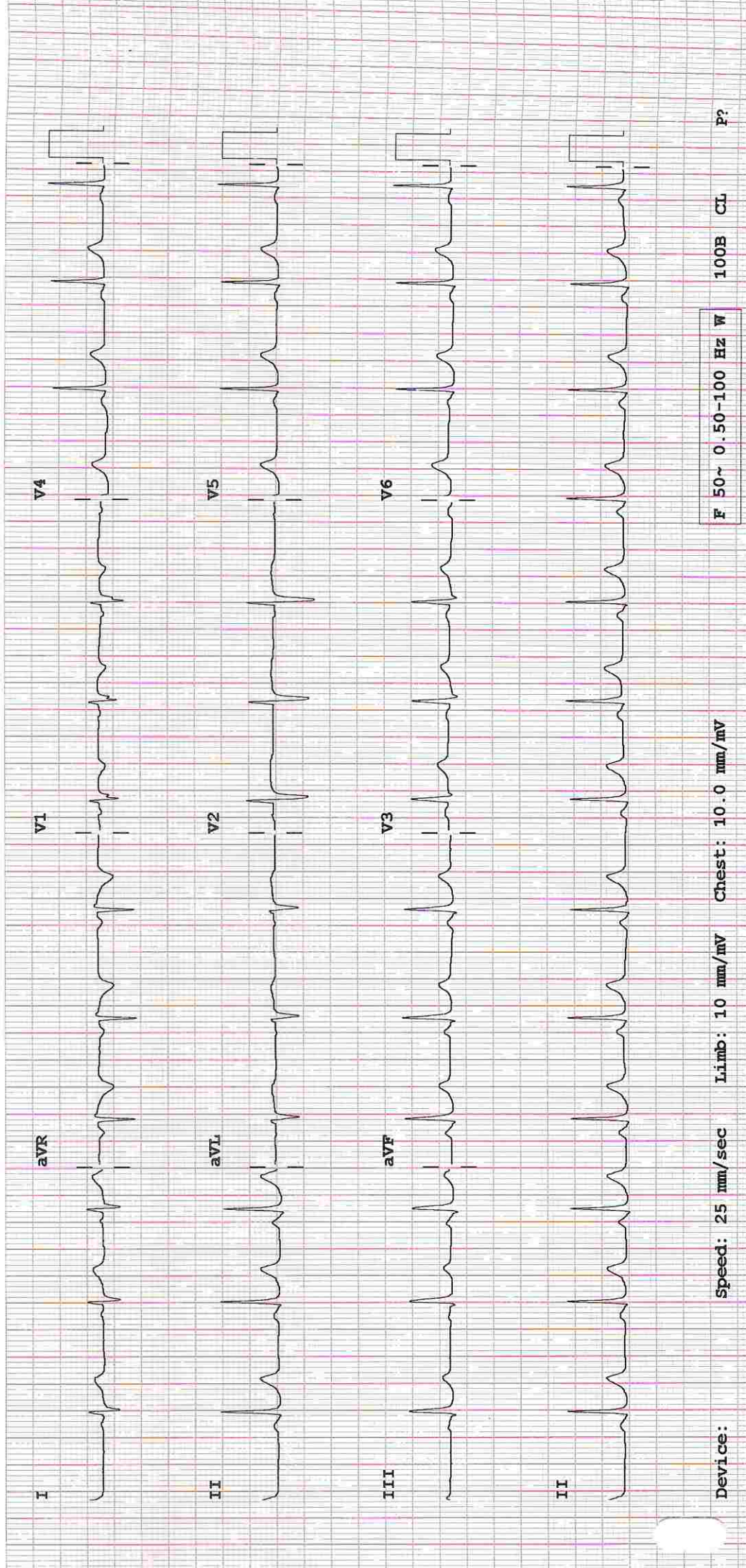
--AXIS--

P 77
QRS 87
T 50

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



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

F 50~0.50-100 Hz W

100B CL

P?



(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF NIC

Date: 27/Mar/2023

Name: Mrs. Poonam Avinash Gupta

UHID | Episode No : 12373003 | 17515/23/1501

Age | Sex: 34 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2303/36514 | 25-Mar-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 27-Mar-2023 11:15:51

Bed Name :

Order Doctor Name : Dr.SELF .

TREAD MILL TEST (TMT)

Resting Heart rate	80 bpm
Resting Blood pressure	120/70 mmHg
Medication	Nil
Supine ECG	Normal
Standard protocol	BRUCE
Total Exercise time	07 min 15 seconds
Maximum heart rate	160 bpm
Maximum blood pressure	150/70 mmHg
Workload achieved	8.9 METS
Reason for termination	Target heart rate achieved

Final Impression :

STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED MYOCARDIAL ISCHEMIA AT 8.9 METS AND 86 % OF MAXIMUM PREDICTED HEART RATE.

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



DEPARTMENT OF RADIOLOGY

Date: 25/Mar/2023

Name: Mrs. Poonam Avinash Gupta

UHID | Episode No : 12373003 | 17515/23/1501

Age | Sex: 34 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2303/36514 | 25-Mar-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 25-Mar-2023 13:01:47

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 appear normal.

Both costophrenic angles are well maintained.

Bony thorax appears unremarkable.

Aditya

DR. ADITYA NALAWADE

M.D. (Radiologist)

**DEPARTMENT OF RADIOLOGY**

Date: 25/Mar/2023

Name: Mrs. Poonam Avinash Gupta**UHID | Episode No : 12373003 | 17515/23/1501****Age | Sex: 34 YEAR(S) | Female****Order No | Order Date: 1501/PN/OP/2303/36514 | 25-Mar-2023****Order Station : FO-OPD****Admitted On | Reporting Date : 25-Mar-2023 11:26:09****Bed Name :****Order Doctor Name : Dr.SELF .****US-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 (11.8 cm) and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis.
Right kidney measures 8.9 x 4.4 cm.
Left kidney measures 9.8 x 3.7 cm.

PANCREAS: Head and body of pancreas is visualised and appears normal. Rest of the pancreas is obscured.

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 8.8 x 5.2 x 3.5 cm.
Endometrium measures 6.1 mm in thickness.

Both ovaries are normal.

Right ovary measures 2.1 x 2.6 x 1.9 cm, volume 5.8 cc.

Left ovary measures 2.5 x 2.3 x 2.0 cm, volume 6.0 cc.

No evidence of ascites.

Impression:

- **No significant abnormality is detected.**


DR. CHETAN KHADKE
M.D. (Radiologist)