



Hiranandani
HOSPITAL

(A Fortis Network Hospital)

Hiranandani Fortis Hospital
W-1, Seashore Road,
Sector 10 - A, Vashi,
Mumbai - 400 703.
Tel : +91-22-3919 9222
Fax : +91-22-3919 9220/21
Email : vashi@vashihospital.com

BMI CHART

Date: 16/11/23

Name: Vishwanath. Bhim Marudhi Age: 44 yrs Sex: M/F

BP: 150/100 Height (cms): 169 Weight(kgs): 91.3 BMI: _____
 SpO₂: 99% P: 72 bpm

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	65.8	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	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000

Signature _____



UHID	5669174	Date	16/11/2023		
Name	Mr. Vishwanand Bhim Mahadik	Sex	Male	Age	44
OPD	Opthal 14	Health Check-up			

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

Clus. No. (Mr. Bh)

Urea D.M. (40-50 years)

Urid V. → R 6/6
 → G 6/6

Urid V. → N8
 → N8

R → R Plus 6/6.
 G → G Plus 6/6.
 Add → +1.50 → N6
 → N6

IOB → R → 15.8.
 → G → 14.2

Handwritten signature

* Refractive eye exp. → () () ()
 (6 months)



UHID	5569174	Date	16/11/2023		
Name	Mr. Vishwanand Bhim Mahadik	Sex	Male	Age	44
OPD	Dental 12	Health Check-up			

Seen By Dr. Vipin

Drug allergy:
 Sys illness:

O/E

- 1) Stains
- 2) Calculus

Missing teeth $\frac{6}{6}$

Chowdry $\frac{12}{12}$

Adv - oral prophylaxis

Dental

Adv - Inflow $\frac{76}{6}$

[Signature]

OPD - X-ray
 Dr. Vipin Mahadik

PATIENT NAME : VISHWANAD BHIM MAHADIK

REF. DOCTOR : SELF

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

 ACCESSION NO : 0022WK003115
 PATIENT ID : FH.5669174
 CLIENT PATIENT ID: UID:5669174
 ABHA NO :

 AGE/SEX : 44 Years Male
 DRAWN : 16/11/2023 08:52:00
 RECEIVED : 16/11/2023 08:52:17
 REPORTED : 16/11/2023 13:08:06

CLINICAL INFORMATION :

 UID:5669174 REQNO-1606162
 CORP-OPD
 BILLNO-150123OPCR064920
 BILLNO-150123OPCR064920

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

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	12.7 Low	13.0 - 17.0	g/dL
METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	4.81	4.5 - 5.5	mil/ μ L
METHOD : HYDRODYNAMIC FOCUSING			
WHITE BLOOD CELL (WBC) COUNT	7.91	4.0 - 10.0	thou/ μ L
METHOD : FLUORESCENCE FLOW CYTOMETRY			
PLATELET COUNT	353	150 - 410	thou/ μ L
METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION			

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	39.1 Low	40.0 - 50.0	%
METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD			
MEAN CORPUSCULAR VOLUME (MCV)	81.3 Low	83.0 - 101.0	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	26.4 Low	27.0 - 32.0	Pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	32.5	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	13.6	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	16.9		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	10.2	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

WBC DIFFERENTIAL COUNT



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 Consultant Pathologist

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 Tel : 022-39199222, 022-49723322,
 CIN - U74805PB1995PLC045956
 Email : -


Patient Ref. No. 2200000885258

PATIENT NAME : VISHWANAD BHIM MAHADIK
REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022WK003115
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Test Report Status	Final	Results	Biological Reference Interval	Units
NEUTROPHILS		75	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		17 Low	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		6	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
EOSINOPHILS		2	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		0	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		5.93	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.34	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.47	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.16	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)		4.4		
METHOD : CALCULATED				

MORPHOLOGY
RBC

METHOD : MICROSCOPIC EXAMINATION

WBC

METHOD : MICROSCOPIC EXAMINATION

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

MILD HYPOCHROMASIA, MILD MICROCYTOSIS

NORMAL MORPHOLOGY

ADEQUATE



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 CIN - U74899PB1995PLC045956
 Email : -


Patient Ref. No. 2700000885258

PATIENT NAME : VISHWANAD BHIM MAHADIK
REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022WK003115
PATIENT ID : FH.5669174
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Test Report Status	Results	Biological Reference Interval	Units
Final			

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) 106994. This ratio element is a calculated parameter and out of NABL scope.


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 Email : -


Patient Ref. No. 22000000885258

PATIENT NAME : VISHWANAD BHIM MAHADIK		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022WK003115	AGE/SEX : 44 Years Male
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.5669174	DRAWN : 16/11/2023 08:52:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:5669174	RECEIVED : 16/11/2023 08:52:17
MUMBAI 440001		ABHA NO :	REPORTED : 16/11/2023 13:08:06

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 CORP-OPD
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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD			
E.S.R	12	0 - 14	mm at 1 hr
METHOD : WESTERGREN METHOD			

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	7.0 High	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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ESTIMATED AVERAGE GLUCOSE(EAG)	154.2 High	< 116.0	mg/dL
METHOD : HB VARIANT (HPLC) METHOD : CALCULATED PARAMETER			

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 Email : *

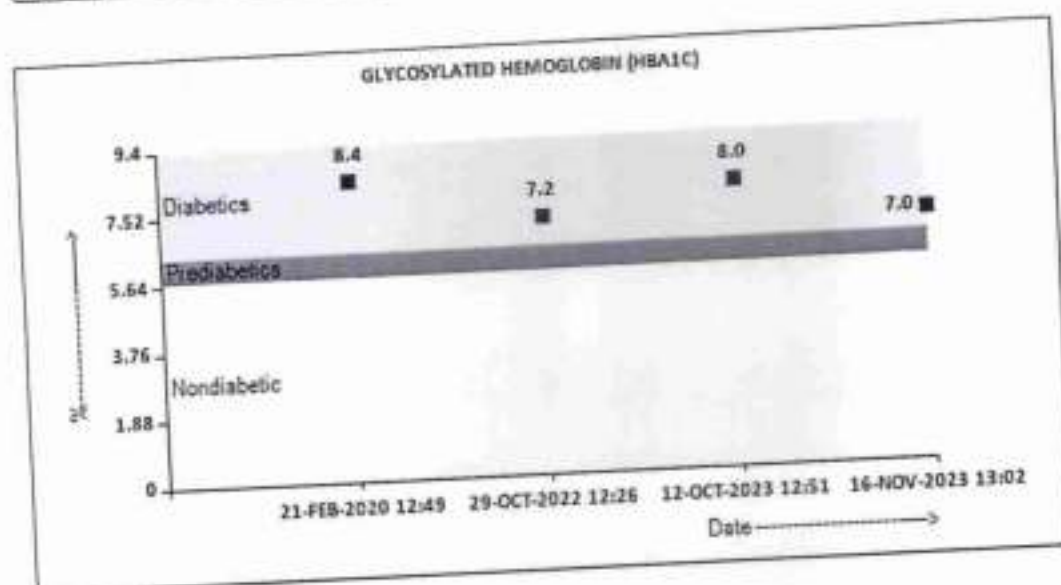
Patient Ref. No. 2200000089258

PATIENT NAME : VISHWANAD BHIM MAHADIK		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507		AGE/SEX : 44 Years Male	
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ABHA NO :			

CLINICAL INFORMATION :

UID:5669174 REQNO-1606162
 CORP-OPD
 BILLNO-1501230PCR064920
 BILLNO-1501230PCR064920

Test Report Status	Results	Biological Reference Interval	Units
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**Interpretation(s)**

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD-TEST DESCRIPTION :-
 Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays, fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition. CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Hemoglobinuria 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 (Paraneoplasias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy ESR in first trimester is 0-58 mm/hr (52 if anemic) and in second trimester 0-70 mm/hr (55 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 : Polikocytosis, (Sickle Cells, spherocytes), Microcytosis, Low fibrinogen, Very high WBC counts, Drugs (Quinine, salicylates)

REFERENCE :

1. Hillan 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

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CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022WK003115	AGE/SEX : 44 Years Male
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FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:5669174	RECEIVED : 16/11/2023 08:52:17
MUMBAI 440001		ABHA NO : 1	REPORTED : 16/11/2023 13:08:06

CLINICAL INFORMATION :

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CORP-OPD
BILLNO-150123OPCR064920
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The adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition, GLYCOSYLATED HEMOGLOBIN(HbA1c), EDTA WHOLE BLOOD-Used For:

- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
 - Diagnosing diabetes.
 - 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.
- eAG (Estimated average glucose) converts percentage HbA1c to mg/dL, to compare blood glucose levels.
 - eAG gives an evaluation of blood glucose levels for the last couple of months.
 - eAG is calculated as $eAG (mg/dL) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- 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.
- Vitamin C & E are reported to falsely lower test results (possibly by inhibiting glycation of hemoglobin).
- 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.
- Interference of hemoglobinopathies in HbA1c estimation is seen in

- Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
- Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
- HbF > 25% on alternate platform (Bornate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy


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



Patient Ref. No. 2200000885258

PATIENT NAME : VISHWANAD BHIM MAHADIK
REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022WK003115
PATIENT ID : FH.5669174
CLIENT PATIENT ID: UID:5669174
ABHA NO :
AGE/SEX : 44 Years Male
DRAWN : 16/11/2023 08:52:00
RECEIVED : 16/11/2023 08:52:17
REPORTED : 16/11/2023 13:08:06
CLINICAL INFORMATION :

 UID:5669174 REQNO-1606162
 CORP-OPD
 BILLNO-1501230PCR064920
 BILLNO-1501230PCR064920

Test Report Status	Results	Biological Reference Interval	Units
Final			

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.



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 Consultant Pathologist



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 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
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PATIENT NAME : VISHWANAD BHIM MAHADIK		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WK003115	AGE/SEX : 44 Years Male
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.5669174	DRAWN : 16/11/2023 08:52:00
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:5669174	RECEIVED : 16/11/2023 08:52:17
MUMBAI 440001	ABHA NO :	REPORTED : 16/11/2023 13:08:06

CLINICAL INFORMATION :
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 BILLNO-150123OPCR064920
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Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.46	0.2 - 1.0	mg/dL
METHOD : JENDRASZK AND GROFF			
BILIRUBIN, DIRECT	0.11	0.0 - 0.2	mg/dL
METHOD : JENDRASZK AND GROFF			
BILIRUBIN, INDIRECT	0.35	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	7.5	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN	4.0	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN	3.5	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO	1.1	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	14 Low	15 - 37	U/L
METHOD : UV WITH PSP			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	< 45.0	U/L
METHOD : UV WITH PSP			
ALKALINE PHOSPHATASE	111	30 - 120	U/L
METHOD : PNFP-ANP			
GAMMA GLUTAMYL TRANSFERASE (GGT)	29	15 - 85	U/L
METHOD : GAMMA GLUTAMYL CARBOXY ANTIORANILIDE			
LACTATE DEHYDROGENASE	166	85 - 227	U/L
METHOD : LACTATE -PYRUVATE			

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	168 High	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >=126	mg/dL
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METHOD : HEXOKINASE

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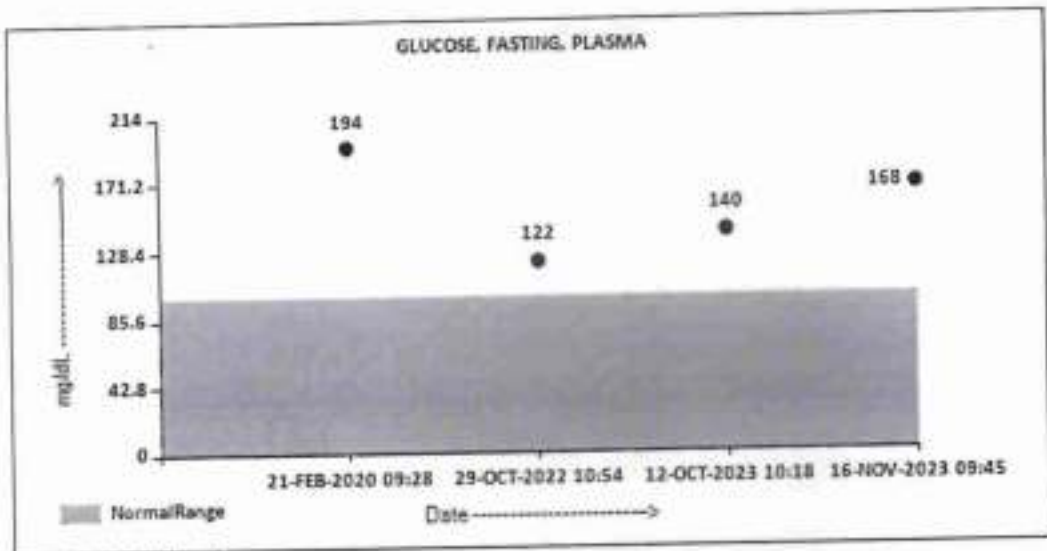


Patient Ref. No. 22000000885258

PATIENT NAME : VISHWANAD BHIM MAHADIK		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WK003115 PATIENT ID : FH.5669174 CLIENT PATIENT ID: UID:5669174 ABHA NO : 1	AGE/SEX : 44 Years Male DRAWN : 16/11/2023 08:52:00 RECEIVED : 16/11/2023 08:52:17 REPORTED : 16/11/2023 13:08:06

CLINICAL INFORMATION :
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 CORP-OPD
 BILLNO-150123OPCR064920
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Test Report Status	Final	Results	Biological Reference Interval	Units
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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM
 BLOOD UREA NITROGEN 11 6 - 20 mg/dL
 METHOD : UREASE - UV

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PATIENT NAME : VISHWANAD BHIM MAHADIK

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WK003115

PATIENT ID : FH.5669174

CLIENT PATIENT ID: UID:5669174

ABHA NO :

AGE/SEX : 44 Years Male

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UID:5669174 REQNO-1606162

CORP-OPD

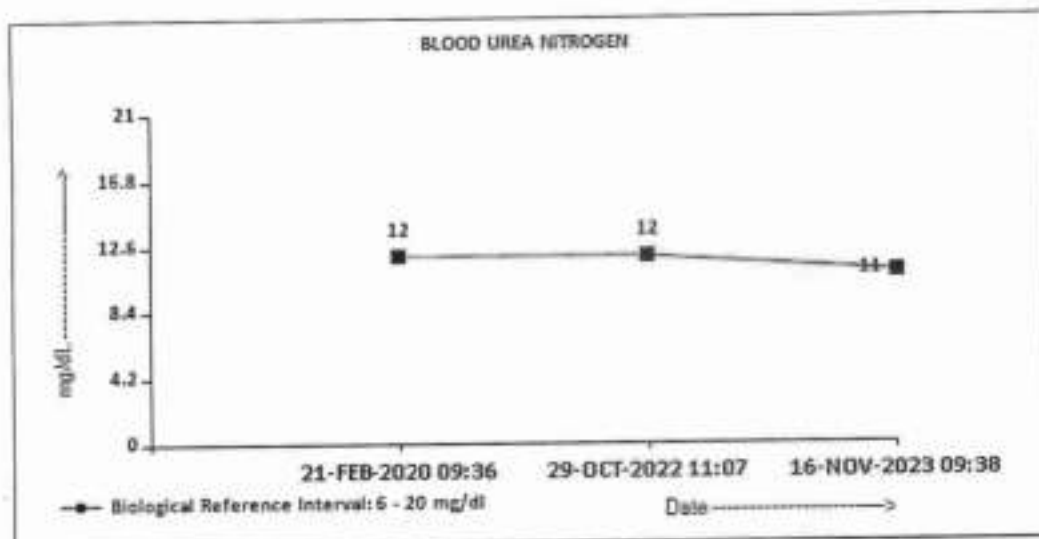
BILLNO-150123OPCR064920

BILLNO-150123OPCR064920

Test Report Status **Final**

Results

Biological Reference Interval Units



CREATININE EGFR- EPI

CREATININE	1.04	0.90 - 1.30	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES			
AGE	44		years
GLOMERULAR FILTRATION RATE (MALE)	90.80	Refer Interpretation Below	mL/min/1.73m ²
METHOD : CALCULATED PARAMETER			

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 Email : -


Patient Ref. No. 22000000885758

PATIENT NAME : VISHWANAD BHIM MAHADIK

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WK003115

PATIENT ID : FH,5669174

CLIENT PATIENT ID: UID:5669174

ABHA NO :

AGE/SEX : 44 Years Male

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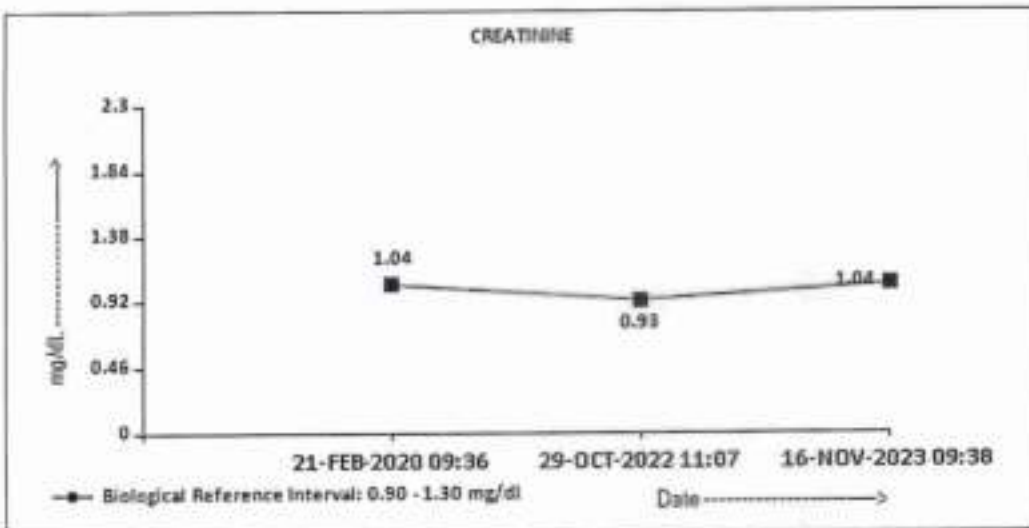
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CORP-OPD

BILLNO-1501230PCR064920

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Test Report Status	Final	Results	Biological Reference Interval	Units
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BUN/CREAT RATIO

BUN/CREAT RATIO

10.58

5.00 - 15.00

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID

4.0

3.5 - 7.2

mg/dL

METHOD : URICASE UV

TOTAL PROTEIN, SERUM

TOTAL PROTEIN

7.5

6.4 - 8.2

g/dL

METHOD : BIURET

ALBUMIN, SERUM



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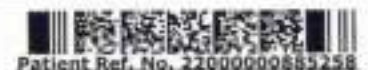


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Patient Ref. No. 22000000885258

PATIENT NAME : VISHWANAD BHIM MAHADIK

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WK003115

PATIENT ID : FH.5669174

CLIENT PATIENT ID: UID:5669174

ABHA NO :

AGE/SEX :44 Years Male

DRAWN :16/11/2023 08:52:00

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CLINICAL INFORMATION :

UTD:5669174 REQNO-1606162
CORP-OPD
BILLNO-150123OPCR064920
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Test Report Status	Final	Results	Biological Reference Interval	Units
ALBUMIN		4.0	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING				
LOBULIN				
GLOBULIN		3.5	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM, SERUM		138	136 - 145	mmol/L
METHOD : ISE INDIRECT				
POTASSIUM, SERUM		4.26	3.50 - 5.10	mmol/L
METHOD : ISE INDIRECT				
CHLORIDE, SERUM		103	98 - 107	mmol/L
METHOD : ISE INDIRECT				

Interpretation(s)

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal haem 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 blocking 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, haemochromatosis. 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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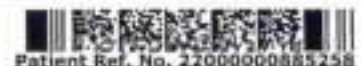
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Patient Ref. No. 22000000883258

PATIENT NAME : VISHWANAD BHIM MAHADIK

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WK003115
 PATIENT ID : FH.5669174
 CLIENT PATIENT ID: UID:5669174
 ABHA NO :

AGE/SEX : 44 Years Male
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CLINICAL INFORMATION :

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liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.

Total Protein also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström disease. Lower-than-normal levels may be due to: Age-related albuminuria, Bleeding (haemorrhage), 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 FLASHA-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, propylthiouracil, 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 Hypoglycaemia, Increased insulin response & sensitivity etc.

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include: Pw renal (high protein diet, increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrothiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

CREATININE EGFR- EPI- Kidney disease outcomes quality initiative (KDOQI) guidelines state that estimation of GFR is the best overall index 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 (>60 ml/min per 1.73m2). This formula has less bias and greater accuracy which helps in early diagnosis and also reduces the rate of false positive diagnosis of CKD.

References:

National Kidney Foundation (NKF) and the American Society of Nephrology (ASN).
 Estimated GFR Calculated Using the CKD-EPI equation-<https://testguide.lbmmed.uw.edu/guide/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. 35756329
 Harrison's Principles of Internal Medicine, 21st ed. pg 62 and 334

URIC ACID, SERUM-Causes of Increased levels: Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Leach nyhan syndrome, Type 2 DM, Metabolic syndrome

Causes of decreased levels: Low Zinc intake, OCP, Multiple Sclerosis

TOTAL PROTEIN, SERUM- is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin.

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström disease.

Lower-than-normal levels may be due to: Age-related albuminuria, Bleeding (haemorrhage), 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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Patient Ref. No. 22000000885258

PATIENT NAME : VISHWANAD BHIM MAHADIK

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WK003115

PATIENT ID : FH.5669174

CLIENT PATIENT ID: UID:5669174

ABHA NO :

AGE/SEX : 44 Years Male

DRAWN : 16/11/2023 08:52:00

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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	164	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC/CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	203 High	< 150 Normal 150 - 199 Borderline High 200 - 499 High >= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	40	< 40 Low >= 60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	98	< 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	124	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	40.6 High	<= 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	4.1	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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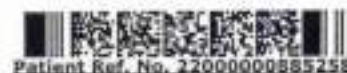


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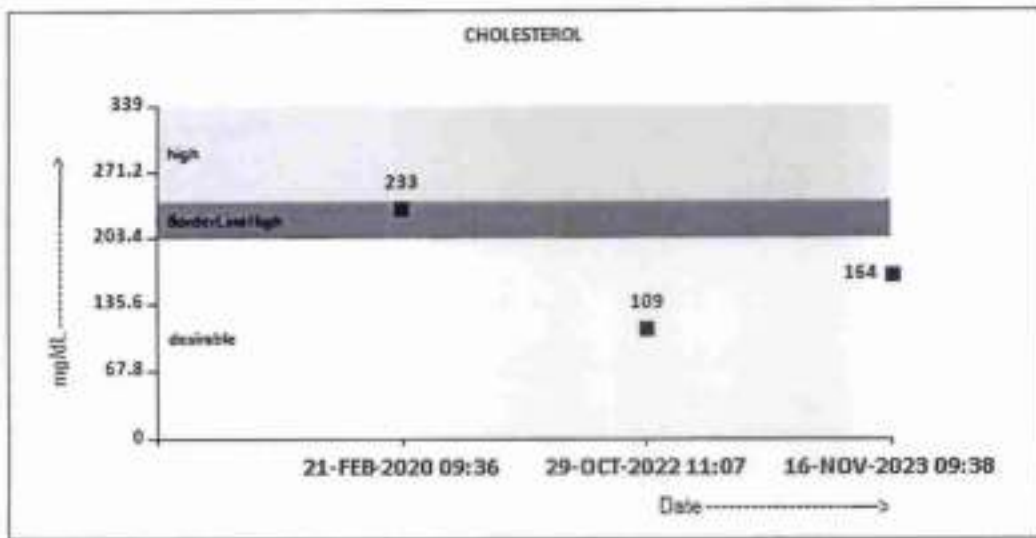
PATIENT NAME : VISHWANAD BHIM MAHADIK		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001.	ACCESSION NO : 0022WK003115 PATIENT ID : FH.5669174 CLIENT PATIENT ID: UID:5669174 ASHA NO :	AGE/SEX : 44 Years Male DRAWN : 16/11/2023 08:52:00 RECEIVED : 16/11/2023 08:52:17 REPORTED : 16/11/2023 13:08:06

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 CORP-OPD
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LDL/HDL RATIO **2.5** **0.5 - 3.0 Desirable/Low Risk**
3.1 - 6.0 Borderline/Moderate Risk
>6.0 High Risk

METHOD : CALCULATED PARAMETER



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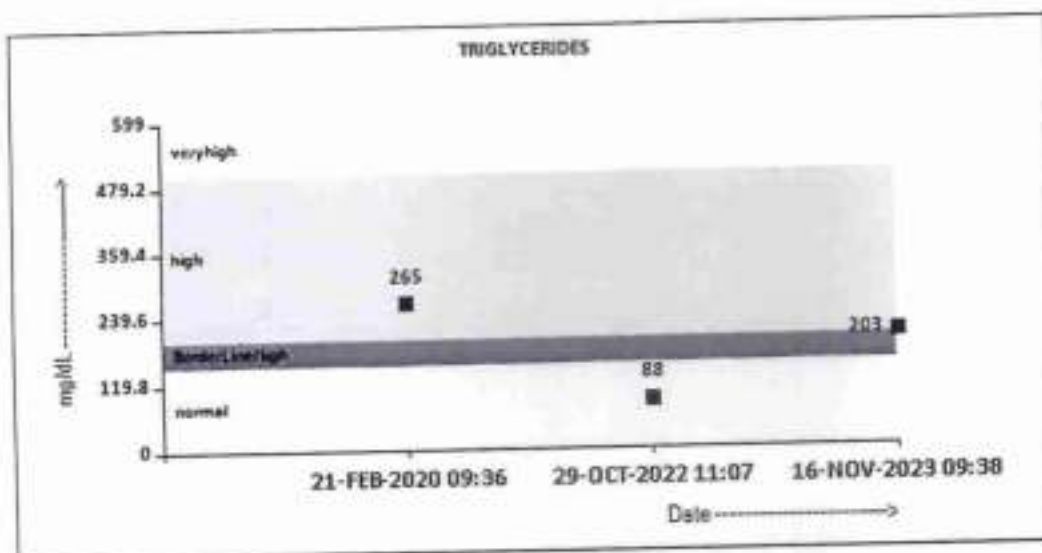


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CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WK003115	AGE/SEX : 44 Years Male	
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.5669174	DRAWN : 16/11/2023 08:52:00	
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:5669174	RECEIVED : 16/11/2023 08:52:17	
MUMBAI 440001	ABHA NO :	REPORTED : 16/11/2023 13:08:06	

CLINICAL INFORMATION :
 UID:5669174 REQNO-1606162
 CORP-OPD
 BILLNO-150123OPCR064920
 BILLNO-150123OPCR064920

Test Report Status	Results	Biological Reference Interval	Units
Final			



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. 22000000885258

PATIENT NAME : VISHWANAD BHIM MAHADIK

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WK003115

PATIENT ID : FH.5669174
 CLIENT PATIENT ID: UID:5669174
 ABHA NO :

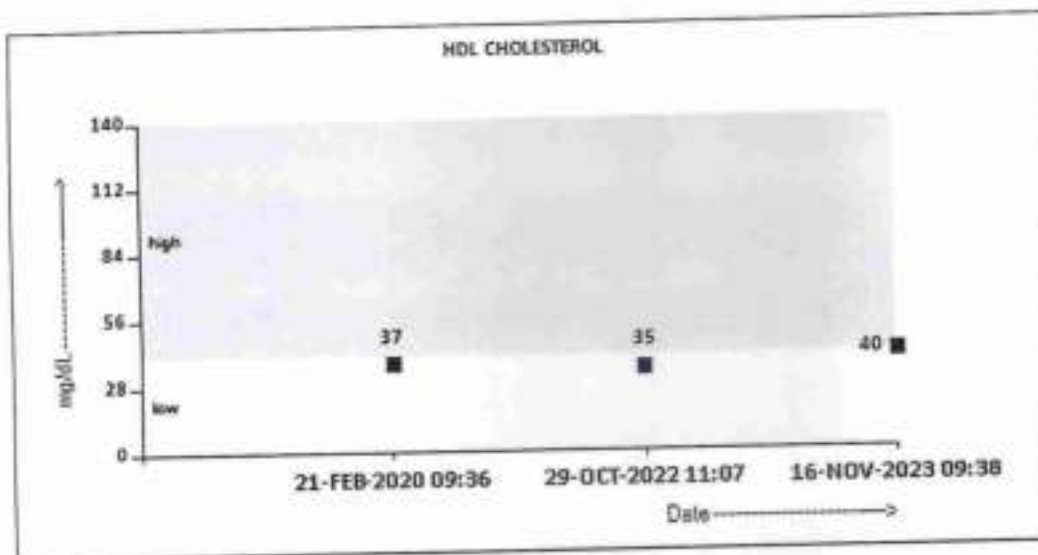
AGE/SEX :44 Years Male

DRAWN :16/11/2023 08:52:00
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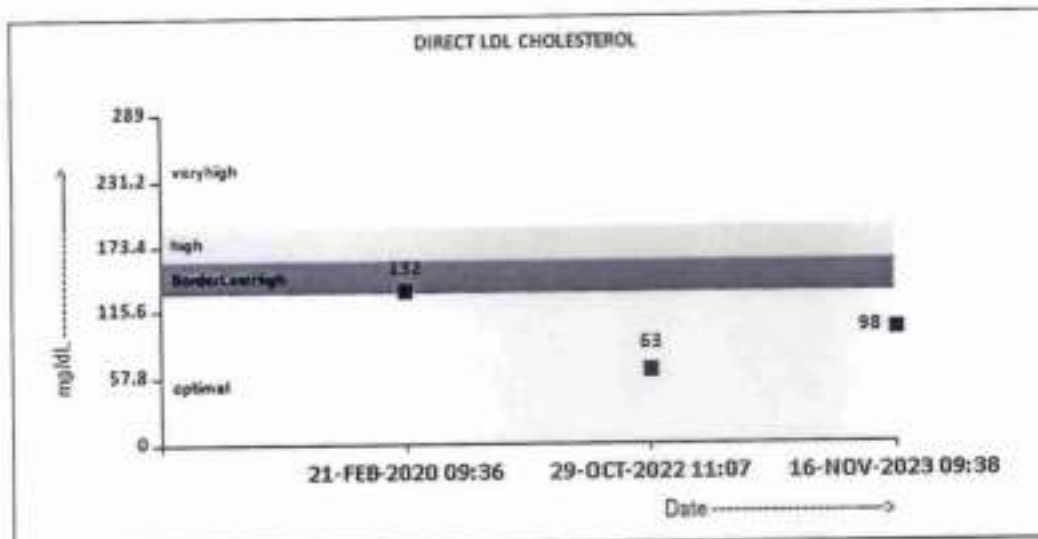
Patient Ref. No. 22000000885258

PATIENT NAME : VISHWANAD BHIM MAHADIK		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPL2D FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WK003115 PATIENT ID : FH.5669174 CLIENT PATIENT ID: UID:5669174 ADHA NO :	AGE/SEX :44 Years Male DRAWN :16/11/2023 08:52:00 RECEIVED : 16/11/2023 08:52:17 REPORTED :16/11/2023 13:08:06

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BILLNO-150123OPCR064920

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Interpretation(s)

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CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW
<small>METHOD : PHYSICAL</small>	
APPEARANCE	CLEAR
<small>METHOD : VISUAL</small>	

CHEMICAL EXAMINATION, URINE

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

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 (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 : VISHWANAD BHIM MAHADIK		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WK003115	AGE/SEX : 44 Years Male
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 CORP-OPD
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MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S) METHOD : MICROSCOPIC EXAMINATION	2-3	0-5	/HPF
EPITHELIAL CELLS METHOD : MICROSCOPIC EXAMINATION	0-1	0-5	/HPF
CASTS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
CRYSTALS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
BACTERIA METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
YEAST METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
REMARKS	URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT		

Interpretation(s)

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Patient Ref. No. 22000000885258

PATIENT NAME : VISHWANAD BHIM MAHADIK

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WK003115

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CLIENT PATIENT ID: UID:5669174
ABHA NO :

AGE/SEX : 44 Years Male

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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	70.5 Low	80.0 - 200.0	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE			
T4	9.45	5.10 - 14.10	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE			
TSH (ULTRASENSITIVE)	2.770	0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, SANDWICH IMMUNOASSAY			

Comments

NOTE: RESULT FOR SERUM T3 RECHECKED WITH SAME SAMPLE ; KINDLY CORRELATE CLINICALLY

Interpretation(s)



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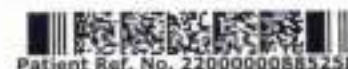
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SPECIALISED CHEMISTRY - TUMOR MARKER

PROSTATE SPECIFIC ANTIGEN, SERUM	1.390	0.0 - 2.0	ng/mL
PROSTATE SPECIFIC ANTIGEN			
METHOD : ELECTROCHEMILUMINESCENCE,SANDBICH 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 patients.
- 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.
- Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-10 ng/mL.
- Total PSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretation. Recommended follow up on same platform as patient result can vary due to differences in assay method and reagent specificity.

References-

1. Burtis CA, Ashwood ER, Bruns DE, Tietz textbook of clinical chemistry and Molecular Diagnostics, 4th edition.
2. Williamson NA, Snyder LM, Wallace's interpretation of diagnostic tests, 9th edition.

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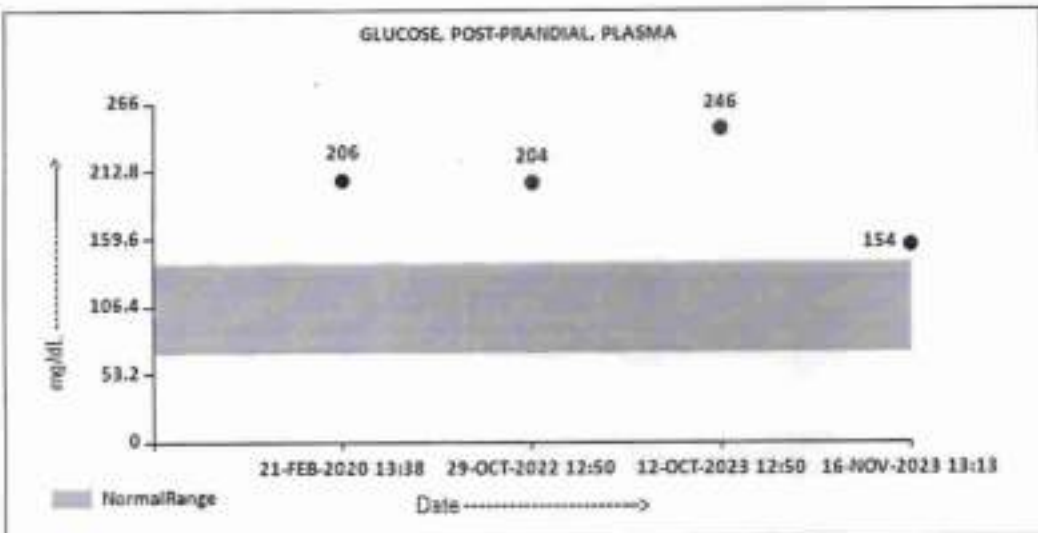
PATIENT NAME : MR.VISHWANAD BHIM MAHADIK		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WK003145 PATIENT ID : PH.5669174 CLIENT PATIENT ID: UID:5669174 ABHA NO :	AGE/SEX : 44 Years Male DRAWN : 16/11/2023 11:20:00 RECEIVED : 16/11/2023 11:20:17 REPORTED : 16/11/2023 13:25:45

CLINICAL INFORMATION :
 UID:5669174 REQNO-1606162
 CORP-OPD
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA			
PPBS(POST PRANDIAL BLOOD SUGAR)	154 High	70 - 140	mg/dL
METHOD : HEXOKINASE			



Comments

NOTE : - RECHECKED FOR FASTING AND 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

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Patient Ref. No. 22000000885288

PATIENT NAME : MR.VISHWANAD BHIM MAHADIK		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WK003145 PATIENT ID : FH.5669174 CLIENT PATIENT ID: UID:5669174 ASHA NO :	AGE/SEX : 44 Years Male DRAWN : 16/11/2023 11:20:00 RECEIVED : 16/11/2023 11:20:17 REPORTED : 16/11/2023 13:25:45

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Patient Ref. No. 22000000885288

Rate 64 . Sinus rhythm.....normal P axis, V-rate 50-99
 PR 153 . Borderline left axis deviation.....QRS axis (-15,-29)
 QRS 98 . Borderline low voltage, extremity leads.....all extremity leads <0.6mV
 QT 391
 QTc 404

HC

SINUS BRADY

LEFT AXIAL DEVIATION

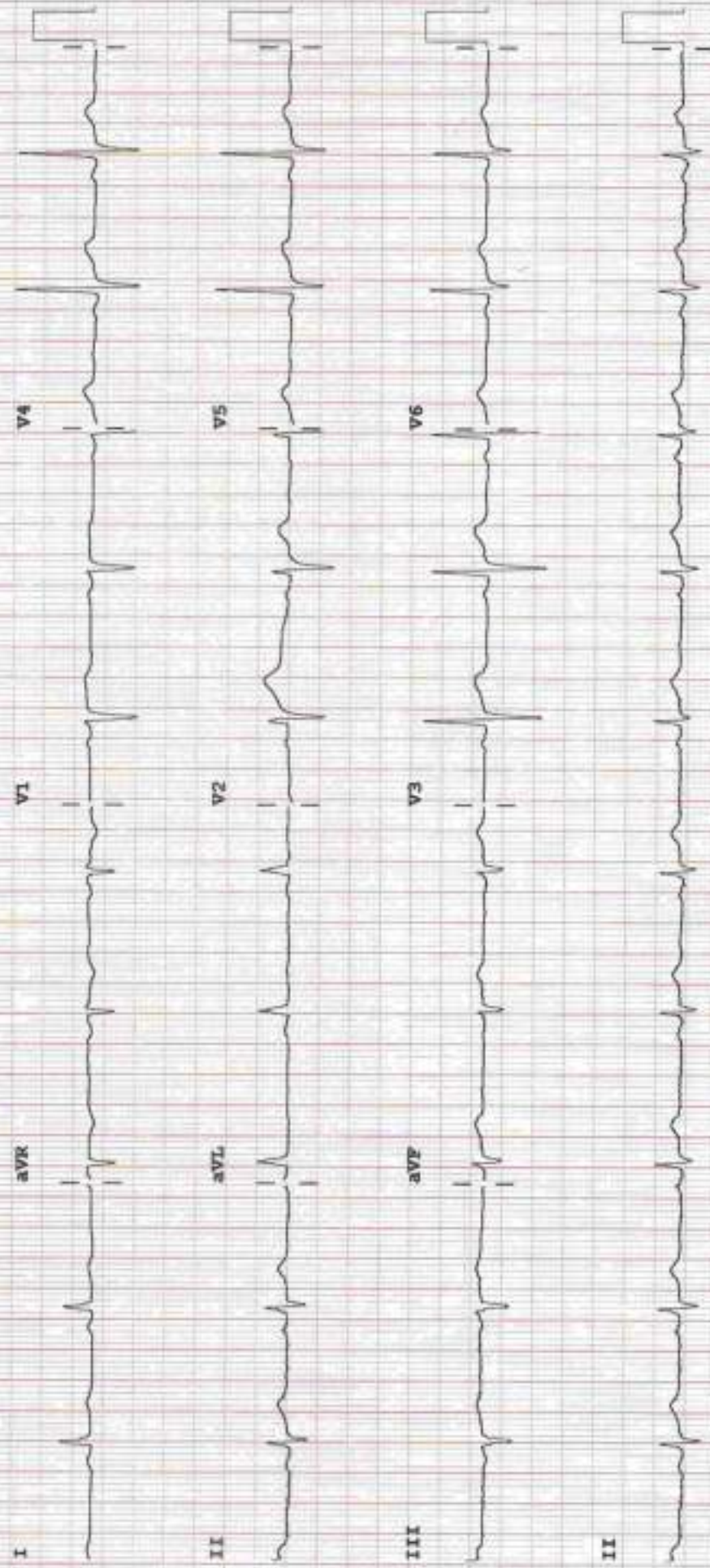
CONDUCTIVE

--AXIS--
 P 6
 QRS -16
 T 61

12 Lead; Standard Placement

-- OTHERWISE 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 100B CL P?

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CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D12G
PAN NO : AABCH5894D



Date: 16/Nov/2023

DEPARTMENT OF RADIOLOGY

Name: Mr. Vishwanad Bhim Mahadik
Age | Sex: 44 YEAR(S) | Male
Order Station : FO-OPD
Bed Name :

UHD | Episode No : 5669174 | 65989/23/1501
Order No | Order Date: 1501/PN/OP/2311/137127 | 16-Nov-2023
Admitted On | Reporting Date : 16-Nov-2023 11:48:49
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)



Patient Name	: Vishwanad Bhim Mahadik	Patient ID	: 5669174
Sex / Age	: M / 44Y 11M 18D	Accession No.	: PHC.6934566
Modality	: US	Scan DateTime	: 16-11-2023 11:23:11
IPID No	: 65989/23/1501	ReportDatetime	: 16-11-2023 16:18:53

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 11.0 x 5.2 cm.
Left kidney measures 12.4 x 5.8 cm.

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

URINARY BLADDER is partially distended, limiting optimal evaluation of pelvis.

PROSTATE is normal in size & echogenicity. It measures ~ 13 cc in volume.

- No evidence of ascites.

Impression:

- No significant abnormality is detected.


DR. KUNAL NIGAM
M.D. (Radiologist)