

BMI CHART

Date: 11/2/21

Name: Mrs. Monika Bhandari Age: 32 yrs

Sex: M/F

BP: 130/90 Height (cms): 157 cm Weight(kgs): 74 kg BMI: _____
mmHg

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	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39
5'3" - 160.0	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	32	33	34	35	36	37	38
5'4" - 162.5	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34
5'7" - 170.1	15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32
5'9" - 176.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31
5'10" - 177.8	14	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30
5'11" - 180.3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29
6'1" - 185.4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28
6'2" - 187.9	12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27
6'3" - 190.5	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26
6'4" - 193.0	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26

Doctors Notes:

Signature



UHID	12288512	Date	11/02/2023		
Name	Mrs. Monika Bhandari	Sex	Female	Age	32
OPD	PAP	Health Check Up			

32 yrs | Polo

Drug allergy:
Sys illness:

LMP: 2-2-23

AME: 3/30d, LMP

Pap - cy ngl ⊕ pap

Breast exam ⊕

Adv

- Pap smear. Syrly
- self breast examⁿ
mthly

hela



UHID	12288512	Date	11/02/2023		
Name	Mrs. Monika Bhandari	Sex	Female	Age	32
OPD	Opthal 14	Health Check Up			

Drug allergy: → Not known
 Sys illness: → No

Chs No

ny No

$R_6 \rightarrow -1.75$ in 6/6
 $L_6 \rightarrow -1.50 / -2.00 \times 160^\circ$ 6/6
 $M_6 \rightarrow R_6 N_6$
 $L_6 N_6$

$R_6 \rightarrow 1.75$
 $L_6 \rightarrow 1.75$

Ph + P same as

All well

Agarubabe (1) (1) (1)
 ↓
6 week



UHID	12288512	Date	11/02/2023		
Name	Mrs. Monika Bhandari	Sex	Female	Age	32
OPD	Dental 12	Health Check Up			

Drug allergy:
Sys illness:

Impacted $\frac{8}{8}$

8 calculus. +

Treatment

Adv surgical removal $\frac{8}{8}$

Adv. OPG

Adv. oral prophylaxis.

Dr. Divya Kaka.



Cert. No. MC-2275



LABORATORY REPORT

PATIENT NAME : MRS.MONIKA BHANDARI

PATIENT ID : FH.12288512

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : 0022WB002183 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 13:32:00

RECEIVED : 11/02/2023 13:36:30

REPORTED : 11/02/2023 14:55:02

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12288512 REQNO-1370898
CORP-OPD
BILLNO-150123OPCR008479
BILLNO-150123OPCR008479

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	79	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

Dr.Akta Dubey

Consultant Pathologist

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD,
SECTOR 10,
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
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Patient Ref. No. 2200000826



Cert. No. MC-2984

LABORATORY REPORT

PATIENT NAME : MRS.MONIKA BHANDARI



PATIENT ID : **FH.12288512**

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : **0022WB002085** AGE : 32 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 10:41:00 RECEIVED : 11/02/2023 10:41:53 REPORTED : 11/02/2023 15:40:59

CLIENT NAME : FORTIS VASHI-CHC -SPLZD REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288512 REQNO-1370898

CORP-OPD

BILLNO-150123OPCR008479

BILLNO-150123OPCR008479

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

THYROID PANEL, SERUM

T3	100.50	Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0	ng/dL
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METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY

T4	8.09	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
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METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY

TSH (ULTRASENSITIVE)	1.080	0.270 - 4.200	µIU/mL
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METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY

Interpretation(s)

****End Of Report****

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Dr. Sirmukaddam
786

Dr. Swapnil Sirmukaddam
Consultant Pathologist

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



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Cert. No. MC-2275



LABORATORY REPORT

PATIENT NAME : MRS.MONIKA BHANDARI

PATIENT ID : **FH.12288512**

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : **0022WB002085** AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:41:00

RECEIVED : 11/02/2023 10:41:53

REPORTED : 11/02/2023 12:55:18

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

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288512 REQNO-1370898

CORP-OPD

BILLNO-150123OPCR008479

BILLNO-150123OPCR008479

Test Report Status	Final	Results	Biological Reference Interval	Units
KIDNEY PANEL - 1				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN		6	6 - 20	mg/dL
METHOD : UREASE - UV				
CREATININE EGFR- EPI				
CREATININE		0.73	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES				
AGE		32		years
GLOMERULAR FILTRATION RATE (FEMALE)		111.99	Refer Interpretation Below	mL/min/1.73m ²
METHOD : CALCULATED PARAMETER				
BUN/CREAT RATIO				
BUN/CREAT RATIO		8.22	5.00 - 15.00	
METHOD : CALCULATED PARAMETER				
URIC ACID, SERUM				
URIC ACID		2.3	Low 2.6 - 6.0	mg/dL
METHOD : URICASE UV				
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN		7.9	6.4 - 8.2	g/dL
METHOD : BIURET				
ALBUMIN, SERUM				
ALBUMIN		3.7	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING				
GLOBULIN				
GLOBULIN		4.2	High 2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM, SERUM		136	136 - 145	mmol/L
METHOD : ISE INDIRECT				
POTASSIUM, SERUM		4.17	3.50 - 5.10	mmol/L
METHOD : ISE INDIRECT				
CHLORIDE, SERUM		99	98 - 107	mmol/L
METHOD : ISE INDIRECT				

Interpretation(s)

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HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD,
SECTOR 10,
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MAHARASHTRA, INDIA
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Cert. No. MC-2275

LABORATORY REPORT



PATIENT NAME : MRS. MONIKA BHANDARI

PATIENT ID : FH.12288512

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : 0022WB002085 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:41:00

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REPORTED : 11/02/2023 12:55:18

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

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Interpretation(s)

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

Causes of decreased level include Liver disease, SIADH.

CREATININE EGFR- EPI-GFR- Glomerular filtration rate (GFR) is a measure of the function of the kidneys. The GFR is a calculation based on a serum creatinine test. Creatinine is a muscle waste product that is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate. When kidney function decreases, 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 made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephro syndrome,Protein-losing enteropathy etc.

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 protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burn hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.

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Cert. No. MC-2275



LABORATORY REPORT

PATIENT NAME : MRS. MONIKA BHANDARI

PATIENT ID : FH.12288512

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : 0022WB002085 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:41:00

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REPORTED : 11/02/2023 12:55:18

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

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CORP-OPD

BILLNO-150123OPCR008479

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HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	37.5		36 - 46	%
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR VOLUME (MCV)	74.8	Low	83 - 101	fL
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	24.5	Low	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	32.8		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	14.9			
MEAN PLATELET VOLUME (MPV)	9.3		6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER				

WBC DIFFERENTIAL COUNT

NEUTROPHILS	73		40 - 80	%
METHOD : FLOWCYTOMETRY				
LYMPHOCYTES	14	Low	20 - 40	%
METHOD : FLOWCYTOMETRY				
MONOCYTES	10		2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS	03		1 - 6	%
METHOD : FLOWCYTOMETRY				
BASOPHILS	00		0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT	3.83		2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT	0.74	Low	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT	0.52		0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT	0.16		0.02 - 0.50	thou/ μ L

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LABORATORY REPORT



PATIENT NAME : MRS.MONIKA BHANDARI

PATIENT ID : **FH.12288512**

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : **0022WB002085** AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:41:00

RECEIVED : 11/02/2023 10:41:53

REPORTED : 11/02/2023 12:55:18

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

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288512 REQNO-1370898
CORP-OPD
BILLNO-150123OPCR008479
BILLNO-150123OPCR008479

Test Report Status	Final	Results	Biological Reference Interval	Unit
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0	Low 0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		5.2		
METHOD : CALCULATED PARAMETER				
MORPHOLOGY				
RBC		PREDOMINANTLY NORMOCYTIC NORMOCHROMIC, MILD MICROCYTOSIS		
METHOD : MICROSCOPIC EXAMINATION				
WBC		NORMAL MORPHOLOGY		
METHOD : MICROSCOPIC EXAMINATION				
PLATELETS		ADEQUATE		
METHOD : MICROSCOPIC EXAMINATION				
BLOOD COUNTS, EDTA WHOLE BLOOD				
HEMOGLOBIN (HB)		12.3	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY				
RED BLOOD CELL (RBC) COUNT		5.02	High 3.8 - 4.8	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE				
WHITE BLOOD CELL (WBC) COUNT		5.25	4.0 - 10.0	thou/ μ L
METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY				
PLATELET COUNT		271	150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE				

Interpretation(s)

RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard in 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)

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

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

E.S.R **35** High 0 - 20 mm at 1

METHOD : WESTERGREN METHOD

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LABORATORY REPORT**PATIENT NAME : MRS.MONIKA BHANDARI**PATIENT ID : **FH.12288512**

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : **0022WB002085** AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:41:00

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UID:12288512 REQNO-1370898

CORP-OPD

BILLNO-150123OPCR008479

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Test Report Status	Final	Results	Biological Reference Interval
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Interpretation(s)**ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-TEST DESCRIPTION :-**

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

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

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR (>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition; 2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin; 3. The reference the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.

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

ABO GROUP

TYPE O

METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

Interpretation(s)**ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-**

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BIOCHEMISTRY**LIVER FUNCTION PROFILE, SERUM**

BILIRUBIN, TOTAL

0.28

0.2 - 1.0

mg/dL

METHOD : JENDRASSIK AND GROFF

BILIRUBIN, DIRECT

0.11

0.0 - 0.2

mg/dL

METHOD : JENDRASSIK AND GROFF

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HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD,

SECTOR 10,

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MAHARASHTRA, INDIA

Tel : 022-39199222,022-49723322,

CIN - U74899PB1995PLC045956

Email : -



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Patient Ref. No. 2200000



Cert. No. MC-2275

LABORATORY REPORT



PATIENT NAME : MRS.MONIKA BHANDARI

PATIENT ID : **FH.12288512**

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : **0022WB002085** AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:41:00

RECEIVED : 11/02/2023 10:41:53

REPORTED : 11/02/2023 12:55:18

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

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288512 REQNO-1370898
CORP-OPD
BILLNO-150123OPCR008479
BILLNO-150123OPCR008479

Test Report Status	Final	Results	Biological Reference Interval	
BILIRUBIN, INDIRECT		0.17	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER				
TOTAL PROTEIN		7.9	6.4 - 8.2	g/dL
METHOD : BIURET				
ALBUMIN		3.7	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING				
GLOBULIN		4.2	High 2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ALBUMIN/GLOBULIN RATIO		0.9	Low 1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER				
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		18	15 - 37	U/L
METHOD : UV WITH P5P				
ALANINE AMINOTRANSFERASE (ALT/SGPT)		22	< 34.0	U/L
METHOD : UV WITH P5P				
ALKALINE PHOSPHATASE		104	30 - 120	U/L
METHOD : PNPP-ANP				
GAMMA GLUTAMYL TRANSFERASE (GGT)		15	5 - 55	U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE				
LACTATE DEHYDROGENASE		171	100 - 190	U/L
METHOD : LACTATE -PYRUVATE				
GLUCOSE FASTING, FLUORIDE PLASMA				
FBS (FASTING BLOOD SUGAR)		85	74 - 99	mg/dL
METHOD : HEXOKINASE				
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD				
HBA1C		5.6	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)		114.0	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER				

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Patient Ref. No. 2200000



Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS. MONIKA BHANDARI



PATIENT ID : FH.12288512

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : 0022WB002085 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:41:00

RECEIVED : 11/02/2023 10:41:53

REPORTED : 11/02/2023 12:55:18

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288512 REQNO-1370898

CORP-OPD

BILLNO-150123OPCR008479

BILLNO-150123OPCR008479

Test Report Status	Final	Results	Biological Reference Interval
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Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. Elevated levels result from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (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 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, 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, Waldenström's disease. Lower-than-normal levels may be due to: agammaglobulinemia, bleeding (hemorrhage), burns, glomerulonephritis, liver disease, malabsorption, malnutrition, nephrotic syndrome, protein-losing enteropathy etc. Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes a 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 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. 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 hypoglycemics & 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:

- 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 :

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 & other 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.

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LABORATORY REPORT

PATIENT NAME : MRS.MONIKA BHANDARI

PATIENT ID : FH.12288512

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : 0022WB002085 AGE : 32 Years SEX : Female ABHA NO :
DRAWN : 11/02/2023 10:41:00 RECEIVED : 11/02/2023 10:41:53 REPORTED : 11/02/2023 12:55:18

CLIENT NAME : FORTIS VASHI-CHC -SPLZD REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288512 REQNO-1370898
CORP-OPD
BILLNO-150123OPCR008479
BILLNO-150123OPCR008479

Test Report Status	Final	Results	Biological Reference Interval
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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	202	High	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE				
TRIGLYCERIDES	73		< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY				
HDL CHOLESTEROL	48		< 40 Low >=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG				
LDL CHOLESTEROL, DIRECT	148	High	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >= 190 Very High	mg/dL
METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT				
NON HDL CHOLESTEROL	154	High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER				
VERY LOW DENSITY LIPOPROTEIN	14.6		<= 30.0	mg/dL
METHOD : CALCULATED PARAMETER				
CHOL/HDL RATIO	4.2		3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
METHOD : CALCULATED PARAMETER				
LDL/HDL RATIO	3.1	High	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER				

Interpretation(s)

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LABORATORY REPORT

PATIENT NAME : MRS.MONIKA BHANDARI



PATIENT ID : FH.12288512

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AGE : 32 Years

SEX : Female

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

URINALYSIS

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW

METHOD : PHYSICAL

APPEARANCE SLIGHTLY HAZY

METHOD : VISUAL

CHEMICAL EXAMINATION, URINE

PH 7.0 4.7 - 7.5

METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD

SPECIFIC GRAVITY 1.015 1.003 - 1.035

METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)

PROTEIN NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE

GLUCOSE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD

KETONES NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE

BLOOD NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN

BILIRUBIN NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT

UROBILINOGEN NORMAL NORMAL

METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRlich REACTION)

NITRITE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE

LEUKOCYTE ESTERASE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS NOT DETECTED NOT DETECTED /HPF

METHOD : MICROSCOPIC EXAMINATION

PUS CELL (WBC'S) 1-2 0-5 /HPF

METHOD : MICROSCOPIC EXAMINATION

EPITHELIAL CELLS 8-10 0-5 /HPF

METHOD : MICROSCOPIC EXAMINATION

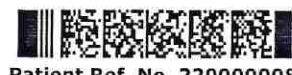
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Cert. No. MC-2275



LABORATORY REPORT

PATIENT NAME : MRS. MONIKA BHANDARI

PATIENT ID : FH.12288512

CLIENT PATIENT ID : UID:12288512

ACCESSION NO : 0022WB002085

AGE : 32 Years

SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:41:00

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CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288512 REQNO-1370898
CORP-OPD
BILLNO-150123OPCR008479
BILLNO-150123OPCR008479

Test Report Status	Final	Results	Biological Reference Interval
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

Dr. Rekha Nair, MD
Microbiologist

Dr. Akta Dubey
Consultant Pathologist

SRL Ltd
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MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
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Patient Ref. No. 22000000

LABORATORY REPORT



CLIENT CODE : C000045507

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

MUMBAI 440001
MAHARASHTRA INDIA

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

Cert. No. MC-2275

PATIENT NAME : MRS.MONIKA BHANDARI

PATIENT ID : FH.12288512

ACCESSION NO : 0022WB002206 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 14:45:00

RECEIVED : 11/02/2023 14:51:10

REPORTED : 13/02/2023 10:11:24

REFERRING DOCTOR :

CLIENT PATIENT ID : UID:12288512

CLINICAL INFORMATION :

UID:12288512 REQNO-1370898
CORP-OPD
BILLNO-150123OPCR008479
BILLNO-150123OPCR008479

Test Report Status **Final**

Units

CYTOLOGY

PAPANICOLAOU SMEAR

PAPANICOLAOU SMEAR

TEST METHOD

SPECIMEN TYPE

REPORTING SYSTEM

SPECIMEN ADEQUACY

METHOD : MICROSCOPIC EXAMINATION

MICROSCOPY

INTERPRETATION / RESULT

CONVENTIONAL GYNEC CYTOLOGY

TWO UNSTAINED CERVICAL SMEARS RECEIVED

2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY
SATISFACTORY

SMEARS STUDIED SHOW SUPERFICIAL SQUAMOUS CELLS,
INTERMEDIATE SQUAMOUS CELLS, OCCASIONAL SQUAMOUS
METAPLASTIC CELLS, OCCASIONAL CLUSTERS OF ENDOCERVICAL CELLS
IN THE BACKGROUND OF FEW POLYMORPHS.
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



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12288512
32 Years

MONIKA BHANDARI
Female

2/11/2023 1:16:00 PM

HC

Rate 86 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 147
QRSD 93
QT 342
QTc 409

--AXIS--
P 47
QRS -11
T 42

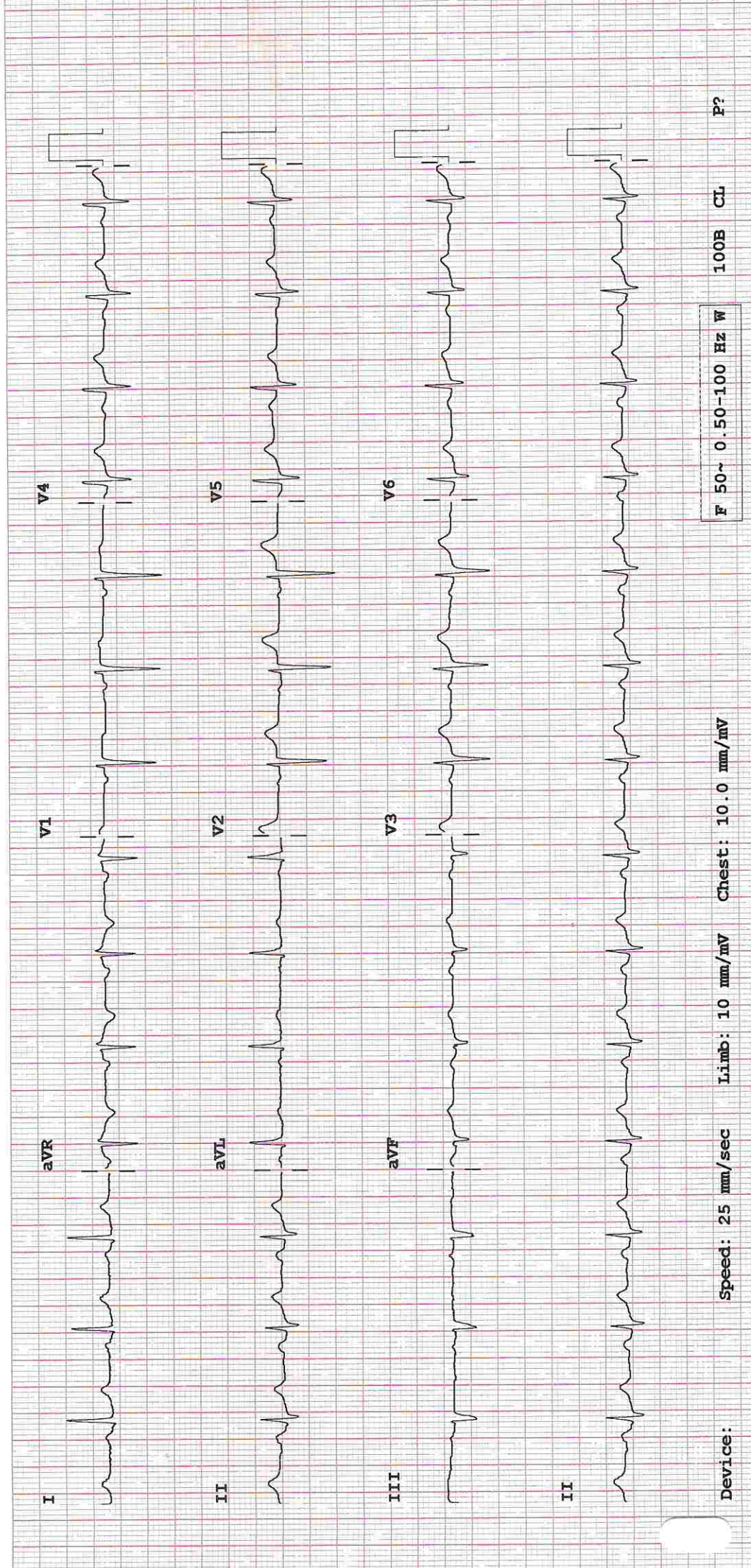
Sinus bradycardia
left axis deviation
left atrial enlargement

A

Unconfirmed Diagnosis

12 Lead; Standard Placement

-- NORMAL ECG --



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50-100 Hz W 100B CL P?

**DEPARTMENT OF NIC**

Date: 14/Feb/2023

Name: Mrs. Monika Bhandari
 Age | Sex: 32 YEAR(S) | Female
 Order Station : FO-OPD
 Bed Name :

UHID | Episode No : 12288512 | 8688/23/1501
 Order No | Order Date: 1501/PN/OP/2302/17830 | 11-Feb-2023
 Admitted On | Reporting Date : 14-Feb-2023 12:20:28
 Order Doctor Name : Dr.SELF .

ECHOCARDIOGRAPHY TRANSTHORACIC**FINDINGS:**

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction.
- No left ventricle Hypertrophy. No left ventricle dilatation.
- Structurally normal valves.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- No tricuspid regurgitation. No pulmonary hypertension.
- Intact IAS and IVS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimensions.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.

M-MODE MEASUREMENTS:

LA	29	mm
AO Root	24	mm
AO CUSP SEP	19	mm
LVID (s)	24	mm
LVID (d)	48	mm
IVS (d)	07	mm
LVPW (d)	06	mm
RVID (d)	18	mm
RA	30	mm
LVEF	60	%

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Emergency: 022 - 39199100 | Ambulance: 1255
For Appointment: 022 - 39199200 | Health Checkup: 022 - 39199300

www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



Hiranandani
HOSPITAL
(A Fortis Network Hospital)

Date: 14/Feb/2023

DEPARTMENT OF NIC

Name: Mrs. Monika Bhandari
Age | Sex: 32 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12288512 | 8688/23/1501
Order No | Order Date: 1501/PN/OP/2302/17830 | 11-Feb-2023
Admitted On | Reporting Date : 14-Feb-2023 12:20:28
Order Doctor Name : Dr.SELF.

DOPPLER STUDY:

E WAVE VELOCITY: 1.0 m/sec.
A WAVE VELOCITY: 0.7 m/sec
E/A RATIO: 1.4

	PEAK (mmHg)	MEAN (mmHg)	V max (m/sec)	GRADE OF REGURGITATION
MITRAL VALVE	N			Nil
AORTIC VALVE	09			Nil
TRICUSPID VALVE	N			Nil
PULMONARY VALVE	2.0			Nil

Final Impression :

- Normal 2 Dimensional and colour doppler echocardiography study.


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

Hiranandani Healthcare Pvt. Ltd.

Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.

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For Appointment: 022 - 39199200 | Health Checkup: 022 - 39199300

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



DEPARTMENT OF RADIOLOGY

Date: 11/Feb/2023

Name: Mrs. Monika Bhandari

UHID | Episode No : 12288512 | 8688/23/1501

Age | Sex: 32 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2302/17830 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 11-Feb-2023 12:50:50

Bed Name :

Order Doctor Name : Dr.SELF .

X-RAY-CHEST- PA

Findings:

Both lung fields are clear.

The cardiac shadow appears within normal limits.

Trachea and major bronchi appears normal.

Both costophrenic angles are well maintained.

Bony thorax is unremarkable.

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



DEPARTMENT OF RADIOLOGY

Date: 11/Feb/2023

Name: Mrs. Monika Bhandari

UHID | Episode No : 12288512 | 8688/23/1501

Age | Sex: 32 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2302/17830 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 11-Feb-2023 12:57:54

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 minimally distended. Gall bladder reveals normal wall thickness. No evidence of calculi in gall bladder. No evidence of pericholecystic collection.

CBD appears normal in caliber.

SPLEEN is normal in size and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis.

Right kidney measures 10.2 x 3.7 cm.

Left kidney measures 9.5 x 4.2 cm.

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

URINARY BLADDER is normal in capacity and contour. Bladder wall is normal in thickness. No evidence of intravesical calculi.

UTERUS is mildly bulky, measuring 8.2 x 3.3 x 5.6 cm.

An intramural fibroid of size 5.0 x 4.4 cm is seen at posterior wall of uterus.

Endometrium measures 9 mm in thickness.

Both ovaries are normal.

Right ovary measures 2.8 x 1.5 cm.

Left ovary measures 2.7 x 1.9 cm.

No evidence of ascites.

IMPRESSION:

- Bulky uterus with fibroid as described (FIGO 2-5).


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