Hiranandani HOSPITAL
(A Fortis Network Hospital)

Hiranandani Fortis Hospital
Mini Seashore Road,
Sector 10 - A, Vashi,
Navi Mumbai - 400 703.
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Fax : +91-22-3919 9220/21
Email : vashi@vashihospital.cor

BMI CHART

Date: 11 / 2 / 2

Name: Mrs. Vidhya Yelamkar Age: 38 yrs Sex: M / (F)

BP: 110/70. mmHG Height (cms): 154 Cm Weight(kgs): 81.2 Kg. BMI: 33

Legend: Underweight / Healthy / Overweight / Obese / Extremely Obese

HEIGHT in/cm	100 lbs (45.5 kgs)	105 (47.7)	100 (50.50)	115 (52.3)	120 (54.5)	125 (56.8)	130 (59.1)	135 (61.4)	140 (63.6)	145 (65.9)	150 (68.2)	155 (70.5)	160 (72.7)	165 (75.0)	170 (77.3)	175 (79.5)	180 (81.8)	185 (84.1)	190 (86.4)	195 (88.6)	200 (90.9)	205 (93.2)	210 (95.5)	215 (97.7)
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

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CIN : U85100MH2005PTC154823
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

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UHID	8178704	Date	11/02/2023		
Name	Mrs. Vidhya Manohar Yelamkar	Sex	Female	Age	38
OPD	PAP				

Drug allergy:
Sys illness:

Vn 6/6
6/6

Near Vn N6
N6

O/E: A/S WNL

Fundus examn WNL

Rx.

- Eyedrops Aqualube (QID)
1-1-1-1

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Hiranandani
HOSPITAL
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UHID	8178704	Date	11/02/2023		
Name	Mrs. Vidhya Manohar Yelamkar	Sex	Female	Age	38
OPD	Dental 12				

Drug allergy:
Sys illness:

Caries $\frac{|\,6}{8\,|}$

Stains + Calculus +

Treatment

Adv. filling $\frac{|\,6}{8\,|}$

Adv oral prophylaxis

Dr Diksha [illegible]

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.VIDHYA MANOHAR YELAMKAR

PATIENT ID : **FH.8178704** CLIENT PATIENT ID : UID:8178704

ACCESSION NO : **0022WB002134** AGE : 38 Years SEX : Female ABHA NO :

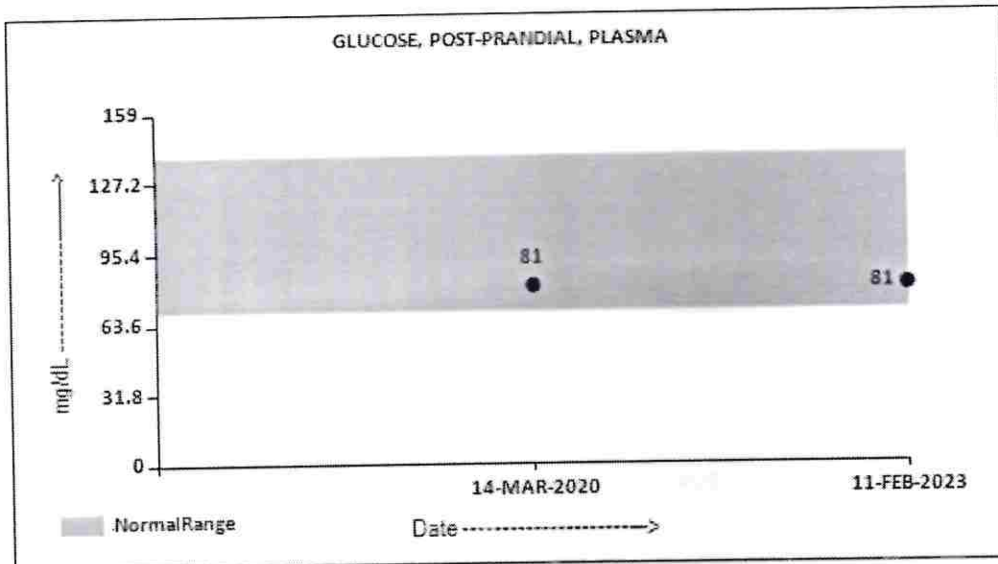
DRAWN : 11/02/2023 11:49:00 RECEIVED : 11/02/2023 11:51:00 REPORTED : 11/02/2023 13:16:10

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

CLINICAL INFORMATION :

UID:8178704 REQNO-1370649
CORP-OPD
BILLNO-150123OPCR008401
BILLNO-150123OPCR008401

Test Report Status **Final**	Results	Biological Reference Interval	Units
BIOCHEMISTRY			
GLUCOSE, POST-PRANDIAL, PLASMA			
PPBS(POST PRANDIAL BLOOD SUGAR)	81	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 & Ins
treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA

****End Of Report****
Please visit www.srlworld.com for related Test Information for this accession

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Cert. No. MC-2275

CLINICAL INFORMATION :

UID:8178704 REQNO-1370649
CORP-OPD
BILLNO-150123OPCR008401
BILLNO-150123OPCR008401

Test Report Status **Final**	**Results**	**Biological Reference Interval**	**Unit**

Dr.Akta Dubey
Counsultant Pathologist

Cert. No. MC-2984

LABORATORY REPORT

PATIENT NAME : VIDHYA MANOHAR YELAMKAR

PATIENT ID : **FH.8178704** CLIENT PATIENT ID : UID:8178704

ACCESSION NO : **0022WB002020** AGE : 38 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 09:03:00 RECEIVED : 11/02/2023 09:03:56 REPORTED : 11/02/2023 15:40:03

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

CLINICAL INFORMATION :

UID:8178704 REQNO-1370649
CORP-OPD
BILLNO-150123OPCR008401
BILLNO-150123OPCR008401

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

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

Test	Results	Flag	Biological Reference Interval	Units
T3	115.00		Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY				
T4	6.80		Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY				
TSH (ULTRASENSITIVE)	**5.330**	**High**	0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY				

Comments

NOTE: PLEASE CORRELATE VALUES OF THYROID FUNCTION TEST WITH THE CLINICAL & TREATMENT HISTORY OF THE PATIENT.

Interpretation(s)

****End Of Report****

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

Dr. Swapnil Sirmukaddam

Consultant Pathologist

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Patient Ref. No. 22000000827

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : VIDHYA MANOHAR YELAMKAR

PATIENT ID : **FH.8178704** CLIENT PATIENT ID : UID:8178704

ACCESSION NO : **0022WB002020** AGE : 38 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 09:03:00 RECEIVED : 11/02/2023 09:03:56 REPORTED : 11/02/2023 14:51:47

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

CLINICAL INFORMATION :

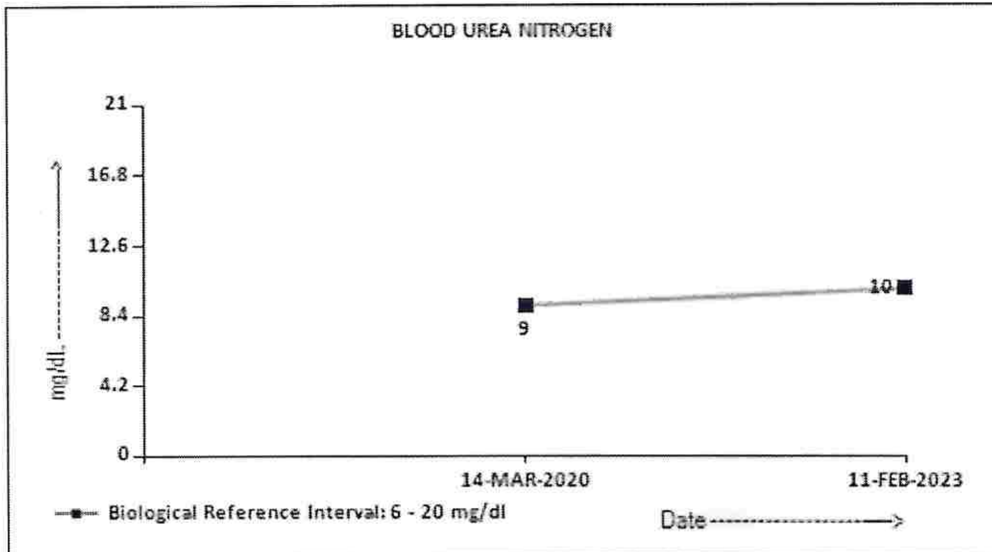
UID:8178704 REQNO-1370649
CORP-OPD
BILLNO-1501230PCR008401
BILLNO-1501230PCR008401

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

KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN	10	6 - 20	mg/dL
METHOD : UREASE - UV			



CREATININE EGFR- EPI

CREATININE	0.64	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES			
AGE	38		years
GLOMERULAR FILTRATION RATE (FEMALE)	115.93		mL/min/1.73

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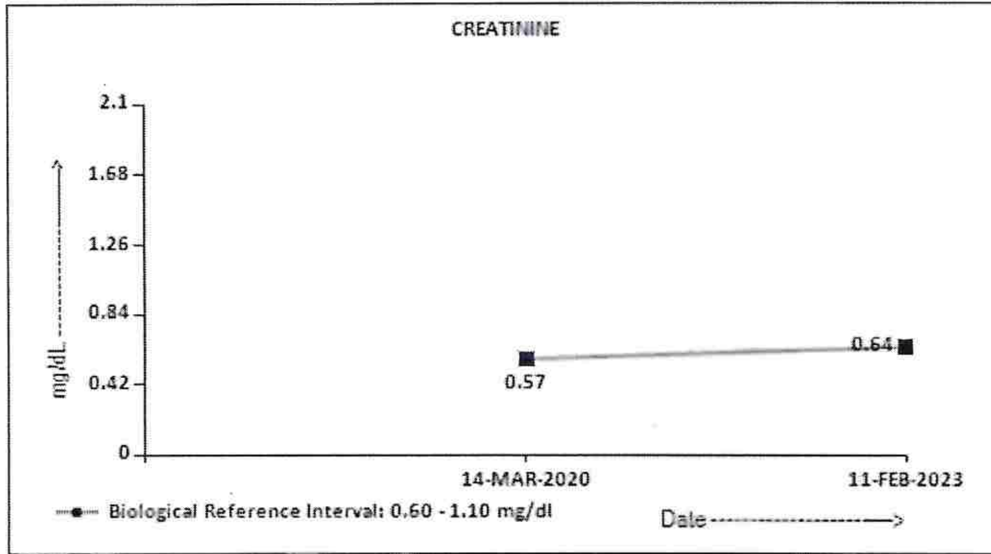
Patient Ref. No. 22000000827

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



Test	Results	Flag	Biological Reference Interval	Units
BUN/CREAT RATIO				
BUN/CREAT RATIO	**15.63**	**High**	5.00 - 15.00	
METHOD : CALCULATED PARAMETER				
URIC ACID, SERUM				
URIC ACID	**2.5**	**Low**	2.6 - 6.0	mg/dL
METHOD : URICASE UV				
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN	7.2		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	3.5		2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM, SERUM	137		136 - 145	mmol/L
METHOD : ISE INDIRECT				
POTASSIUM, SERUM	4.49		3.50 - 5.10	mmol/L

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : VIDHYA MANOHAR YELAMKAR

PATIENT ID : **FH.8178704** CLIENT PATIENT ID : UID:8178704

ACCESSION NO : **0022WB002020** AGE : 38 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 09:03:00 RECEIVED : 11/02/2023 09:03:56 REPORTED : 11/02/2023 14:51:47

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

CLINICAL INFORMATION :

UID:8178704 REQNO-1370649
CORP-OPD
BILLNO-150123OPCR008401
BILLNO-150123OPCR008401

Test Report Status **Final**	Results	Biological Reference Interval	Units
METHOD : ISE INDIRECT			
CHLORIDE, SERUM	103	98 - 107	mmol/L
METHOD : ISE INDIRECT			

Interpretation(s)

Interpretation(s)
BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
CREATININE EGFR- EPI-GFR— Glomerular filtration rate (GFR) is a measure of the function of the kidneys. The GFR is a calculation based on a serum creatinine test.
Creatinine is a muscle waste product that is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate. When kidney function decreases, less creatinine is excreted and concentrations increase in the blood. With the creatinine test, a reasonable estimate of the actual GFR can be determined.
A GFR of 60 or higher is in the normal range.
A GFR below 60 may mean kidney disease.
A GFR of 15 or lower may mean kidney failure.
Estimated GFR (eGFR) is the preferred method for identifying people with chronic kidney disease (CKD). In adults, eGFR calculated using the Modification of Diet in Renal Disease (MDRD) Study equation provides a more clinically useful measure of kidney function than serum creatinine alone.
The CKD-EPI creatinine equation is based on the same four variables as the MDRD Study equation, but uses a 2-slope spline to model the relationship between estimated GFR and serum creatinine, and a different relationship for age, sex and race. The equation was reported to perform better and with less bias than the MDRD Study equation, especially in patients with higher GFR. This results in reduced misclassification of CKD.
The CKD-EPI creatinine equation has not been validated in children & will only be reported for patients = 18 years of age. For pediatric and childrens, Schwartz Pediatric Bedside eGFR (2009) formulae is used. This revised "bedside" pediatric eGFR requires only serum creatinine and height.
URIC ACID, SERUM-**Causes of Increased levels:**-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome
Causes of decreased levels-Low Zinc intake,OCP,Multiple Sclerosis
TOTAL PROTEIN, SERUM-Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom''''''''''''''s disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
ALBUMIN, SERUM-Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.

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LABORATORY REPORT

PATIENT NAME : VIDHYA MANOHAR YELAMKAR

PATIENT ID : **FH.8178704** CLIENT PATIENT ID : UID:8178704

ACCESSION NO : **0022WB002020** AGE : 38 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 09:03:00 RECEIVED : 11/02/2023 09:03:56 REPORTED : 11/02/2023 14:51:47

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

CLINICAL INFORMATION :

UID:8178704 REQNO-1370649
CORP-OPD
BILLNO-150123OPCR008401
BILLNO-150123OPCR008401

Test Report Status **Final**	Results		Biological Reference Interval	Units
HAEMATOLOGY - CBC				
CBC-5, EDTA WHOLE BLOOD				
RBC AND PLATELET INDICES				
HEMATOCRIT (PCV)	**35.3**	Low	36 - 46	%
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR VOLUME (MCV)	90.8		83 - 101	fL
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	30.8		27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	34.0		31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER				
RED CELL DISTRIBUTION WIDTH (RDW)	**18.6**	High	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER				
MENTZER INDEX	23.4			
MEAN PLATELET VOLUME (MPV)	8.5		6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER				
WBC DIFFERENTIAL COUNT				
NEUTROPHILS	49		40 - 80	%
METHOD : FLOWCYTOMETRY				
LYMPHOCYTES	35		20 - 40	%
METHOD : FLOWCYTOMETRY				
MONOCYTES	10		2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS	06		1 - 6	%
METHOD : FLOWCYTOMETRY				
BASOPHILS	00		0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT	2.75		2.0 - 7.0	thou/µL
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT	1.96		1.0 - 3.0	thou/µL
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT	0.56		0.2 - 1.0	thou/µL
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT	0.34		0.02 - 0.50	thou/µL

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : VIDHYA MANOHAR YELAMKAR

PATIENT ID : **FH.8178704** CLIENT PATIENT ID : UID:8178704

ACCESSION NO : **0022WB002020** AGE : 38 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 09:03:00 RECEIVED : 11/02/2023 09:03:56 REPORTED : 11/02/2023 14:51:47

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

CLINICAL INFORMATION :

UID:8178704 REQNO-1370649
CORP-OPD
BILLNO-150123OPCR008401
BILLNO-150123OPCR008401

Test Report Status **Final**	**Results**	**Biological Reference Interval**	**Units**
METHOD : CALCULATED PARAMETER			
ABSOLUTE BASOPHIL COUNT	**0**	**Low** 0.02 - 0.10	thou/µL
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.4		
METHOD : CALCULATED PARAMETER			
MORPHOLOGY			
RBC	PREDOMINANTLY NORMOCYTIC NORMOCHROMIC, MILD ANISOCYTOSIS		
METHOD : MICROSCOPIC EXAMINATION			
WBC	NORMAL MORPHOLOGY		
METHOD : MICROSCOPIC EXAMINATION			
PLATELETS	ADEQUATE		
METHOD : MICROSCOPIC EXAMINATION			
BLOOD COUNTS, EDTA WHOLE BLOOD			
HEMOGLOBIN (HB)	12.0	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY			
RED BLOOD CELL (RBC) COUNT	3.88	3.8 - 4.8	mil/µL
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	5.61	4.0 - 10.0	thou/µL
METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY			
PLATELET COUNT	278	150 - 410	thou/µL
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(>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) 10650
This ratio element is a calculated parameter and out of NABL scope.

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
E.S.R	19	0 - 20	mm at 1 hr
METHOD : WESTERGREN METHOD			

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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, Vasculities, 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: Polycythermia vera, Sickle cell anemia

LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

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

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

Test	Result
ABO GROUP METHOD : TUBE AGGLUTINATION	TYPE O
RH TYPE METHOD : TUBE AGGLUTINATION	POSITIVE

Interpretation(s)
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

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

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

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

Test	Result	Biological Reference Interval	Unit
BILIRUBIN, TOTAL METHOD : JENDRASSIK AND GROFF	0.34	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASSIK AND GROFF	0.16	0.0 - 0.2	mg/dL

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Patient Ref. No. 22000000[illegible]

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : VIDHYA MANOHAR YELAMKAR

PATIENT ID : **FH.8178704** CLIENT PATIENT ID : UID:8178704

ACCESSION NO : **0022WB002020** AGE : 38 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 09:03:00 RECEIVED : 11/02/2023 09:03:56 REPORTED : 11/02/2023 14:51:47

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

CLINICAL INFORMATION :

UID:8178704 REQNO-1370649
CORP-OPD
BILLNO-150123OPCR008401
BILLNO-150123OPCR008401

Test Report Status **Final**	Results	Biological Reference Interval	
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.18	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.2	6.4 - 8.2	g/dL
ALBUMIN METHOD : BCP DYE BINDING	3.7	3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.5	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.1	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT) METHOD : UV WITH P5P	**14**	**Low** 15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH P5P	17	< 34.0	U/L
ALKALINE PHOSPHATASE METHOD : PNPP-ANP	73	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYLCARBOXY 4NITROANILIDE	16	5 - 55	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	185	100 - 190	U/L
GLUCOSE FASTING,FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	98	74 - 99	mg/dL

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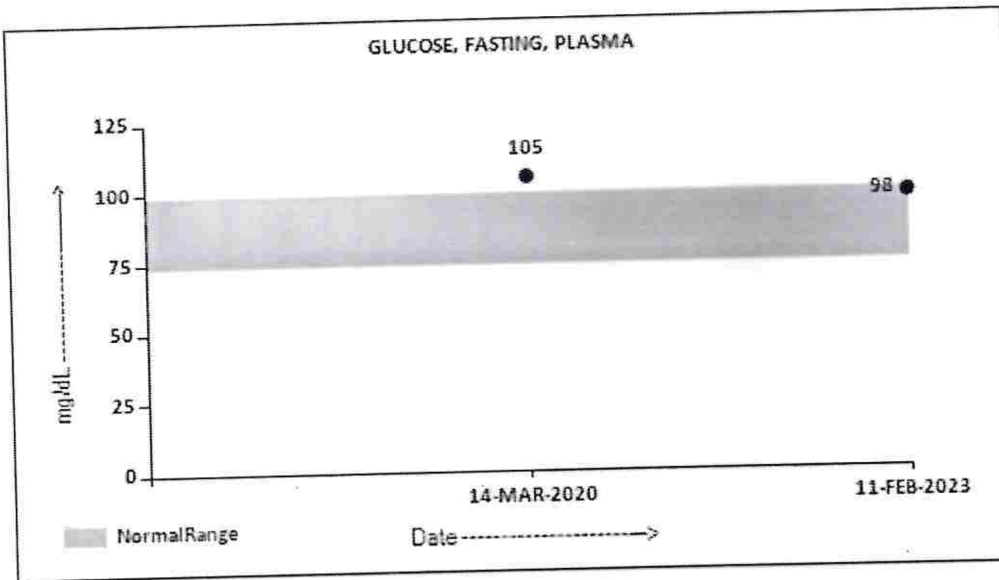

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

Test	Results	Biological Reference Interval	Units
HBA1C METHOD : HB VARIANT (HPLC)	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)	%
ESTIMATED AVERAGE GLUCOSE(EAG) METHOD : CALCULATED PARAMETER	114.0	< 116.0	mg/dL

Cert. No. MC-2275

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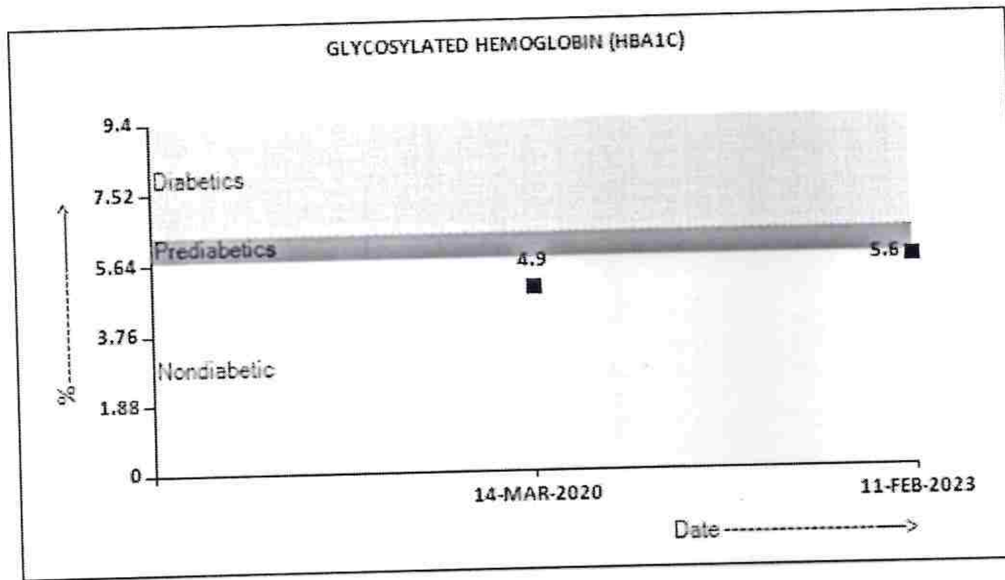
Test Report Status **Final**	**Results**	**Biological Reference Interval**



Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.Elevated levels results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubi 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.A 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 obstructio Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget""s disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels 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 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,bilia system and pancreas.Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.Serum total protein,also known as total protein,is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.Higher-than-normal levels may be due to:Chronic inflammation or infection,including HIV and hepatitis B or C,Multiple myeloma,Waldenstrom""s disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephr 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 abou 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 sothat no glucose is excreted in urine.

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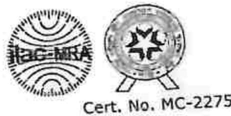
Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : VIDHYA MANOHAR YELAMKAR

PATIENT ID : **FH.8178704**	CLIENT PATIENT ID : UID:8178704		ABHA NO :
ACCESSION NO : **0022WB002020**	AGE : 38 Years	SEX : Female	REPORTED : 11/02/2023 14:51:47
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CLINICAL INFORMATION :

UID:8178704 REQNO-1370649
CORP-OPD
BILLNO-150123OPCR008401
BILLNO-150123OPCR008401

Test Report Status **Final**	Results	Biological Reference Interval

Increased in
Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in
Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonylureas,tolbutamide, and other oral hypoglycemic agents.
NOTE:
While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For:**

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiat addiction are reported to interfere with some assay methods,falsely increasing results.
IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM	Results	Biological Reference Interval	Units
CHOLESTEROL, TOTAL	158	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC,CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	97	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	41	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	104	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL

METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT

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Patient Ref. No. 2200000

Cert. No. MC-2275

Fortis | SRL Diagnostics

LABORATORY REPORT

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PATIENT ID : **FH.8178704**
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ACCESSION NO : **0022WB002020** AGE : 38 Years SEX : Female
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CLINICAL INFORMATION :

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CORP-OPD
BILLNO-150123OPCR008401
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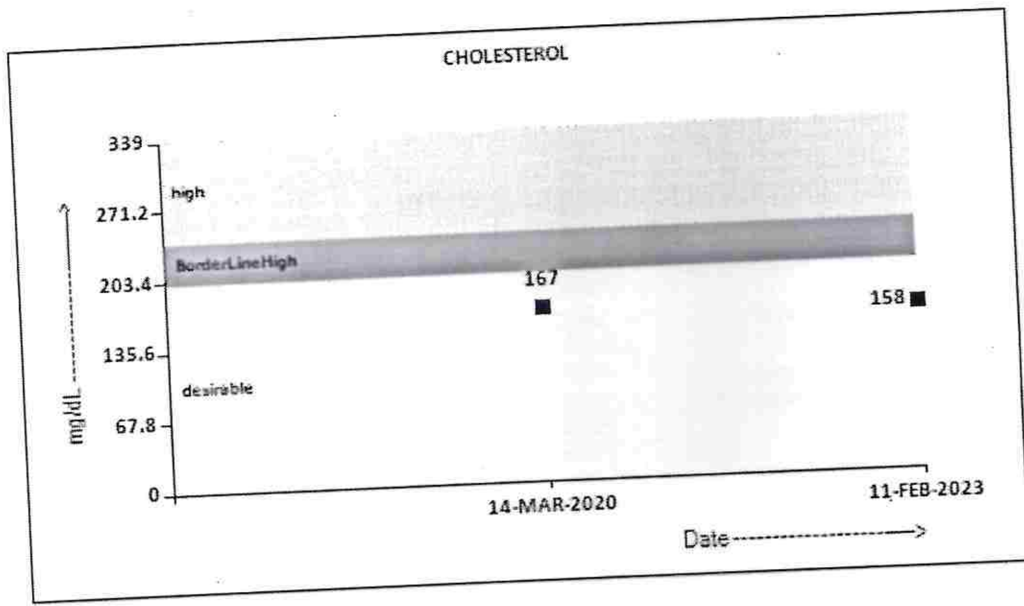
Test Report Status **Final**	Results	Biological Reference Interval	
NON HDL CHOLESTEROL	117	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	19.4	</= 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	3.9	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
METHOD : CALCULATED PARAMETER			
LDL/HDL RATIO	2.5	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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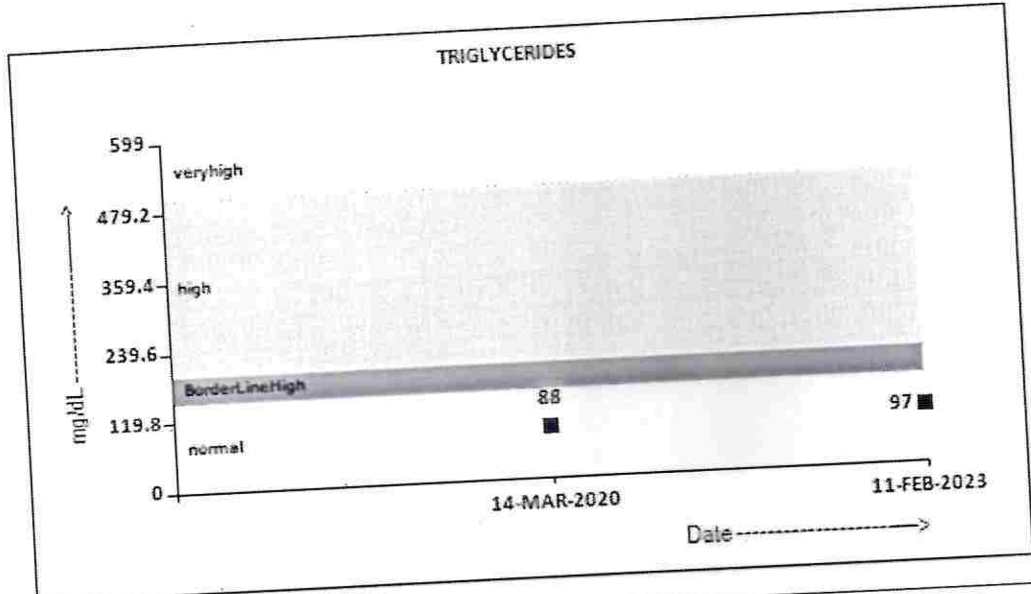

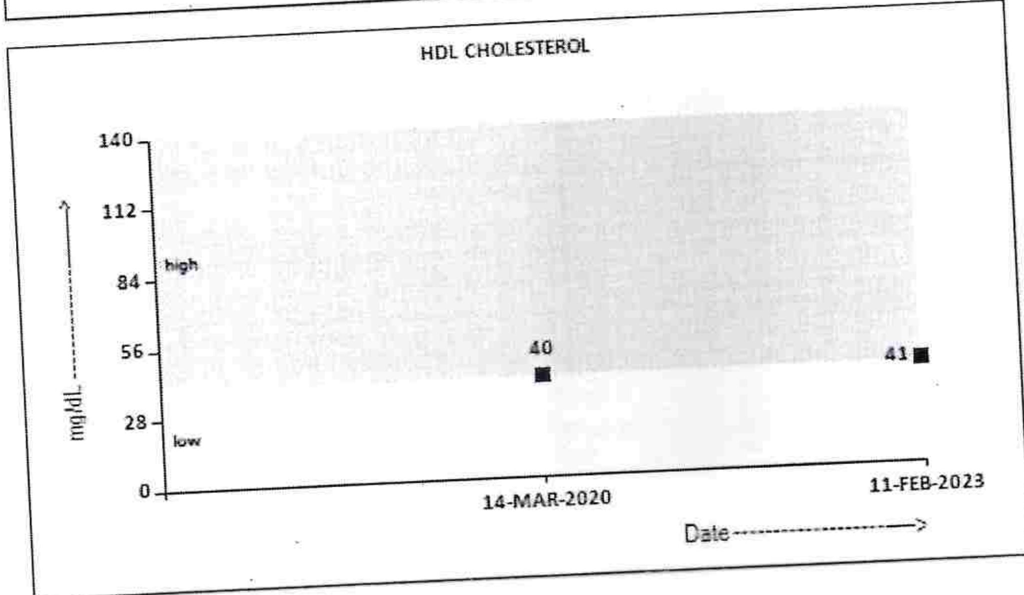

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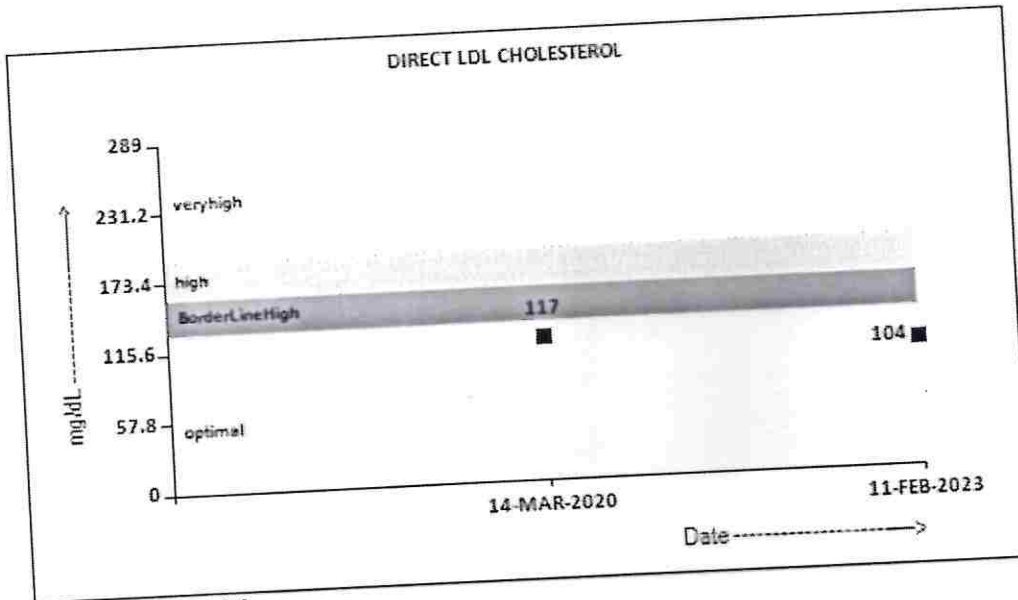

Interpretation(s)

CLINICAL PATH - URINALYSIS

URINALYSIS

MICROSCOPIC EXAMINATION, URINE

REMARKS — TEST CANCELLED AS SPECIMEN NOT RECEIVED

Interpretation(s)

****End Of Report****

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Test Report Status **Final**	Results	Biological Reference Interval

Dr. Rekha Nair, MD
Microbiologist

Dr.Akta Dubey
Counsultant Pathologist

8178704 VIDHYA MANOHAR YELAMKAR 2/11/2023 12:09:39 PM

38 Years Female

He

Rate 62 . Sinus rhythm.................................normal P axis, V-rate 50- 99

. Baseline wander in lead(s) V2

Sinus rhythm

Normal

PR	136
QRSD	89
QT	400
QTc	407

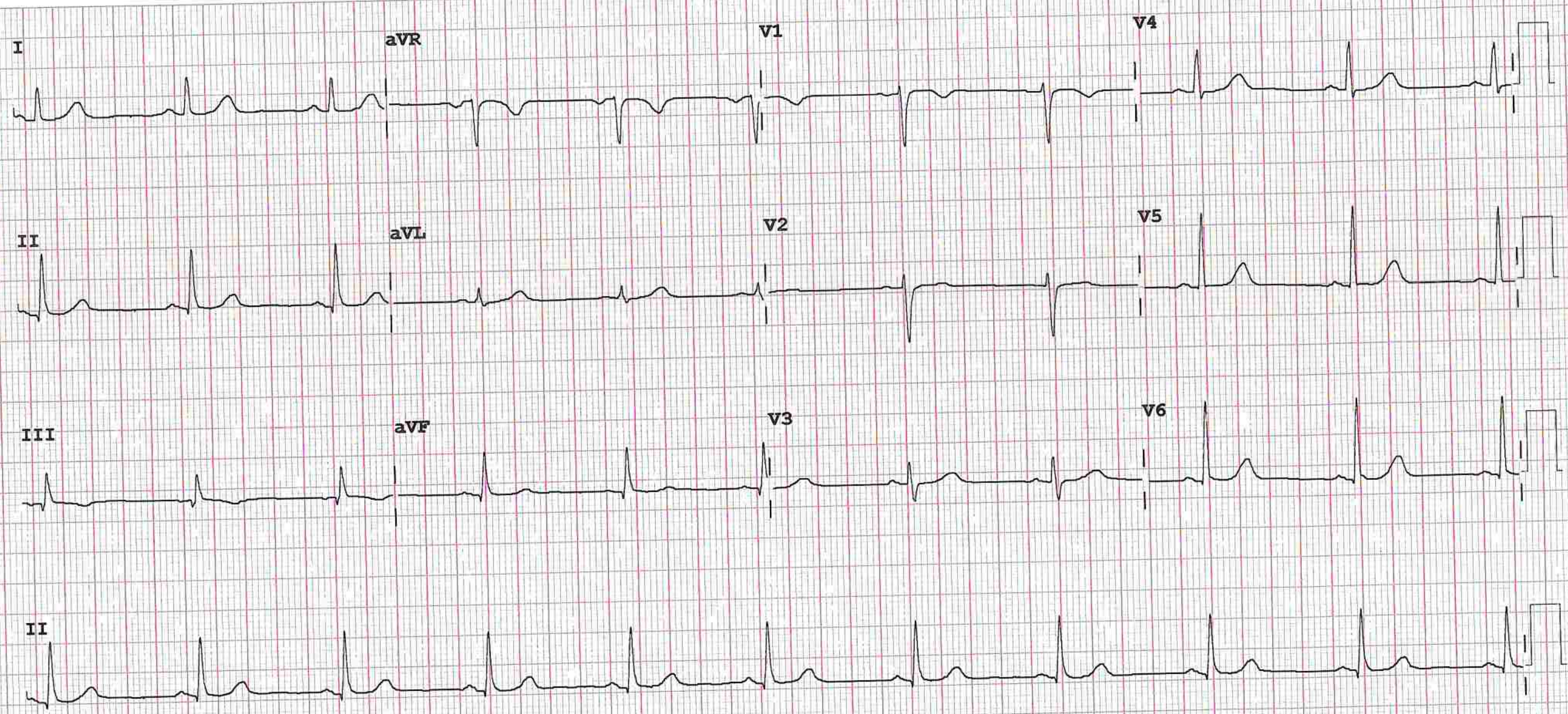
--AXIS--

P	21
QRS	51
T	16

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



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

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www.fortishealthcare.com I vashi@fortishealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Date: 13/Feb/2023

DEPARTMENT OF NIC

Name: Mrs. Vidhya Manohar Yelamkar
Age | Sex: 38 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 8178704 | 8630/23/1501
Order No | Order Date: 1501/PN/OP/2302/17663 | 11-Feb-2023
Admitted On | Reporting Date : 13-Feb-2023 17:15:22
Order Doctor Name : Dr.SELF .

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction. No e/o raised LVEDP.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension. PASP = 25 mm of Hg.
- Intact IVS and IAS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimension and function.
- Normal left atrium and left ventricle dimension.
- IVC measures 15 mm with normal inspiratory collapse .

M-MODE MEASUREMENTS:

LA	31	mm
AO Root	19	mm
AO CUSP SEP	16	mm
LVID (s)	23	mm
LVID (d)	37	mm
IVS (d)	10	mm
LVPW (d)	09	mm
RVID (d)	17	mm
RA	30	mm
LVEF	60	%

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PAN NO : AABCH5894D

Date: 13/Feb/2023

DEPARTMENT OF NIC

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Admitted On | Reporting Date : 13-Feb-2023 17:15:22
Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 0.9 m/sec.
A WAVE VELOCITY:0.5 m/sec
E/A RATIO: 1.3,E/E'=10

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

Final Impression :

- No RWMA.
- No LV diastolic dysfunction.
- Trivial TR. No PH.
- Normal LV and RV systolic function.

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

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CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Date: 11/Feb/2023

DEPARTMENT OF RADIOLOGY

Name: Mrs. Vidhya Manohar Yelamkar	**UHID | Episode No : 8178704 | 8630/23/1501**
Age | Sex: 38 YEAR(S) | Female	**Order No | Order Date: 1501/PN/OP/2302/17663 | 11-Feb-2023**
Order Station : FO-OPD	**Admitted On | Reporting Date : 11-Feb-2023 13:06:54**
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)

Hiranandani Healthcare Pvt. Ltd.
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Hiranandani HOSPITAL (A Fortis Network Hospital)

Date: 11/Feb/2023

DEPARTMENT OF RADIOLOGY

Name: Mrs. Vidhya Manohar Yelamkar
Age | Sex: 38 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 8178704 | 8630/23/1501
Order No | Order Date: 1501/PN/OP/2302/17663 | 11-Feb-2023
Admitted On | Reporting Date : 11-Feb-2023 11:55:36
Order Doctor Name : Dr.SELF .

US-WHOLE ABDOMEN

LIVER is normal in size and show mildly raised 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 on right side. No evidence of hydronephrosis.
Right kidney measures 10.7 x 4.6 cm. Tiny calculus is seen in the mid pole of right kidney of 1 mm in diameter.
Left kidney measures 10.8 x 4.5 cm. There is a suspicious isoechoeic lesion in mid pole of left kidney of size 3.0 x 2.7 cm mildly displacing the left pelvicalyceal system.

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 normal in size, measuring 6.5 x 4.0 x 5.5 cm.
Endometrium measures 6 mm in thickness.

Both ovaries are normal.
Right ovary measures 2.0 x 1.6 cm.
Left ovary measures 2.0 x 1.8 cm.

No evidence of ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **Suspicious isoechoeic lesion in mid pole of left kidney mildly displacing the left pelvicalyceal system. Requires further evaluation with CECT KUB.**
- **Right renal non-obstructing calculus**

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Date: 13/Feb/2023

DEPARTMENT OF RADIOLOGY

Name: Mrs. Vidhya Manohar Yelamkar | **UHID | Episode No : 8178704 | 8630/23/1501**
Age | Sex: 38 YEAR(S) | Female | **Order No | Order Date: 1501/PN/OP/2302/17663 | 11-Feb-2023**
Order Station : FO-OPD | **Admitted On | Reporting Date : 13-Feb-2023 16:28:29**
Bed Name : | **Order Doctor Name : Dr.SELF .**

MAMMOGRAM - BOTH BREAST

Findings:

Bilateral film screen mammography was performed in cranio-caudal and medio-lateral oblique views.

Both breasts show scattered areas of fibroglandular density.

No evidence of any dominant mass, clusters of microcalcifications, nipple retraction, skin thickening or abnormal vascularity is seen in either breast.

No evidence of axillary lymphadenopathy.

IMPRESSION:

- No significant abnormality detected. (BI-RADS category I).
- No obvious mass lesion in the breasts.

Normal-interval follow-up is recommended.

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