



BMI CHART

Date: 20/06/23

Name: Mrs Ananya Bax Deo Age: 33 yrs Sex: M/F

BP: 110/70 Height (cms): 156 cm Weight(kgs): 58.7 BMI: _____
mm/Hg

WEIGHT lbs: 100 105 109 115 120 125 130 135 140 145 150 155 160 165 170 175 180 185 190 195 200 205 210 215
kgs: 45.5 47.7 50.50 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	WEIGHT in/lbs																							
	100	105	109	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
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	37	38	39	40	41
5'2" - 157.4	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
5'3" - 160.0	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
5'4" - 162.5	17	18	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
5'5" - 165.1	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
5'6" - 167.6	16	17	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
5'7" - 170.1	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
5'8" - 172.7	15	16	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
5'9" - 175.2	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
5'10" - 177.8	14	15	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
5'11" - 180.3	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
6'0" - 182.8	13	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
6'1" - 185.4	13	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
6'2" - 187.9	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
6'3" - 190.5	12	13	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
6'4" - 193.0	12	13	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

Doctors Notes:



UHID	12521253	Date	10/06/2023
Name	Mrs. Ananya Bose Dey	Sex	Female Age 33
OPD	Opthal 14	Health Check Up	

Cor. Blue Vision.

Drug allergy: → Not known

Sys illness: → NO

Habit → No.

Hes. Thyroid (since 2014).

Uifh → R 6/6
 → L 6/6^P

Refu → R Plano 6/6
 → L Plano 6/6 - 0.25 X 90°

NR → R NG
 → L NG

JOB → R 14.8.
 → L 14.4.

All well

* Aquidone (1) (1) (1) (1)
 (6ml)



UHID	12521253	Date	10/06/2023
Name	Mrs.Ananya Bose Dey	Sex	Female Age 33
OPD	Dental 12 7387696540	Health Check Up	

Drug allergy:
Sys illness:

Deep caries $\frac{1}{56}$

- caries $\frac{1}{6}$

Stains $\frac{1}{1}$ calculus $\frac{1}{1}$

Treatment

Adv RCT $\frac{1}{56}$

Adv oral prophylaxis

Adv filling $\frac{1}{6}$

Dr Diksha kaha

LABORATORY REPORT



PATIENT NAME : MRS.ANANYA BOSE DEY

PATIENT ID : **FH.12521253**

CLIENT PATIENT ID : UID:12521253

ACCESSION NO : **0022WF001796** AGE : 33 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 10:27:00

RECEIVED : 10/06/2023 10:27:06

REPORTED : 10/06/2023 13:52:11

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

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521253 REQNO-1533458
CORP-OPD
BILLNO-150123OPCR032651
BILLNO-150123OPCR032651

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)	11.9	Low	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY				
RED BLOOD CELL (RBC) COUNT	4.42		3.8 - 4.8	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE				
WHITE BLOOD CELL (WBC) COUNT	5.61		4.0 - 10.0	thou/ μ L
METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY				
PLATELET COUNT	211		150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE				

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	34.3	Low	36 - 46	%
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR VOLUME (MCV)	77.6	Low	83 - 101	fL
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	27.0		27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	34.9	High	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER				
RED CELL DISTRIBUTION WIDTH (RDW)	14.1	High	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER				
MENTZER INDEX	17.6			
MEAN PLATELET VOLUME (MPV)	10.5		6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER				

WBC DIFFERENTIAL COUNT

NEUTROPHILS	56		40 - 80	%
METHOD : FLOWCYTOMETRY				
LYMPHOCYTES	35		20 - 40	%
METHOD : FLOWCYTOMETRY				
MONOCYTES	7		2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS	2		1 - 6	%
METHOD : FLOWCYTOMETRY				

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BASOPHILS		0	0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT		3.14	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.96	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.39	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.11	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0	Low 0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.6		
METHOD : CALCULATED PARAMETER				
MORPHOLOGY				
RBC		MILD HYPOCHROMASIA, MILD MICROCYTOSIS, MILD ANISOCYTOSIS		
METHOD : MICROSCOPIC EXAMINATION				
WBC		NORMAL MORPHOLOGY		
METHOD : MICROSCOPIC EXAMINATION				
PLATELETS		ADEQUATE		
METHOD : MICROSCOPIC EXAMINATION				

Interpretation(s)

RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
 WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
 (Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
 This ratio element is a calculated parameter and out of NABL scope.

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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

E.S.R **28** High 0 - 20 mm at 1 hr

METHOD : WESTERGREN METHOD

Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD-TEST DESCRIPTION :-

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

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

TEST INTERPRETATION

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

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

In pregnancy BRI in first trimester is 0-48 mm/hr (52 if anemic) and in second trimester (0-70 mm /hr (95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

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

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

REFERENCE :

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

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE B

METHOD : TUBE AGGLUTINATION

RH TYPE POSITIVE

METHOD : TUBE AGGLUTINATION

Interpretation(s)

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

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

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

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BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL METHOD : JENDRASSIK AND GROFF	0.95	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASSIK AND GROFF	0.23	High 0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.72	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.9	6.4 - 8.2	g/dL
ALBUMIN METHOD : BCP DYE BINDING	4.2	3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.7	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 PSP	29	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH PSP	29	< 34.0	U/L
ALKALINE PHOSPHATASE METHOD : PNPP-ANP	76	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE	33	5 - 55	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	181	100 - 190	U/L

KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN METHOD : UREASE - UV	6	6 - 20	mg/dL
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CREATININE EGFR- EPI

CREATININE METHOD : ALKALINE PICRATE KINETIC JAFFES	0.70	0.60 - 1.10	mg/dL
AGE	33		years

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GLOMERULAR FILTRATION RATE (FEMALE)		117.04	Refer Interpretation Below mL/min/1.73m2
METHOD : CALCULATED PARAMETER			
BUN/CREAT RATIO			
BUN/CREAT RATIO		8.57	5.00 - 15.00
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM			
URIC ACID		2.9	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		4.2	3.4 - 5.0 g/dL
METHOD : BCP DYE BINDING			
GLOBULIN			
GLOBULIN		3.7	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		4.66	3.50 - 5.10 mmol/L
METHOD : ISE INDIRECT			
CHLORIDE, SERUM		102	98 - 107 mmol/L
METHOD : ISE INDIRECT			
Interpretation(s)			
GLUCOSE FASTING, FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR)		87	Normal : < 100 mg/dL Pre-diabetes: 100-125 Diabetes: >/=126
METHOD : HEXOKINASE			
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
HBA1C		5.2	Non-diabetic: < 5.7 % Pre-diabetics: 5.7 - 6.4

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Diabetics: > or = 6.5
Therapeutic goals: < 7.0
Action suggested : > 8.0
(ADA Guideline 2021)

METHOD : HB VARIANT (HPLC)			
ESTIMATED AVERAGE GLUCOSE(EAG)	102.5	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER			

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis obstruction of bile ducts, cirrhosis.
ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilsons disease.
GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.
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, Waldenstroms disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic Syndrome, Protein-losing enteropathy etc.
Albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.
BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
CREATININE 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, Lasch 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, Waldenstroms disease.
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic

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



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Patient Ref. No. 2200000850555



PATIENT NAME : MRS.ANANYA BOSE DEY

PATIENT ID : **FH.12521253**

CLIENT PATIENT ID : UID:12521253

ACCESSION NO : **0022WF001796**

AGE : 33 Years

SEX : Female

ABHA NO :

DRAWN : 10/06/2023 10:27:00

RECEIVED : 10/06/2023 10:27:06

REPORTED : 10/06/2023 13:52:11

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

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521253 REQNO-1533458

CORP-OPD

BILLNO-150123OPCR032651

BILLNO-150123OPCR032651

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

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.

GLUCOSE FASTING, FLUORIDE PLASMA- TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

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

Decreased in: Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g. galactosemia), Drugs: insulin, ethanol, propranolol, sulfonylureas, 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 Hypoglycemia, Increased insulin response & sensitivity etc.

GLYCOSYLATED HEMOGLOBIN (HbA1c), EDTA WHOLE BLOOD-Used For:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2. Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
2. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin).
3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

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

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL 150 < 200 Desirable mg/dL
200 - 239 Borderline High
>= 240 High

METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE

TRIGLYCERIDES 33 < 150 Normal mg/dL
150 - 199 Borderline High
200 - 499 High
>= 500 Very High

METHOD : ENZYMATIC ASSAY

HDL CHOLESTEROL 67 High < 40 Low mg/dL
>= 60 High

METHOD : DIRECT MEASURE - PEG

LDL CHOLESTEROL, DIRECT 68 < 100 Optimal mg/dL

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CIN - U74899PB1995PLC045956
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LABORATORY REPORT



PATIENT NAME : MRS.ANANYA BOSE DEY

PATIENT ID : **FH.12521253** CLIENT PATIENT ID : UID:12521253
 ACCESSION NO : **0022WF001796** AGE : 33 Years SEX : Female ABHA NO :
 DRAWN : 10/06/2023 10:27:00 RECEIVED : 10/06/2023 10:27:06 REPORTED : 10/06/2023 13:52:11
 CLIENT NAME : **FORTIS VASHI-CHC -SPLZD** REFERRING DOCTOR :

CLINICAL INFORMATION :
 UID:12521253 REQNO-1533458
 CORP-OPD
 BILLNO-150123OPCR032651
 BILLNO-150123OPCR032651

Test Report Status	Final	Results	Biological Reference Interval
			100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High
		METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT	
		NON HDL CHOLESTEROL	83 mg/dL Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220
		METHOD : CALCULATED PARAMETER	
		VERY LOW DENSITY LIPOPROTEIN	6.6 mg/dL </= 30.0
		METHOD : CALCULATED PARAMETER	
		CHOL/HDL RATIO	2.2 Low 3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk
		METHOD : CALCULATED PARAMETER	
		LDL/HDL RATIO	1.0 0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk
		METHOD : CALCULATED PARAMETER	

Interpretation(s)

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW
 METHOD : PHYSICAL

APPEARANCE SLIGHTLY HAZY
 METHOD : VISUAL

CHEMICAL EXAMINATION, URINE

PH 6.0 4.7 - 7.5
 METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD

SPECIFIC GRAVITY 1.010 1.003 - 1.035
 METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)

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Patient Ref. No. 2200000850555

LABORATORY REPORT



PATIENT NAME : MRS.ANANYA BOSE DEY

PATIENT ID : **FH.12521253**

CLIENT PATIENT ID : UID:12521253

ACCESSION NO : **0022WF001796**

AGE : 33 Years

SEX : Female

ABHA NO :

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

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521253 REQNO-1533458

CORP-OPD

BILLNO-150123OPCR032651

BILLNO-150123OPCR032651

Test Report Status	Final	Results	Biological Reference Interval
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	/HPF
METHOD : MICROSCOPIC EXAMINATION			
PUS CELL (WBC'S)		1-2	/HPF
METHOD : MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS		10-15	/HPF
METHOD : MICROSCOPIC EXAMINATION			
CASTS		NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
CRYSTALS		NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
BACTERIA		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)

Agilus Diagnostics Ltd (Formerly SRL Ltd)
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Patient Ref. No. 2200000850555

LABORATORY REPORT



PATIENT NAME : MRS.ANANYA BOSE DEY

PATIENT ID : **FH.12521253**

CLIENT PATIENT ID : UID:12521253

ACCESSION NO : **0022WF001796** AGE : 33 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 10:27:00 RECEIVED : 10/06/2023 10:27:06

REPORTED : 10/06/2023 13:52:11

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

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521253 REQNO-1533458
CORP-OPD
BILLNO-150123OPCR032651
BILLNO-150123OPCR032651

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

THYROID PANEL, SERUM

T3 90.1 ng/dL
 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

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE
 T4 7.59

Non-Pregnant Women 5.10 - 14.10 µg/dL
 Pregnant Women
 1st Trimester: 7.33 - 14.80
 2nd Trimester: 7.93 - 16.10
 3rd Trimester: 6.95 - 15.70

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE
 TSH (ULTRASENSITIVE) 1.400

Non Pregnant Women 0.27 - 4.20 µIU/mL
 Pregnant Women
 1st Trimester: 0.33 - 4.59
 2nd Trimester: 0.35 - 4.10
 3rd Trimester: 0.21 - 3.15

METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

Interpretation(s)

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

Dr.Akta Dubey
 Consultant Pathologist

Dr.Akta Dubey
 Consultant Pathologist

Dr.Akta Dubey
 Consultant Pathologist

Dr.Akta Dubey
 Consultant Pathologist

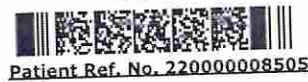
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 Patient Ref. No. 2200000850555

LABORATORY REPORT



PATIENT NAME : MRS.ANANYA BOSE DEY

PATIENT ID : **FH.12521253**

CLIENT PATIENT ID : UID:12521253

ACCESSION NO : **0022WF001797** AGE : 33 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 10:28:00

RECEIVED : 10/06/2023 10:29:33

REPORTED : 10/06/2023 12:18:57

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

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521253 REQNO-1533458
CORP-OPD
BILLNO-150123OPCR032651
BILLNO-150123OPCR032651

Test Report Status	Results	Biological Reference Interval	Units
Final			

CLINICAL PATH - STOOL ANALYSIS

STOOL: OVA & PARASITE

PHYSICAL EXAMINATION,STOOL

COLOUR	BROWN		
METHOD : VISUAL			
CONSISTENCY	WELL FORMED		
METHOD : VISUAL			
MUCUS	NOT DETECTED	NOT DETECTED	
METHOD : VISUAL			
VISIBLE BLOOD	ABSENT	ABSENT	
METHOD : VISUAL			

CHEMICAL EXAMINATION,STOOL

OCCULT BLOOD	NOT DETECTED	NOT DETECTED	
METHOD : GUAIAC METHOD			

MICROSCOPIC EXAMINATION,STOOL

PUS CELLS	1-2		/hpf
METHOD : MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION			
CYSTS	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
OVA	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
LARVAE	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
TROPHOZOITES	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			

Interpretation(s)

****End Of Report****

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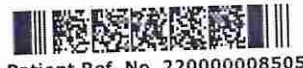
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Patient Ref. No. 2200000850556

LABORATORY REPORT



PATIENT NAME : MRS.ANANYA BOSE DEY

PATIENT ID : **FH.12521253**

CLIENT PATIENT ID : UID:12521253

ACCESSION NO : **0022WF001797** AGE : 33 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 10:28:00

RECEIVED : 10/06/2023 10:29:33

REPORTED : 10/06/2023 12:18:57

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

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521253 REQNO-1533458

CORP-OPD

BILLNO-150123OPCR032651

BILLNO-150123OPCR032651

Test Report Status	Final	Results	Biological Reference Interval
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Rekha N

Dr. Rekha Nair, MD
Microbiologist

Agilus Diagnostics Ltd (Formerly SRL Ltd)
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Patient Ref. No. 2200000850556

LABORATORY REPORT



PATIENT NAME : MRS.ANANYA BOSE DEY

PATIENT ID : FH.12521253

CLIENT PATIENT ID : UID:12521253

ACCESSION NO : 0022WF001872

AGE : 33 Years

SEX : Female

ABHA NO :

DRAWN : 10/06/2023 13:31:00

RECEIVED : 10/06/2023 13:31:37

REPORTED : 10/06/2023 16:58:59

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521253 REQNO-1533458

CORP-OPD

BILLNO-150123OPCR032651

BILLNO-150123OPCR032651

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)

82

70 - 140

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

Agilus Diagnostics Ltd (Formerly SRL Ltd)
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Patient Ref. No. 2200000850631

LABORATORY REPORT



PATIENT NAME : MRS.ANANYA BOSE DEY

REF. DOCTOR :

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

ACCESSION NO : 0022WF001896
PATIENT ID : FH.12521253
CLIENT PATIENT ID: UID:12521253
ABHA NO :

AGE/SEX : 33 Years Female
DRAWN : 10/06/2023 14:26:00
RECEIVED : 10/06/2023 14:35:15
REPORTED : 12/06/2023 11:00:17

CLINICAL INFORMATION :

UID:12521253 REQNO-1533458
CORP-OPD
BILLNO-150123OPCR032651
BILLNO-150123OPCR032651

Test Report Status	Final	Units
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CYTOLOGY

PAPANICOLAOU SMEAR

PAPANICOLAOU SMEAR

TEST METHOD
SPECIMEN TYPE
REPORTING SYSTEM
SPECIMEN ADEQUACY
METHOD : MICROSCOPIC EXAMINATION
MICROSCOPY

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.

INTERPRETATION / RESULT

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

****End Of Report****

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Dr. Akta Dubey
Counsultant Pathologist

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Maharashtra, India
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Email : -



Patient Ref. No. 2200000850655

HC

Rate 54 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Low voltage, precordial leads.....precordial leads <1.0mV
 PR 179 . RSR' in V1 or V2, right VCD or RVH.....QRS area positive & R' V1/V2
 QRS 96 . Baseline wander in lead(s) V1

90%
 RVH
 RVH

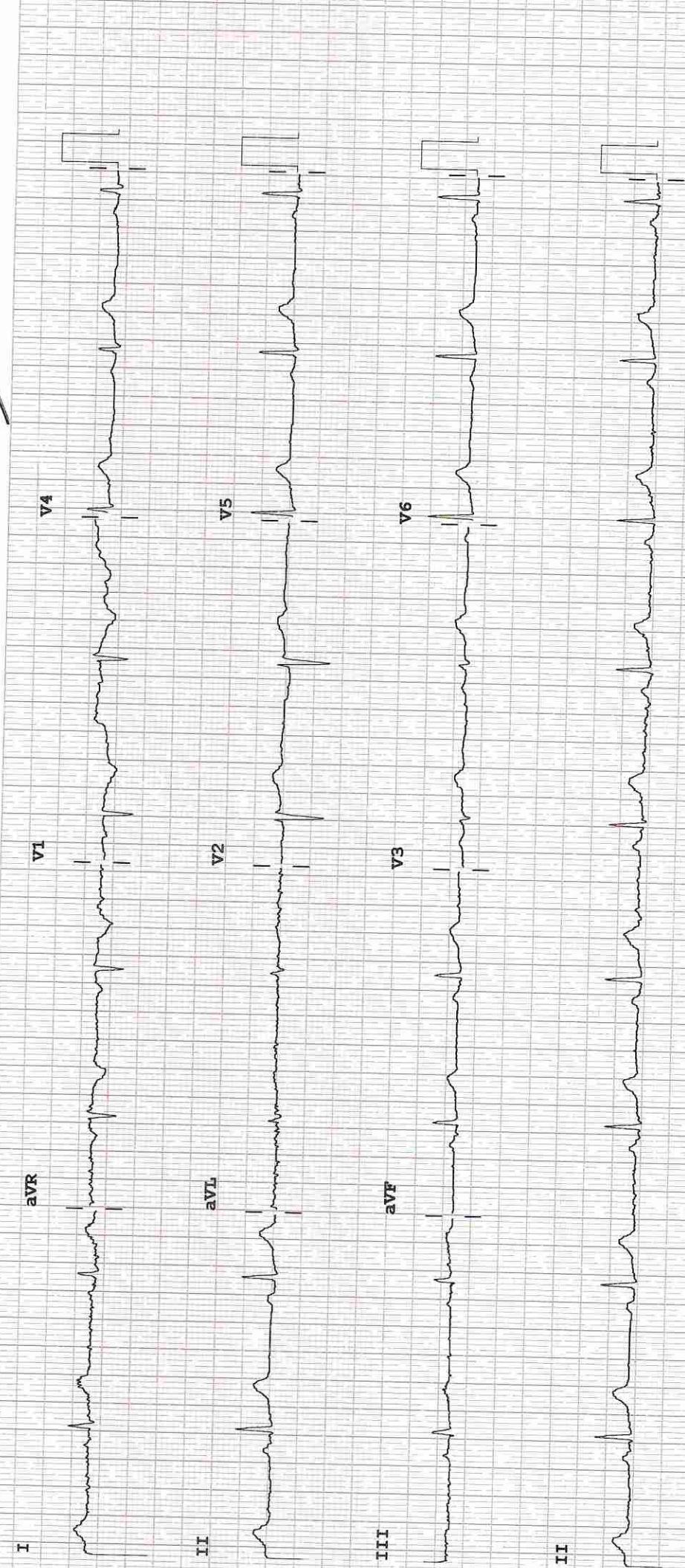
QT 440
 QTc 417
 --AXIS--
 P 66
 QRS 54
 T 46

[Handwritten signature]

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 P?

**DEPARTMENT OF NIC**

Date: 10/Jun/2023

Name: Mrs. Ananya Bose Dey

UHID | Episode No : 12521253 | 33016/23/1501

Age | Sex: 33 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2306/68969 | 10-Jun-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 10-Jun-2023 17:10:00

Bed Name :

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	36	mm
AO Root	27	mm
AO CUSP SEP	16	mm
LVID (s)	29	mm
LVID (d)	44	mm
IVS (d)	10	mm
LVPW (d)	09	mm
RVID (d)	27	mm
RA	31	mm
LVEF	60	%



DEPARTMENT OF NIC

Date: 10/Jun/2023

Name: Mrs. Ananya Bose Dey

UHID | Episode No : 12521253 | 33016/23/1501

Age | Sex: 33 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2306/68969 | 10-Jun-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 10-Jun-2023 17:10:00

Bed Name :

Order Doctor Name : Dr.SELF.

DOPPLER STUDY:

E WAVE VELOCITY: 0.9 m/sec.

A WAVE VELOCITY:0.5 m/sec

E/A RATIO:1.4

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

Final Impression :

Normal 2 Dimensional and colour doppler echocardiography study.

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



DEPARTMENT OF RADIOLOGY

Date: 10/Jun/2023

Name: Mrs. Ananya Bose Dey
Age | Sex: 33 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12521253 | 33016/23/1501
Order No | Order Date: 1501/PN/OP/2306/68969 | 10-Jun-2023
Admitted On | Reporting Date : 10-Jun-2023 14:45:56
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 appears unremarkable.

DR. SIDDHANT LOLGE
MD (Radiologist)



DEPARTMENT OF RADIOLOGY

Date: 10/Jun/2023

Name: Mrs. Ananya Bose Dey UHID | Episode No : 12521253 | 33016/23/1501
Age | Sex: 33 YEAR(S) | Female Order No | Order Date: 1501/PN/OP/2306/68969 | 10-Jun-2023
Order Station : FO-OPD Admitted On | Reporting Date : 10-Jun-2023 12:21:46
Bed Name : Order Doctor Name : Dr.SELF .

US-WHOLE ABDOMEN

LIVER is normal in size and echogenicity. No IHBR dilatation. No focal lesion is seen in liver. Portal vein appears normal in caliber.

GALL BLADDER is physiologically distended. Gall bladder reveals normal wall thickness. No evidence of calculi in gall bladder. No evidence of pericholecystic collection. **CBD** appears normal in caliber.

SPLEEN is normal in size and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis. Right kidney measures 10.0 x 3.4 cm. Left kidney measures 10.2 x 4.9 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 normal in size, measuring 6.4 x 3.3 x 3.9 cm.

An intramural fibroid noted at posterior wall of uterus, measuring 9 x 8 mm.

Another subserosal fibroid with few calcific foci within noted along the posterior wall in lower uterine segment, measuring 3.3 x 2.5 cm

Endometrium measures 6 mm in thickness. A 5 mm sized hyperechoic area / lesion – s/o polyp noted within the endometrium.

Both ovaries are normal.

Right ovary measures 2.2 x 1.8 cm and shows a dominant follicle within. Left ovary measures 2.2 x 1.8 cm.

No evidence of ascites.

Impression:

- Uterine fibroids as described.
- Endometrium polyp as described.

Aditya

DR. ADITYA NALAWADE

M.D. (Radiologist)

<https://his.myfortishealthcare.com/LAB/Radiology/PrintRadiologyReport>

10-06-2023