

BMI CHART

Name: Mrs. Binapani Samal

Date: 11 /

BP: 110/70
mmHg

Age: 41 yrs

Sex: M / F

Height (cms): 155cm

Weight(kgs): 49kg

BMI: 20

WEIGHT lbs kgs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215						
HEIGHT in/cm	45.5	47.7	50.5	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						
	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	37	38	39	40							
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							
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	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38						
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37						
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	30	31	32	33	34	35	36						
5'7" - 170.1	15	16	17	18	18	19	20	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	35						
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	23	24	25	26	27	28	29	29	30	31	32	33	34	35						
5'9" - 176.2	14	15	16	17	18	19	19	20	21	22	22	23	24	25	26	27	28	29	29	30	31	32	33	34						
5'10" - 177.8	14	15	15	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	28	29	30	31	32	33						
5'11" - 180.3	14	14	15	16	16	17	18	19	20	21	22	23	23	24	25	25	26	27	28	28	29	30	31	32						
6'0" - 182.8	13	14	14	15	16	17	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30	31						
6'1" - 185.4	13	13	14	15	15	16	17	18	19	20	21	21	22	23	23	24	25	26	27	28	28	29	30	31						
6'2" - 187.9	12	13	14	14	15	16	17	18	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29	30						
6'3" - 190.5	12	13	13	14	15	16	17	18	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29	30						
6'4" - 193.0	12	12	13	14	14	15	16	17	18	19	20	20	21	21	22	23	23	24	25	25	26	27	28	29						

Doctors Notes:

Signature

Hiranandani Healthcare Pvt. Ltd.
Mini Sea Shore Road, Sector 10 -A, Vashi, Navi Mumbai - 400703
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Emergency: 022 - 39199100 | Ambulance: 1255
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CIN : U85100MH2005PTC154823
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D



Hiranandani
HOSPITAL
(A Fortis Network Hospital)

UHID	12288581	Date	11/02/2023		
Name	Mrs. Binapani Samal	Sex	Female	Age	41
OPD	PAP				

Drug allergy:
Sys illness:

S/B Dr Hina

P 2/2 - AU LSCS

LMP - 26/1/23

Pap test done last year - (N)

Adv

Mammography ✓
USG pelvis

KU & Reports

↓



UHID	12288581	Date	11/02/2023		
Name	Mrs. Binapani Samal	Sex	Female	Age	41
OPD	Ophthal 14				

gestational
 KPC/O DM in the year 2017; not on Rx.

Drug allergy:
 Sys illness:

Amv 6/9
 6/9

Vu 6/9
 1 6/9

Ph → A
 → G

Phua 6/6

+0.50 Dm 6/6

(Same as P.U.P.)

Add +1.75 → W6
 → W6
 w/pe Neaman

Blue block +
 ARC glasses.

Gayeday
 Admalube.
 CBS 1777



UHID	12288581	Date	11/02/2023		
Name	Mrs. Binapani Samal	Sex	Female	Age	41
OPD	Dental 12				

Drug allergy:
Sys illness:

Impacted and
caries $\frac{18}{18}$

As caries $\frac{5}{1}$
stains ++ calculus +

Treatment

Adv removal $\frac{18}{18}$

Adv filling $\frac{5}{1}$

Adv oral prophylaxis.

Dr Diksha Keka



Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.BINAPANI SAMAL



PATIENT ID : **FH.12288581**

CLIENT PATIENT ID : UID:12288581

ACCESSION NO : **0022WB002182** AGE : 41 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 13:27:00 RECEIVED : 11/02/2023 13:29:27

REPORTED : 11/02/2023 15:05:55

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

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12288581 REQNO-1370927

CORP-OPD

BILLNO-150123OPCR008493

BILLNO-150123OPCR008493

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)

154

High 70 - 139

mg/dL

METHOD : HEXOKINASE

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

Counsultant Pathologist

SRL Ltd

HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD,

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Patient Ref. No. 22000008280



Cert. No. MC-2984



LABORATORY REPORT

PATIENT NAME : MRS.BINAPANI SAMAL

PATIENT ID : **FH.12288581**

CLIENT PATIENT ID : UID:12288581

ACCESSION NO : **0022WB002092** AGE : 41 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:46:00

RECEIVED : 11/02/2023 10:47:38

REPORTED : 11/02/2023 14:43:46

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

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288581 REQNO-1370927

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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	95.87	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	6.46	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)	2.230	0.270 - 4.200	µIU/mL
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METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY

Interpretation(s)

****End Of Report****

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Dr. Swapnil Sirmukaddam
786

Dr. Swapnil Sirmukaddam
Consultant Pathologist

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Patient Ref. No. 22000001



Cert. No. MC-2275

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KIDNEY PANEL - 1**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN 6 6 - 20 mg/dL

METHOD : UREASE - UV

CREATININE EGFR- EPI

CREATININE 0.38 Low 0.60 - 1.10 mg/dL

METHOD : ALKALINE PICRATE KINETIC JAFFES

AGE 41 years

GLOMERULAR FILTRATION RATE (FEMALE) 129.02 mL/min/1.73m²**BUN/CREAT RATIO**

BUN/CREAT RATIO 15.79 High 5.00 - 15.00

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID 2.6 2.6 - 6.0 mg/dL

METHOD : URICASE UV

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 7.7 6.4 - 8.2 g/dL

METHOD : BIURET

ALBUMIN, SERUM

ALBUMIN 3.8 3.4 - 5.0 g/dL

METHOD : BCP DYE BINDING

GLOBULIN

GLOBULIN 3.9 2.0 - 4.1 g/dL

METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM 135 Low 136 - 145 mmol/L

METHOD : ISE INDIRECT

POTASSIUM, SERUM 4.34 3.50 - 5.10 mmol/L

METHOD : ISE INDIRECT

CHLORIDE, SERUM 100 98 - 107 mmol/L

METHOD : ISE INDIRECT

Interpretation(s)**PHYSICAL EXAMINATION, URINE**

COLOR PALE YELLOW

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METHOD : PHYSICAL				
APPEARANCE		CLEAR		
METHOD : VISUAL				
CHEMICAL EXAMINATION, URINE				
PH		6.0	4.7 - 7.5	
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD				
SPECIFIC GRAVITY		1.025	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)		3-5	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
EPITHELIAL CELLS		15-20	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
CASTS		NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				
CRYSTALS		NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				
BACTERIA		DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION				

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LABORATORY REPORT



PATIENT NAME : MRS.BINAPANI SAMAL

PATIENT ID : FH.12288581

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ACCESSION NO : 0022WB002092 AGE : 41 Years SEX : Female ABHA NO :

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CORP-OPD

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Test Report Status	Final	Results	Biological Reference Interval
YEAST		NOT DETECTED	NOT DETECTED
METHOD : MICROSCOPIC EXAMINATION		URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT.	
REMARKS			

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

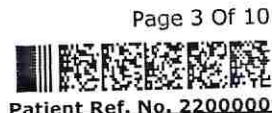
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Patient Ref. No. 2200000



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PATIENT NAME: **MRS. BINAPANI SAMAL**



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HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	10.7	Low 12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY			
RED BLOOD CELL (RBC) COUNT	4.32	3.8 - 4.8	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	3.29	Low 4.0 - 10.0	thou/ μ L
METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY			
PLATELET COUNT	191	150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	32.9	Low 36 - 46	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOLUME (MCV)	76.0	Low 83 - 101	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	24.6	Low 27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	32.4	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	15.7	High 11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	17.6		
MEAN PLATELET VOLUME (MPV)	14.1	High 6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

WBC DIFFERENTIAL COUNT

NEUTROPHILS	54	40 - 80	%
METHOD : FLOWCYTOMETRY			
LYMPHOCYTES	36	20 - 40	%
METHOD : FLOWCYTOMETRY			
MONOCYTES	7	2 - 10	%
METHOD : FLOWCYTOMETRY			
EOSINOPHILS	3	1 - 6	%
METHOD : FLOWCYTOMETRY			

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Table with 4 columns: Test Report Status, Results, Biological Reference Interval, and Units. Rows include BASOPHILS, ABSOLUTE NEUTROPHIL COUNT, ABSOLUTE LYMPHOCYTE COUNT, ABSOLUTE MONOCYTE COUNT, ABSOLUTE EOSINOPHIL COUNT, ABSOLUTE BASOPHIL COUNT, NEUTROPHIL LYMPHOCYTE RATIO (NLR), MORPHOLOGY (RBC, WBC, PLATELETS).

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... 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...

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

E.S.R 31 High 0 - 20 mm at 1 hr

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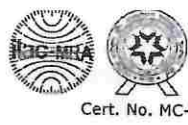


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Test Report Status	Final	Results	Biological Reference Interval
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Interpretation(s)

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) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

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

TEST INTERPRETATION

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

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

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

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

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

False Decreased : Poikilocytosis,(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

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.

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL

0.70

0.2 - 1.0

mg/dL

METHOD : JENDRASSIK AND GROFF

BILIRUBIN, DIRECT

0.22

High 0.0 - 0.2

mg/dL

METHOD : JENDRASSIK AND GROFF

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CIN - U74899PB1995PLC045956

Email :-



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Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : **MRS.BINAPANI SAMAL**



PATIENT ID : **FH.12288581**

CLIENT PATIENT ID : UID:12288581

ACCESSION NO : **0022WB002092**

AGE : 41 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:46:00

RECEIVED : 11/02/2023 10:47:38

REPORTED : 11/02/2023 13:03:30

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

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288581 REQNO-1370927

CORP-OPD

BILLNO-150123OPCR008493

BILLNO-150123OPCR008493

Test Report Status	Final	Results	Biological Reference Interval
BILIRUBIN, INDIRECT		0.48	0.1 - 1.0 mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN		7.7	6.4 - 8.2 g/dL
METHOD : BIURET			
ALBUMIN		3.8	3.4 - 5.0 g/dL
METHOD : BCP DYE BINDING			
GLOBULIN		3.9	2.0 - 4.1 g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO		1.0	1.0 - 2.1 RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		15	15 - 37 U/L
METHOD : UV WITH P5P			
ALANINE AMINOTRANSFERASE (ALT/SGPT)		22	< 34.0 U/L
METHOD : UV WITH P5P			
ALKALINE PHOSPHATASE		85	30 - 120 U/L
METHOD : PNPP-ANP			
GAMMA GLUTAMYL TRANSFERASE (GGT)		17	5 - 55 U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE			
LACTATE DEHYDROGENASE		150	100 - 190 U/L
METHOD : LACTATE -PYRUVATE			
GLUCOSE FASTING, FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR)		150	High 74 - 99 mg/dL
METHOD : HEXOKINASE			
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
HBA1C		7.5	High Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021) %
METHOD : HB VARIANT (HPLC)			
ESTIMATED AVERAGE GLUCOSE(EAG)		168.6	High < 116.0 mg/dL
METHOD : CALCULATED PARAMETER			

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Patient Ref. No. 2200000082800



Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.BINAPANI SAMAL



PATIENT ID : FH.12288581

CLIENT PATIENT ID : UID:12288581

ACCESSION NO : 0022WB002092

AGE : 41 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:46:00

RECEIVED : 11/02/2023 10:47:38

REPORTED : 11/02/2023 13:03:30

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288581 REQNO-1370927
CORP-OPD
BILLNO-150123OPCR008493
BILLNO-150123OPCR008493

Table with 3 columns: 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 result 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. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilson's disease. GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc. Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's syndrome, Protein-losing enteropathy etc. Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

GLUCOSE FASTING, FLUORIDE PLASMA-TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in 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; sulfonyleureas, tolbutamide, and other oral hypoglycemic agents.

NOTE:

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.

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

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

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

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

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

HbA1c Estimation can get affected due to :

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

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LABORATORY REPORT

PATIENT NAME : MRS.BINAPANI SAMAL



PATIENT ID : FH.12288581

CLIENT PATIENT ID : UID:12288581

ACCESSION NO : 0022WB002092 AGE : 41 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 10:46:00 RECEIVED : 11/02/2023 10:47:38 REPORTED : 11/02/2023 13:03:30

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288581 REQNO-1370927

CORP-OPD

BILLNO-150123OPCR008493

BILLNO-150123OPCR008493

Test Report Status	Final	Results	Biological Reference Interval
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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	152		< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC,CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE				
TRIGLYCERIDES	51		< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY				
HDL CHOLESTEROL	62	High	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG				
LDL CHOLESTEROL, DIRECT	85		< 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	90		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	10.2		</= 30.0	mg/dL
METHOD : CALCULATED PARAMETER				
CHOL/HDL RATIO	2.5	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	1.4		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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Test Report Status	Final	Results	Biological Reference Interval
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****End Of Report****

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

Dr. Akta Dubey
Consultant Pathologist

Dr. Rekha Nair, MD
Microbiologist

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12288581
41 Years

BINAPANI SAMAL
Female

2/11/2023 11:52:47 AM

HC

Rate 76 . Sinus rhythm.....normal P axis, V-rate 50- 99
PR 133 . Consider left ventricular hypertrophy.....(S V1/V2+R V5/V6) >3.25mV
QRS 84 . Baseline wander in lead(s) V1

Sinus bradycardia

Normal

af

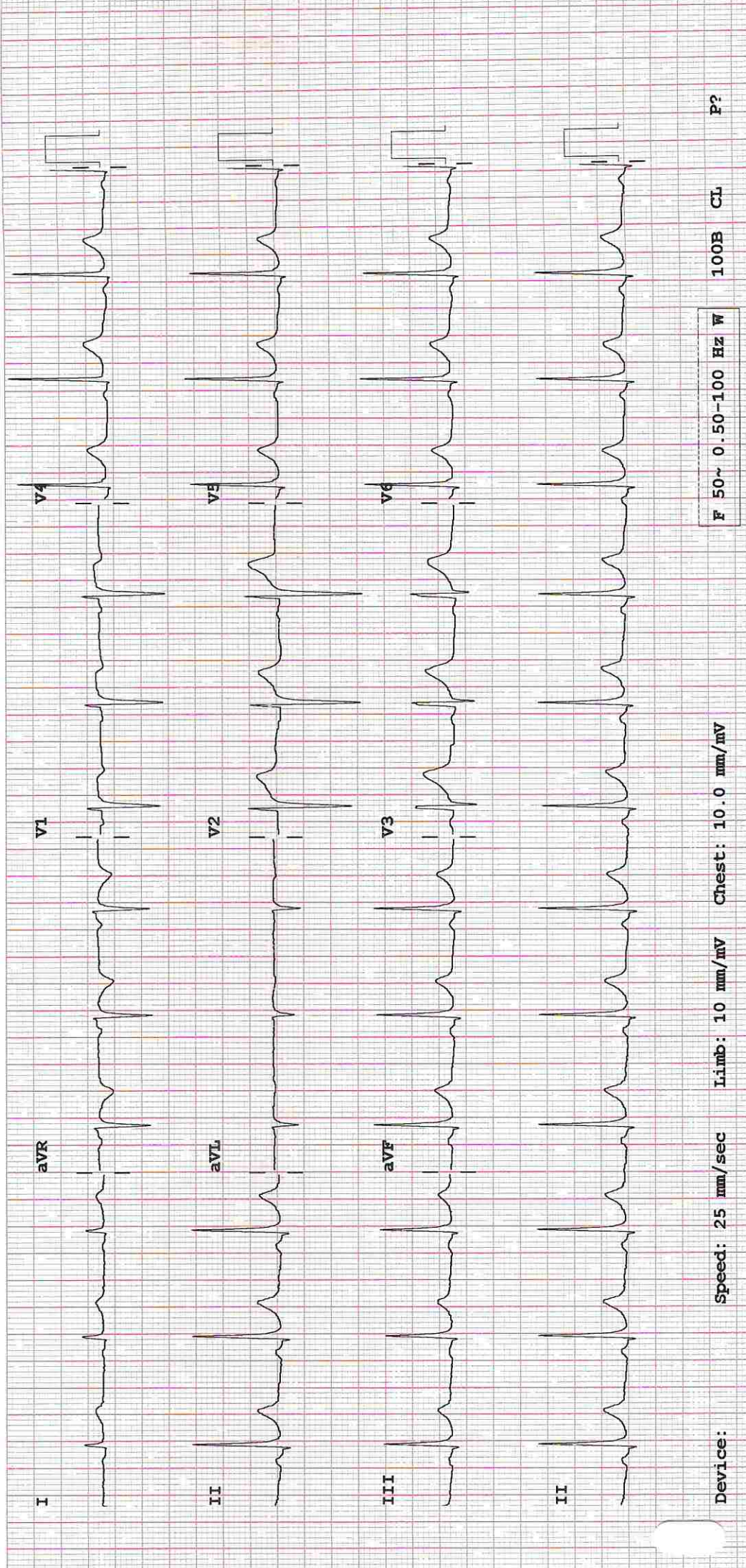
--AXIS--

P 65
QRS 74
T 66

- ABNORMAL ECG -

12 Lead; Standard Placement

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: 13/Feb/2023

Name: Mrs. Binapani Samal

UHID | Episode No : 12288581 | 8700/23/1501

Age | Sex: 41 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2302/17859 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 13-Feb-2023 12:59:35

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	31	mm
AO Root	26	mm
AO CUSP SEP	15	mm
LVID (s)	26	mm
LVID (d)	41	mm
IVS (d)	09	mm
LVPW (d)	10	mm
RVID (d)	29	mm
RA	31	mm
LVEF	60	%



DEPARTMENT OF NIC

Date: 13/Feb/2023

Name: Mrs. Binapani Samal

UHID | Episode No : 12288581 | 8700/23/1501

Age | Sex: 41 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2302/17859 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 13-Feb-2023 12:59:35

Bed Name :

Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 1.0 m/sec.

A WAVE VELOCITY:0.5 m/sec

E/A RATIO:1.5

	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 PAWAR
DNB(MED), DNB (CARDIOLOGY)

Hiranandani Healthcare Pvt. Ltd.

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

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



DEPARTMENT OF RADIOLOGY

Date: 11/Feb/2023

Name: Mrs. Binapani Samal

UHID | Episode No : 12288581 | 8700/23/1501

Age | Sex: 41 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2302/17859 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 11-Feb-2023 15:18:58

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. Binapani Samal

UHID | Episode No : 12288581 | 8700/23/1501

Age | Sex: 41 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2302/17859 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 11-Feb-2023 13:57:44

Bed Name :

Order Doctor Name : Dr.SELF .

USG-WHOLE ABDOMEN

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

GALL BLADDER is minimally distended. 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 10.7 x 3.3 cm. Left kidney measures 10.8 x 4.1 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 7.5 x 3.2 x 4.2 cm. Endometrium measures 8.6 mm in thickness.

Both ovaries are normal. Right ovary measures 2.0 x 1.3 cm. Left ovary measures 2.2 x 1.6 cm.

No evidence of ascites.

IMPRESSION:

- No significant abnormality is detected.

Y.S.

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



DEPARTMENT OF RADIOLOGY

Date: 13/Feb/2023

Name: Mrs. Binapani Samal

UHID | Episode No : 12288581 | 8700/23/1501

Age | Sex: 41 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2302/17859 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 13-Feb-2023 10:37:15

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.

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