



Hiranandani  
HOSPITAL

(A Fortis Network Hospital)

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

# BMI CHART

Date: 11/12/23

Name: Mr. Basitlal Chohan Age: 44 yrs Sex: M/F  
BP: 140/90 Height (cms): 188 Weight(kgs): 68.2 BMI: 24  
mmHg

WEIGHT lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
kgs	45.5	47.7	50.5	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
HEIGHT in/cm	Underweight				Healthy				Overweight				Obese				Extremely Obese							
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	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	
5'4" - 162.5	17	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	
5'6" - 167.6	16	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	
5'8" - 172.7	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	
5'9" - 176.2	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
5'10" - 177.8	14	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	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	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	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	
6'3" - 190.5	12	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	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	

**Doctors Notes:**

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Signature

Hiranandani Healthcare Pvt. Ltd.  
 Mini Sea Shore Road, Sector 10 -A, Vashi, Navi Mumbai - 400703  
 Board Line: 022 - 39199222 | Fax: 022 - 39199220  
 Emergency: 022 - 39199100 | Ambulance: 1255  
 For Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300  
 www.fortishealthcare.com |  
 CIN : U85100MH2005PTC154823  
 GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

<b>UHID</b>	<b>12288324</b>	<b>Date</b>	<b>11/02/2023</b>		
<b>Name</b>	<b>Mr. Basantilal Chouhan</b>	<b>Sex</b>	<b>Male</b>	<b>Age</b>	<b>44</b>
<b>OPD</b>	<b>Ophthal 14</b>	<b>Health Check Up</b>			

Dr. No

Drug allergy: → Not know  
 Sys illness: → No

NG. MTW (since 2020) -

Unit V → R<sub>e</sub> 6/9.  
 " " → L 6/6.

Ref → R:G → -0.50 DS 6/6  
 " " → LG → Phus 6/6  
 Add → +1.25

F:OP → R 16.5.  
 " " → L 16.1.

*[Handwritten signature]*

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UHID	12288324	Date	11/02/2023		
Name	Mr. Basantilal Chouhan	Sex	Male	Age	44
OPD	Dental 12	Health Check Up			

Drug allergy:  
Sys illness:

Impacted  $\frac{8}{7}$

Deep caries with filling Top the  $\frac{8}{7}$

stains & calculus &

Treatment

Adv. extraction  $\frac{8}{7}$

Adv RCT & cap  $\frac{8}{7}$

Adv. oral prophylaxis

Dr. Divya Khera.





Cert. No. MC-2275

# LABORATORY REPORT

PATIENT NAME : MR.BASANTILAL CHOUHAN



PATIENT ID : FH.12288324

CLIENT PATIENT ID : UID:12288324

ACCESSION NO : 0022WB002190

AGE : 44 Years

SEX : Male

ABHA NO :

DRAWN : 11/02/2023 13:44:00

RECEIVED : 11/02/2023 13:43:42

REPORTED : 11/02/2023 15:12:20

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR :

### CLINICAL INFORMATION :

UID:12288324 REQNO-1370839

CORP-OPD

BILLNO-150123OPCR008451

BILLNO-150123OPCR008451

Test Report Status	Final	Results	Biological Reference Interval	Units
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### BIOCHEMISTRY

#### GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)

85

70 - 139

mg/dL

METHOD : HEXOKINASE

#### Comments

NOTE: POST PRANDIAL PLASMA GLUCOSE VALUES. TO BE CORRELATE WITH CLINICAL, DIETETIC AND THERAPEUTIC HISTORY.

#### Interpretation(s)

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c

**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

Dr.Akta Dubey

Counsultant Pathologist

SRL Ltd  
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Email : -



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# LABORATORY REPORT

PATIENT NAME : MR. BASANTILAL CHOUHAN



PATIENT ID : FH.12288324

CLIENT PATIENT ID : UID:12288324

ACCESSION NO : 0022WB002057

AGE : 44 Years

SEX : Male

ABHA NO :

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

RECEIVED : 11/02/2023 10:02:37

REPORTED : 11/02/2023 14:21:07

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

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### SPECIALISED CHEMISTRY - HORMONE

#### THYROID PANEL, SERUM

T3	125.40	80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			
T4	8.99	5.1 - 14.1	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			
TSH (ULTRASENSITIVE)	2.630	0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			

#### Interpretation(s)

SRL Ltd  
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 4, KHARGHAR  
 NAVI MUMBAI, 410210  
 MAHARASHTRA, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956



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**LABORATORY REPORT**

**PATIENT NAME : MR. BASANTILAL CHOUHAN**



PATIENT ID : **FH.12288324**

CLIENT PATIENT ID : UID:12288324

ACCESSION NO : **0022WB002057**

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SEX : Male

ABHA NO :

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**SPECIALISED CHEMISTRY - TUMOR MARKER**

**PROSTATE SPECIFIC ANTIGEN, SERUM**

PROSTATE SPECIFIC ANTIGEN 0.727 < 2.0 ng/mL

METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

**Interpretation(s)**

PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is detected in the male patients with normal, benign hyperplastic and malignant prostate tissue and in patients with prostat  
- PSA is not detected (or detected at very low levels) in the patients without prostate tissue ( because of radical prostatectomy or cystoprostatectomy) and also in the female patient.

- It is a suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.
- Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and useful in detecting residual disease and early recurrence of tumor.
- Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostatitis and Benign Prostatic Hyperplasia.
- Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PS (false positive) levels persisting up to 3 weeks.
- As per American urological guidelines, PSA screening is recommended for early detection of Prostate cancer above the age of 40 years. Following Age specific reference range can be used as a guide lines-

Age of male	Reference range (ng/ml)
40-49 years	0-2.5
50-59 years	0-3.5
60-69 years	0-4.5
70-79 years	0-6.5

(\* conventional reference level (< 4 ng/ml) is already mentioned in report, which covers all agegroup with 95% prediction interval)

References- Teitz ,textbook of clinical chemiistry, 4th edition) 2.Wallach's Interpretation of Diagnostic Tests

**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

*Dr. Swapnil Sirmukaddam*  
786

**Dr. Swapnil Sirmukaddam**  
Consultant Pathologist

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**LABORATORY REPORT**

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PATIENT ID : **FH.12288324**

CLIENT PATIENT ID : UID:12288324

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AGE : 44 Years

SEX : Male

ABHA NO :

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REPORTED : 11/02/2023 12:39:01

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

REFERRING DOCTOR : SELF

**CLINICAL INFORMATION :**

UID:12288324 REQNO-1370839

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**KIDNEY PANEL - 1**

**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN 11 6 - 20 mg/dL  
METHOD : UREASE - UV

**CREATININE EGFR- EPI**

CREATININE 0.94 0.90 - 1.30 mg/dL  
METHOD : ALKALINE PICRATE KINETIC JAFFES

AGE 44 years  
GLOMERULAR FILTRATION RATE (MALE) 102.51 Refer Interpretation Below mL/min/1.73

METHOD : CALCULATED PARAMETER

**BUN/CREAT RATIO**

BUN/CREAT RATIO 11.70 5.00 - 15.00  
METHOD : CALCULATED PARAMETER

**URIC ACID, SERUM**

URIC ACID 4.7 3.5 - 7.2 mg/dL  
METHOD : URICASE UV

**TOTAL PROTEIN, SERUM**

TOTAL PROTEIN 7.1 6.4 - 8.2 g/dL  
METHOD : BIURET

**ALBUMIN, SERUM**

ALBUMIN 4.0 3.4 - 5.0 g/dL  
METHOD : BCP DYE BINDING

**GLOBULIN**

GLOBULIN 3.1 2.0 - 4.1 g/dL  
METHOD : CALCULATED PARAMETER

**ELECTROLYTES (NA/K/CL), SERUM**

SODIUM, SERUM 139 136 - 145 mmol/L  
METHOD : ISE INDIRECT

POTASSIUM, SERUM 4.25 3.50 - 5.10 mmol/L  
METHOD : ISE INDIRECT

CHLORIDE, SERUM 103 98 - 107 mmol/L  
METHOD : ISE INDIRECT

**Interpretation(s)**

**PHYSICAL EXAMINATION, URINE**

SRL Ltd  
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PATIENT NAME : MR. BASANTILAL CHOUHAN



PATIENT ID : FH.12288324

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ACCESSION NO : 0022WB002057

AGE : 44 Years

SEX : Male

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CORP-OPD

BILLNO-150123OPCR008451

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Test Report Status	Final	Results	Biological Reference Interval	Units
COLOR		PALE YELLOW		
METHOD : PHYSICAL				
APPEARANCE		SLIGHTLY HAZY		
METHOD : VISUAL				
<b>CHEMICAL EXAMINATION, URINE</b>				
PH		6.0	4.7 - 7.5	
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD				
SPECIFIC GRAVITY		>=1.030	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				
<b>MICROSCOPIC EXAMINATION, URINE</b>				
RED BLOOD CELLS		NOT DETECTED	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION				
PUS CELL (WBC'S)		1-2	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
EPITHELIAL CELLS		1-2	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
CASTS		NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				
CRYSTALS		NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				

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Patient Ref. No. 220000008





Cert. No. MC-2275

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PATIENT ID : FH.12288324

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ACCESSION NO : 0022WB002057

AGE : 44 Years

SEX : Male

ABHA NO :

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

### Interpretation(s)

#### 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, the 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 estimate 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 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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## HAEMATOLOGY - CBC

### CBC-5, EDTA WHOLE BLOOD

#### MORPHOLOGY

RBC

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC

METHOD : MICROSCOPIC EXAMINATION

WBC

NORMAL MORPHOLOGY

METHOD : MICROSCOPIC EXAMINATION

PLATELETS

ADEQUATE

METHOD : MICROSCOPIC EXAMINATION

#### BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)

16.0

13.0 - 17.0

g/dL

METHOD : SPECTROPHOTOMETRY

RED BLOOD CELL (RBC) COUNT

5.32

4.5 - 5.5

mil/ $\mu$ L

METHOD : ELECTRICAL IMPEDANCE

WHITE BLOOD CELL (WBC) COUNT

5.14

4.0 - 10.0

thou/ $\mu$ L

METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY

PLATELET COUNT

172

150 - 410

thou/ $\mu$ L

METHOD : ELECTRICAL IMPEDANCE

#### RBC AND PLATELET INDICES

HEMATOCRIT (PCV)

46.5

40 - 50

%

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR VOLUME (MCV)

87.5

83 - 101

fL

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR HEMOGLOBIN (MCH)

30.1

27.0 - 32.0

p9

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)

34.4

31.5 - 34.5

g/dL

METHOD : CALCULATED PARAMETER

RED CELL DISTRIBUTION WIDTH (RDW)

13.8

11.6 - 14.0

%

METHOD : CALCULATED PARAMETER

MENTZER INDEX

16.5

6.8 - 10.9

fL

MEAN PLATELET VOLUME (MPV)

10.8

6.8 - 10.9

fL

METHOD : CALCULATED PARAMETER

#### WBC DIFFERENTIAL COUNT

NEUTROPHILS

52

40 - 80

%

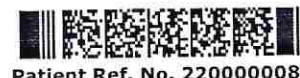
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Cert. No. MC-2275

**LABORATORY REPORT**

**PATIENT NAME : MR. BASANTILAL CHOUHAN**



PATIENT ID : **FH.12288324**

CLIENT PATIENT ID : UID:12288324

ACCESSION NO : **0022WB002057**

AGE : 44 Years

SEX : Male

ABHA NO :

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

RECEIVED : 11/02/2023 10:02:37

REPORTED : 11/02/2023 12:39:01

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

REFERRING DOCTOR : SELF

**CLINICAL INFORMATION :**

UID:12288324 REQNO-1370839  
CORP-OPD  
BILLNO-150123OPCR008451  
BILLNO-150123OPCR008451

Test Report Status	Final	Results	Biological Reference Interval
METHOD : FLOWCYTOMETRY			
LYMPHOCYTES		33	20 - 40 %
METHOD : FLOWCYTOMETRY			
MONOCYTES		10	2 - 10 %
METHOD : FLOWCYTOMETRY			
EOSINOPHILS		05	1 - 6 %
METHOD : FLOWCYTOMETRY			
BASOPHILS		00	0 - 2 %
METHOD : FLOWCYTOMETRY			
ABSOLUTE NEUTROPHIL COUNT		2.67	2.0 - 7.0 thou/ $\mu$ L
METHOD : CALCULATED PARAMETER			
ABSOLUTE LYMPHOCYTE COUNT		1.70	1.0 - 3.0 thou/ $\mu$ L
METHOD : CALCULATED PARAMETER			
ABSOLUTE MONOCYTE COUNT		0.51	0.2 - 1.0 thou/ $\mu$ L
METHOD : CALCULATED PARAMETER			
ABSOLUTE EOSINOPHIL COUNT		0.26	0.02 - 0.50 thou/ $\mu$ L
METHOD : CALCULATED PARAMETER			
ABSOLUTE BASOPHIL COUNT		<b>0</b>	<b>Low</b> 0.02 - 0.10 thou/ $\mu$ L
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.6	
METHOD : CALCULATED PARAMETER			

**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) 106  
This ratio element is a calculated parameter and out of NABL scope.

**HAEMATOLOGY**

**ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD**

E.S.R 02 0 - 14 mm at 1 hr  
METHOD : WESTERGREN METHOD

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**LABORATORY REPORT**

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PATIENT ID : **FH.12288324**

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**CLINICAL INFORMATION :**

UID:12288324 REQNO-1370839

CORP-OPD

BILLNO-150123OPCR008451

BILLNO-150123OPCR008451

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, (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 A
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	<b>2.59</b>	High 0.2 - 1.0	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, DIRECT	<b>0.26</b>	High 0.0 - 0.2	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, INDIRECT	<b>2.33</b>	High 0.1 - 1.0	mg/dL

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Patient Ref. No. 220000008



Cert. No. MC-2275

**LABORATORY REPORT**

**PATIENT NAME : MR. BASANTILAL CHOUHAN**



PATIENT ID : **FH.12288324**

CLIENT PATIENT ID : UID:12288324

ACCESSION NO : **0022WB002057**

AGE : 44 Years

SEX : Male

ABHA NO :

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REPORTED : 11/02/2023 12:39:01

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

REFERRING DOCTOR : SELF

**CLINICAL INFORMATION :**

UID:12288324 REQNO-1370839

CORP-OPD

BILLNO-150123OPCR008451

BILLNO-150123OPCR008451

Test Report Status	Final	Results	Biological Reference Interval
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN		7.1	6.4 - 8.2 g/dL
METHOD : BIURET			
ALBUMIN		4.0	3.4 - 5.0 g/dL
METHOD : BCP DYE BINDING			
GLOBULIN		3.1	2.0 - 4.1 g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO		1.3	1.0 - 2.1 RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		21	15 - 37 U/L
METHOD : UV WITH P5P			
ALANINE AMINOTRANSFERASE (ALT/SGPT)		34	< 45.0 U/L
METHOD : UV WITH P5P			
ALKALINE PHOSPHATASE		68	30 - 120 U/L
METHOD : PNPP-ANP			
GAMMA GLUTAMYL TRANSFERASE (GGT)		23	15 - 85 U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE			
LACTATE DEHYDROGENASE		159	100 - 190 U/L
METHOD : LACTATE -PYRUVATE			
<b>GLUCOSE FASTING, FLUORIDE PLASMA</b>			
FBS (FASTING BLOOD SUGAR)		97	74 - 99 mg/dL
METHOD : HEXOKINASE			
<b>GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD</b>			
HBA1C		5.0	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)		96.8	< 116.0 mg/dL
METHOD : CALCULATED PARAMETER			

**Interpretation(s)**

LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE

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**LABORATORY REPORT**

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PATIENT ID : **FH.12288324**

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REFERRING DOCTOR : SELF

**CLINICAL INFORMATION :**

UID:12288324 REQNO-1370839

CORP-OPD

BILLNO-150123OPCR008451

BILLNO-150123OPCR008451

Test Report Status	Final	Results	Biological Reference Interval
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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. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels are seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilson's disease. GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered 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 disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc. Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes 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; 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. The 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 & opia 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 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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Patient Ref. No. 22000008





Cert. No. MC-2275

**LABORATORY REPORT****PATIENT NAME : MR.BASANTILAL CHOUHAN**PATIENT ID : **FH.12288324**

CLIENT PATIENT ID : UID:12288324

ACCESSION NO : **0022WB002057** AGE : 44 Years SEX : Male

ABHA NO :

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

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REPORTED : 11/02/2023 12:39:01

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

REFERRING DOCTOR : SELF

**CLINICAL INFORMATION :**

UID:12288324 REQNO-1370839

CORP-OPD

BILLNO-150123OPCR008451

BILLNO-150123OPCR008451

Test Report Status	Results	Biological Reference Interval
<b>Final</b>		

**BIOCHEMISTRY - LIPID****LIPID PROFILE, SERUM**

CHOLESTEROL, TOTAL	91	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	46	< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	<b>35</b>	<b>Low</b> < 40 Low >=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	56	< 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	56	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	9.2	<= 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	<b>2.6</b>	<b>Low</b> 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	1.6	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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Patient Ref. No. 220000008



**LABORATORY REPORT**

**PATIENT NAME : MR.BASANTILAL CHOUHAN**



PATIENT ID : **FH.12288324**

CLIENT PATIENT ID : UID:12288324

ACCESSION NO : **0022WB002057**

AGE : 44 Years

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CORP-OPD

BILLNO-150123OPCR008451

BILLNO-150123OPCR008451

Test Report Status	Results	Biological Reference Interval
<b>Final</b>		

**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

**Dr.Akta Dubey**  
Consultant Pathologist

**Dr. Rekha Nair, MD**  
Microbiologist



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12288324  
44 Years

BASANTIIAL CHOUHAN  
Male

2/11/2023 12:43:31 PM

LTC

Rate 68 . Sinus rhythm.....normal P axis, V-rate 50- 99  
Borderline T abnormalities, inferior leads.....T flat/neg, II III aVF

PR 140  
QRS 88  
QT 398  
QTc 424

Slowly rising  
T in II, aVF  
concrete C in V1/V2

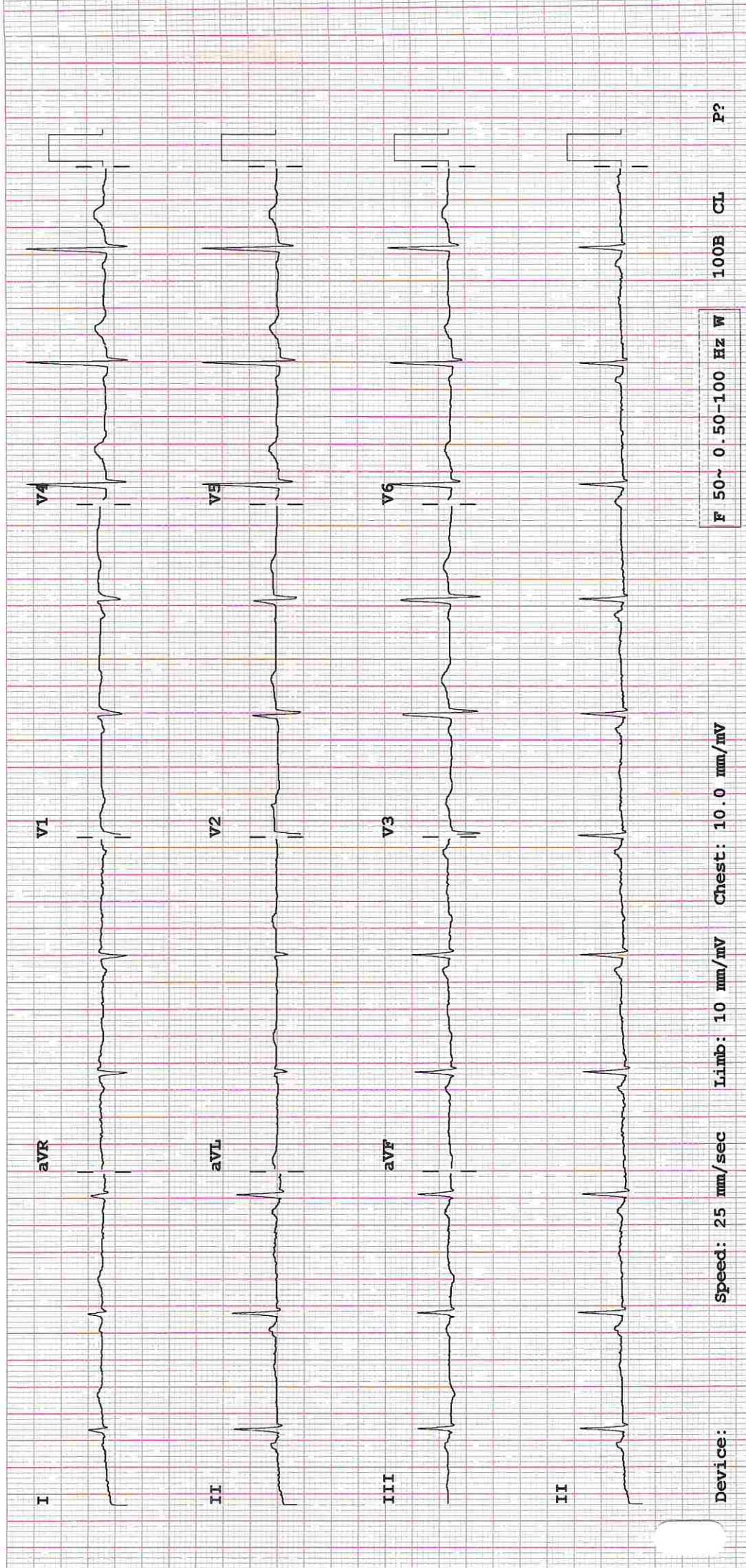
--AXIS--  
P 76  
QRS 68  
T -26

A

- BORDERLINE 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?





Date: 14/Feb/2023

DEPARTMENT OF NIC

Name: Mr. Basantilal Chouhan

Age | Sex: 44 YEAR(S) | Male

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12288324 | 8666/23/1501

Order No | Order Date: 1501/PN/OP/2302/17770 | 11-Feb-2023

Admitted On | Reporting Date : 14-Feb-2023 12:54:17

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	33	mm
AO CUSP SEP	21	mm
LVID (s)	33	mm
LVID (d)	43	mm
IVS (d)	09	mm
LVPW (d)	10	mm
RVID (d)	29	mm
RA	30	mm
LVEF	60	%



DEPARTMENT OF NIC

Date: 14/Feb/2023

Name: Mr. Basantilal Chouhan  
Age | Sex: 44 YEAR(S) | Male  
Order Station : FO-OPD  
Bed Name :

UHID | Episode No : 12288324 | 8666/23/1501  
Order No | Order Date: 1501/PN/OP/2302/17770 | 11-Feb-2023  
Admitted On | Reporting Date : 14-Feb-2023 12:54:17  
Order Doctor Name : Dr.SELF .

**DOPPLER STUDY:**

E WAVE VELOCITY: 0.9 m/sec.


A WAVE VELOCITY:0.6 m/sec

E/A RATIO:1.3

	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.**

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Emergency: 022 - 39199100 | Ambulance: 1255

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www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



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HOSPITAL  
(A Fortis Network Hospital)

**DEPARTMENT OF RADIOLOGY**

Date: 11/Feb/2023

Name: Mr. Basantilal Chouhan

UHID | Episode No : 12288324 | 8666/23/1501

Age | Sex: 44 YEAR(S) | Male

Order No | Order Date: 1501/PN/OP/2302/17770 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 11-Feb-2023 12:52:27

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)**



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Order No | Order Date: 1501/PN/OP/2302/17770 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 11-Feb-2023 12:09:02

Bed Name :

Order Doctor Name : Dr.SELF .

US-WHOLE ABDOMEN

**LIVER** is normal in size and echogenicity. Intrahepatic portal and biliary systems are normal. No focal lesion is seen in liver. Portal vein appears normal.

**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 9.7 x 4.0 cm. Left kidney measures 9.6 x 4.5 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 mass/calculi.

**PROSTATE** is normal in size & echogenicity. It measures ~ 14 cc in volume.

No evidence of ascites.

**IMPRESSION:**

- No significant abnormality is detected.

*Y. Shah*

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