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
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CIN : U85100MH2005PTC154823

Hiranandani HOSPITAL
(A Fortis Network Hospital)

HEALTH CHECKUP CONSULTATION SUMMARY

Patient's Name :

UHID NO :

Age : Sex:

Date of Consultation

BP: HEIGHT: WEIGHT:

Allergies : (if Any)

INVESTIGATION

PATHOLOGY

RADIOLOGY

NIC

OTHERS

Chief Complaints :

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: 22/11/22

Name: Mrs Priyanka Gamare Age: 34 yrs Sex: M / F

BP: _____ Height (cms): _____ Weight(kgs): _____ BMI: _____

WEIGHT lbs	100	105	100	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	Underweight					Healthy					Overweight					Obese					Extremely Obese			
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	36	37	38	39	40
5'2" - 157.4	18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39
5'3" - 160.0	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	32	33	34	35	36	37	38
5'4" - 162.5	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34
5'7" - 170.1	15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32
5'9" - 176.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31
5'10" - 177.8	14	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30
5'11" - 180.3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29
6'1" - 185.4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28
6'2" - 187.9	12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27
6'3" - 190.5	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26
6'4" - 193.0	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26

Doctors Notes:

Signature

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GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

Hiranandani HOSPITAL
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UHID	**5611030**	**Date**	**22/11/2022**		
Name	**Mrs.Priyanka Gaurav Ganage**	**Sex**	**Female**	**Age**	**34**
OPD	**Pap Smear**	**Health Check Up**			

Drug allergy: } Nil
Sys illness:

34y | P2L2 (FTNWD) | CuT in Situ
x 1y

LMP- 1 day of menses.

F/U after menses for PAPs.

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Hiranandani HOSPITAL
(A Fortis Network Hospital)

UHID	**5611030**	**Date**	**22/11/2022**		
Name	**Mrs.Priyanka Gaurav Ganage**	**Sex**	**Female**	**Age**	**34**
OPD	**Opthal 14**	**Health Check Up**			

Drug allergy:
Sys illness:

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Hiranandani HOSPITAL
(A Fortis Network Hospital)

UHID	5611030	Date	22/11/2022		
Name	Mrs.Priyanka Gaurav Ganage	Sex	Female	Age	34
OPD	Dental 12	Health Check Up			

Drug allergy:
Sys illness:

I.O.E:

1. Dental caries in lingual 6/4.
2. D.C in 4/.
3. Gen. gingivitis.

Tx plan

1. Restoration in 6/4.
2. complete scaling.

Dr Ruchi Patel.

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

ACCESSION NO : **0022VK004754** AGE : 34 Years SEX : Female ABHA NO :

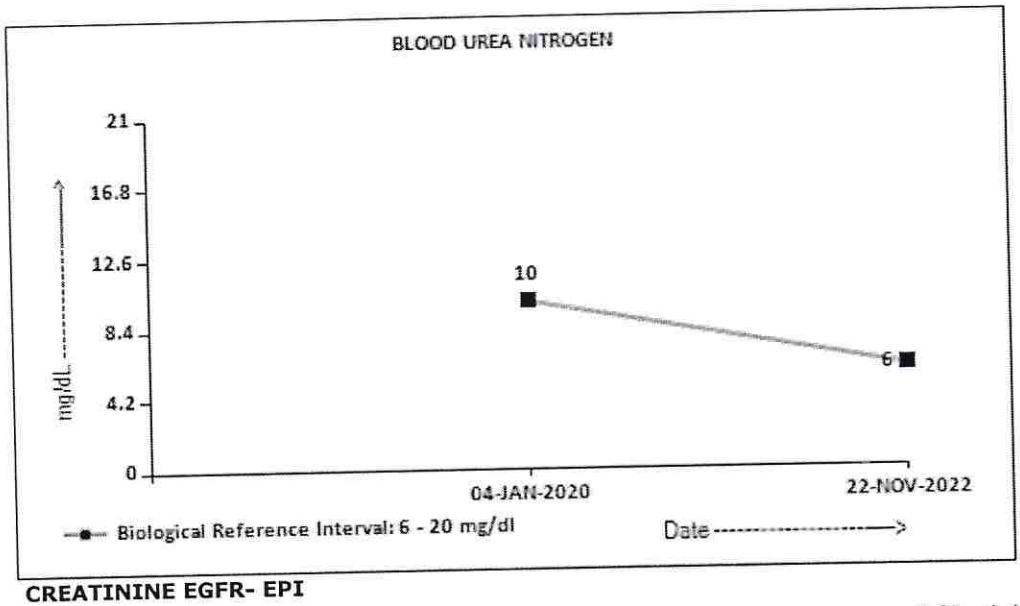
DRAWN : 22/11/2022 10:02:00 RECEIVED : 22/11/2022 10:03:45 REPORTED : 22/11/2022 12:55:55

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

CLINICAL INFORMATION :

UID:5611030 REQNO-1323874
CORP-OPD
BILLNO-150122OPCR058836
BILLNO-150122OPCR058836

Test Report Status **Final**	Results	Biological Reference Interval	Units
KIDNEY PANEL - 1			
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	6	6 - 20	mg/dL
METHOD : UREASE - UV			



CREATININE EGFR- EPI			
CREATININE	0.67	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES			
AGE	34		years
GLOMERULAR FILTRATION RATE (FEMALE)	117.55	Refer Interpretation Below	mL/min/1.7
METHOD : CALCULATED PARAMETER			

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

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BILLNO-150122OPCR058836
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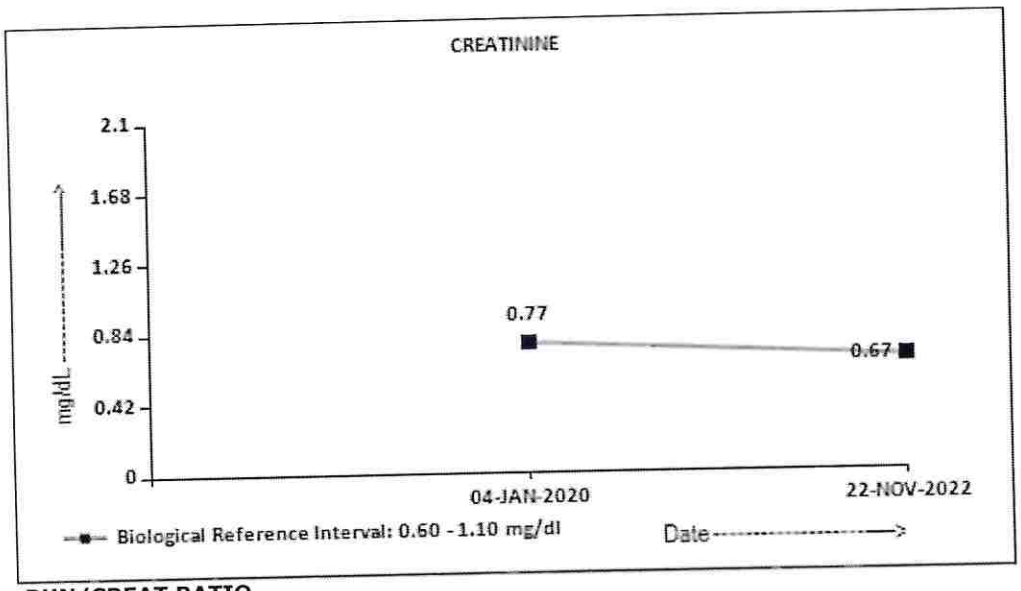
Test Report Status **Final**	Results	Biological Reference Interval	Units



BUN/CREAT RATIO			
BUN/CREAT RATIO	8.96	5.00 - 15.00	
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM			
URIC ACID	4.3	2.6 - 6.0	mg/dL
METHOD : URICASE UV			
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.8	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN, SERUM			
ALBUMIN	3.7	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN			
GLOBULIN	4.1	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER			
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM	136	136 - 145	mmol/L
METHOD : ISE INDIRECT			
POTASSIUM, SERUM	4.01	3.50 - 5.10	mmol/L

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SECTOR 10,
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,

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Patient Ref. No. 220000008

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

ACCESSION NO : **0022VK004754** AGE : 34 Years SEX : Female ABHA NO :

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

CLINICAL INFORMATION :

UID:5611030 REQNO-1323874
CORP-OPD
BILLNO-150122OPCR058836
BILLNO-150122OPCR058836

Test Report Status **Final**	Results	Biological Reference Interval	Units
METHOD : ISE INDIRECT CHLORIDE, SERUM METHOD : ISE INDIRECT	101	98 - 107	mmol/L
Interpretation(s)			
PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
METHOD : PHYSICAL APPEARANCE	CLEAR		
METHOD : VISUAL			
CHEMICAL EXAMINATION, URINE			
PH	6.0	4.7 - 7.5	
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD SPECIFIC GRAVITY	1.010	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	**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	**DETECTED (++)**	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY			
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	**3 - 5**	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION PUS CELL (WBC'S)	**10-15**	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			

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Patient Ref. No. 220000008

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

ACCESSION NO : **0022VK004754** AGE : 34 Years SEX : Female ABHA NO :

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CLINICAL INFORMATION :

UID:5611030 REQNO-1323874
CORP-OPD
BILLNO-150122OPCR058836
BILLNO-150122OPCR058836

Test Report Status **Final**	Results	Biological Reference Interval	Units
EPITHELIAL CELLS	**10-15**	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			
CASTS	NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION			
CRYSTALS	NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION			
BACTERIA	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
YEAST	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
REMARKS	URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT.		

Comments

FEW SEEN IN CLAMPS

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 was 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 Ren 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 estimat 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 equa 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 Pediatri Bedside eGFR (2009) formulae is used. This revised "bedside" pediatric eGFR requires only serum creatinine and height.
URIC ACID, SERUM-
Causes of Increased levels:-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome
Causes of decreased levels-Low Zinc intake,OCP,Multiple Sclerosis
TOTAL PROTEIN, SERUM-
Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin a 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, Nephroti 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, hemodilutio

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

increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

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ACCESSION NO : **0022VK004754** AGE : 34 Years SEX : Female ABHA NO :

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CLINICAL INFORMATION :

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Test Report Status **Final**	Results		Biological Reference Interval	
HAEMATOLOGY				
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD				
E.S.R	12		0 - 20	mm at 1 hr
METHOD : WESTERGREN METHOD				
CBC-5, EDTA WHOLE BLOOD				
BLOOD COUNTS, EDTA WHOLE BLOOD				
HEMOGLOBIN (HB)	12.2		12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY				
RED BLOOD CELL (RBC) COUNT	**5.36**	**High**	3.8 - 4.8	mil/µL
METHOD : ELECTRICAL IMPEDANCE				
WHITE BLOOD CELL (WBC) COUNT	6.18		4.0 - 10.0	thou/µL
METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY				
PLATELET COUNT	364		150 - 410	thou/µL
METHOD : ELECTRICAL IMPEDANCE				
RBC AND PLATELET INDICES				
HEMATOCRIT (PCV)	36.9		36 - 46	%
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR VOLUME (MCV)	**68.9**	**Low**	83 - 101	fL
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	**22.7**	**Low**	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	33.0		31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER				
RED CELL DISTRIBUTION WIDTH (RDW)	**17.1**	**High**	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER				
MENTZER INDEX	12.9			
MEAN PLATELET VOLUME (MPV)	7.6		6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER				
WBC DIFFERENTIAL COUNT				
NEUTROPHILS	60		40 - 80	%
METHOD : FLOW CYTOMETRY				
LYMPHOCYTES	32		20 - 40	%
METHOD : FLOW CYTOMETRY				

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

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Test Report Status **Final**	Results	Biological Reference Interval	
MONOCYTES	6	2 - 10	%
METHOD : FLOW CYTOMETRY			
EOSINOPHILS	2	1 - 6	%
METHOD : FLOW CYTOMETRY			
BASOPHILS	0	0 - 2	%
METHOD : FLOW CYTOMETRY			
ABSOLUTE NEUTROPHIL COUNT	3.71	2.0 - 7.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE LYMPHOCYTE COUNT	1.98	1.0 - 3.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE MONOCYTE COUNT	0.37	0.2 - 1.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE EOSINOPHIL COUNT	0.12	0.02 - 0.50	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE BASOPHIL COUNT	**0**	**Low** 0.02 - 0.10	thou/µL
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.9		
METHOD : CALCULATED PARAMETER			
MORPHOLOGY			
RBC	NORMOCHROMIC, MILD MICROCYTOSIS, MILD ANISOCYTOSIS		
METHOD : MICROSCOPIC EXAMINATION			
WBC	NORMAL MORPHOLOGY		
METHOD : MICROSCOPIC EXAMINATION			
PLATELETS	ADEQUATE		
METHOD : MICROSCOPIC EXAMINATION			

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

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

TEST INTERPRETATION
Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

ACCESSION NO : **0022VK004754** AGE : 34 Years SEX : Female ABHA NO :

DRAWN : 22/11/2022 10:02:00 RECEIVED : 22/11/2022 10:03:45 REPORTED : 22/11/2022 12:55:55

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

CLINICAL INFORMATION :

UID:5611030 REQNO-1323874
CORP-OPD
BILLNO-150122OPCR058836
BILLNO-150122OPCR058836

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

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 fo
the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.
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) 1065
This ratio element is a calculated parameter and out of NABL scope.

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.

BIO CHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	**1.07**	**High**	0.2 - 1.0	mg/dL
METHOD : JENDRASSIK AND GROFF				
BILIRUBIN, DIRECT	**0.26**	**High**	0.0 - 0.2	mg/dL
METHOD : JENDRASSIK AND GROFF				
BILIRUBIN, INDIRECT	0.81		0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER				
TOTAL PROTEIN	7.8		6.4 - 8.2	g/dL
METHOD : BIURET				
ALBUMIN	3.7		3.4 - 5.0	g/dL

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CLINICAL INFORMATION :

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BILLNO-150122OPCR058836
BILLNO-150122OPCR058836

Test Report Status **Final**	Results		Biological Reference Interval	
METHOD : BCP DYE BINDING GLOBULIN	4.1		2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER ALBUMIN/GLOBULIN RATIO	**0.9**	**Low**	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15		15 - 37	U/L
METHOD : UV WITH P5P ALANINE AMINOTRANSFERASE (ALT/SGPT)	18		< 34.0	U/L
METHOD : UV WITH P5P ALKALINE PHOSPHATASE	64		30 - 120	U/L
METHOD : PNPP-ANP GAMMA GLUTAMYL TRANSFERASE (GGT)	25		5 - 55	U/L
METHOD : GAMMA GLUTAMYLCARBOXY 4NITROANILIDE LACTATE DEHYDROGENASE	124		100 - 190	U/L
METHOD : LACTATE -PYRUVATE				
LIPID PROFILE, SERUM				
CHOLESTEROL, TOTAL	129		< 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	56		< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG LDL CHOLESTEROL, DIRECT	53		< 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	73		Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER				

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD,
SECTOR 10,
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,

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Patient Ref. No. 220000008

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

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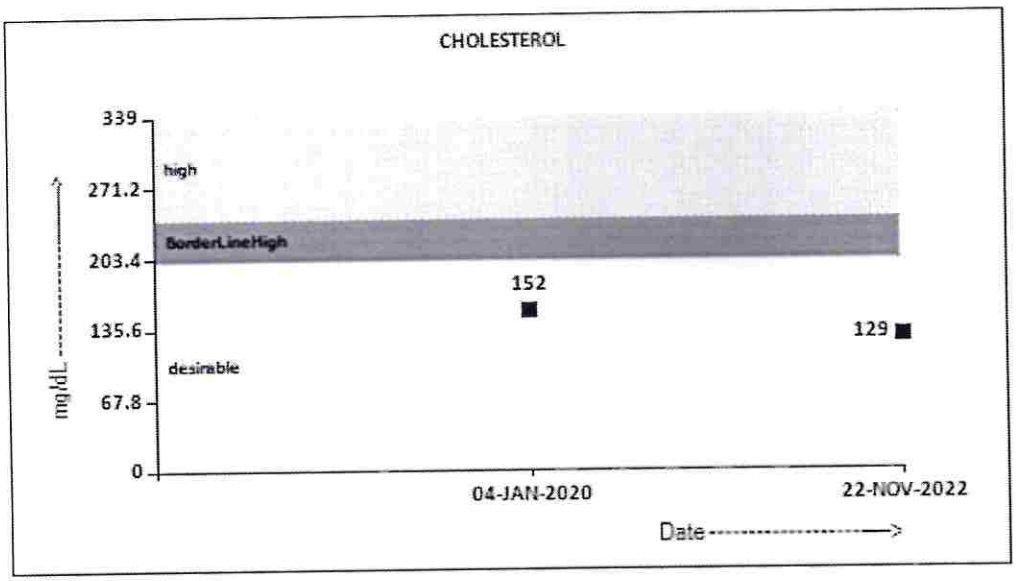
Test Report Status **Final**	Results	Biological Reference Interval	
CHOL/HDL RATIO	**2.3**	**Low** 3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
METHOD : CALCULATED PARAMETER			
LDL/HDL RATIO	1.0	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	9.2	</= 30.0	mg/dL
METHOD : CALCULATED PARAMETER			



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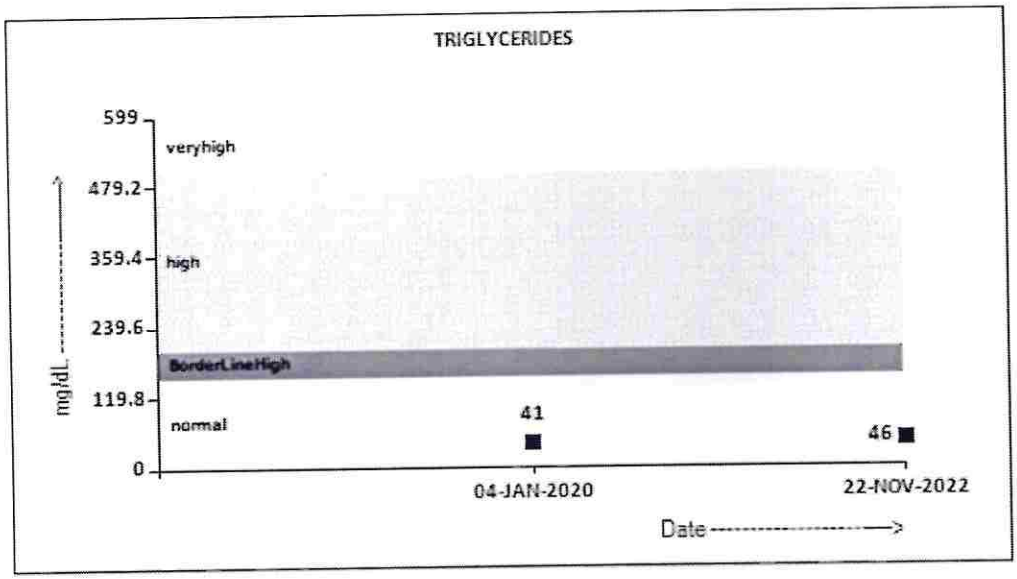

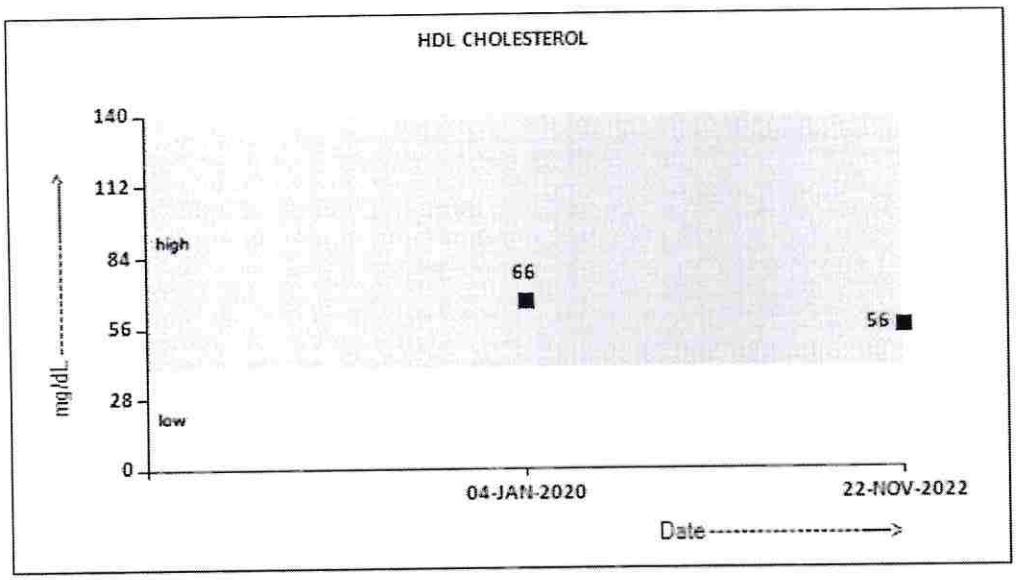

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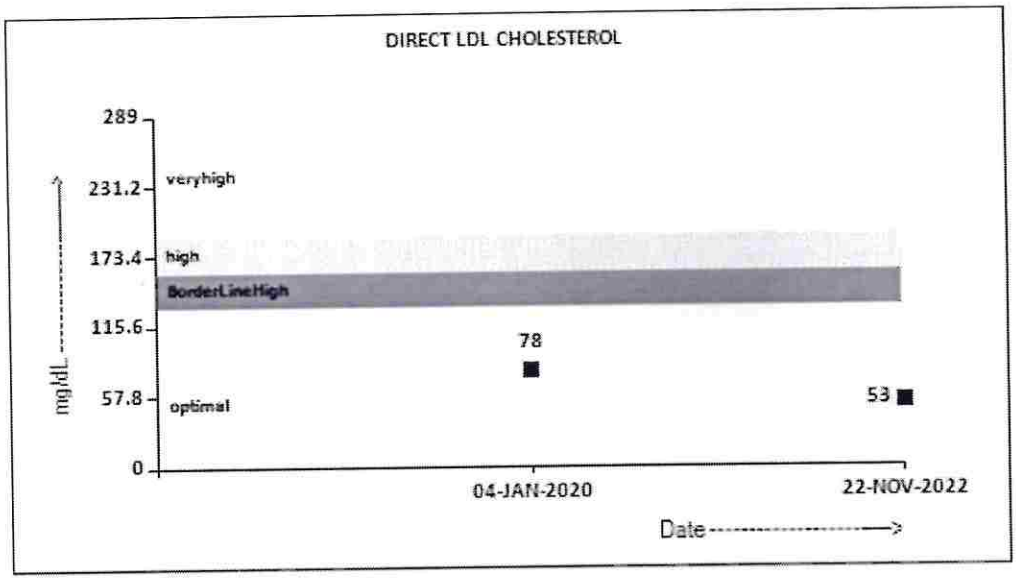

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	79	74 - 99	mg/dL

METHOD : HEXOKINASE

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

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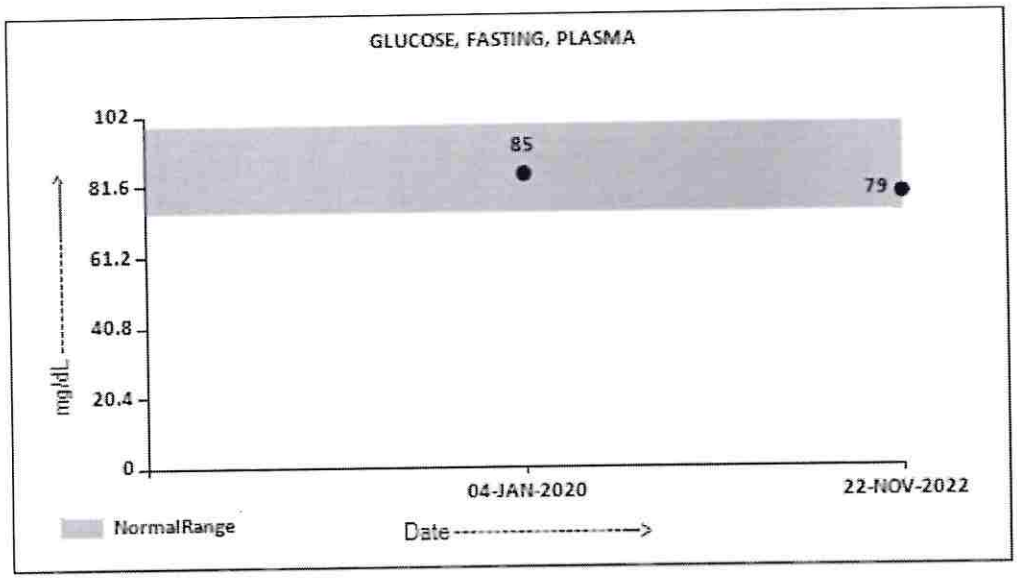

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.7		Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0	%
METHOD : HB VARIANT (HPLC)				
ESTIMATED AVERAGE GLUCOSE(EAG)	**116.9**	**High**	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER				

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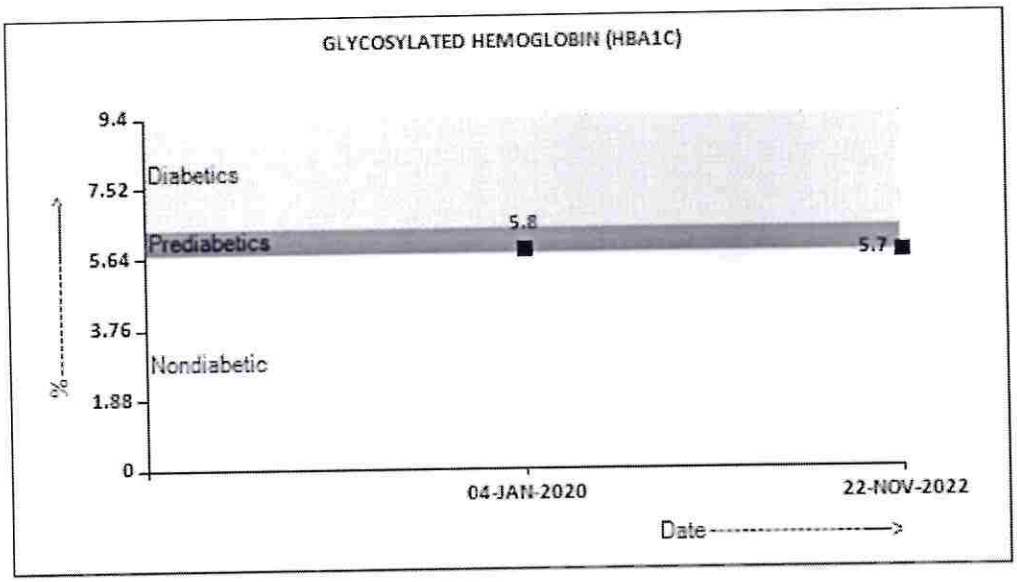

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-

LIVER FUNCTION PROFILE

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.Elevated levels results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (e 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 wher 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) biliru 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 tha 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,hemoly 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 bloo 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 obstruc Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels 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 pancrea 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 sourc 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 syste and pancreas.Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.Serum total protein,als 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-n 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 d Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.Hu 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 alb levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome,protein-losing enteropathy,Burns,hemodilution,increased vascu permeability or decreased lymphatic clearance,malnutrition and wasting etc

LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don'

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

cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn""""""""""t need into triglycerides, which are stored in fat cells. H triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or hav diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determinatior provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumptio and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also be implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL) NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both prim and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted i 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:
Hypoglycemia is defined as a glucoseof < 50 mg/dL in men and< 40 mg/dL in women.
While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.T glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaem index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

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

HbA1c Estimation can get affected due to :
I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opi 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.)

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

c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

****End Of Report****

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

Dr.Akta Dubey
Counsultant Pathologist

Dr. Rekha Nair, MD
Microbiologist

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

ACCESSION NO : **0022VK004757** AGE : 34 Years SEX : Female ABHA NO :

DRAWN : 22/11/2022 10:13:00 RECEIVED : 22/11/2022 10:13:23 REPORTED : 22/11/2022 11:31:14

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

CLINICAL INFORMATION :

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BILLNO-150122OPCR058836

Test Report Status **Final**	Results	Biological Reference Interval	Units
MICRO BIOLOGY			
STOOL: OVA & PARASITE			
COLOUR METHOD : VISUAL	BROWN		
CONSISTENCY METHOD : VISUAL	WELL FORMED		
ODOUR METHOD : PHYSICAL	FAECAL		
MUCUS METHOD : VISUAL	NOT DETECTED	NOT DETECTED	
VISIBLE BLOOD METHOD : VISUAL	ABSENT	ABSENT	
POLYMORPHONUCLEAR LEUKOCYTES METHOD : MICROSCOPIC EXAMINATION	0 - 1	0 - 5	/HPF
RED BLOOD CELLS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	/HPF
MACROPHAGES METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
CHARCOT-LEYDEN CRYSTALS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
TROPHOZOITES METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
CYSTS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
OVA METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
LARVAE METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
ADULT PARASITE METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
OCCULT BLOOD METHOD : GUAIAC METHOD	NOT DETECTED	NOT DETECTED	

Interpretation(s)

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

ACCESSION NO : **0022VK004757** AGE : 34 Years SEX : Female ABHA NO :

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

****End Of Report****

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Rekha. N

Dr. Rekha Nair, MD
Microbiologist

LABORATORY REPORT

Cert. No. MC-2275

Fortis | SRL Diagnostics

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

ACCESSION NO : **0022VK004821** AGE : 34 Years SEX : Female ABHA NO :

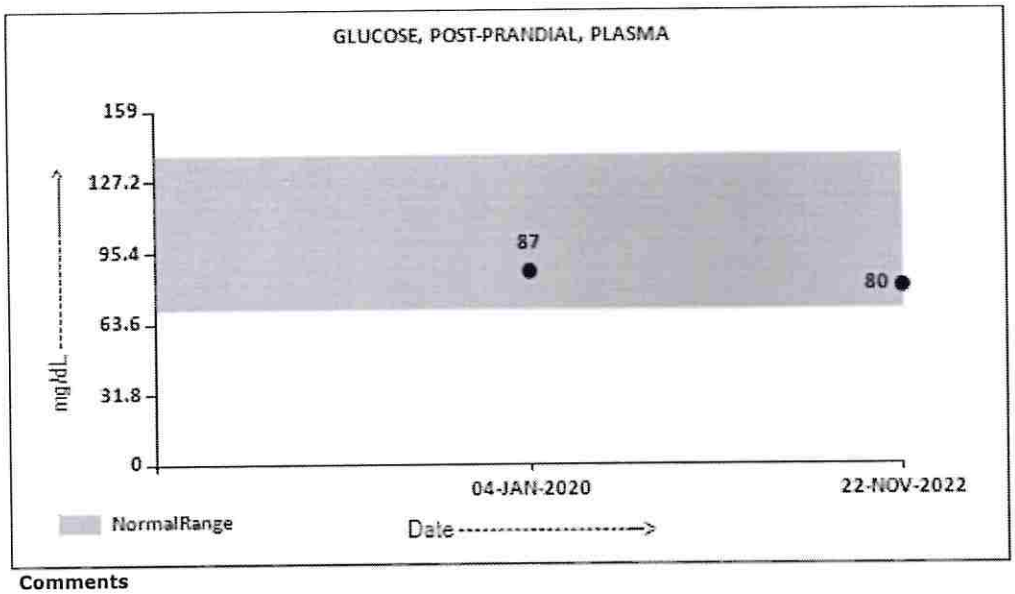
DRAWN : 22/11/2022 13:22:00 RECEIVED : 22/11/2022 13:24:49 REPORTED : 22/11/2022 14:23:07

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

CLINICAL INFORMATION :

UID:5611030 REQNO-1323874
CORP-OPD
BILLNO-150122OPCR058836
BILLNO-150122OPCR058836

Test Report Status **Final**	Results	Biological Reference Interval	Units
BIO CHEMISTRY			
GLUCOSE, POST-PRANDIAL, PLASMA			
PPBS(POST PRANDIAL BLOOD SUGAR)	80	70 - 139	mg/dL
METHOD : HEXOKINASE			



Comments

NOTE: - RECHECKED FOR 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 & Insulir treatment, Renal Glyosuria, 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

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD,
SECTOR 10,
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,

Scan to View Details Scan to View Report

Patient Ref. No. 2200000081

LABORATORY REPORT

Cert. No. MC-2275

Fortis | SRL Diagnostics

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

ACCESSION NO : **0022VK004821** AGE : 34 Years SEX : Female ABHA NO :

DRAWN : 22/11/2022 13:22:00 RECEIVED : 22/11/2022 13:24:49 REPORTED : 22/11/2022 14:23:07

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

CLINICAL INFORMATION :

UID:5611030 REQNO-1323874
CORP-OPD
BILLNO-150122OPCR058836
BILLNO-150122OPCR058836

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

Dr.Akta Dubey
Counsultant Pathologist

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD,
SECTOR 10,
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,

Scan to View Details

Scan to View Report

Patient Ref. No. 2200000081

LABORATORY REPORT

Cert. No. MC-2984

Fortis | SRL Diagnostics

PATIENT NAME : MRS. MRS.PRIYANKA GAURAV GANAGE

PATIENT ID : **FH.5611030** CLIENT PATIENT ID : UID:5611030

ACCESSION NO : **0022VK004754** AGE : 34 Years SEX : Female ABHA NO :

DRAWN : 22/11/2022 10:02:00 RECEIVED : 22/11/2022 10:03:45 REPORTED : 22/11/2022 14:09:38

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

CLINICAL INFORMATION :

UID:5611030 REQNO-1323874
CORP-OPD
BILLNO-150122OPCR058836
BILLNO-150122OPCR058836

Test Report Status **Final**	Results	Biological Reference Interval	Units
SPECIALISED CHEMISTRY - HORMONE			
THYROID PANEL, SERUM			
T3	128.4	80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			
T4	8.66	5.1 - 14.1	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			
TSH (ULTRASENSITIVE)	0.617	0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			

Interpretation(s)

****End Of Report****

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

Sirmukaddam 786

Dr. Swapnil Sirmukaddam
Consultant Pathologist

5611030
34 Years

priyanka ganage
Female

11/22/2022 12:00:25 PM

HC

Rate 70 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Baseline wander in lead(s) V4,V5

PR 127
QRSD 96
QT 391
QTc 422

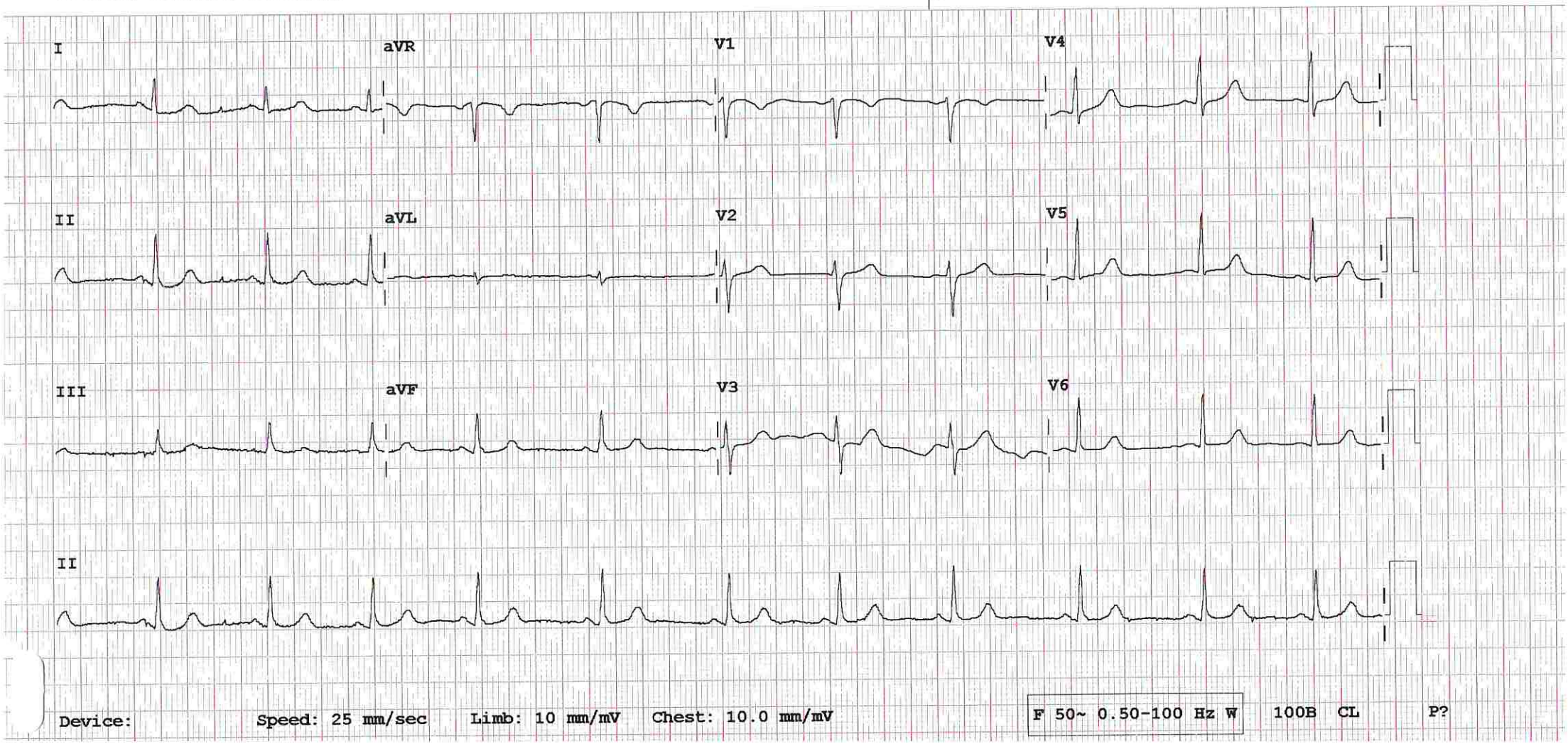
--AXIS--
P 49
QRS 67
T 50

Normal

- NORMAL 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?

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

Hiranandani HOSPITAL (A Fortis Network Hospital)

Date: 22/Nov/2022

DEPARTMENT OF NIC

Name: Mrs. Priyanka Gaurav Ganage
Age | Sex: 34 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5611030 | 58283/22/1501
Order No | Order Date: 1501/PN/OP/2211/123824 | 22-Nov-2022
Admitted On | Reporting Date : 22-Nov-2022 17:00:56
Order Doctor Name : Dr.SELF .

TREAD MILL TEST (TMT)

Resting Heart rate	69 bpm
Resting Blood pressure	110/70 mmHg
Medication	Nil
Supine ECG	Normal
Standard protocol	BRUCE
Total Exercise time	09 min 35 seconds
Maximum heart rate	175 bpm
Maximum blood pressure	140/80 mmHg
Workload achieved	11.0 METS
Reason for termination	Target heart rate achieved

Final Impression :

STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED MYOCARDIAL ISCHEMIA AT 11.0 METS AND 94 % OF MAXIMUM PREDICTED HEART RATE.

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

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

Hiranandani HOSPITAL (A Fortis Network Hospital)

Date: 22/Nov/2022

DEPARTMENT OF RADIOLOGY

Name: Mrs. Priyanka Gaurav Ganage
Age | Sex: 34 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5611030 | 58283/22/1501
Order No | Order Date: 1501/PN/OP/2211/123824 | 22-Nov-2022
Admitted On | Reporting Date : 22-Nov-2022 12:23:28
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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Board Line: 022 - 39199222 I Fax: 022 - 39133220
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CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

(For Billing/Reports & Discharge Summary only)

Hiranandani HOSPITAL (A Fortis Network Hosp

DEPARTMENT OF RADIOLOGY

Date: 22/Nov/2022

Name: Mrs. Priyanka Gaurav Ganage
Age | Sex: 34 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5611030 | 58283/22/1501
Order No | Order Date: 1501/PN/OP/2211/123824 | 22-Nov-2022
Admitted On | Reporting Date : 22-Nov-2022 14:21:11
Order Doctor Name : Dr.SELF .

US-WHOLE ABDOMEN

LIVER is normal in size (12.8 cm) and echogenicity. Intrahepatic portal and biliary systems are normal. No focal lesion is seen in liver. Portal vein appears normal (9.5 mm).

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 (10.1 cm) and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis.
Right kidney measures 9.1 x 4.0 cm.
Left kidney measures 10.3 x 4.3 cm.

PANCREAS: Head and body of pancreas appear unremarkable. Rest of the pancreas is obscured.

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

UTERUS is normal in size and retroverted, measuring 8.9 x 4.3 x 6.0 cm.
IUCD is seen in situ.

Both ovaries are normal.
Right ovary measures 2.9 x 1.3 cm.
Left ovary measures 3.0 x 1.5 cm.

No evidence of ascites.

IMPRESSION:

- **No significant abnormality is detected.**

DR. YOGESH PATHADE
(MD Radio-diagnosis)