

Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.  
Board Line: 022 - 39199222 | Fax: 022 - 39133220  
Emergency: 022 - 39199100 | Ambulance: 1255  
For Appointment: 022 - 39199200 | Health Checkup: 022 - 39199300  
www.fortishealthcare.com | vashi@fortishealthcare.com  
CIN: U85100MH2005PTC 154823  
GST IN : 27AABCH5894D12G  
PAN NO : AABCH5894D



DEPARTMENT OF NIC

Date: 17/Nov/2023

Name: Mrs. Swati Vishwanand Mahadik  
Age | Sex: 39 YEAR(S) | Female  
Order Station : FO-OPD  
Bed Name :


UHID | Episode No : 5669185 | 65992/23/1501  
Order No | Order Date: 1501/PN/OP/2311/137129 | 16-Nov-2023  
Admitted On | Reporting Date : 17-Nov-2023 11:05:42  
Order Doctor Name : Dr.SELF.

TREAD MILL TEST (TMT)

Resting Heart rate	74 bpm
Resting Blood pressure	110/70 mmHg
Medication	Nil
Supine ECG	Normal
Standard protocol	BRUCE
Total Exercise time	09 min 02 seconds
Maximum heart rate	176 bpm
Maximum blood pressure	150/90 mmHg
Workload achieved	10.10 METS
Reason for termination	Target heart rate achieved

Final Impression :

STRESS TEST IS BORDERLINE POSITIVE FOR EXERCISE INDUCED MYOCARDIAL ISCHEMIA AT 10.10 METS AND 97 % OF MAXIMUM PREDICTED HEART RATE.

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



### BMI CHART

Date: 16/11/23

Name: Swati. Vishwanath. Patil Age: 39 yrs Sex: M/F

BP: 130/90 Height (cms): 162 cm Weight(kgs): 60.5 kg BMI: \_\_\_\_\_

SPO2 - 100 % P - 80 bpm

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
kg	45.5	47.5	49.5	51.5	53.5	55.5	57.5	59.5	61.5	63.5	65.5	67.5	69.5	71.5	73.5	75.5	77.5	79.5	81.5	83.5	85.5	87.5	89.5	91.5
HEIGHT	Underweight					Healthy					Overweight					Extreme Obesity								
5'0" - 152.4	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
5'2" - 157.5	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
5'3" - 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" - 162.6	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
5'5" - 165.1	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
5'6" - 167.6	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
5'7" - 170.1	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
5'8" - 172.7	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
5'9" - 175.3	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
5'10" - 177.8	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
5'11" - 180.3	13	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" - 182.9	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
6'1" - 185.4	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
6'2" - 188.0	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
6'3" - 190.5	11	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	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

Signature \_\_\_\_\_



UHID	5669185	Date	16/11/2023		
Name	Mrs. Swati Vishwanand Mahadik	Sex	Female	Age	39
OPD	Pap Smear	Health Check-up			

Drug allergy: nil.  
 Sys illness:

P, L, E FTND.

Keto - DM.

MS - 16 yrs.

Clots → oligomenorrhea. ∴ 6 months.  
 clots ⊕

Acidity ⊕

+ H/o wt. loss of 5 kg in 2 mn.

LMP → 22/10/23 ; irreg | 3-4 days | 28-30 d. clots ⊕ | 1-2 p.p.d.

LLMP - 28/8/23 ; 3-4 days

M/H → P, L, E - 15 yr | 0 | FTND.

M/H → DM. F/H → Father - DM. Diet - mixed.

No significant allergy, surgery.

Pap smear done last year → Normal.

Adv.

- Flu & reports.
- T. Pan 40 mg  
 OD ~~100~~  
 x 5 days
- Pap smear  
 every 3 years

f.



UHID	5669185	Date	16/11/2023		
Name	Mrs. Swati Vishwanand Mahadik	Sex	Female	Age	39
OPD	Ophthal 14	Health Check-up			

Chs No.

Drug allergy: -> Not known  
 Sys illness: Cough - (mild)  
Habit -> No.

H/O - DM (since 5yr)

Undertaken -> No 6/6  
 LG 6/6 } No  
 No 6/6 } No

Ref -> RE -> Plasma 6/6  
 LG Plasma 6/6  
 Add -> + MW -> No

FOP -> RE -> 15.8  
 LG 15.4

*[Handwritten signature]*

\* Agubha -> (1) -> (1) -> (1) -> (1)  
 6 weeks



UHID	5669185	Date	16/11/2023		
Name	Mrs. Swati Vishwanand Mahadik	Sex	Female	Age	39
OPD	Dental 12	Health Check-up			

O/E

5/B / Dr. Vipin

Drug allergy:  
Sys illness:

- 1) Stains
- 2) Calculus

N: S: 6/B

Adv

Oral prophylaxis

Brush right

D/W

→ (1) CBCT - X-ray

PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD  
FORTIS HOSPITAL # VASHI,  
MUMBAI 440001

ACCESSION NO : 0022WK003117

PATIENT ID : FH.5669185

CLIENT PATIENT ID: UID:5669185

ABHA NO :

AGE/SEX : 39 Years Female

DRAWN : 16/11/2023 08:51:00

RECEIVED : 16/11/2023 08:54:06

REPORTED : 16/11/2023 13:08:13

## CLINICAL INFORMATION :

UID:5669185 REQNO-1606173  
CORP-OPD  
BILLNO-150123OPCR064921  
BILLNO-150123OPCR064921

Test Report Status	Final	Results	Biological Reference Interval	Units
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## HAEMATOLOGY - CBC

## CBC-5, EDTA WHOLE BLOOD

## BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	8.8 Low	12.0 - 15.0	g/dL
METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	4.25	3.8 - 4.8	mil/ $\mu$ L
METHOD : HYDRODYNAMIC FOCUSING			
WHITE BLOOD CELL (WBC) COUNT	8.66	4.0 - 10.0	thou/ $\mu$ L
METHOD : FLUORESCENCE FLOW CYTOMETRY			
PLATELET COUNT	430 High	150 - 410	thou/ $\mu$ L
METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION			

## RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	30.0 Low	36.0 - 46.0	%
METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD			
MEAN CORPUSCULAR VOLUME (MCV)	70.6 Low	83.0 - 101.0	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	20.7 Low	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	29.3 Low	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	18.1 High	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	16.6		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	8.3	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

## WBC DIFFERENTIAL COUNT



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Consultant Pathologist

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CIN - U74809PB1995PLC045956  
Email : -



Patient Ref. No. 22000000885260

PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK

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CODE/NAME &amp; ADDRESS : C000045507

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NEUTROPHILS		60	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		27	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		6	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
EOSINOPHILS		7 High	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		0	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		5.20	2.0 - 7.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.34	1.0 - 3.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.52	0.2 - 1.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.61 High	0.02 - 0.50	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0 Low	0.02 - 0.10	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		2.2		
METHOD : CALCULATED				

## MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

WBC

METHOD : MICROSCOPIC EXAMINATION

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

MILD HYPOCHROMASIA, MICROCYTOSIS (+), MILD ANISOCYTOSIS

NORMAL MORPHOLOGY

INCREASED



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 Consultant Pathologist

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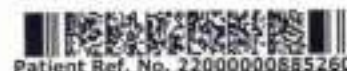


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 CIN - U74899PB1995PLC045956  
 Email : >


Patient Ref. No. 22000000885260

<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0022WK003117</b>	<b>AGE/SEX : 39 Years Female</b>
FORTIS VASHI-CHC -SPLZD	<b>PATIENT ID : FH.5669185</b>	<b>DRAWN : 16/11/2023 08:51:00</b>
FORTIS HOSPITAL # VASHI,	<b>CLIENT PATIENT ID: UID:5669185</b>	<b>RECEIVED : 16/11/2023 08:54:06</b>
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**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, 48.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504  
 This ratio element is a calculated parameter and out of NABL scope.



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Patient Ref. No. 2200000985260



**PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK**
**REF. DOCTOR :**
**CODE/NAME & ADDRESS : C000045507**

 FORTIS VASHI-CHC -SPLZD  
 FORTIS HOSPITAL # VASHI,  
 MUMBAI 440001

**ACCESSION NO : 0022WK003117**

 PATIENT ID : FH.5669185  
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 ABHA NO :

AGE/SEX : 39 Years Female

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

E.S.R	25 High	0 - 20	mm at 1 hr
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METHOD : WESTERGREN METHOD

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

HBA1C	7.3 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)	%
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METHOD : HB VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)	162.8 High	< 116.0	mg/dL
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METHOD : CALCULATED PARAMETER



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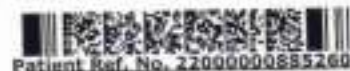


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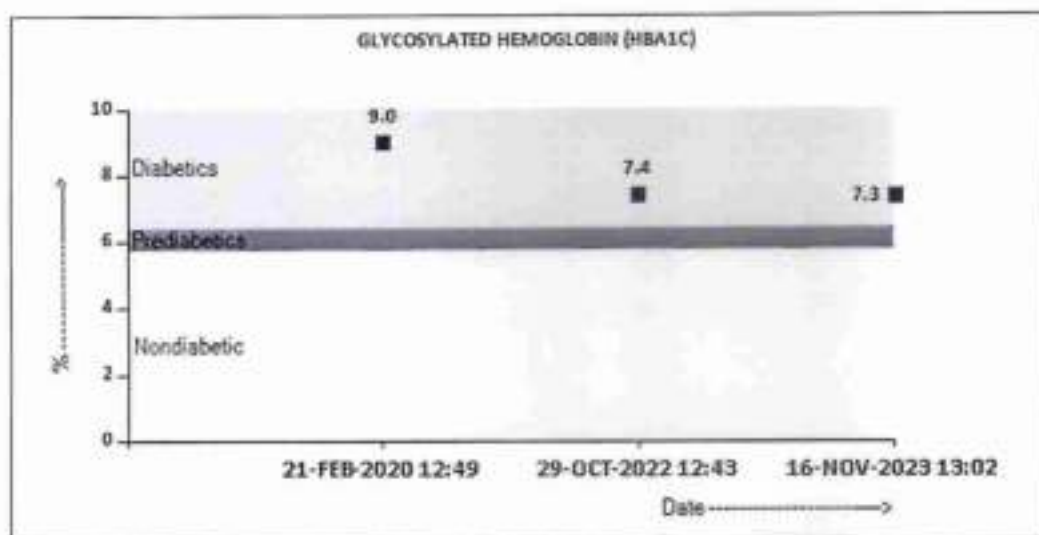
Patient Ref. No. 22000000885260

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<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0022WK003117</b>	<b>AGE/SEX : 39 Years Female</b>
<b>FORTIS VASHI-CHC -SPLZD</b>	<b>PATIENT ID : FH.5669185</b>	<b>DRAWN : 16/11/2023 08:51:00</b>
<b>FORTIS HOSPITAL # VASHI,</b>	<b>CLIENT PATIENT ID: UID:5669185</b>	<b>RECEIVED : 16/11/2023 08:54:06</b>
<b>MUMBAI 440001</b>	<b>ASHA NO :</b>	<b>REPORTED : 16/11/2023 13:08:13</b>

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 BILLNO-150123OPCR064921  
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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 millimeters 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, Vasculitis, 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 (Paraproteinemia, Disseminated malignancies, connective tissue disease, serious infections such as bacterial endocarditis).

In pregnancy ESR in first trimester is 0-40 mm/hr (52 if anemic) and in second trimester 0-70 mm/hr (95 if anemic). ESR returns to normal 4th week post partum.

**Decreased in:** Polycythemia vera, Sickle cell anemia

**LIMITATIONS**

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

**False Decreased :** Polycythemia, Sickle Cells, spherocytes, Microcytosis, Low fibrinogen, Very High WBC counts, Drugs (Quinine, salicylates)

**REFERENCE :**

1. Nathan and Oski's Hematology of Infancy and Childhood, 5th edition; 2. Pediatric reference intervals, AACC Press, 7th edition, Edited by S. Soldin; 3. The reference for

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 Consultant Pathologist

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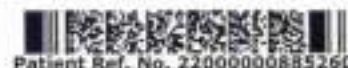
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 Maharashtra, India  
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 CIN - U74899PB1995PLC045955  
 Email : -



Patient Ref. No. 21000000883260

PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

 FORTIS VASHI-CHC -SPLZD  
 FORTIS HOSPITAL # VASHI,  
 MUMBAI 440001

ACCESSION NO : 0022WK003117

PATIENT ID : FH.5669185

CLIENT PATIENT ID: UID:5669185

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AGE/SEX :39 Years Female

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the adult reference range is "Practical Hematology by Dacie and Lewis,10th edition.  
 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 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 :

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

a) Hemozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.

b) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)

c) HbF > 25%: an 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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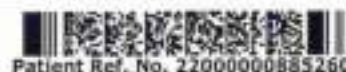
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REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

ACCESSION NO : 0022WK003117

PATIENT ID : PH.5669185

CLIENT PATIENT ID: UID:5669185

ABHA NO :

AGE/SEX : 39 Years Female

DRAWN : 16/11/2023 08:51:00

RECEIVED : 16/11/2023 08:54:06

REPORTED : 16/11/2023 13:08:13

## CLINICAL INFORMATION :

UID:5669185 REQNO-1606173

CORP-OPD

BILLNO-150123OPCR064921

BILLNO-150123OPCR064921

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

## ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE AB

METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

## Interpretation(s)

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

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

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



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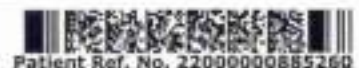
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Navi Mumbai, 400703  
Maharashtra, India  
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CIN - U74999PB1995PLC045956  
Email : -



Patient Ref. No. 22000000885260

<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0022WK003117</b>	<b>AGE/SEX : 39 Years Female</b>
FORTIS VASHI-CHC -SPLZD	<b>PATIENT ID : PH.5669185</b>	<b>DRAWN : 16/11/2023 08:51:00</b>
FORTIS HOSPITAL # VASHI,	<b>CLIENT PATIENT ID: UID:5669185</b>	<b>RECEIVED : 16/11/2023 08:54:06</b>
MUMBAI 440001.	<b>ASHA NO :</b>	<b>REPORTED : 16/11/2023 13:08:13</b>

**CLINICAL INFORMATION :**

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Test Report Status	Final	Results	Biological Reference Interval	Units
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**BIOCHEMISTRY****LIVER FUNCTION PROFILE, SERUM**

BILIRUBIN, TOTAL	0.32	0.2 - 1.0	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, DIRECT	0.10	0.0 - 0.2	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, INDIRECT	0.22	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	7.1	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN	3.5	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN	3.6	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)	9 Low	15 - 37	U/L
METHOD : UV WITH PSP			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	< 34.0	U/L
METHOD : UV WITH PSP			
ALKALINE PHOSPHATASE	48	30 - 120	U/L
METHOD : PNPP-ANP			
GAMMA GLUTAMYL TRANSFERASE (GGT)	18	5 - 55	U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE			
LACTATE DEHYDROGENASE	156	81 - 234	U/L
METHOD : LACTATE -PYLUVATE			

**GLUCOSE FASTING, FLUORIDE PLASMA**

FBS (FASTING BLOOD SUGAR)	186 High	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >=126	mg/dL
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METHOD : HEXOKINASE



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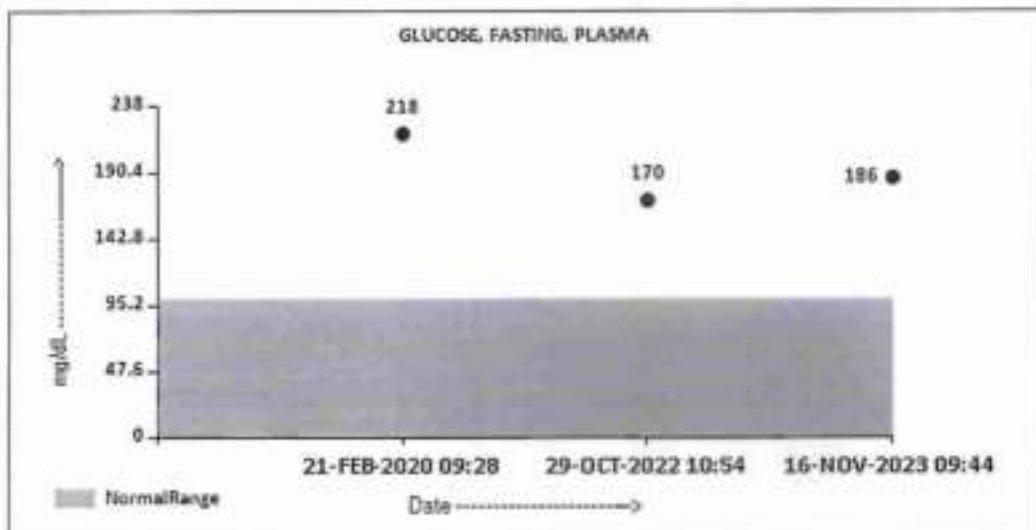


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<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0022WK003117</b>	<b>AGE/SEX : 39 Years Female</b>
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**KIDNEY PANEL - 1**

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

<b>BLOOD UREA NITROGEN</b>	<b>4 Low</b>	<b>6 - 20</b>	<b>mg/dL</b>
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METHOD : UREASE - UV

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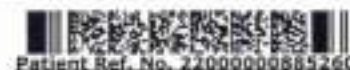


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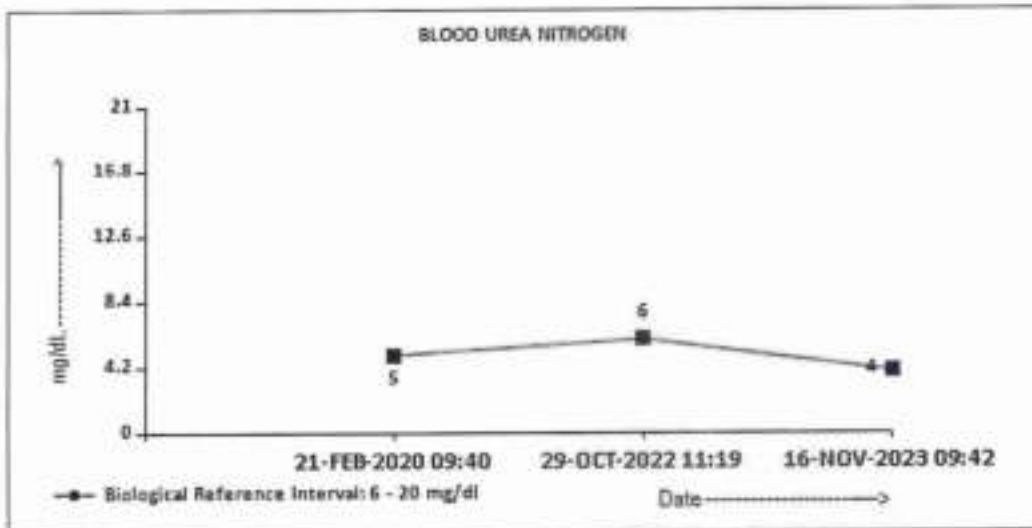
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<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0023WK003117</b>	<b>AGE/SEX : 39 Years Female</b>
FORTIS VASHI-CHC -SPLZD	<b>PATIENT ID : FH.5669185</b>	<b>DRAWN : 16/11/2023 08:51:00</b>
FORTIS HOSPITAL # VASHI,	<b>CLIENT PATIENT ID: UID:5669185</b>	<b>RECEIVED : 16/11/2023 08:54:06</b>
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 CORP-OPD  
 BILLNO-150123OPCR064921  
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Test Report Status	Final	Results	Biological Reference Interval	Units
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**CREATININE EGFR- EPI**

<b>CREATININE</b>	0.67	0.60 - 1.10	mg/dL
<small>METHOD : ALKALINE PICRATE KINETIC JAFFES</small>			
<b>AGE</b>	39		years
<b>GLOMERULAR FILTRATION RATE (FEMALE)</b>	113.95	Refer Interpretation Below	mL/min/1.73m <sup>2</sup>
<small>METHOD : CALCULATED PARAMETER</small>			

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Patient Ref. No. 22000000885260

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ACCESSION NO : 0022WK003117

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AGE/SEX : 39 Years Female

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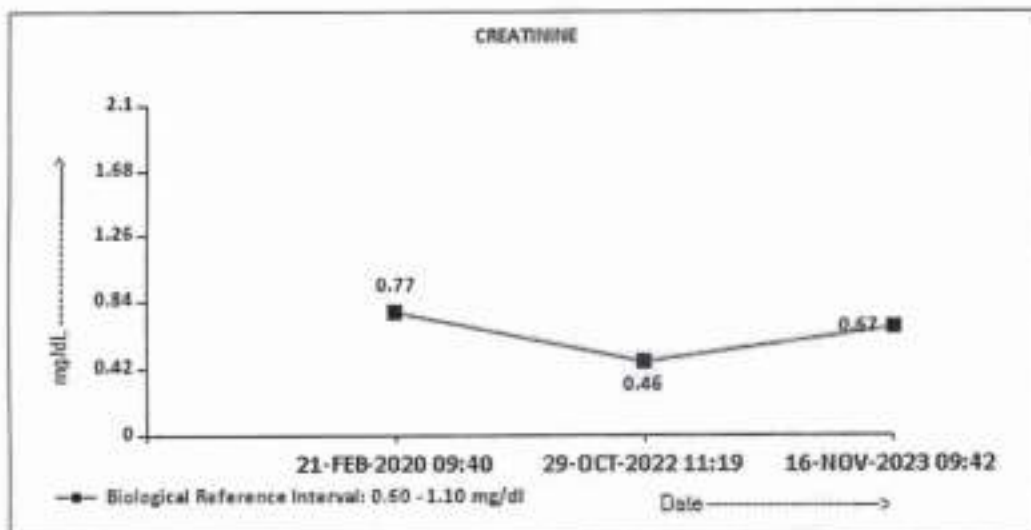
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CORP-OPD

BILLNO-150123OPCR064921

BILLNO-150123OPCR064921

Test Report Status	Final	Results	Biological Reference Interval	Units
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## BUN/CREAT RATIO

BUN/CREAT RATIO

5.97

5.00 - 15.00

METHOD : CALCULATED PARAMETER

## URIC ACID, SERUM

URIC ACID

2.9

2.6 - 6.0

mg/dL

METHOD : URICASE UV

## TOTAL PROTEIN, SERUM

TOTAL PROTEIN

7.1

6.4 - 8.2

g/dL

METHOD : BIURET

## ALBUMIN, SERUM



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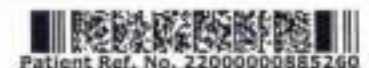
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REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD  
FORTIS HOSPITAL # VASHI,  
MUMBAI 440001

ACCESSION NO : 0022WK003117

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CORP-OPD  
BILLNO-150123OPCR064921  
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ALBUMIN		3.5	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING				
LOBULIN		3.6	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		4.26	3.50 - 5.10	mmol/L
METHOD : ISE INDIRECT				
CHLORIDE, SERUM		103	98 - 107	mmol/L
METHOD : ISE INDIRECT				

## Interpretation(s)

## Interpretation(s)

## LIVER FUNCTION PROFILE, SERUM-

**Bilirubin** is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & Scarring of the bile ducts. Increased, unconjugated (indirect) bilirubin may be a result of Hemolytic or perniciou 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, Scurvy etc. Lower-than-normal ALP levels seen in Hypophosphatemia, Malnutrition, Protein deficiency, Wilson 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



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Email : -



Patient Ref. No. 2200000885260

PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

 FORTIS VASHI-CHC -SPLZD  
 FORTIS HOSPITAL # VASHI,  
 MUMBAI 440001

ACCESSION NO : 0022WK003117

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CORP-OPD

BILLNO-1501230PCR064921

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liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.

**Total Protein** also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, 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** 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, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

## GLUCOSE FASTING, FLUORIDE PLASMA-TEST DESCRIPTION

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

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

**Decreased in:** Pancreatic islet cell disease with increased insulin, insulinoma, adenohypophyseal insufficiency, hypoparathyroidism, diffuse liver disease,

malnutrition (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency

diseases (e.g. galactosemia), Drugs: insulin, ethanol, propofol, sulfonylureas, tolbutamide, and other oral hypoglycemic agents.

**NOTE:** While random serum glucose levels correlate with home glucose monitoring results (mostly 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, Glycemic

index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

**BLOOD UREA NITROGEN (BUN), SERUM-Creatinine Causes of Increased levels** include: High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol,

Dehydration, CHF (renal), Renal Failure, Post Renal (Malnutrition, Nephrolithiasis, Prostatism)

**Causes of decreased level** include: Liver disease, SIADH.

**CREATININE GFR- EPI** - Kidney disease outcomes quality initiative (KDIGO) guidelines state that estimation of GFR is the best overall indices of the kidney function.

- It gives a rough measure of number of functioning nephrons. Reduction in GFR implies progression of underlying disease.

- The GFR is a calculation based on serum creatinine test.

- Creatinine is mostly derived from the metabolism of creatine in muscle, and its generation is proportional to the total muscle mass. As a result, mean creatinine generation is higher in men than in women, is younger than in older individuals, and is blacks than in whites.

- Creatinine is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate.

- When kidney function is compromised, excretion of creatinine decreases with a consequent increase in blood creatinine levels. With the creatinine test, a reasonable estimate of the actual GFR can be determined.

- This equation takes into account several factors that impact creatinine production, including age, gender, and race.

- CKD EPI (Chronic kidney disease epidemiology collaboration) equation performed better than MDRD equation especially when GFR is high (>60 ml/min per 1.73m<sup>2</sup>). This formula has less bias and greater accuracy which helps in early diagnosis and also reduces the rate of false positive diagnosis of CKD.

## References:

National Kidney Foundation (NKF) and the American Society of Nephrology (ASN).

Estimated GFR Calculated Using the CKD-EPI equation-<https://testguide.labmed.uw.edu/guideline/egfr>

Shuman JK, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. *Kidney Med* 2022, 4:100471. 35756125

Harrison's Principle of Internal Medicine, 21st ed. pg 62 and 334

**URIC ACID, SERUM-Causes of Increased levels:** Dietary (high Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Leach nyhan syndrome, Type 2 DM, Metabolic

syndrome **Causes of decreased levels:** Low Zinc intake, OCP, Multiple Sclerosis

**TOTAL PROTEIN, SERUM-** is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin.

**Higher-than-normal levels may be due to:** Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, 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, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.



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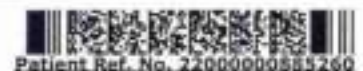
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Patient Ref. No. 22000000885260

<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADEK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS :</b> C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	<b>ACCESSION NO :</b> 0022WK003117 <b>PATIENT ID :</b> FH,5669185 <b>CLIENT PATIENT ID:</b> UID:5669185 <b>ADHA NO :</b>	<b>AGE/SEX :</b> 39 Years Female <b>DRAWN :</b> 16/11/2023 08:51:00 <b>RECEIVED :</b> 16/11/2023 08:54:06 <b>REPORTED :</b> 16/11/2023 13:08:13

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**BIOCHEMISTRY - LIPID**

**LIPID PROFILE, SERUM**

<b>CHOLESTEROL, TOTAL</b>	<b>191</b>	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
<small>METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE</small>			
<b>TRIGLYCERIDES</b>	<b>209 High</b>	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
<small>METHOD : ENZYMATIC ASSAY</small>			
<b>HDL CHOLESTEROL</b>	<b>32 Low</b>	< 40 Low >/=60 High	mg/dL
<small>METHOD : DIRECT MEASURE - FEG</small>			
<b>LDL CHOLESTEROL, DIRECT</b>	<b>127</b>	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
<small>METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT</small>			
<b>NON HDL CHOLESTEROL</b>	<b>159 High</b>	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
<small>METHOD : CALCULATED PARAMETER</small>			
<b>VERY LOW DENSITY LIPOPROTEIN</b>	<b>41.8 High</b>	</= 30.0	mg/dL
<small>METHOD : CALCULATED PARAMETER</small>			
<b>CHOL/HDL RATIO</b>	<b>6.0 High</b>	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
<small>METHOD : CALCULATED PARAMETER</small>			

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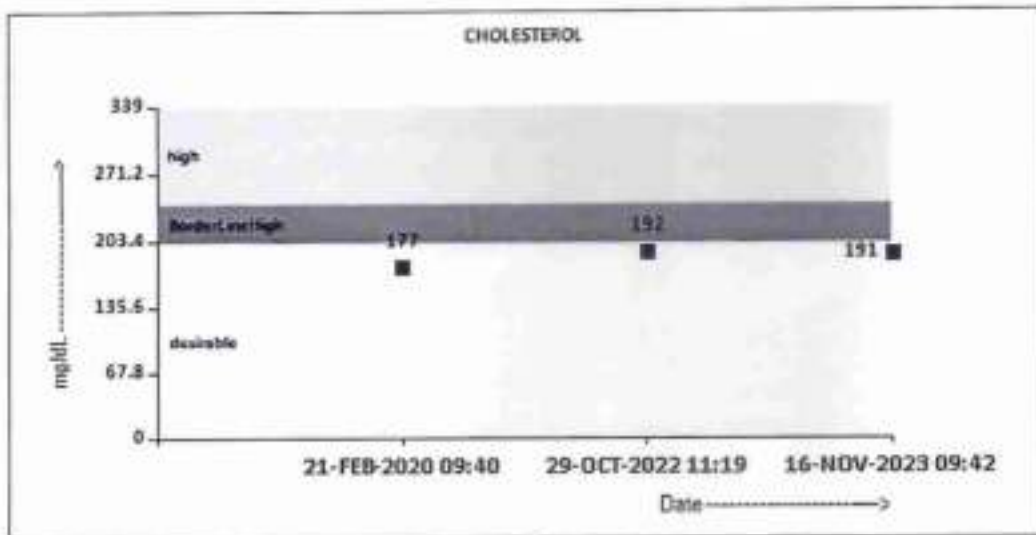
Patient Ref. No. 22000000885260

<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS :</b> C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL @ VASHI, MUMBAI 440001	<b>ACCESSION NO :</b> 0022WK003117 <b>PATIENT ID :</b> FH.5669185 <b>CLIENT PATIENT ID:</b> UID:5669185 <b>ABHA NO :</b>	<b>AGE/SEX :</b> 39 Years Female <b>DRAWN :</b> 16/11/2023 08:51:00 <b>RECEIVED :</b> 16/11/2023 08:54:06 <b>REPORTED :</b> 16/11/2023 13:08:13

**CLINICAL INFORMATION :**  
 UID:5669185 REQNO-1606173  
 CORP-OPD  
 BILLNO-150123OPCR064921  
 BILLNO-150123OPCR064921

Test Report Status	Results	Biological Reference Interval	Units
Final	LDL/HDL RATIO <b>4.0 High</b>	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

METHOD : CALCULATED PARAMETER



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 Consultant Pathologist



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 CIN - U74899PB1995PLC045956  
 Email : -

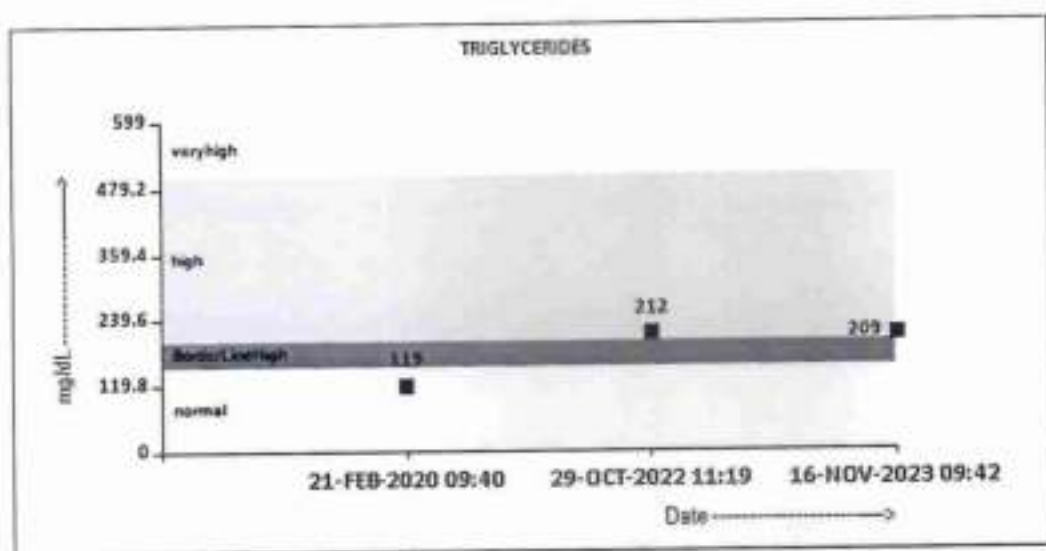


Patient Ref. No. 22000000885260

<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS :</b> C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	<b>ACCESSION NO :</b> 0022WK003117 <b>PATIENT ID :</b> FH.5669185 <b>CLIENT PATIENT ID:</b> UID:5669185 <b>ABHA NO :</b>	<b>AGE/SEX :</b> 39 Years Female <b>DRAWN :</b> 16/11/2023 08:51:00 <b>RECEIVED :</b> 16/11/2023 08:54:06 <b>REPORTED :</b> 16/11/2023 13:08:13

**CLINICAL INFORMATION :**  
 UID:5669185 REQNO-1606173  
 CORP-OPD  
 BILLNO-1501230PCR064921  
 BILLNO-1501230PCR064921

Test Report Status	Final	Results	Biological Reference Interval	Units
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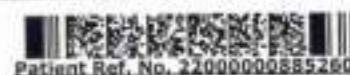


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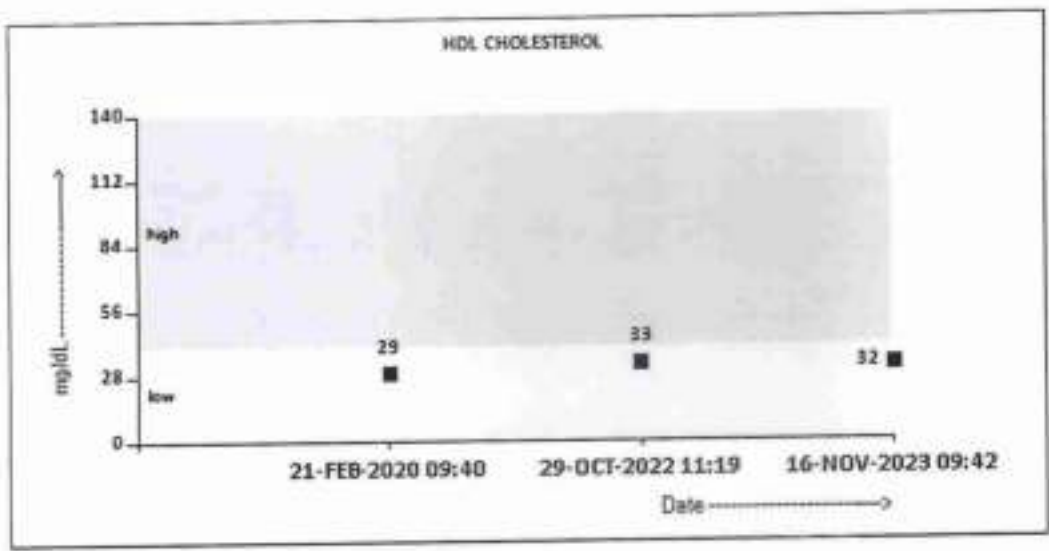


Patient Ref. No. 22000000885260

<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS :</b> C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	<b>ACCESSION NO : 0022WK003117</b> <b>PATIENT ID : PH.5669185</b> <b>CLIENT PATIENT ID: UID:5669185</b> <b>ABHA NO :</b>	<b>AGE/SEX : 39 Years Female</b> <b>DRAWN : 16/11/2023 08:51:00</b> <b>RECEIVED : 16/11/2023 08:54:06</b> <b>REPORTED : 16/11/2023 13:08:13</b>

**CLINICAL INFORMATION :**  
 UID:5669185 REQNO-1606173  
 CORP-OPD  
 BILLNO-1501230PCR064921  
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Test Report Status	Results	Biological Reference Interval	Units
Final			



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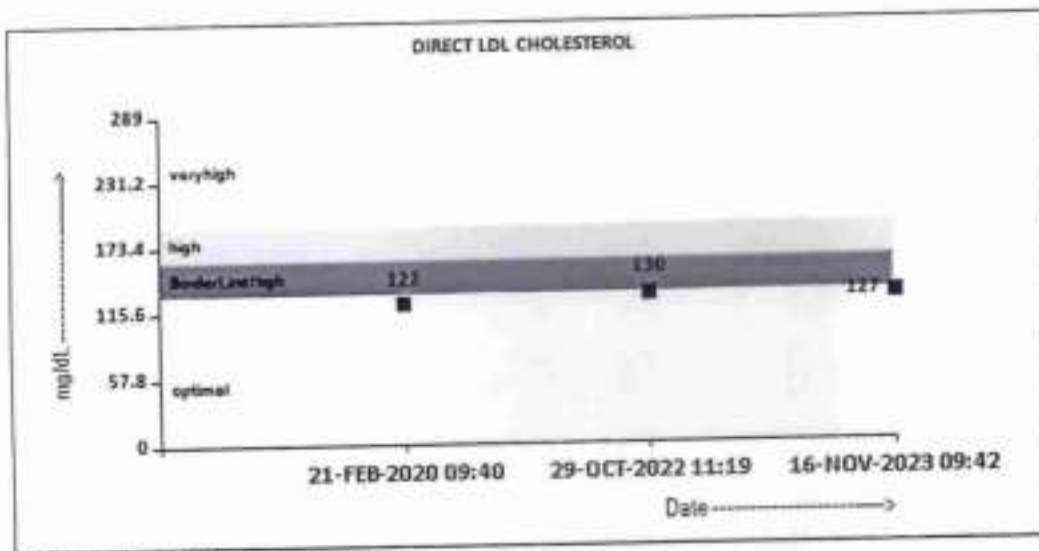
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<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0022WK003117</b>	<b>AGE/SEX : 39 Years Female</b>
<b>FORTIS VASHI-CHC -SPLZD</b>	<b>PATIENT ID : FH.5669185</b>	<b>DRAWN : 16/11/2023 08:51:00</b>
<b>FORTIS HOSPITAL # VASHI,</b>	<b>CLIENT PATIENT ID: UID:5669185</b>	<b>RECEIVED : 16/11/2023 08:54:06</b>
<b>MUMBAI 440001</b>	<b>ASHA NO :</b>	<b>REPORTED : 16/11/2023 13:08:13</b>

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

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 CTN - U74899PB1995PLC045956  
 Email : -



Patient Ref. No. 2200000885260

<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK</b>		<b>REF. DOCTOR :</b>	
<b>CODE/NAME &amp; ADDRESS : C000045507</b>		<b>ACCESSION NO : 0022WK003117</b>	
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.5669185	
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:5669185	
MUMBAI 440001		ABHA NO :	
		AGE/SEX : 39 Years Female	
		DRAWN : 16/11/2023 08:51:00	
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Test Report Status	Final	Results	Biological Reference Interval	Units
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**CLINICAL PATH - URINALYSIS****KIDNEY PANEL - 1****PHYSICAL EXAMINATION, URINE**

COLOR	PALE YELLOW
METHOD : PHYSICAL	
APPEARANCE	SLIGHTLY HAZY
METHOD : VISUAL	

**CHEMICAL EXAMINATION, URINE**

PH	6.0	4.7 - 7.5
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD		
SPECIFIC GRAVITY	>=1.030	1.003 - 1.035
METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT FKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)		
PROTEIN	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE		
GLUCOSE	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		



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Consultant Pathologist



Dr. Rekha Nair, MD  
(Reg No. MMC 2001/06/2354)  
Microbiologist

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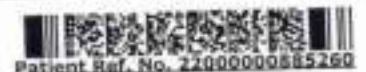
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Email : -



Patient Ref. No. 21000000885260



PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

 FORTIS VASHI-CHC -SPLZD  
 FORTIS HOSPITAL # VASHI,  
 MUMBAI 440001

ACCESSION NO : 0022WK003117

PATIENT ID : FH.5669185

CLIENT PATIENT ID: UID:5669185

ABHA NO :

AGE/SEX : 39 Years Female

DRAWN : 16/11/2023 08:51:00

RECEIVED : 16/11/2023 08:54:06

REPORTED : 16/11/2023 13:08:13

## CLINICAL INFORMATION :

UID:5669185 REQNO-1606173

CORP-OPD

BILLNO-150123OPCR064921

BILLNO-150123OPCR064921

Test Report Status	Final	Results	Biological Reference Interval	Units
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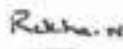
## MICROSCOPIC EXAMINATION, URINE

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	5-7	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			
YEAST	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
REMARKS	URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT		

## Interpretation(s)



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 (Reg.no. MMC 2019/09/6377)  
 Consultant Pathologist



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 (Reg No. MMC 2001/06/2354)  
 Microbiologist

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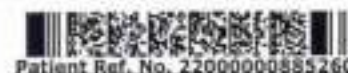


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Patient Ref. No. 22000000885260

<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0022WK003117</b>	<b>AGE/SEX : 39 Years Female</b>
<b>FORTIS VASHI-CHC -SPLZD</b>	<b>PATIENT ID : FH.5669185</b>	<b>DRAWN : 16/11/2023 08:51:00</b>
<b>FORTIS HOSPITAL # VASHI,</b>	<b>CLIENT PATIENT ID: UID:5669185</b>	<b>RECEIVED : 16/11/2023 08:54:06</b>
<b>MUMBAI 440001</b>	<b>ASHA NO :</b>	<b>REPORTED : 16/11/2023 13:08:13</b>

**CLINICAL INFORMATION :**

UID:5669185 REQNO-1606173  
CORP-OPD  
BILLNO-150123OPCR064921  
BILLNO-150123OPCR064921

Test Report Status	Final	Results	Biological Reference Interval	Units
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**SPECIALISED CHEMISTRY - HORMONE****THYROID PANEL, SERUM**

<b>T3</b>	<b>71.6 Low</b>	Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE			
<b>T4</b>	<b>6.59</b>	Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE			
<b>TSH (ULTRASENSITIVE)</b>	<b>1.390</b>	Non Pregnant Women 0.27 - 4.20 Pregnant Women 1st Trimester: 0.33 - 4.59 2nd Trimester: 0.35 - 4.10 3rd Trimester: 0.21 - 3.15	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, SANDWICH IMMUNOASSAY			

**Comments**

NOTE: RESULT FOR SERUM T3 RECHECKED WITH SAME SAMPLE ; KINDLY CORRELATE CLINICALLY

**Interpretation(s)**


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Consultant Pathologist

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Email : -



Patient Ref. No. 22000000885260

<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0022WK003117</b>	<b>AGE/SEX : 39 Years Female</b>
FORTIS VASHI-CHC -SPLZD	<b>PATIENT ID : PH.5669185</b>	<b>DRAWN : 16/11/2023 08:51:00</b>
FORTIS HOSPITAL # VASHI,	<b>CLIENT PATIENT ID: UID:5669185</b>	<b>RECEIVED : 16/11/2023 08:54:06</b>
MUMBAI 440001.	<b>ABHA NO :</b>	<b>REPORTED : 16/11/2023 13:08:13</b>

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Test Report Status	Results	Biological Reference Interval	Units
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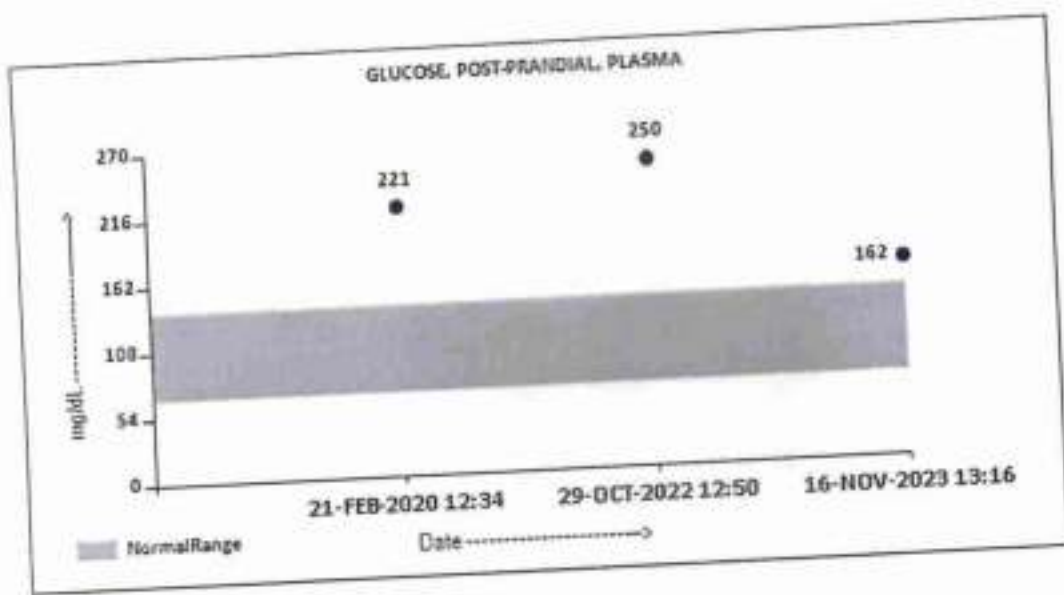
Patient Ref. No. 22000000885200

<b>PATIENT NAME : MRS.SWATI VISHWANAND MAHADEK</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0022WK003144</b>	<b>AGE/SEX : 39 Years Female</b>
<b>FORTIS VASHI-CHC -SPLZD</b>	<b>PATIENT ID : FH.5669185</b>	<b>DRAWN : 16/11/2023 11:19:00</b>
<b>FORTIS HOSPITAL # VASHI,</b>	<b>CLIENT PATIENT ID: UID:5669185</b>	<b>RECEIVED : 16/11/2023 11:19:03</b>
<b>MUMBAI 440001</b>	<b>ABHA NO :</b>	<b>REPORTED : 16/11/2023 13:25:35</b>

**CLINICAL INFORMATION :**  
 UID:5669185 REQNO-1606173  
 CORP-OPD  
 BILLNO-150123OPCR064921  
 BILLNO-150123OPCR064921

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY				
<b>GLUCOSE, POST-PRANDIAL, PLASMA</b>				
PPBS(POST PRANDIAL BLOOD SUGAR)	162 High	70 - 140		mg/dL
METHOD : HEXOKINASE				



**Comments**

NOTE: - RECHECKED FOR FASTING AND 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 comparision to post prandial glucose level may be seen due to effect of Oral Hypoglycemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. Additional test HbA1c

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Patient Ref. No. 2200000885282

PATIENT NAME : MRS.SWATI VISHWANAND MAHADIK

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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 FORTIS HOSPITAL # VASHI,  
 MUMBAI 440001

ACCESSION NO : 0022WK003144

PATIENT ID : FH.5669185

CLIENT PATIENT ID: UID:5669185

ABHA NO :

AGE/SEX : 39 Years Female

DRAWN : 16/11/2023 11:19:00

RECEIVED : 16/11/2023 11:19:03

REPORTED : 16/11/2023 13:25:35

## CLINICAL INFORMATION :

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 CORP-OPD  
 BILLNO-150123OPCR064921  
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Test Report Status	Final	Results	Biological Reference Interval	Units
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 CIN - U74899PB1995PLC045956  
 Email : -


Patient Ref. No. 2200000885282

39 Years

Female

Rate 68 . Sinus rhythm.....Normal P axis, V-rate 50- 99  
 . Borderline T wave abnormalities.....T/QRS ratio < 1/20 or flat T

*WVRS HC  
 rest Normal*

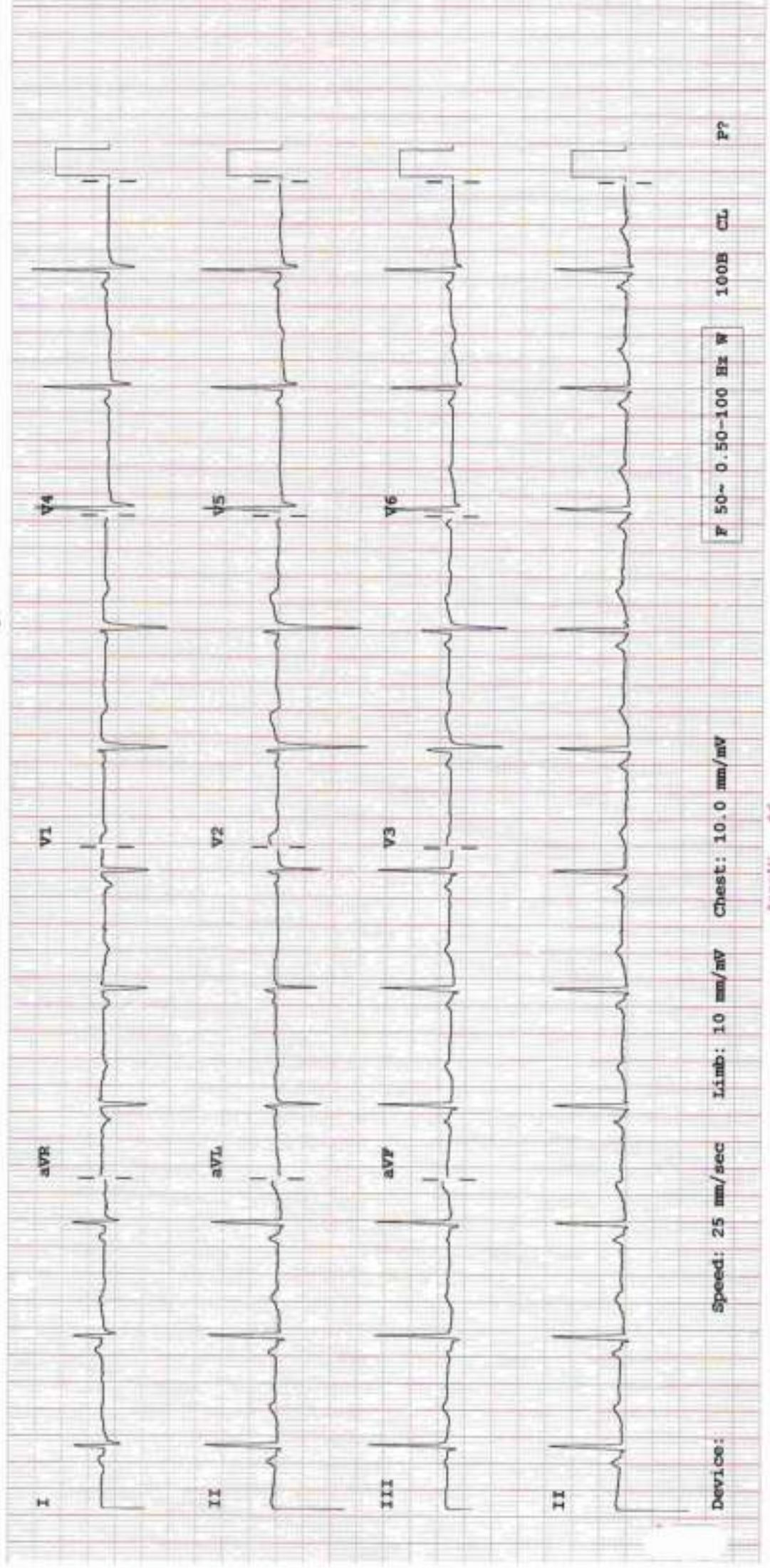
--AXIS--

P 44  
 QRS 73  
 T 61

12 Lead; Standard Placement

-- BORDERLINE ECG --

Unconfirmed Diagnosis



*A*

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D12G

PAN NO : AABCH5894D



Date: 16/Nov/2023

**DEPARTMENT OF RADIOLOGY**

Name: Mrs. Swati Vishwanand Mahadik

Age | Sex: 39 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 5669185 | 65992/23/1501

Order No | Order Date: 1501/PN/OP/2311/137129 | 16-Nov-2023

Admitted On | Reporting Date : 16-Nov-2023 11:49:21

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)**



Patient Name	: Swati Vishwanand Mahadik	Patient ID	: 5669185
Sex / Age	: F / 39Y 4M 10D	Accession No.	: PHC.6934775
Modality	: US	Scan DateTime	: 16-11-2023 11:41:25
IPID No	: 65992/23/1501	ReportDatetime	: 16-11-2023 16:16:15

### 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 contracted.  
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 10.8 x 3.9 cm.

Left kidney measures 11.4 x 4.3 cm.

**PANCREAS:** Head and body of pancreas is visualised and appears normal. Rest of the pancreas is obscured due to bowel gas.

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

**UTERUS** is normal in size, measuring 6.9 x 5.3 x 3.8 cm.

Endometrium measures 6.9 mm in thickness.

Both ovaries are normal.

Right ovary measures 2.3 x 1.5 cm.

Left ovary measures 2.7 x 1.7 cm.

No evidence of ascites.

### Impression:

- No significant abnormality is detected.

**DR. KUNAL NIGAM**  
M.D. (Radiologist)