



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: 07/12/22

Name: Mrs Amrita Kamen Age: 33 yrs Sex: M/F

BP: 100/60 Height (cms): 163cm Weight(kgs): 59.2 kg BMI: 22
mmHg

WEIGHT lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
kgs	45.5	47.7	50.0	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:



UHID	5586923	Date	07/04/2023		
Name	Mrs. Amrita Kumari	Sex	Female	Age	33
OPD	Pap Smear	Health Check Up			

30yrs / Pa2

Drug allergy:
 Sys illness:

LMP = 15/3/23

Pme = 3/30d, RMP

Psp - exp (H) pap ✓
 ug

Adv

- Pap smear 3yrsly
- ~~me~~ self breast exam ^u mthly

hda



UHID	5586923	Date	07/04/2023		
Name	Mrs. Amrita Kumari	Sex	Female	Age	33
OPD	Opthal 14	Health Check Up			

Clr. Blu V. (Dist).

MR. NO.

Drug allergy: → Not Known
 Sys illness: → No.

Habit → No.

Unilk → R 6/6 (Blu)
 → L 6/6

R → R - 1.25 / - 1.00 X 30° 6/6
 → L - 0.75 / - 1.50 X 140° 6/6

NK → R NG
 → L NG

Fe R → R 10.2
 → L 10.5

[Handwritten Signature]



UHID	5586923	Date	07/04/2023		
Name	Mrs. Amrita Kumari	Sex	Female	Age	33
OPD	Dental 12	7387696540	Health Check Up		

Drug allergy:
Sys illness:

Cervical abrasion 6/6

stains + calculus +

Treatments

Adv. Lapping 6/6

Adv. Oral prophylaxis

Dr. Disha Khera



PATIENT NAME : MRS.AMRITA KUMARI

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WD001418
PATIENT ID : FH.5586923
CLIENT PATIENT ID: UID:5586923
ABHA NO :

AGE/SEX : 33 Years Female
DRAWN : 07/04/2023 09:38:00
RECEIVED : 07/04/2023 09:40:40
REPORTED : 07/04/2023 13:35:47

CLINICAL INFORMATION :

UID:5586923 REQNO-1457211
CORP-OPD
BILLNO-150123OPCR020279
BILLNO-150123OPCR020279

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) METHOD : SPECTROPHOTOMETRY	11.1 Low	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : ELECTRICAL IMPEDANCE	3.54 Low	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY	3.71 Low	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : ELECTRICAL IMPEDANCE	149 Low	150 - 410	thou/ μ L
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV) METHOD : CALCULATED PARAMETER	33.0 Low	36 - 46	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	93.1	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	31.3	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	33.6	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	13.3	11.6 - 14.0	%
MENTZER INDEX	26.3		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	14.2 High	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
NEUTROPHILS METHOD : FLOWCYTOMETRY	58	40 - 80	%
LYMPHOCYTES METHOD : FLOWCYTOMETRY	33	20 - 40	%

Akta

Dr.Akta Dubey
Consultant Pathologist



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MONOCYTES		7	2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS		2	1 - 6	%
METHOD : FLOWCYTOMETRY				
BASOPHILS		00	0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT		2.15	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.22	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.26	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.07	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0 Low	0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.7		
METHOD : CALCULATED PARAMETER				
MORPHOLOGY				
RBC		MILD HYPOCHROMASIA, MILD MICROCYTOSIS		
METHOD : MICROSCOPIC EXAMINATION				
WBC		LEUCOPENIA		
METHOD : MICROSCOPIC EXAMINATION				
PLATELETS		ADEQUATE ON SMEAR WITH MACROPLATELETES SEEN		
METHOD : MICROSCOPIC EXAMINATION				

Interpretation(s)

RBC AND PLATELET INDICES-Mentzer Index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

Dr.Akta Dubey
 Counsultant Pathologist



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WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.

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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R	34 High	0 - 20	mm at 1 hr
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METHOD : WESTERGRN METHOD

Interpretation(s)

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

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

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

TEST INTERPRETATION

Increase in: Infections, 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 (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

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

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

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

False Decreased : Polikilocytosis,(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. AACCC Press, 7th edition. Edited by S. Solitin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

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IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE B
METHOD : TUBE AGGLUTINATION	
RH TYPE	POSITIVE
METHOD : TUBE AGGLUTINATION	

Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

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

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

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

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BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL METHOD : JENDRASSIK AND GROFF	0.73	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASSIK AND GROFF	0.19	0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.54	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.8	6.4 - 8.2	g/dL
ALBUMIN METHOD : BCP DYE BINDING	4.0	3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.8	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.1	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT) METHOD : UV WITH PSP	21	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH PSP	19	< 34.0	U/L
ALKALINE PHOSPHATASE METHOD : PNPP-ANP	60	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE	20	5 - 55	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	163	100 - 190	U/L
GLUCOSE FASTING, FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	87	74 - 99	mg/dL

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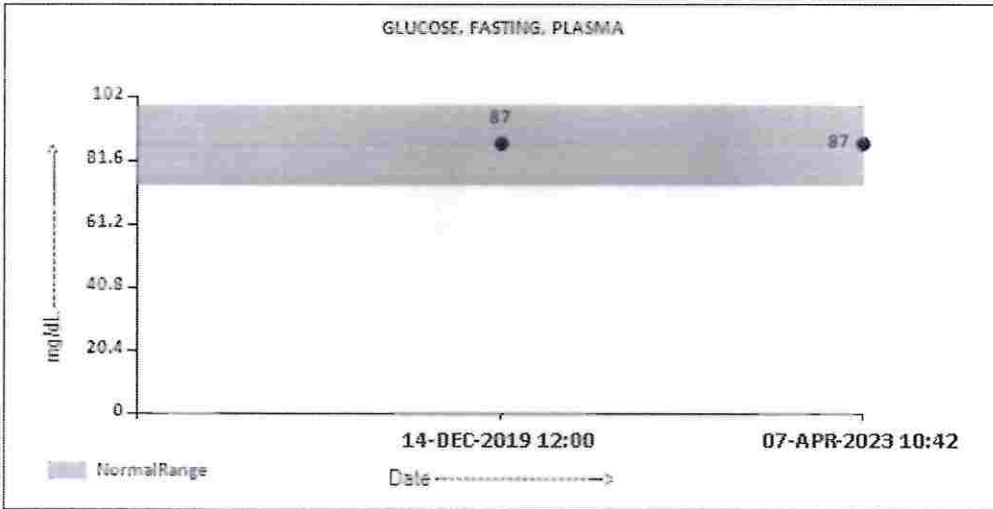
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GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C 4.9 Non-diabetic: < 5.7 %
 Pre-diabetics: 5.7 - 6.4
 Diabetics: > or = 6.5
 Therapeutic goals: < 7.0
 Action suggested : > 8.0
 (ADA Guideline 2021)

METHOD : HB VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG) 93.9 < 116.0 mg/dL

METHOD : CALCULATED PARAMETER

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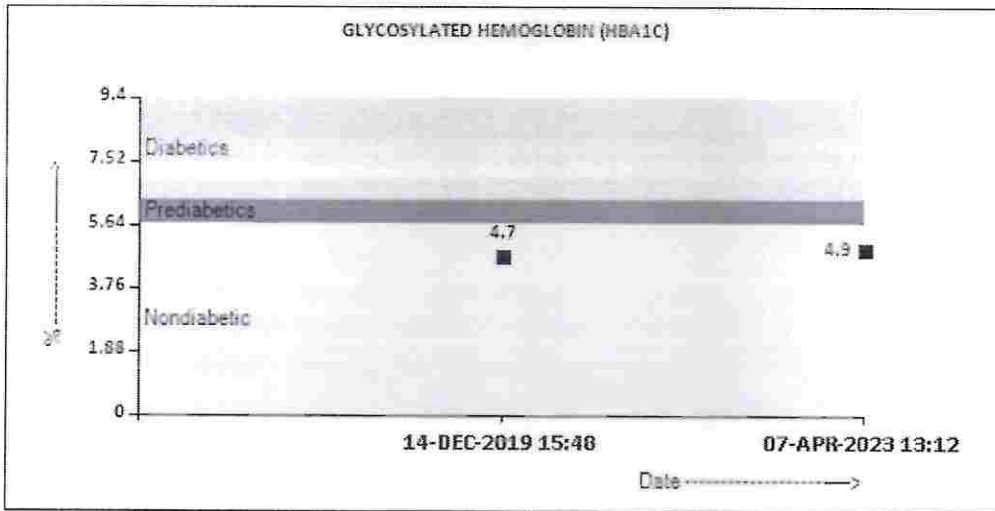
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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

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

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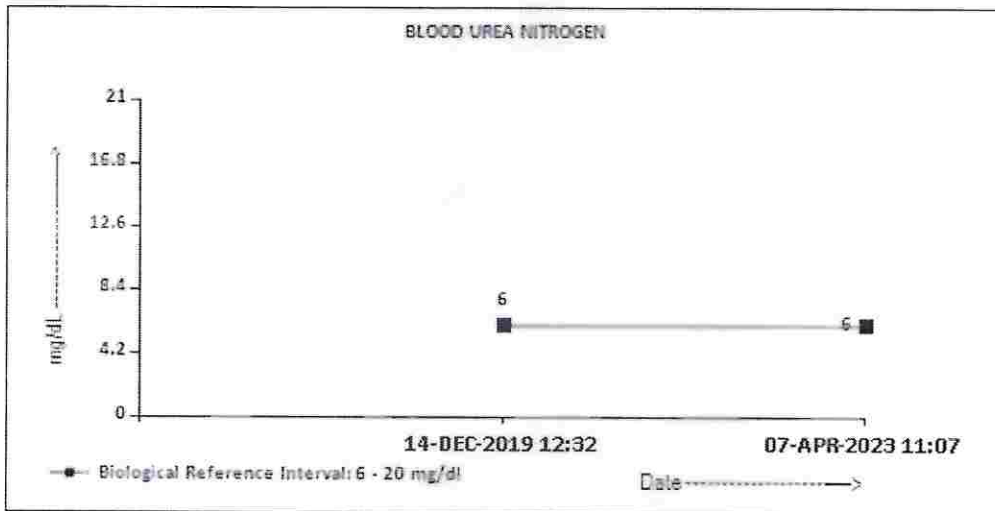
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 UID:5586923 REQNO-1457211
 CORP-OPD
 BILLNO-150123OPCR020279
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Test Report Status	Final	Results	Biological Reference Interval	Units
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CREATININE EGFR- EPI

CREATININE	0.54 Low	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES			
AGE	33		years
GLOMERULAR FILTRATION RATE (FEMALE)	124.59	Refer Interpretation Below	mL/min/1.73m2
METHOD : CALCULATED PARAMETER			

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 Consultant Pathologist



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 CIN - U74899PB1995PLC045956
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Patient Ref. No. 22000000839435



PATIENT NAME : MRS.AMRITA KUMARI

REF. DOCTOR : SELF

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

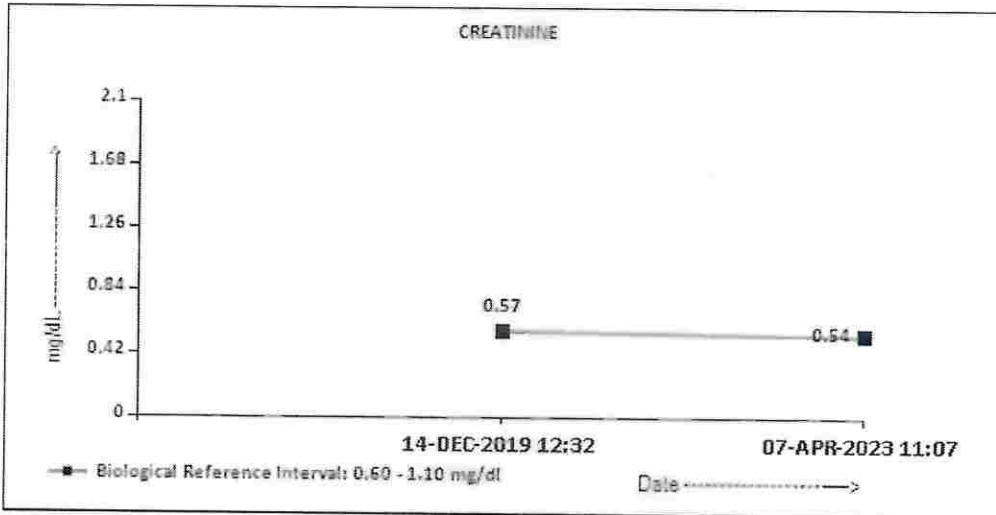
ACCESSION NO : **0022WD001418**
PATIENT ID : FH.5586923
CLIENT PATIENT ID: UID:5586923
ABHA NO :

AGE/SEX : 33 Years Female
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BUN/CREAT RATIO

BUN/CREAT RATIO 11.11 5.00 - 15.00
METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID 3.7 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 4.0 3.4 - 5.0 g/dL
METHOD : BCP DYE BINDING

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LOBULIN

LOBULIN METHOD : CALCULATED PARAMETER	3.8	2.0 - 4.1	g/dL
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ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM METHOD : ISE INDIRECT	139	136 - 145	mmol/L
POTASSIUM, SERUM METHOD : ISE INDIRECT	4.07	3.50 - 5.10	mmol/L
CHLORIDE, SERUM METHOD : ISE INDIRECT	105	98 - 107	mmol/L

Interpretation(s)

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme metabolism. 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 & Occluding of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilsons disease.

GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.

Total Protein also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstroms

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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, estrogen, thiazides.

Decreased in: Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g. galactosemia), Drugs: insulin, ethanol, propranolol, sulfonylureas, tolbutamide, and other oral hypoglycemic agents.

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

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

GLYCOSYLATED HEMOGLOBIN (HBA1C), EDTA WHOLE BLOOD-Used For:

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

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

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

HbA1c Estimation can get affected due to :

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

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

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

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

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, STADH.

CREATININE EGFR- EPI-GFR- Glomerular filtration rate (GFR) is a measure of the function of the kidneys. The GFR is a calculation based on a serum creatinine test.

Creatinine is a muscle waste product that is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate. When kidney function decreases, less creatinine is excreted and concentrations increase in the blood. With the creatinine test, a reasonable estimate of the actual GFR can be determined.

A GFR of 60 or higher is in the normal range.

A GFR below 60 may mean kidney disease.

A GFR of 15 or lower may mean kidney failure.

Estimated GFR (eGFR) is the preferred method for identifying people with chronic kidney disease (CKD). In adults, eGFR calculated using the Modification of Diet in Renal Disease (MDRD) Study equation provides a more clinically useful measure of kidney function than serum creatinine alone.

The CKD-EPI creatinine equation is based on the same four variables as the MDRD Study equation, but uses a 2-slope spline to model the relationship between estimated GFR and serum creatinine, and a different relationship for age, sex and race. The equation was reported to perform better and with less bias than the MDRD Study equation, especially in patients with higher GFR. This results in reduced misclassification of CKD.

The CKD-EPI creatinine equation has not been validated in children & will only be reported for patients = 18 years of age. For pediatric and childrens, Schwartz Pediatric Bedside eGFR (2009) formulae is used. This revised "bedside" pediatric eGFR requires only serum creatinine and height.

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

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Consultant Pathologist



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Patient Ref. No. 2200000839435



PATIENT NAME : MRS.AMRITA KUMARI		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507 - FORTIS		ACCESSION NO : 0022WD001418	AGE/SEX : 33 Years Female
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.5586923	DRAWN : 07/04/2023 09:38:00
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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,Waldenström's disease.
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
ALBUMIN, SERUM-
 Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. **Low blood albumin levels (hypoalbuminemia) can be caused by:** Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.

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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	91	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	28	< 150 Normal 150 - 199 Borderline High 200 - 499 High >= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	42	< 40 Low >= 60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	46	< 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	49	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	5.6	<= 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	2.2 Low	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
METHOD : CALCULATED PARAMETER			
LDL/HDL RATIO	1.1	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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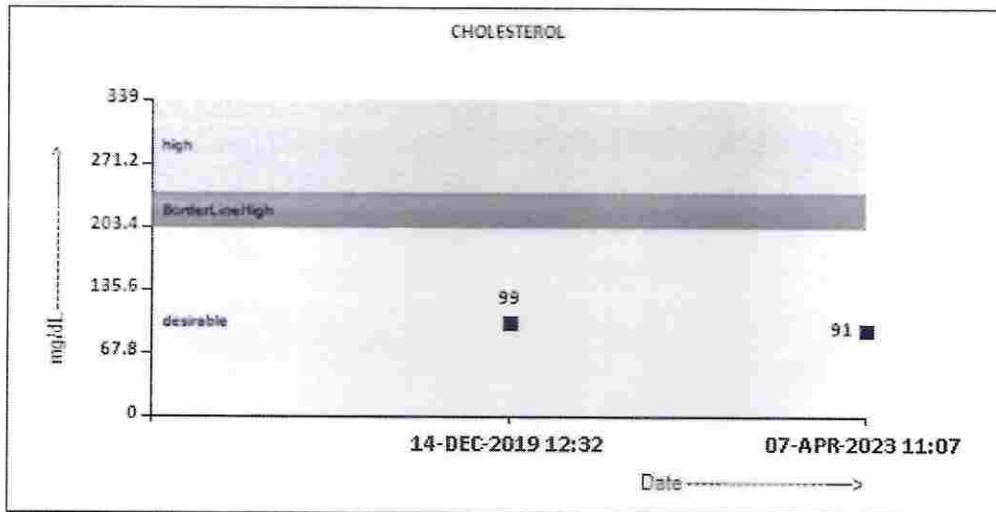
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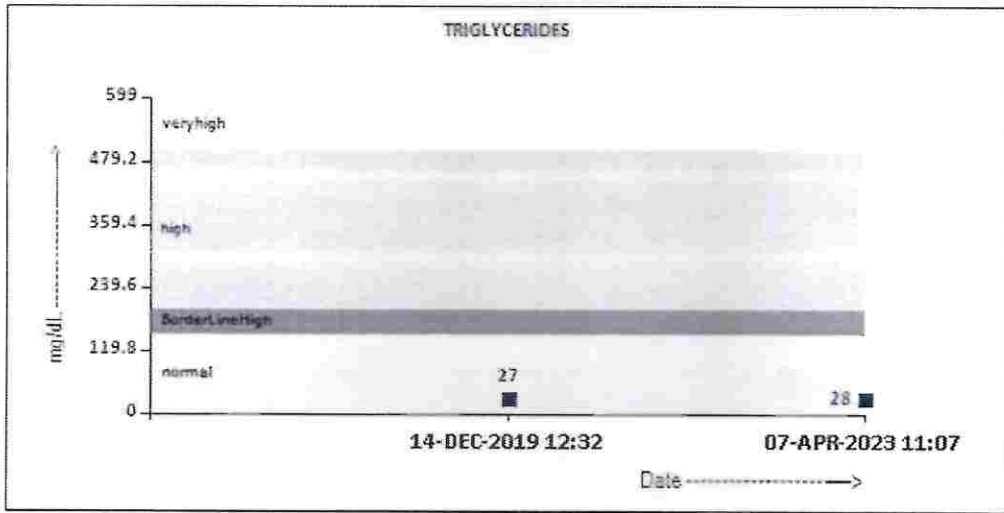
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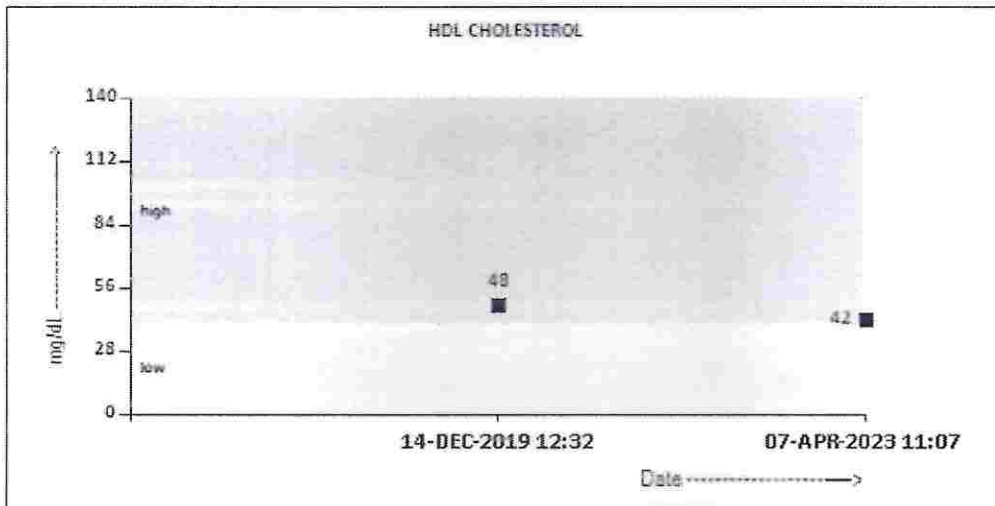
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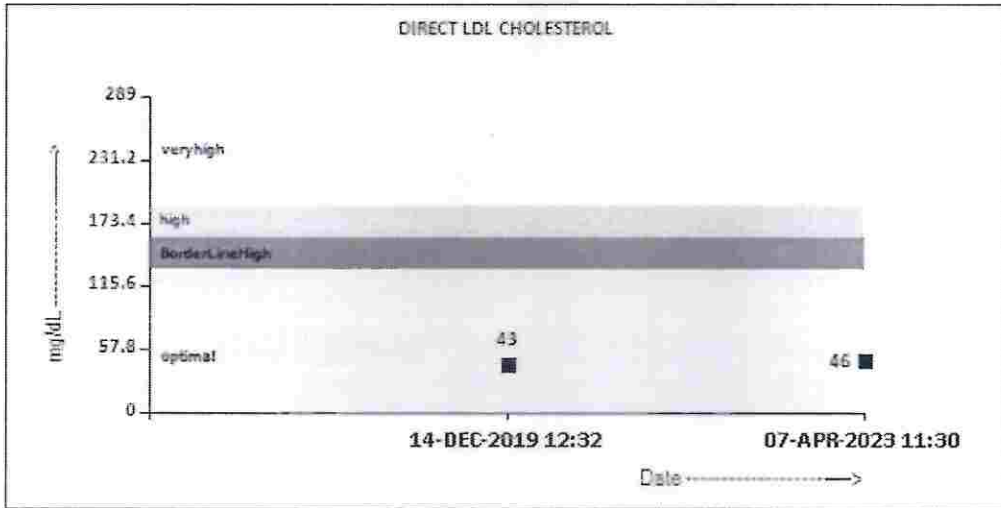
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CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

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 <=1.005 1.003 - 1.035
 METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)

PROTEIN NOT DETECTED NOT DETECTED
 METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE

GLUCOSE NOT DETECTED NOT DETECTED
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD

KETONES NOT DETECTED NOT DETECTED
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE

BLOOD NOT DETECTED NOT DETECTED
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN

BILIRUBIN NOT DETECTED NOT DETECTED
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT

UROBILINOGEN NORMAL NORMAL
 METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRLICH REACTION)

NITRITE NOT DETECTED NOT DETECTED
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE

LEUKOCYTE ESTERASE NOT DETECTED NOT DETECTED
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS NOT DETECTED NOT DETECTED /HPF
 METHOD : MICROSCOPIC EXAMINATION

Dr. Akta Dubey
 Dr. Akta Dubey
 Consultant Pathologist

Dr. Rekha Nair
 Dr. Rekha Nair, MD
 Microbiologist



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SRL Ltd
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 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000839435



PATIENT NAME : MRS.AMRITA KUMARI

REF. DOCTOR : SELF

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

ACCESSION NO : **0022WD001418**
 PATIENT ID : FH.5586923
 CLIENT PATIENT ID: UID:5586923
 ABHA NO :

AGE/SEX : 33 Years Female
 DRAWN : 07/04/2023 09:38:00
 RECEIVED : 07/04/2023 09:40:40
 REPORTED : 07/04/2023 13:35:47

CLINICAL INFORMATION :

UID:5586923 REQNO-1457211
 CORP-OPD
 BILLNO-150123OPCR020279
 BILLNO-150123OPCR020279

Test Report Status	Final	Results	Biological Reference Interval	Units
PUS CELL (WBC'S)		1-2	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
EPITHELIAL CELLS		0-1	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 IS DONE BY URINARY CENTRIFUGED SEDIMENTS		
Interpretation(s)				

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



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 MAHARASHTRA, INDIA
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 2200000839435



PATIENT NAME : MRS.AMRITA KUMARI

REF. DOCTOR :

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

ACCESSION NO : 0022WD001464
 PATIENT ID : FH.5586923
 CLIENT PATIENT ID: UID:5586923
 ABHA NO :

AGE/SEX : 33 Years Female
 DRAWN : 07/04/2023 11:56:00
 RECEIVED : 07/04/2023 12:04:33
 REPORTED : 07/04/2023 13:25:55

CLINICAL INFORMATION :

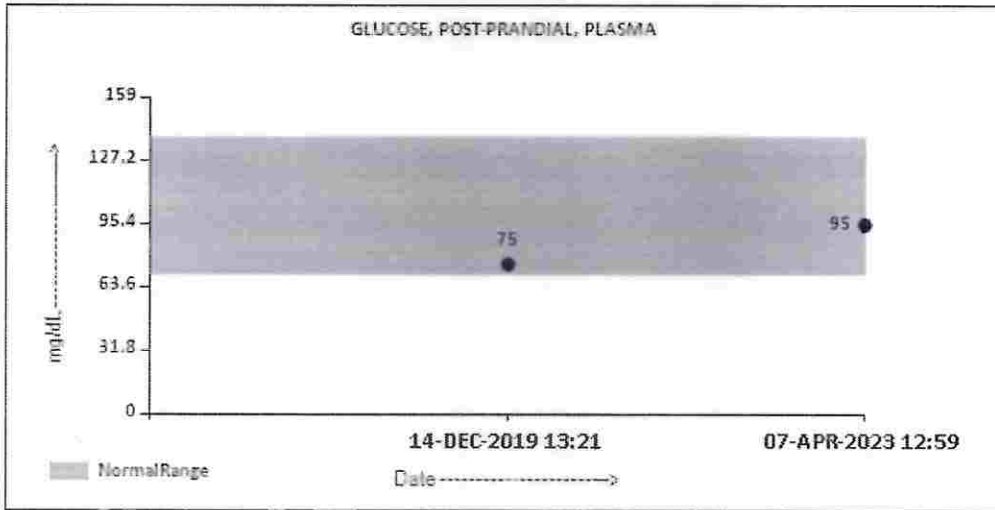
UID:5586923 REQNO-1457211
 CORP-OPD
 BILLNO-150123OPCR020279
 BILLNO-150123OPCR020279

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR) 95 70 - 139 mg/dL
 METHOD : HEXOKINASE



Interpretation(s)

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

End Of Report

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

Dubey

Dr.Akta Dubey
 Counsultant Pathologist



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 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000839481



PATIENT NAME : MRS.AMRITA KUMARI

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WD001418
PATIENT ID : FH.5586923
CLIENT PATIENT ID: UID:5586923
ABHA NO :

AGE/SEX : 33 Years Female
DRAWN : 07/04/2023 09:38:00
RECEIVED : 07/04/2023 09:40:40
REPORTED : 07/04/2023 14:31:38

CLINICAL INFORMATION :

UID:5586923 REQNO-1457211
CORP-OPD
BILLNO-150123OPCR020279
BILLNO-150123OPCR020279

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

THYROID PANEL, SERUM

T3	143.90	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, COMPETITIVE IMMUNOASSAY			
T4	7.60	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, COMPETITIVE IMMUNOASSAY			
TSH (ULTRASENSITIVE)	4.120	0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			

Interpretation(s)

End Of Report

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Dr. Swapnil Sirmukaddam
786

Dr. Swapnil Sirmukaddam
Consultant Pathologist



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PERFORMED AT :

SRL Ltd
BHCOMI TOWER, 1ST FLOOR, HALL NO.1, PLOT NO.28 SECTOR 4, KHARGHAR
NAVI MUMBAI, 410210
MAHARASHTRA, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956



Patient Ref. No. 22000000839435



MC-223

PATIENT NAME : MRS.AMRITA KUMARI CODE/NAME & ADDRESS : C000045507 - FORTIS FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001		REF. DOCTOR : AGE/SEX : 33 Years Female DRAWN : 07/04/2023 15:23:00 RECEIVED : 07/04/2023 15:24:42 REPORTED : 08/04/2023 09:18:17	
ACCESSION NO : 0022WD001515 PATIENT ID : FH.5586923 CLIENT PATIENT ID: UID:5586923 ABHA NO :			

CLINICAL INFORMATION :
 UID:5586923 REQNO-1457211
 CORP-OPD
 BILLNO-150123OPCR020279
 BILLNO-150123OPCR020279

Test Report Status	Final	Units
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CYTOLOGY

PAPANICOLAOU SMEAR

PAPANICOLAOU SMEAR

TEST METHOD

CONVENTIONAL GYNEC CYTOLOGY

SPECIMEN TYPE

TWO UNSTAINED CERVICAL SMEARS RECEIVED

REPORTING SYSTEM

2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY

SPECIMEN ADEQUACY

SATISFACTORY

METHOD : MICROSCOPIC EXAMINATION

MICROSCOPY

SMEARS STUDIED SHOW SUPERFICIAL SQUAMOUS CELLS, INTERMEDIATE SQUAMOUS CELLS, OCCASIONAL SQUAMOUS METAPLASTIC CELLS, OCCASIONAL CLUSTERS OF ENDOCERVICAL CELLS IN THE BACKGROUND OF FEW POLYMORPHS.

INTERPRETATION / RESULT

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Comments

PLEASE NOTE PAPANICOLAOU SMEAR STUDY IS A SCREENING PROCEDURE FOR CERVICAL CANCER WITH INHERENT FALSE NEGATIVE RESULTS, HENCE SHOULD BE INTERPRETED WITH CAUTION.

NO CYTOLOGICAL EVIDENCE OF HPV INFECTION IN THE SMEARS STUDIED.

End Of Report

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

Akta Dubey

Dr.Akta Dubey
 Consultant Pathologist



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 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
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 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000839532

5586023
33 Years

AMRITA KUMARI
Female

4/7/2023 10:52:16 AM

HC

Rate 96 Sinus rhythm.....normal P axis, V-rate 50- 99
Borderline repol abnormality, diffuse leads.....ST dep, T flat/neg, ant/lat/inf

PR 131
QRS 77
QT 331
QTc 419

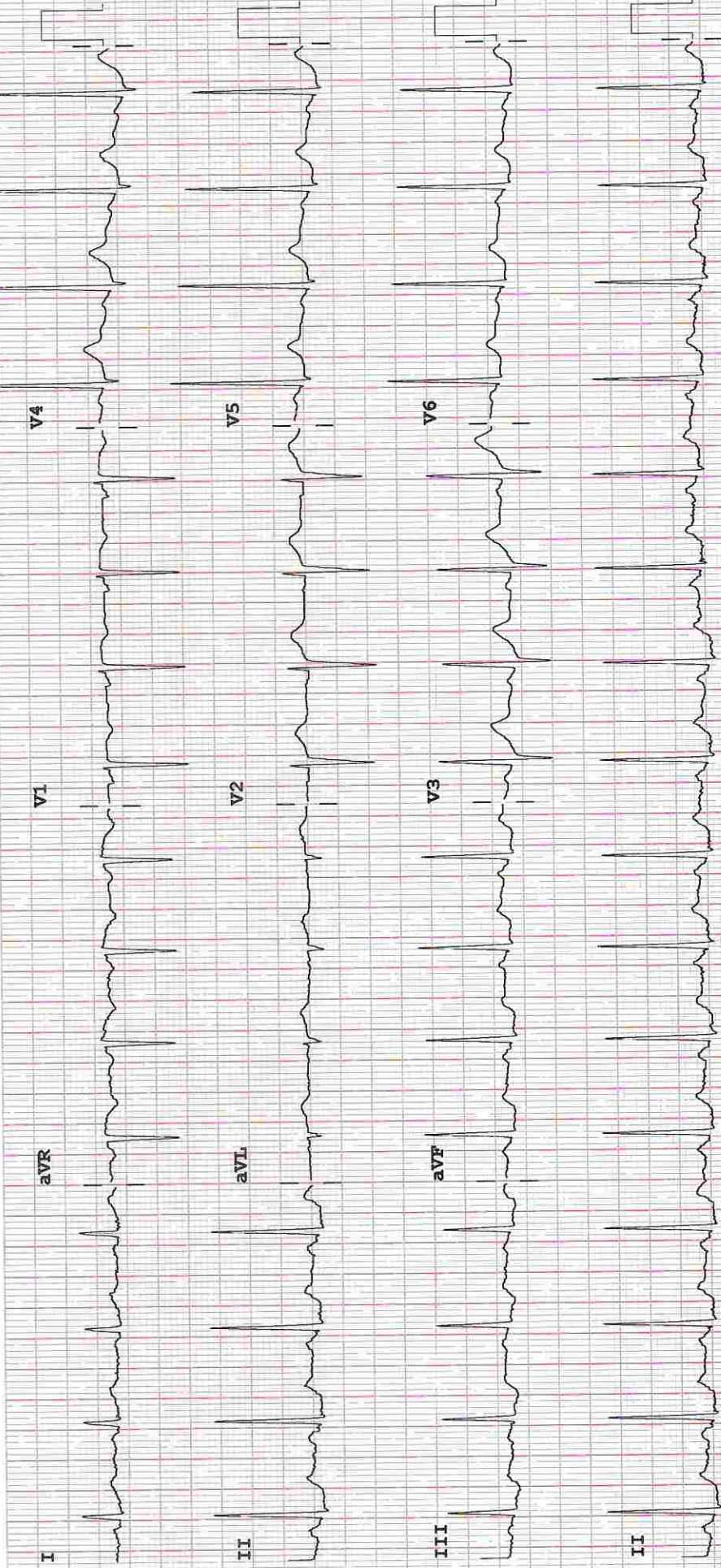
--AXIS--

P 56
QRS 63
T -22

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



ST ↓ V4-V6
T + III, aVF
LVM; Coronary Calcium
A

Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

100B CI

P?



(For Billing/Reports & Discharge Summary only)

Date: 07/Apr/2023

DEPARTMENT OF NIC

Name: Mrs. Amrita Kumari
Age | Sex: 33 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5586923 | 20438/23/1501
Order No | Order Date: 1501/PN/OP/2304/42801 | 07-Apr-2023
Admitted On | Reporting Date : 07-Apr-2023 14:05:04
Order Doctor Name : Dr.SELF .

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction.
- No left ventricle Hypertrophy. No left ventricle dilatation.
- Structurally normal valves.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- No tricuspid regurgitation. No pulmonary hypertension.
- Intact IAS and IVS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimensions.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.

M-MODE MEASUREMENTS:

LA	25	mm
AO Root	24	mm
AO CUSP SEP	13	mm
LVID (s)	23	mm
LVID (d)	34	mm
IVS (d)	09	mm
LVPW (d)	11	mm
RVID (d)	15	mm
RA	31	mm
LVEF	60	%



(For Billing/Reports & Discharge Summary only)

Date: 07/Apr/2023

DEPARTMENT OF NIC

Name: Mrs. Amrita Kumari
Age | Sex: 33 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5586923 | 20438/23/1501
Order No | Order Date: 1501/PN/OP/2304/42801 | 07-Apr-2023
Admitted On | Reporting Date : 07-Apr-2023 14:05:04
Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 1.0 m/sec.
A WAVE VELOCITY:1.2 m/sec
E/A RATIO:1.5

	PEAK (mmHg)	MEAN (mmHg)	V max (m/sec)	GRADE OF REGURGITATION
MITRAL VALVE	N			Nil
AORTIC VALVE	08			Nil
TRICUSPID VALVE	N			Nil
PULMONARY VALVE	02			Nil

Final Impression :

Normal 2 Dimensional and colour doppler echocardiography study.


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

Hiranandani Healthcare Pvt. Ltd.

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

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 : 27AABCH5894D1ZG

PAN NO : AABCH5894D



DEPARTMENT OF RADIOLOGY

Date: 07/Apr/2023

Name: Mrs. Amrita Kumari

UHID | Episode No : 5586923 | 20438/23/1501

Age | Sex: 33 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2304/42801 | 07-Apr-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 07-Apr-2023 18:16:35

Bed Name :

Order Doctor Name : Dr.SELF .

X-RAY-CHEST- PA

Findings:

Both lung fields are clear.

The cardiac shadow appears within normal limits.

Trachea and major bronchi appears normal.

Both costophrenic angles are well maintained.

Bony thorax is unremarkable.

DR. ABHIJEET BHAMBURE
DMRD, DNB (Radiologist)



DEPARTMENT OF RADIOLOGY

Date: 07/Apr/2023

Name: Mrs. Amrita Kumari

UHID | Episode No : 5586923 | 20438/23/1501

Age | Sex: 33 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2304/42801 | 07-Apr-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 07-Apr-2023 11:49:52

Bed Name :

Order Doctor Name : Dr.SELF .

US-WHOLE ABDOMEN

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

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

SPLEEN is normal in size and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis. Right kidney measures 10.2 x 4.2 cm. Left kidney measures 9.1 x 4.1 cm.

PANCREAS is normal in size and morphology. No evidence of peripancreatic collection.

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

UTERUS is normal in size, measuring 7.6 x 3.5 x 4.9 cm. Endometrium measures 7.3 mm in thickness.

Both ovaries are normal. Right ovary measures 2.2 x 1.2 cm. Left ovary measures 2.8 x 2.0 cm.

No evidence of ascites.

Impression:

- No significant abnormality is detected.


DR. ADITYA NALAWADE
M.D. (Radiologist)