

BMI CHART

Name: Vicky Tejani Age: 29 yrs Sex: M/F
 BP: 110/70 Height (cms): 168 cm Weight(kgs): 77.6 kg BMI: 27.6
 Date: 25/3/24

WEIGHT lbs 100 105 100 115 120 125 130 135 140 145 150 155 160 165 170 175 180 185 190 195 200 205 210 215
 kgs 45.5 47.7 50.5 52.3 54.5 56.8 59.1 61.4 63.6 65.9 68.2 70.5 72.7 75.0 77.3 79.5 81.8 84.1 86.4 88.6 90.9 93.2 95.5 97.7

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 5'0" - 152.4 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 |
| 5'1" - 154.9 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 42 |
| 5'2" - 157.4 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 42 |
| 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 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| 5'5" - 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 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 |
| 5'7" - 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 | 15 | 16 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 |
| 5'9" - 176.2 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 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 | 14 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| 6'0" - 182.8 | 13 | 14 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |
| 6'1" - 185.4 | 13 | 13 | 14 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
| 6'2" - 187.9 | 12 | 13 | 13 | 14 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 |
| 6'3" - 190.5 | 12 | 13 | 13 | 14 | 15 | 16 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 |
| 6'4" - 193.0 | 12 | 12 | 13 | 14 | 15 | 16 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 |

Doctors Notes:

Signature

| | | | | | |
|-----|----------|------------------|-----------------|------|--------|
| UHD | 13049608 | Mr. Vicky Tewari | Date 23/03/2024 | | |
| OPD | Dental | Health Check-Up | Sex | Male | Age 29 |

Drug allergy:
 Sys illness:

o/e - stain +

- calculus +

- caries +

+

- spacing +

Treatment

① Filling - +

② Scaling Grade I

③ Ortho treatment

Dr. Jyoti



| | | | |
|------|-------------------|-----------------|------------|
| UHD | 13049608 | Date | 23/03/2024 |
| Name | Mr. Vickey Tewari | Sex | Male |
| OPD | Optical 14 | Age | 29 |
| | | Health Check-Up | |

Drug allergy: -> Not known
 Sys illness: -> No
 Allergy: -> No

Gr. No
 Hs No

[Handwritten signature]
 6/6
 6/6

[Handwritten signature]
 6/6
 6/6
 6/6
 6/6

Stop
 500 -> 13.5
 6 -> 13.4

[Handwritten signature]

PATIENT NAME : MR. VICKY TEWARI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004958

MUMBAI 440001

FORTIS VASHI-CHC -SPLZ
 FORTIS HOSPITAL # VASHI,

PATIENT ID : FH.13049608
 CLIENT PATIENT ID: UID:13049608

AGE/SEX : 29 Years Male
 DRAWN : 23/03/2024 10:34:00
 RECEIVED : 23/03/2024 10:34:24
 REPORTED : 23/03/2024 14:48:16

CLINICAL INFORMATION :

UID:13049608 REQNO-1681901

CORP-OPD

BILNO-1501240PCR016905

BILNO-1501240PCR016905

| 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 : SLS METHOD

RED BLOOD CELL (RBC) COUNT

METHOD : HYDRODYNAMIC FOCUSING

WHITE BLOOD CELL (WBC) COUNT

METHOD : FLUORESCENCE FLOW CYTOMETRY

PLATELET COUNT

METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION

15.2 13.0 - 17.0 g/dL

4.65 4.5 - 5.5 mil/jL

6.37 4.0 - 10.0 thou/jL

301 150 - 410 thou/jL

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)

METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD

MEAN CORPUSCULAR VOLUME (MCV)

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR HEMOGLOBIN (MCH)

METHOD : CALCULATED PARAMETER

32.7 High 27.0 - 32.0 pg

MEAN CORPUSCULAR HEMOGLOBIN

METHOD : CALCULATED PARAMETER

CONCENTRATION(MCHC)

METHOD : CALCULATED PARAMETER

RED CELL DISTRIBUTION WIDTH (RDW)

METHOD : CALCULATED PARAMETER

MENTZER INDEX

METHOD : CALCULATED PARAMETER

MEAN PLATELET VOLUME (MPV)

METHOD : CALCULATED PARAMETER

9.4 6.8 - 10.9 fL

20.9

12.3 11.6 - 14.0 %

33.7 31.5 - 34.5 g/dL

97.0 83.0 - 101.0 fL

45.1 40.0 - 50.0 %

WBC DIFFERENTIAL COUNT

(Signature)

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 Consultant Pathologist

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 Maharashtra, India
 CIN - U74899PB1995PLC045956
 Tel : 022-39199222, 022-49723322, Fax :
 Email : -

Patient Ref. No. 2200000910865



View Details

View Report





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NEUTROPHILS 64 40.0 - 80.0 %

LYMPHOCYTES 23 20.0 - 40.0 %

MONOCYTES 9 2.0 - 10.0 %

EOSINOPHILS 4 1 - 6 %

BASOPHILS 0 0 - 2 %

ABSOLUTE NEUTROPHIL COUNT 4.08 2.0 - 7.0 thou/ μ L

ABSOLUTE LYMPHOCYTE COUNT 1.47 1.0 - 3.0 thou/ μ L

ABSOLUTE MONOCYTE COUNT 0.57 0.2 - 1.0 thou/ μ L

ABSOLUTE EOSINOPHIL COUNT 0.25 0.02 - 0.50 thou/ μ L

ABSOLUTE BASOPHIL COUNT 0 Low 0.02 - 0.10 thou/ μ L

NEUTROPHIL LYMPHOCYTE RATIO (NLR) 2.8

MORPHOLOGY

RBC PREDOMINANTLY NORMOCYTIC NORMOCHROMIC

WBC NORMAL MORPHOLOGY

PLATELETS ADEQUATE

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MC-5837

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

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CORP-OPD

BILLNO-150124OPCR016905

BILLNO-150124OPCR016905

Test Report Status Final Results Biological Reference Interval Units

Interpretation(s)

RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(<13) from Beta thalassaemia trait.
 (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
 WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
 (Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients : A-P, Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

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MUMBAI 440001

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HAEMATOLOGY

E.S.R

METHOD : WESTERGREEN METHOD

09

0 - 14

mm at 1 hr

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C

5.2

METHOD : HB VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)

102.5

METHOD : CALCULATED PARAMETER

> 116.0

mg/dL

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)

Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA 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.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
 False Decreased ESR : Pakkioctosis, Sickkioctosis, Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

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REFERENCE :

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

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

recommended for detecting a hemoglobinopathy

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PATIENT NAME : MR. VICKEY TEWARI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004958

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

**PATIENT ID : FH.13049608
CLIENT PATIENT ID: UID:13049608**

**AGE/SEX : 29 Years Male
DRAWN : 23/03/2024 10:34:00
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CORP-OPD

BILLNO-150124OPCR016905

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| IMMUNOHAEMATOLOGY | | | | |
| ABO GROUP & RH TYPE, EDTA WHOLE BLOOD | | | | |
| ABO GROUP | | TYPE B | | |
| RH TYPE | | POSITIVE | | |

METHOD : TUBE AGGLUTINATION

ABO GROUP

TYPE B

METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

Interpretation(s)
ABO GROUP & RH TYPE, EDTA WHOLE 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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PATIENT ID : FH.13049608

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:13049608

MUMBAI 44001

UID:13049608 REQNO-1681901

CORP-OPD

BILNO-1501240PCR016905

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Final

Test Report Status

Results

Biological Reference Interval Units

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL 0.68 0.2 - 1.0 mg/dL
 METHOD : JENDRASSIK AND GROFF

BILIRUBIN, DIRECT 0.15 0.0 - 0.2 mg/dL
 METHOD : JENDRASSIK AND GROFF

BILIRUBIN, INDIRECT 0.53 0.1 - 1.0 mg/dL
 METHOD : CALCULATED PARAMETER

TOTAL PROTEIN 7.5 6.4 - 8.2 g/dL
 METHOD : BIURET

ALBUMIN 4.5 3.4 - 5.0 g/dL
 METHOD : BCP DYE BINDING

GLOBULIN 3 2.0 - 4.1 g/dL
 METHOD : CALCULATED PARAMETER

ALBUMIN/GLOBULIN RATIO 1.5 1.0 - 2.1 RATIO
 METHOD : CALCULATED PARAMETER

ASPARTATE AMINOTRANSFERASE(AST/SGOT) 31 15 - 37 U/L
 METHOD : UV WITH PSP

ALANINE AMINOTRANSFERASE (ALT/SGPT) 80 High < 45.0 U/L
 METHOD : UV WITH PSP

ALKALINE PHOSPHATASE 67 30 - 120 U/L
 METHOD : PNP-ANP

GAMMA GLUTAMYL TRANSFERASE (GGT) 46 15 - 85 U/L
 METHOD : GAMMA GLUTAMYL CARBOXY ANTIROANILIDE

LACTATE DEHYDROGENASE 134 85 - 227 U/L
 METHOD : LACTATE-PYRUVATE

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) 98 mg/dL
 METHOD : HEXOKINASE

Normal : < 100
 Pre-diabetes: 100-125
 Diabetes: >=126

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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN

METHOD : UREASE - UV

7

6 - 20

mg/dL

CREATININE EGFR- EPI

CREATININE

METHOD : ALKALINE PICRATE KINETIC JAFFES

AGE

29

122.86

Refer Interpretation Below ml/min/1.73m2

years

BUN/CREAT RATIO

BUN/CREAT RATIO

METHOD : CALCULATED PARAMETER

8.75

5.00 - 15.00

URIC ACID, SERUM

URIC ACID

METHOD : URICASE UV

7.4 High

3.5 - 7.2

mg/dL

TOTAL PROTEIN, SERUM

TOTAL PROTEIN

METHOD : BIURET

7.5

6.4 - 8.2

g/dL

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ALBUMIN, SERUM

ALBUMIN

METHOD : BCP DYE BINDING

4.5

3.4 - 5.0

g/dL

GLOBULIN

GLOBULIN

METHOD : CALCULATED PARAMETER

3

2.0 - 4.1

g/dL

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM

METHOD : ISE INDIRECT

138

136 - 145

mmol/L

POTASSIUM, SERUM

METHOD : ISE INDIRECT

4.58

3.50 - 5.10

mmol/L

CHLORIDE, SERUM

METHOD : ISE INDIRECT

101

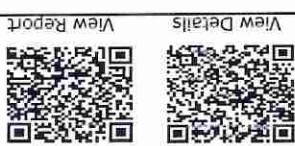
98 - 107

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 catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** result from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis, 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, tumors & scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicous anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

Dr. Akshay Dhote, MD
(Reg.no. MMC 2019/09/6377)
Consultant Pathologist





| | |
|---|--|
| PATIENT NAME : MR. VICKEY TEWARI REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SP/LZD FORTIS HOSPITAL # VASHI, MUMBAI 440011 | ACCESSION NO : 0022XC004958 AGE/SEX : 29 Years Male |
| PATIENT ID : FH.13049608 CLIENT PATIENT ID : UID:13049608 | REPORTED : 23/03/2024 10:34:00 RECEIVED : 23/03/2024 10:34:24 ASHA NO : |
| CLINICAL INFORMATION : UID:13049608 REQNO-1681901 CORP-OPD BILLNO-1501240PCR016905 BILLNO-1501240PCR016905 | |

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|

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 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 kidney, heart, muscle, 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, osteosarcoma, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, rickets, sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilson's disease. **GGT** is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc. **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, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc

GLUCOSE FASTING, FLUORIDE PLASMA-TEST DESCRIPTION
 Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.
Increased in: Diabetes mellitus, Cushing's syndrome (10 – 15%), chronic pancreatitis (30%), Drugs: corticosteroids, phenytoin, estrogen, thiazides, methimazole, adrenergic agents, infant of a diabetic mother, enzyme deficiency.
Decreased in: Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypoparathyroidism, diffuse liver disease, diseases (e.g. galactosemia), Drugs: insulin, ethanol, propofol, sulfonamides, tobitamide, and other oral hypoglycemic agents.
NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.
 High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycaemia, increased insulin response & sensitivity etc.
Causes of decreased level include: Liver disease, SIADH, Dehydration, CHF (Renal), Post Renal (Malignancy, Nephroblastiasis, Prostatism), Causes of decreased level include Liver disease, SIADH, Dehydration, CHF (Renal), Post Renal (Malignancy, Nephroblastiasis, Prostatism).
CREATININE EGFR - 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 mainly 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, in younger than in older individuals, and in 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 1.73m2).. 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/guide/egfr/>
 Harrison's Principles of Internal Medicine, 21st ed, pg 62 and 334
 Chuman JK, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. Kidney Med 2022; 4:100471. 35756325
 URIC ACID, SERUM--Causes of Increased Levels:-Dietary(High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lesch nyan 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.

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CIN - U74899PB1995PLC045956
Tel : 022-39199222, 022-49723322, Fax :

Maharashtra, India
Navi Mumbai, 400703
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,

Agilus Diagnostics Ltd.
PERFORMED AT :

Patient Ref. No. 2200000910865



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Page 11 Of 17

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.

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|

URL:13049608 REQNO-1681901
CORP-OPP
BILLNO-1501240PCR016905
BILLNO-1501240PCR016905

CLINICAL INFORMATION :

| | | |
|----------------------------------|----------------------------------|--------------------------------|
| CODE/NAME & ADDRESS : C000045507 | ACCESSION NO : 0022XC004958 | AGE/SEX : 29 Years Male |
| FORTIS VASHI-CHC - SPLZD | PATIENT ID : FH.13049608 | DRAWN : 23/03/2024 10:34:00 |
| FORTIS HOSPITAL # VASHI, | CLIENT PATIENT ID : UID:13049608 | RECEIVED : 23/03/2024 10:34:24 |
| MUMBAI 440001 | ABHA NO : | REPORTED : 23/03/2024 14:48:16 |

PATIENT NAME : MR. VICKY TEWARI

REF. DOCTOR :



REF. DOCTOR :

PATIENT NAME : MR.VICKEY TEWARI

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004958

PATIENT ID : FH.13049608
PATIENT PATIENT ID : UID:13049608
ABHA NO :
AGE/SEX : 29 Years Male
DRAWN : 23/03/2024 10:34:00
RECEIVED : 23/03/2024 10:34:24
REPORTED : 23/03/2024 14:48:16

CLINICAL INFORMATION :

UID:13049608 REQNO-1681901
CORP-OPD
BILLNO-1501240PCR016905
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| Test Report Status | Final | Results | Biological Reference Interval Units |
|--------------------|-------|---------|-------------------------------------|
|--------------------|-------|---------|-------------------------------------|

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL 219 High < 200 Desirable High 200 - 239 Borderline High >= 240 High

TRIGLYCERIDES 166 High
 METHOD : ENZYMATIC/COLORIMETRIC/CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE

HDL CHOLESTEROL 38 Low
 METHOD : ENZYMATIC ASSAY
 < 40 Low >=60 High

LDL CHOLESTEROL, DIRECT 145 High
 METHOD : DIRECT MEASURE - PEG
 < 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >= 190 Very High

NON HDL CHOLESTEROL 181 High
 METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT
 Desirable: Less than 130 mg/dL Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220

VERY LOW DENSITY LIPOPROTEIN 33.2 High
 METHOD : CALCULATED PARAMETER
 <= 30.0 mg/dL

CHOL/HDL RATIO 5.8 High
 METHOD : CALCULATED PARAMETER
 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

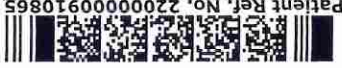
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 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist

(Signature)

PERFORMED AT :

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 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10, Maharashtra, India
 Navl Mumbai, 400703
 CIN - U74899PB1995PLC045956
 Tel : 022-39199222,022-49723322, Fax :
 Email : -

Patient Ref. No. 2200000910865



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REF. DOCTOR :

PATIENT NAME : MR. VICKEY TEWARI

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004958

AGE/SEX : 29 Years Male

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.13049608

DRAWN : 23/03/2024 10:34:00

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID : UID:13049608

RECEIVED : 23/03/2024 10:34:24

MUMBAI 440001

ABHA NO :

REPORTED : 23/03/2024 14:48:16

CLINICAL INFORMATION :

UID:13049608 REQNO-1681901

CORP-OPD

BILNO-1501240PCR016905

BILNO-1501240PCR016905

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|--------------------|-------|---------|-------------------------------------|

LDL/HDL RATIO

3.8 High

0.5 - 3.0 Desirable/Low Risk

3.1 - 6.0 Borderline/Moderate

Risk

>6.0 High Risk

METHOD : CALCULATED PARAMETER

Interpretation(s)

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Patient Ref. No. 2200000910865



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PATIENT NAME : MR. VICKEY TEWARI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004958

AGE/SEX : 29 Years Male
DRAWN : 23/03/2024 10:34:00
RECEIVED : 23/03/2024 10:34:24
REPORTED : 23/03/2024 14:48:16

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 44001

PATIENT ID : FH.13049608
CLIENT PATIENT ID: VID:13049608
ABHA NO :

CLINICAL INFORMATION :
UID:13049608 REQNO-1681901
CORP-OPD
BILNO-1501240PCR016905
BILNO-1501240PCR016905

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE
COLOR
 METHOD : PHYSICAL
APPEARANCE
 METHOD : VISUAL
CLEAR

CHEMICAL EXAMINATION, URINE

| PH | SPECIFIC GRAVITY | PROTEIN | GLUCOSE | KETONES | BLOOD | BILIRUBIN | UROBILINOGEN | NITRITE | LEUKOCYTE ESTERASE |
|---|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------------|
| 6.0 | >=1.005 | NOT DETECTED | NOT DETECTED | NOT DETECTED | NOT DETECTED | NOT DETECTED | NORMAL | NOT DETECTED | NOT DETECTED |
| 4.7 - 7.5 | 1.003 - 1.035 | NOT DETECTED | NOT DETECTED | NOT DETECTED | NOT DETECTED | NOT DETECTED | NORMAL | NOT DETECTED | NOT DETECTED |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY - DOUBLE INDICATOR METHOD METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARANT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION) METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE METHOD : REFLECTANCE SPECTROPHOTOMETRY - DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION - COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRLICH REACTION) METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY | | | | | | | | | |

Dr. Akshay Dhote, MD
 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist

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

(Signature)

(Signature)





PATIENT NAME : MR. VICKEY TEWARI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004958

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.13049608

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:13049608

MUMBAI 44001

ABHA NO :

CLINICAL INFORMATION :

UID:13049608 REQNO-1681901

CORP-OPD

BILLNO-1501240PCR016905

BILLNO-1501240PCR016905

| Test Report Status | Final | Results | Biological Reference Interval | Units |
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|--------------------|-------|---------|-------------------------------|-------|

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS NOT DETECTED /HPF

WBC'S (WBC'S) 2-3 /HPF

EPITHELIAL CELLS 0-1 /HPF

CASTS NOT DETECTED

CRYSTALS NOT DETECTED

BACTERIA NOT DETECTED

YEAST NOT DETECTED

REMARKS: MICROSCOPIC EXAMINATION

URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT

Interpretation(s)

[Signature]

[Signature]

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

Consultant Pathologist

Microbiologist



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PATIENT NAME : MR.VICKEY TEWARI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004958

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.13049608

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:13049608

MUMBAI 440001

UID:13049608 REQNO-1681901

CORP-OPD

BILLNO-1501240PCR016905

BILLNO-1501240PCR016905

CLINICAL INFORMATION :

| | |
|------------------------------------|---------------------------------------|
| AGE/SEX : 29 Years Male | REPORTED : 23/03/2024 14:48:16 |
| DRAWN : 23/03/2024 10:34:00 | RECEIVED : 23/03/2024 10:34:24 |

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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

| | | | | |
|-----------------------------|-------|---------------|--------|--|
| T3 | 152.3 | 80.0 - 200.0 | ng/dL | METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE |
| T4 | 6.39 | 5.10 - 14.10 | µg/dL | METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE |
| TSH (ULTRASENSITIVE) | 4.160 | 0.270 - 4.200 | µIU/mL | METHOD : ELECTROCHEMILUMINESCENCE, SANDWICH IMMUNOASSAY |

Interpretation(s)

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Tel : 022-39199222,022-49723322, Fax :
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PATIENT NAME : MR.VICKEY TEWARI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004958

FORTIS VASHI-CHC -SPLD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

CLIENT PATIENT ID: UID:13049608

PATIENT ID : FH.13049608

ABHA NO :

REPORTED : 23/03/2024 14:48:16

RECEIVED : 23/03/2024 10:34:24

AGE/SEX : 29 Years Male

DRAWN : 23/03/2024 10:34:00

UID:13049608 REQNO-1681901

CORP-OPD

BILLNO-1501240PCR016905

BILLNO-1501240PCR016905

Test Report Status

Final

Results

Biological Reference Interval Units

PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN

1.000

0.0 - 1.4

ng/mL

METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

Interpretation(s)

PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is detected in the male patients with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatitis. PSA is not detected (or detected at very low levels) in the patients without prostate tissue (because of radical prostatectomy or cystoprostatectomy) and also in the female patients.
- It a suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.
- Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and useful in detecting residual disease and early recurrence of tumor.
- Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostatitis and Benign Prostatic Hyperplasia.
- Specimens for total PSA assay should be obtained before prostate biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA (false positive) levels persisting up to 3 weeks.
- range can be used as a guide lines.
- As per American urological guidelines, PSA screening is recommended for early detection of prostate cancer above the age of 40 years. Following Age specific reference range between 4-10 ng/mL.
- Total PSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. Recommended follow up on same platform as patient result can vary due to differences in assay method and reagent specificity.

References
1. Burtis CA, Ashwood ER, Bruns DE, Tietz textbook of clinical chemistry and Molecular Diagnostics, 4th edition.
2. Williamson MA, Snyder LM, Wallach's interpretation of diagnostic tests, 9th edition.

****End Of Report****

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

(Signature)

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Maharashtra, India
CIN - U74899PB1995PLC045956
Tel : 022-39199222,022-49723322, Fax :
Email : -

Patent Ref. No. 2200000910865

View Details

View Report





PATIENT NAME : MR.VICKEY TEWARI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC005028

AGE/SEX : 29 Years Male

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

CLIENT PATIENT ID : UID:13049608

PATIENT ID : FH.13049608

ABHA NO :

UID:13049608 REQNO-1681901

CORP-OPD

BILLNO-1501240PCR016905

BILLNO-1501240PCR016905

Final Test Report Status

Results

Biological Reference Interval Units

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)

142 High

70 - 140

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 hypoglycaemia, Increased insulin response & sensitivity etc.Additional test HbA1c

****End Of Report****

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

(Signature)

Dr. Akshay Dhote, MD
(Reg.no. MMC 2019/09/6377)
Consultant Pathologist

PERFORMED AT :

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Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Mumbai, 400703
Maharashtra, India
CIN - U74899PB1995PLC045956
Tel : 022-39199222,022-49723322, Fax :
Email : -

Patient Ref. No. 22000000910935

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13049008
29 Years

Vickey tewari
Male

3/23/2024 11:10:43 AM

HC

Rate 71 . Sinus rhythm.....normal P axis, V-rate 50-99
 . Borderline ST elevation, anterior leads.....ST >0.15mV in V1-V4
 . Baseline wander in lead(s) V6

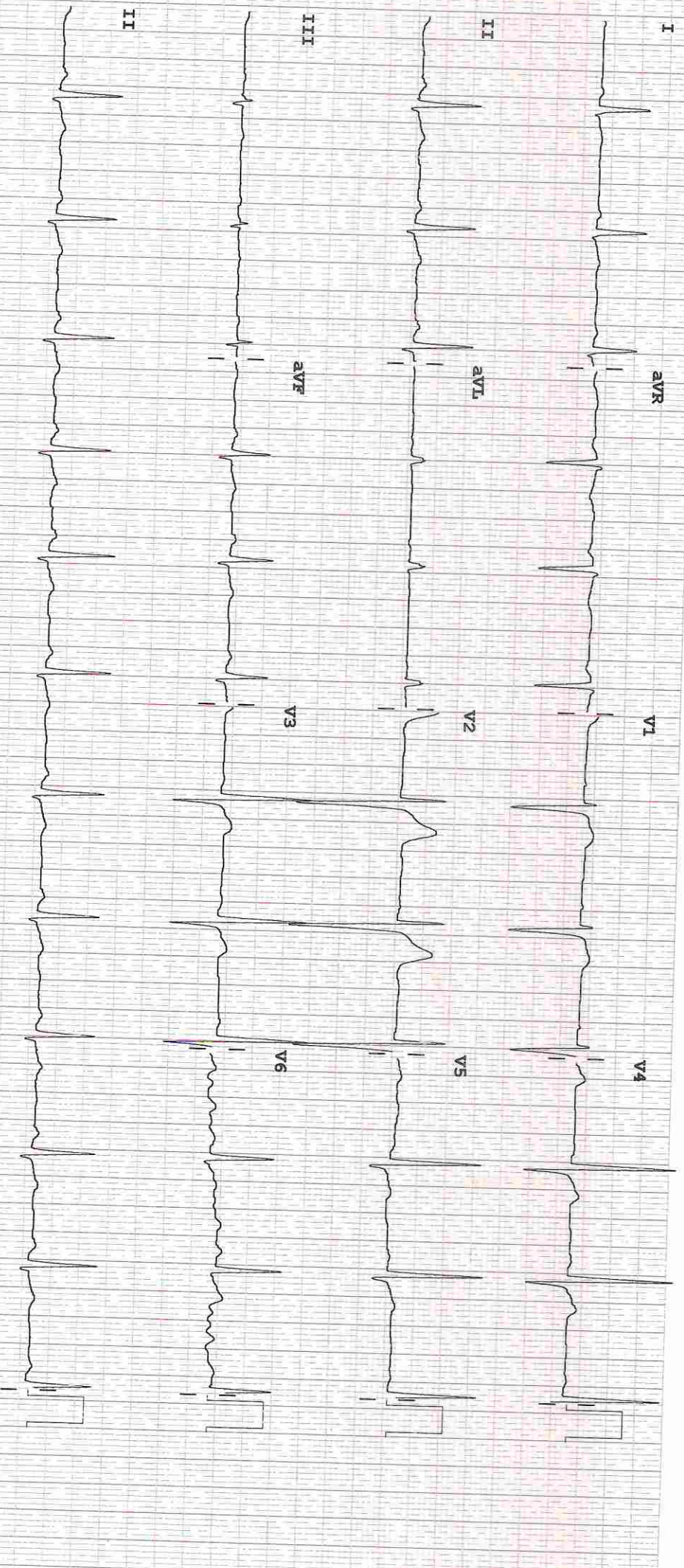
--AXIS--
 P 51
 QRS 36
 T 56

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis

Normal



Device:

Speed: 25 mm/sec

limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50 ~ 0.50-100 Hz W

100B CL

P2

| | | |
|-------------|----|----|
| LA | mm | 32 |
| AO Root | mm | 22 |
| AO CUSP SEP | mm | 18 |
| LVID (s) | mm | 28 |
| LVID (d) | mm | 40 |
| IVS (d) | mm | 10 |
| LVPW (d) | mm | 10 |
| RVID (d) | mm | 28 |
| RA | mm | 29 |
| LVEF | % | 60 |

M-MODE MEASUREMENTS:

- 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.
- IVC measures 13 mm with normal inspiratory collapse.

FINDINGS:

ECHOCARDIOGRAPHY TRANSTHORACIC

Name: Mr. Vicky Tewari | Age | Sex: 29 YEAR(S) | Male | Order Station : FO-OPD | Bed Name :
 UHID | Episode No : 13049608 | 17121/24/1501 | Order No | Order Date: 1501/PN/OP/2403/35908 | 23-Mar-2024 | Admitted On | Reporting Date : 23-Mar-2024 12:45:28 | Order Doctor Name : Dr.SELF.

DEPARTMENT OF NIC

Date: 23/Mar/2024

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 NIC

Date: 25/Mar/2024

Name: Mr. Vickey Tewari

Age | Sex: 29 YEAR(S) | Male

Order Station : FO-OPD

Bed Name :

UHD | Episode No : 13049608 | 17121/24/1501

Order No | Order Date: 1501/PN/OP/2403/35908 | 23-Mar-2024

Admitted On | Reporting Date : 23-Mar-2024 12:45:28

Order Doctor Name : Dr.SELF.

DOPPLER STUDY:

E WAVE VELOCITY: 0.6 m/sec.

A WAVE VELOCITY: 0.5 m/sec.

E/A RATIO: 1.2

| GRADE OF REGURGITATION | MEAN V max (m/sec) | PEAK (mmHg) | MEAN (mmHg) | MITRAL VALVE |
|------------------------|--------------------|-------------|-------------|-----------------|
| Nil | | | N | MITRAL VALVE |
| Nil | | | 05 | AORTIC VALVE |
| Nil | | | N | TRICUSPID VALVE |
| Nil | | | 2.0 | PULMONARY VALVE |

Final Impression :

Normal 2 Dimensional and colour doppler echocardiography study.

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

DR. AMIT SINGH,
MD(MED),DM(CARD)

DR. CHETAN KHADKE
M.D. (Radiologist)

- Grade II fatty infiltration of liver.

Impression:

No evidence of ascites.

PROSTATE is normal in size & echogenicity. It measures ~ 17.8 cc in volume.

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

PANCREAS: Head and body of pancreas is visualised and appears normal. Rest of the pancreas is obscured.

Left kidney measures 10.4 x 5.0 cm.

Right kidney measures 8.9 x 4.7 cm.

of calculi/hydronephrosis.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence

SPLEEN is normal in size and echogenicity.

CBD appears normal in caliber.

calculi in gall bladder. No evidence of pericholecystic collection.

GALL BLADDER is physiologically distended. Gall bladder reveals normal wall thickness. No evidence of

seen in liver. Portal vein appears normal in caliber.

LIVER is normal in size and shows moderately raised echogenicity. No IHBR dilatation. No focal lesion is

USG - WHOLE ABDOMEN

| | | | |
|--------------|-----------------|----------------|-----------------------|
| Patient Name | : Vickey Tewari | Patient ID | : 13049608 |
| Sex / Age | : M / 29Y 7M 4D | Accession No. | : PHC.7773289 |
| Modality | : US | Scan DateTime | : 23-03-2024 11:54:00 |
| IPID No | : 17121/24/1501 | ReportDateTime | : 23-03-2024 12:06:56 |



DR. YOGINI SHAH
DMRD, DNB, (Radiologist)

Bony thorax is unremarkable.

Both costophrenic angles are well maintained.

Trachea and major bronchi appears normal.

The cardiac shadow appears within normal limits.

Both lung fields are clear.

Findings:

X-RAY-CHEST- PA

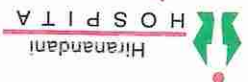
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Order No | Order Date: 1501/PN/OP/2403/35908 | 23-Mar-2024
Admitted On | Reporting Date : 23-Mar-2024 13:57:41
Order Doctor Name : Dr.SELF.

DEPARTMENT OF RADIOLOGY

Date: 23/Mar/2024

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