

BMI CHART

Date: 28/2/24
Sex: M/F
Age: 39 yrs
Name: Manisha Sharma

BP: 100/70 mmHg
Height (cms): 154 cm
Weight(kgs): 66.4 kg
BMI: 28.1

WEIGHT lbs: 100 105 100 115 120 125 130 135 140 145 150 155 160 165 170 175 180 185 190 195 200 205 210 215
kgs: 45.5 47.7 50.50 52.3 54.5 56.8 59.1 61.4 63.6 65.9 68.2 70.5 72.7 75.0 77.3 79.5 81.8 84.1 86.4 88.6 90.9 93.2 95.5 97.7
HEIGHT in/cm: Underweight Healthy Overweight Obese Extremely Obese

19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

Doctors Notes:

Signature



UHD	5635239	Mrs Manisha Sharma		ENT	OPD
Date	28/02/2024	Sex	F	Health Check Up	
Age	39				

Drug allergy:
Sys illness:

Ear itching

B/L m. ear

3

Caplor D ear drop @ 4 itchy.

DR. DEVIKUMAR
MS (ENT), DNB, MRCS (UK)
Reg. No.: MMC-2013/03/0579

UHD	5635239	Mrs Manisha Sharma	Date	28/02/2024
Name	Mrs Manisha Sharma	Sex	F	Age
OPD	PAP	Health Check-Up		

39yrs old female

- Married since 10yrs
 - P, L, A
 P, 18yrs male | FTRD | spontaneous conception
 - LMP - 18/12/24
 Regular 3rd / every 28-30d / mod flow

Adv
 - counselled about papsman
 - pap smear done 23 April
 - Report - negative
 - Repeat pap smear 2026

Dr - Pro
 Retiree days

History - S. Ann, S. Prakash.
 1 T. Foliate L 12 → to ~~carcinoma~~

pts / etc →

✗

UHD	5635239	Date	28/02/2024
Name	Mrs Manisha Sharma	Sex	F
OPD	Dental	Age	39
Health Check-Up			

H10 of
 Drug allergy:
 Sys illness:
 diabetes &

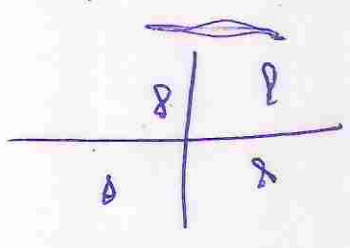
01E - strain +
 - calcium +
 - ~~with suspected c~~ $\frac{8}{8} \mid \frac{8}{8}$ ~~leucis~~
 Hypertension

Treatment

① Scaling Grade I

② Amputation c

③ 0.95 (away)



To pay,
 Scaling Grade I = Rs 2420/-
 Dr. Srujati



UHD	5635239	Name	Mrs Manisha Sharma
OPD			Ophthalm
Date	28/02/2024	Sex	F
Age	39	Health Check-Up	

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

Q. No. 14
 Hk Thyroid of Pre-DM

Dr. [Signature]
 Rg 6/24p
 G 6/26p

Dr. [Signature]
 Rg - 1.50
 G - 1.78
 G/G

NK
 Rg No.
 G. Wg

Dr. [Signature]
 Rg 15.2
 G 14.8
 Top

Dr. [Signature]
 P.H.P.

Email : -

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

Maharashtra, India

Navi Mumbai, 400703

Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Agilus Diagnostics Ltd.

PERFORMED AT :

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

WBC DIFFERENTIAL COUNT

Parameter	Value	Reference Range	Method
HEMATOCRIT (PCV)	38.6	36.0 - 46.0	METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD
MEAN CORPUSCULAR VOLUME (MCV)	91.5	83.0 - 101.0	METHOD : CALCULATED PARAMETER
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	28.2	27.0 - 32.0	METHOD : CALCULATED PARAMETER
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	30.8 Low	31.5 - 34.5	METHOD : CALCULATED PARAMETER
RED CELL DISTRIBUTION WIDTH (RDW)	13.3	11.6 - 14.0	METHOD : CALCULATED PARAMETER
MENTZER INDEX	21.7		METHOD : CALCULATED PARAMETER
MEAN PLATELET VOLUME (MPV)	12.4 High	6.8 - 10.9	METHOD : CALCULATED PARAMETER

RBC AND PLATELET INDICES

Parameter	Value	Reference Range	Method
HEMOGLOBIN (HB)	11.9 Low	12.0 - 15.0	METHOD : SLS METHOD
RED BLOOD CELL (RBC) COUNT	4.22	3.8 - 4.8	METHOD : HYDRODYNAMIC FOCUSING
WHITE BLOOD CELL (WBC) COUNT	8.07	4.0 - 10.0	METHOD : FLUORESCENCE FLOW CYTOMETRY
PLATELET COUNT	244	150 - 410	METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION

BLOOD COUNTS, EDTA WHOLE BLOOD

CBC-5, EDTA WHOLE BLOOD

HAEMATOLOGY - CBC

Test Report Status	Final	Results	Biological Reference Interval	Units
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UID:5635239 REQNO-1668605
CORP-OPD
BILLNO-1501240PCR011640
BILLNO-1501240PCR011640

CLINICAL INFORMATION :

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

PATIENT NAME : MRS.MANISHA SHARMA

REF. DOCTOR :

ACCESSION NO : 0022XB005949

PATIENT ID : FH.5635239

CLIENT PATIENT ID: UID:5635239

ABHA NO :

AGE/SEX : 39 Years Female

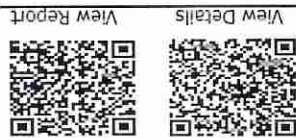
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RECEIVED : 28/02/2024 08:44:44

REPORTED : 28/02/2024 14:03:10



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Email : -

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

Maharashtra, India
Navi Mumbai, 400703

Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Agilus Diagnostics Ltd.

PERFORMED AT :

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

Patient Ref. No. 2200000905546



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Page 2 Of 21

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MORPHOLOGY
RBC
METHOD : MICROSCOPIC EXAMINATION
WBC
METHOD : MICROSCOPIC EXAMINATION
PLATELETS
METHOD : MICROSCOPIC EXAMINATION

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC, MILD
HYPOCHROMASIA

NORMAL MORPHOLOGY

ADEQUATE

NEUTROPHILS
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING
LYMPHOCYTES
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING
MONOCYTES
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING
EOSINOPHILS
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING
BASOPHILS
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING
ABSOLUTE NEUTROPHIL COUNT
METHOD : CALCULATED PARAMETER
ABSOLUTE LYMPHOCYTE COUNT
METHOD : CALCULATED PARAMETER
ABSOLUTE MONOCYTE COUNT
METHOD : CALCULATED PARAMETER
ABSOLUTE EOSINOPHIL COUNT
METHOD : CALCULATED PARAMETER
ABSOLUTE BASOPHIL COUNT
METHOD : CALCULATED PARAMETER
NEUTROPHIL LYMPHOCYTE RATIO (NLR)
METHOD : CALCULATED

61	40.0 - 80.0	%
31	20.0 - 40.0	%
4	2.0 - 10.0	%
4	1 - 6	%
00	0 - 2	%
4.92	2.0 - 7.0	thou/µL
2.50	1.0 - 3.0	thou/µL
0.32	0.2 - 1.0	thou/µL
0.32	0.02 - 0.50	thou/µL
0 Low	0.02 - 0.10	thou/µL

Test Report Status Final Results Biological Reference Interval Units

UID:5635239 REQNO-1668605
CORP-OPD
BILLNO-150124OPCR011640
BILLNO-150124OPCR011640

CLINICAL INFORMATION :

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

ACCESSION NO : 0022XB005949
PATIENT ID : FH.5635239
CLIENT PATIENT ID: UID:5635239
ABHA NO :

AGE/SEX : 39 Years Female
DRAWN : 28/02/2024 08:43:00
RECEIVED : 28/02/2024 08:44:44
REPORTED : 28/02/2024 14:03:10

REF. DOCTOR :

PATIENT NAME : MRS.MANISHA SHARMA

PATIENT NAME : MRS.MANISHA SHARMA REF. DOCTOR :

ACCESSION NO : 0022XB005949	AGE/SEX : 39 Years Female
FORTIS VASHI-CHC -SPLZD	DRAWN : 28/02/2024 08:43:00
FORTIS HOSPITAL # VASHI,	RECEIVED : 28/02/2024 08:44:44
MUMBAI 440001	REPORTED : 28/02/2024 14:03:10
CLIENT PATIENT ID : UID:5635239	
PATIENT ID : FH.5635239	
ABHA NO :	

CLINICAL INFORMATION :

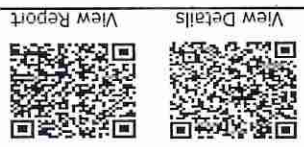
UID:5635239 REQNO-1668605	Test Report Status
CORP-OPD	Final
BILLNO-1501240PCR011640	Results
BILLNO-1501240PCR011640	Biological Reference Interval Units

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 64 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

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





PATIENT NAME : MRS.MANISHA SHARMA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB005949

AGE/SEX : 39 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5635239

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ABHA NO :

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CLINICAL INFORMATION :

UID:5635239 REQNO-1668605

CORP-OPD

BILNO-150124OPCR011640

BILNO-150124OPCR011640

Test Report Status Final

Results

Biological Reference Interval Units

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R

24 High

mm at 1 hr

METHOD : WESTERGRAN METHOD

GLYCOSYLATED HEMOGLOBIN(HB1C), EDTA WHOLE BLOOD

HB1C

5.5

%

METHOD : HB VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)

111.2

mg/dL

METHOD : CALCULATED PARAMETER

Non-diabetic: < 5.7
Pre-diabetic: 5.7 - 6.4
Diabetic: > or = 6.5
Therapeutic goals: < 7.0
Action suggested: < 8.0
(ADA Guideline 2021)

Dr. Akshay Dhote, MD
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PERFORMED AT :

Agilus Diagnostics Ltd,
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
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Patient Ref. No. 2200000905546



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Tel : 022-39199222,022-49723322,

Maharashtra, India

Navi Mumbai, 400703

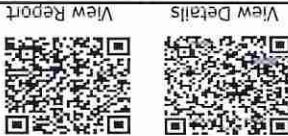
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(Signature)



Page 5 Of 21

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

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

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

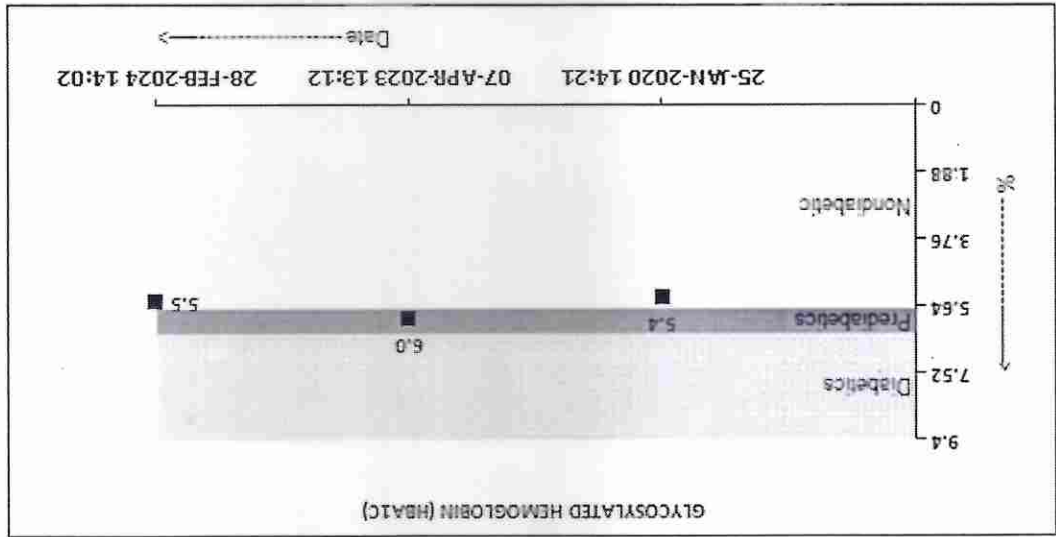
LIMITATIONS

Decreased in: Polycythemia vera, Sickle cell anemia
In pregnancy, BRT in first trimester is 0-40 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Estrogen medication, Aging,
Increase in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy,
TEST INTERPRETATION
Inflammatory condition,CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

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

Interpretation(s)

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



Test Report Status	Final	Results	Biological Reference Interval	Units
CLINICAL INFORMATION : UID:5635239 REQNO-1668605 CORP-OPD BILLNO-150124OPCR011640 BILLNO-150124OPCR011640				
PATIENT NAME : MRS.MANISHA SHARMA REF. DOCTOR :				
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001				
ACCESSION NO : 0022XB005949 AGE/SEX : 39 Years Female				
PATIENT ID : FH.5635239 CLIENT PATIENT ID : UID:5635239 ABHA NO :				
DRAWN : 28/02/2024 08:43:00 RECEIVED : 28/02/2024 08:44:44 REPORTED : 28/02/2024 14:03:10				



Email : -

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

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Navi Mumbai, 400703

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(Signature)

Patient Ref. No. 2200000905546



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Page 6 Of 21

the adult reference range is "Practical Haematology 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 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 HbA1c 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) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 b) HbF > 25% on alternate platform (Boronate affinity chromatography) 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

Test Report Status	Final	Results	Biological Reference Interval	Units
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CORP-OPD	BILLNO-1501240PCR011640			
CLINICAL INFORMATION :				
CODE/NAME & ADDRESS : C000045507				
ACCESSION NO : 0022XB005949				
AGE/SEX : 39 Years Female				
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PATIENT ID : FH.5635239				
CLIENT PATIENT ID: UID:5635239				
MUMBAI 440001				
FORTIS VASHI-CHC -SPLZD				
FORTIS HOSPITAL # VASHI,				
MUMBAI 440001				
REF. DOCTOR : MRS.MANISHA SHARMA				



PATIENT NAME : MRS.MANISHA SHARMA REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB005949

AGE/SEX : 39 Years Female
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CLINICAL INFORMATION :

UID:5635239 REQNO-1668605

CORP-OPD

BILLNO-1501240PCR011640

BILLNO-1501240PCR011640

Test Report Status Final

Results

Biological Reference Interval Units

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.

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

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Tel : 022-39199222,022-49723322,

Maharashtra, India

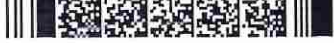
Navi Mumbai, 400703

Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,

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Patient Ref. No. 2200000905546



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Dr. Akshay Dhote, MD
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Consultant Pathologist

METHOD : HEXOKINASE

GLUCOSE FASTING, FLUORIDE PLASMA
FBS (FASTING BLOOD SUGAR)

87
Normal : < 100
Pre-diabetes: 100-125
Diabetes: >/=126
mg/dL

METHOD : LACTATE-PYRVATE

LACTATE DEHYDROGENASE

140
81 - 234
U/L

GAMMA GLUTAMYL TRANSFERASE (GGT)

41
5 - 55
U/L

ALKALINE PHOSPHATASE

110
30 - 120
U/L

ALANINE AMINOTRANSFERASE (ALT/SGPT)

28
< 34.0
U/L

ASPARTATE AMINOTRANSFERASE(AST/SGOT)

19
15 - 37
U/L

ALBUMIN/GLOBULIN RATIO

1.0
1.0 - 2.1
RATIO

GLOBULIN

3.8
2.0 - 4.1
g/dL

ALBUMIN

3.6
3.4 - 5.0
g/dL

TOTAL PROTEIN

7.4
6.4 - 8.2
g/dL

BILIRUBIN, INDIRECT

0.36
0.1 - 1.0
mg/dL

BILIRUBIN, DIRECT

0.05
0.0 - 0.2
mg/dL

BILIRUBIN, TOTAL

0.41
0.2 - 1.0
mg/dL

LIVER FUNCTION PROFILE, SERUM

BIOCHEMISTRY

Test Report Status Final Results Biological Reference Interval Units

BILLNO-1501240PCR011640

BILLNO-1501240PCR011640

CORP-OPD

UID:5635239 REQNO-1668605

CLINICAL INFORMATION :

NUMBAI 44001

FORTIS HOSPITAL # VASHI,

FORTIS VASHI-CHC -SPLZD

CODE/NAME & ADDRESS : C000045507

PATIENT NAME : MRS.MANISHA SHARMA

REF. DOCTOR :

ACCESSION NO : 0022XB005949

AGE/SEX : 39 Years Female

PATIENT ID : FH.5635239

DRAWN : 28/02/2024 08:43:00

CLIENT PATIENT ID : UID:5635239

RECEIVED : 28/02/2024 08:44:44

ABHA NO :

REPORTED : 28/02/2024 14:03:10

Email : -

CIN - U74899PB1995PLC045956

Tel : 022-39199222,022-49723322,
Maharashtra, India

Navli Mumbai, 400703

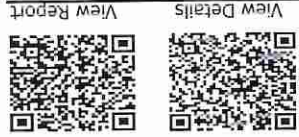
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Agilus Diagnostics Ltd.

PERFORMED AT :

Patient Ref. No. 22000000905546

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

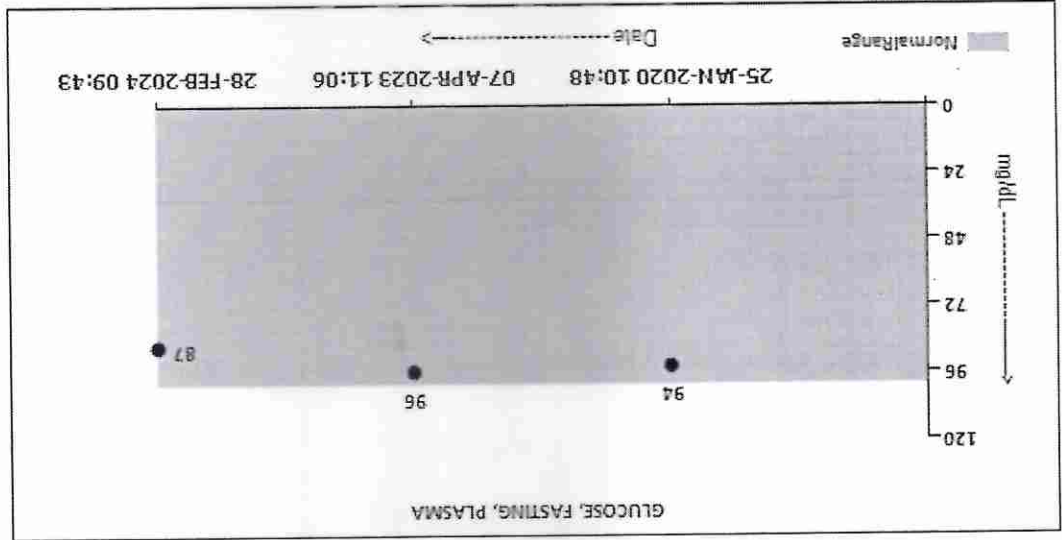
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Page 9 of 21

BLOOD UREA NITROGEN (BUN), SERUM
METHOD : UREASE - UV

8 mg/dL 6 - 20



Test Report Status	Final	Results	Biological Reference Interval	Units
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UID:5635239 REQNO-1668605
CORP-OPD
BILLNO-150124OPCR011640
BILLNO-150124OPCR011640

CLINICAL INFORMATION :

PATIENT NAME & ADDRESS : C000045507
MUMBAI 440001
FORTIS VASHI-CHC -SPLD
FORTIS HOSPITAL # VASHI,

REF. DOCTOR : MRS.MANISHA SHARMA
ACCESSION NO : 0022XB005949
PATIENT ID : FH.5635239
CLIENT PATIENT ID : UID:5635239
ABHA NO :

AGE/SEX : 39 Years Female
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PATIENT NAME : MRS.MANISHA SHARMA

REF. DOCTOR :



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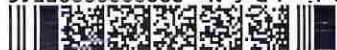
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Agilus Diagnostics Ltd.

PERFORMED AT :

Patient Ref. No. 2200000905546



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Consultant Pathologist

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CREATININE EGFR- EPI

CREATININE

METHOD : ALKALINE PICRATE KINETIC JAFFES

0.58 Low

0.60 - 1.10

mg/dL

AGE

39

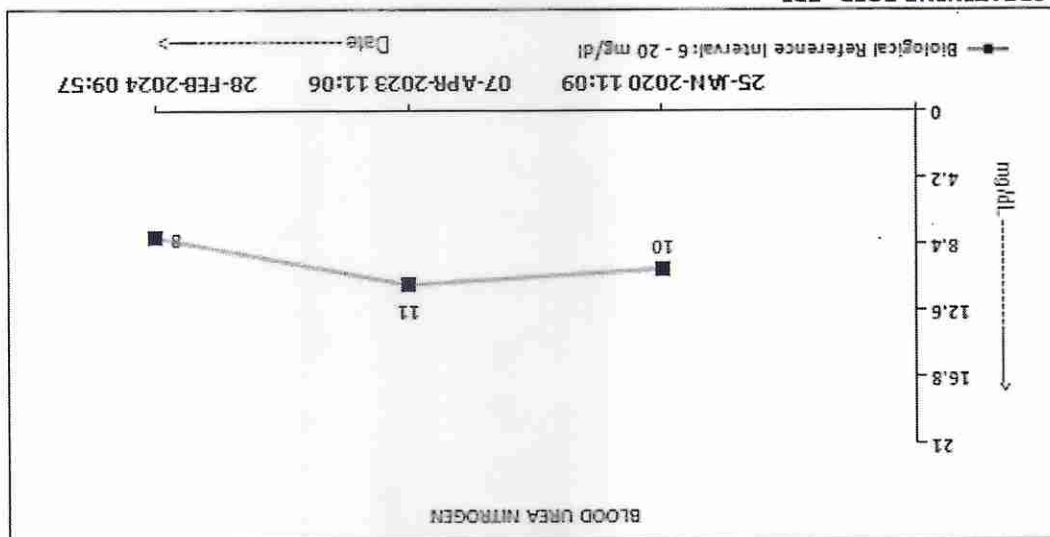
years

GLOMERULAR FILTRATION RATE (FEMALE)

117.98

Refer Interpretation Below ml/min/1.73m²

METHOD : CALCULATED PARAMETER



Test Report Status Final Biological Reference Interval Units

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CORP-OPD
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BILLNO-1501240PCR011640

CLINICAL INFORMATION :

<p>CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, NUMBAI 44001</p>	<p>PATIENT NAME : MRS.MANISHA SHARMA REF. DOCTOR :</p>	<p>AGE/SEX : 39 Years Female DRAWN : 28/02/2024 08:43:00 RECEIVED : 28/02/2024 08:44:44 REPORTED : 28/02/2024 14:03:10</p>
<p>ACCESSION NO : 0022XB005949</p>	<p>PATIENT ID : FH.5635239 CLIENT PATIENT ID : UID:5635239 ABHA NO :</p>	



PATIENT NAME : MRS.MANISHA SHARMA

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MUMBAI 440001

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CORP-OPD

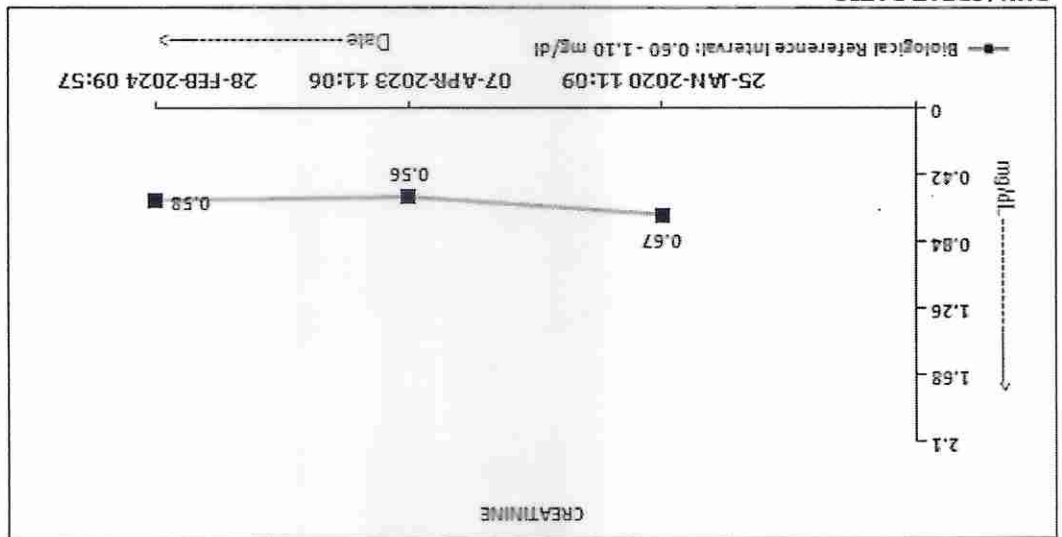
BILNO-1501240PCR011640

BILNO-1501240PCR011640

Test Report Status Final

Results

Biological Reference Interval Units



BUN/CREAT RATIO

13.79

5.00 - 15.00

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

4.8

2.6 - 6.0

METHOD : URICASE UV

TOTAL PROTEIN, SERUM

7.4

6.4 - 8.2

METHOD : BIURET

ALBUMIN, SERUM



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BILLNO-150124OPCR011640

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Final Test Report Status

Results

Biological Reference Interval Units

ALBUMIN

METHOD : BCP DYE BINDING

3.6

3.4 - 5.0

g/dL

GLOBULIN

METHOD : CALCULATED PARAMETER

3.8

2.0 - 4.1

g/dL

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM

METHOD : ISE INDIRECT

139

136 - 145

mmol/L

POTASSIUM, SERUM

METHOD : ISE INDIRECT

4.12

3.50 - 5.10

mmol/L

CHLORIDE, SERUM

METHOD : ISE INDIRECT

104

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, drug reactions, alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin in some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin. AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemorrhocytosis. 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. Issues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels 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

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Patient Ref. No. 2200000905548



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Tel : 022-39199222,022-49723322,

Maharashtra, India

Navi Mumbai, 400703

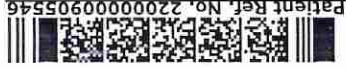
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Consultant Pathologist

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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 Ghuman 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 nyhan syndrome,Type 2 DM,metabolic syndrome,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 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.

formula has less bias and greater accuracy which helps in early diagnosis and also reduces the rate of false positive diagnosis of CKD.

- 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 estimate of the actual GFR can be determined.

- 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.

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

- Creatinine is higher in men than in women, in younger than in older individuals, and in blacks than in whites.

- 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.

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

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

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

Causes of decreased level include Liver disease, S1ADH, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrothiasis, Prostatism)

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, Nephrothiasis, Prostatism)

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

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 maligancy(adrenocortical, stomach,flurosarcoma),infant of a diabetic mother,enzyme deficiency

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.

Decreased in :Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency,hypopituitarism,diffuse liver disease, Increased in:Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%), Drugs:corticosteroids,phenytoin, estrogen, thiazides, malfigancy(adrenocortical, stomach,flurosarcoma),infant of a diabetic mother,enzyme deficiency

Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%), Drugs:corticosteroids,phenytoin, estrogen, thiazides, malfigancy(adrenocortical, stomach,flurosarcoma),infant of a diabetic mother,enzyme deficiency

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

GLUCOSE FASTING,FLUORIDE PLASMA-TEST DESCRIPTION

(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

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.

Lower-than-normal levels may be due to: Agammaglobulinemia,bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenström disease, Lower-than-normal levels may be due to: Agammaglobulinemia,bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.

Test Report Status	Final	Results	Biological Reference Interval	Units
CLINICAL INFORMATION :				
UID:5635239 REQNO-1668605				
CORP-OPD				
BILLNO-1501240PCR011640				
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CODE/NAME & ADDRESS : C000045507				
ACCESSION NO : 0022XB005949				
AGE/SEX : 39 Years Female				
DRAWN : 28/02/2024 08:43:00				
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PATIENT ID : FH.5635239				
CLIENT PATIENT ID : UID:5635239				
ABHA NO :				
MUMBAI 440001				
FORTIS VASHI-CHC -SPLZD				
FORTIS HOSPITAL # VASHI,				
PATIENT NAME : MRS.MANISHA SHARMA				
REF. DOCTOR :				



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Maharashtra, India

Navi Mumbai, 400703

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Agilus Diagnostics Ltd.

PERFORMED AT :

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

METHOD : CALCULATED PARAMETER

CHOL/HDL RATIO

METHOD : CALCULATED PARAMETER

VERY LOW DENSITY LIPOPROTEIN

METHOD : CALCULATED PARAMETER

NON HDL CHOLESTEROL

METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT

LDL CHOLESTEROL, DIRECT

METHOD : DIRECT MEASURE - PEG

HDL CHOLESTEROL

METHOD : ENZYMATIC ASSAY

TRIGLYCERIDES

METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE

CHOLESTEROL, TOTAL

< 200 Desirable
200 - 239 Borderline High
/>= 240 High

< 150 Normal
150 - 199 Borderline High
200 - 499 High
/>= 500 Very High

< 40 Low
/>= 60 High

< 100 Optimal
100 - 129 Near or above optimal
130 - 159 Borderline High
160 - 189 High
/>= 190 Very High

Desirable: Less than 130
Above Desirable: 130 - 159
Borderline High: 160 - 189
High: 190 - 219
Very high: > or = 220

mg/dL
<= 30.0
3.3 - 4.4 Low Risk
4.5 - 7.0 Average Risk
7.1 - 11.0 Moderate Risk
> 11.0 High Risk

4.5 High

26.6

148 High

126

42

133

190

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

Test Report Status Final Results Biological Reference Interval Units

BILLNO-1501240PCR011640

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CORP-OPD

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MUMBAI 440001

FORTIS HOSPITAL # VASHI,

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CORP-OPD

BILNO-1501240PCR011640

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Test Report Status Final

Results

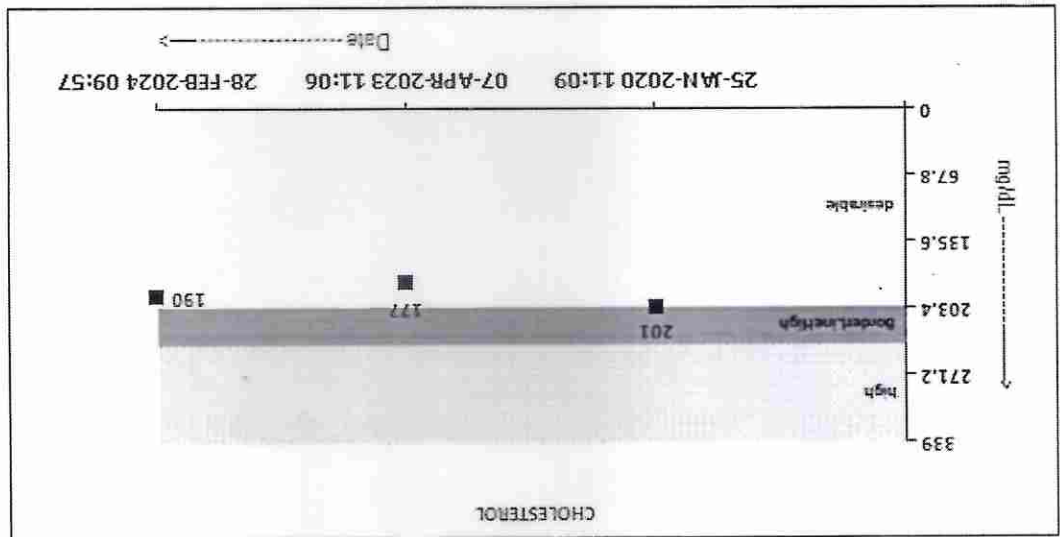
Biological Reference Interval Units

LDL/HDL RATIO

3.0

0.5 - 3.0 Desirable/Low Risk
 3.1 - 6.0 Borderline/Moderate Risk
 >6.0 High Risk

METHOD : CALCULATED PARAMETER



Dr. Akshay Dhore, MD
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 Consultant Pathologist

(Signature)

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CORP-OPD

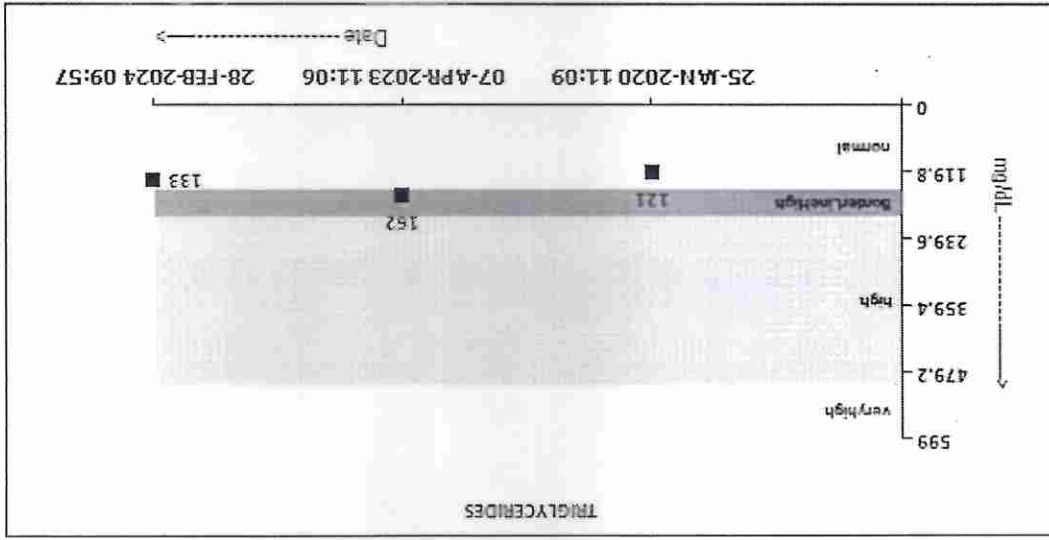
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Final Test Report Status

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

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(Signature)

Patient Ref. No. Z200000905546



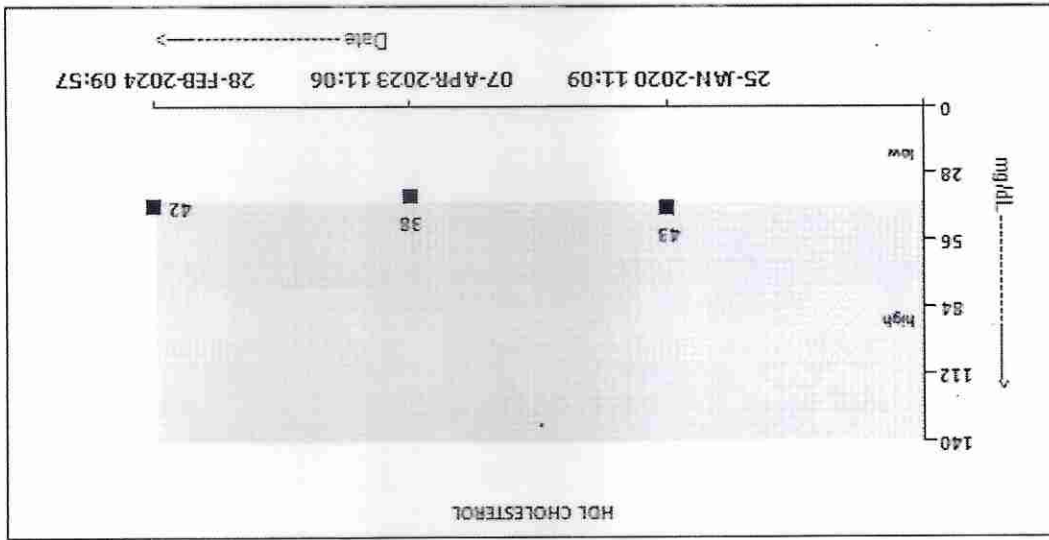
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Page 17 Of 21



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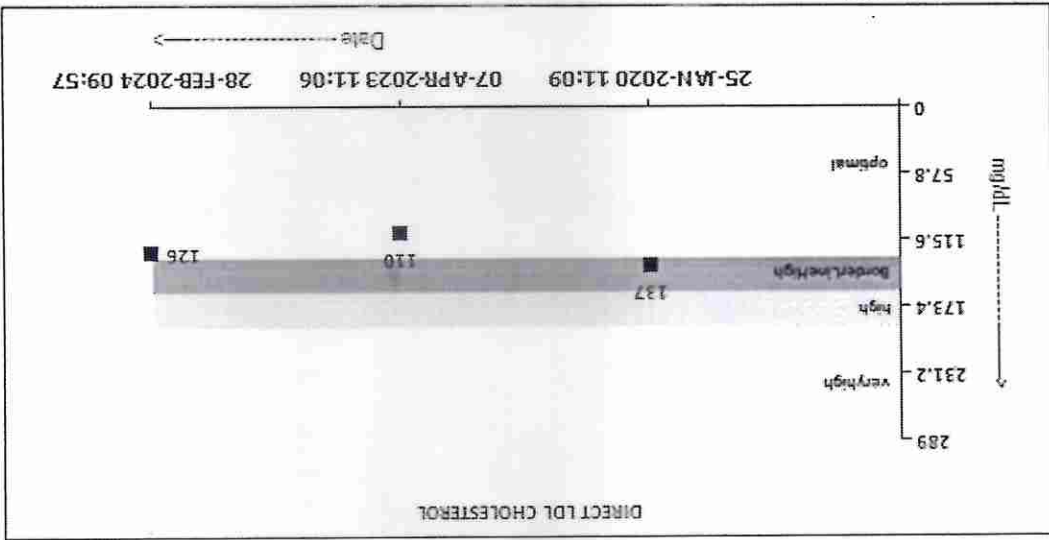
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Test Report Status Final

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Interpretation(s)

Dr. Akshay Dhotre, MD
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 CIN - U74899PB1995PLC045956
 Email : -

Patient Ref. No. 2200000905546



PATIENT NAME : MRS.MANISHA SHARMA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB005949

AGE/SEX : 39 Years Female

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

PATIENT ID : FH.5635239

CLIENT PATIENT ID : UID:5635239

REPORTED : 28/02/2024 14:03:10

RECEIVED : 28/02/2024 08:44:44

DRAWN : 28/02/2024 08:43:00

CLINICAL INFORMATION :

UID:5635239 REQNO-1668605

CORP-OPD

BILLNO-1501240PCR011640

BILLNO-1501240PCR011640

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

COLOR

PALE YELLOW

METHOD : PHYSICAL

HAZY

APPEARANCE

METHOD : VISUAL

CHEMICAL EXAMINATION, URINE

pH

6.0

4.7 - 7.5

SPECIFIC GRAVITY

<=1.005

1.003 - 1.035

PROTEIN

NOT DETECTED

NOT DETECTED

GLUCOSE

NOT DETECTED

NOT DETECTED

KETONES

NOT DETECTED

NOT DETECTED

BLOOD

NOT DETECTED

NOT DETECTED

BILIRUBIN

NOT DETECTED

NOT DETECTED

UROBILINOGEN

NORMAL

NORMAL

NITRITE

NOT DETECTED

NOT DETECTED

LEUKOCYTE ESTERASE

DETECTED (++)

NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY

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

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

View Details



View Report



Email : -

CIN - U74699PB1995PLC045956
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Maharashtra, India

Navl Mumbai, 400703

Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,

Agilus Diagnostics Ltd.
PERFORMED AT :



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Page 20 Of 21

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

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

Rekha N

Akshay

Interpretation(s)

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS
METHOD : MICROSCOPIC EXAMINATION
NOT DETECTED

PUS CELL (WBC'S)
METHOD : MICROSCOPIC EXAMINATION
0-5 /HPF

EPITHELIAL CELLS
METHOD : MICROSCOPIC EXAMINATION
0-5 /HPF

CASTS
METHOD : MICROSCOPIC EXAMINATION
NOT DETECTED

CRYSTALS
METHOD : MICROSCOPIC EXAMINATION
NOT DETECTED

BACTERIA
METHOD : MICROSCOPIC EXAMINATION
DETECTED

YEAST
METHOD : MICROSCOPIC EXAMINATION
NOT DETECTED

REMARKS
METHOD : MICROSCOPIC EXAMINATION
NOT DETECTED

URINARY MICROSCOPIC EXAMINATION DONE ON URINARY
CENTRIFUGED SEDIMENT.

Test Report Status	Final	Results	Biological Reference Interval	Units
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	0-5	/HPF
PUS CELL (WBC'S)	0-5	0-5	0-5	/HPF
EPITHELIAL CELLS	0-5	0-5	0-5	/HPF
CASTS	NOT DETECTED	NOT DETECTED		
CRYSTALS	NOT DETECTED	NOT DETECTED		
BACTERIA	DETECTED	DETECTED		
YEAST	NOT DETECTED	NOT DETECTED		

CLINICAL INFORMATION :

CODE/NAME & ADDRESS : C000045507
PATIENT NAME : MRS.MANISHA SHARMA
REF. DOCTOR :

ACCESSION NO : 0022XB005949
PATIENT ID : FH.5635239
CLIENT PATIENT ID : UID:5635239
ABHA NO :

AGE/SEX : 39 Years Female
DRAWN : 28/02/2024 08:43:00
RECEIVED : 28/02/2024 08:44:44
REPORTED : 28/02/2024 14:03:10



PATIENT NAME : MRS.MANISHA SHARMA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB005949

AGE/SEX : 39 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5635239

DRAWN : 28/02/2024 08:43:00

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID : UID:5635239

RECEIVED : 28/02/2024 08:44:44

MUMBAI 440001

ABHA NO :

REPORTED : 28/02/2024 14:03:10

CLINICAL INFORMATION :

UID:5635239 REQNO-1668605

CORP-OPD

BILNO-150124PCR011640

BILNO-150124PCR011640

Test Report Status

Final

Results

Biological Reference Interval Units

THYROID PANEL, SERUM

T3

109.2

Non-Pregnant Women 80.0 - 200.0
Pregnant Women 105.0 - 230.0
1st Trimester: 129.0 - 262.0
2nd Trimester: 129.0 - 262.0
3rd Trimester: 135.0 - 262.0

T4

8.69

Non-Pregnant Women 5.10 - 14.10
Pregnant Women 7.33 - 14.80
1st Trimester: 7.93 - 16.10
2nd Trimester: 7.93 - 16.10
3rd Trimester: 6.95 - 15.70

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

TSH (ULTRASENSITIVE)

2.410

Non-Pregnant Women 0.27 - 4.20
Pregnant Women (As per American Thyroid Association) 0.100 - 2.500
1st Trimester 0.200 - 3.000
2nd Trimester 0.200 - 3.000
3rd Trimester 0.300 - 3.000

METHOD : ELECTROCHEMILUMINESCENCE, SANDWICH IMMUNOASSAY

Interpretation(s)

End Of Report

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

(Handwritten Signature)

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

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

Patient Ref. No. 2200000905546

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PATIENT NAME : MRS.MANISHA SHARMA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB005952

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5635239

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID : UID:5635239

MUMBAI 44001

ABHA NO :

UID:5635239 REQNO-1668605

CLINICAL INFORMATION :

CORP-OPD

BILLNO-1501240PCR011640

BILLNO-1501240PCR011640

Test Report Status	Final	Results	Biological Reference Interval	Units
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CLINICAL PATH - STOOL ANALYSIS

STOOL: OVA & PARASITE

PHYSICAL EXAMINATION,STOOL

COLOUR	METHOD : VISUAL	BROWN
CONSISTENCY	METHOD : VISUAL	WELL FORMED
MUCUS	METHOD : VISUAL	ABSENT
VISIBLE BLOOD	METHOD : VISUAL	ABSENT

CHEMICAL EXAMINATION,STOOL

OCCULT BLOOD	METHOD : GUAIAC ACID METHOD	NOT DETECTED
--------------	-----------------------------	--------------

MICROSCOPIC EXAMINATION,STOOL

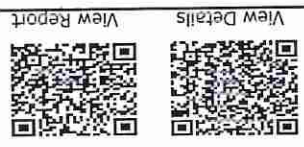
PUS CELLS	METHOD : MICROSCOPIC EXAMINATION	1-2
RED BLOOD CELLS	METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED
CYSTS	METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED
OVA	METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED
LARVAE	METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED
TROPHOZOITES	METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED

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

Rekha N

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 CIN - U74899PB1995PLC045956
 Email : -

Patient Ref. No. 2200000905549

PATIENT NAME : MRS.MANISHA SHARMA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB005952

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5635239

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID : UID:5635239

MUMBAI 440001

ABHA NO :

REPORTED : 28/02/2024 11:19:05

RECEIVED : 28/02/2024 08:48:57

DRAWN : 28/02/2024 08:48:00

AGE/SEX : 39 Years Female

CLINICAL INFORMATION :

UID:5635239 REQNO-168605

CORP-OPD

BILLNO-1501240PCR011640

BILLNO-1501240PCR011640

Test Report Status Final

Results

Biological Reference Interval Units

Interpretation(s)

End Of Report
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Rekha N

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

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Email : -

Patient Ref. No. 2200000905549

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PATIENT NAME : MRS.MANISHA SHARMA
CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 44001

REF. DOCTOR :

ACCESSION NO : 0022XXB005989
PATIENT ID : FH.5635239
CLIENT PATIENT ID : UID:5635239
ABHA NO :
AGE/SEX : 39 Years Female
DRAWN : 28/02/2024 11:23:00
RECEIVED : 28/02/2024 11:24:08
REPORTED : 28/02/2024 13:02:55

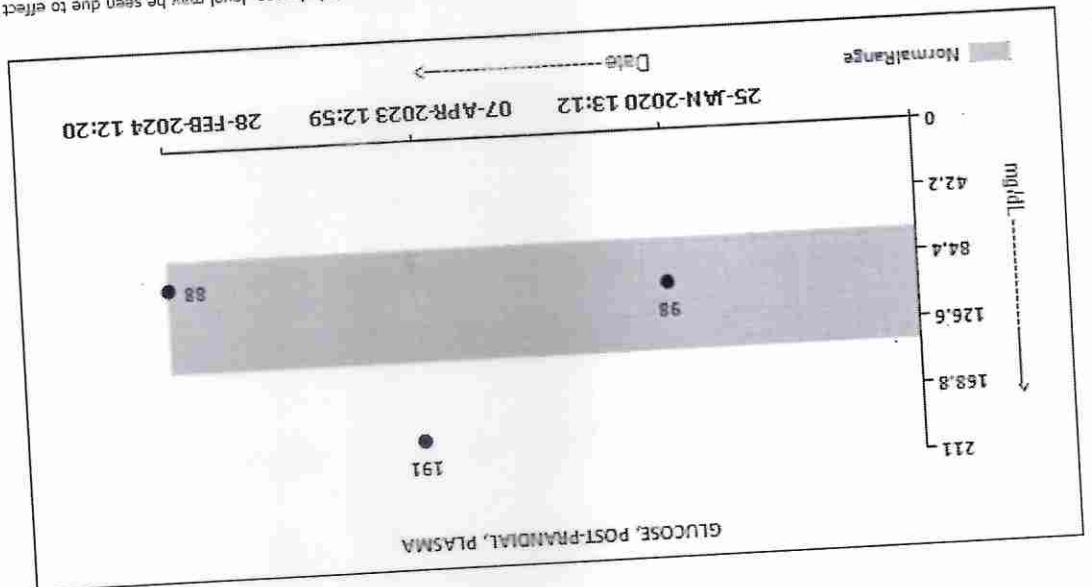
CLINICAL INFORMATION :

UID:5635239 REQNO-1668605
 CORP-OPD
 BILLNO-150124OPCR011640
 BILLNO-150124OPCR011640

Test Report Status	Final	Results	Biological Reference Interval	Units
PPBS(POST PRANDIAL BLOOD SUGAR)	88		70 - 140	mg/dL

METHOD : HEXOKINASE

GLUCOSE, POST-PRANDIAL, PLASMA



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, Allimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c

****End Of Report****
 Please visit www.agilusdiagnostics.com for related Test Information for this accession

Dr. Akshay Dhotre, MD
 (Reg.no. MHC 2019/09/6377)
 Consultant Pathologist

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Patient Ref. No. 22000000905586

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PATIENT NAME : MRS.MANISHA SHARMA

CODE/NAME & ADDRESS : C000018055 - HIRANANDANI HOSPITAL - VASHI -

SECTOR 10, A, VASHI, SECTOR 10, MINI SEA SHORE ROAD, SECTOR 10, A, VASHI,

NAVI MUMBAI 400703

022 39199222

CLINICAL INFORMATION :

REF ACC 0022XB005949,

UID:5635239 REQNO-6840019

OPD-OPD

BILLNO-1501240PC5011756

BILLNO-1501240PC5011756

Final Test Report Status

Results

Biological Reference Interval Units

ENDOCRINOLOGY

AMH / MIS, SERUM

ANTI-MULLERIAN HORMONE / MULLERIAN

0.88

0.15 - 7.49

ng/mL

METHOD : SANDWICH CHEMILUMINESCENCE IMMUNOASSAY

Interpretation(s) AMH / MIS, Serum-Ant mullerian hormone (AMH) or Mullerian inhibiting substances (MIS) is a glycoprotein dimer composed of two 72 kDa monomers linked by disulfide bonds. AMH belongs to the transforming growth factor B (TGF - B) superfamily. AMH is a hormone marker for quantitative prediction of ovarian reserve, ovarian aging, ovarian dysfunction and ovarian responsiveness. The levels of AMH decrease in pre-menopausal women as the quality and number of ovarian follicles decline with age.

Clinical Utility: Serum AMH levels correlate with the number of early antral follicles with greater specificity than Inhibin B, Oestradiol, Follicle Stimulating Hormone and Luteinizing Hormone on cycle day 3. Thus, Day 3 AMH may reflect ovarian follicular status better than these hormone markers. AMH would appear to be a useful marker for predicting ovarian aging and the potential for successful IVF.

• Measuring Ovarian Aging - Diminished ovarian reserve, associated with poor response to IVF, is signalled by reduced baseline serum AMH concentrations. AMH would appear to be a useful marker for predicting ovarian aging and the potential for successful IVF.
 • Predicting Onset of Menopause - The duration of the menopausal transition can vary significantly in individuals and reproductive capacity may be seriously compromised prior to clinical diagnosis. AMH can predict the occurrence of the menopausal transition.
 • Assessing Polycystic Ovary Syndrome - Serum AMH levels are elevated in patients with polycystic ovary syndrome and may be useful as a marker for the extent of the disease.

Interpretation: AMH levels do not change significantly throughout the menstrual cycle and decrease with age.

"Below mentioned reference interval is applicable for evaluating fertility potential."

ng/mL	pmol/L	Ovarian Fertility Potential
4.0 - 6.8	28.6 - 48.5	Optimal Fertility
2.2 - 4.0	15.7 - 28.6	Satisfactory Fertility
0.3 - 2.2	2.2 - 15.7	Low Fertility
0.0 - 0.3	0.0 - 2.2	Very Low / undetectable
> 6.8	> 48.5	High Level

The interpretation guide provided above are only suggestions which are based upon examination of multiple published studies. It is expected in the near future that the refinement of these ranges may occur.

References:
 1. Duringer ALL, Visser JA, Theunissen APN. Regulation of ovarian function: the role of anti-Mullerian hormone. Reproduction 2002; 124:601-609.
 2. Fickel C, Kuhl T, Baglam E, Bakacak Z. Early follicular antimullerian hormone as an indicator of ovarian reserve. Fertility and Sterility 2006; 85:592-6.
 3. Human Reproduction 2007 22(9):2414-2421; doi:10.1093/humrep/dem204.
 4. Fertil Steril. 2005; 83(4):979-87 (ISSN: 1556-5653)

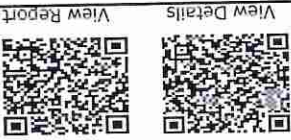
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Dr. Deepak Sanghavi, M.D (Path)
 (Reg.no.MMC2004/03/1530)
 Chief Of Lab - Mumbai Reference

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 Mumbai, 400062
 Maharashtra, India
 Tel : 9111591115, 022 - 67801212
 CIN - U74699PB1995PLC045956



PATIENT NAME : MRS.MANISHA SHARMA

CODE/NAME & ADDRESS : C000018055 HIRANANDANI HOSPITAL - VASHI - SHORE ROAD, SECTOR 10, A, VASHI, SECTOR 10, MINI SEA

NAVI MUMBAI 400703

022 39199222

CLINICAL INFORMATION :

REF ACC 0022XB005949.

UID:5635239 REQNO-6840019

OPD-OPD

BILLNO-1501240PC5011756

BILLNO-1501240PC5011756

Test Report Status Final

Results

Biological Reference Interval Units

SPECIALISED CHEMISTRY - HORMONE

PROLACTIN, SERUM

PROLACTIN

9.53

Women(Non-Pregnant) 4.79 ng/mL

METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY

Interpretation(s)

End Of Report

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Dr. Swapnil Sirmukaddam
Consultant Pathologist

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Navi Mumbai, 410210
Maharashtra, India
Tel : 9111591115
CIN - U74899PB1995PLC045956

Patient Ref. No. 2200000905617



View Details

View Report



39 Years

SHAKMA, SHAKMA
Female

2/28/2024 9:48:34 AM

Rate 71 Sinus rhythm..... normal P axis, V-rate 50-99
 PR 161 RSR' in V1 or V2, right VCD or RVH..... QRS area positive & R' V1/V2
 QRSd 105 Borderline T abnormalities, inferior leads..... T flat/neg, II III aVF
 QT 401
 QTc 436

Normal
A

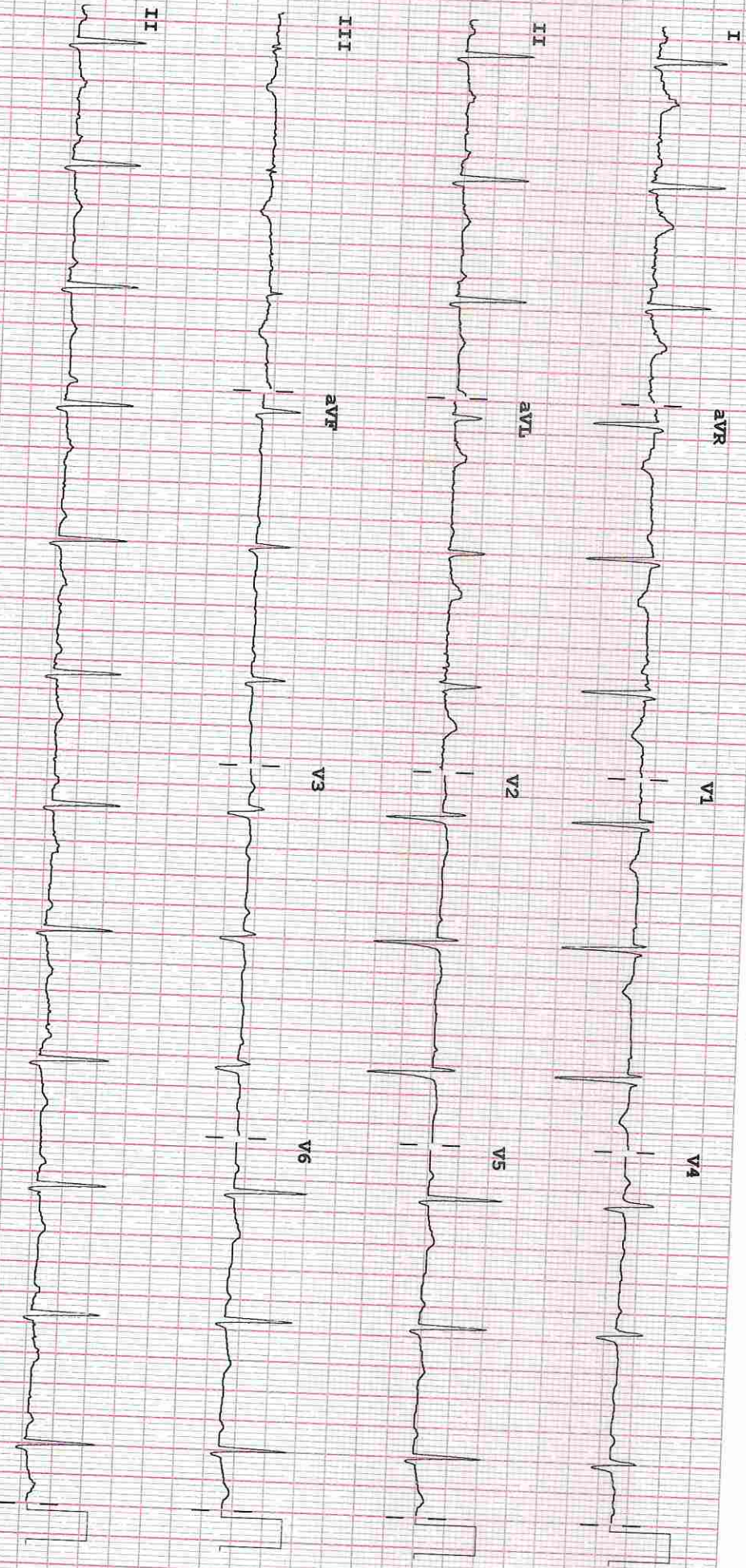
HC

--AXIS--
 P 30
 QRS 26
 T -4

- BORDERLINE ECG -

12 lead, standard placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

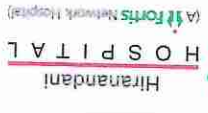
Chest: 10.0 mm/mV

F 50~0.50-100 Hz W

100B CI

P?

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 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: 28/Feb/2024

Name: Mrs. Manisha Sharma
 Age | Sex: 39 YEAR(S) | Female
 Order Station : FO-OPD
 Bed Name :
 UHID | Episode No : 5635239 | 11920/24/1501
 Order No | Order Date: 1501/PN/OP/2402/24769 | 28-Feb-2024
 Admitted On | Reporting Date : 28-Feb-2024 15:56:32
 Order Doctor Name : Dr.SELF.

TREAD MILL TEST (TMT)

Resting Heart rate	68 bpm
Resting Blood pressure	120/70 mmHg
Medication	Nil
Supine ECG	Normal
Standard protocol	BRUCE
Total Exercise time	07 min 09 seconds
Maximum heart rate	158 bpm
Maximum blood pressure	169/95 mmHg
Workload achieved	10.10 METS
Reason for termination	Target heart rate achieved

Final Impression :

STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED MYOCARDIAL ISCHEMIA AT 10.10 METS AND 95 % OF MAXIMUM PREDICTED HEART RATE.

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

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

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

Name: Mrs. Manisha Sharma
Age | Sex: 39 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHD | Episode No : 5635239 | 11920/24/1501
Order No | Order Date: 1501/PN/OP/2402/24769 | 28-Feb-2024
Admitted On | Reporting Date : 28-Feb-2024 14:56:07
Order Doctor Name : Dr.SELF.

DEPARTMENT OF RADIOLOGY

Date: 28/Feb/2024

PAN NO : AABCH5894D

GST IN : 27AABCH5894D1ZG

CIN: U85100MH2005PTC 154823

www.fortishhealthcare.com | vashi@fortishhealthcare.com

For Appointment: 022 - 39199200 | Health Checkup: 022 - 39199300

Emergency: 022 - 39199100 | Ambulance: 1255

Board Line: 022 - 39199222 | Fax: 022 - 39133220

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Fortis HealthCare Pvt. Ltd.

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Hiranandani
HOSPITAL





- Bulky uterus with uterine fibroid indenting the endometrium in lower uterine segment (FIGO 2-5).
- Grade I fatty infiltration of liver.

IMPRESSION:

No evidence of ascites.

Both ovaries are normal.
Right ovary measures 3.1 x 3.6 x 1.6 cm, volume ~ 9.7 cc.
Left ovary measures 3.1 x 3.3 x 1.5 cm, volume ~ 8.5 cc.

UTERUS is bulky in size, measuring 9.7 x 7.2 x 7.2 cm. Endometrium measures 7.1 mm in thickness. A posterior wall fibroid, measuring 6.5 x 4.5 x 6.2 cm is noted indenting the endometrium in lower uterine segment (FIGO 2-5).

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

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

Left kidney measures 10.2 x 4.6 cm.
Right kidney measures 11.1 x 4.5 cm.

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

SPLEEN is normal in size and echogenicity.

GALL BLADDER is contracted. CBD appears normal in caliber.

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

USG - WHOLE ABDOMEN

Patient Name	: Manisha Sharma	Patient ID	: 5635239
Sex / Age	: F / 39Y 4M 9D	Accession No.	: PHC.7570511
Modality	: US	Scan DateTime	: 28-02-2024 10:54:56
IPID No	: 11920/24/1501	ReportDateTime	: 28-02-2024 11:10:57



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

4/5

- No significant abnormality detected.

Impression:

No evidence of axillary lymphadenopathy.
Retromammary soft tissues appear normal.
The fibroglandular architecture is well maintained.
No dilated ducts are noted.
No evidence of solid or cystic lesion.
Bilateral breast parenchyma appears normal.

Findings:

USG - BREAST

Patient Name	:	Manisha Sharma	Patient ID	:	5635239
Sex / Age	:	F / 39Y 4M 9D	Accession No.	:	PHC.7570511
Modality	:	US	Scan DateTime	:	28-02-2024 10:54:56
IPID No	:	11920/24/1501	ReportDateTime	:	28-02-2024 11:10:57

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CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D