Hiranandani
HOSPITAL
(A Fortis Network Hospital)

Hiranandani Fortis Hospital
Mini Seashore Road,
Sector 10 - A, Vashi,
Navi Mumbai - 400 703.
Tel. : +91-22-3919 9222
Fax : +91-22-3919 9220/21
Email : vashi@vashihospital.com

BMI CHART

Date: 13/4/24

Name: pradnya Medhe Age: 34 yrs Sex: M / F

BP: 110/60mmHg Height (cms): 162 cm Weight(kgs): 63.2 kg BMI: ____________

Legend: Underweight | Healthy | Overweight | Obese | Extremely Obese

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

Doctors Notes:

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____

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____

____

____

____
Signature

Hiranandani Healthcare Pvt. Ltd.
Mini Sea Shore Road, Sector 10 -A, Vashi, Navi Mumbai - 400703
Board Line: 022 - 39199222 | Fax: 022 - 39199220
Emergency: 022 - 39199100 | Ambulance: 1255
For Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300
www.fortishealthcare.com |
CIN : U85100MH2005PTC154823
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

Hiranandani HOSPITAL
(A Fortis Network Hospital)

UHID	13088467	Date	13/04/2024		
Name	Mrs.Pradnya Harshal Medhe	Sex	Female	Age	34
OPD	Opthal 14	Health Check-up			

Clo: NO

Drug allergy: → Not known (High Dryness)
Sys illness: → NO
Habit → NO

H/o NO

Vision → RE 6/60 (Blurred)
→ LE 6/60

Refraction → RE -3.00 / -1.25 X 180° 6/6
→ LE -3.50 / -1.50 X 180° 6/6

NV → RE N6
→ LE N6

IOP → RE 14.8
→ LE 15.1

[signature]

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Hiranandani
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UHID	13088467	Date	13/04/2024		
Name	Mrs.Pradnya Harshal Medhe	Sex	Female	Age	34
OPD	Pap Smear	Health Check-up			

Drug allergy:
Sys illness:

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UHID	13088467				
Name	Mrs.Pradnya Harshal Medhe	Date	13/04/2024		
OPD	Dental 12	Sex	Female	Age	34
		Health Check-up			

O/E - Stains +
calculus +
-
-

Drug allergy:
Sys illness:

Treatment

Adv - Scaling Grade I

Dr. Trupti

PATIENT NAME : MRS.PRADNYA HARSHAL MEDHE | **REF. DOCTOR :**

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

ACCESSION NO : **0022XD002273**
PATIENT ID : FH.13088467
CLIENT PATIENT ID: UID:13088467
ABHA NO :

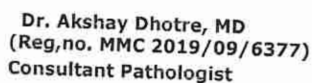
AGE/SEX : 34 Years Female
DRAWN : 13/04/2024 09:06:00
RECEIVED : 13/04/2024 09:13:13
REPORTED : 13/04/2024 13:44:25

CLINICAL INFORMATION :

UID:13088467 REQNO-1691094
CORP-OPD
BILLNO-1501240PCR020460
BILLNO-1501240PCR020460

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
HAEMATOLOGY - CBC			
CBC-5, EDTA WHOLE BLOOD			
BLOOD COUNTS, EDTA WHOLE BLOOD			
HEMOGLOBIN (HB) METHOD : SLS METHOD	**11.3 Low**	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	4.59	3.8 - 4.8	mil/μL
WHITE BLOOD CELL (WBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY	6.37	4.0 - 10.0	thou/μL
PLATELET COUNT METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION	335	150 - 410	thou/μL
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV) METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD	36.2	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	**78.9 Low**	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	**24.6 Low**	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	**31.2 Low**	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	**14.7 High**	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	17.2		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	9.5	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT



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

View Details

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PERFORMED AT :
Agilus Diagnostics Ltd
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222,022-49723322, Fax :
CIN - U74899PB1995PLC045956
Email : -

Patient Ref. No. 22000000914814

PATIENT NAME : MRS.PRADNYA HARSHAL MEDHE **REF. DOCTOR :**

CODE/NAME & ADDRESS : C000045507	ACCESSION NO : **0022XD002273**	AGE/SEX : 34 Years Female
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.13088467	DRAWN : 13/04/2024 09:06:00
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MUMBAI 440001	ABHA NO :	REPORTED : 13/04/2024 13:44:25

CLINICAL INFORMATION :

UID:13088467 REQNO-1691094
CORP-OPD
BILLNO-150124OPCR020460
BILLNO-150124OPCR020460

Test Report Status **Preliminary**	**Results**	**Biological Reference Interval**	**Units**
NEUTROPHILS METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING	55	40.0 - 80.0	%
LYMPHOCYTES METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING	32	20.0 - 40.0	%
MONOCYTES METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING	5	2.0 - 10.0	%
EOSINOPHILS METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING	**8 High**	1 - 6	%
BASOPHILS METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT METHOD : CALCULATED PARAMETER	3.50	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT METHOD : CALCULATED PARAMETER	2.04	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT METHOD : CALCULATED PARAMETER	0.32	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT METHOD : CALCULATED PARAMETER	**0.51 High**	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT METHOD : CALCULATED PARAMETER	**0 Low**	0.02 - 0.10	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR) METHOD : CALCULATED	1.7		

MORPHOLOGY

RBC METHOD : MICROSCOPIC EXAMINATION	MILD HYPOCHROMASIA, MILD MICROCYTOSIS, MILD ANISOCYTOSIS
WBC METHOD : MICROSCOPIC EXAMINATION	NORMAL MORPHOLOGY
PLATELETS METHOD : MICROSCOPIC EXAMINATION	ADEQUATE

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

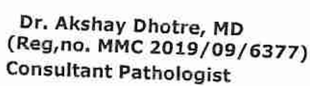
Interpretation(s)

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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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
HAEMATOLOGY			
ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA BLOOD			
E.S.R METHOD : WESTERGREN METHOD	10	0 - 20	mm at 1 hr
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD	PENDING		

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

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

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

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

View Details

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Patient Ref. No. 22000000914814

Diagnostics Report

Fortis | **agilus diagnostics**

MC-5837

PATIENT NAME : MRS.PRADNYA HARSHAL MEDHE | **REF. DOCTOR :**

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

ACCESSION NO : **0022XD002273**
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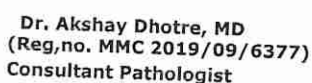
Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
IMMUNOHAEMATOLOGY			
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP	TYPE B		
RH TYPE	POSITIVE		

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

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

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



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Diagnostics Report

Fortis

MC-5837

agilus diagnostics

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CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL – VASHI, MUMBAI 440001	ACCESSION NO : **0022XD002273** PATIENT ID : FH.13088467 CLIENT PATIENT ID: UID:13088467 ABHA NO :	AGE/SEX : 34 Years Female DRAWN : 13/04/2024 09:06:00 RECEIVED : 13/04/2024 09:13:13 REPORTED : 13/04/2024 13:44:25

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BILLNO-1501240PCR020460
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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

Test	Results	Biological Reference Interval	Units
BILIRUBIN, TOTAL	0.51	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT	0.13	0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT	0.38	0.1 - 1.0	mg/dL
TOTAL PROTEIN	7.4	6.4 - 8.2	g/dL
ALBUMIN	3.8	3.4 - 5.0	g/dL
GLOBULIN	3.6	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.1	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	22	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	< 34.0	U/L
ALKALINE PHOSPHATASE	75	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	28	5 - 55	U/L
LACTATE DEHYDROGENASE	183	81 - 234	U/L

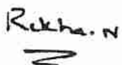
GLUCOSE FASTING,FLUORIDE PLASMA

Test	Results	Biological Reference Interval	Units
FBS (FASTING BLOOD SUGAR)	**124 High**	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >/=126	mg/dL

KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

Test	Results	Biological Reference Interval	Units
BLOOD UREA NITROGEN	**5 Low**	6 - 20	mg/dL



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

View Details

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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
CREATININE EGFR- EPI			
CREATININE	0.61	0.60 - 1.10	mg/dL
AGE	34		years
GLOMERULAR FILTRATION RATE (FEMALE)	120.24	Refer Interpretation Below	mL/min/1.73m2
BUN/CREAT RATIO			
BUN/CREAT RATIO	8.20	5.00 - 15.00	
URIC ACID, SERUM			
URIC ACID	4.4	2.6 - 6.0	mg/dL
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.4	6.4 - 8.2	g/dL
ALBUMIN, SERUM			
ALBUMIN	3.8	3.4 - 5.0	g/dL
GLOBULIN			
GLOBULIN	3.6	2.0 - 4.1	g/dL

Rekha.N

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

ACCESSION NO : **0022XD002273**
PATIENT ID : FH.13088467
CLIENT PATIENT ID: UID:13088467
ABHA NO :

AGE/SEX : 34 Years Female
DRAWN : 13/04/2024 09:06:00
RECEIVED : 13/04/2024 09:13:13
REPORTED : 13/04/2024 13:44:25

CLINICAL INFORMATION :

UID:13088467 REQNO-1691094
CORP-OPD
BILLNO-1501240PCR020460
BILLNO-1501240PCR020460

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM	140	136 - 145	mmol/L
POTASSIUM, SERUM	4.52	3.50 - 5.10	mmol/L
CHLORIDE, SERUM	105	98 - 107	mmol/L

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.**Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

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

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

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

Total Protein also known as total protein,is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.Higher-than-normal levels may be due to:Chronic inflammation or infection,including HIV and hepatitis B or C,Multiple myeloma,Waldenstroms disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.

Albumin is the most abundant protein in human blood plasma.It is produced in the liver.Albumin constitutes about half of the blood serum protein.Low blood albumin levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome,protein-losing enteropathy,Burns,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 sothat no glucose is excreted in the urine.

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

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

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

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

Rekha.N

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

View Details

View Report

Patient Ref. No. 22000000914814

PATIENT NAME : MRS.PRADNYA HARSHAL MEDHE **REF. DOCTOR :**

CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL – VASHI, MUMBAI 440001	ACCESSION NO : **0022XD002273** PATIENT ID : FH.13088467 CLIENT PATIENT ID: UID:13088467 ABHA NO :	AGE/SEX : 34 Years Female DRAWN : 13/04/2024 09:06:00 RECEIVED : 13/04/2024 09:13:13 REPORTED : 13/04/2024 13:44:25

CLINICAL INFORMATION :

UID:13088467 REQNO-1691094
CORP-OPD
BILLNO-150124OPCR020460
BILLNO-150124OPCR020460

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

BLOOD UREA NITROGEN (BUN), SERUM-**Causes of Increased** levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
CREATININE EGFR- EPI-- Kidney disease outcomes quality initiative (KDOQI) 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/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
Harrison"s Principle of Internal Medicine, 21st ed. pg 62 and 334
URIC ACID, SERUM-**Causes of Increased levels:**-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome **Causes of decreased levels**-Low Zinc intake,OCP,Multiple Sclerosis
TOTAL PROTEIN, SERUM-is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.
Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstroms 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.

Rekha.N

Dr. Rekha Nair, MD
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Microbiologist

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Patient Ref. No. 22000000914814

PERFORMED AT :
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Tel : 022-39199222,022-49723322, Fax :
CIN - U74899PB1995PLC045956
Email : -

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BIOCHEMISTRY - LIPID			
LIPID PROFILE, SERUM			
CHOLESTEROL, TOTAL	155	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
TRIGLYCERIDES	142	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
HDL CHOLESTEROL	47	< 40 Low >/=60 High	mg/dL
LDL CHOLESTEROL, DIRECT	92	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
NON HDL CHOLESTEROL	108	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	28.4	</= 30.0	mg/dL
CHOL/HDL RATIO	3.3	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	2.0	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

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

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Patient Ref. No. 22000000914814

MC-5837

agilus diagnostics

PATIENT NAME : MRS.PRADNYA HARSHAL MEDHE **REF. DOCTOR :**

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

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BILLNO-1501240PCR020460
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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
APPEARANCE	CLEAR		
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	**DETECTED (+++)**	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	**40 - 50**	NOT DETECTED	/HPF
PUS CELL (WBC'S)	2-3	0-5	/HPF
EPITHELIAL CELLS	3-5	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	**DETECTED (FEW)**	NOT DETECTED	

Rekha.N

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Patient Ref. No. 22000000914814

Diagnostics Report

Fortis

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MC-5837

PATIENT NAME : MRS.PRADNYA HARSHAL MEDHE **REF. DOCTOR :**

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

ACCESSION NO : **0022XD002273**
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CORP-OPD
BILLNO-1501240PCR020460
BILLNO-1501240PCR020460

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
YEAST	NOT DETECTED	NOT DETECTED	
REMARKS	URINARY MICROSCOPIC EXAMINATION DONE FROM URINARY CENTRIFUGED SEDIMENTATION		

Rekha.N

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

View Details

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Patient Ref. No. 22000000914814

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CLINICAL INFORMATION :

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CORP-OPD
BILLNO-1501240PCR020460
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Test Report Status **Preliminary**	**Results**	**Biological Reference Interval**	**Units**

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

Test	Result	Biological Reference Interval	Units
T3	113.9	Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0	ng/dL
T4	6.53	Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	µg/dL
TSH (ULTRASENSITIVE)	1.260	Non Pregnant Women 0.27 - 4.20 Pregnant Women (As per American Thyroid Association) 1st Trimester 0.100 - 2.500 2nd Trimester 0.200 - 3.000 3rd Trimester 0.300 - 3.000	µIU/mL

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

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

View Details

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Patient Ref. No. 22000000914814

Diagnostics Report

Fortis

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MC-5837

PATIENT NAME : MRS.PRADNYA HARSHAL MEDHE **REF. DOCTOR :**

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

ACCESSION NO : **0022XD002337**
PATIENT ID : FH.13088467
CLIENT PATIENT ID: UID:13088467
ABHA NO :

AGE/SEX :34 Years Female
DRAWN :13/04/2024 11:39:00
RECEIVED : 13/04/2024 11:39:52
REPORTED :13/04/2024 14:30:58

CLINICAL INFORMATION :

UID:13088467 REQNO-1691094
CORP-OPD
BILLNO-150124OPCR020460
BILLNO-150124OPCR020460

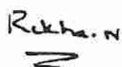
Test Report Status **Final**	Results	Biological Reference Interval	Units
BIOCHEMISTRY			
GLUCOSE, POST-PRANDIAL, PLASMA			
PPBS(POST PRANDIAL BLOOD SUGAR) METHOD : HEXOKINASE	118	70 - 140	mg/dL

Comments

NOTE: POST PRANDIAL PLASMA GLUCOSE VALUES. TO BE CORRELATE WITH CLINICAL, DIETETIC AND THERAPEUTIC HISTORY.

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

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



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

View Details

View Report

Patient Ref. No. 22000000914878

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CIN - U74899PB1995PLC045956
Email : -

Female 4/13/2024 10:37:03 AM

Hc

Rate	70
PR	140
QRSD	90
QT	395
QTc	427

. Sinus rhythm.......................................normal P axis, V-rate 50- 99
. Baseline wander in lead(s) I,III,aVR,aVL,V1,V2,V3,V4,V5,V6

Normal

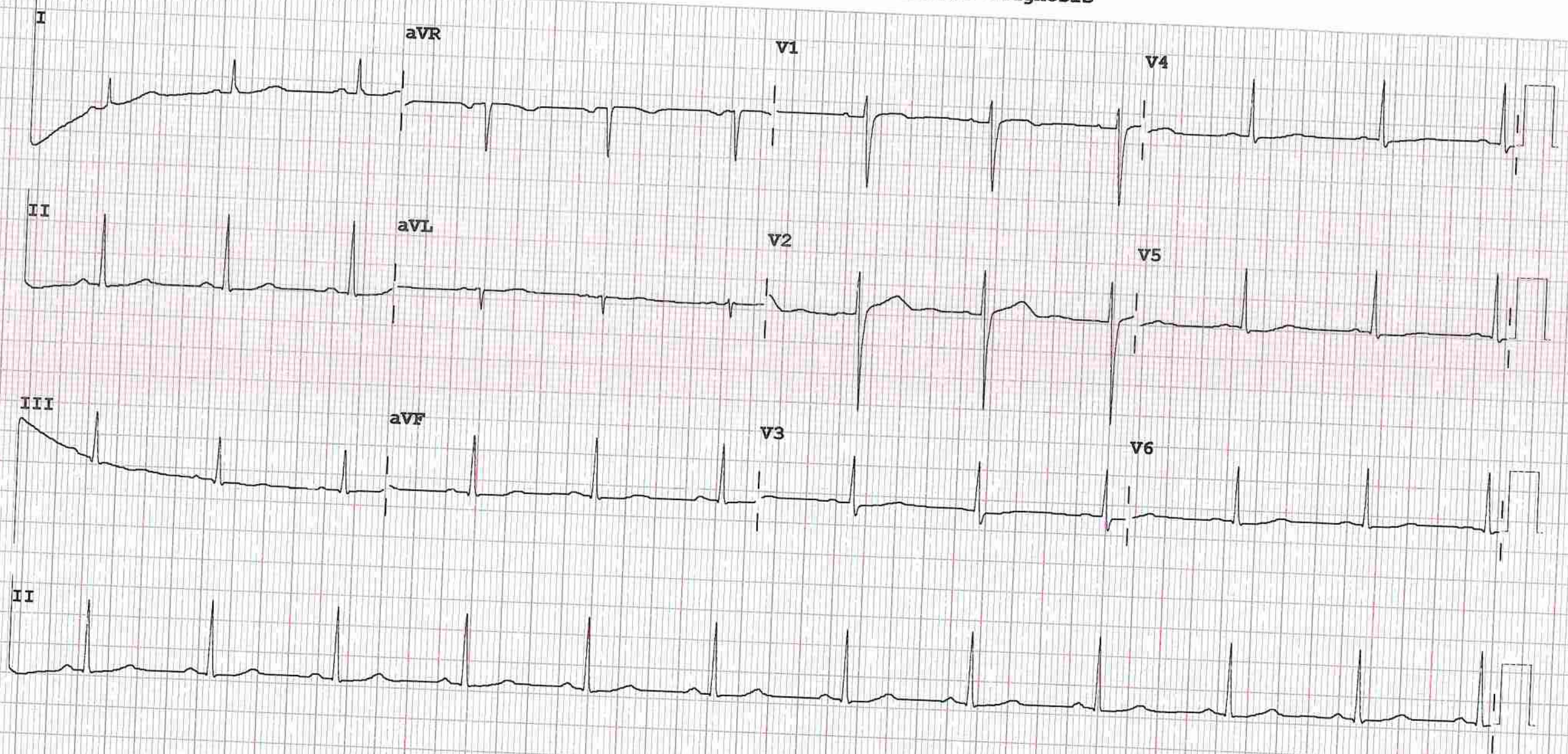
--AXIS--

P	46
QRS	61
T	23

\- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50-100 Hz W 100B CL P?

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For Appointment: 022 - 39199200 I Health Checkup: 022 - 39199300
www.fortishealthcare.com I vashi@fortishealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Hiranandani HOSPITAL
(A Fortis Network Hospital)

DEPARTMENT OF NIC

Date: 13/Apr/2024

Name: Mrs. Pradnya Harshal Medhe
Age | Sex: 34 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 13088467 | 20839/24/1501
Order No | Order Date: 1501/PN/OP/2404/43454 | 13-Apr-2024
Admitted On | Reporting Date : 13-Apr-2024 15:52:45
Order Doctor Name : Dr.SELF .

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction. No e/o raised LVEDP.
- Trivial mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- No tricuspid regurgitation. No pulmonary hypertension.
- Intact IVS and IAS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimension.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 13 mm with normal inspiratory collapse .
- **M-MODE MEASUREMENTS:**

LA	27	mm
AO Root	17	mm
AO CUSP SEP	12	mm
LVID (s)	23	mm
LVID (d)	34	mm
IVS (d)	10	mm
LVPW (d)	10	mm
RVID (d)	26	mm
RA	27	mm
LVEF	60	%

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Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 1.2m/sec.
A WAVE VELOCITY:0.7m/sec
E/A RATIO: 1.6

	PEAK (mmHg)	MEAN (mmHg)	V max (m/sec)	GRADE OF REGURGITATION
MITRAL VALVE	N			Trivial
AORTIC VALVE	05			Nil
TRICUSPID VALVE	20			Nil
PULMONARY VALVE	2.0			Nil

Final Impression :

- No RWMA.
- Trivial MR , No TR . No PH.
- Normal LV and RV systolic function.

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

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

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GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Date: 13/Apr/2024

DEPARTMENT OF RADIOLOGY

Name: Mrs. Pradnya Harshal Medhe
Age | Sex: 34 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 13088467 | 20839/24/1501
Order No | Order Date: 1501/PN/OP/2404/43454 | 13-Apr-2024
Admitted On | Reporting Date : 13-Apr-2024 15:45:22
Order Doctor Name : Dr.SELF .

X-RAY-CHEST- PA

<u>Findings:</u>

Both lung fields are clear.

The cardiac shadow appears within normal limits.

Trachea and major bronchi appears normal.

Both costophrenic angles are well maintained.

Bony thorax is unremarkable.

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

Hiranandani Healthcare Pvt. Ltd.
Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.
Board Line: 022 - 39199222 I Fax: 022 - 39133220
Emergency: 022 - 39199100 I Ambulance: 1255
For Appointment: 022 - 39199200 I Health Checkup: 022 - 39199300
www.fortishealthcare.com I vashi@fortishealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Hiranandani HOSPITAL
(A Fortis Network Hospital)

(For Billing/Reports & Discharge Summary only)

Patient Name	:	Pradnya Harshal Medhe	Patient ID	:	13088467
Sex / Age	:	F / 34Y 11M 5D	Accession No.	:	PHC.7914284
Modality	:	US	Scan DateTime	:	13-04-2024 10:18:32
IPID No	:	20839/24/1501	ReportDatetime	:	13-04-2024 11:21:58

USG – WHOLE ABDOMEN

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

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

SPLEEN is normal in size and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis.
Right kidney measures 9.0 x 4.3 cm. Left kidney measures 10.6 x 5.1 cm.

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

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

UTERUS is normal in size, measuring 6.3 x 5.5 x 4.1 cm.
Endometrium measures 5.0 mm in thickness.

Both ovaries are normal.
Right ovary measures 4.2 x 1.6 cm. Left ovary measures 2.9 x 1.8 cm.

No evidence of ascites.

Impression:

- **Grade I fatty infiltration of liver.**

DR. KUNAL NIGAM
M.D. (Radiologist)

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Admitted On | Reporting Date : 13-Apr-2024 14:08:54
Order Doctor Name : Dr.SELF .

USG - BREAST

Findings:

A 5.6 x 3.4 mm fibroadenoma noted at 10 O'clock position of the left breast.

Rest of the breast parenchyma appears normal.

No dilated ducts are noted.

The fibroglandular architecture is well maintained.

Retromammory soft tissues appear normal.

No evidence of axillary lymphadenopathy.

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DMRD., DNB. (Radiologist)