



BMI CHART

Date: 25/03/2021

Name: Susai Mohan Dhok Age: 32 yrs

Sex: M / F

BP: 120/70 Height (cms): 166 cm Weight(kgs): 66.5 kg BMI: 25

WEIGHT lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
kgs	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7
HEIGHT in/cm	Underweight				Healthy				Overweight				Obese				Extremely Obese							
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
5'2" - 157.4	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39		
5'3" - 160.0	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
5'4" - 162.5	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37			
5'5" - 165.1	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36			
5'6" - 167.6	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36			
5'7" - 170.1	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
5'8" - 172.7	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
5'9" - 176.2	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34			
5'10" - 177.8	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34			
5'11" - 180.3	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33			
6'0" - 182.8	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33			
6'1" - 185.4	13	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			
6'2" - 187.9	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			
6'3" - 190.5	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			
6'4" - 193.0	12	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		

Doctors Notes:



UHID	12372987	Date	25/03/2023		
Name	Mr.Suraj Moha Dhok	Sex	Male	Age	32
OPD	Opthal 14	Health Check Up			

cls No.

nlz No.

Drug allergy: → Not known
 Sys illness: → No

U.A. → R 6/6
 → L 6/6

M → R 6/6
 → L 6/6

P.H. → R → Plano 6/6
 → L → Plano 6/6

M.H. → R 6/6
 → L 6/6

I.O.P. → R → 14.2
 → L → 15.2

[Handwritten signature]

C.V.S.
 20 - 20 ml
 20 ml / 30 ml
 20 ml 30 ml
 End 2



7387696540

UHID	12372987	Date	25/03/2023		
Name	Mr.Suraj Moha Dhok	Sex	Male	Age	32
OPD	Dental 12	Health Check Up			

Drug allergy:
Sys illness:

Stains ++ calculus ++

Treatment

Adv. oral prophylaxis

Dr. Divyasha Kaka



MC-2275

PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004891
 PATIENT ID : FH.12372987
 CLIENT PATIENT ID: UID:12372987
 ABHA NO :

AGE/SEX : 32 Years Male
 DRAWN : 25/03/2023 09:44:00
 RECEIVED : 25/03/2023 09:44:53
 REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-150123OPCR017317
 BILLNO-150123OPCR017317

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

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB) METHOD : SPECTROPHOTOMETRY	16.7	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : ELECTRICAL IMPEDANCE	5.39	4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY	5.14	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : ELECTRICAL IMPEDANCE	344	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : CALCULATED PARAMETER	48.5	40 - 50	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	90.1	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	31.0	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	34.4	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	14.0	11.6 - 14.0	%
MENTZER INDEX	16.7		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	8.3	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS METHOD : FLOWCYTOMETRY	53	40 - 80	%
LYMPHOCYTES METHOD : FLOWCYTOMETRY	37	20 - 40	%

Dubey

Dr.Akta Dubey
 Consultant Pathologist



View Details



View Report

PERFORMED AT :

SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000836424



PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004891
PATIENT ID : FH.12372987
CLIENT PATIENT ID: UID:12372987
ABHA NO :

AGE/SEX : 32 Years Male
DRAWN : 25/03/2023 09:44:00
RECEIVED : 25/03/2023 09:44:53
REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010
CORP-OPD
BILLNO-1501230PCR017317
BILLNO-1501230PCR017317

Test Report Status	Final	Results	Biological Reference Interval	Units
MONOCYTES		9	2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS		1	1 - 6	%
METHOD : FLOWCYTOMETRY				
BASOPHILS		0	0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT		2.72	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.90	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.46	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.05	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0 Low	0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.4		
METHOD : CALCULATED PARAMETER				
MORPHOLOGY				
RBC		PREDOMINANTLY NORMOCYTIC NORMOCHROMIC		
METHOD : MICROSCOPIC EXAMINATION				
WBC		NORMAL MORPHOLOGY		
METHOD : MICROSCOPIC EXAMINATION				
PLATELETS		ADEQUATE		
METHOD : MICROSCOPIC EXAMINATION				

Interpretation(s)

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

Dr.Akta Dubey
Counsellant Pathologist



View Details



View Report

PERFORMED AT :

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CTN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 22000000836424



MC-2275

Fortis

SRL
Diagnostics

PATIENT NAME : MR.SURAJ MOHAN DHOK		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507 - FORTIS		ACCESSION NO : 0022WC004891	AGE/SEX : 32 Years Male
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12372987	DRAWN : 25/03/2023 09:44:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:12372987	RECEIVED : 25/03/2023 09:44:53
MUMBAI 440001		ABHA NO :	REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :
 UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-1501230PCR017317
 BILLNO-1501230PCR017317

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

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.

Dr.Akta Dubey
Consultant Pathologist



View Details



View Report

PERFORMED AT :
 SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -

Patient Ref. No. 22000000836424



MC-2275

Fortis

SRL
Diagnostics

PATIENT NAME : MR.SURAJ MOHAN DHOK		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507 - FORTIS		ACCESSION NO : 0022WC004891	AGE/SEX : 32 Years Male
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12372987	DRAWN : 25/03/2023 09:44:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:12372987	RECEIVED : 25/03/2023 09:44:53
MUMBAI 440001		ABHA NO :	REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :
 UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-150123OPCR017317
 BILLNO-150123OPCR017317

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

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R	04	0 - 14	mm at 1 hr
METHOD : WESTERGREN METHOD			

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

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

TEST INTERPRETATION
Increase in: Infections, Vasculitides, 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(52 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythemia vera, Sickle cell anemia

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

Akta Dubey

Dr.Akta Dubey
Consultant Pathologist



View Details



View Report

PERFORMED AT :
 SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -

Patient Ref. No. 22000000836424



MC-2275

PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

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

ACCESSION NO : **0022WC004891**
PATIENT ID : FH.12372987
CLIENT PATIENT ID: UID:12372987
ABHA NO :

AGE/SEX : 32 Years Male
DRAWN : 25/03/2023 09:44:00
RECEIVED : 25/03/2023 09:44:53
REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010
CORP-OPD
BILLNO-150123OPCR017317
BILLNO-150123OPCR017317

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

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

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

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. Akta Dubey
Consultant Pathologist



View Details



View Report

PERFORMED AT :

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 22000000836424

PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004891
PATIENT ID : FH.12372987
CLIENT PATIENT ID: UID:12372987
ABHA NO :

AGE/SEX : 32 Years Male
DRAWN : 25/03/2023 09:44:00
RECEIVED : 25/03/2023 09:44:53
REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-150123OPCR017317
 BILLNO-150123OPCR017317

Test Report Status Final

Results	Biological Reference Interval	Units
BIOCHEMISTRY		
LIVER FUNCTION PROFILE, SERUM		
BILIRUBIN, TOTAL METHOD : JENDRASSIK AND GROFF	0.87	0.2 - 1.0 mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASSIK AND GROFF	0.15	0.0 - 0.2 mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.72	0.1 - 1.0 mg/dL
TOTAL PROTEIN METHOD : BIURET	8.0	6.4 - 8.2 g/dL
ALBUMIN METHOD : BCP DYE BINDING	4.5	3.4 - 5.0 g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.5	2.0 - 4.1 g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.3	1.0 - 2.1 RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT) METHOD : UV WITH PSP	24	15 - 37 U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH PSP	44	< 45.0 U/L
ALKALINE PHOSPHATASE METHOD : PNPP-ANP	94	30 - 120 U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE	31	15 - 85 U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	126	100 - 190 U/L
GLUCOSE FASTING, FLUORIDE PLASMA		
FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	93	74 - 99 mg/dL
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD		



Dr. Akta Dubey
 Counsultant Pathologist



View Details



View Report

PERFORMED AT :

SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000836424

PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004891
PATIENT ID : FH.12372987
CLIENT PATIENT ID: UID:12372987
ABHA NO :

AGE/SEX : 32 Years Male
DRAWN : 25/03/2023 09:44:00
RECEIVED : 25/03/2023 09:44:53
REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-150123OPCR017317
 BILLNO-150123OPCR017317

Test Report Status	Final	Results	Biological Reference Interval	Units
HBA1C		5.4	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
METHOD : HB VARIANT (HPLC)				
ESTIMATED AVERAGE GLUCOSE(EAG)		108.3	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER				
KIDNEY PANEL - 1				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN		11	6 - 20	mg/dL
METHOD : UREASE - UV				
CREATININE EGFR- EPI				
CREATININE		0.92	0.90 - 1.30	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES				
AGE		32		years
GLOMERULAR FILTRATION RATE (MALE)		113.34	Refer Interpretation Below	mL/min/1.73m2
METHOD : CALCULATED PARAMETER				
BUN/CREAT RATIO				
BUN/CREAT RATIO		11.96	5.00 - 15.00	
METHOD : CALCULATED PARAMETER				
URIC ACID, SERUM				
URIC ACID		6.7	3.5 - 7.2	mg/dL
METHOD : URICASE UV				
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN		8.0	6.4 - 8.2	g/dL
METHOD : BIURET				
ALBUMIN, SERUM				
ALBUMIN		4.5	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING				
GLOBULIN				



Dr.Akta Dubey
 Counsultant Pathologist



View Details



View Report

PERFORMED AT :

SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000836424

PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507 - FORTIS

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

ACCESSION NO : 0022WC004891

PATIENT ID : FH.12372987

CLIENT PATIENT ID: UID:12372987

ABHA NO :

AGE/SEX :32 Years Male

DRAWN :25/03/2023 09:44:00

RECEIVED :25/03/2023 09:44:53

REPORTED :25/03/2023 12:55:28

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010

CORP-OPD

BILLNO-1501230PCR017317

BILLNO-1501230PCR017317

Test Report Status	Final	Results	Biological Reference Interval	Units
GLOBULIN		3.5	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM, SERUM		138	136 - 145	mmol/L
METHOD : ISE INDIRECT				
POTASSIUM, SERUM		4.57	3.50 - 5.10	mmol/L
METHOD : ISE INDIRECT				
CHLORIDE, SERUM		101	98 - 107	mmol/L
METHOD : ISE INDIRECT				

Interpretation(s)

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE

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 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, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilson's disease. GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc. Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's syndrome, Protein-losing enteropathy etc. 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.

GLUCOSE FASTING, FLUORIDE PLASMA-TEST DESCRIPTION

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



Dr. Akta Dubey
Consultant Pathologist



View Details



View Report

PERFORMED AT :

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222, 022-49723322,
CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 22000000836424

PATIENT NAME : MR.SURAJ MOHAN DHOK		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507 - FORTIS		ACCESSION NO : 0022WC004891	AGE/SEX : 32 Years Male
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12372987	DRAWN : 25/03/2023 09:44:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:12372987	RECEIVED : 25/03/2023 09:44:53
MUMBAI 440001		ABHA NO :	REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :
 UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-1501230PCR017317
 BILLNO-1501230PCR017317

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

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; sulfonyleureas,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 Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.
 GLYCOSYLATED HEMOGLOBIN(HbA1C), EDTA WHOLE BLOOD-Used For:

- 1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
- 2.Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).
 The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.
- 1.eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- I.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.
 - II.Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin.
 - III.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.
 - IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
 - a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
 - b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 - c.HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
- BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)**
Causes of decreased level include Liver disease, SIADH.
CREATININE EGFR- EPI-GFR— Glomerular filtration rate (GFR) is a measure of the function of the kidneys. The GFR is a calculation based on a serum creatinine test. Creatinine is a muscle waste product that is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate. When kidney function decreases, less creatinine is excreted and concentrations increase in the blood. With the creatinine test, a reasonable estimate of the actual GFR can be determined.
 A GFR of 60 or higher is in the normal range.
 A GFR below 60 may mean kidney disease.
 A GFR of 15 or lower may mean kidney failure.
 Estimated GFR (eGFR) is the preferred method for identifying people with chronic kidney disease (CKD). In adults, eGFR calculated using the Modification of Diet in Renal Disease (MDRD) Study equation provides a more clinically useful measure of kidney function than serum creatinine alone.
 The CKD-EPI creatinine equation is based on the same four variables as the MDRD Study equation, but uses a 2-slope spline to model the relationship between estimated GFR and serum creatinine, and a different relationship for age, sex and race. The equation was reported to perform better and with less bias than the MDRD Study equation, especially in patients with higher GFR. This results in reduced misclassification of CKD.
 The CKD-EPI creatinine equation has not been validated in children & will only be reported for patients = 18 years of age. For pediatric and childrens, Schwartz Pediatric Bedside eGFR (2009) formulae is used. This revised "bedside" pediatric eGFR requires only serum creatinine and height.
URIC ACID, SERUM-Causes of Increased levels:-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM, Metabolic syndrome

Causes of decreased levels-Low Zinc intake,OCP, Multiple Sclerosis
TOTAL PROTEIN, SERUM-Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin
 Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease

Dubey

Dr.Akta Dubey
Consultant Pathologist



View Details



View Report

PERFORMED AT :
 SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR. 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004891
PATIENT ID : FH.12372987
CLIENT PATIENT ID: UID:12372987
ABHA NO :

AGE/SEX : 32 Years Male
DRAWN : 25/03/2023 09:44:00
RECEIVED : 25/03/2023 09:44:53
REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-1501230PCR017317
 BILLNO-1501230PCR017317

Test Report Status Final

Results

Biological Reference Interval Units

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.



Dr. Akta Dubey
Counsultant Pathologist



View Details



View Report

PERFORMED AT :

SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email :-



Patient Ref. No. 22000000836424

PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004891
 PATIENT ID : FH.12372987
 CLIENT PATIENT ID: UID:12372987
 ABHA NO :

AGE/SEX : 32 Years Male
 DRAWN : 25/03/2023 09:44:00
 RECEIVED : 25/03/2023 09:44:53
 REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-1501230PCR017317
 BILLNO-1501230PCR017317

Test Report Status **Final**

Results

Biological Reference Interval Units

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL

228 High

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

mg/dL

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

TRIGLYCERIDES

225 High

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

mg/dL

METHOD : ENZYMATIC ASSAY

HDL CHOLESTEROL

48

< 40 Low
 >/=60 High

mg/dL

METHOD : DIRECT MEASURE - PEG

LDL CHOLESTEROL, DIRECT

147 High

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

mg/dL

METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT

NON HDL CHOLESTEROL

180 High

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

mg/dL

METHOD : CALCULATED PARAMETER

VERY LOW DENSITY LIPOPROTEIN

45.0 High

</= 30.0

mg/dL

METHOD : CALCULATED PARAMETER

CHOL/HDL RATIO

4.8 High

3.3 - 4.4 Low Risk
 4.5 - 7.0 Average Risk
 7.1 - 11.0 Moderate Risk
 > 11.0 High Risk

METHOD : CALCULATED PARAMETER

LDL/HDL RATIO

3.1 High

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

Akta Dubey

Dr.Akta Dubey
 Counsultant Pathologist



View Details



View Report

PERFORMED AT :

SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email :-



Patient Ref. No. 22000000836424

PATIENT NAME : MR.SURAJ MOHAN DHOK		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507 - FORTIS		ACCESSION NO : 0022WC004891	AGE/SEX : 32 Years Male
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12372987	DRAWN : 25/03/2023 09:44:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:12372987	RECEIVED : 25/03/2023 09:44:53
MUMBAI 440001		ABHA NO :	REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :
 UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-1501230PCR017317
 BILLNO-1501230PCR017317

Test Report Status <u>Final</u>	Results	Biological Reference Interval	Units
--	----------------	--------------------------------------	--------------

Interpretation(s)



Dr. Akta Dubey
Counsultant Pathologist



View Details



View Report

PERFORMED AT :
 SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 2200000836424

PATIENT NAME : MR.SURAJ MOHAN DHOK		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507 - FORTIS	ACCESSION NO : 0022WC004891	AGE/SEX : 32 Years Male
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.12372987	DRAWN : 25/03/2023 09:44:00
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:12372987	RECEIVED : 25/03/2023 09:44:53
MUMBAI 440001	ABHA NO :	REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :
 UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-1501230PCR017317
 BILLNO-1501230PCR017317

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

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

COLOR METHOD : PHYSICAL	PALE YELLOW
APPEARANCE METHOD : VISUAL	CLEAR

CHEMICAL EXAMINATION, URINE

PH METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD	6.0	4.7 - 7.5
SPECIFIC GRAVITY METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)	1.025	1.003 - 1.035
PROTEIN METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE	NOT DETECTED	NOT DETECTED
GLUCOSE METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD	NOT DETECTED	NOT DETECTED
KETONES METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE	NOT DETECTED	NOT DETECTED
BLOOD METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN	NOT DETECTED	NOT DETECTED
BILIRUBIN METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT	NOT DETECTED	NOT DETECTED
UROBILINOGEN METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRlich REACTION)	NORMAL	NORMAL
NITRITE METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE	NOT DETECTED	NOT DETECTED
LEUKOCYTE ESTERASE METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY	NOT DETECTED	NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

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

Dubey
Dr. Akta Dubey
 Consultant Pathologist

Rekha
Dr. Rekha Nair, MD
 Microbiologist



View Details



View Report

PERFORMED AT :
 SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -

Patient Ref. No. 22000000836424

PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004891
 PATIENT ID : FH.12372987
 CLIENT PATIENT ID: UID:12372987
 ABHA NO :

AGE/SEX : 32 Years Male
 DRAWN : 25/03/2023 09:44:00
 RECEIVED : 25/03/2023 09:44:53
 REPORTED : 25/03/2023 12:55:28

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-1501230PCR017317
 BILLNO-1501230PCR017317


Test Report Status Final

Test Report Status	Results	Biological Reference Interval	Units
PUS CELL (WBC'S) METHOD : MICROSCOPIC EXAMINATION	1-2	0-5	/HPF
EPITHELIAL CELLS METHOD : MICROSCOPIC EXAMINATION	1-2	0-5	/HPF
CASTS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
CRYSTALS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
BACTERIA METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
YEAST METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
REMARKS	URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT		
Interpretation(s)			

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



Dr. Akta Dubey
 Consultant Pathologist



Dr. Rekha Nair, MD
 Microbiologist



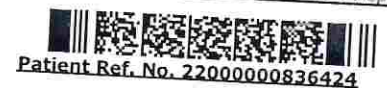
View Details



View Report

PERFORMED AT :

SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000836424

PATIENT NAME : MR.SURAJ MOHAN DHOK		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507 - FORTIS		ACCESSION NO : 0022WC004969	AGE/SEX : 32 Years Male
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12372987	DRAWN : 25/03/2023 12:28:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:12372987	RECEIVED : 25/03/2023 12:30:50
MUMBAI 440001		ABHA NO :	REPORTED : 25/03/2023 14:19:06

CLINICAL INFORMATION :
 UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-1501230PCR017317
 BILLNO-1501230PCR017317

Test Report Status	Final	Results	Biological Reference Interval	Units
BIOCHEMISTRY				
GLUCOSE, POST-PRANDIAL, PLASMA				
PPBS(POST PRANDIAL BLOOD SUGAR)		102	70 - 139	mg/dL
METHOD : HEXOKINASE				

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

****End Of Report****

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



Dr.Akta Dubey
 Consultant Pathologist



View Details



View Report

PERFORMED AT :
 SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000836502



PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004891
 PATIENT ID : FH.12372987
 CLIENT PATIENT ID: UID:12372987
 ABHA NO :

AGE/SEX : 32 Years Male
 DRAWN : 25/03/2023 09:44:00
 RECEIVED : 25/03/2023 09:44:53
 REPORTED : 25/03/2023 15:35:25

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010
 CORP-OPD
 BILLNO-150123OPCR017317
 BILLNO-150123OPCR017317

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

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	111.60	80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			
T4	7.88	5.1 - 14.1	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			
TSH (ULTRASENSITIVE)	1.890	0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			

Interpretation(s)

Dr. Swapnil Sirmukaddam
 Consultant Pathologist



View Details



View Report

PERFORMED AT :

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



Patient Ref. No. 22000000836424



PATIENT NAME : MR.SURAJ MOHAN DHOK

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC004891
PATIENT ID : FH.12372987
CLIENT PATIENT ID: UID:12372987
ABHA NO :

AGE/SEX : 32 Years Male
DRAWN : 25/03/2023 09:44:00
RECEIVED : 25/03/2023 09:44:53
REPORTED : 25/03/2023 15:35:25

CLINICAL INFORMATION :

UID:12372987 REQNO-1431010
CORP-OPD
BILLNO-150123OPCR017317
BILLNO-150123OPCR017317

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

SPECIALISED CHEMISTRY - TUMOR MARKER

PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN 0.624 < 1.4 ng/mL

METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

Interpretation(s)

PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is detected in the male patients with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatitis.
- PSA is not detected (or detected at very low levels) in the patients without prostate tissue (because of radical prostatectomy or cystoprostatectomy) and also in the female patient.
- It a suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.
- Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and useful in detecting residual disease and early recurrence of tumor.
- Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostatitis and Benign Prostatic Hyperplasia.
- Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA (false positive) levels persisting up to 3 weeks.
- As per American urological guidelines, PSA screening is recommended for early detection of Prostate cancer above the age of 40 years. Following Age specific reference range can be used as a guide lines-

Age of male	Reference range (ng/ml)
40-49 years	0-2.5
50-59 years	0-3.5
60-69 years	0-4.5
70-79 years	0-6.5

(* conventional reference level (< 4 ng/ml) is already mentioned in report,which covers all agegroup with 95% prediction interval)
PSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations.Recommended follow up on same platform as patient result can vary due to differences in assay method and reagent specificity.

References- Teitz ,textbook of clinical chemiistry, 4th edition) 2.Wallach's Interpretation of Diagnostic Tests

****End Of Report****

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

Dr. Swapnil Sirmukaddam
786

Dr. Swapnil Sirmukaddam
Consultant Pathologist



View Details



View Report

PERFORMED AT :

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



Patient Ref. No. 2200000836424

12372987
32 Years

SURAJ DHOK
Male

3/25/2023 10:48:33 AM

HC

Rate 100 Sinus tachycardia.....Rate> 99
 PR 137 Biatrial enlargement.....P>80ms, <-0.15mV V1 &>0.30mV 2 lds
 QRSD 91 RSR' in V1 or V2, right VCD or RVH.....QRS area positive & R' V1/V2
 QT 335 ST elev, probable normal early repol pattern.....ST elevation, age<55
 QTc 432

Shiv Dhok

RBCs

correlate (11/15/23)

A

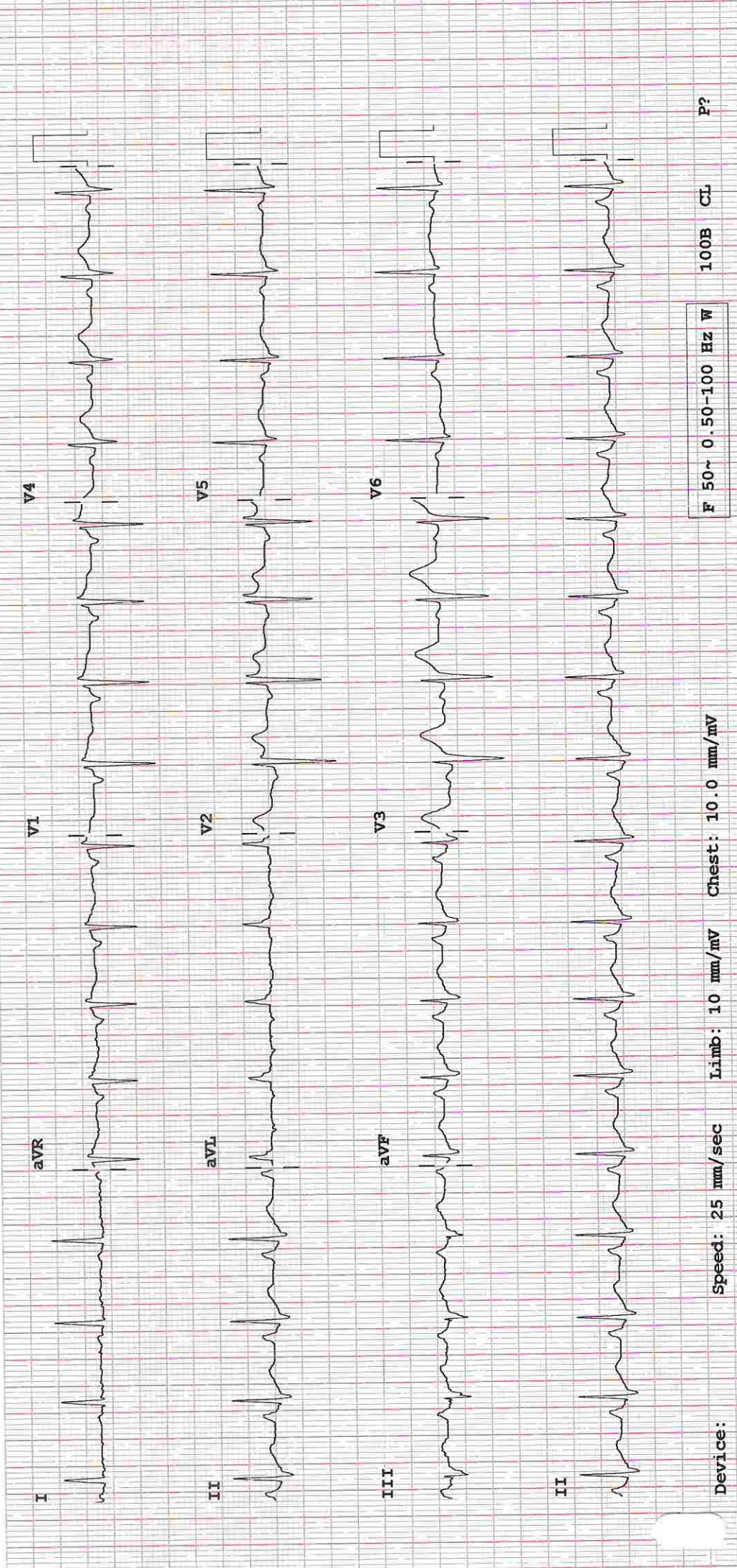
--AXIS--

P 74
 QRS 2
 T 76

12 Lead; Standard Placement

Unconfirmed Diagnosis

- ABNORMAL ECG -



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

100B CL

P?



Date: 27/Mar/2023

DEPARTMENT OF NIC

Name: Mr. Suraj Mohan Dhok
Age | Sex: 32 YEAR(S) | Male
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12372987 | 17507/23/1501
Order No | Order Date: 1501/PN/OP/2303/36493 | 25-Mar-2023
Admitted On | Reporting Date : 27-Mar-2023 14:16:49
Order Doctor Name : Dr.SELF.

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

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

M-MODE MEASUREMENTS:

LA	26	mm
AO Root	22	mm
AO CUSP SEP	15	mm
LVID (s)	21	mm
LVID (d)	36	mm
IVS (d)	09	mm
LVPW (d)	10	mm
RVID (d)	29	mm
RA	31	mm
LVEF	60	%



Date: 27/Mar/2023

DEPARTMENT OF NIC

Name: Mr. Suraj Mohan Dhok
Age | Sex: 32 YEAR(S) | Male
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12372987 | 17507/23/1501
Order No | Order Date: 1501/PN/OP/2303/36493 | 25-Mar-2023
Admitted On | Reporting Date : 27-Mar-2023 14:16:49
Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 0.7 m/sec.
A WAVE VELOCITY:0.6 m/sec
E/A RATIO:1.1

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

Final Impression :

Normal 2-Dimensional and colour doppler echocardiography study.


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

Hiranandani Healthcare Pvt. Ltd.

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

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

Emergency: 022 - 39199100 | Ambulance: 1255

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

www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



DEPARTMENT OF RADIOLOGY

Date: 25/Mar/2023

Name: Mr. Suraj Mohan Dhok

UHID | Episode No : 12372987 | 17507/23/1501

Age | Sex: 32 YEAR(S) | Male

Order No | Order Date: 1501/PN/OP/2303/36493 | 25-Mar-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 25-Mar-2023 12:52:22

Bed Name :

Order Doctor Name : Dr.SELF .

X-RAY-CHEST- PA

Findings:

Both lung fields are clear.

The cardiac shadow appears within normal limits.

Trachea and major bronchi appear normal.

Both costophrenic angles are well maintained.

Bony thorax appears unremarkable.

Aditya

DR. ADITYA NALAWADE

M.D. (Radiologist)



DEPARTMENT OF RADIOLOGY

Date: 25/Mar/2023

Name: Mr. Suraj Mohan Dhok
Age | Sex: 32 YEAR(S) | Male
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12372987 | 17507/23/1501
Order No | Order Date: 1501/PN/OP/2303/36493 | 25-Mar-2023
Admitted On | Reporting Date : 25-Mar-2023 12:02:30
Order Doctor Name : Dr.SELF.

US-WHOLE ABDOMEN

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

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

SPLEEN is normal in size and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis.
Right kidney measures 10.6 x 4.8 cm.
Left kidney measures 9.5 x 4.6 cm.

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

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

PROSTATE is normal in size & echogenicity. It measures ~ 12.1 cc in volume.

No evidence of ascites.

A defect of size 8 mm is seen in anterior abdominal wall at umbilicus through which there is herniation of omental fat – s/o umbilical hernia.

IMPRESSION:

- Grade I fatty infiltration of liver.
- Umbilical hernia as described.


DR. CHETAN KHADKE
M.D. (Radiologist)