

**BMI CHART**

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

Date: / /

Name: \_\_\_\_\_ Age: \_\_\_\_\_ yrs Sex: M / F

BP: 110/70 mmHg Height (cms): 147 cm Weight(kgs): 62.2 kg BMI:

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

Doctors Notes:

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Signature \_\_\_\_\_

UHD	12980540	Date	17/02/2024
Name	Mrs Puja Kumari	Sex	F
OPD	Pap	Age	26
		Health Check-Up	

Drug allergy:  
 Sys illness:

26 yr female (menstrual cycle 3yr. P14)

found no conductivity

no - Nil at present

Lump - gelatinous

Lump - 16/18x13

Prms - 8-10/28-32/1mm

014 - MS 3yr.

P14 - FND

LES - 1.5yr.

Pk - Ca & y gth @ 4yr

- PTP factor

- counselled about virus

Atm

2

UHID	12980540	Date	17/02/2024
Name	Mrs Puja Kumari	Sex	F
OPD	Dental	Age	26
		Health Check-Up	

Drug allergy:  
 Sys illness:

o/e - stain +  
 - calculus +  
 - Caries +

+

Treatment

APD - (1)5 scaling

(2) Filling - +

Dr. Suresh

UHID	12980540	Date	17/02/2024
Name	Mrs Puja Kumari	Sex	F
OPD	Optical	Age	26
		Health Check-Up	

Drug allergy: - Not known  
 Sys illness: - No  
 Habit: - No

Qr. No.  
 Hs No

Right eye  
 → RG 6/gp  
 → G 6/12p  
 → 6/12p  
 → 6/12p

Left eye  
 → RG 6/gp  
 → G 6/12p  
 → 6/12p  
 → 6/12p  
 → 6/12p

Top  
 → RA → 14.8  
 → LA → 14.8

*(Handwritten signature)*





PATIENT NAME : MRS. PUJA KUMARI

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB003571

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12980540

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:12980540

MUMBAI 440001

ABHA NO :

REPORTED : 17/02/2024 16:19:31

RECEIVED : 17/02/2024 10:01:07

DRAWN : 17/02/2024 09:59:00

AGE/SEX : 27 Years Female

REPORTED : 17/02/2024 16:19:31

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CLINICAL INFORMATION :

UID:12980540 REQNO-1663803

CORP-OPD

BILLNO-1501240PCR009378

BILLNO-1501240PCR009378

Test Report Status Final

Results

Biological Reference Interval Units

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)

12.8

12.0 - 15.0

g/dL

HEMOGLOBIN (Hb) METHOD : SLS METHOD

4.92 High

3.8 - 4.8

mil/PL

RED BLOOD CELL (RBC) COUNT

WHITE BLOOD CELL (WBC) COUNT

6.27

4.0 - 10.0

thou/PL

PLATELET COUNT

226

150 - 410

thou/PL

METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)

40.8

36.0 - 46.0

%

METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD

MEAN CORPUSCULAR VOLUME (MCV)

82.9 Low

83.0 - 101.0

fL

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR HEMOGLOBIN (MCH)

26.0 Low

27.0 - 32.0

pg

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)

31.4 Low

31.5 - 34.5

g/dL

METHOD : CALCULATED PARAMETER

RED CELL DISTRIBUTION WIDTH (RDW)

15.0 High

11.6 - 14.0

%

METHOD : CALCULATED PARAMETER

MENTZER INDEX

16.9

MEAN PLATELET VOLUME (MPV)

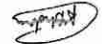
13.0 High

6.8 - 10.9

fL

METHOD : CALCULATED PARAMETER

WBC DIFFERENTIAL COUNT



Dr. Akshay Dhote, MD

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

Consultant Pathologist

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 CIN - U74899PB1995PLC045956  
 Email : -

Patient Ref. No. 2200000903168

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REF. DOCTOR : SELF

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ACCESSION NO : 0022XB003571

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12980540

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:12980540

MUMBAI 44001

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Test Report Status	Final	Results	Biological Reference Interval Units
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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

MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

WBC

METHOD : MICROSCOPIC EXAMINATION

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

METHOD : MICROSCOPIC EXAMINATION

MILD HYPOCHROMASIA, MILD MICROCYTOSIS, MILD ANISOCYTOSIS

EOSINOPHILIA

ADEQUATE

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CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB003571

AGE/SEX : 27 Years Female

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BILLNO-150124OPCR009378

Test Report Status Final

Results

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Interpretation(s)

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



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MUMBAI 44001

ABHA NO :

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CORP-OPD

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HAEMATOLOGY

E.S.R

11

0 - 20

mm at 1 hr

METHOD : WESTERGREN METHOD

GLYCOSYLATED HEMOGLOBIN(HB1C), EDTA WHOLE BLOOD

HB1C

4.4

%

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)

mg/dL

> 116.0

ESTIMATED AVERAGE GLUCOSE(EAG)

79.6

METHOD : HB VARIANT (HPLC)

METHOD : CALCULATED PARAMETER

Interpretation(s)

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

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

TEST INTERPRETATION

Increase in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy, Tissue injury, Pregnancy, Estrogen medication, Aging.

Findings 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).

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

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



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PATIENT NAME : MRS. PUJA KUMARI

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB003571

AGE/SEX : 27 Years Female

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

PATIENT ID : FH.12960540

REPORTED : 17/02/2024 16:19:31

CLIENT PATIENT ID: UID:12960540

RECEIVED : 17/02/2024 10:01:07

ABHA NO :

DRAWN : 17/02/2024 09:59:00

CLINICAL INFORMATION :

UID:12980540 REQNO-1663803

CORP-OPD

BILLNO-1501240PCR009378

BILLNO-1501240PCR009378

Test Report Status	Final	Results	Biological Reference Interval Units
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REFERENCE :

1. Nathan and Oskr'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.

GLYCOSYLATED HEMOGLOBIN(HbA1c), EDTA WHOLE BLOOD-Used For:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.

2. Diagnosing diabetes.

3. Identifying patients at increased risk for diabetes (prediabetes).

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

1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.

2. eAG gives an evaluation of blood glucose levels for the last couple of months.

3. eAG is calculated as  $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c estimation can get affected due to :

1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.

2.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.

3. Iron deficiency anemia is reported to increase test results. Hypertiglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods,falsely increasing results.

4. Interference of hemoglobinopathies in HbA1c estimation is seen in

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

(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



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FORTIS VASHI-CHC -SPLZD  
 FORTIS HOSPITAL # VASHI,  
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ACCESSION NO : 0022XB003571

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Test Report Status Final

Results

Biological Reference Interval Units

**ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

IMMUNOHAEMATOLOGY

ABO GROUP

TYPE O


METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

**Interpretation(s)**  
 ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A, B, O or AB.  
 Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."  
 The test is performed by both forward as well as reverse grouping methods.

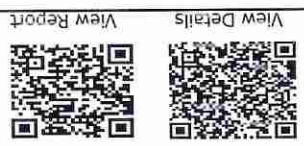


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BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL 0.37 mg/dL 0.2 - 1.0

BILIRUBIN, DIRECT 0.12 mg/dL 0.0 - 0.2

BILIRUBIN, INDIRECT 0.25 mg/dL 0.1 - 1.0

TOTAL PROTEIN 7.3 g/dL 6.4 - 8.2

ALBUMIN 3.7 g/dL 3.4 - 5.0

ALBUMIN 3.6 g/dL 2.0 - 4.1

ALBUMIN/GLOBULIN RATIO 1.0

ASPARTATE AMINOTRANSFERASE(AST/SGOT) 21 U/L 15 - 37

ALANINE AMINOTRANSFERASE (ALT/SGPT) 24 U/L < 34.0

ALKALINE PHOSPHATASE 131 High U/L 30 - 120

GAMMA GLUTAMYL TRANSFERASE (GGT) 27 U/L 5 - 55

LACTATE DEHYDROGENASE 128 U/L 81 - 234

FBS (FASTING BLOOD SUGAR) 88 mg/dL

Normal : < 100

Pre-diabetes: 100-125

Diabetes: >=126

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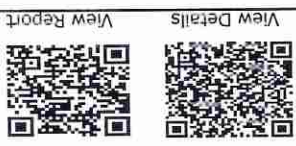
METHOD : HEXOKINASE

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)

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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

METHOD : UREASE - UV

5 Low 6 - 20 mg/dL

CREATININE EGFR- EPI

CREATININE

METHOD : ALKALINE PICRATE KINETIC JAFFES

0.69 0.60 - 1.10 mg/dL

AGE

GLOMERULAR FILTRATION RATE (FEMALE)

METHOD : CALCULATED PARAMETER

27 121.91 Refer Interpretation Below mL/min/1.73m<sup>2</sup>

BUN/CREAT RATIO

BUN/CREAT RATIO

METHOD : CALCULATED PARAMETER

7.25 5.00 - 15.00

URIC ACID, SERUM

URIC ACID

METHOD : URICASE UV

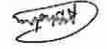
3.2 2.6 - 6.0 mg/dL

TOTAL PROTEIN, SERUM

TOTAL PROTEIN

METHOD : BIURET

7.3 6.4 - 8.2 g/dL



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

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PATIENT NAME : MRS. PUJA KUMARI

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB003571

FORTIS VASHI-CHC -SPLDZ

PATIENT ID : FH.12980540

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:12980540

MUMBAI 440001

CLINICAL INFORMATION :

UID:12980540 REQNO-1663803

CORP-OPD

BILLNO-1501240PCR009378

BILLNO-1501240PCR009378

Test Report Status	Final	Results	Biological Reference Interval Units
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ALBUMIN, SERUM

ALBUMIN

METHOD : BCP DYE BINDING

3.7

3.4 - 5.0

g/dL

GLOBULIN

GLOBULIN

METHOD : CALCULATED PARAMETER

3.6

2.0 - 4.1

g/dL

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM

POTASSIUM, SERUM

CHLORIDE, SERUM

METHOD : ISE INDIRECT

141

136 - 145

mmol/L

4.02

3.50 - 5.10

mmol/L

106

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 when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors blocking of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or perniou anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

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

Patient Ref. No. 2200000903168







MC-5837

PATIENT NAME : MRS. PUJA KUMARI

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB003571

AGE/SEX : 27 Years Female

FORTIS WASHI-CHC - SPLZD

FORTIS WASHI # VASHI,

DRAWN : 17/02/2024 09:59:00

RECEIVED : 17/02/2024 10:01:07

REPORTED : 17/02/2024 16:19:31

ABHA NO :

CLIENT PATIENT ID : UID:12980540

NUMBAI 44001

UID:12980540 REQNO-1663803

CORP-OPD

BILLNO-1501240PCR009378

BILLNO-1501240PCR009378

Test Report Status Final Results Biological Reference Interval Units

CLINICAL INFORMATION :

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, hemorrhomas. 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 hepatic/obstruction of the 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, hepatocellular carcinoma, obstruction of the ducts, cirrhosis. In hypophosphatasia, Malnutrition, Protein deficiency, Wilson's disease. In hypoparathyroidism, hypoparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypoparathyroidism, Protein deficiency, Wilson's disease.

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

Total Protein also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, 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 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 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, hypoparathyroidism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), 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 glycemic control. High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycaemia, increased insulin response & sensitivity etc.

BLOOD UREA NITROGEN (BUN), SERUM-CREATININE-CAUSES OF INCREASED Levels include renal (High protein diet, increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF renal), renal failure, Post renal (Malignancy, Nephrotoxicity, Prostatism) Causes of decreased level include Liver disease, SIADH, CREATININE EGFR-EPI-Kidney disease outcomes quality initiative (KDQOLI) 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.

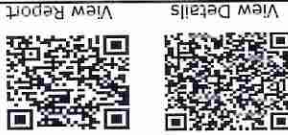
- This equation takes into account several factors that impact creatinine production, including age, gender, and race. - CKD-EPI (Chronic kidney disease epidemiology collaboration) equation performed better than MDRD equation especially when GFR is high (>60 ml/min per 1.73m<sup>2</sup>). This formula 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://testguidelabmed.uw.edu/guideline/egfr Classification Using the Creatinine-Based 2021 CKD-EPI Equation. Kidney Med 2022; 4:100471. 35756325 Ghuman JK, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. JAMA 2022; 327:100471. 35756325 Harrison's Principles of Internal Medicine, 21st ed, pg 62 and 334

synndrome Causes of decreased levels-Low Zinc intake, DCP, Multiple Sclerosis Uric Acid, SERUM-CREATININE-CAUSES OF INCREASED Levels: Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lesch nyhan syndrome, Type 2 DM, Metabolic syndrome

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström disease.

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 Consultant Pathologist







MC-5837

**PATIENT NAME : MRS. PUJA KUMARI**

**REF. DOCTOR : SELF**

**CODE/NAME & ADDRESS : C000045507**

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

**ACCESSION NO : 0022XB003571**

**PATIENT ID : FH.12960540**  
**CLIENT PATIENT ID: UID:12960540**  
**ABHA NO :**

**AGE/SEX : 27 Years Female**

**DRAWN : 17/02/2024 09:59:00**

**RECEIVED : 17/02/2024 10:01:07**

**REPORTED : 17/02/2024 16:19:31**

**CLINICAL INFORMATION :**

UID:12980540 REQNO-1663803

CORP-OPD

BILNO-150124OPCR009378

BILNO-150124OPCR009378

BILNO-150124OPCR009378

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.

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Consultant Pathologist

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CIN - U74899PB1995PLC045956  
Email : -

Patient Ref. No. 22000000903168





REF. DOCTOR : SELF

PATIENT NAME : MRS. PUJA KUMARI

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB003571

AGE/SEX : 27 Years Female

FORTIS WASHI-CHC - SPLD

PATIENT ID : FH.12980540

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID : UID:12980540

MUMBAI 44001

UID:12980540 REQNO-1663803

CORP-OPD

BILLNO-1501240PCR009378

BILLNO-1501240PCR009378

CLINICAL INFORMATION :

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

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	144	< 200 Desirable 200 - 239 Borderline High ≥ 240 High	mg/dL
TRIGLYCERIDES	74	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥ 500 Very High	mg/dL
HDL CHOLESTEROL	39 Low	< 40 Low ≥ 60 High	mg/dL
LDL CHOLESTEROL, DIRECT	96	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High ≥ 190 Very High	mg/dL
NON HDL CHOLESTEROL	105	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	14.8	<= 30.0	mg/dL
CHOL/HDL RATIO	3.7	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	

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

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 Email : -

Patient Ref. No. 2200000903168





PATIENT NAME : MRS. PUJA KUMARI

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB003571

PATIENT ID : FH.12980540  
 CLIENT PATIENT ID: UID:12980540  
 ABHA NO :  
 AGE/SEX : 27 Years Female  
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UID:12980540 REQNO-1663803

CORP-OPD

BILNO-150124OPCR009378

Test Report Status Final

Results

Biological Reference Interval Units

LDL/HDL RATIO

2.5

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

METHOD : CALCULATED PARAMETER

Interpretation(s)

Dr. Akshay Dhore, MD  
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 Consultant Pathologist



PERFORMED AT :

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 Email : -

Patent Ref. No. 2200000903168  


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REF. DOCTOR : SELF

PATIENT NAME : MRS. PUJA KUMARI

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB003571

AGE/SEX : 27 Years Female  
 DRAWN : 17/02/2024 09:59:00  
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FORTIS VASHI-CHC -SPLZD  
 FORTIS HOSPITAL # VASHI,  
 MUMBAI 440001

CLINICAL INFORMATION :

UID:12980540 REQNO-1663803

CORP-OPD

BILLNO-150124OPCR009378

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

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW

METHOD : PHYSICAL

HAZY

METHOD : VISUAL

CHEMICAL EXAMINATION, URINE

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

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

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

*(Signature)*

*(Signature)*

PERFORMED AT :

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

Patient Ref. No. 2200000903168





**PATIENT NAME :** MRS. PUJA KUMARI

**REF. DOCTOR :** SELF

**CODE/NAME & ADDRESS :** C000045507 FORTIS VASHI-CHC - SPLZD

FORTIS HOSPITAL # VASHI, MUMBAI 44001

**ACCESSION NO :** 0022XB003571

**AGE/SEX :** 27 Years Female

**CLIENT PATIENT ID :** UID:12980540

**PATIENT ID :** FH.12980540

**DRAWN :** 17/02/2024 09:59:00

**RECEIVED :** 17/02/2024 10:01:07

**REPORTED :** 17/02/2024 16:19:31

**CLINICAL INFORMATION :**

UID:12980540 REQNO-1663803

CORP-OPD

BILLNO-1501240PCR009378

BILLNO-1501240PCR009378

Test Report Status	Final	Results	Biological Reference Interval Units
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)	20-30	0-5	/HPF
EPITHELIAL CELLS	8-10	0-5	/HPF
CASTS	NOT DETECTED	NOT DETECTED	
CRYSTALS	NOT DETECTED	NOT DETECTED	
BACTERIA	DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

**MICROSCOPIC EXAMINATION, URINE**

**METHOD :** MICROSCOPIC EXAMINATION

**REMARKS**

**RED BLOOD CELLS**

**METHOD :** MICROSCOPIC EXAMINATION

**EPITHELIAL CELLS**

**METHOD :** MICROSCOPIC EXAMINATION

**CASTS**

**METHOD :** MICROSCOPIC EXAMINATION

**CRYSTALS**

**METHOD :** MICROSCOPIC EXAMINATION

**BACTERIA**

**METHOD :** MICROSCOPIC EXAMINATION

**YEAST**

**METHOD :** MICROSCOPIC EXAMINATION

**Interpretation(s)**

URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT.

**PERFORMED AT :**

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

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CIN - U74899PB1995PLC045956

Email : -

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

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

*(Signature)*

*(Signature)*

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**Patient Ref. No. 2200000903168**

**PATIENT NAME : MRS. PUJA KUMARI**

**REF. DOCTOR : SELF**

**CODE/NAME & ADDRESS : C000045507**

**ACCESSION NO : 0022XB003571**

**FORTIS VASHI-CHC -SPLZD**

**PATIENT ID : FH.12980540**

**FORTIS HOSPITAL # VASHI,**

**CLIENT PATIENT ID: UID:12980540**

**MUMBAI 440001**

**ABHA NO :**

**REPORTED : 17/02/2024 16:19:31**

**RECEIVED : 17/02/2024 10:01:07**

**DRAWN : 17/02/2024 09:59:00**

**AGE/SEX : 27 Years Female**

**CLINICAL INFORMATION :**

**UID:12980540 REQNO-1663803**

**CORP-OPD**

**BILLNO-150124OPCR009378**

**BILLNO-150124OPCR009378**

**Test Report Status Final**

**Results**

**Biological Reference Interval Units**

**THYROID PANEL, SERUM**

**T3**

**118.9**

**Non-Pregnant Women 80.0 - 200.0**

**Pregnant Women 105.0 - 230.0**

**1st Trimester:129.0 - 262.0**

**2nd Trimester:135.0 - 262.0**

**3rd Trimester:135.0 - 262.0**

**METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE**

**9.03**

**Non-Pregnant Women 5.10 - 14.10**

**Pregnant Women 7.33 - 14.80**

**1st Trimester: 7.93 - 16.10**

**2nd Trimester: 6.95 - 15.70**

**3rd Trimester: 6.95 - 15.70**

**METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE**

**TSH (ULTRASENSITIVE)**

**2.240**

**Non Pregnant Women 0.27 - 4.20**

**Pregnant Women (As per American Thyroid Association) 0.100 - 2.500**

**1st Trimester 0.100 - 2.500**

**2nd Trimester 0.200 - 3.000**


**3rd Trimester 0.300 - 3.000**

**METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY**

**Interpretation(s)**

**\*\*End Of Report\*\***

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

**PERFORMED AT :**

**Agilus Diagnostics Ltd.**  
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**Navli Mumbai, 400703**  
**Maharashtra, India**  
**Tel : 022-39199222,022-49723322,**  
**CIN - U74899PB1995PLC045956**  
**Email : -**

**Patient Ref. No. 22000000903168**



**View Details**

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PATIENT NAME : MRS. PUJA KUMARI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

ACCESSION NO : 0022XB003698

AGE/SEX : 27 Years Female

DRAWN : 17/02/2024 15:46:00

PATIENT ID : FH.12980540

RECEIVED : 17/02/2024 16:01:04

CLIENT PATIENT ID: UID:12980540

REPORTED : 19/02/2024 11:55:34

ABHA NO :

CLINICAL INFORMATION :

UID:12980540 REQNO-1663803

CORP-OPD

BILLNO-150124OPCR009378

BILLNO-150124OPCR009378

Test Report Status **Final**

Units

CYTOLOGY

PAPANICOLAOU SMEAR

PAPANICOLAOU SMEAR

TEST METHOD

SPECIMEN TYPE

REPORTING SYSTEM

SPECIMEN ADEQUACY

METHOD : MICROSCOPIC EXAMINATION

MICROSCOPY

INTERPRETATION / RESULT

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

SATISFACTORY

CONVENTIONAL GYNEC CYTOLOGY  
TWO UNSTAINED CERVICAL SMEARS RECEIVED  
2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY

Comments

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

NO CYTOLOGICAL EVIDENCE OF HPV INFECTION IN THE SMEARS STUDIED.

\*\*End Of Report\*\*

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Dr. Akshay Dhote, MD  
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Tel : 022-39199222,022-49723322,  
CIN - U74899PB1995PLC045956  
Email : -

Patient Ref. No. 22000000903295



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PATIENT NAME : MRS.PUJA KUMARI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XB003714  
 PATIENT ID : FH.12980540  
 CLIENT PATIENT ID: UID:12980540  
 ABHA NO :  
 AGE/SEX : 27 Years Female  
 DRAWN : 17/02/2024 17:11:00  
 RECEIVED : 17/02/2024 17:10:41  
 REPORTED : 17/02/2024 18:41:01

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

CLINICAL INFORMATION :

UID:12980540 REQNO-1663803

CORP-OPD

BILLNO-1501240PCR009378

BILLNO-1501240PCR009378

Test Report Status Final

Results

Biological Reference Interval Units

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)

115

70 - 140

mg/dL

METHOD : HEXOKINASE

Interpretation(s)

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

\*\*End Of Report\*\*

Please visit [www.agilusdiagnostics.com](http://www.agilusdiagnostics.com) for related Test Information for this accession



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

PERFORMED AT :

Agilus Diagnostics Ltd.  
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,  
 Maharashtra, India  
 Tel : 022-39199222,022-49723322,  
 CIN - U74899PB1995PLC045956  
 Email : -

Patient Ref. No. 2200000903311

View Details View Report





12980540  
27 Years

puja, kumari  
Female

2/17/2024 11:51:45 AM

HC

Rate 80 Sinus rhythm.....normal P axis, V-rate 50-99

PR 130  
QRSD 80  
QT 379  
QTc 438

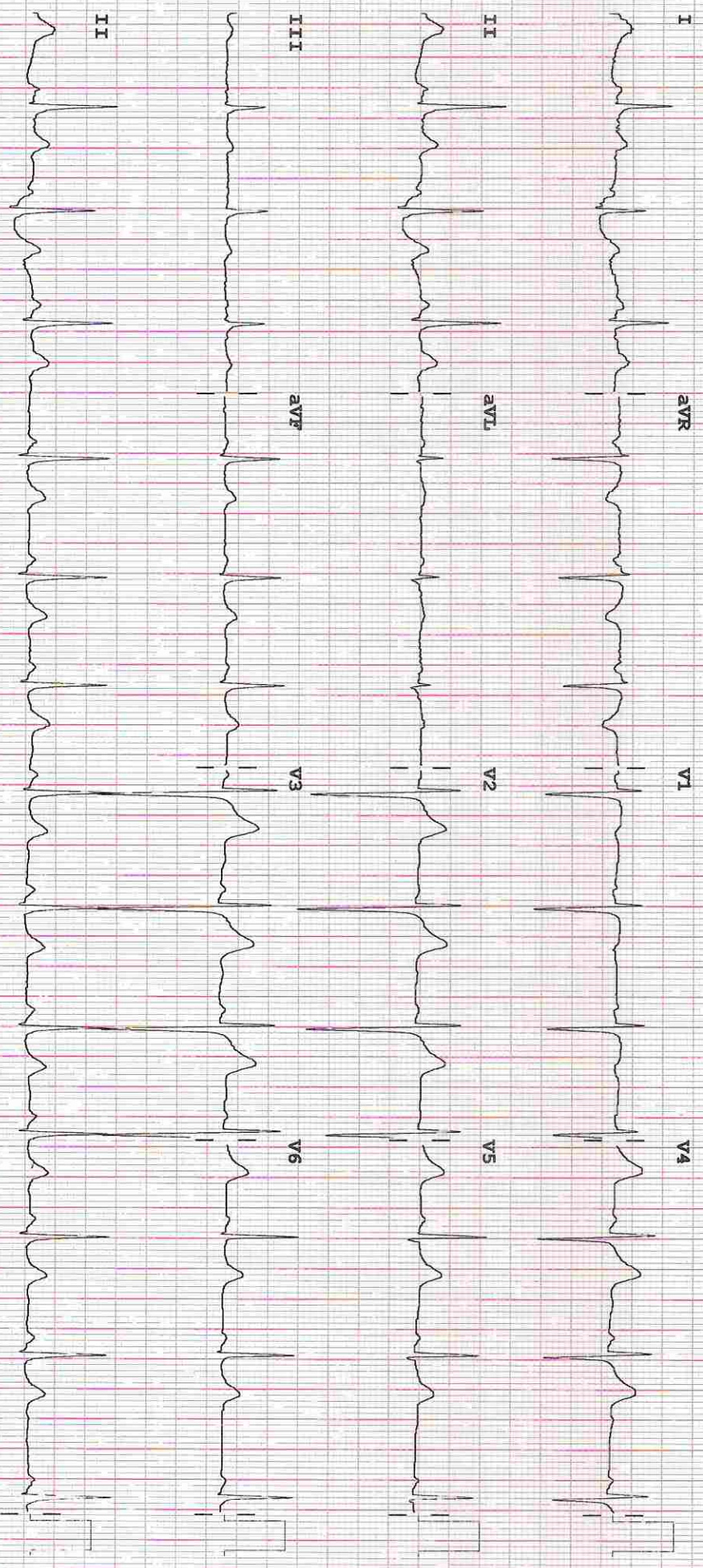
--AXIS--  
P 34  
QRS 55  
T 39

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis

*Sinus Rhythm  
No Significant abnormality  
Ami*



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

100B CL

P?



Hiranandani Healthcare Pvt. Ltd.  
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For Appointment: 022 - 39199200 | Health Checkup: 022 - 39199300  
www.fortishhealthcare.com | vashi@fortishhealthcare.com  
CIN: U85100MH2005PTC 154823  
GST IN : 27AABCH5894D1Z6  
PAN NO : AABCH5894D

(For Billing/Reports & Discharge Summary only)

Date: 17/Feb/2024

DEPARTMENT OF RADIOLOGY

UHD | Episode No : 12980540 | 9668/24/1501  
Order No | Order Date: 1501/PN/OP/2402/19974 | 17-Feb-2024  
Admitted On | Reporting Date : 17-Feb-2024 15:10:37  
Order Doctor Name : Dr.SELF.  
Name: Mrs. Puja Kumari  
Age | Sex: 27 YEAR(S) | Female  
Order Station : FO-OPD  
Bed Name :

X-RAY-CHEST- PA

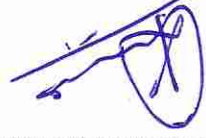
Findings:

Both lung fields are clear.  
The cardiac shadow appears within normal limits.  
Trachea and major bronchi appears normal.  
Both costophrenic angles are well maintained.  
Bony thorax is unremarkable.

DR. YOGINI SHAH  
DMRD, DNB. (Radiologist)



DR. KUNAL NIGAM  
M.D. (Radiologist)



- Cholelithiasis without changes of cholecystitis.

**Impression:**

No evidence of ascites.

Both ovaries are normal.  
Right ovary measures 2.6 x 1.5 cm.  
Left ovary measures 3.5 x 1.7 cm.

UTERUS is normal in size, measuring 7.7 x 5.9 x 4.0 cm.  
Endometrium measures 7 mm in thickness.

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

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

Left kidney measures 9.7 x 3.4 cm.  
Right kidney measures 9.5 x 3.9 cm.  
of calculi/hydronephrosis.

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

SPLEEN is normal in size and echogenicity.

CBD appears normal in caliber.

GALL BLADDER is physiologically distended and shows a calculus of size 1.4 cm within lumen. Gall bladder reveals normal wall thickness. No evidence of pericholecystic collection.

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

**USG - WHOLE ABDOMEN**

Patient Name	:	Puja Kumari	Patient ID	:	12980540
Sex / Age	:	F / 27Y 7M 16D	Accession No.	:	PHC.7500549
Modality	:	US	Scan DateTime	:	17-02-2024 12:40:31
IPID No	:	9668/24/1501	ReportDateTime	:	17-02-2024 12:49:36

(For Billing/Reports & Discharge Summary only)

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