



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: 25/2/23

Name: Mr. Mahesh Kukarni Age: 37 yrs Sex: (M)/F

BP: 130/90 Height (cms): 167 cm Weight(kgs): 82 kg BMI: 29
mmHg

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	24	25	26	27	28	29	30	31	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:

Signature



UHID	2878666	Date	25/02/2023		
Name	Mr. Mahesh Milind Kulkarni	Sex	Male	Age	37
OPD	Ophthal 14				

Clr, No

Drug allergy: → Not known
 Sys illness: → No

Mr. No

Umf... → R 6/6
 → L 6/6

Ref... → R Pnea 6/6
 → L Pnea 6/6
 MR → W6
 → W6

IOP → R → 15.2
 → L → 14.8

(Handwritten signature)



UHID	2878666	Date	25/02/2023		
Name	Mr. Mahesh Milind Kulkarni	Sex	Male	Age	37
OPD	Dental 12				

Drug allergy:
Sys illness:

Root piece $\frac{7}{|}$

Anterior crowding.

Missing $\frac{6}{|} 6$

Stains ++ calculus ++

Impacted $\frac{8}{|} 8$

Treatment

Adv. extraction $\frac{7}{|} 8$

Adv. implant $\frac{7}{|} 6$

Adv. oral prophylaxis.

Adv. Orthodontic consultation for clear aligners.

Adv. CBCT.

Dr. Diksha Kheke



Cert. No. MC-2984

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

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 NAME : MR.MAHESH MILIND KULKARNI

PATIENT ID : FH.2878666

ACCESSION NO : 0022WB004962 AGE : 37 Years SEX : Male

ABHA NO :

DRAWN : 25/02/2023 10:53:00

RECEIVED : 25/02/2023 10:53:34

REPORTED : 25/02/2023 19:10:09

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : UID:2878666

CLINICAL INFORMATION :

UID:2878666 REQNO-1377389
CORP-OPD
BILLNO-150123OPCR011534
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Test Report Status	Final	Results	Biological Reference Interval	Units
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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	130.50	80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			
T4	8.55	5.1 - 14.1	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			
TSH (ULTRASENSITIVE)	4.480	High 0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY			

Comments

NOTE: PLEASE CORRELATE VALUES OF THYROID FUNCTION TEST WITH THE CLINICAL & TREATMENT HISTORY OF THE PATIENT.

Interpretation(s)



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SPECIALISED CHEMISTRY - TUMOR MARKER

PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN	0.930	< 1.4	ng/mL
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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)

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
Consultant Pathologist

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PATIENT ID : FH.2878666

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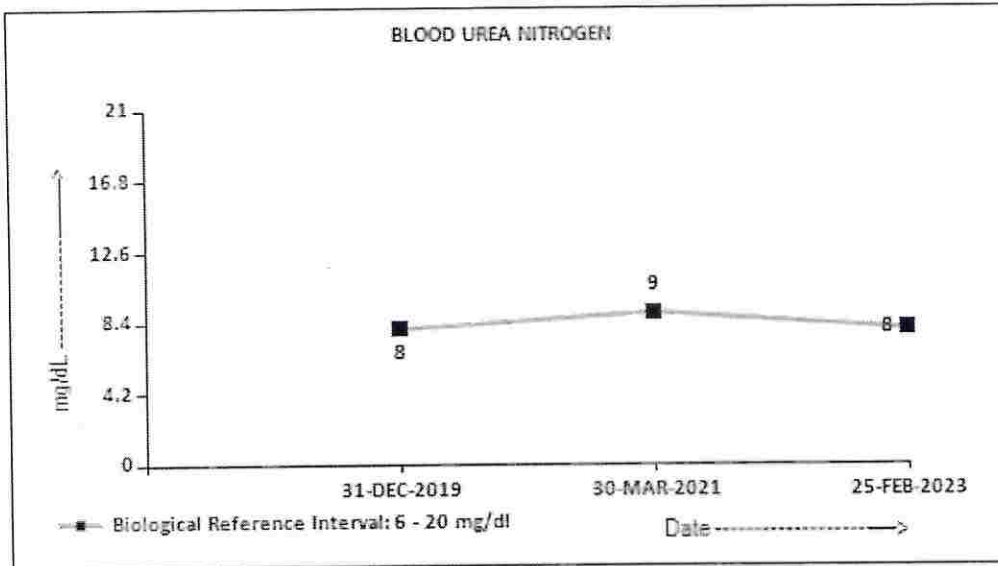
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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN 8 6 - 20 mg/dL
METHOD : UREASE - UV



CREATININE EGFR- EPI

CREATININE 1.03 0.90 - 1.30 mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES

AGE 37 years

GLOMERULAR FILTRATION RATE (MALE) 95.95 Refer Interpretation Below mL/min/1.73
METHOD : CALCULATED PARAMETER



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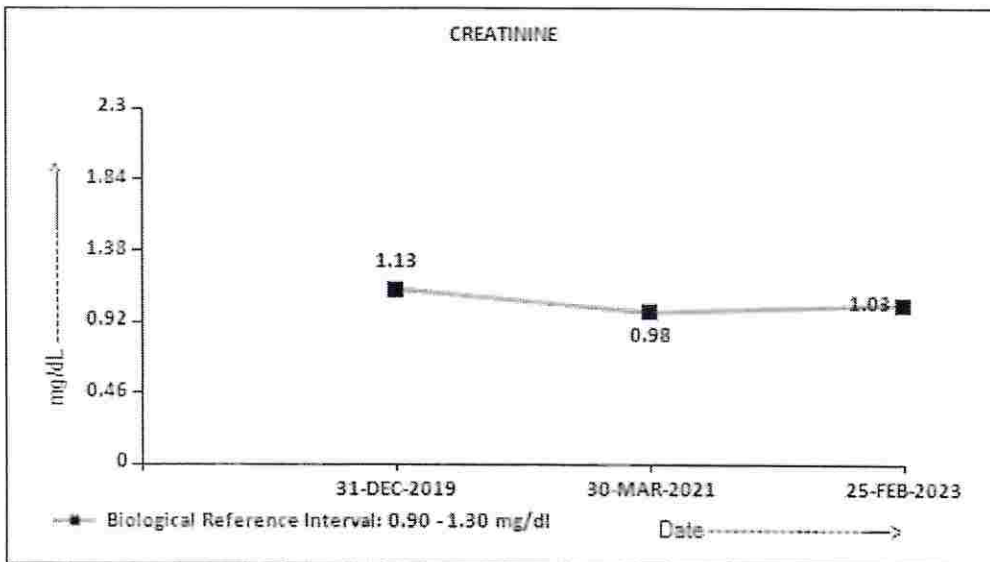
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BUN/CREAT RATIO

BUN/CREAT RATIO 7.77 5.00 - 15.00

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID 7.4 High 3.5 - 7.2 mg/dL

METHOD : URICASE UV

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 7.6 6.4 - 8.2 g/dL

METHOD : BIURET

ALBUMIN, SERUM

ALBUMIN 4.1 3.4 - 5.0 g/dL

METHOD : BCP DYE BINDING

GLOBULIN

GLOBULIN 3.5 2.0 - 4.1 g/dL



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METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM	139	136 - 145	mmol/L
METHOD : ISE INDIRECT			
POTASSIUM, SERUM	4.08	3.50 - 5.10	mmol/L
METHOD : ISE INDIRECT			
CHLORIDE, SERUM	102	98 - 107	mmol/L
METHOD : ISE INDIRECT			

Interpretation(s)

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW
METHOD : PHYSICAL	
APPEARANCE	CLEAR
METHOD : VISUAL	

CHEMICAL EXAMINATION, URINE

PH	6.0	4.7 - 7.5
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD		
SPECIFIC GRAVITY	1.020	1.003 - 1.035
METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)		
PROTEIN	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE		
GLUCOSE	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD		
KETONES	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE		
BLOOD	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN		
BILIRUBIN	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT		
UROBILINOGEN	NORMAL	NORMAL



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Patient Ref. No. 22000000830871



Cert. No. MC-2275



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FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
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NAVI MUMBAI, 400703
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Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MR.MAHESH MILIND KULKARNI

PATIENT ID : FH.2878666

ACCESSION NO : 0022WB004962 AGE : 37 Years SEX : Male

ABHA NO :

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METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRlich REACTION)

NITRITE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE

LEUKOCYTE ESTERASE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS NOT DETECTED NOT DETECTED /HPF

METHOD : MICROSCOPIC EXAMINATION

PUS CELL (WBC'S) 2-3 0-5 /HPF

METHOD : MICROSCOPIC EXAMINATION

EPITHELIAL CELLS 1-2 0-5 /HPF

METHOD : MICROSCOPIC EXAMINATION

CASTS NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

CRYSTALS NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

BACTERIA NOT DETECTED NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

YEAST NOT DETECTED NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

REMARKS URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT

Interpretation(s)

Interpretation(s)

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.



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LABORATORY REPORT



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MUMBAI 440001
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Cert. No. MC-2275

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NAVI MUMBAI, 400703
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Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MR.MAHESH MILIND KULKARNI

PATIENT ID : **FH.2878666**

ACCESSION NO : **0022WB004962** AGE : 37 Years SEX : Male ABHA NO :

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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
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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HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB) METHOD : SPECTROPHOTOMETRY	16.0		13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : ELECTRICAL IMPEDANCE	5.53	High	4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY	7.29		4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : ELECTRICAL IMPEDANCE	321		150 - 410	thou/ μ L
RBC AND PLATELET INDICES				
HEMATOCRIT (PCV) METHOD : CALCULATED PARAMETER	47.8		40 - 50	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	86.4		83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	28.8		27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	33.4		31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	14.6	High	11.6 - 14.0	%
MENTZER INDEX	15.6			
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	8.7		6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT				
NEUTROPHILS METHOD : FLOWCYTOMETRY	57		40 - 80	%
LYMPHOCYTES METHOD : FLOWCYTOMETRY	33		20 - 40	%



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Patient Ref. No. 22000000830871



Cert. No. MC-2275



CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

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.MAHESH MILIND KULKARNI

PATIENT ID : FH.2878666

ACCESSION NO : 0022WB004962 AGE : 37 Years SEX : Male

ABHA NO :

DRAWN : 25/02/2023 10:53:00

RECEIVED : 25/02/2023 10:53:34

REPORTED : 25/02/2023 15:45:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : UID:2878666

CLINICAL INFORMATION :

UID:2878666 REQNO-1377389
CORP-OPD
BILLNO-150123OPCR011534
BILLNO-150123OPCR011534

Test Report Status	Final	Results	Biological Reference Interval	Units
MONOCYTES		8	2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS		2	1 - 6	%
METHOD : FLOWCYTOMETRY				
BASOPHILS		0	0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT		4.16	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.41	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.58	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.15	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)		1.7		
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.
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



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Test Report Status	Final	Results	Biological Reference Interval	Units
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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.

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R 03 0 - 14 mm at 1 hr

METHOD : WESTERNGREN 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(62 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.

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE B

METHOD : TUBE AGGLUTINATION

RH TYPE POSITIVE

METHOD : TUBE AGGLUTINATION



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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.

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	1.00	0.2 - 1.0	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, DIRECT	0.20	0.0 - 0.2	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, INDIRECT	0.80	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	7.6	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN	4.1	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN	3.5	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO	1.2	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19	15 - 37	U/L
METHOD : UV WITH P5P			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38	< 45.0	U/L
METHOD : UV WITH P5P			
ALKALINE PHOSPHATASE	63	30 - 120	U/L
METHOD : PNPP-ANP			
GAMMA GLUTAMYL TRANSFERASE (GGT)	20	15 - 85	U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE			



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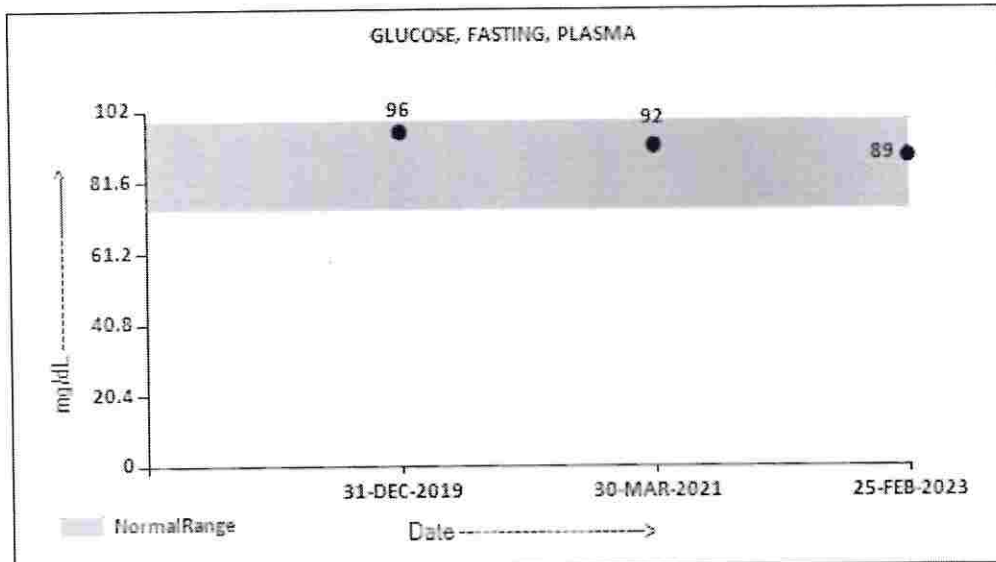
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CORP-OPD
BILLNO-150123OPCR011534
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LACTATE DEHYDROGENASE		166	100 - 190	U/L
METHOD : LACTATE -PYRUVATE				
GLUCOSE FASTING,FLUORIDE PLASMA				
FBS (FASTING BLOOD SUGAR)		89	74 - 99	mg/dL
METHOD : HEXOKINASE				



GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C 4.8 %
 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) 91.1 mg/dL
 < 116.0
 METHOD : CALCULATED PARAMETER



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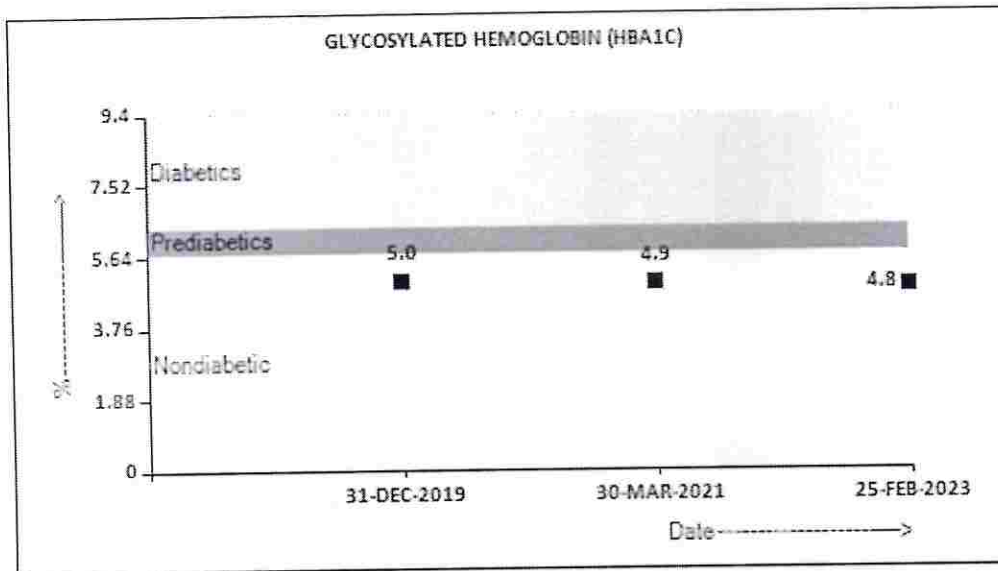
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Test Report Status	Final	Results	Biological Reference Interval	Units
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Interpretation(s)

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 obstructive Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels are 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



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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 disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic 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 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 addiction 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

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	147	< 200 Desirable 200 - 239 Borderline High > / = 240 High	mg/dL
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METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE



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Test Report Status	Final	Results	Biological Reference Interval	Units
TRIGLYCERIDES		132	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY				
HDL CHOLESTEROL		33	Low < 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG				
LDL CHOLESTEROL, DIRECT		103	< 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		114	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		26.4	</= 30.0	mg/dL
METHOD : CALCULATED PARAMETER				
CHOL/HDL RATIO		4.5	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	
METHOD : CALCULATED PARAMETER				



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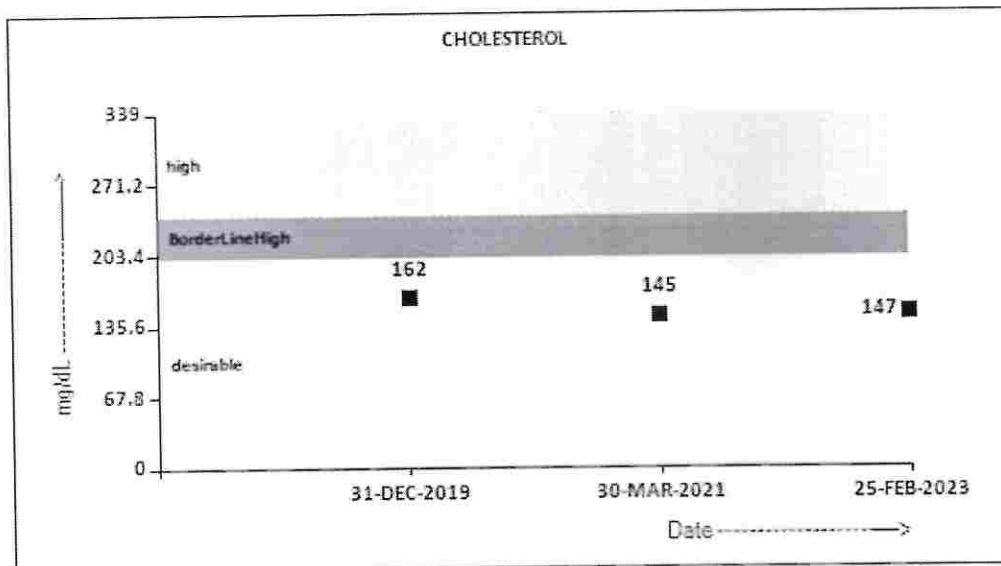
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CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MR.MAHESH MILIND KULKARNI

PATIENT ID : FH.2878666

ACCESSION NO : 0022WB004962 AGE : 37 Years SEX : Male

ABHA NO :

DRAWN : 25/02/2023 10:53:00

RECEIVED : 25/02/2023 10:53:34

REPORTED : 25/02/2023 15:45:07

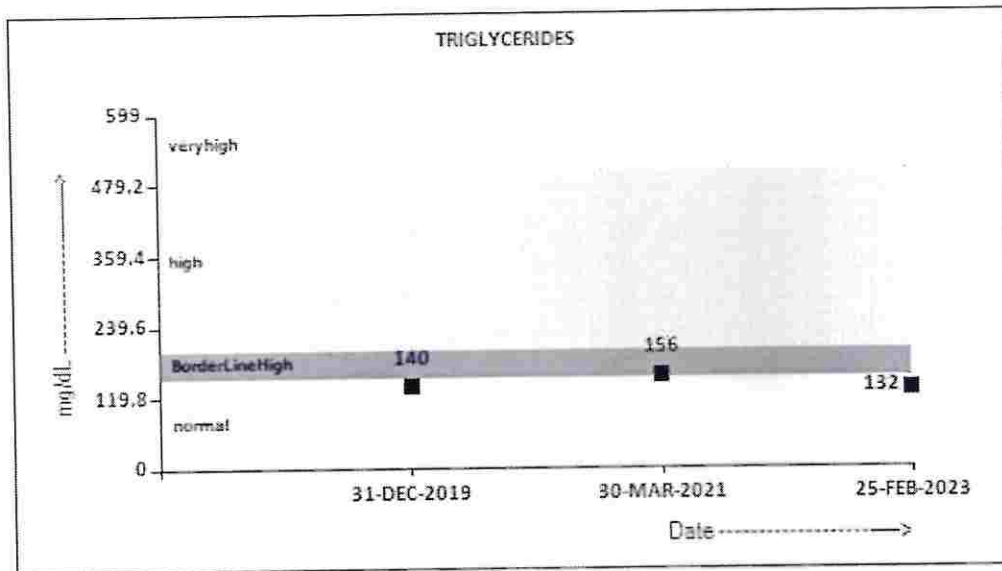
REFERRING DOCTOR : SELF

CLIENT PATIENT ID : UID:2878666

CLINICAL INFORMATION :

UID:2878666 REQNO-1377389
CORP-OPD
BILLNO-150123OPCR011534
BILLNO-150123OPCR011534

Test Report Status	Final	Results	Biological Reference Interval	Units
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LABORATORY REPORT



SRL Diagnostics

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

Cert. No. MC-2275

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

PATIENT NAME : MR.MAHESH MILIND KULKARNI

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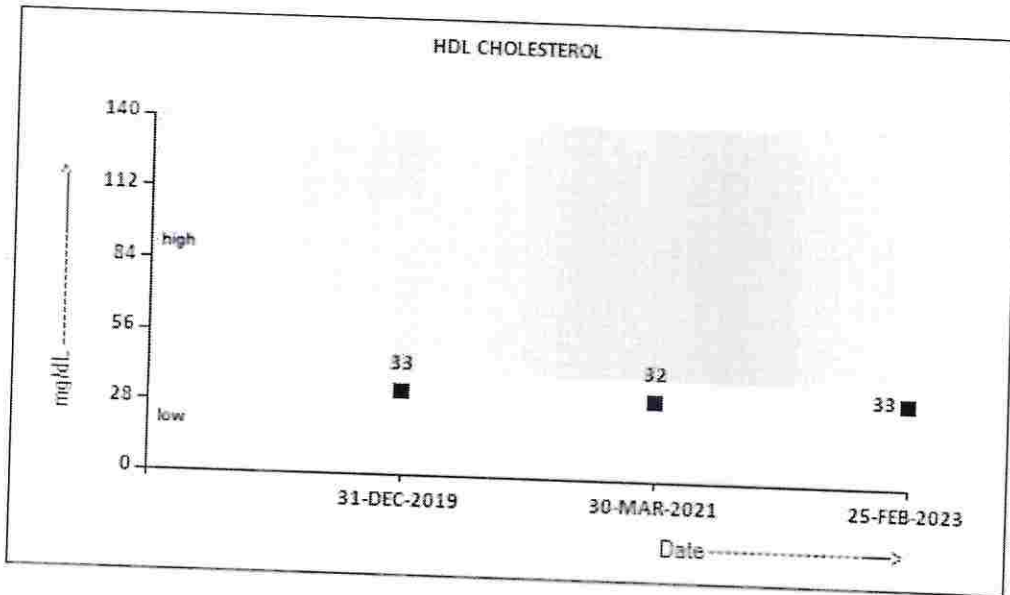
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CLIENT PATIENT ID : UID:2878666

CLINICAL INFORMATION :

UID:2878666 REQNO-1377389
CORP-OPD
BILLNO-150123OPCR011534
BILLNO-150123OPCR011534

Test Report Status	Final	Results	Biological Reference Interval	Units
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LABORATORY REPORT



Patient Ref. No. 22000000830871



SRL
Diagnostics

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
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FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

Cert. No. MC-2275

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

PATIENT NAME : MR.MAHESH MILIND KULKARNI

PATIENT ID : **FH.2878666**

ACCESSION NO : **0022WB004962** AGE : 37 Years SEX : Male

ABHA NO :

DRAWN : 25/02/2023 10:53:00 RECEIVED : 25/02/2023 10:53:34

REPORTED : 25/02/2023 15:45:07

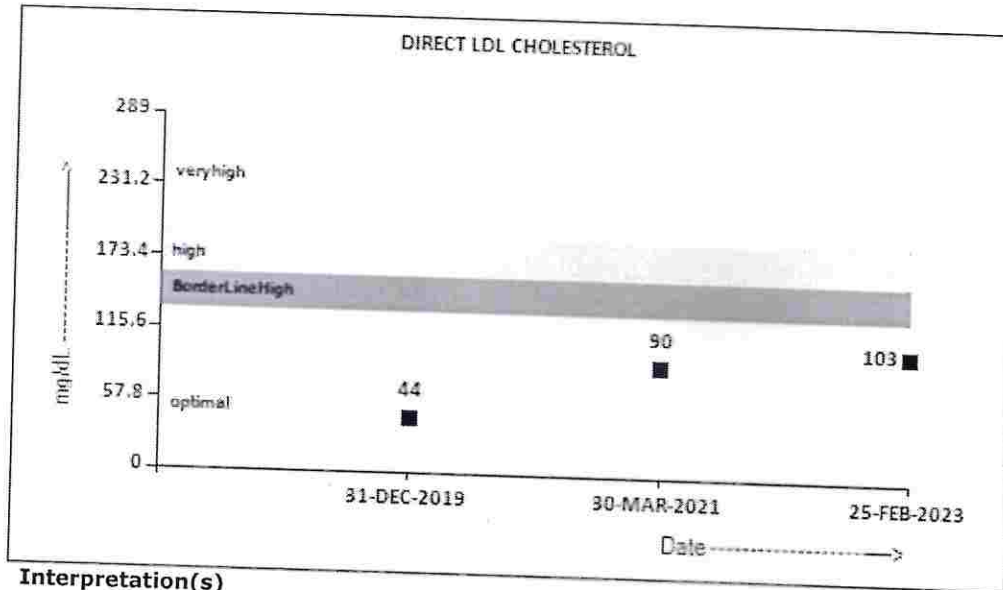
REFERRING DOCTOR : SELF

CLIENT PATIENT ID : UID:2878666

CLINICAL INFORMATION :

UID:2878666 REQNO-1377389
CORP-OPD
BILLNO-150123OPCR011534
BILLNO-150123OPCR011534

Test Report Status	Final	Results	Biological Reference Interval	Units
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Interpretation(s)

****End Of Report****

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

Dubey
Dr.Akta Dubey
Consultant Pathologist

Rekha.n
Dr. Rekha Nair, MD
Microbiologist



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LABORATORY REPORT



SRL Diagnostics

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
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MUMBAI 440001
MAHARASHTRA INDIA

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NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MR.MAHESH MILIND KULKARNI

ACCESSION NO : 0022WB004984 AGE : 37 Years SEX : Male

PATIENT ID : FH.2878666

DRAWN : 25/02/2023 11:53:00

RECEIVED : 25/02/2023 11:53:37

ABHA NO :

REPORTED : 25/02/2023 13:02:33

REFERRING DOCTOR :

CLIENT PATIENT ID : UID:2878666

CLINICAL INFORMATION :

UID:2878666 REQNO-1377389
CORP-OPD
BILLNO-150123OPCR011534
BILLNO-150123OPCR011534

Test Report Status **Final**

Results

Biological Reference Interval Units

CLINICAL PATH - STOOL ANALYSIS

STOOL: OVA & PARASITE

PHYSICAL EXAMINATION,STOOL

COLOUR

METHOD : VISUAL

BROWN

CONSISTENCY

METHOD : VISUAL

WELL FORMED

MUCUS

METHOD : VISUAL

ABSENT

NOT DETECTED

VISIBLE BLOOD

METHOD : VISUAL

ABSENT

ABSENT

CHEMICAL EXAMINATION,STOOL

OCCULT BLOOD

METHOD : GUAIAC METHOD

NOT DETECTED

NOT DETECTED

MICROSCOPIC EXAMINATION,STOOL

PUS CELLS

2-3

RED BLOOD CELLS

METHOD : MICROSCOPIC EXAMINATION

NOT DETECTED

NOT DETECTED

/hpf

CYSTS

METHOD : MICROSCOPIC EXAMINATION

NOT DETECTED

NOT DETECTED

/HPF

OVA

METHOD : MICROSCOPIC EXAMINATION

NOT DETECTED

NOT DETECTED

LARVAE

METHOD : MICROSCOPIC EXAMINATION

NOT DETECTED

NOT DETECTED

TROPHOZOITES

METHOD : MICROSCOPIC EXAMINATION

NOT DETECTED

NOT DETECTED

REMARK

YEAST CELLS DETECTED (FEW)

Interpretation(s)



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LABORATORY REPORT



Patient Ref. No. 22000000830893



SRL
Diagnostics

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
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FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

Cert. No. MC-2275

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NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MR.MAHESH MILIND KULKARNI

PATIENT ID : FH.2878666

ACCESSION NO : 0022WB004984 AGE : 37 Years SEX : Male

ABHA NO :

DRAWN : 25/02/2023 11:53:00

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REPORTED : 25/02/2023 13:02:33

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CORP-OPD
BILLNO-150123OPCR011534
BILLNO-150123OPCR011534

Test Report Status	Final	Results	Biological Reference Interval	Units
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****End Of Report****

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Rekha.N

Dr. Rekha Nair, MD
Microbiologist



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LABORATORY REPORT



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Diagnostics

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
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MUMBAI 440001
MAHARASHTRA INDIA

Cert. No. MC-2275

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NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MR.MAHESH MILIND KULKARNI

PATIENT ID : FH.2878666

ACCESSION NO : 0022WB005013 **AGE :** 37 Years **SEX :** Male

ABHA NO :

DRAWN : 25/02/2023 13:33:00

RECEIVED : 25/02/2023 13:34:59

REPORTED : 25/02/2023 14:44:43

REFERRING DOCTOR :

CLIENT PATIENT ID : UID:2878666

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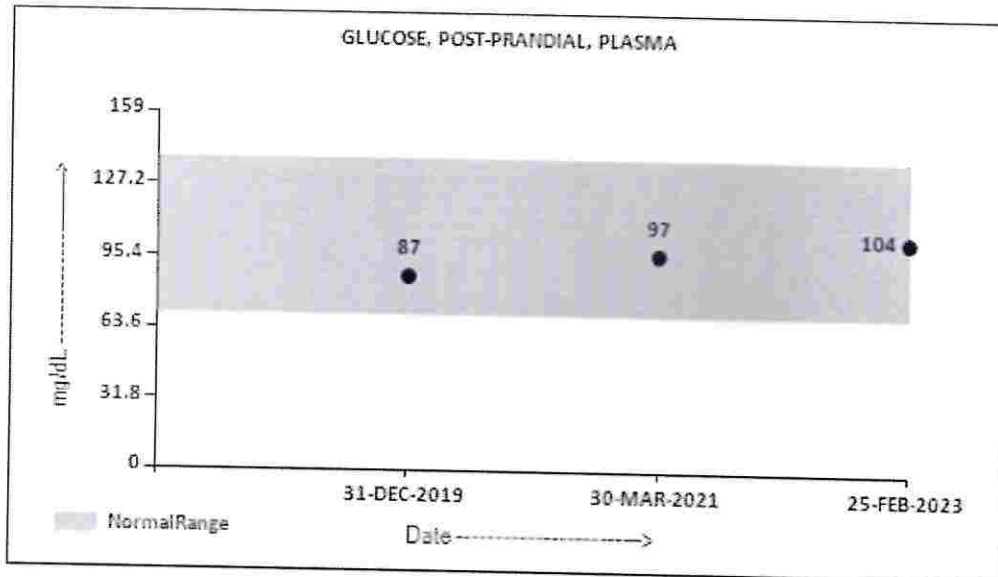
UID:2878666 REQNO-1377389
CORP-OPD
BILLNO-150123OPCR011534
BILLNO-150123OPCR011534

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR) 104 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****

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LABORATORY REPORT



Patient Ref. No. 22000000830922



SRL Diagnostics

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :

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FORTIS HOSPITAL # VASHI,

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MAHARASHTRA INDIA

Cert. No. MC-2275

SRL Ltd
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NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MR.MAHESH MILIND KULKARNI

ACCESSION NO : 0022WB005013 AGE : 37 Years SEX : Male

PATIENT ID : FH.2878666

DRAWN : 25/02/2023 13:33:00

RECEIVED : 25/02/2023 13:34:59

ABHA NO :

REPORTED : 25/02/2023 14:44:43

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:2878666 REQNO-1377389

CORP-OPD

BILLNO-150123OPCR011534

BILLNO-150123OPCR011534

CLIENT PATIENT ID : UID:2878666

Test Report Status	Final	Results	Biological Reference Interval	Units
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Dr.Akta Dubey
Counsultant Pathologist



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2878666
37 Years

MAHESH KULKARNI
Male

2/25/2023 1:11:00 PM

He
- sinus rhythm
SA

Rate 82 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 133
QRSD 92
QT 354
QTc 414

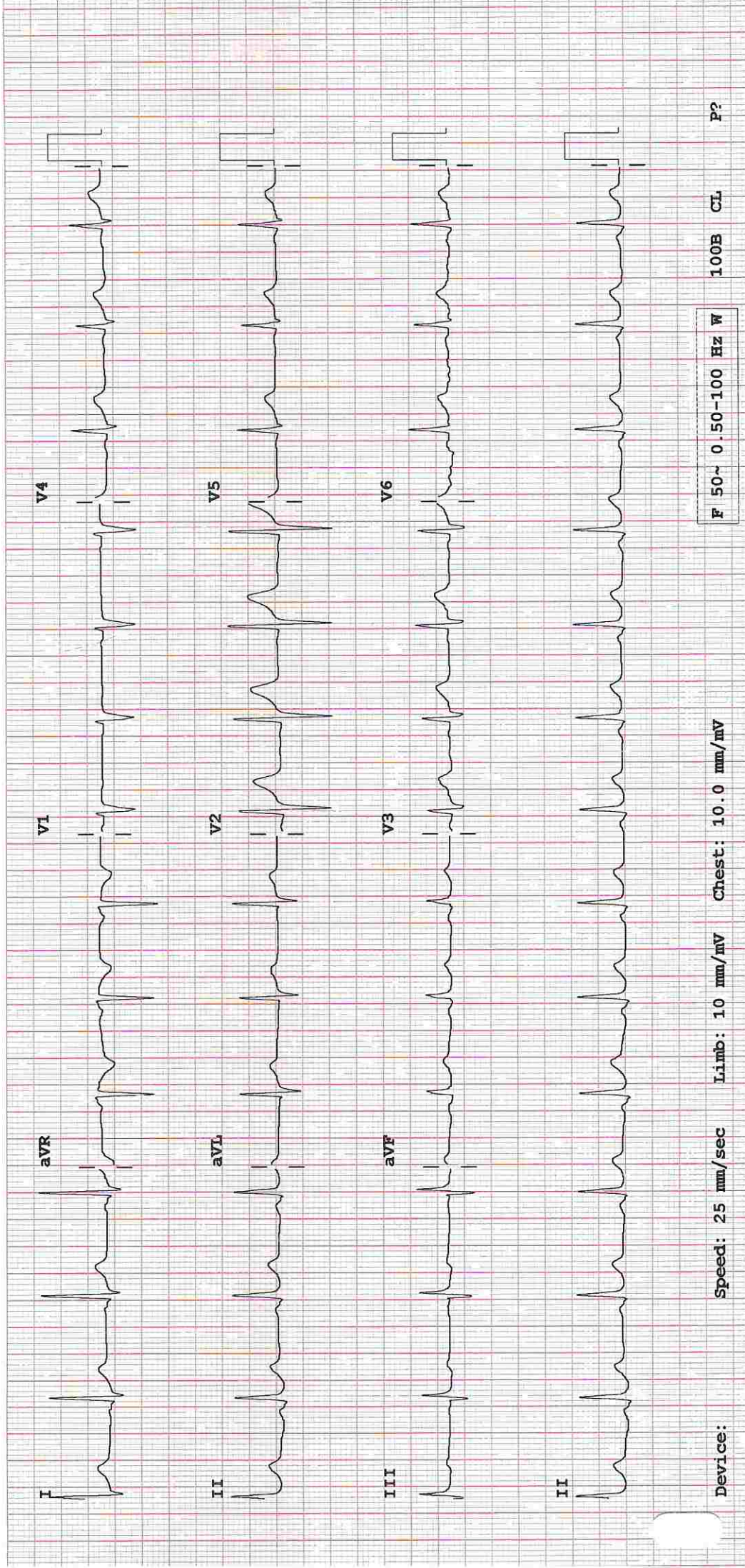
--AXIS--

P 55
QRS 38
T 26

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



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



Hiranandani
HOSPITAL
(A Fortis Network Hospital)

DEPARTMENT OF RADIOLOGY

Date: 25/Feb/2023

Name: Mr. Mahesh Milind Kulkarni

UHID | Episode No : 2878666 | 11705/23/1501

Age | Sex: 37 YEAR(S) | Male

Order No | Order Date: 1501/PN/OP/2302/24303 | 25-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 25-Feb-2023 13:07:42

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 appears normal.

Both costophrenic angles are well maintained.

Bony thorax are unremarkable.


DR. CHETAN KHADKE
M.D. (Radiologist)



DEPARTMENT OF RADIOLOGY

Date: 25/feb/2023

Name: Mr. Mahesh Milind Kulkarni
Age | Sex: 37 YEAR(S) | Male
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 2878666 | 11705/23/1501
Order No | Order Date: 1501/PN/OP/2302/24303 | 25-Feb-2023
Admitted On | Reporting Date : 25-Feb-2023 12:41:11
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 11.2 x 4.2 cm. A 1.1 x 0.8 cm sized simple cortical cyst is seen in lower pole of right kidney.

Left kidney measures 9.9 x 3.7 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 ~ 15 cc in volume.

No evidence of ascites.

IMPRESSION:

- Grade I fatty infiltration of liver.
- Right renal simple cortical cyst.


DR. ADITYA NALAWADE
M.D. (Radiologist)