



BMI CHART

Date: 10/06/22

Name: Mrs Vaidehi Dabhalke Age: 58 yrs Sex: M/F

BP: 140/60 mm/Hg Height (cms): 151cm Weight(kgs): 63.1kg BMI: _____

WEIGHT lbs kgs	100		105		110		115		120		125		130		135		140		145		150		155		160		165		170		175		180		185		190		195		200		205		210		215																																																																																																																																																																																																																																													
	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	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300		
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	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	
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	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	
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	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300
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	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300
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	37	38	39	40	41	42	43	44	45	4																																																																																																																																																																																																																																																													



UHID	12521082	Date	10/06/2023		
Name	Mrs. Vaidehi Dabholkar	Sex	Female	Age	56
OPD	Dental 12 7387696540	Health Check Up			

Drug allergy:
 Sys illness:

grossly carious $\frac{8}{8}$
 caries $\frac{78}{8}$
 stains + calculus +

Treatment

Adv. filling $\frac{78}{8}$
 Adv. extraction $\frac{8}{8}$
 Adv. oral prophylaxis

Dr. Divya Kake.

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



7045046680

UHID	12521082	Date	10/06/2023
Name	Mrs. Vaidehi Dabholkar	Sex	Female Age 56
OPD	Ophthal 14	Health Check Up	

Drug allergy: → Antibiotics (High Dose)
 Sys illness: → No
 Habit: → No

Chr. No.

Hb. D.M of Thyroid.

U.I.R. → R 6/60 [Blue]
 → L 6/60

Ref → RA -1.28 / -0.71 x 70° 6/6P
 → L -1.00 / -0.50 x 30° 6/6P
 Add + 2.00 → W6
 → W1

Top. → R 14.2
 → L 15.2

[Handwritten Signature]
 Waf

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CIN : U85100MH2005P1C154823
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D



Hiranandani
HOSPITAL

Fortis

UHID	12521082	Date	10/06/2023		
Name	Mrs. Vaidehi Dabholkar	Sex	Female	Age	56
OPD	Pap Smear	Health Check Up			

Drug allergy:
Sys illness:



LABORATORY REPORT

PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR

PATIENT ID : **FH.12521082**

CLIENT PATIENT ID : UID:12521082

ACCESSION NO : **0022WF001808** AGE : 49 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 11:09:00

RECEIVED : 10/06/2023 11:08:50

REPORTED : 10/06/2023 18:08:50

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521082 REQNO-1533380
CORP-OPD
BILLNO-150123OPCR032618
BILLNO-150123OPCR032618

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

CBC-5, EDTA WHOLE BLOOD

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	35.7	Low	36 - 46	%
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR VOLUME (MCV)	73.8	Low	83 - 101	fL
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	25.6	Low	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	34.6	High	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER				
RED CELL DISTRIBUTION WIDTH (RDW)	14.1	High	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER				
MENTZER INDEX	15.3			fL
MEAN PLATELET VOLUME (MPV)	9.3		6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER				

WBC DIFFERENTIAL COUNT

NEUTROPHILS	68		40 - 80	%
METHOD : FLOWCYTOMETRY				
LYMPHOCYTES	23		20 - 40	%
METHOD : FLOWCYTOMETRY				
MONOCYTES	6		2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS	3		1 - 6	%
METHOD : FLOWCYTOMETRY				
BASOPHILS	0		0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT	8.38	High	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT	2.83		1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT	0.74		0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT	0.37		0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				

Agilus Diagnostics Ltd (Formerly SRL Ltd)
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U74899PB1995PLC045956
Email : -



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Patient Ref. No. 22000000850567



LABORATORY REPORT

PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR

PATIENT ID : **FH.12521082**

CLIENT PATIENT ID : UID:12521082

ACCESSION NO : **0022WF001808**

AGE : 49 Years SEX : Female

ABHA NO :

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Test Report Status	Final	Results	Biological Reference Interval	Units
METHOD : CALCULATED PARAMETER		0	Low 0.02 - 0.10	thou/ μ L
ABSOLUTE BASOPHIL COUNT				
METHOD : CALCULATED PARAMETER		3.0		
NEUTROPHIL LYMPHOCYTE RATIO (NLR)				
METHOD : CALCULATED PARAMETER				
MORPHOLOGY				
RBC			NORMOCYTIC NORMOCHROMIC, MILD MICROCYTOSIS, MILD ANISOCYTOSIS	
METHOD : MICROSCOPIC EXAMINATION				
WBC			LEUCOCYTOSIS	
METHOD : MICROSCOPIC EXAMINATION				
PLATELETS			ADEQUATE	
METHOD : MICROSCOPIC EXAMINATION				
BLOOD COUNTS, EDTA WHOLE BLOOD				
HEMOGLOBIN (HB)		12.4	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY				
RED BLOOD CELL (RBC) COUNT		4.83	High 3.8 - 4.8	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE				
WHITE BLOOD CELL (WBC) COUNT		12.32	High 4.0 - 10.0	thou/ μ L
METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY				
PLATELET COUNT		324	150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE				

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.

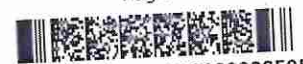
Agilus Diagnostics Ltd (Formerly SRL Ltd)
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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

E.S.R

08

0 - 20

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(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, (Sickle Cells, 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 A

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	0.55		0.2 - 1.0	mg/dL
METHOD : JENDRASSIK AND GROFF				
BILIRUBIN, DIRECT	0.29	High	0.0 - 0.2	mg/dL
METHOD : JENDRASSIK AND GROFF				
BILIRUBIN, INDIRECT	0.26		0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER				
TOTAL PROTEIN	7.7		6.4 - 8.2	g/dL
METHOD : BIURET				
ALBUMIN	4.3		3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING				
GLOBULIN	3.4		2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ALBUMIN/GLOBULIN RATIO	1.3		1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER				
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	10	Low	15 - 37	U/L
METHOD : UV WITH PSP				
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24		< 34.0	U/L
METHOD : UV WITH PSP				
ALKALINE PHOSPHATASE	64		30 - 120	U/L
METHOD : PNPP-ANP				
GAMMA GLUTAMYL TRANSFERASE (GGT)	41		5 - 55	U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE				
LACTATE DEHYDROGENASE	116		100 - 190	U/L
METHOD : LACTATE -PYRUVATE				

KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN	13		6 - 20	mg/dL
METHOD : UREASE - UV				

CREATININE EGFR- EPI

CREATININE	0.60		0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES				
AGE	49			years

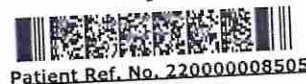
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Patient Ref. No. 22000000850567



LABORATORY REPORT

PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR

PATIENT ID : **FH.12521082**

CLIENT PATIENT ID : UID:12521082

ACCESSION NO : **0022WF001808** AGE : 49 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 11:09:00 RECEIVED : 10/06/2023 11:08:50

REPORTED : 10/06/2023 18:08:50

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521082 REQNO-1533380
CORP-OPD
BILLNO-150123OPCR.032618
BILLNO-150123OPCR.032618

Test Report Status	Final	Results	Biological Reference Interval
GLOMERULAR FILTRATION RATE (FEMALE)		109.96	Refer Interpretation Below mL/min/1.73m ²
METHOD : CALCULATED PARAMETER			
BUN/CREAT RATIO		21.67	High 5.00 - 15.00
BUN/CREAT RATIO			
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM		2.8	2.6 - 6.0 mg/dL
URIC ACID			
METHOD : URICASE UV			
TOTAL PROTEIN, SERUM		7.7	6.4 - 8.2 g/dL
TOTAL PROTEIN			
METHOD : BIURET			
GLUCOSE FASTING, FLUORIDE PLASMA		144	High Normal : < 100 Pre-diabetes: 100-125 Diabetes: >=126 mg/dL
FBS (FASTING BLOOD SUGAR)			
METHOD : HEXOKINASE			
KIDNEY PANEL - 1			
ALBUMIN, SERUM		4.3	3.4 - 5.0 g/dL
ALBUMIN			
METHOD : BCP DYE BINDING			
GLOBULIN		3.4	2.0 - 4.1 g/dL
GLOBULIN			
METHOD : CALCULATED PARAMETER			
ELECTROLYTES (NA/K/CL), SERUM		135	Low 136 - 145 mmol/L
SODIUM, SERUM			
METHOD : ISE INDIRECT			
POTASSIUM, SERUM		4.09	3.50 - 5.10 mmol/L
POTASSIUM, SERUM			
METHOD : ISE INDIRECT			
CHLORIDE, SERUM		99	98 - 107 mmol/L
CHLORIDE, SERUM			
METHOD : ISE INDIRECT			

Interpretation(s)

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Patient Ref. No. 2200000850567



LABORATORY REPORT

PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR

PATIENT ID : **FH.12521082**

CLIENT PATIENT ID : UID:12521082

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REFERRING DOCTOR :

CLINICAL INFORMATION :

UTD:12521082 REQNO-1533380

CORP-OPD

BILLNO-150123OPCR032618

BILLNO-150123OPCR032618

Test Report Status	Final	Results	Biological Reference Interval
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GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA

WHOLE BLOOD

HBA1C

9.1

High

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)

214.5

High < 116.0

mg/dL

METHOD : CALCULATED PARAMETER

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-

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

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

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

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

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

Albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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

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Patient Ref. No. 220000085056Z



LABORATORY REPORT

PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR

PATIENT ID : **FH.12521082**

CLIENT PATIENT ID : UID:12521082

ACCESSION NO : **0022WF001808**

AGE : 49 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 11:09:00

RECEIVED : 10/06/2023 11:08:50

REPORTED : 10/06/2023 18:08:50

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR :

CLINICAL INFORMATION :

UTD:12521082 REQNO-1533380

CORP-OPD

BILLNO-150123OPCR032618

BILLNO-150123OPCR032618

Test Report Status: **Final**

Results

Biological Reference Interval

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- is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin.

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

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

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, sulfonylureas, tolbutamide, and other oral hypoglycemic agents.

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

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

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. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

- a) 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 (Bornate 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

211

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

mg/dL

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

TRIGLYCERIDES

166

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

mg/dL

METHOD : ENZYMATIC ASSAY

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Patient Ref. No. 22000000850567



LABORATORY REPORT

PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR

PATIENT ID : **FH.12521082**

CLIENT PATIENT ID : UID:12521082

ACCESSION NO : **0022WF001808**

AGE : 49 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 11:09:00

RECEIVED : 10/06/2023 11:08:50

REPORTED : 10/06/2023 18:08:50

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521082 REQNO-1533380
CORP-OPD
BILLNO-150123OPCR032618
BILLNO-150123OPCR032618

Test Report Status	Final	Results	Biological Reference Interval
HDL CHOLESTEROL		55	< 40 Low >/=60 High mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT		124	< 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		156	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		33.2	High </= 30.0 mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO		3.8	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		2.3	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk
METHOD : CALCULATED PARAMETER			

Interpretation(s)

CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

COLOR

PALE YELLOW

METHOD : PHYSICAL

APPEARANCE

SLIGHTLY HAZY

METHOD : VISUAL

CHEMICAL EXAMINATION, URINE

PH

6.0

4.7 - 7.5

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Patient Ref. No. 22000000850567



LABORATORY REPORT

PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR

PATIENT ID : FH.12521082

CLIENT PATIENT ID : UID:12521082

ACCESSION NO : 0022WF001808

AGE : 49 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 11:09:00

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REPORTED : 10/06/2023 18:08:50

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521082 REQNO-1533380

CORP-OPD

BILLNO-150123OPCR032618

BILLNO-150123OPCR032618

Test Report Status	Final	Results	Biological Reference Interval
SPECIFIC GRAVITY		1.015	1.003 - 1.035
PROTEIN		NOT DETECTED	NOT DETECTED
GLUCOSE		DETECTED (+++)	NOT DETECTED
KETONES		NOT DETECTED	NOT DETECTED
BLOOD		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
NITRITE		NOT DETECTED	NOT DETECTED
LEUKOCYTE ESTERASE		NOT DETECTED	NOT DETECTED
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS		NOT DETECTED	NOT DETECTED /HPF
PUS CELL (WBC'S)		5-7	0-5 /HPF
EPITHELIAL CELLS		20-30	0-5 /HPF
CASTS		NOT DETECTED	
CRYSTALS		NOT DETECTED	
BACTERIA		DETECTED	NOT DETECTED
YEAST		DETECTED (++)	NOT DETECTED

URINARY MICROSCOPIC EXAMINATION IS DONE BY URINARY CENTRIFUGED SEDIMENTS

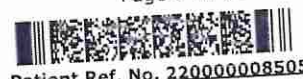
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Patient Ref. No. 2200000085056Z

LABORATORY REPORT



PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR

PATIENT ID : **FH.12521082**

CLIENT PATIENT ID : UID:12521082

ACCESSION NO : **0022WF001808**

AGE : 49 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 11:09:00

RECEIVED : 10/06/2023 11:08:50

REPORTED : 10/06/2023 18:08:50

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521082 REQNO-1533380

CORP-OPD

BILLNO-150123OPCR032618

BILLNO-150123OPCR032618

Test Report Status	Results	Biological Reference Interval
Final		

Interpretation(s)

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3

97.5

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

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE
T4 10.86

T4

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

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE
TSH (ULTRASENSITIVE) 1.980

TSH (ULTRASENSITIVE)

Non Pregnant Women µIU/mL
0.27 - 4.20
Pregnant Women
1st Trimester: 0.33 - 4.59
2nd Trimester: 0.35 - 4.10
3rd Trimester: 0.21 - 3.15

METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

Interpretation(s)

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

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Patient Ref. No. 2200000850567



LABORATORY REPORT

PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR

PATIENT ID : **FH.12521082**

CLIENT PATIENT ID : UID:12521082

ACCESSION NO : **0022WF001808**

AGE : 49 Years SEX : Female

ABHA NO :

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REPORTED : 10/06/2023 18:08:50

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521082 REQNO-1533380

CORP-OPD

BILLNO-150123OPCR032618

BILLNO-150123OPCR032618

Test Report Status	Results	Biological Reference Interval
Final		

Dr.Akta Dubey
Consultant Pathologist

Dr.Akta Dubey
Consultant Pathologist

Dr.Akta Dubey
Consultant Pathologist

Dr.Akta Dubey
Consultant Pathologist

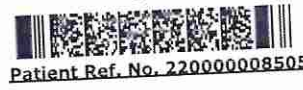
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Maharashtra, India
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CTN - U74899PB1995PLC045956
Email : -



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Patient Ref. No. 2200000850567



LABORATORY REPORT

PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR

PATIENT ID : **FH.12521082**

CLIENT PATIENT ID : UID:12521082

ACCESSION NO : **0022WF001852** AGE : 49 Years SEX : Female

ABHA NO :

DRAWN : 10/06/2023 12:48:00

RECEIVED : 10/06/2023 12:47:53

REPORTED : 10/06/2023 14:05:01

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD**

REFERRING DOCTOR :

CLINICAL INFORMATION :

UID:12521082 REQNO-1533380
CORP-OPD
BILLNO-150123OPCR032618
BILLNO-150123OPCR032618

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)

231

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

****End Of Report****

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

Dr.Akta Dubey
Consultant Pathologist

Agilus Diagnostics Ltd (Formerly SRL Ltd)
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
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CIN - U74899PB1995PLC045956
Email : -



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Patient Ref. No. 22000000850611

LABORATORY REPORT



PATIENT NAME : MRS.VAIDEHI VITTHALDAS DABHOLKAR
REF. DOCTOR :
AGE/SEX : 49 Years Female
CODE/NAME & ADDRESS : C000045507
PATIENT ID : FH.12521082
DRAWN : 10/06/2023 14:30:00
FORTIS VASHI-CHC -SPLZD
CLIENT PATIENT ID: UID:12521082
RECEIVED : 10/06/2023 14:35:20
FORTIS HOSPITAL # VASHI,
ABHA NO :
MUMBAI 440001
REPORTED : 13/06/2023 08:54:19

CLINICAL INFORMATION :

UID:12521082 REQNO-1533380
CORP-OPD
BILLNO-150123OPCR032618
BILLNO-150123OPCR032618

Test Report Status **Final**

Units

CYTOLOGY

PAPANICOLAOU SMEAR

PAPANICOLAOU SMEAR

TEST METHOD

SPECIMEN TYPE

REPORTING SYSTEM

SPECIMEN ADEQUACY

METHOD : MICROSCOPIC EXAMINATION
MICROSCOPY

INTERPRETATION / RESULT

ENDOMETRIAL CELLS (IN A WOMAN \geq 45
YRS)

METHOD : MICROSCOPIC EXAMINATION

CONVENTIONAL GYNEC CYTOLOGY

TWO UNSTAINED CERVICAL SMEARS RECEIVED

2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY

SATISFACTORY

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

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

ABSENT

****End Of Report****

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

Dr. Akta Dubey
Counsultant Pathologist

Page 1 Of 1



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd (Formerly 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. 2200000850656

12521082
49 Years

VAIDEHI DABHOLKAR
Female

0/10/2023 11:00:00 AM

HC

Rate 92 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Borderline T wave abnormalities.....T/QRS ratio < 1/20 or flat T

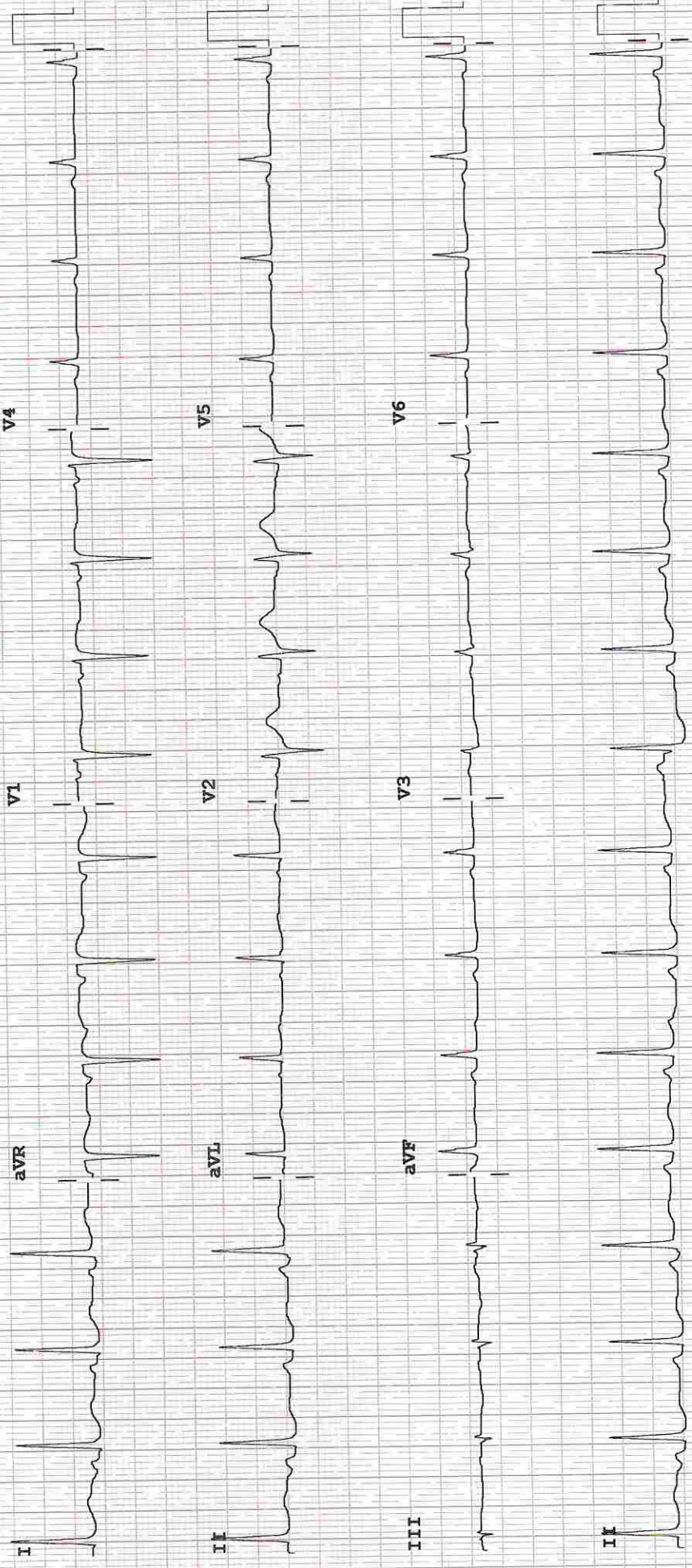
PR 139
QRSD 84
QT 364
QTc 451

--AXIS--
P 46
QRS 28
T 17

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



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

gino? m m
r h m m

[Handwritten signature]

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



Date: 10/Jun/2023

DEPARTMENT OF RADIOLOGY

Name: Mrs. Vaidehi Vitthaldas Dabholkar

Age | Sex: 49 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12521082 | 32991/23/1501

Order No | Order Date: 1501/PN/OP/2306/68903 | 10-Jun-2023

Admitted On | Reporting Date : 10-Jun-2023 14:45:19

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 appears unremarkable.

DR. SIDDHANT LOLGE
MD (Radiologist)



DEPARTMENT OF RADIOLOGY

Date: 10/Jun/2023

Name: Mrs. Vaidehi Vitthaladas Dabholkar

Age | Sex: 49 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12521082 | 32991/23/1501

Order No | Order Date: 1501/PN/OP/2306/68903 | 10-Jun-2023

Admitted On | Reporting Date : 10-Jun-2023 13:23:23

Order Doctor Name : Dr.SELF .

US-WHOLE ABDOMEN

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

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

SPLEEN is normal in size and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis. Right kidney measures 8.7 x 5.0 cm. Left kidney measures 10.6 x 5.3 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 calculi.

UTERUS is normal in size, measuring 8.3 x 4.3 x 5.5 cm. Few tiny subcentimeter sized intramural fibroids noted along posterior wall, largest measuring 5 x 3 mm. Endometrium measures 4.5 mm in thickness.

Both ovaries are normal. Right ovary measures 2.4 x 1.9 cm. Left ovary measures 1.7 x 1.4 cm.

No evidence of ascites.

Impression:

- Grade I fatty infiltration of liver.
- Uterine fibroids as described.


DR. ADITYA NALAWADE
M.D. (Radiologist)

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Age | Sex: 49 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2306/68903 | 10-Jun-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 10-Jun-2023 15:52:39

Bed Name :

Order Doctor Name : Dr.SELF .

MAMMOGRAM - BOTH BREAST

Findings:

Bilateral film screen mammography was performed in cranio-caudal and medio-lateral oblique views.

Both breasts show scattered areas of fibroglandular density.

No evidence of any dominant mass, clusters of microcalcifications, nipple retraction, skin thickening or abnormal vascularity is seen in either breast.

No evidence of axillary lymphadenopathy.

IMPRESSION:

- No significant abnormality detected. (BI-RADS category I).
- No obvious mass lesion in the breasts.

Normal-interval follow-up is recommended.

DR. CHETAN KHADKE
M.D. (Radiologist)