



BMI CHART

Date: 16/12/24

Name: Priyanka Mahapatra Age: 44 yrs Sex: M/F
BP: 110/80 mmHg Height (cms): 152cm Weight(kgs): 86kg BMI: 37

WEIGHT lbs	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215		
Kgs	49.9	52.2	54.5	56.8	59.1	61.4	63.8	66.1	68.4	70.7	73.0	75.3	77.7	80.0	82.3	84.6	86.9	89.3	91.6	93.9	96.2	98.5		
HEIGHT In/cm	Underweight					Healthy					Overweight					Obese			Extremely Obese					
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
5'2" - 157.4	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39		
5'3" - 160.0	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
5'4" - 162.5	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
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		
5'6" - 167.6	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37		
5'7" - 170.1	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
5'8" - 172.7	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
5'9" - 175.2	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35		
5'10" - 177.8	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35		
5'11" - 180.3	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34		
6'0" - 182.8	13	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33		
6'1" - 185.4	13	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33		
6'2" - 187.9	12	13	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		
6'3" - 190.5	12	13	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		
6'4" - 193.0	12	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		

Doctors Notes:

Signature



UHID	12978396	Date	16/02/2024		
Name	Mrs. Priyanka Mehrotra	Sex	Female	Age	44
OPD	Pap Smear	Health Check Up			

Drug allergy:
 Sys illness:

44yr female, married since 20yr, P2L2
 both FTLCS = keto hypothyroidism
 do - Nil at present
 continue health check up.

LMP - 23/1/24

LMP - 23/12/23

Prone - 5-60/28-320/AMPL

PH - MS 20yr
 P2L2 - both FTLCS
 LB - 10yr
 TC - not done.

add

- CENICEN - FORTL
 vq per mc + 7 dy.

P/S - As + Vaghy @ 4n
 white discharge (+) (+).

- twc report

2.



UHID	12978396	Date	16/02/2024		
Name	Mrs. Priyanka Mehrotra	Sex	Female	Age	44
OPD	Opthal 14	Health Check Up			

Cor. Blue Vision.

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

H/Os: Thyroid (from 16yrs)

Habit: -> No

Unaided V -> RA 6/24P.
 LG 6/18P.

Ref -> RG - 0.75 Dsm 6/6.
 LG - 0.50 / -0.50 x 90° 6/6
 Add + 1.25 -> WC
 WC

IOP -> RA -> 14.8
 LG -> 14.8

[Handwritten Signature]



UHID	12978396	Date	16/02/2024		
Name	Mrs. Priyanka Mehrotra	Sex	Female	Age	44
OPD	Dental 12	Health Check Up			

Drug allergy:
 Sys illness:

O/E - Stains +
 - Calculus +
 - Impacted \bar{c} $\frac{+}{8}$

Treatment

- 1) Scaling Grade I
- 2) OPG (Xray)
- 3) Extraction \bar{c} $\frac{+}{8}$

To pay,

Scaling Grade I
 = Rs 2420/-

Dr. Trupti

PATIENT NAME : MRS.PRIYANKA MEHROTRA		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XB003378	
FORTIS VASHI-CHC -SPLZD		AGE/SEX : 44 Years Female	
FORTIS HOSPITAL # VASHI,		DRAWN : 16/02/2024 15:39:00	
MUMBAI 440001		RECEIVED : 16/02/2024 15:40:52	
		REPORTED : 17/02/2024 11:44:13	
		PATIENT ID : FH.12978396	
		CLIENT PATIENT ID: UID:12978396	
		ABHA NO :	

CLINICAL INFORMATION :

UID:12978396 REQNO-1663040
 CORP-OPD
 BILLNO-150124OPCR009085
 BILLNO-150124OPCR009085

Test Report Status Final	Units
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CYTOLOGY**PAPANICOLAOU SMEAR****PAPANICOLAOU SMEAR****TEST METHOD**

CONVENTIONAL GYNEC CYTOLOGY

SPECIMEN TYPE

TWO UNSTAINED CERVICAL SMEARS RECEIVED

REPORTING SYSTEM

2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY

SPECIMEN ADEQUACY

SATISFACTORY

METHOD : MICROSCOPIC EXAMINATION

MICROSCOPY

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

INTERPRETATION / RESULT

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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****

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



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

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PERFORMED AT :

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 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email :-



Patient Ref. No. 22000000902975

PATIENT NAME : MRS.PRIYANKA MEHROTRA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022X8003280

PATIENT ID : PH.12978396

CLIENT PATIENT ID: UID:12978396

ABHA NO :

AGE/SEX : 44 Years Female

DRAWN : 16/02/2024 09:20:00

RECEIVED : 16/02/2024 09:21:15

REPORTED : 16/02/2024 14:08:04

CLINICAL INFORMATION :

UID:12978396 REQNO-1663040

CORP-OPD

BILLNO-150124OPCR009085

BILLNO-150124OPCR009085

 Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY - CBC

CBC-S, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)

11.5 Low

12.0 - 15.0

g/dL

METHOD : SLS METHOD

RED BLOOD CELL (RBC) COUNT

4.00

3.8 - 4.8

 mil/ μ L

METHOD : HYDRODYNAMIC FOCUSING

WHITE BLOOD CELL (WBC) COUNT

7.07

4.0 - 10.0

 thou/ μ L

METHOD : FLUORESCENCE FLOW CYTOMETRY

PLATELET COUNT

183

150 - 410

 thou/ μ L

METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)

37.2

36.0 - 46.0

%

METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD

MEAN CORPUSCULAR VOLUME (MCV)

93.0

83.0 - 101.0

fL

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR HEMOGLOBIN (MCH)

28.8

27.0 - 32.0

pg

METHOD : CALCULATED PARAMETER

 MEAN CORPUSCULAR HEMOGLOBIN
 CONCENTRATION(MCHC)

30.9 Low

31.5 - 34.5

g/dL

METHOD : CALCULATED PARAMETER

RED CELL DISTRIBUTION WIDTH (RDW)

13.2

11.6 - 14.0

%

METHOD : CALCULATED PARAMETER

MENTZER INDEX

23.3

METHOD : CALCULATED PARAMETER

MEAN PLATELET VOLUME (MPV)

13.3 High


6.8 - 10.9

fL

METHOD : CALCULATED PARAMETER

WBC DIFFERENTIAL COUNT

Page 1 Of 18


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 Consultant Pathologist


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 CIN - U74899PB1995PLC045956
 Email :


 Patient Ref. No. 22000000902872

PATIENT NAME : MRS.PRIYANKA MEHROTRA

REF. DOCTOR :

CODE/NAME & ADDRESS : TCO00045507

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

ACCESSION NO : 0022XB003280

PATIENT ID : FH.12978396

CLIENT PATIENT ID: UID:12978396

ABHA NO : 1

AGE/SEX : 44 Years Female

DRAWN : 16/02/2024 09:20:00

RECEIVED : 16/02/2024 09:21:15

REPORTED : 16/02/2024 14:08:04

CLINICAL INFORMATION :

UID:12978396 REQNO-1663040

CORP-OPD

BILLNO-150124OPCR009085

BILLNO-150124OPCR009085

Test Report Status	Final	Results	Biological Reference Interval	Units
NEUTROPHILS		66	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		25	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		8	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
EOSINOPHILS		1	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		0	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		4.67	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.77	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.57	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.07	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0.00 Low	0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		2.6		
METHOD : CALCULATED				

MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

MILD HYPOCHROMASIA, NORMOCYTIC

WBC

METHOD : MICROSCOPIC EXAMINATION

NORMAL MORPHOLOGY

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

ADEQUATE

Dr. Akshay Dhotre, MD
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Consultant Pathologist



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Maharashtra, India
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CEN - U74899PB1999PLC045956
Email : -



Patient Ref. No. 22000000902877

PATIENT NAME : MRS.PRIYANKA MEHROTRA
REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB003280
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AGE/SEX : 44 Years Female
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CORP-OPD
BILLNO-150124OPCR009085
BILLNO-150124OPCR009085


Test Report Status	Final	Results	Biological Reference Interval	Units
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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 anemia(>13) from beta thalassemia trait (<13) in patients with microcytic anemia. 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 thalassemia trait.

WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for MLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and MLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and MLR < 3.3, COVID-19 patients tend to show mild disease.

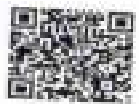
Reference 10 - The diagnostic and predictive role of MLR, d-MLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106604
 This ratio element is a calculated parameter and out of NABL scope.



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 Tel : 022-39199222,022-49723322,
 CIN - U74999PB1995PLC043956
 Email : -


Patient Ref. No. 22000000902877

PATIENT NAME : MRS.PRIYANKA MEHROTRA

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPL2D
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

REF. DOCTOR :

ACCESSION NO : 0022XB003280
PATIENT ID : FH.12978396
CLIENT PATIENT ID: USD:12978396
ASHA NO :

AGE/SEX : 44 Years Female
DRAWN : 16/02/2024 09:20:00
RECEIVED : 16/02/2024 09:21:15
REPORTED : 16/02/2024 14:08:04

CLINICAL INFORMATION :

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CORP-OPD
BILLNO-150124OPCR009085
BILLNO-150124OPCR009085

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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R	20	0 - 20	mm at 1 hr
METHOD : WESTERGHEN METHOD			

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	< 116.0	mg/dL
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 millimeters 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.
Having a very accelerated ESR (>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemia, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy ESR in first trimester is 0-15 mm/hr (52 if anemic) and in second trimester (0-70 mm/hr (52 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 : Polkilocytosis, (Sickle Cells, spherocytes), Microcytosis, Low fibrinogen, Very high WBC counts, Drugs (Quinine, salicylates)

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CIN - U74899MH1995PLC045556
Email : -



Patient Ref. No. 23000000902877

PATIENT NAME : MRS.PRIYANKA MEHROTRA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB003280
PATIENT ID : FH.12978396
CLIENT PATIENT ID: UID:12978396
ASHA NO :

AGE/SEX : 44 Years Female
DRAWN : 16/02/2024 09:20:00
RECEIVED : 16/02/2024 09:21:15
REPORTED : 16/02/2024 14:08:04

CLINICAL INFORMATION :

UID:12978396 REQNO-1663040
CORP-OPD
BILLNO-150124OPCR009085
BILLNO-150124OPCR009085

Test Report Status	Final	Results	Biological Reference Interval	Units
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REFERENCE :

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

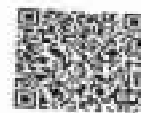
1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dL, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as $eAG (mg/dL) = 28.7 * HbA1c - 46.7$

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 & opiate addiction 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 (D19 is corrected for HbS & HbC trait.)
- c) HbF > 35% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy.

Dr. Akshay Dhotre, MD
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Consultant Pathologist



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CIN - U74809PB1995PLC045556
Email : -



Patient Ref. No. 21000000902977

PATIENT NAME : MRS.PRIYANKA MEHROTRA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPL20
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XB003280

PATIENT ID : FH,12978396

CLIENT PATIENT ID: UID:12978396

ABHA NO :

AGE/SEX : 44 Years Female

DRAWN : 16/02/2024 09:20:00

RECEIVED : 16/02/2024 09:21:15

REPORTED : 16/02/2024 14:08:04

CLINICAL INFORMATION :

UID:12978396 REQNO-1663040

CORP-OPD

BILLNO-1501240PCR009085

BILLNO-1501240PCR009085

Test Report Status Final

Results

Biological Reference Interval Units

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

METHOD : TUBE AGGLUTINATION

RH TYPE

METHOD : TUBE AGGLUTINATION

TYPE O

POSITIVE

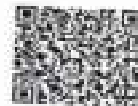
Interpretation(s)

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

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

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

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Patient Ref. No. 2200000002877

PATIENT NAME : MRS.PRIYANKA MEHROTRA
REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507
**FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001**
ACCESSION NO : 0022XB003280
PATIENT ID : FH.12978396
CLIENT PATIENT ID: UID:12978396
ABHA NO :
AGE/SEX : 44 Years Female
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CORP-OPD
BILLNO-150124OPCR009085
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Test Report Status Final
Results
Biological Reference Interval Units
BIOCHEMISTRY
LIVER FUNCTION PROFILE, SERUM

Test Name	Result	Biological Reference Interval	Units
BILIRUBIN, TOTAL METHOD : JENDRASSIN AND GROFF	0.48	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASSIN AND GROFF	0.11	0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.37	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.2	6.4 - 8.2	g/dL
ALBUMIN METHOD : BCP ONE BINDING	3.6	3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.6	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.0	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT) METHOD : UV WITH PSP	15	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH PSP	14	< 34.0	U/L
ALKALINE PHOSPHATASE METHOD : PNP-ANP	68	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROARILIDE	21	5 - 55	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	143	81 - 234	U/L

GLUCOSE FASTING, FLUORIDE PLASMA

Test Name	Result	Biological Reference Interval	Units
FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	89	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >/=126	mg/dL


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

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CIN - U74899MH1995PLC045956
Email : -


Patient Ref. No. 2200000902872

PATIENT NAME : MRS.PRIYANKA MEHROTRA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPL2D
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XB003280
PATIENT ID : FH.12978396
CLIENT PATIENT ID: UID:12978396
ASHA NO : 1

AGE/SEX : 44 Years Female
DRAWN : 16/02/2024 09:20:00
RECEIVED : 16/02/2024 09:21:15
REPORTED : 16/02/2024 14:08:04

CLINICAL INFORMATION :

UID:12978396 REQNO-1663040
CORP-OPD
BILLNO-150124OPCR009085
BILLNO-150124OPCR009085

Test Report Status **Final**

Test Report Status	Results	Biological Reference Interval	Units
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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN

METHOD : UREASE - UV

5 Low

6 - 20

mg/dL

CREATININE EGFR- EPI

CREATININE

METHOD : ALKALINE PICRATE KINETIC JAFFE'S

0.65

0.60 - 1.10

mg/dL

AGE

44

years

GLOMERULAR FILTRATION RATE (FEMALE)

METHOD : CALCULATED PARAMETER

111.27

Refer Interpretation Below

mL/min/1.73m²

BUN/CREAT RATIO

BUN/CREAT RATIO

METHOD : CALCULATED PARAMETER

7.69

5.00 - 15.00

URIC ACID, SERUM

URIC ACID

METHOD : URICASE UV

2.8

2.6 - 6.0

mg/dL

TOTAL PROTEIN, SERUM

TOTAL PROTEIN

METHOD : BIURET

7.2

6.4 - 8.2

g/dL

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PATIENT NAME : MRS.PRIYANKA MEHROTRA

REF. DOCTOR :

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ALBUMIN, SERUM

ALBUMIN

METHOD : BCP DYE BINDING

3.6

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

METHOD : ISE INDIRECT

138

136 - 145

mmol/L

POTASSIUM, SERUM

METHOD : ISE INDIRECT

4.14

3.50 - 5.10

mmol/L

CHLORIDE, SERUM

METHOD : ISE INDIRECT

105

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 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 blocking 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.

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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, Osteolytic bone tumors, osteoarthritis, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatemia, 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 adrenal 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'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 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, hemodialysis, 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 without so glucose is excreted in the urine.

Increased in: Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (10%), Drugs: corticosteroids, phenytoin, estrogen, thiazides.
Decreased in: Pheochromocytoma (adrenal medulla tumor), increased insulin, Addison's disease, adrenal insufficiency, Hypoparathyroidism, diffuse liver disease, malignancy (adrenocortical, stomach, Neurosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g. galactosemia). Drugs: insulin, ethanol, propranolol, sulfonyleurea, 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, secondary Hypoglycemia, increased insulin response & sensitivity etc.

BLOOD UREA NITROGEN (BUN), SERUM-CREATININE Causes of increased levels include: Prerenal (High protein diet, Increased protein catabolism, GI hemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Nephropathy, Nephrotoxicity, Prostatism). Causes of decreased level include: Liver disease, SIADH.

- **CREATININE** eGFR- EPI- Kidney disease outcomes quality initiative (KDIGO) 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, is younger than in older individuals, and is blacker 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 (>40 ml/min per 1.73m²). This formula has less bias and greater accuracy which helps in early diagnosis and also reduces the rate of false positive diagnosis of CKD.

References:

National Kidney Foundation (NKF) and the American Society of Nephrology (ASN). Estimated GFR Calculated Using the CKD-EPI equation-https://tools.itsa.org/estimated-creatinine-gfr
Ghoman JK, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. *Kidney Med* 2022; 4:100471. 35756325
Harrison's Principles of Internal Medicine, 21st ed. pg 62 and 334
URIC ACID, SERUM-Causes of increased levels: Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lead nephropathy 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, Waldenström's disease.

Dr. Akshay Dhotre, MD
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Patient Ref. No. 22000000902827



PATIENT NAME : MRS.PRIYANKA MEHROTRA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB003280

PATIENT ID : FH.12978396

CLIENT PATIENT ID: UID:12978396

ASHA NO :

AGE/SEX : 44 Years Female

DRAWN : 16/02/2024 09:20:00

RECEIVED : 16/02/2024 09:21:15

REPORTED : 16/02/2024 14:08:04

CLINICAL INFORMATION :

UID:12978396 REQNO-1663040

CORP-OPD

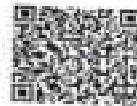
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BILLNO-150124OPCR009085

Test Report Status	Final	Results	Biological Reference Interval	Units
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Lower-than-normal levels may be due to: Apoptosis, bleeding, 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, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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CTN - 074999PB1999PLC045956
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Patient Ref. No. 22000000302872

PATIENT NAME : MRS.PRIYANKA MEHROTRA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB003280

PATIENT ID : PH.12978396

CLIENT PATIENT ID/UID: 12978396

ASHA NO :

AGE/SEX : 44 Years Female

DRAWN : 16/02/2024 09:20:00

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CLINICAL INFORMATION :

UID:12978396 REQNO-1663040

CORP-OPD

BILLNO-1501240PCR009085

BILLNO-1501240PCR009085

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

LIPID PROFILE SERUM

CHOLESTEROL, TOTAL	152	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
<small>METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXYDASE, ESTERASE, PEROXIDASE</small>			
TRIGLYCERIDES	76	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
<small>METHOD : ENZYMATIC ASSAY</small>			
HDL CHOLESTEROL	48	< 40 Low >/=60 High	mg/dL
<small>METHOD : DIRECT MEASURE - PEG</small>			
LDL CHOLESTEROL, DIRECT	98	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
<small>METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT</small>			
NON HDL CHOLESTEROL	104	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
<small>METHOD : CALCULATED PARAMETER</small>			
VERY LOW DENSITY LIPOPROTEIN	15.2	</= 30.0	mg/dL
<small>METHOD : CALCULATED PARAMETER</small>			
CHOL/HDL RATIO	3.2 Low	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
<small>METHOD : CALCULATED PARAMETER</small>			

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Patient Ref. No. 22000000282872

PATIENT NAME : MRS.PRIYANKA MEHROTRA

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CORP-OPD

BILLNO-150124OPCR009085

BILLNO-150124OPCR009085

Test Report Status	Final	Results	Biological Reference Interval	Units
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LDL/HDL RATIO

2.0

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 Dhotre, MD
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Patient Ref. No. 22000000902877

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CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPL2D
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022X0003280
PATIENT ID : FH.12978396
CLIENT PATIENT ID: UID:12978396
ABHA NO : 1

AGE/SEX : 44 Years Female
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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 METHOD : PHYSICAL	PALE YELLOW
APPEARANCE METHOD : VISUAL	CLEAR

CHEMICAL EXAMINATION, URINE

PH METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD	6.0	4.7 - 7.5
SPECIFIC GRAVITY METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)	<=1.005	1.003 - 1.035
PROTEIN METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE	NOT DETECTED	NOT DETECTED
GLUCOSE METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD	NOT DETECTED	NOT DETECTED
KETONES METHOD : REFLECTANCE SPECTROPHOTOMETRY, BOTHERA'S PRINCIPLE	NOT DETECTED	NOT DETECTED
BLOOD METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN	DETECTED (TRACE) IN URINE	
BILIRUBIN METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT	NOT DETECTED	NOT DETECTED
UROBILINOGEN METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRLICH REACTION)	NORMAL	NORMAL
NITRITE METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE	NOT DETECTED	NOT DETECTED
LEUKOCYTE ESTERASE METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY	NOT DETECTED	NOT DETECTED

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Consultant Pathologist

Dr. Rekha Nair, MD
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Microbiologist



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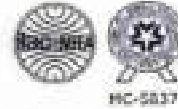
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PATIENT NAME : MRS.PRIYANKA MEHROTRA		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022XB003280	AGE/SEX : 44 Years Female	
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.12978396	DRAWN : 16/02/2024 09:20:00	
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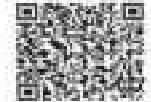
MICROSCOPIC EXAMINATION, URINE

	DETECTED (OCCASIONAL)	NOT DETECTED	/HPF
RED BLOOD CELLS			
METHOD : MICROSCOPIC EXAMINATION			
PUS CELL (WBC'S)	1-2	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)

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Dr. Rakha Nair, MD
(Reg No. MMC 2001/06/2354)
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FORTIS HOSPITAL # VASHI,
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ACCESSION NO : 0022XB003280

PATIENT ID : FH.12978396

CLIENT PATIENT ID: UID:12978396

ABHA NO : 1

AGE/SEX : 44 Years Female

DRAWN : 16/02/2024 09:20:00

RECEIVED : 16/02/2024 09:21:15

REPORTED : 16/02/2024 14:08:04

CLINICAL INFORMATION :

UID:12978396 REQNO-1663040
CORP-OPD
BILLNO-150124OPCR009085
BILLNO-150124OPCR009085

Test Report Status **Final**

Results

Biological Reference Interval Units

CLINICAL PATH - STOOL ANALYSIS

STOOL: OVA & PARASITE

PHYSICAL EXAMINATION,STOOL

COLOUR

BROWN

METHOD : VISUAL

CONSISTENCY

WELL FORMED

METHOD : VISUAL

MUCUS

NOT DETECTED

NOT DETECTED

METHOD : VISUAL

VISIBLE BLOOD

ABSENT

ABSENT

METHOD : VISUAL

ADULT PARASITE

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

CHEMICAL EXAMINATION,STOOL

OCCULT BLOOD

NOT DETECTED

NOT DETECTED

METHOD : GUAIAC ACID METHOD

MICROSCOPIC EXAMINATION,STOOL

PUS CELLS

2-3

/hpf

METHOD : MICROSCOPIC EXAMINATION

RED BLOOD CELLS

NOT DETECTED

NOT DETECTED

/HPF

METHOD : MICROSCOPIC EXAMINATION

CYSTS

NOT DETECTED

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

OVA

NOT DETECTED

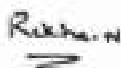
METHOD : MICROSCOPIC EXAMINATION

LARVAE

NOT DETECTED

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION



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

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PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-30199222,022-49723322,
CIN - U74809PB1995PLC045956
Email : -



Patient Ref. No. 24000000902877

PATIENT NAME : MRS.PRIYANKA MEHROTRA		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022XB003280 PATIENT ID : FH.12978396 CLIENT PATIENT ID: UID:12978396 ABHA NO :	AGE/SEX : 44 Years Female DRAWN : 16/02/2024 09:20:00 RECEIVED : 16/02/2024 09:21:15 REPORTED : 16/02/2024 14:08:04

CLINICAL INFORMATION :
 UID:12978396 REQNO-1663040
 CORP-OPD
 BILLNO-150124OPCR009085
 BILLNO-150124OPCR009085

Test Report Status	Final	Results	Biological Reference Interval	Units
TROPHOZOITES		NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION				

Interpretation(s)

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



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 Agilus Diagnostics Ltd,
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC049956
 Email : -



Patient Ref. No. 22000000902822

PATIENT NAME : MRS.PRIYANKA MEHROTRA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : **0022X8003280**
PATIENT ID : PH.12978396
CLIENT PATIENT ID: UID:12978396
ABHA NO :

AGE/SEX : 44 Years Female
DRAWN : 16/02/2024 09:20:00
RECEIVED : 16/02/2024 09:21:15
REPORTED : 16/02/2024 14:08:04

CLINICAL INFORMATION :

UID:12978396 REQNO-1663040
CORP-OPD
BILLNO-150124OPCR009085
BILLNO-150124OPCR009085

Test Report Status	Final	Results	Biological Reference Interval	Units
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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL SERUM

T3 102.6 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 8.52 Non-Pregnant Women ug/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) 2.540 Non Pregnant Women uIU/mL
0.27 - 4.20
Pregnant Women (As per
American Thyroid Association)
1st Trimester 0.100 - 2.500
2nd Trimester 0.200 - 3.000
3rd Trimester 0.300 - 3.000

METHOD : ELECTROCHEMILUMINESCENCE SANDWICH IMMUNOASSAY

Interpretation(s)

****End Of Report****

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

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



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CIN - U74899MH1995PLC045956
Email : -



Patient Ref. No. 22000000002872



MC-5837

PATIENT NAME : MRS.PRIYANKA MEHROTRA

REF. DOCTOR :

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

ACCESSION NO : 0022XB003329
PATIENT ID : FH.12978396
CLIENT PATIENT ID: UID:12978396
ASHA NO :

AGE/SEX :44 Years Female
DRAWN :16/02/2024 11:52:00
RECEIVED :16/02/2024 11:52:37
REPORTED :16/02/2024 13:01:24

CLINICAL INFORMATION :

UID:12978396 REQNO-1663040
CORP-OPD
BILLNO-150124OPCR009085
BILLNO-150124OPCR009085

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	86	70 - 140	mg/dL
---------------------------------	----	----------	-------

METHOD : HEXOKINASE

Comments

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

Interpretation(s)

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose. level may be seen due to effect of Oral Hypoglycaemia & 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 for related Test Information for this accession

Page 1 Of 1

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



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Maharashtra, India
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CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 2200000002926

44 Years

priyanka, mehrotra
Female

2/16/2024 11:00:15 AM

KAL

SINUS BRADYCARDIA
CORONARY CLINICAL
O

Rate 52 Sinus rhythm.....Normal P axis, V-rate 50-99

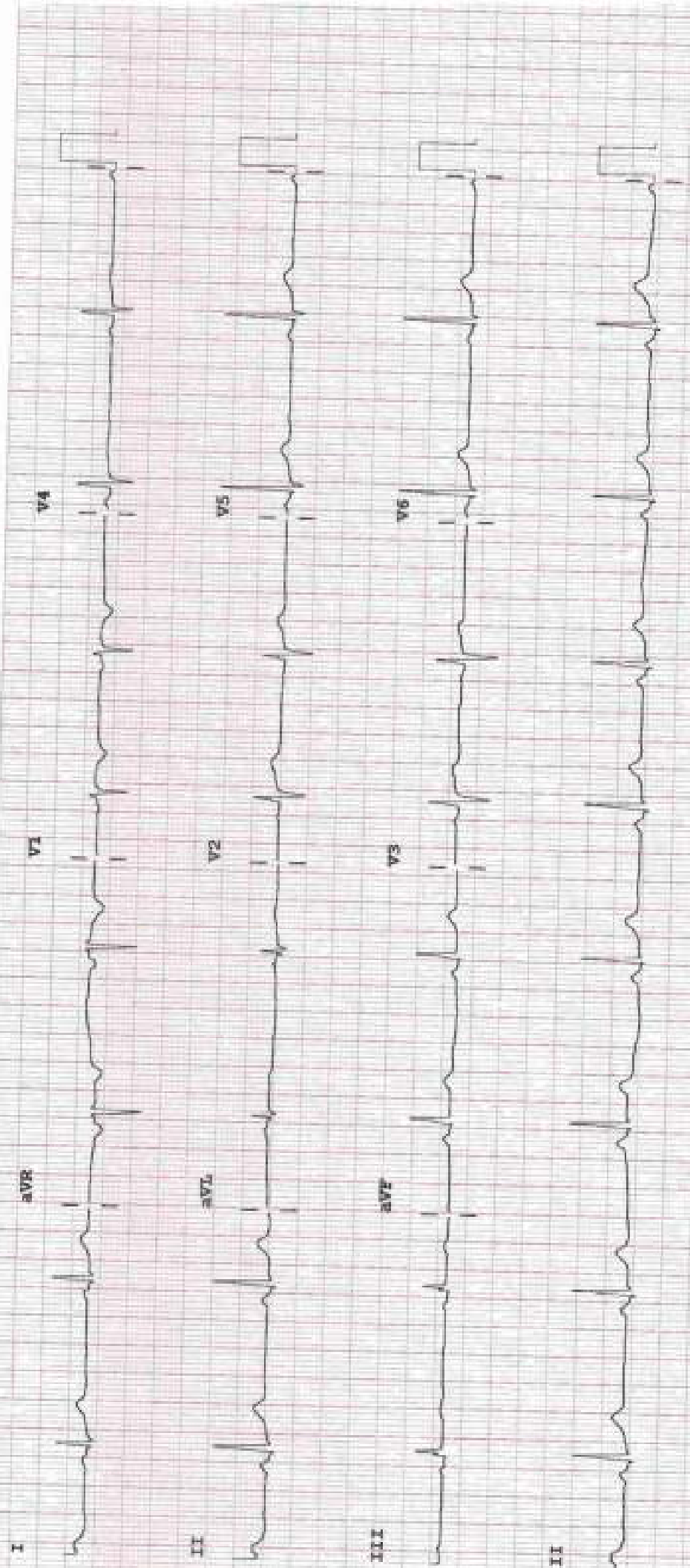
PR 141
QRS 87
QT 407
QTc 379

--AXIS--
P 42
QRS 60
T 47

12 Lead: Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

P 50- 0.50-100 Hz W

100B CL P?



DEPARTMENT OF NIC

Date: 16/Feb/2024

Name: Mrs. Priyanka Mehrotra
Age | Sex: 44 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12978396 | 9376/24/1501
Order No | Order Date: 1501/PN/OP/2402/19357 | 16-Feb-2024
Admitted On | Reporting Date : 16-Feb-2024 16:13:23
Order Doctor Name : Dr.SELF.

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction. No e/o raised LVEDP.
- Trivial mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- No tricuspid regurgitation. No pulmonary hypertension.
PASP = 25 mm of Hg.
- Intact IVS and IAS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimension.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 15 mm with normal inspiratory collapse.

M-MODE MEASUREMENTS:

LA	31	mm
AO ANNULUS	18	mm
AO CUSP SEP	16	mm
LVID (s)	28	mm
LVID (d)	44	mm
IVS (d)	11	mm
LVPW (d)	11	mm
RVID (d)	26	mm
RA	28	mm
LVEF	60	%

Hiranandani Healthcare Pvt. Ltd.

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

Board Line: 022 - 39199222 | Fax: 022 - 39193220

Emergency: 022 - 39199100 | Ambulance: 1255

For Appointment: 022 - 39195300 | Health Checkup: 022 - 39199900

www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D12G

PAN NO : AABCH5894D



Hiranandani
HOSPITAL
(A Fortis Healthcare Hospital)

DEPARTMENT OF NIC

Date: 16/FEB/2024

Name: Mrs. Priyanka Mehrotra

Age | Sex: 44 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12978396 | 9376/24/1501

Order No | Order Date: 1501/PN/OP/2402/19357 | 16-Feb-2024

Admitted On | Reporting Date : 16-Feb-2024 16:13:23

Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 1.0 m/sec.

A WAVE VELOCITY:0.5 m/sec

E/A RATIO: 1.6

	PEAK (mmHg)	MEAN (mmHg)	V max (m/sec)	GRADE OF REGURGITATION
MITRAL VALVE	N			Trivial
AORTIC VALVE	05			Nil
TRICUSPID VALVE	25			Nil
PULMONARY VALVE	2.0			Nil

Final Impression :

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

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

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

Hiranandani Healthcare Pvt. Ltd.

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

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

Emergency: 022 - 35199100 | Ambulance: 1255

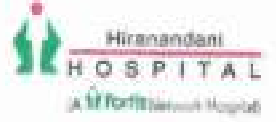
For Appointment: 022 - 35199200 | Health Checkup: 022 - 39199300

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D12G

PAN NO : AABCH5894D



(For Billing/Reports & Discharge Summary only)
DEPARTMENT OF RADIOLOGY

Date: 16/Feb/2024

Name: Mrs. Priyanka Mehrotra

Age | Sex: 44 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12978396 | 9376/24/1501

Order No | Order Date: 1501/PN/OP/2402/19357 | 16-Feb-2024

Admitted On | Reporting Date : 16-Feb-2024 12:27:01

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 is unremarkable.

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



(For Billing/Reports & Discharge Summary only)

Patient Name	: Priyanka Mehrotra	Patient ID	: 12978396
Sex / Age	: F / 44Y 5M 14D	Accession No.	: PHC.7489026
Modality	: US	Scan DateTime	: 16-02-2024 11:37:38
IPID No	: 9376/24/1501	ReportDatetime	: 16-02-2024 11:47:25

USG – WHOLE ABDOMEN

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

GALL BLADDER is partially distended, however visualised lumen appears clear. **CBD** appears normal in caliber.

SPLEEN is normal in size and echogenicity.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis.
Right kidney measures 9.7 x 4.6 cm.
Left kidney measures 11.3 x 4.7 cm.

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

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

UTERUS is normal in size & retroverted, measuring 8.4 x 7.1 x 5.6 cm.
Endometrium measures 9.6 mm in thickness.

Both ovaries are normal.
Right ovary measures 3.8 x 1.5 cm.
Left ovary measures 3.3 x 1.9 cm.

No evidence of ascites.

Impression:

- Grade I fatty infiltration of liver.

DR. KENAL NIGAM
M.D. (Radiologist)