

BMI CHART

Date: 7/2/23

Name: Binapani Samal Age: 42 yrs Sex: M/F

BP: 100/70 Height (cms): 155.0 Weight(kgs): 51.27 BMI: 21

| WEIGHT (kg) | 100 | 105 | 110 | 115 | 120 | 125 | 130 | 135 | 140 | 145 | 150 | 155 | 160 | 165 | 170 | 175 | 180 | 185 | 190 | 195 | 200 | 205 | 210 | 215 |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 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 | 41 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 | 38 | 39 |
| 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 | 37 | 38 |
| 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 | 37 | 38 |
| 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 | 36 | 37 |
| 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 | 36 | 37 |
| 5'11" - 180.3 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 |
| 6'0" - 182.8 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| 6'1" - 185.4 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| 6'2" - 187.9 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |
| 6'3" - 190.5 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |
| 6'4" - 193.0 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |

Doctors Notes:

Signature



| | | | | | |
|------|---------------------|-----------------|------------|-----|----|
| UHID | 12288581 | Date | 17/02/2024 | | |
| Name | Mrs. Binapani Samal | Sex | Female | Age | 42 |
| OPD | Pap Smear | Health Check Up | | | |

Drug allergy:
 Sys illness:

42 yr Female married since
 Peds. both FTUS - 12 yr
 - 6 yr

TL - not done.
 Hdo on II, on medication (ayurvedic).

LMP - 24/1/24.

Prnu - 4-50/24-320/AMPL.

- Adx
 Pshp = reports

OPD
 IS/Lo - Vap - Healthy
 Minimal white (+)

↓



| | | | | | |
|------|---------------------|-----------------|------------|-----|----|
| UHID | 12288581 | Date | 17/02/2024 | | |
| Name | Mrs. Binapani Samal | Sex | Female | Age | 42 |
| OPD | Opthal 14 | Health Check Up | | | |

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

Ref. No

for DM (since 2016).

Uric Acid -> 6.1 GP
 Uric Acid -> 6.1 GP

Rft -> RB -> +0.50 on 6/6.
 Rft -> L -> +0.50 on 6/6.
 Add -> +1.50 -> W6

Fol -> RA -> 15.1
 Fol -> L -> 15.2

Spec.
 Same as Rft.

Handwritten signature

PATIENT NAME : MRS.BINAPANI SAMAL

REF. DOCTOR :

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

ACCESSION NO : 0022XB003572
 PATIENT ID : FH.12288581
 CLIENT PATIENT ID: UID:12288581
 ABHA NO :

AGE/SEX : 42 Years Female
 DRAWN : 17/02/2024 10:03:00
 RECEIVED : 17/02/2024 10:03:55
 REPORTED : 17/02/2024 16:19:36

CLINICAL INFORMATION :

UID:12288581 REQNO-1663792
 CORP-OPD
 BILLNO-150124OPCR009369
 BILLNO-150124OPCR009369

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

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

| | | | |
|--|----------|-------------|---------------|
| HEMOGLOBIN (HB) METHOD : SLS METHOD | 10.5 Low | 12.0 - 15.0 | g/dL |
| RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING | 4.07 | 3.8 - 4.8 | mil/ μ L |
| WHITE BLOOD CELL (WBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY | 4.25 | 4.0 - 10.0 | thou/ μ L |
| PLATELET COUNT METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION | 124 Low | 150 - 410 | thou/ μ L |

RBC AND PLATELET INDICES

| | | | |
|--|----------|--------------|------|
| HEMATOCRIT (PCV) METHOD : CUMULATIVE PULSE HEIGHT DETECTOR METHOD | 35.0 Low | 36.0 - 46.0 | % |
| MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER | 86.0 | 83.0 - 101.0 | fL |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER | 25.8 Low | 27.0 - 32.0 | pg |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER | 30.0 Low | 31.5 - 34.5 | g/dL |
| RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER | 14.0 | 11.6 - 14.0 | % |
| MENTZER INDEX METHOD : CALCULATED PARAMETER | 21.1 | | |

WBC DIFFERENTIAL COUNT

| | | | |
|--|----|-------------|---|
| NEUTROPHILS METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | 61 | 40.0 - 80.0 | % |
|--|----|-------------|---|

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 Maharashtra, India
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 CIN - U74809PB1995PLC045956
 Email : -



Patient Ref. No. 22000000903169

| | | | |
|---|---|--|--|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001 | ACCESSION NO : 0022X8003572 PATIENT ID : FH.12288581 CLIENT PATIENT ID: UID:12288581 AGHA NO : : | AGE/SEX : 42 Years Female DRAWN : 17/02/2024 10:03:00 RECEIVED : 17/02/2024 10:03:55 REPORTED : 17/02/2024 16:19:36 | |

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| LYMPHOCYTES | | 28 | 20.0 - 40.0 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| MONOCYTES | | 9 | 2.0 - 10.0 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| EOSINOPHILS | | 2 | 1 - 6 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| BASOPHILS | | 0 | 0 - 2 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| ABSOLUTE NEUTROPHIL COUNT | | 2.59 | 2.0 - 7.0 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE LYMPHOCYTE COUNT | | 1.19 | 1.0 - 3.0 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE MONOCYTE COUNT | | 0.38 | 0.2 - 1.0 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE EOSINOPHIL COUNT | | 0.09 | 0.02 - 0.50 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE BASOPHIL COUNT | | 0 Low | 0.02 - 0.10 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| NEUTROPHIL LYMPHOCYTE RATIO (NLR) | | 2.1 | | |
| METHOD : CALCULATED | | | | |

MORPHOLOGY**RBC**

METHOD : MICROSCOPIC EXAMINATION

MILD HYPOCHROMASIA, NORMOCYTIC

WBC

METHOD : MICROSCOPIC EXAMINATION

NORMAL MORPHOLOGY

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

ADEQUATE ON SMEAR , MACROPLATELETS SEEN
PLATELETS SEEN ON SMEAR ~ 1,40,000 TO 1,50,000 / microliter


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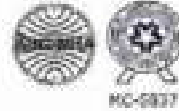
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Patient Ref. No. 22000000903169



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| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XB003572 | AGE/SEX : 42 Years Female |
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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 anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Saturation of HbA2 remains the gold standard for diagnosing a case of beta thalassemia 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, 16.1% 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) 108904
 This ratio observed is a calculated parameter and not of NABL scope.

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HAEMATOLOGY**ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD**

| | | | |
|--------------|----------------|---------------|-------------------|
| E.S.R | 35 High | 0 - 20 | mm at 1 hr |
|--------------|----------------|---------------|-------------------|

METHOD : WESTERGRAN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

| | | | |
|--------------|-----------------|--|----------|
| HBA1C | 6.9 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) | 151.3 High | < 116.0 | mg/dL |
|---------------------------------------|-------------------|-------------------|--------------|

METHOD : CALCULATED PARAMETER



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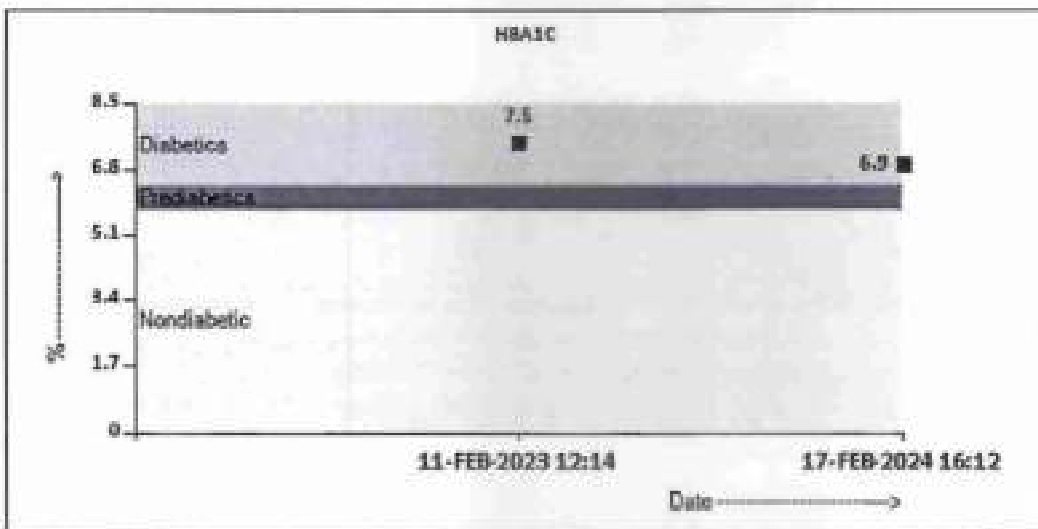


Patient Ref. No. 21000000903169

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

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

TEST INTERPRETATION

Increase in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasia, Acute injury, 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 ESR in first trimester is 0-40 mm/hr(52 if anemic) and in second trimester (0-70 mm /hr(35 if anemic). ESR returns to normal 4th week post partum.

Decreased - in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Crp,(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Polikilocytosis,(SickleCells spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs/Quinine, silybites)

REFERENCE :

1. Nathan and Oak's Haematology of Infancy and Childhood, 9th edition,2. Paediatric reference intervals, AACC Press, 7th edition, edited by S. Somph;3. The reference for

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CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB003572

PATIENT ID : FH.12288581

CLIENT PATIENT ID: UID:12288591

ASHA NO :

AGE/SEX :42 Years Female

DRAWN :17/02/2024 10:03:00

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the adult reference range is *Practical Haematology by Dade and Lewis,10th edition,
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used Port

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

3. Identifying patients at increased risk for diabetes (pre-diabetes).

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 & splenic infarction 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



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

| | |
|-----------------------------|-----------------|
| ABO GROUP | TYPE B |
| 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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Patient Ref. No. 22000009503169

PATIENT NAME : MRS.BINAPANI SAMAL

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BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

| | | | |
|--|-----------|-----------|-------|
| BILIRUBIN, TOTAL | 1.03 High | 0.2 - 1.0 | mg/dL |
| METHOD : JENDRASSIK AND GROFF | | | |
| BILIRUBIN, DIRECT | 0.25 High | 0.0 - 0.2 | mg/dL |
| METHOD : JENDRASSIK AND GROFF | | | |
| BILIRUBIN, INDIRECT | 0.78 | 0.1 - 1.0 | mg/dL |
| METHOD : CALCULATED PARAMETER | | | |
| TOTAL PROTEIN | 7.6 | 6.4 - 8.2 | g/dL |
| METHOD : BIURET | | | |
| ALBUMIN | 3.8 | 3.4 - 5.0 | g/dL |
| METHOD : BCP DYE BINDING | | | |
| GLOBULIN | 3.8 | 2.0 - 4.1 | g/dL |
| METHOD : CALCULATED PARAMETER | | | |
| ALBUMIN/GLOBULIN RATIO | 1.0 | 1.0 - 2.1 | RATIO |
| METHOD : CALCULATED PARAMETER | | | |
| ASPARTATE AMINOTRANSFERASE(AST/SGOT) | 22 | 15 - 37 | U/L |
| METHOD : UV WITH PSP | | | |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 28 | < 34.0 | U/L |
| METHOD : UV WITH PSP | | | |
| ALKALINE PHOSPHATASE | 86 | 30 - 120 | U/L |
| METHOD : PAPP-ANP | | | |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | 19 | 5 - 55 | U/L |
| METHOD : GAMMA GLUTAMYL CARBOXY 4METHYLANILIDE | | | |
| LACTATE DEHYDROGENASE | 154 | 81 - 234 | U/L |
| METHOD : LACTATE -PYRUVATE | | | |

GLUCOSE FASTING, FLUORIDE PLASMA

| | | | |
|---------------------------|----------|--|-------|
| FBS (FASTING BLOOD SUGAR) | 153 High | Normal : < 100 Pre-diabetes: 100-125 Diabetes: >=126 | mg/dL |
|---------------------------|----------|--|-------|

METHOD : HEXOKINASE



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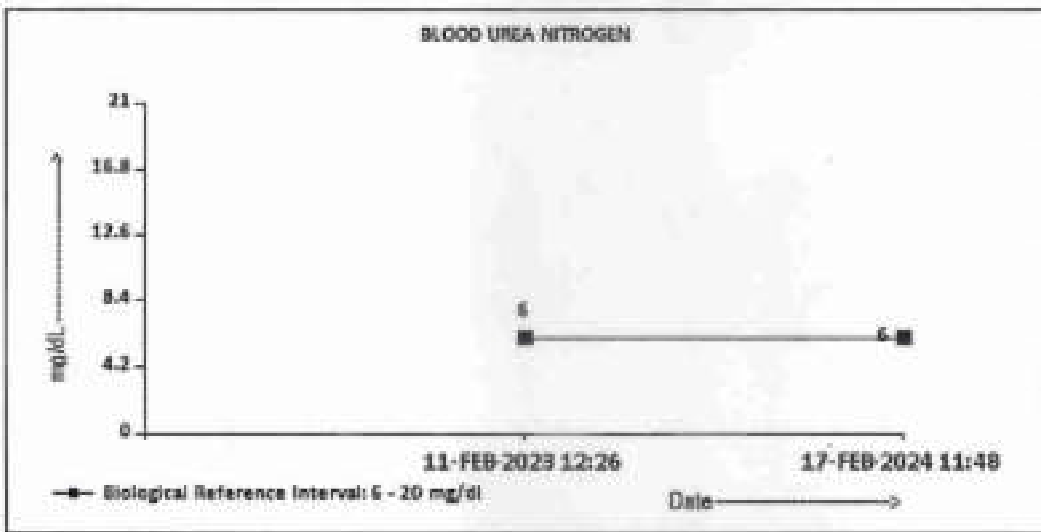


Patient Ref. No. 22000000903169

| | | | |
|---|--|--|---------------------------------------|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001 | | ACCESSION NO : 0022XB003572 | AGE/SEX : 42 Years Female |
| | | PATIENT ID : FH.12288581 | DRAWN : 17/02/2024 10:03:00 |
| | | CLIENT PATIENT ID: UID:12288591 | RECEIVED : 17/02/2024 10:03:55 |
| | | ASHA NO : : | REPORTED : 17/02/2024 16:19:36 |

CLINICAL INFORMATION :
 UID:12288581 REQNO-1663792
 CORP-OPD
 BILLNO-150124OPCR009369
 BILLNO-150124OPCR009369

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



| CREATININE EGFR- EPI | 0.47 Low | 0.60 - 1.10 | mg/dL |
|--|----------|----------------------------|---------------------------|
| CREATININE METHOD : ALKALINE PICRATE KINETIC JAFFES | | | |
| AGE | 42 | | years |
| GLOMERULAR FILTRATION RATE (FEMALE) METHOD : CALCULATED PARAMETER | 121.82 | Refer Interpretation Below | ml/min/1.73m ² |

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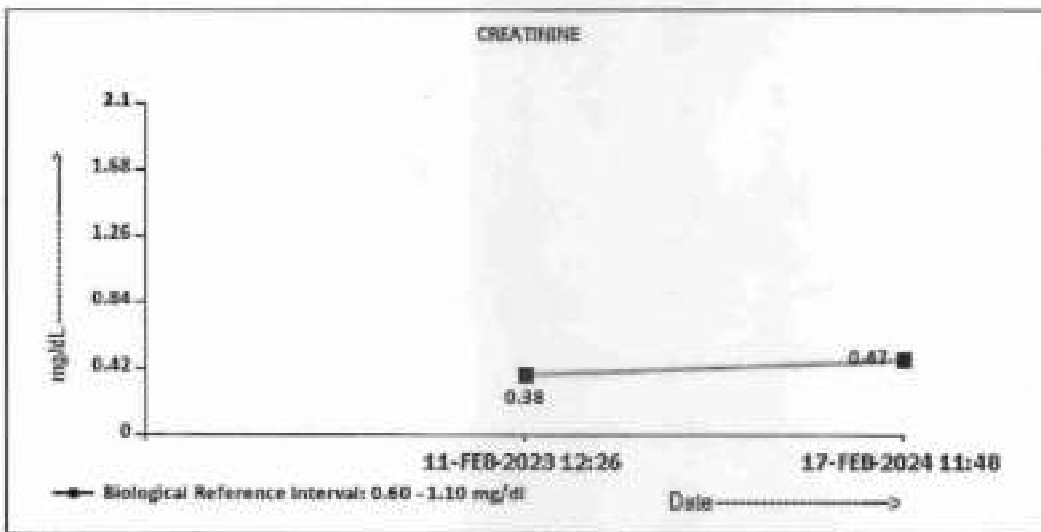


Patient Ref. No. 22000000903169

| | | | |
|---|--|--|--|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 FORTIS WASHI-CHC -SPLZD FORTIS HOSPITAL # WASHI, MUMBAI 440001 | | ACCESSION NO : 0022XB003572 PATIENT ID : FH.12288581 CLIENT PATIENT ID: MID:12288581 ASHA NO : | |
| | | AGE/SEX : 42 Years Female DRAWN : 17/02/2024 10:03:00 RECEIVED : 17/02/2024 10:03:55 REPORTED : 17/02/2024 16:19:36 | |

CLINICAL INFORMATION :
 UID:12288581 REQNO-1663792
 CORP-OPD
 BILLNO-150124OPCR009369
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|--------------------|---------|-------------------------------|-------|
|--------------------|---------|-------------------------------|-------|



| | | | |
|-------------------------------|-------|--------------|-------|
| BUN/CREAT RATIO | | | |
| BUN/CREAT RATIO | 12.77 | 5.00 - 15.00 | |
| METHOD : CALCULATED PARAMETER | | | |
| URIC ACID, SERUM | | | |
| URIC ACID | 2.9 | 2.6 - 6.0 | mg/dL |
| METHOD : URICASE UV | | | |
| TOTAL PROTEIN, SERUM | | | |
| TOTAL PROTEIN | 7.6 | 6.4 - 8.2 | g/dL |
| METHOD : BIURET | | | |

ALBUMIN, SERUM

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|---|--|--------------------------------------|---------------------------------------|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XB003572 | AGE/SEX : 42 Years Female |
| FORTIS VASHI-CHC -SPLZD | | PATIENT ID : FH.12288581 | DRAWN : 17/02/2024 10:03:00 |
| FORTIS HOSPITAL # VASHI, | | CLIENT PATIENT ID: UM12288581 | RECEIVED : 17/02/2024 10:03:55 |
| MUMBAI 440001 | | ASHA NO : | REPORTED : 17/02/2024 16:19:36 |

CLINICAL INFORMATION :
 UID:12288581 REQNO-1663792
 CORP-OPD
 BILLNO-1501240PCR009369
 BILLNO-1501240PCR009369

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|--------------------------------------|-------|---------|-------------------------------|--------|
| ALBUMIN | | 3.8 | 3.4 - 5.0 | g/dL |
| METHOD : BCP DYE BINDING | | | | |
| GLOBULIN | | 3.8 | 2.0 - 4.1 | g/dL |
| METHOD : CALCULATED PARAMETER | | | | |
| ELECTROLYTES (NA/K/CL), SERUM | | | | |
| SODIUM, SERUM | | 136 | 136 - 145 | mmol/L |
| METHOD : ISE INDIRECT | | | | |
| POTASSIUM, SERUM | | 4.52 | 3.50 - 5.10 | mmol/L |
| METHOD : ISE INDIRECT | | | | |
| CHLORIDE, SERUM | | 103 | 98 - 107 | mmol/L |
| METHOD : ISE INDIRECT | | | | |

Interpretation(s)

Interpretation(s)
LIVER FUNCTION PROFILE, SERUM-
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal haem 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.
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, osteomalacia, hepatitis, hyperparathyroidism, leukemia, lymphoma, Paget disease, Rickets, Sarcoidosis etc. **Lower-than-normal ALP levels** are seen in Hypophosphatemia, Malnutrition, Protein deficiency, Wilson 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

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 Email : -



Patient Ref. No. 22000000903162

| | | | |
|---|--|--|---------------------------------------|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XB003572 | AGE/SEX : 42 Years Female |
| FORTIS VASHI-CHC -SPLZD | | PATIENT ID : FH.12288581 | DRAWN : 17/02/2024 10:03:00 |
| FORTIS HOSPITAL # VASHI, | | CLIENT PATIENT ID: UID:12288591 | RECEIVED : 17/02/2024 10:03:55 |
| MUMBAI 440001 | | ASHA NO : | REPORTED : 17/02/2024 16:19:36 |

CLINICAL INFORMATION :
 UID:12288581 REQNO-1663792
 CORP-OPD
 BILLNO-150124OPCR009369
 BILLNO-150124OPCR009369

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liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.
Total Protein also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström disease. Lower-than-normal levels may be due to: Agranulocytopenia, 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 so that no glucose is excreted in the urine.
Increased in: Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%), Drugs: corticosteroids, phenytoin, saligenin, 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, propylthiouracil, 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 glycemic 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.
BLOOD UREA NITROGEN (BUN), SERUM- Causes of Increased levels include Pre renal (high protein diet, increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Acute), Renal failure, Post Renal (Hyalinangy, Nephrotoxicosis, Prostatic)
Causes of decreased level include Liver disease, SIADH,
CRATERING eGFR- eGFR- Kidney disease outcomes quality initiative (KDOQI) guidelines state that estimation of GFR is the best overall indices of the kidney function.
 - It gives a rough measure of number of functioning nephrons. Reduction in GFR implies progression of underlying disease.
 - The GFR is a calculation based on serum creatinine test.
 - Creatinine is mainly derived from the metabolism of creatine in muscle, and its generation is proportional to the total muscle mass. As a result, mean creatinine generation is higher in men than in women, in younger than in older individuals, and in blacks than in whites.
 - Creatinine is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate.
 - When kidney function is compromised, excretion of creatinine decreases with a consequent increase in blood creatinine levels. With the creatinine test, a reasonable estimate of the actual GFR can be determined.
 - This equation takes into account several factors that impact creatinine production, including age, gender, and race.
 - CKD-EPI (Chronic kidney disease epidemiology collaboration) equation performed better than MDRD equation especially when GFR is ≥ 60 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-<http://nepi.nhlbi.nih.gov/guideline/egfr>
 Ghuman J, 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- Dehydration, High Protein Intake, Prolonged Fasting, Rapid weight loss, Gout, Lead cylan 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 disease.
Lower-than-normal levels may be due to: Agranulocytopenia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.
ALBUMIN, SERUM- Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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| | | | |
|--|--|--|---------------------------------------|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : IC000045507 | | ACCESSION NO : 0022XB003572 | AGE/SEX : 42 Years Female |
| FORTIS VASHI-CHC - SPLZD | | PATIENT ID : PH.12288581 | DRAWN : 17/02/2024 10:03:00 |
| FORTIS HOSPITAL # VASHI, | | CLIENT PATIENT ID: UID:12288581 | RECEIVED : 17/02/2024 10:03:55 |
| MUMBAI 440001 | | ADHA NO : | REPORTED : 17/02/2024 16:19:36 |

CLINICAL INFORMATION :

UID:12288581 REQNO-1663792
 CORP-OPD
 BILLNO-150124OPCR009369
 BILLNO-150124OPCR009369

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

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL 159 < 200 Desirable
200 - 239 Borderline High
> / = 240 High mg/dL

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

TRIGLYCERIDES 46 < 150 Normal
150 - 199 Borderline High
200 - 499 High
> / = 500 Very High mg/dL

METHOD : ENZYMATIC ASSAY

HDL CHOLESTEROL 65 High < 40 Low
> / = 60 High mg/dL

METHOD : DIRECT MEASURE - PEG

LDL CHOLESTEROL, DIRECT 88 < 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 94 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 9.2 < / = 30.0 mg/dL

METHOD : CALCULATED PARAMETER

CHOL/HDL RATIO 2.5 Low 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

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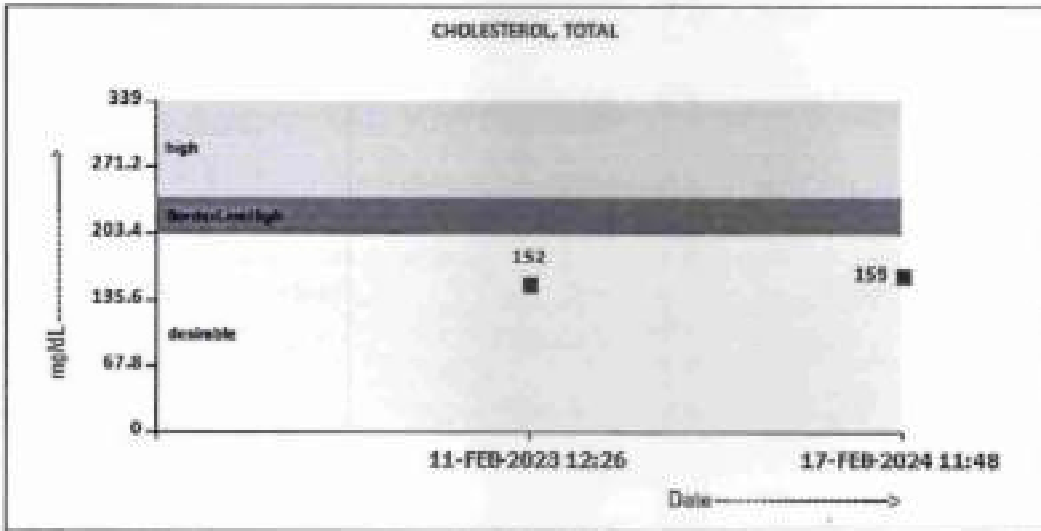
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|---|--|------------------------------------|--|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XB003572 | |
| FORTIS VASHI-CHC -SPLZD | | AGE/SEX :42 Years Female | |
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| MUMBAI 440001 | | RECEIVED : 17/02/2024 10:03:55 | |
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| | | PATIENT ID : PH.12288581 | |
| | | CLIENT PATIENT ID: UID:12288581 | |
| | | ADHA NO : | |

CLINICAL INFORMATION :
 UID:12288581 REQNO-1663792
 CDRP-OPD
 BILLNO-150124OPCR009369
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LDL/HDL RATIO **1.4** **0.5 - 3.0 Desirable/Low Risk**
3.1 - 6.0 Borderline/Moderate Risk
>6.0 High Risk

METHOD : CALCULATED PARAMETER



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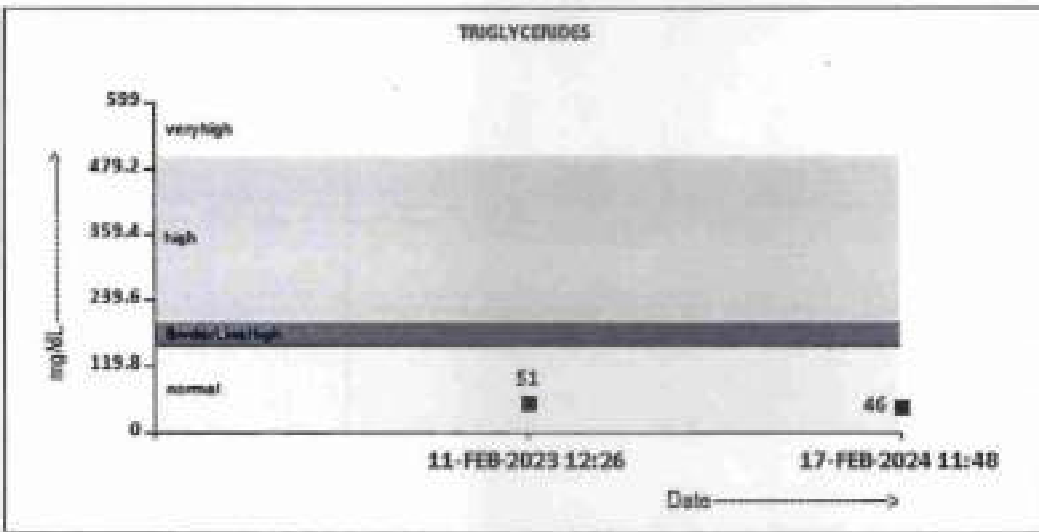


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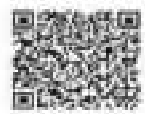
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|---|--|------------------------------------|--|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022X0003572 | |
| FORTIS VASHI-CHC -SPLZD | | AGE/SEX : 42 Years Female | |
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| | | CLIENT PATIENT ID: UID:12288581 | |
| | | ASHA NO : - | |

CLINICAL INFORMATION :
 UID:12288581 REQNO-1663792
 CORP-OPD
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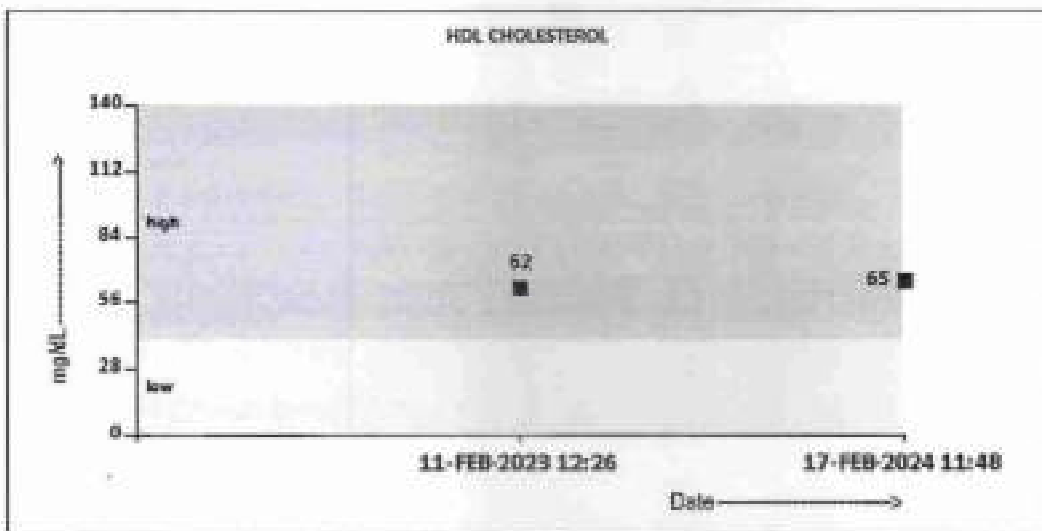
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| | | | |
|--|--|------------------------------------|--------------------------------|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001 | | ACCESSION NO : 0022XB003572 | AGE/SEX : 42 Years Female |
| | | PATIENT ID : FH.12288581 | DRAWN : 17/02/2024 10:03:00 |
| | | CLIENT PATIENT ID: UID:12288591 | RECEIVED : 17/02/2024 10:03:55 |
| | | ASHA NO : | REPORTED : 17/02/2024 16:19:36 |

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| | | | |
|---|--|------------------------------------|--|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XB003572 | |
| FORTIS VASHI-CHC -SPLZD | | AGE/SEX : 42 Years Female | |
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Interpretation(s)

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 Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39109222, 022-49723322,
 CIN - U74809PB1995PLC045856
 Email : -



Patient Ref. No. 22000000903169

| | | | |
|---|--|--|---------------------------------------|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XB003572 | AGE/SEX : 42 Years Female |
| FORTIS VASHI-CHC -SPLZD | | PATIENT ID : FH.12268581 | DRAWN : 17/02/2024 10:03:00 |
| FORTIS HOSPITAL # VASHI, | | CLIENT PATIENT ID: UID:12268581 | RECEIVED : 17/02/2024 10:03:55 |
| MUMBAI 440001 | | ASHA NO : | REPORTED : 17/02/2024 16:19:36 |

CLINICAL INFORMATION :

UID:12268581 REQNO-1663792
CORP-OPD
BILLNO-150124OPCR009369
BILLNO-150124OPCR009369

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

CLINICAL PATH - URINALYSIS**KIDNEY PANEL - 1****PHYSICAL EXAMINATION, URINE**

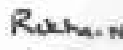
| | |
|--------------------------------------|--------------------|
| COLOR METHOD : PHYSICAL | PALE YELLOW |
| APPEARANCE METHOD : VISUAL | HAZY |

CHEMICAL EXAMINATION, URINE

| | | |
|--|---------------------|----------------------|
| PH METHOD : REFLECTANCE SPECTROPHOTOMETRY - DOUBLE INDICATOR METHOD | 7.0 | 4.7 - 7.5 |
| SPECIFIC GRAVITY METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPOINTMENT PMA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION) | 1.015 | 1.003 - 1.035 |
| PROTEIN METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-BRAND-OF-INDICATOR PRINCIPLE | NOT DETECTED | NOT DETECTED |
| GLUCOSE METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GO6/POD | NOT DETECTED | NOT DETECTED |
| KETONES METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERBA'S PRINCIPLE | NOT DETECTED | NOT DETECTED |
| BLOOD METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN | NOT DETECTED | NOT DETECTED |
| BILIRUBIN METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT | NOT DETECTED | NOT DETECTED |
| UROBILINOGEN METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRLICH REACTION) | NORMAL | NORMAL |
| NITRITE METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE | NOT DETECTED | NOT DETECTED |
| LEUKOCYTE ESTERASE METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY | NOT DETECTED | NOT DETECTED |



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



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

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Maharashtra, India
Tel : 022-30190222,022-49723322,
CTN - U74809PB1995PLC045956
Email : -



Patient Ref. No. 22000000903162

| | | | |
|---|--|--|---------------------------------------|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000043507 | | ACCESSION NO : 0022XB003572 | AGE/SEX : 42 Years Female |
| FORTIS VASHI-CHC -SPLZD | | PATIENT ID : FH.12288581 | DRAWN : 17/02/2024 10:03:00 |
| FORTIS HOSPITAL # VASHI, | | CLIENT PATIENT ID: UID:12288581 | RECEIVED : 17/02/2024 10:03:55 |
| MUMBAI 440001 | | ABHA NO : | REPORTED : 17/02/2024 16:19:36 |

CLINICAL INFORMATION :
 UID:12288581 REQNO-1663792
 CORP-OPD
 BILLNO-1501240PCR009369
 BILLNO-1501240PCR009369

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

MICROSCOPIC EXAMINATION, URINE

| | | | |
|---|---|--------------|------|
| RED BLOOD CELLS METHOD : MICROSCOPIC EXAMINATION | NOT DETECTED | NOT DETECTED | /HPF |
| PUS CELL (WBC'S) METHOD : MICROSCOPIC EXAMINATION | 8-10 | 0-5 | /HPF |
| EPITHELIAL CELLS METHOD : MICROSCOPIC EXAMINATION | 30-40 | 0-5 | /HPF |
| CASTS METHOD : MICROSCOPIC EXAMINATION | NOT DETECTED | | |
| CRYSTALS METHOD : MICROSCOPIC EXAMINATION | NOT DETECTED | | |
| BACTERIA METHOD : MICROSCOPIC EXAMINATION | DETECTED | NOT DETECTED | |
| YEAST METHOD : MICROSCOPIC EXAMINATION | NOT DETECTED | NOT DETECTED | |
| REMARKS | URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT. | | |

Interpretation(s)

Dr. Akshay Dhote, MD
 (Reg.no. MMC 2019/09/8377)
 Consultant Pathologist

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



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 CIN - U74899MH1095PLC045956
 Email : -



Patient Ref. No. 22000000991185

PATIENT NAME : MRS.BINAPANI SAMAL

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB003572

PATIENT ID : FH.12288581

CLIENT PATIENT ID: UID:12288581

ASHA NO : -

AGE/SEX :42 Years Female

DRAWN : 17/02/2024 10:03:00

RECEIVED : 17/02/2024 10:03:55

REPORTED : 17/02/2024 16:19:36

CLINICAL INFORMATION :

UID:12288581 REQNO-1663792
CORP-OPD
BILLNO-150124OPCR009369
BILLNO-150124OPCR009369

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

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

| | | | |
|----|------|---|-------|
| T3 | 93.6 | Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0 | ng/dL |
|----|------|---|-------|

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

| | | | |
|----|------|---|-------|
| T4 | 6.42 | Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70 | µg/dL |
|----|------|---|-------|

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

| | | | |
|----------------------|-------|---|--------|
| TSH (ULTRASENSITIVE) | 2.120 | Non Pregnant Women 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 | µIU/mL |
|----------------------|-------|---|--------|

METHOD : ELECTROCHEMILUMINESCENCE SANDWICH IMMUNOASSAY

Interpretation(s)

End Of Report

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Dr. Akshay Dhotre, MD
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Consultant Pathologist

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Email : -



Patient Ref. No. 22000000903162

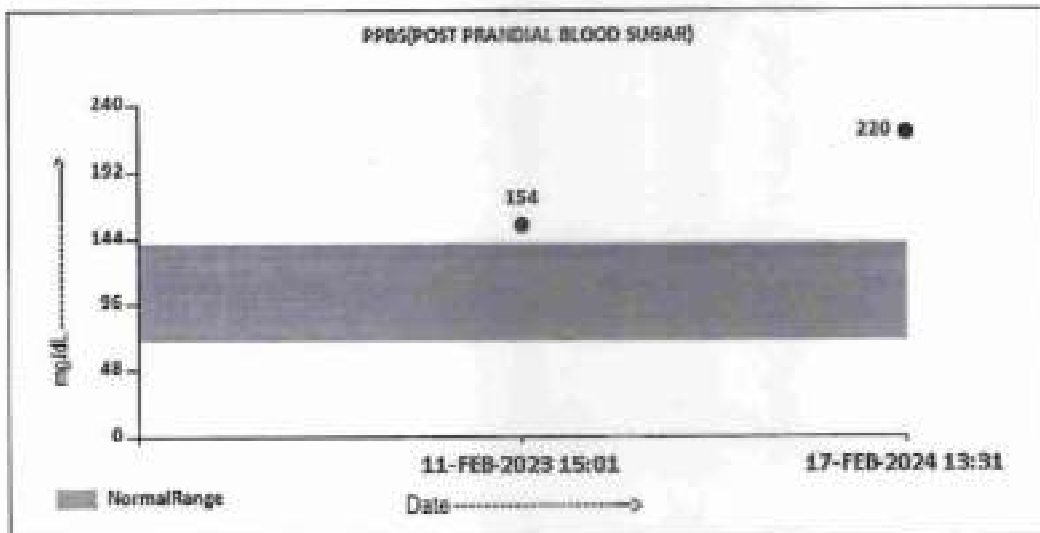
| | | | |
|---|--|------------------------------------|--|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022X8003638 | |
| FORTIS VASHI-CHC -SPLZD | | AGE/SEX : 42 Years Female | |
| FORTIS HOSPITAL # VASHI, | | DRAWN : 17/02/2024 12:32:00 | |
| MUMBAI 440001 | | CLIENT PATIENT ID: UID:12288581 | |
| | | RECEIVED : 17/02/2024 12:32:04 | |
| | | ASHA NO : | |
| | | REPORTED : 17/02/2024 15:08:55 | |

CLINICAL INFORMATION :
 UID:12288581 REQNO-1663792
 CORP-OPD
 BILLNO-150124OPCR009369
 BILLNO-150124OPCR009369

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

BIOCHEMISTRY

| | | | | |
|---------------------------------------|----------|----------|-------|--|
| GLUCOSE, POST-PRANDIAL, PLASMA | | | | |
| PPBS(POST PRANDIAL BLOOD SUGAR) | 220 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 Hypoglycaemia, Increased insulin response & sensitivity etc.Additional test HbA1c

****End Of Report****

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Dr. Akshay Dhobre, MD
 (Reg.no. MHC 2019/09/6377)
 Consultant Pathologist



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 CIN - U74899PB1995PLC043956
 Email : -



Patient Ref. No. 22000000903235

| | | | |
|---|--|---------------------------------------|--|
| PATIENT NAME : MRS.BINAPANI SAMAL | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | AGE/SEX : 42 Years Female | |
| FORTIS VASHI-CHC -SPLZD | | DRAWN : 17/02/2024 15:43:00 | |
| FORTIS HOSPITAL # VASHI, | | RECEIVED : 17/02/2024 16:00:32 | |
| MUMBAI 440001 | | REPORTED : 19/02/2024 11:31:32 | |
| ACCESSION NO : 0022XB003695 | | | |
| PATIENT ID : FH.12288581 | | | |
| CLIENT PAYMENT ID: UID:12288581 | | | |
| ADHA NO : | | | |

CLINICAL INFORMATION :

UID:12288581 REQNO-1663792
 CORP-OPD
 BILLNO-150124OPCR009369
 BILLNO-150124OPCR009369

| | | |
|---------------------------|--------------|--------------|
| Test Report Status | Final | Units |
|---------------------------|--------------|--------------|

CYTOLOGY**PAPANICOLAOU SMEAR****PAPANICOLAOU SMEAR****TEST METHOD****SPECIMEN TYPE****REPORTING SYSTEM****SPECIMEN ADEQUACY**

METHOD : MICROSCOPIC EXAMINATION
 MICROSCOPY

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.

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****

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

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 CIN - U74899PB1999PLC045956
 Email : -



Patient Ref. No. 22000000002492

12288581
42 Years

binapani
Female

4/11/2008 11:00:00 AM

HC

*sinus rhythm with early repolarization
from
No significant abnormalities*

Rate 77 . Sinus rhythm.....normal P axis, V-rate 50-99
PR 132 . ST elev, probable normal early repol pattern.....ST elevation, age<55
QRS 84 . Baseline wander in lead(s) V5

QT 367
QTc 416

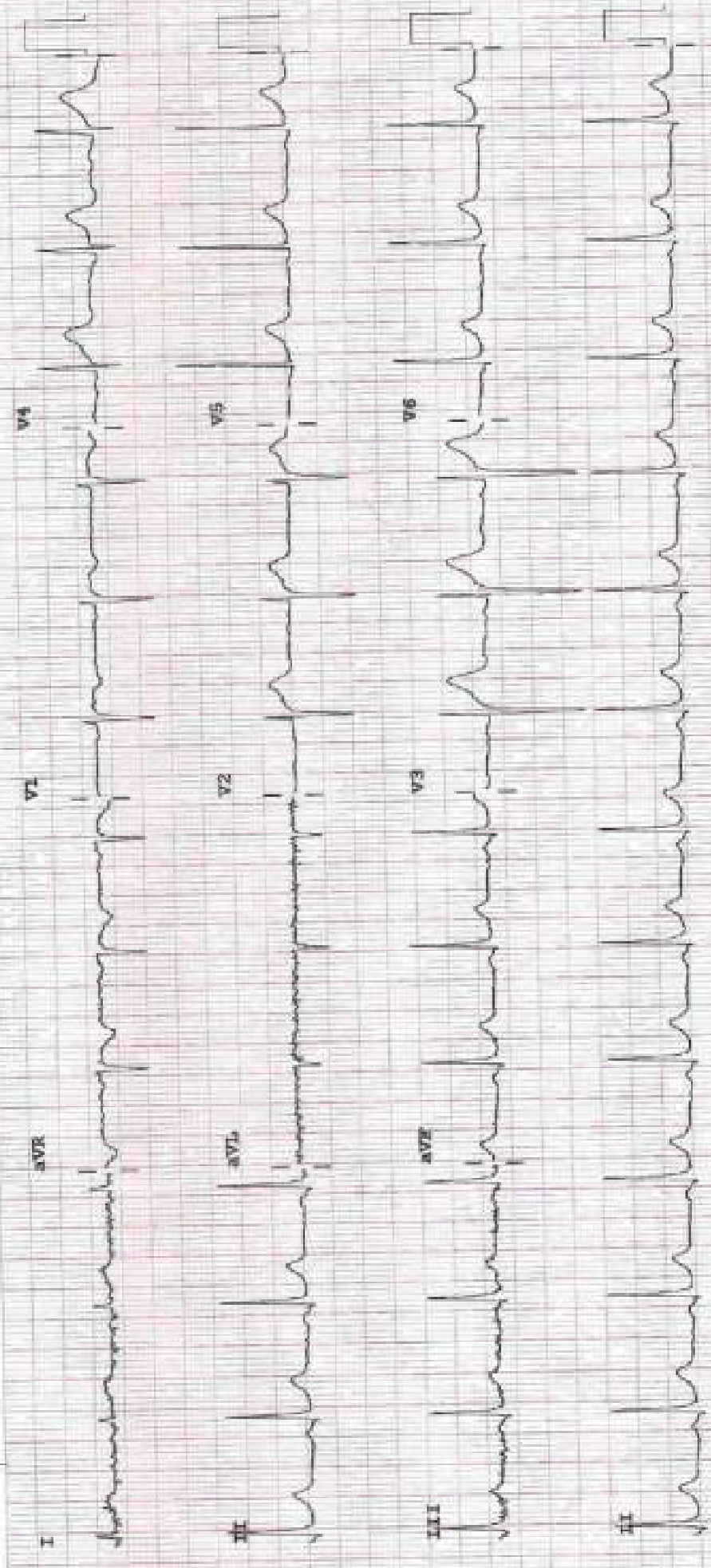
--AXIS--

P 78
QRS 77
T 59

- NORMAL ECG -

12 Lead: Standard Placement

Unconfirmed Diagnosis



P 50- 0.50-100 Bz W

100B CL

P?

Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV



DEPARTMENT OF NIC

Date: 19/Feb/2024

Name: Mrs. Binapani Samal
Age | Sex: 42 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12288581 | 9665/24/1501
Order No | Order Date: 1501/PN/OP/2402/19957 | 17-Feb-2024
Admitted On | Reporting Date : 19-Feb-2024 16:11:03
Order Doctor Name : Dr.SELF.

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction.
- No left ventricle hypertrophy. No left ventricle dilatation.
- Structurally normal valves.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- No tricuspid regurgitation. No pulmonary hypertension.
- Intact IAS and IVS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimensions.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 12 mm with normal inspiratory collapse.

M-MODE MEASUREMENTS:

| | | |
|-------------|----|----|
| LA | 23 | mm |
| AO Root | 17 | mm |
| AO CUSP SEP | 12 | mm |
| LVID (s) | 25 | mm |
| LVID (d) | 37 | mm |
| IVS (d) | 08 | mm |
| LVPW (d) | 08 | mm |
| RVID (d) | 24 | mm |
| RA | 25 | mm |
| LVEF | 60 | % |

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Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.
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www.fortishealthcare.com | vashi@fortishealthcare.com
V: U85100MH2005PTC 154823
IT IN : 27AABCH5894D12G
PIN NO : AABCH5894D



Date: 19/Feb/2024

DEPARTMENT OF NIC

Name: Mrs. Binapani Samal
Age | Sex: 42 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UNITD | Episode No : 12288581 | 9665/24/1501
Order No | Order Date: 1501/PN/OP/2402/19957 | 17-Feb-2024
Admitted On | Reporting Date : 19-Feb-2024 16:11:03
Order Doctor Name : Dr.SELF .


DOPPLER STUDY:

E WAVE VELOCITY: 0.8 m/sec.
A WAVE VELOCITY: 0.6 m/sec
E/A RATIO: 1.4

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

Final Impression :

Normal 2 Dimensional and colour doppler echocardiography study.


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

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



(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF RADIOLOGY

Date: 17/Feb/2024

Name: Mrs. Binapani Samal
Age | Sex: 42 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12288581 | 9665/24/1501
Order No | Order Date: 1501/PN/OP/2402/19957 | 17-Feb-2024
Admitted On | Reporting Date : 17-Feb-2024 15:04:47
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)



DEPARTMENT OF RADIOLOGY

(For Billing/Reports & Discharge Summary only)

Name: Mrs. Binapani Samal
Age | Sex: 42 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHD | Episode No : 12288581 | 9665/24/1501
Order No | Order Date: 1501/PN/OP/2402/19957 | 17-Feb-2024
Admitted On | Reporting Date : 17-Feb-2024 13:29:14
Order Doctor Name : Dr.SELF.

USG - WHOLE ABDOMEN

LIVER is normal in size and 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 11.4 x 3.8 cm.

Left kidney measures 11.3 x 4.8 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 9.0 x 4.6 x 3.3 cm.
Endometrium measures 7.2 mm in thickness.

Both ovaries are normal.

Right ovary measures 2.8 x 1.6 cm.

Left ovary measures 3.0 x 2.4 cm.

No evidence of ascites.

Impression:

- No significant abnormality is detected.

DR. KUNAL NIGAM
M.D. (Radiologist)



| | | | |
|--------------|------------------|----------------|-----------------------|
| Patient Name | : Binapani Samal | Patient ID | : 12288581 |
| Sex / Age | : F / 42Y 5M 6D | Accession No. | : PHC.7500329 |
| Modality | : US | Scan DateTime | : 17-02-2024 13:16:27 |
| IPID No | : 9665/24/1501 | ReportDateTime | : 17-02-2024 13:32:13 |

USG - BREAST

Findings:

Bilateral breast parenchyma appears normal.

No evidence of solid or cystic lesion.

✓ No dilated ducts are noted.

The fibroglandular architecture is well maintained.

Retromammary soft tissues appear normal.

No evidence of axillary lymphadenopathy.

Impression:

- No significant abnormality detected.

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