DIAGNOSTIC REPORT

MC-2559

Fortis HOSPITAL Mohali

PATIENT NAME : VAIBHAV SHARMA **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WK005524**
PATIENT ID : FH.12805743
CLIENT PATIENT ID: UID:12805743
ABHA NO :

AGE/SEX : 36 Years Male
DRAWN : 06/11/2023 09:39:00
RECEIVED : 06/11/2023 15:31:21
REPORTED : 06/11/2023 17:49:25

CLINICAL INFORMATION :

UID:12805743 REQNO-1603406
CORP-OPD
BILLNO-1002123OPCR018563
BILLNO-1002123OPCR018563

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

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB) METHOD : SLS- HEMOGLOBIN DETECTION METHOD	15.5	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	5.10	4.5 - 5.5	mil/µL
WHITE BLOOD CELL (WBC) COUNT METHOD : FLOWCYTOMETRY	5.47	4.0 - 10.0	thou/µL
PLATELET COUNT METHOD : HYDRO DYNAMIC FOCUSING METHOD / MICROSCOPY	219	150 - 410	thou/µL

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : HYDRODYNAMIC FOCUSING	48.9	40.0 - 50.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	95.9	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	30.4	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	31.7	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	**15.4 High**	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	18.8		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	**12.2 High**	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

Shafira

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Attending Consultant,47150

Ritu Pankaj

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Meenakshi Malhotra

Dr. Meenakshi Malhotra, MD
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NEUTROPHILS	43	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
LYMPHOCYTES	**48 High**	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
MONOCYTES	7	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
EOSINOPHILS	2	1 - 6	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
BASOPHILS	00	0 - 2	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
ABSOLUTE NEUTROPHIL COUNT	2.35	2.0 - 7.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE LYMPHOCYTE COUNT	2.63	1.0 - 3.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE MONOCYTE COUNT	0.38	0.2 - 1.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE EOSINOPHIL COUNT	0.11	0.02 - 0.50	thou/µL
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	0.9		
METHOD : CALCULATED PARAMETER			

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

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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R	**17 High**	0 - 14	mm at 1 hr

METHOD : WESTERGREN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.4	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%

METHOD : HPLC

ESTIMATED AVERAGE GLUCOSE(EAG)	108.3	< 116.0	mg/dL

METHOD : CALCULATED PARAMETER

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

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.
TEST INTERPRETATION
Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

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

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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. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2. Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1. eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
2.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates 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 (D10 is corrected for HbS & HbC trait.)
c) HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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BIOCHEMISTRY			
LIVER FUNCTION PROFILE, SERUM			
BILIRUBIN, TOTAL METHOD : DIAZONIUM ION, BLANKED (ROCHE)	1.11	UPTO 1.2	mg/dL
BILIRUBIN, DIRECT METHOD : DIAZOTIZATION	0.30	0.00 - 0.30	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	**0.81 High**	0.00 - 0.60	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.9	6.6 - 8.7	g/dL
ALBUMIN METHOD : BROMOCRESOL GREEN	4.8	3.97 - 4.94	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.1	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.6	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	**41 High**	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE	**69 High**	0 - 41	U/L
ALKALINE PHOSPHATASE METHOD : PNPP - AMP BUFFER	98	40 - 129	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYLCARBOXY 4NITROANILIDE	22	8 - 61	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE UV	207	135 - 225	U/L
GLUCOSE FASTING,FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	84	74 - 106	mg/dL

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BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN METHOD : UREASE - UV	11	6 - 20	mg/dL
URIC ACID, SERUM			
URIC ACID METHOD : URICASE, COLORIMETRIC	6.6	3.4 - 7.0	mg/dL
CREATININE EGFR			
CREATININE METHOD : ALKALINE PICRATE-KINETIC	1.00	0.70 - 1.20	mg/dL
AGE	36		years
GLOMERULAR FILTRATION RATE (MALE)	100	GFR of +90 normal or minimal kidney damage with normal GFR 89- 60 mild decrease 59-30 moderate decrease 29-15 severe decrease < 15 kidney failure (units: mL/min/1.73mSq.)	

Interpretation(s)

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GLUCOSE POST-PRANDIAL, PLASMA			
PPBS(POST PRANDIAL BLOOD SUGAR)	105	Non-Diabetes 70 - 140	mg/dL

METHOD : HEXOKINASE

Interpretation(s)
LIVER FUNCTION PROFILE, SERUM-
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.**Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver,liver cancer,kidney failure,hemolytic anemia,pancreatitis,hemochromatosis. AST levels may also increase after a heart attack or strenuous activity.ALT test measures the amount of this enzyme in the blood.ALT is found mainly in the liver, but also in smaller amounts in the kidneys,heart,muscles, and pancreas.It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.AST levels increase during acute hepatitis,sometimes due to a viral infection,ischemia to the liver,chronic hepatitis,obstruction of bile ducts,cirrhosis.
ALP is a protein found in almost all body tissues.Tissues with higher amounts of ALP include the liver,bile ducts and bone.Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Pagets disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia,Malnutrition,Protein deficiency,Wilsons disease.
GGT is an enzyme found in cell membranes of many tissues mainly in the liver,kidney and pancreas.It is also found in other tissues including intestine,spleen,heart, brain and seminal vesicles.The highest concentration is in the kidney,but the liver is considered the source of normal enzyme activity.Serum GGT has been widely used as an index of liver dysfunction.Elevated serum GGT activity can be found in diseases of the liver,biliary system and pancreas.Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.
Total Protein also known as total protein,is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.Higher-than-normal levels may be due to:Chronic inflammation or infection,including HIV and hepatitis B or C,Multiple myeloma,Waldenstroms disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.
Albumin is the most abundant protein in human blood plasma.It is produced in the liver.Albumin constitutes about half of the blood serum protein.Low blood albumin levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome,protein-losing enteropathy,Burns,hemodilution,increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc
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 sothat no glucose is excreted in the urine.
Increased in:Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in :Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency,hypopituitarism,diffuse liver disease, malignancy(adrenocortical,stomach,fibrosarcoma),infant of a diabetic mother,enzyme deficiency diseases(e.g.galactosemia),Drugs-insulin,ethanol,propranolol;sulfonylureas,tolbutamide,and other oral hypoglycemic agents.
NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values),there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor 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 Glyosuria,Glycaemic index & response to food consumed,Alimentary Hypoglycemia,Increased insulin response & sensitivity etc.

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BLOOD UREA NITROGEN (BUN), SERUM-**Causes of Increased** levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
URIC ACID, SERUM-**Causes of Increased levels:**-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome **Causes of decreased levels**-Low Zinc intake,OCP,Multiple Sclerosis
GLUCOSE POST-PRANDIAL, PLASMA-Spectrophotometry Hexokinase

Meenakshi Malhotra

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

Ritu Pankaj

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Ms. Hardeep Kaur, M.Sc.
Biochemistry

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase Viii,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000003192838

DIAGNOSTIC REPORT

MC-2559

Fortis HOSPITAL Mohali

PATIENT NAME : VAIBHAV SHARMA **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WK005524**
PATIENT ID : FH.12805743
CLIENT PATIENT ID: UID:12805743
ABHA NO :

AGE/SEX : 36 Years Male
DRAWN : 06/11/2023 09:39:00
RECEIVED : 06/11/2023 15:31:21
REPORTED : 06/11/2023 17:49:25

CLINICAL INFORMATION :

UID:12805743 REQNO-1603406
CORP-OPD
BILLNO-1002123OPCR018563
BILLNO-1002123OPCR018563

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

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	**223 High**	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
TRIGLYCERIDES	**178 High**	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	47	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	**156 High**	< 100 Optimal 100 - 129 Near or above optimal 130 - 160 Borderline High 161 - 189 High >/= 190 Very High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
NON HDL CHOLESTEROL	**176 High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	**35.6 High**	Desirable value : 10 - 35	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	**4.7 High**	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	

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LDL/HDL RATIO	**3.3 High**	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

METHOD : CALCULATED PARAMETER

Interpretation(s)

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Ms. Hardeep Kaur, M.Sc.
Biochemistry

Dr. Meenakshi Malhotra, MD
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DIAGNOSTIC REPORT

MC-2559

Fortis HOSPITAL Mohali

PATIENT NAME : VAIBHAV SHARMA **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
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CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

COLOR	YELLOW		
METHOD : MANUAL EXAMINATION			
APPEARANCE	CLEAR		
METHOD : MANUAL EXAMINATION			

CHEMICAL EXAMINATION, URINE

PH	5.5	4.7 - 7.5	
METHOD : DOUBLE INDICATOR PRINCIPLE			
SPECIFIC GRAVITY	>=1.030	1.003 - 1.035	
METHOD : REFLECTANCE PHOTOMETRY (IONIC CONCENTRATION)			
PROTEIN	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTION PHOTOMETRY (PROTEIN ERROR INDICATOR)			
GLUCOSE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE PHOTOMETRY (GLUCOSE OXIDASE METHOD)			
KETONES	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTION PHOTOMETRY (NITROPRUSSIDE)			
BLOOD	**DETECTED (+)**	NOT DETECTED	
METHOD : REFLECTANCE PHOTOMETRY (BENZIDINE REACTION)			
BILIRUBIN	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)			
UROBILINOGEN	NORMAL	NORMAL	
METHOD : REFLECTANCE PHOTOMETRY (EHRLICH'S REACTION)			
NITRITE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)			

MICROSCOPIC EXAMINATION, URINE

Dr. Irneet Mundi, MD
Associate Consultant,34080

Dr. Shafira Garg (MD, Pathology)
Attending Consultant,47150

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

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MC-2559

Fortis HOSPITAL Mohali

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RED BLOOD CELLS	**2 - 3**	NOT DETECTED	/HPF
PUS CELL (WBC'S)	NOT DETECTED	0-5	/HPF
EPITHELIAL CELLS	NOT DETECTED	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY			
YEAST	NOT DETECTED	NOT DETECTED	

Interpretation(s)

Dr. Irneet Mundi, MD
Associate Consultant,34080

Dr. Shafira Garg (MD, Pathology)
Attending Consultant,47150

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

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FORTIS HOSPITAL # MOHALI,
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CLINICAL PATH - STOOL ANALYSIS

STOOL: OVA & PARASITE

PHYSICAL EXAMINATION,STOOL

COLOUR	BROWN		
CONSISTENCY	WELL FORMED		
MUCUS	ABSENT	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
VISIBLE BLOOD	ABSENT	ABSENT	
ADULT PARASITE	NOT DETECTED		
METHOD : MANUAL			

MICROSCOPIC EXAMINATION,STOOL

PUS CELLS	NOT DETECTED		/hpf
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			
TROPHOZOITES	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			

Interpretation(s)

Dr. Anita Sharma, MD
Associate Director ,27672

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DIAGNOSTIC REPORT

MC-2559

Fortis HOSPITAL Mohali

PATIENT NAME : VAIBHAV SHARMA **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
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Test Report Status **Final**	Results	Biological Reference Interval	Units
SPECIALISED CHEMISTRY - HORMONE			
THYROID PANEL, SERUM			
T3	138.8	80.00 - 200.00	ng/dL
METHOD : SANDWICH (ECLIA)			
T4	10.17	5.10 - 14.10	µg/dL
METHOD : SANDWICH (ECLIA)			
TSH (ULTRASENSITIVE)	1.690	0.270 - 4.200	µIU/mL
METHOD : SANDWICH (ECLIA)			

Interpretation(s)

****End Of Report****
Please visit www.agilusdiagnostics.com for related Test Information for this accession

Meenakshi Malhotra

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

Ritu Pankaj

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

View Details View Report

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Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000003192838

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name Mr. Vaibhav Sharma
UHID : 12805743 Date : 6/11/2023
Age : 36 Gender : Male

Nursing Assessment

Profile	
Height (cm) : 172cm	Waist Circumference (cm) : 32 inches
Weight (Kg.) : 80kg	Body Mass Index : 27.0 kg/m²
Occupation : Job	Marital Status ☐ Single ☑ Married

Vital Signs	SpO2 97%
Pulse Rate (/min) : 66/mts	Respiratory Rate (/min) : 20/mt
Blood Pressure (mmHg) : 100/70mm Hg	Temperature (if febrile) : afebrile

Past History	
☑ Hypertension :	☐ Diabetes :
☐ Heart disease :	☑ Dyslipidemia :
☑ Asthma :	☑ Tuberculosis :
☐ Allergies :	
☐ Others :	

For Women	
LMP: NP	Last Pap smear done in NP
Menopause ☐ Yes ☐ No	Last Mammography done in
Consent for X-ray & Mammography	

Current Medications
NP
NA

Signature, Name and Emp. ID of the Nurse : _____

8477043210

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name Mr. Vaibhav Sharma
UHID : 12805793 Date : 6/11/23
Age : 36 Gender : Male

Internal Medicine Consultation

Relevant History:

Boils on scalp.

Diagnosis:

Δ _____

Examination Findings:

Advice / Treatment Plan:

℞

Investigations:

6/11/23

Dr. VIJAY KUMAR HARJAI
MBBS,MD (Internal Medicine)
Consultant:Internal Medicine
Reg. No.PMC 19814
Mobile:0 98142 03424
Fortis MEDCENTRE (A unit of Fortis Hospital,M
S.C.O. 11, Sector 11-D, Chandigarh-160011 (
Phone No.0172-5061222, 5055441

Signature and stamp of the Consultant : _____

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name Mr. Vaibhav Sharma
UHID : 12805742 Date : 6/1/23
Age : 36 Gender : Male

Ophthalmology Consultation

History:

Examination findings:

Visual acuity R / L Visual acuity with glasses R / L Colour Vision R / L

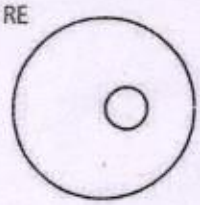
Slit Lamp Examination

RE

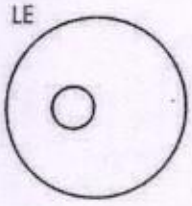
LE

Fundus Examination

RE



LE



Diagnosis:

Treatment"

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance				
Near				

Left eye

	SPH	CYL	AXIS	VA
Distance				
Near				

Signature and stamp of the Ophthalmologist : _____

Sharma, Vaibhav
ID: 12805743

Male

06.11.2023 10:06:53
Fortis Med Centre
sector 11
Chandgarh

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

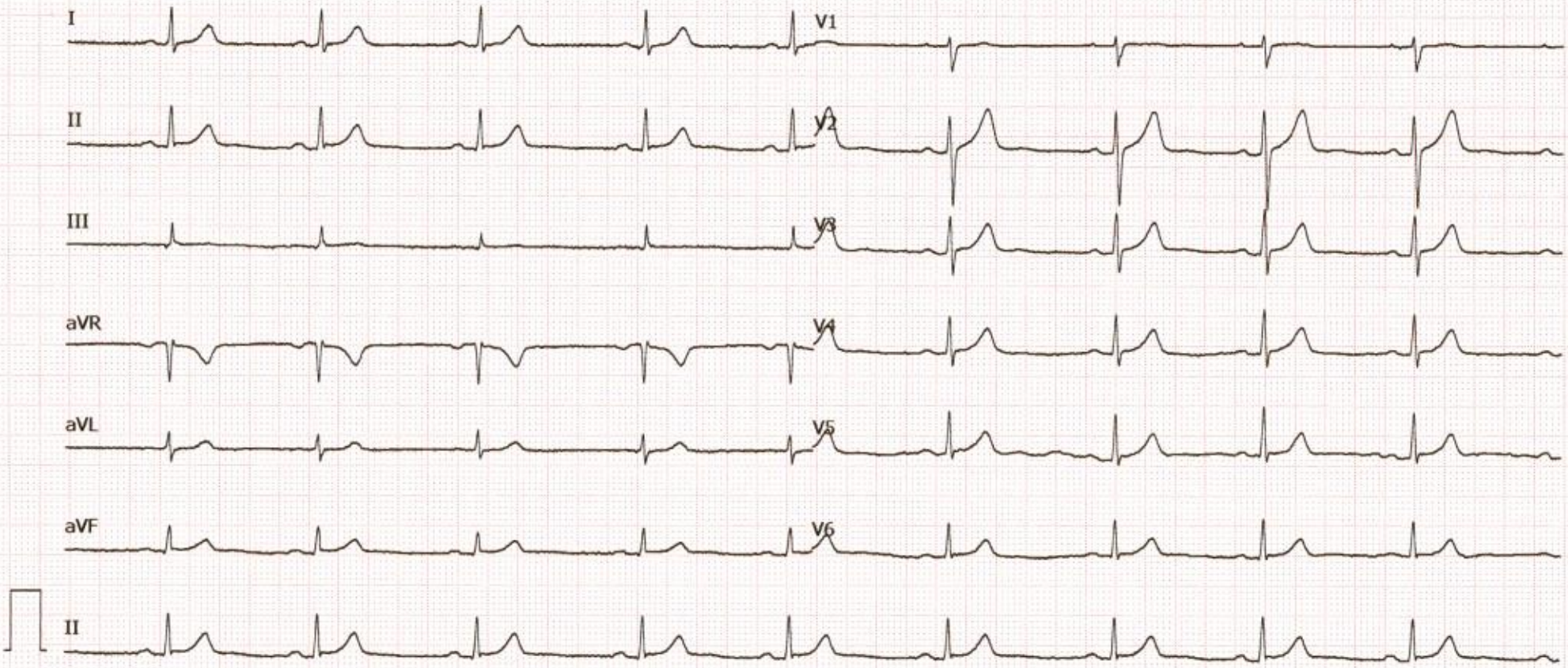
Room:

58 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	70 ms
QT / QTcBaz :	380 / 373 ms
PR :	162 ms
P :	92 ms
RR / PP :	1040 / 1034 ms
P / QRS / T :	42 / 54 / 39 degrees

Sinus bradycardia
Otherwise normal ECG



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz Unconfirmed 2x5x6_25_R1 1/1

Fortis MEDCENTRE
CHANDIGARH

Fortis Medcentre
SCO-11, Sector-11-D,
Chandigarh - 160 011 (India)
Telephone : 0172 506 1222 / 505 5441
Fax : 0172-5055440
E-mail : contactus.fmc@fortishealthcare.com
Website : www.fortishealthcare.com

DEPARTMENT OF CARDIOLOGY
ECHOCARDIOGRAPHY LABORATORY
Phone 0172-5061222; Ext. 6422

Dated:6 November 2023

Name:	**MR VAIBHAV SHARMA**	**Age: 36**	**Sex : M**
FHL No:	**12805743**	**Lab No:**	
Clinical Diagnosis:	**R/O CAD**		
Ref By:	**FMC**		

MEASUREMENTS

Aortic Root Diameter	:	2.8	cm	Left Atrial dimension		2.8	cm
Aortic Valve Opening	:	----	cm	Right Ventricular dimension		1.2	cm
Left Ventricular ED dimension	:	3.9	cm	Left Ventricular ES dimension		2.6	cm
Interventricular Septal thickness	ED:	0.9	cm		ES:	1.5	cm
Left Ventricular PW thickness	ED:	1.0	cm		ES:	1.5	cm

INDICES OF LEFT VENTRICULAR FUNCTION:

LV Ejection Fraction : 62 %

IMAGING:

M mode examination revealed normal movement of both Mitral leaflets during diastole. No SAM or Mitral valve prolapse is seen. Aortic root is normal in size. Dimensions of left atrium and left ventricle are normal

2-D imaging in PLAX. SAX and apical views revealed normal sized left ventricle. Movement of anterior wall, septum, apex, inferior wall, posterior and lateral walls is normal. Mitral valve opening is normal. No evidence of Mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Pulmonary valve is normal. Interatrial and interventricular septa are intact. No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

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DOPPLER: PULSE WAVE; CONTINUOUS WAVE & COLOR FLOW MAPPING

Mitral Valve	:	E= 84 A= 59 cm/sec; E > A; No MR
		E wave Deceleration Time = 183 msec
Aortic Valve	:	107 cm/sec **TRIVIAL AR**
Tricuspid Valve	:	No TR ; RVSP = + RAP mmHg
Pulmonary Valve	:	100 cm/sec

FINAL DIAGNOSIS

- **NO REGIONAL WALL MOTION ABNORMALITY OF LEFT VENTRICLE**
- **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION (LVEF 62%)**
- **TRIVIAL AR**

Dr. MUKTI SHARMA
MD, DNB, FIAP, FCSI
Sr. Consultant
Fortis MEDCENTRE

Fortis MEDCENTRE
CHANDIGARH

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Website : www.fortishealthcare.com

NAME: MR. VAIBHAV SHARMA
AGE AND SEX: 36Y/M
UHID NO: 12805743
DATE:06/11/2023

CHEST- PA

Both the domes of diaphragm are normal.

Both costophrenic angles are normal.

Both lung fields are clear.

Cardiac size and silhouette are normal.

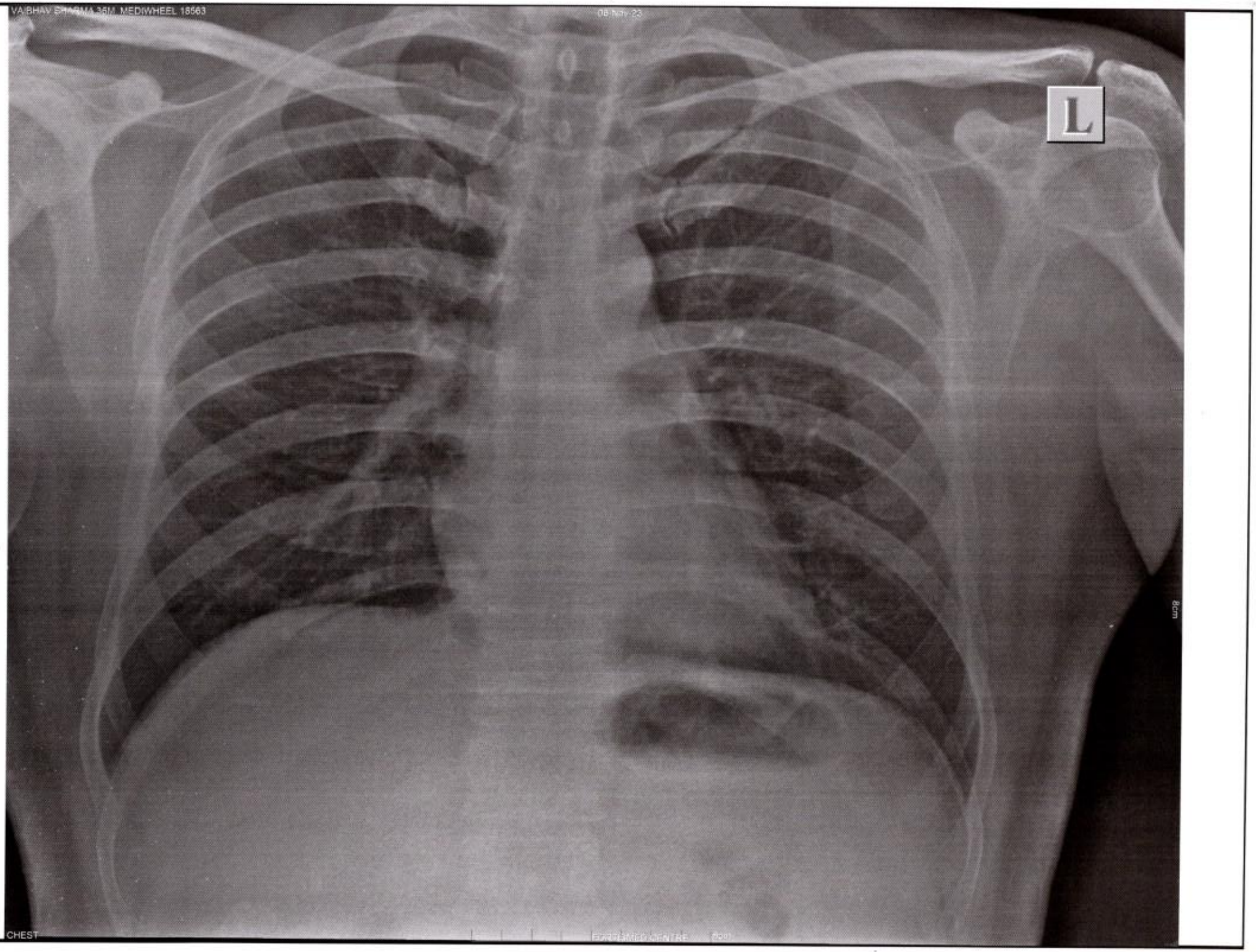
Both hila and mediastinum are normal.

Bony cage and soft tissues are normal.

IMPRESSION: NORMAL STUDY.

Please correlate clinically and with other relevant investigations.

Dr. ADITI PANWAR
PMC - 41230
Consultant Radiologist


VA BHAV SHARMA 35M MEDIWHEEL 18563
08 Nov 23
L
8cm
CHEST

Fortis MEDCENTRE
CHANDIGARH

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NAME: MR. VAIBHAV SHARMA
AGE AND SEX: 36Y/M
UHID NO: 12805743
DATE:06/11/2023
ROI: WHOLE ABDOMEN

Liver is normal in size, outline and echogenicity. No focal lesion seen. IHBR's are not dilated. Portal vein and hepatic veins are normal.

Gall bladder is normally distended with anechoic lumen. Wall thickness is normal. No calculus / focal lesion seen. No pericholecystic fluid / collection seen. CBD is normal.

Pancreas is visualized in region of head and proximal body and is normal in size, shape, outline and echotexture. No focal lesion seen. Distal body and tail are obscured by bowel gases.

Spleen is mildly prominent (11.3cm) in size with normal outline and echotexture. No focal lesion seen.

Right kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Left kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen. A parapelvic cyst of size 8mm is seen.

Retroperitoneum is normal.

The urinary bladder is fully distended and is normal in outline and wall thickness. No calculi or growth seen.

Prostate is normal in size and shows normal outline and echo pattern. No focal lesion seen.

No free fluid is seen.

Opinion: Mildly Prominent Spleen.
Left Renal Cyst.

Suggested clinical correlation.

Dr. ADITI PANWAR
PMC - 41230
Consultant Radiologist

VAIBHAV SHARMA 36/M

Patient ID: 12805743 Accession #: **Study Date: 06/11/2023**

DOB: Age: Gender: M Ht: Wt: Alt ID: BSA:

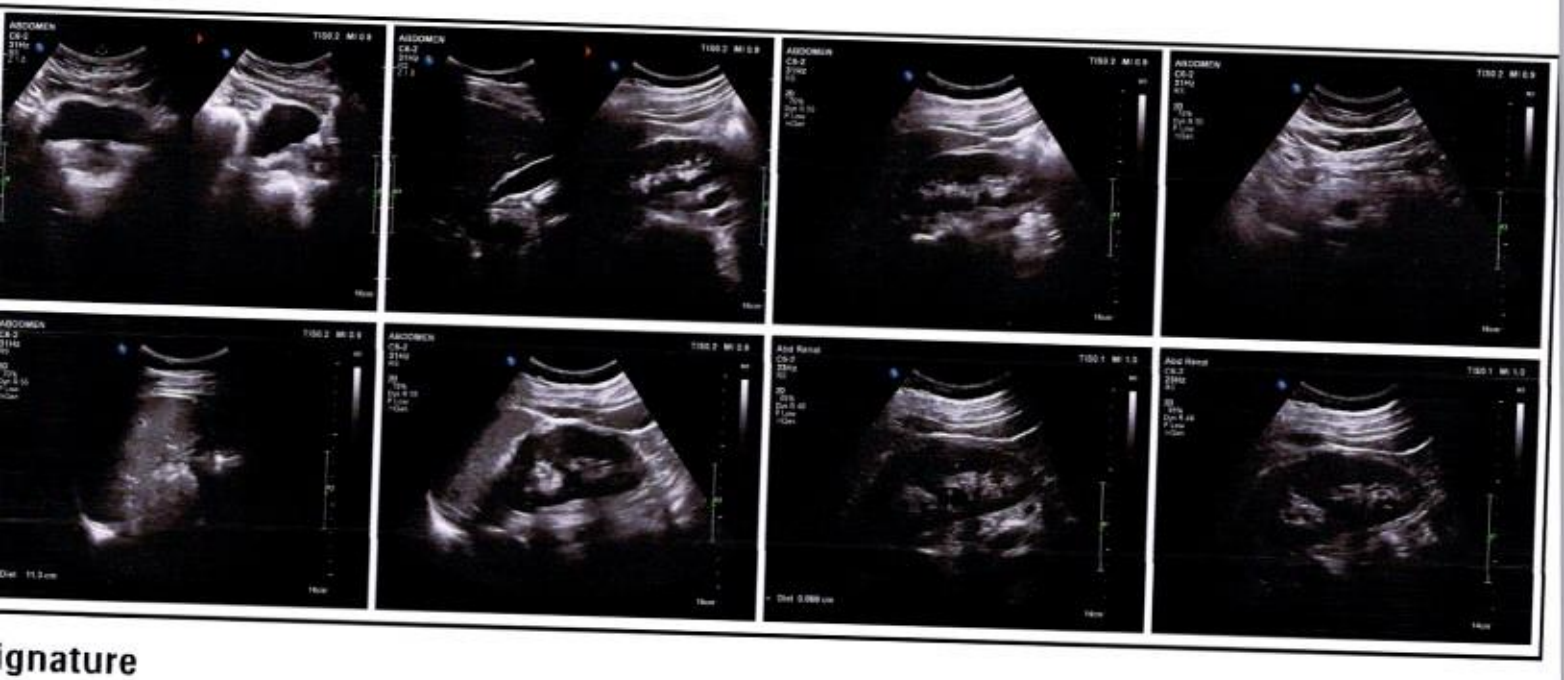
Institution: Fortis MEDCENTRE, Chandigarh

Referring Physician:

Physician of Record:

Comments: Performed By:

Images



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ignature:

ame(Print): Date: