



Hiranandani
HOSPITAL

(A Fortis Network Hospital)

Hiranandani Fortis Hospital
Mini Seashore Road,
Sector 10 - A, Vashi,
Navi Mumbai - 400 703.
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Fax : +91-22-3919 9220/21
Email : vashi@vashihospital.com

BMI CHART

Date: 30/3/25

Name: Mrs Damini Satam Age: 50 yrs Sex: M/F

BP: 140/80mmHg Height (cms): 143.5cm Weight(kgs): 68.5kg BMI: _____

WEIGHT lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
kgs	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7
HEIGHT in/cm	Underweight				Healthy				Overweight				Obese				Extremely Obese							
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	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	33	34	35	36	37	38	39	
5'3" - 160.0	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	32	33	34	35	36	37	38
5'4" - 162.5	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34
5'7" - 170.1	15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32
5'9" - 176.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31
5'10" - 177.8	14	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30
5'11" - 180.3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29
6'1" - 185.4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28
6'2" - 187.9	12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27
6'3" - 190.5	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26
6'4" - 193.0	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26

Doctors Notes:



UHID	4597934	Date	30/03/2023		
Name	Mrs.Damini Dattaram Satam	Sex	Female	Age	50
OPD	Pap Smear	Health Check Up			

50yrs / P3L3

Drug allergy:
Sys illness:

LMP: 18.3.23

Pmc: 3/30d, RMP

- Pte last pap smear in 2021 March @ Apollo
- Pr asked to bring previous reports at
next visit.

Adv

- Pap smear 3yrsly
- mammography } yrsly
USG Pelvis }
- self breast examⁿ mthly

haha



UHID	4597934	Date	30/03/2023		
Name	Mrs. Damini Dattaram Satam	Sex	Female	Age	50
OPD	Opthal 14	Health Check Up			

Chr. No.

Drug allergy: → Not known
 Sys illness: → No

Miles - Thyroid (sim)

Unit R → 14.6 / 18P
 Unit L → 9.6 / 18P

Ref → 14.5 + 1.50 on 6/6.
 Ref → 9.5 + 1.50 on 6/6.

Add → + 2.10 → w₆
 → w₆

FOP → 14.8
 → 14.4

[Handwritten Signature]



UHID	4597934	Date	30/03/2023		
Name	Mrs. Damini Dattaram Satam	Sex	Female	Age	50
OPD	Dental 12 - 7387696540	Health Check Up			

M/M :- N/A

Drug allergy: N/A
 Sys illness:

O/E

- Stains ++
- Calculus ++
- Occlusal Caries = 7/6
- Missing = 6
- Treatment plan
- Sealing
- Filling = 7/6
- Implant = 6

Dr. Umpt



MC-2275

PATIENT NAME : DAMINI DATTARAM SATAM

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC005970
 PATIENT ID : FH.4597934
 CLIENT PATIENT ID: UID:4597934
 ABHA NO :

AGE/SEX : 50 Years Female
 DRAWN : 30/03/2023 09:10:00
 RECEIVED : 30/03/2023 09:10:32
 REPORTED : 03/04/2023 14:15:16

CLINICAL INFORMATION :

UID:4597934 REQNO-1453301
 CORP-OPD
 BILLNO-150123OPCR018465
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Test Report Status	Final	Results	Biological Reference Interval	Units
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HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	12.1	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY			
RED BLOOD CELL (RBC) COUNT	5.16 High	3.8 - 4.8	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	3.49 Low	4.0 - 10.0	thou/ μ L
METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY			
PLATELET COUNT	451 High	150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	39.0	36 - 46	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOLUME (MCV)	75.5 Low	83 - 101	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	23.4 Low	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	31.0 Low	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	16.8 High	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	14.6		
MEAN PLATELET VOLUME (MPV)	11.0 High	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

WBC DIFFERENTIAL COUNT

NEUTROPHILS	57	40 - 80	%
METHOD : FLOWCYTOMETRY			
LYMPHOCYTES	28	20 - 40	%
METHOD : FLOWCYTOMETRY			

Akta Dubey

Dr.Akta Dubey
 Counsultant Pathologist



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 MAHARASHTRA, INDIA
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
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Patient Ref. No. 22000000837503

PATIENT NAME : DAMINI DATTARAM SATAM

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MONOCYTES		8	2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS		7 High	1 - 6	%
METHOD : FLOWCYTOMETRY				
BASOPHILS		0	0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT		1.99 Low	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		0.98 Low	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.28	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.24	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0 Low	0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.9		
MORPHOLOGY				
RBC		MILD HYPOCHROMASIA, MILD MICROCYTOSIS, MILD ANISOCYTOSIS		
WBC		LEUCOPENIA		
PLATELETS		INCREASED		

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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 Consultant Pathologist



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Patient Ref. No. 22000000837503



MC-2275

PATIENT NAME : DAMINI DATTARAM SATAM

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

ACCESSION NO : 0022WC005970
 PATIENT ID : FH.4597934
 CLIENT PATIENT ID: UID:4597934
 ABHA NO :

AGE/SEX : 50 Years Female
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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

E.S.R	25 High	0 - 20	mm at 1 hr
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METHOD : WESTERGRN METHOD

Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD-TEST DESCRIPTION :-

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

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

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue Injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR (>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-46 mm/hr (52 if anemic) and in second trimester (0-70 mm /hr (95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

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

False Decreased : Poikilocytosis, (Sickle Cells, spherocytes), Microcytosis, Low fibrinogen, Very high WBC counts, Drugs (Quinine, salicylates)

REFERENCE :

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

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 Counsultant Pathologist



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Patient Ref. No. 2200000837503

PATIENT NAME : DAMINI DATTARAM SATAM

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC005970
 PATIENT ID : FH,4597934
 CLIENT PATIENT ID: UID:4597934
 ABHA NO :

AGE/SEX : 50 Years Female
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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 NAME : DAMINI DATTARAM SATAM		REF. DOCTOR : SELF	
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BIOCHEMISTRY				
<u>LIVER FUNCTION PROFILE, SERUM</u>				
BILIRUBIN, TOTAL	0.37	0.2 - 1.0		mg/dL
METHOD : JENDRASSIK AND GROFF				
BILIRUBIN, DIRECT	0.07	0.0 - 0.2		mg/dL
METHOD : JENDRASSIK AND GROFF				
BILIRUBIN, INDIRECT	0.3	0.1 - 1.0		mg/dL
METHOD : CALCULATED PARAMETER				
TOTAL PROTEIN	7.8	6.4 - 8.2		g/dL
METHOD : BIURET				
ALBUMIN	3.6	3.4 - 5.0		g/dL
METHOD : BCP DYE BINDING				
GLOBULIN	4.2 High	2.0 - 4.1		g/dL
METHOD : CALCULATED PARAMETER				
ALBUMIN/GLOBULIN RATIO	0.9 Low	1.0 - 2.1		RATIO
METHOD : CALCULATED PARAMETER				
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29	15 - 37		U/L
METHOD : UV WITH PSP				
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	< 34.0		U/L
METHOD : UV WITH PSP				
ALKALINE PHOSPHATASE	103	30 - 120		U/L
METHOD : PNPP-ANP				
GAMMA GLUTAMYL TRANSFERASE (GGT)	30	5 - 55		U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE				
LACTATE DEHYDROGENASE	256 High	100 - 190		U/L
METHOD : LACTATE -PYRUVATE				
<u>GLUCOSE FASTING, FLUORIDE PLASMA</u>				
FBS (FASTING BLOOD SUGAR)	132 High	74 - 99		mg/dL
METHOD : HEXOKINASE				

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 Counsultant Pathologist



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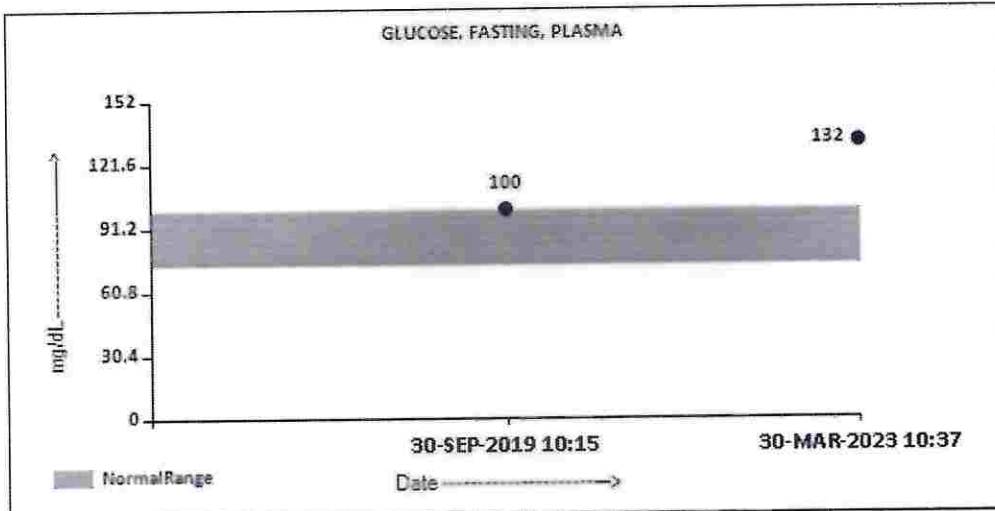
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GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)

163 High

70 - 139

mg/dL

METHOD : HEXOKINASE

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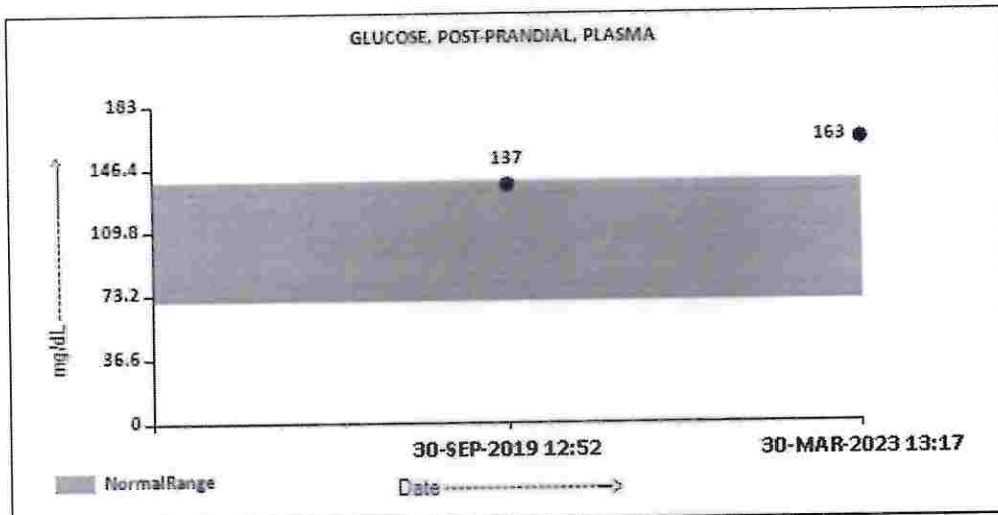


Patient Ref. No. 22000000837503

PATIENT NAME : DAMINI DATTARAM SATAM		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507 - FORTIS FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WC005970 PATIENT ID : FH.4597934 CLIENT PATIENT ID: UID:4597934 ABHA NO :	AGE/SEX : 50 Years Female DRAWN : 30/03/2023 09:10:00 RECEIVED : 30/03/2023 09:10:32 REPORTED : 03/04/2023 14:15:16

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GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	6.6 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)	142.7 High	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER			

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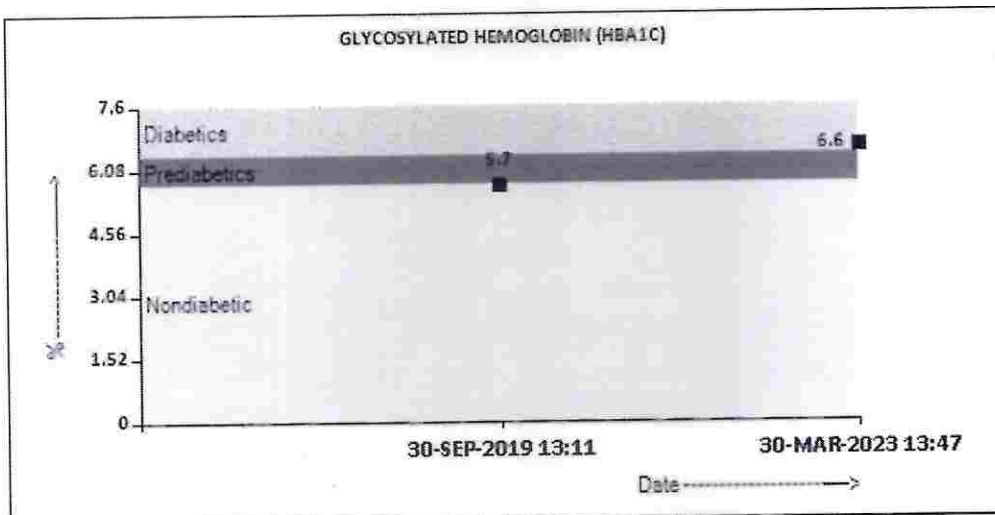
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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN

9

6 - 20

mg/dL

METHOD : UREASE - UV



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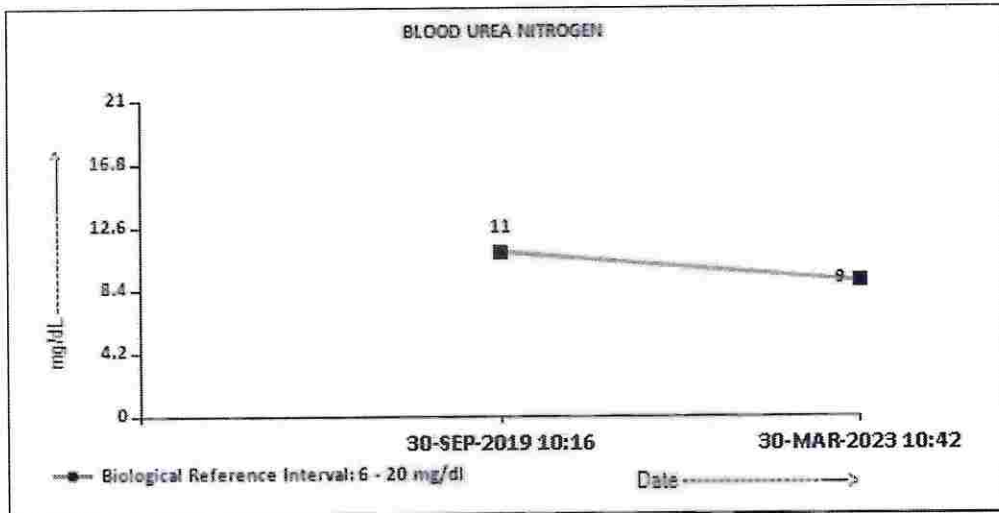
Patient Ref. No. 22000000837503

PATIENT NAME : DAMINI DATTARAM SATAM		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000045507 - FORTIS FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WC005970 PATIENT ID : FH.4597934 CLIENT PATIENT ID: UID:4597934 ABHA NO :	AGE/SEX : 50 Years Female DRAWN : 30/03/2023 09:10:00 RECEIVED : 30/03/2023 09:10:32 REPORTED : 03/04/2023 14:15:16

CLINICAL INFORMATION :

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CORP-OPD
BILLNO-150123OPCR018465
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Test Report Status	Results	Biological Reference Interval	Units
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CREATININE EGFR- EPI

CREATININE METHOD : ALKALINE PICRATE KINETIC JAFFES	0.51 Low	0.60 - 1.10	mg/dL
AGE	50		years
GLOMERULAR FILTRATION RATE (FEMALE) METHOD : CALCULATED PARAMETER	113.65	Refer Interpretation Below	mL/min/1.73m ²

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PATIENT NAME : DAMINI DATTARAM SATAM

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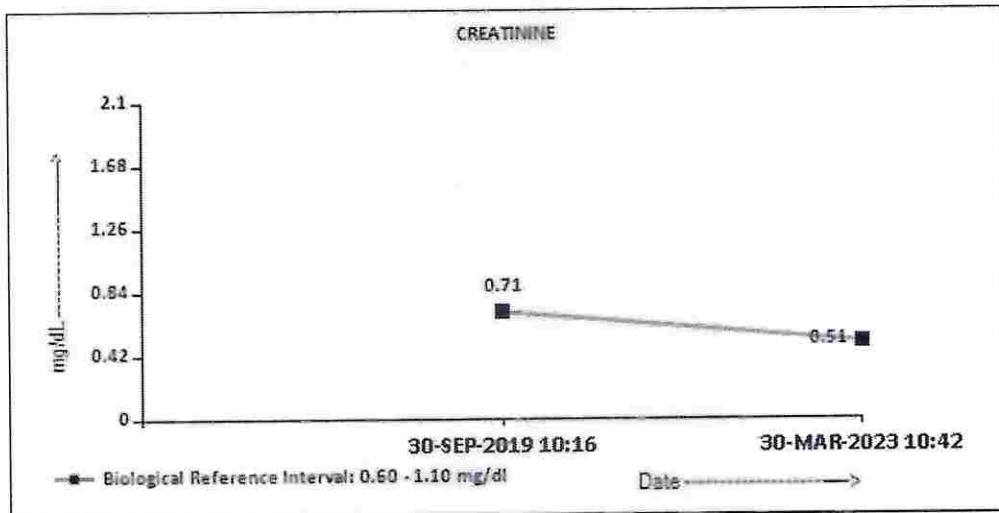
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BUN/CREAT RATIO

BUN/CREAT RATIO **17.65 High** 5.00 - 15.00
 METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID **5.7** 2.6 - 6.0 mg/dL
 METHOD : URICASE UV

TOTAL PROTEIN, SERUM

TOTAL PROTEIN **7.8** 6.4 - 8.2 g/dL
 METHOD : BIURET

ALBUMIN, SERUM

ALBUMIN **3.6** 3.4 - 5.0 g/dL
 METHOD : BCP DYE BINDING

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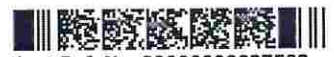
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LOBULIN

LOBULIN	4.2 High	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	4.84	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 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



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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 so that no glucose is excreted in the urine.

Increased in: Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs: corticosteroids, phenytoin, estrogen, thiazides.

Decreased in: Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g. galactosemia), Drugs-insulin, ethanol, propranolol, sulfonylureas, tolbutamide, and other oral hypoglycemic agents.

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

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

GLUCOSE, POST-PRANDIAL, PLASMA- High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. **Additional test HbA1c GLYCOSYLATED HEMOGLOBIN (HBA1C), EDTA WHOLE BLOOD-Used For:**

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2. Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

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

HbA1c Estimation can get affected due to :

1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
2. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin).
3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

a) Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.

b) Heterozygous state detected (D10 is corrected for HbS & HbC trait)

c) HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

BLOOD UREA NITROGEN (BUN), SERUM- Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

CREATININE EGFR- EPI-GFR— Glomerular filtration rate (GFR) is a measure of the function of the kidneys. The GFR is a calculation based on a serum creatinine test.

Creatinine is a muscle waste product that is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate. When kidney function decreases, less creatinine is excreted and concentrations increase in the blood. With the creatinine test, a reasonable estimate of the actual GFR can be determined.

A GFR of 60 or higher is in the normal range.

A GFR below 60 may mean kidney disease.

A GFR of 15 or lower may mean kidney failure.

Estimated GFR (eGFR) is the preferred method for identifying people with chronic kidney disease (CKD). In adults, eGFR calculated using the Modification of Diet in Renal Disease (MDRD) Study equation provides a more clinically useful measure of kidney function than serum creatinine alone.

The CKD-EPI creatinine equation is based on the same four variables as the MDRD Study equation, but uses a 2-slope spline to model the relationship between estimated GFR and serum creatinine, and a different relationship for age, sex and race. The equation was reported to perform better and with less bias than the MDRD Study equation, especially in patients with higher GFR. This results in reduced misclassification of CKD.

The CKD-EPI creatinine equation has not been validated in children & will only be reported for patients = 18 years of age. For pediatric and childrens, Schwartz Pediatric

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Bedside eGFR (2009) formulae is used. This revised "bedside" pediatric eGFR requires only serum creatinine and height.
 URIC ACID, SERUM-**Causes of Increased levels:**-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome **Causes of decreased levels**-Low Zinc Intake,OCP,Multiple Sclerosis
 TOTAL PROTEIN, SERUM-is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin.
Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstroms disease.
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
 ALBUMIN, SERUM-
 Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. **Low blood albumin levels (hypoalbuminemia) can be caused by:** Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.



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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM			
CHOLESTEROL, TOTAL	221 High	< 200 Desirable 200 - 239 Borderline High ≥ 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	209 High	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥ 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	38 Low	< 40 Low ≥ 60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	139 High	< 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	183 High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	41.8 High	<= 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	5.8 High	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
METHOD : CALCULATED PARAMETER			
LDL/HDL RATIO	3.7 High	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER			

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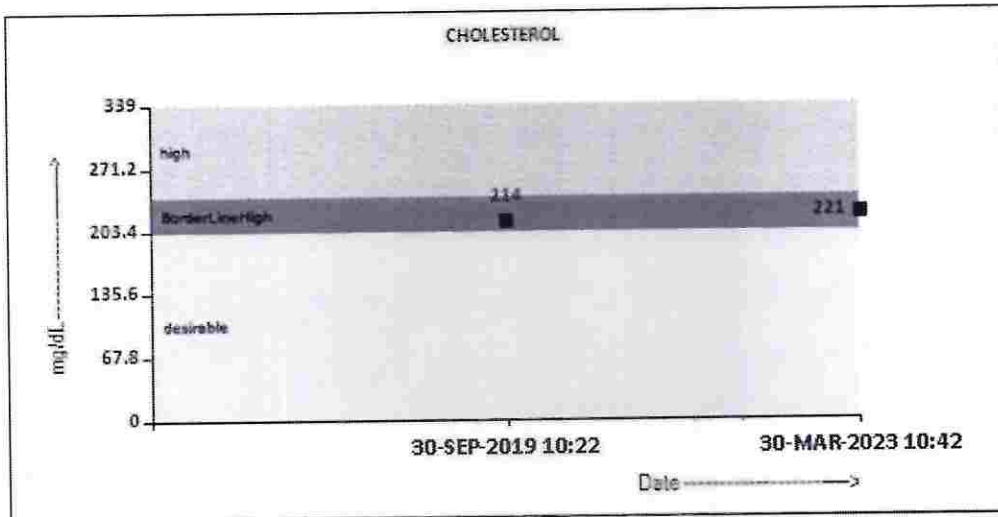
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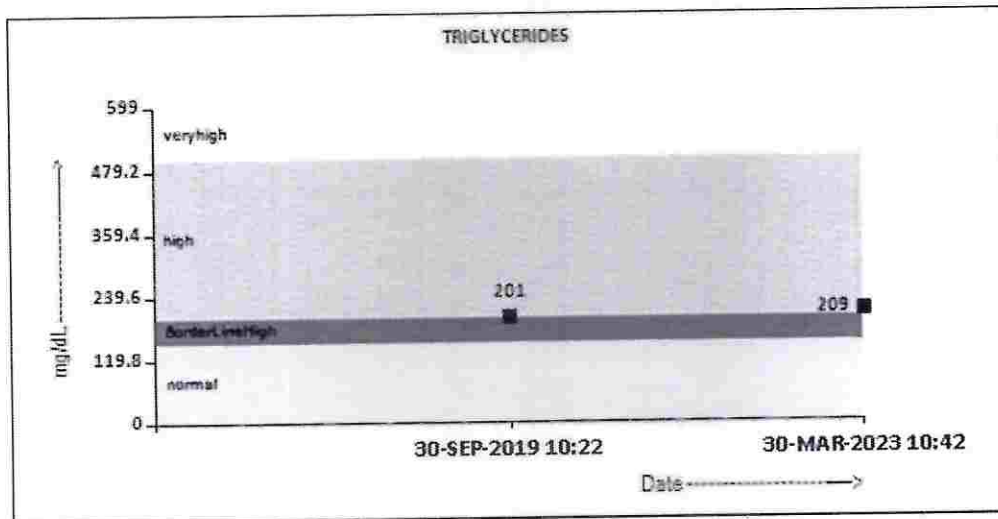
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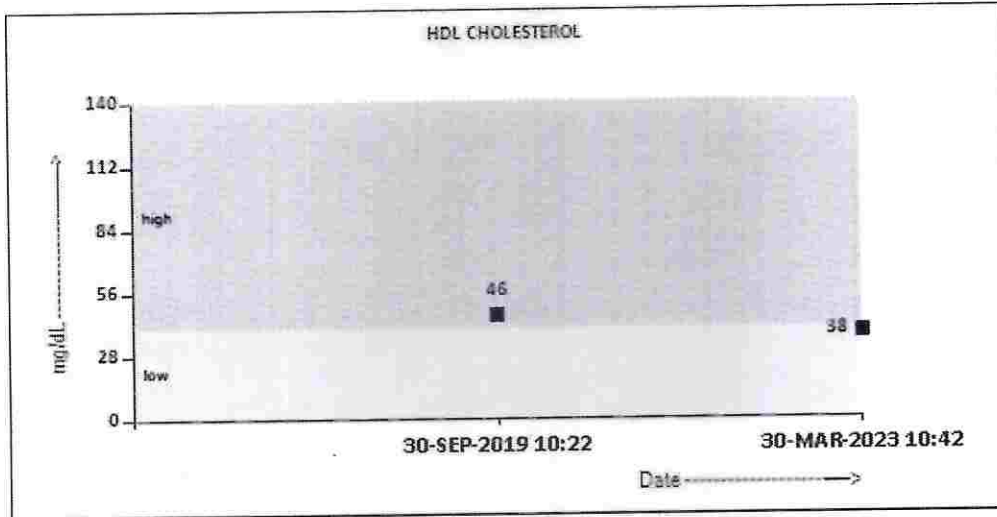
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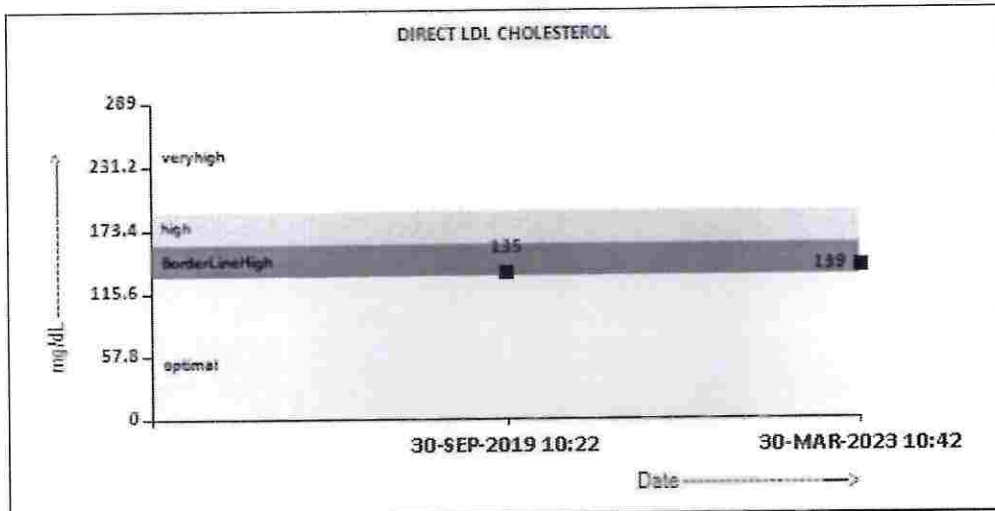
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CODE/NAME & ADDRESS : C000045507 - FORTIS FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022WC005970 PATIENT ID : FH.4597934 CLIENT PATIENT ID: UID:4597934 ABHA NO :	AGE/SEX : 50 Years Female DRAWN : 30/03/2023 09:10:00 RECEIVED : 30/03/2023 09:10:32 REPORTED : 03/04/2023 14:15:16

CLINICAL INFORMATION :
 UID:4597934 REQNO-1453301
 CORP-OPD
 BILLNO-150123OPCR018465
 BILLNO-150123OPCR018465

Test Report Status	Results	Biological Reference Interval	Units
Final			

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

COLOR METHOD : PHYSICAL	PALE YELLOW
APPEARANCE METHOD : VISUAL	SLIGHTLY HAZY

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)	1.020	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, ROTHERA'S PRINCIPLE	NOT DETECTED	NOT DETECTED
BLOOD METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN	DETECTED (TRACE)	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

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS METHOD : MICROSCOPIC EXAMINATION	1 - 2	NOT DETECTED	/HPF
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Akta Dubey
Dr. Akta Dubey
 Consultant Pathologist

Rekha Nair
Dr. Rekha Nair, MD
 Microbiologist



View Details



View Report

PERFORMED AT :

SRL Ltd
 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000837503

PATIENT NAME : DAMINI DATTARAM SATAM		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000045507 - FORTIS	ACCESSION NO : 0022WC005970	AGE/SEX : 50 Years Female	
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.4597934	DRAWN : 30/03/2023 09:10:00	
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:4597934	RECEIVED : 30/03/2023 09:10:32	
MUMBAI 440001	ABHA NO :	REPORTED : 03/04/2023 14:15:16	

CLINICAL INFORMATION :
 UID:4597934 REQNO-1453301
 CORP-OPD
 BILLNO-150123OPCR018465
 BILLNO-150123OPCR018465

Test Report Status	Final	Results	Biological Reference Interval	Units
PUS CELL (WBC'S)		2-3	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
EPITHELIAL CELLS		3-5	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)



Dr. Akta Dubey
 Consultant Pathologist



Dr. Rekha Nair, MD
 Microbiologist



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 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000837503



MC-2275

Fortis

PATIENT NAME : DAMINI DATTARAM SATAM

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC005970
 PATIENT ID : FH.4597934
 CLIENT PATIENT ID: UID:4597934
 ABHA NO :

AGE/SEX : 50 Years Female
 DRAWN : 30/03/2023 09:10:00
 RECEIVED : 30/03/2023 09:10:32
 REPORTED : 03/04/2023 14:15:16

CLINICAL INFORMATION :

UID:4597934 REQNO-1453301
 CORP-OPD
 BILLNO-150123OPCR018465
 BILLNO-150123OPCR018465

Test Report Status	Final	Results	Biological Reference Interval	Units
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CLINICAL PATH - STOOL ANALYSIS

STOOL: OVA & PARASITE

MICROSCOPIC EXAMINATION,STOOL

REMARK

TEST CANCELLED AS STOOL SPECIMEN NOT RECEIVED TILL DATE

Interpretation(s)

End Of Report

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

Rekha.n

Dr. Rekha Nair, MD
 Microbiologist



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 HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 10,
 NAVI MUMBAI, 400703
 MAHARASHTRA, INDIA
 Tel : 022-39199222, 022-49723322,
 CIN - U74099PB1995PLC045956
 Email : -



Patient Ref. No. 22000000837503



PATIENT NAME : DAMINI DATTARAM SATAM

REF. DOCTOR : SELF

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

ACCESSION NO : 0022WC005970
 PATIENT ID : FH.4597934
 CLIENT PATIENT ID: UID:4597934
 ABHA NO :

AGE/SEX : 50 Years Female
 DRAWN : 30/03/2023 09:10:00
 RECEIVED : 30/03/2023 09:10:32
 REPORTED : 31/03/2023 13:13:41

CLINICAL INFORMATION :

UID:4597934 REQNO-1453301
 CORP-OPD
 BILLNO-1501230PCRO18465
 BILLNO-1501230PCRO18465

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

THYROID PANEL, SERUM

Test Name	Result	Biological Reference Interval	Units
T3	135	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
T4	11.00	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
TSH (ULTRASENSITIVE)	2.010	Non Pregnant Women 0.27 - 4.20 Pregnant Women 1st Trimester: 0.33 - 4.59 2nd Trimester: 0.35 - 4.10 3rd Trimester: 0.21 - 3.15	µIU/mL

Interpretation(s)

End Of Report

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

Dr. Swapnil Sirmukaddam
 Consultant Pathologist



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SRL Ltd
 BHOOMI TOWER, 1ST FLOOR, HALL NO.1, PLOT NO.28 SECTOR. 4, KHARGHAR
 NAVI MUMBAI, 410210
 MAHARASHTRA, INDIA
 Tel : 9111591115,
 CIN - U74899PB1995PLC045956



Patient Ref. No. 22000000837503

4597934
50 Years

DAMINI SATAM
Female

3/30/2023 10:06:29 AM

HE

Rate 91
PR 140
QRSD 84
QT 327
QTc 403

Sinus rhythm
Nonspecific T abnormalities, diffuse leads
Baseline wander in lead(s) V1, V2, V4, V5

SINUS bradycardia

T ↓ V3-V5

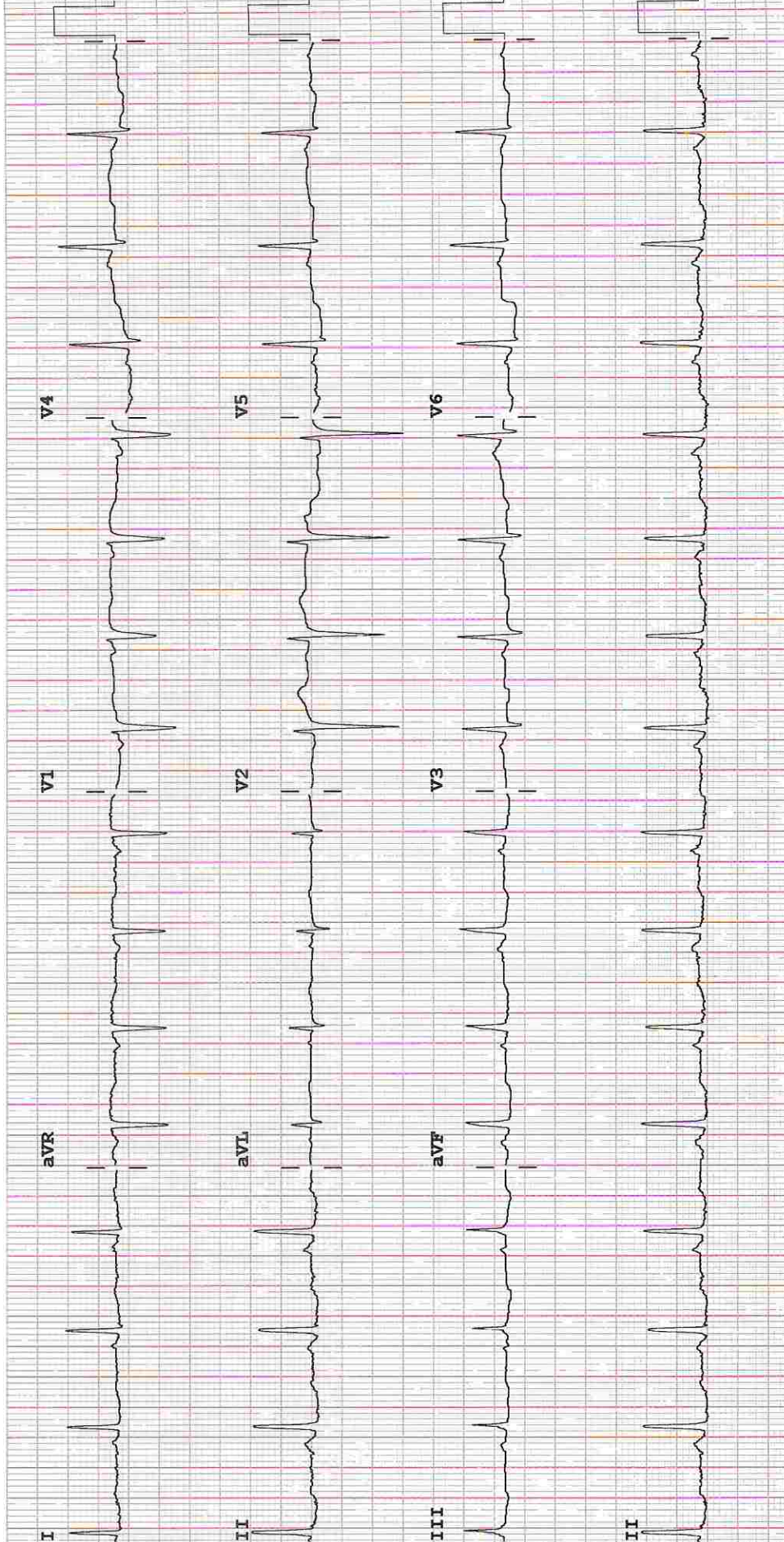
Correlate clinically
G

--AXIS--
P 54
QRS 52
T -64

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



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

F 50~ 0.50-100 Hz W

100B CL

P?

Hiranandani Healthcare Pvt. Ltd.

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

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

Emergency: 022 - 39199100 | Ambulance: 1255

For Appointment: 022 - 39199200 | Health Checkup: 022 - 39199300

www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D

(For Billing/Reports & Discharge Summary only)

Hiranandani
HOSPITAL
A Fortis Network Hospital

DEPARTMENT OF NIC

Date: 31/Mar/2023

Name: Mrs. Damini Dattaram Satam

UHID | Episode No : 4597934 | 18636/23/1501

Age | Sex: 50 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2303/38969 | 30-Mar-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 31-Mar-2023 08:52:50

Bed Name :

Order Doctor Name : Dr.SELF .

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- Grade I left ventricle diastolic dysfunction. No e/o raised LVEDP.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension.
PASP = 30 mm of Hg.
- Intact IVS and IAS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimension and function.
- Normal left atrium and left ventricle dimension.
- IVC measures 11 mm with normal inspiratory collapse .

M-MODE MEASUREMENTS:

LA	35	mm
AO Root	30	mm
AO CUSP SEP	21	mm
LVID (s)	26	mm
LVID (d)	38	mm
IVS (d)	09	mm
LVPW (d)	09	mm
RVID (d)	20	mm
RA	22	mm
LVEF	60	%



(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF NIC

Date: 31/Mar/2023

Name: Mrs. Damini Dattaram Satam

Age | Sex: 50 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 4597934 | 18636/23/1501

Order No | Order Date: 1501/PN/OP/2303/38969 | 30-Mar-2023

Admitted On | Reporting Date : 31-Mar-2023 08:52:50

Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 0.9 m/sec.

A WAVE VELOCITY:1.1 m/sec

E/A RATIO: 0.8

	PEAK (mmHg)	MEAN (mmHg)	V max (m/sec)	GRADE OF REGURGITATION
MITRAL VALVE	N			Nil
AORTIC VALVE	09			Nil
TRICUSPID VALVE	30			Trivial
PULMONARY VALVE	2.0			Nil

Final Impression :

- No RWMA.
- Grade I LV diastolic dysfunction.
- Trivial TR. No PH.
- Normal LV and RV systolic function.

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



(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF RADIOLOGY

Date: 30/Mar/2023

Name: Mrs. Damini Dattaram Satam

UHID | Episode No : 4597934 | 18636/23/1501

Age | Sex: 50 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2303/38969 | 30-Mar-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 30-Mar-2023 15:47:11

Bed Name :

Order Doctor Name : Dr.SELF .

X-RAY-CHEST- PA

Findings:

Both lung fields are clear.

The cardiac shadow appears within normal limits.

Trachea and major bronchi appear normal.

Both costophrenic angles are well maintained.

Bony thorax appears unremarkable.

Aditya

DR. ADITYA NALAWADE

M.D. (Radiologist)



(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF RADIOLOGY

Date: 30/Mar/2023

Name: Mrs. Damini Dattaram Satam

UHID | Episode No : 4597934 | 18636/23/1501

Age | Sex: 50 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2303/38969 | 30-Mar-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 30-Mar-2023 11:22:37

Bed Name :

Order Doctor Name : Dr.SELF .

USG - BOTH 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.

Retromammory soft tissues appear normal.

No evidence of axillary lymphadenopathy.

Impression:

- No significant abnormality detected.

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



(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF RADIOLOGY

Date: 30/Mar/2023

Name: Mrs. Damini Dattaram Satam

UHID | Episode No : 4597934 | 18636/23/1501

Age | Sex: 50 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2303/38969 | 30-Mar-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 30-Mar-2023 11:17:24

Bed Name :

Order Doctor Name : Dr.SELF .

US-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 and shows a 3 mm polyp along posterior wall. 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 9.6 x 4.2 cm.

Left kidney measures 10.3 x 4.3 cm.

PANCREAS is normal in size and morphology. No evidence of peripancreatic collection.

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

UTERUS is normal in size, measuring 9.3 x 4.3 x 6.4 cm.

Few tiny subcentimeter sized fibroids are noted at anterior and posterior walls of uterus.

Endometrium measures 10 mm in thickness.

Right ovary is normal and measures 2.3 x 1.5 cm.

Left ovary is not visualised, however adnexae are clear.

No evidence of ascites.

Impression:

- Tiny gall bladder polyp.
- Tiny uterine fibroids as described (FIGO Type 3-4).

DR. ADITYA NALAWADE
M.D. (Radiologist)