



UHID	12634464	Date	08/08/2023		
Name	Mrs.Pooja Agarwal	Sex	Female	Age	36
OPD	Dental 12 7387696540	Health Check Up			

O/E-

Drug allergy:
 Sys illness:

stain
 calculus
 caries $\frac{8}{8}$
 sensitivity due to acidity & attrition in posteriors.

Treatment:

- ① Adv. oral prop hyaxis.
- ② Adv. Extraction $\frac{8}{8}$.
- Adv. filling $\frac{8}{8}$
- Adv. desensitizing $\frac{6547}{6591} \frac{456}{456}$

Dr. Diksha Kumar



UHID	12634464	Date	08/08/2023		
Name	Mrs. Pooja Agarwal	Sex	Female	Age	36
OPD	Opthal 14	Health Check Up			

H/O Spectacle Usage
 H/O Thyroid :- 8 yrs

Drug allergy: NO
 Sys illness:

Unaided VD $\left\{ \begin{array}{l} 6/18 \\ \underline{6/18} \end{array} \right.$

Ref $\left\{ \begin{array}{l} -1.75 DS / -0.50 DC \times 60^\circ \rightarrow 45/6 \\ -1.75 DS / -0.50 DC \times 115^\circ \rightarrow \underline{8/6} \end{array} \right.$

FOPT $\left\{ \begin{array}{l} 18 \\ 16 \end{array} \right.$

CV $\left\{ \begin{array}{l} 17/17 \\ \underline{17/17} \end{array} \right.$ (M)

Adj: Contn the same speces \rightarrow



UHID	12634464	Date	08/08/2023		
Name	Mrs. Pooja Agarwal	Sex	Female	Age	36
OPD	Pap	Health Check Up			

Drug allergy: — None
 Sys illness:

UMP — 21/08/2023

2-3
 28-30 ← Flow. Mod
 Pain ⊖.

Obs — P2L2 ← 6yr ♀
 2 1/2 yr ♀ | Both FCMD.
 Not breastfeeding | Tdane.

Past - hypothyroid — Elixor someg

Family - mother - hypothyroid
 42yr - AUB - hysterectomy.

OTC

is ex/vag health

⊕⊕ micky vag discharge

Adv

① Consult cl vaginal Pessary
 over x 6 days

App = repeats

↓

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WH001795

PATIENT ID : FH.12634464

CLIENT PATIENT ID: UID:12634464

ABHA NO :

AGE/SEX : 36 Years Female

DRAWN : 08/08/2023 08:34:00

RECEIVED : 08/08/2023 08:35:06

REPORTED : 08/08/2023 12:42:07

CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
CORP-OPD
BILLNO-150123OPCR044597
BILLNO-150123OPCR044597

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

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	12.1	12.0 - 15.0	g/dL
METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	4.52	3.8 - 4.8	mil/ μ L
METHOD : HYDRODYNAMIC FOCUSING			
WHITE BLOOD CELL (WBC) COUNT	6.45	4.0 - 10.0	thou/ μ L
METHOD : FLUORESCENCE FLOW CYTOMETRY			
PLATELET COUNT	208	150 - 410	thou/ μ L
METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION			
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV)	37.8	36.0 - 46.0	%
METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD			
MEAN CORPUSCULAR VOLUME (MCV)	83.6	83.0 - 101.0	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	26.8 Low	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	32.0	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	15.1 High	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	18.5		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	12.6 High	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	57	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING			
LYMPHOCYTES	32	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING			
MONOCYTES	8	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING			



Dr. Akshay Dhotre
Consultant Pathologist

Page 1 Of 13



View Details



View Report

PERFORMED AT :

Agilus Diagnostics 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. 2200000863247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WH001795	AGE/SEX : 36 Years Female	
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.12634464	DRAWN : 08/08/2023 08:34:00	
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:12634464	RECEIVED : 08/08/2023 08:35:06	
MUMBAI 440001	ABHA NO :	REPORTED : 08/08/2023 12:42:07	

CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
 CORP-OPD
 BILLNO-150123OPCR044597
 BILLNO-150123OPCR044597

Test Report Status	Final	Results	Biological Reference Interval	Units
EOSINOPHILS		3	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		0	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		3.68	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.06	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.52	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.19	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)		1.8		
METHOD : CALCULATED				
MORPHOLOGY				
RBC		PREDOMINANTLY NORMOCYTIC NORMOCHROMIC		
METHOD : MICROSCOPIC EXAMINATION				
WBC		NORMAL MORPHOLOGY		
METHOD : MICROSCOPIC EXAMINATION				
PLATELETS		ADEQUATE		
METHOD : MICROSCOPIC EXAMINATION				

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 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.

Dr. Akshay Dhotre
 Consultant Pathologist



View Details



View Report

PERFORMED AT :

Agilus Diagnostics 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. 2200000963247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WH001795	AGE/SEX : 36 Years Female	
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.12634464	DRAWN : 08/08/2023 08:34:00	
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:12634464	RECEIVED : 08/08/2023 06:35:06	
MUMBAI 440001	ASHA NO :	REPORTED : 08/08/2023 12:42:07	

CLINICAL INFORMATION :
 UID:12634464 REQNO-1556784
 CORP-OPD
 BILLNO-150123OPCR044597
 BILLNO-150123OPCR044597

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

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD				
E.S.R	16	0 - 20		mm at 1 hr
METHOD : WESTERGRON 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 (Paraproteinemas, 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: Polycythemia vera, Sickle cell anemia

LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs (Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Polikilocytosis (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. AACCPress, 7th edition, Edited by S. Soldin; 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.

Dr. Akshay Dhotre
 Consultant Pathologist

Page 3 Of 13




View Details View Report

PERFORMED AT :
 Agilus Diagnostics 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. 2200000963247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WH001795

PATIENT ID : FH.12634464

CLIENT PATIENT ID: UID:12634464

ADHA NO :

AGE/SEX : 36 Years Female

DRAWN : 08/08/2023 08:34:00

RECEIVED : 08/08/2023 08:35:06

REPORTED : 08/08/2023 12:42:07

CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
CORP-OPD
BILLNO-150123OPCR044597
BILLNO-150123OPCR044597

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

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE A

METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

Interpretation(s)

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

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

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



Dr. Akshay Dhotre
Consultant Pathologist

Page 4 Of 13



View Details



View Report

PERFORMED AT :

Agilus Diagnostics 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. 22000000863247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WH001795

PATIENT ID : FH.12634464

CLIENT PATIENT ID: UID:12634464

ABHA NO :

AGE/SEX : 36 Years Female

DRAWN : 08/08/2023 08:34:00

RECEIVED : 08/08/2023 06:35:06

REPORTED : 08/08/2023 12:42:07

CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
CORP-OPD
BILLNO-150123OPCR044597
BILLNO-150123OPCR044597

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

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.46	0.2 - 1.0	mg/dL
METHOD : JENDRASSEK AND GROFF			
BILIRUBIN, DIRECT	0.09	0.0 - 0.2	mg/dL
METHOD : JENDRASSEK AND GROFF			
BILIRUBIN, INDIRECT	0.37	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	7.8	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN	4.0	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	1.1	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	28	15 - 37	U/L
METHOD : UV WITH PSP			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	54 High	< 34.0	U/L
METHOD : UV WITH PSP			
ALKALINE PHOSPHATASE	80	30 - 120	U/L
METHOD : PNPP-ANP			
GAMMA GLUTAMYL TRANSFERASE (GGT)	26	5 - 55	U/L
METHOD : GAMMA GLUTAMYL CARBOXY ANITROGAMILIDE			
LACTATE DEHYDROGENASE	199	81 - 234	U/L
METHOD : LACTATE -PYRUVATE			
GLUCOSE FASTING, FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR)	82	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >/=126	mg/dL
METHOD : HEXOKINASE			

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD



Dr. Akshay Dhotre
Consultant Pathologist

Page 5 Of 13

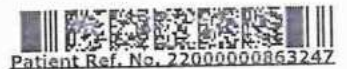


View Details

View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U74699PB1995PLC045956
Email : -



Patient Ref. No. 22000000863247

PATIENT NAME : MRS,POOJA NEERAJ AGARWAL

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WH001795

PATIENT ID : FH.12634464

CLIENT PATIENT ID: UID:12634464

ABHA NO :

AGE/SEX : 36 Years Female

DRAWN : 08/08/2023 08:34:00

RECEIVED : 08/08/2023 08:35:06

REPORTED : 08/08/2023 12:42:07

CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
CORP-OPD
BILLNO-150123OPCR044597
BILLNO-150123OPCR044597

Test Report Status	Final	Results	Biological Reference Interval	Units
HBA1C		4.9	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)		93.9	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER				
KIDNEY PANEL - 1				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN		8	6 - 20	mg/dL
METHOD : UREASE - UV				
CREATININE EGFR- EPI				
CREATININE		0.62	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES				
AGE		36		years
GLOMERULAR FILTRATION RATE (FEMALE)		118.29	Refer Interpretation Below	mL/min/1.73m2
METHOD : CALCULATED PARAMETER				
BUN/CREAT RATIO				
BUN/CREAT RATIO		12.90	5.00 - 15.00	
METHOD : CALCULATED PARAMETER				
URIC ACID, SERUM				
URIC ACID		2.4 Low	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		4.0	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING				
GLOBULIN				
GLOBULIN		3.8	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				



Dr. Akshay Dhotre
Consultant Pathologist

Page 6 Of 13



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U74809PB1995PLC045956
Email : -



Patient Ref. No. 22000000863247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022WH001795

PATIENT ID : FH.12634464

CLIENT PATIENT ID: UID:12634464

ABHA NO :

AGE/SEX :36 Years Female

DRAWN :08/08/2023 08:34:00

RECEIVED : 08/08/2023 08:35:06

REPORTED :08/08/2023 12:42:07

CLINICAL INFORMATION :

UID:12634464 REQNO-1556764

CORP-OPD

BILLNO-150123OPCR044597

BILLNO-150123OPCR044597

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

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM METHOD : ISE INDIRECT	140	136 - 145	mmol/L
POTASSIUM, SERUM METHOD : ISE INDIRECT	4.38	3.50 - 5.10	mmol/L
CHLORIDE, SERUM METHOD : ISE INDIRECT	104	98 - 107	mmol/L

Interpretation(s)

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal 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 & 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 Hypophosphatemia, 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, 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 glycemic control.

Dr. Akshay Dhotre
Consultant Pathologist

Page 7 Of 13



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U74899PB1995PLC045955
Email : -



Patient Ref. No. 22000000863247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022WH001795

AGE/SEX : 36 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12634464

DRAWN : 08/08/2023 08:34:00

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:12634464

RECEIVED : 08/08/2023 06:35:06

MUMBAI 440001

ABHA NO :

REPORTED : 08/08/2023 12:42:07

CLINICAL INFORMATION :

UTD:12634464 REQNO-1556784

CORP-OPD

BILLNO-150123OPCR044597

BILLNO-150123OPCR044597

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

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.
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 sclaytates & 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) HUF > 25% on alternate polymorph (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 hemorrhage, 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 Bedside eGFR (2009) formula 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.


Dr. Akshay Dhotre
Consultant Pathologist

Page 8 Of 13



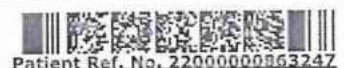
View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U74699PB1995PLC045956
Email : -



Patient Ref. No. 22000000863247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WH001795	AGE/SEX : 36 Years Female	
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.12634464	DRAWN : 08/08/2023 08:34:00	
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:12634464	RECEIVED : 08/08/2023 08:35:06	
MUMBAI 440001	ABHA NO :	REPORTED : 08/08/2023 12:42:07	

CLINICAL INFORMATION :

UTD:12634464 REQNO-1556784
CORP-OPD
BILLNO-1501230PCR044597
BILLNO-1501230PCR044597

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

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	193	< 200 Desirable 200 - 239 Borderline High ≥ 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	82	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥ 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	43	< 40 Low ≥ 60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	134 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	150 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	16.4	< / = 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	4.5 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	3.1 High	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk > 6.0 High Risk	
METHOD : CALCULATED PARAMETER			



Dr. Akshay Dhotre
Consultant Pathologist

Page 9 Of 13



View Details



View Report

PERFORMED AT :

Agilus Diagnostics 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. 22000000863242

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WH001795	AGE/SEX : 36 Years Female
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.12634464	DRAWN : 08/08/2023 08:34:00
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:12634464	RECEIVED : 08/08/2023 08:35:06
MUMBAI 440001	ABHA NO :	REPORTED : 08/08/2023 12:42:07

CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
 CORP-OPD
 BILLNO-150123OPCR044597
 BILLNO-150123OPCR044597

Test Report Status	Results	Biological Reference Interval	Units
Final			

Interpretation(s)


Dr. Akshay Dhotre
 Consultant Pathologist

Page 10 Of 13



View Details



View Report

PERFORMED AT :

Agilus Diagnostics 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. 22000000863247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022WH001795	
FORTIS VASHI-CHC -SPLZD		AGE/SEX : 36 Years Female	
FORTIS HOSPITAL # VASHI,		DRAWN : 08/08/2023 08:34:00	
MUMBAI 440001		RECEIVED : 08/08/2023 08:35:06	
		REPORTED : 08/08/2023 12:42:07	
		PATIENT ID : FH.12634464	
		CLIENT PATIENT ID: UID:12634464	
		ABHA NO :	

CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
CORP-OPD
BILLNO-150123OPCR044597
BILLNO-150123OPCR044597

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

CLINICAL PATH - URINALYSIS**URINALYSIS****PHYSICAL EXAMINATION, URINE**

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

CHEMICAL EXAMINATION, URINE

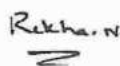
PH	6.0	4.7 - 7.5	
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD			
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)			
PROTEIN	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE			
GLUCOSE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD			
KETONES	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE			
BLOOD	DETECTED (+)	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN			
BILIRUBIN	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT			
UROBILINOGEN	NORMAL	NORMAL	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRLICH REACTION)			
NITRITE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE			
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY			

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	5 - 7	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION			
PUS CELL (WBC'S)	3-5	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			



Dr. Akta Dubey
Consultant Pathologist



Dr. Rekha Nair, MD
Microbiologist



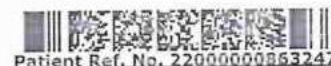
View Details



View Report

PERFORMED AT :

Agilus Diagnostics 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. 22000000863247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WH001795	AGE/SEX : 36 Years Female
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.12634464	DRAWN : 08/08/2023 08:34:00
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:12634464	RECEIVED : 08/08/2023 08:35:06
MUMBAI 440001	ABHA NO :	REPORTED : 08/08/2023 12:42:07

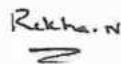
CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
 CORP-OPD
 BILLNO-150123OPCR044597
 BILLNO-150123OPCR044597

Test Report Status	Final	Results	Biological Reference Interval	Units
EPITHELIAL CELLS		8-10	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
CASTS		NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				
CRYSTALS		NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				
BACTERIA		DETECTED (FEW)	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



View Details



View Report

PERFORMED AT :

Agilus Diagnostics 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. 22000000863247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WH001795	AGE/SEX : 36 Years Female
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.12634464	DRAWN : 08/08/2023 08:34:00
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:12634464	RECEIVED : 08/08/2023 08:35:06
MUMBAI 440001	ABHA NO :	REPORTED : 08/08/2023 12:42:07

CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
CORP-OPD
BILLNO-150123OPCR044597
BILLNO-150123OPCR044597

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

SPECIALISED CHEMISTRY - HORMONE**THYROID PANEL, SERUM**

T3	124.3	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	10.11	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)	2.780	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
METHOD : ELECTROCHEMILUMINESCENCE, SANDWICH IMMUNOASSAY			

Interpretation(s)****End Of Report****Please visit www.srlworld.com for related Test Information for this accession


Dr. Akta Dubey
Consultant Pathologist

Page 13 Of 13



View Details



View Report

PERFORMED AT :

Agilus Diagnostics 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. 22000000863247

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WH001848	AGE/SEX : 36 Years Female
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.12634464	DRAWN : 08/08/2023 11:00:00
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:12634464	RECEIVED : 08/08/2023 11:00:25
MUMBAI 440001	ABHA NO :	REPORTED : 08/08/2023 12:28:28

CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
CORP-OPD
BILLNO-150123OPCR044597
BILLNO-150123OPCR044597

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

BIOCHEMISTRY**GLUCOSE, POST-PRANDIAL, PLASMA**

PPBS(POST PRANDIAL BLOOD SUGAR)	97	70 - 140	mg/dL
METHOD : HEXOKINASE			

Interpretation(s)
GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. Additional test HbA1c

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


Dr. Akshay Dhotre
Consultant Pathologist

Page 1 Of 1



View Details



View Report

PERFORMED AT :

Agilus Diagnostics 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. 22000000863300

PATIENT NAME : MRS.POOJA NEERAJ AGARWAL		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022WH001906	AGE/SEX : 36 Years Female
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.12634464	DRAWN : 08/08/2023 14:25:00
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:12634464	RECEIVED : 08/08/2023 14:25:57
MUMBAI 440001	ABHA NO :	REPORTED : 08/08/2023 19:06:12

CLINICAL INFORMATION :

UID:12634464 REQNO-1556784
 CORP-OPD
 BILLNO-150123OPCR044597
 BILLNO-150123OPCR044597

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.
 NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

INTERPRETATION / RESULT

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


Dr. Akta Dubey
 Counsultant Pathologist

Page 1 Of 1



View Details



View Report

PERFORMED AT :

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



Patient Ref. No. 22000000863358

8/8/2023 9:28:32 AM

POOJA AGARWAL
Female

12634464
36 Years

Hc

mtk
singh
D

Rate 74 . Sinus rhythm.....normal P axis, V-rate 50- 99
: Borderline repolarization abnormality.....ST dep & abnormal T
: Baseline wander in lead(s) II, V2

PR 120
QRS 98
QT 381
QTc 423

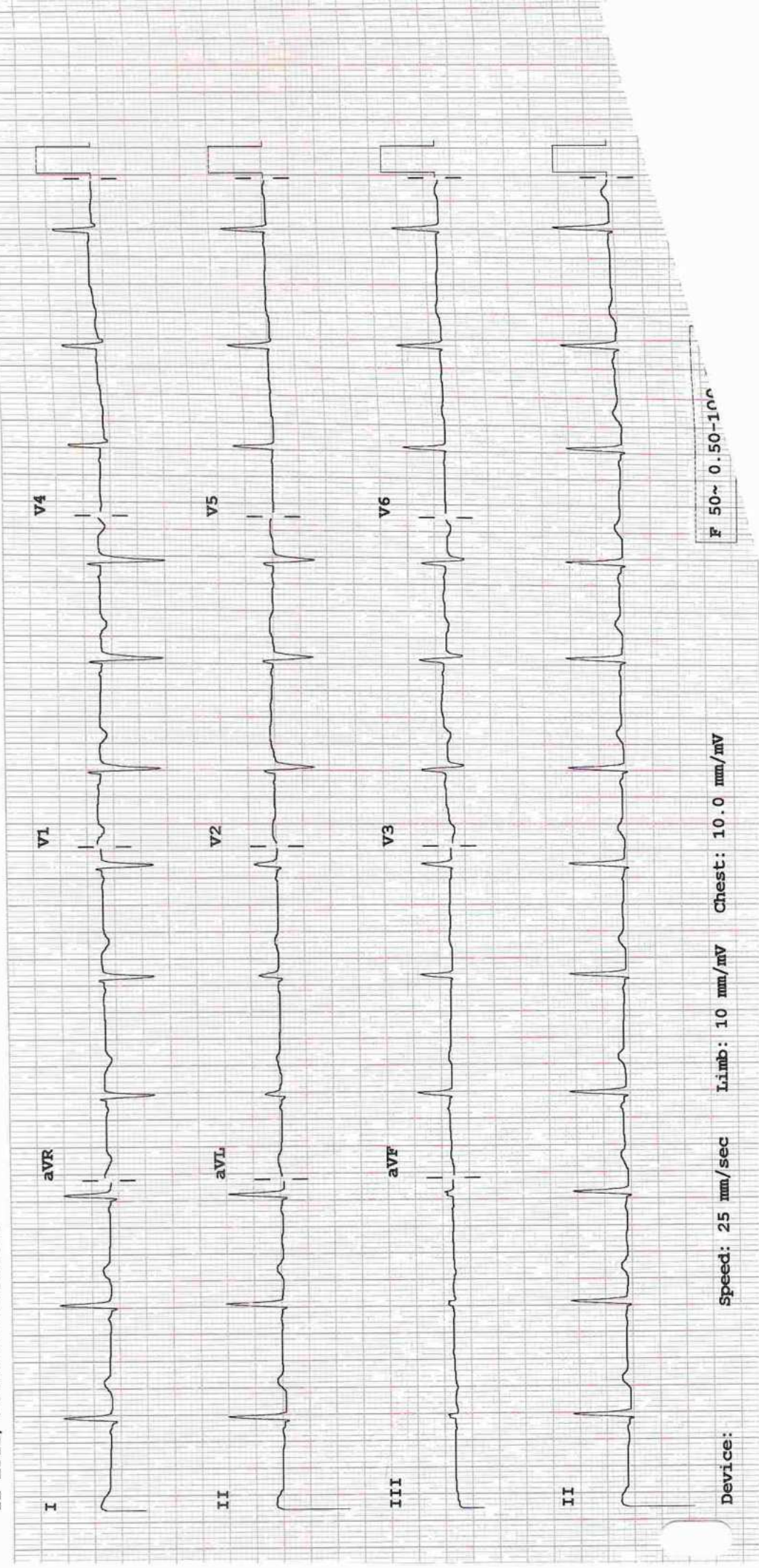
--AXIS--

P 19
QRS 35
T -9

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



F 50~ 0.50-100

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

Device:

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)

Date: 08/Aug/2023

DEPARTMENT OF NIC

Name: Mrs. Pooja Neeraj Agarwal

Age | Sex: 36 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12634464 | 45265/23/1501

Order No | Order Date: 1501/PN/OP/2308/94267 | 08-Aug-2023

Admitted On | Reporting Date : 08-Aug-2023 16:38:25

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.

M-MODE MEASUREMENTS:

LA	30	mm
AO Root	23	mm
AO CUSP SEP	18	mm
LVID (s)	31	mm
LVID (d)	42	mm
IVS (d)	09	mm
LVPW (d)	10	mm
RVID (d)	29	mm
RA	31	mm
LVEF	60	%

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)

Date: 08/Aug/2023

DEPARTMENT OF NIC

Name: Mrs. Pooja Neeraj Agarwal
Age | Sex: 36 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12634464 | 45265/23/1501
Order No | Order Date: 1501/PN/OP/2308/94267 | 08-Aug-2023
Admitted On | Reporting Date : 08-Aug-2023 16:38:25
Order Doctor Name : Dr.SELF .


DOPPLER STUDY:

E WAVE VELOCITY: 0.9 m/sec.
A WAVE VELOCITY: 0.6 m/sec
E/A RATIO: 1.5

	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 (CARDIOLOGY)



(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF RADIOLOGY

Date: 08/Aug/2023

Name: Mrs. Pooja Neeraj Agarwal

Age | Sex: 36 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12634464 | 45265/23/1501

Order No | Order Date: 1501/PN/OP/2308/94267 | 08-Aug-2023

Admitted On | Reporting Date : 08-Aug-2023 12:58:31

Order Doctor Name : Dr.SELF .

X-RAY-CHEST- PA

Findings:

Both lung fields are clear.

The cardiac shadow appears within normal limits.

Trachea and major bronchi appears normal.

Both costophrenic angles are well maintained.

Bony thorax is unremarkable.

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



(For Billing DEPARTMENT OF RADIOLOGY only)

Date: 08/Aug/2023

Name: Mrs. Pooja Neeraj Agarwal

Age | Sex: 36 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12634464 | 45265/23/1501

Order No | Order Date: 1501/PN/OP/2308/94267 | 08-Aug-2023

Admitted On | Reporting Date : 08-Aug-2023 12:24:29

Order Doctor Name : Dr.SELF .

US-WHOLE ABDOMEN

LIVER is normal in size and echogenicity. Intrahepatic portal and biliary systems are normal. No focal lesion is seen in liver. Portal vein is normal.

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 12.0 x 4.5 cm. Left kidney measures 10.0 x 5.3 cm.

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

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

UTERUS is normal in size, measuring 7.5 x 3.4 x 4.9 cm. Endometrium measures 6.6 mm in thickness.

BOTH OVARIES are bulky and reveal multiple small peripherally arranged follicles suggestive of polycystic ovaries. Right ovary measures 2.4 x 2.8 x 3.2 cm, volume ~ 11.4 cc. Left ovary measures 3.3 x 3.3 x 2.7 cm, volume ~ 15.9 cc.

No evidence of ascites.

IMPRESSION:

- Bulky both ovaries with multiple small peripherally arranged follicles suggestive of polycystic ovaries.

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

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



Hiranandani
HOSPITAL
(A Fortis Network Hospital)

(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF RADIOLOGY

Date: 08/Aug/2023

Name: Mrs. Pooja Neeraj Agarwal

UHID | Episode No : 12634464 | 45265/23/1501

Age | Sex: 36 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2308/94267 | 08-Aug-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 08-Aug-2023 14:22:51

Bed Name :

Order Doctor Name : Dr.SELF .

MAMMOGRAM - BOTH BREAST

Findings:

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

There is an oval radio-opacity of size 13 x 6 mm noted in the superolateral quadrant of the right breast.

Both breasts show scattered areas of fibroglandular density.

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

No evidence of axillary lymphadenopathy.

IMPRESSION:

- **An oval radio-opacity in the superolateral quadrant of the right breast. Recommended sonography for further evaluation. (BI-RADS category 0).**
- **No obvious mass lesion in the breasts.**

Normal-interval follow-up is recommended.

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