Hiranandani HOSPITAL
(A Fortis Network Hospital)

Hiranandani Fortis Hospital
Mini Seashore Road,
Sector 10 - A, Vashi,
Navi Mumbai - 400 703.
Tel. : +91-22-3919 9222
Fax : +91-22-3919 9220/21
Email : vashi@vashihospital.com

BMI CHART

Date: 11 / 2 / 23

Name: Mrs. shaila sachin salunkhe Age: 38 yrs Sex: M / F

BP: 110/70. mmofHg. Height (cms): 158 cm Weight(kgs): 57.7 kg BMI: 23

Legend: Underweight | Healthy | Overweight | Obese | Extremely Obese

HEIGHT in/cm	100 lbs / 45.5 kgs	105 / 47.7	100 / 50.50	115 / 52.3	120 / 54.5	125 / 56.8	130 / 59.1	135 / 61.4	140 / 63.6	145 / 65.9	150 / 68.2	155 / 70.5	160 / 72.7	165 / 75.0	170 / 77.3	175 / 79.5	180 / 81.8	185 / 84.1	190 / 86.4	195 / 88.6	200 / 90.9	205 / 93.2	210 / 95.5	215 / 97.7
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	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:

Signature

Hiranandani Healthcare Pvt. Ltd.
Mini Sea Shore Road, Sector 10 -A, Vashi, Navi Mumbai - 400703
Board Line: 022 - 39199222 | Fax: 022 - 39199220
Emergency: 022 - 39199100 | Ambulance: 1255
For Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300
www.fortishealthcare.com |
CIN : U85100MH2005PTC154823
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

UHID	8178718	Date	11/02/2023		
Name	Mrs.Shaila Sachin Salunkhe	Sex	Female	Age	38
OPD	Pap Smear	Health Check Up			

Drug allergy:
Sys illness:

S/B Dr. [illegible]

LMP - 25/1/23.

P1L1 - [illegible] | 15yrs | LSCS | [illegible]

O/E

Cx
V3 | healy.

Adv

F/u c̄ report.

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UHID	8178718	Date	11/02/2023		
Name	Mrs.Shaila Sachin Salunkhe	Sex	Female	Age	38
OPD	Opthal 14	Health Check Up			

Drug allergy:
Sys illness:

Vn ̄ 6/6
6/6(P)

PGA — R Plan / -0.75 x 90° Dcyl 6/
L Plano / -0.75 x 90° Dcyl. 6/

O/E : A/S ̄ WNL

Fundus exam ̄ WNL

Rx.
Eyedrop. Aqualube (BE) 1-1-1-1

Blue block + ARC glasses

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GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

UHID	8178718	Date	11/02/2023		
Name	Mrs.Shaila Sachin Salunkhe	Sex	Female	Age	38
OPD	Dental 12	Health Check Up			

Drug allergy:
Sys illness:

Caries 7 | 8 7

Impacted (Horizontal) 8 | 8

Stains + Calculus +

Treatment

Adv. filling 7 | 7

Adv. extraction 8 | 8

Adv. oral prophylaxis.

Adv. OPG.

Dr Diksha Keka

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

PATIENT ID : **FH.8178718** CLIENT PATIENT ID : UID:8178718

ACCESSION NO : **0022WB002191** AGE : 38 Years SEX : Female ABHA NO :

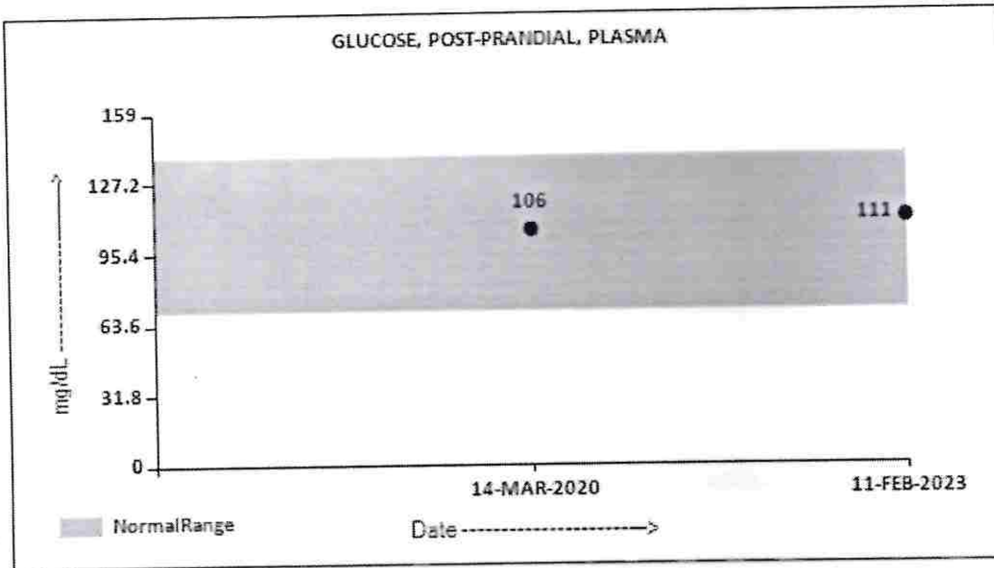
DRAWN : 11/02/2023 13:44:00 RECEIVED : 11/02/2023 13:43:47 REPORTED : 11/02/2023 15:12:48

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD** **REFERRING DOCTOR :**

CLINICAL INFORMATION :

UID:8178718 REQNO-1370961
CORP-OPD
BILLNO-150123OPCR008507
BILLNO-150123OPCR008507

Test Report Status Final	Results	Biological Reference Interval	Units
BIOCHEMISTRY			
GLUCOSE, POST-PRANDIAL, PLASMA			
PPBS(POST PRANDIAL BLOOD SUGAR) METHOD : HEXOKINASE	111	70 - 139	mg/dL



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 Glyosuria, 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

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CIN - U74899PB1995PLC045956
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Patient Ref. No. 2200000082

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

PATIENT ID : **FH.8178718** CLIENT PATIENT ID : UID:8178718

ACCESSION NO : **0022WB002191** AGE : 38 Years SEX : Female ABHA NO :

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CLINICAL INFORMATION :

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CORP-OPD
BILLNO-150123OPCR008507
BILLNO-150123OPCR008507

Test Report Status Final	Results	Biological Reference Interval	Units

Dr.Akta Dubey
Counsultant Pathologist

Cert. No. MC-2984

LABORATORY REPORT

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

PATIENT ID : **FH.8178718** CLIENT PATIENT ID : UID:8178718

ACCESSION NO : **0022WB002096** AGE : 38 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 11:01:00 RECEIVED : 11/02/2023 11:02:28 REPORTED : 11/02/2023 14:21:16

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD** **REFERRING DOCTOR :** SELF

CLINICAL INFORMATION :

UID:8178718 REQNO-1370961
CORP-OPD
BILLNO-150123OPCR008507
BILLNO-150123OPCR008507

Test Report Status **Final**	Results		Biological Reference Interval	Units
SPECIALISED CHEMISTRY - HORMONE				
THYROID PANEL, SERUM				
T3	93.81		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, COMPETITIVE IMMUNOASSAY				
T4	**5.08**	**Low**	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, COMPETITIVE IMMUNOASSAY				
TSH (ULTRASENSITIVE)	2.830		0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY				

Comments

NOTE: PLEASE CORRELATE VALUES OF THYROID FUNCTION TEST WITH THE CLINICAL & TREATMENT HISTORY OF THE PATIENT.

Interpretation(s)

****End Of Report****

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

Dr. Swapnil Sirmukaddam

Consultant Pathologist

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

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Patient Ref. No. 22000000828

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

PATIENT ID : FH.8178718 CLIENT PATIENT ID : UID:8178718

ACCESSION NO : 0022WB002096 AGE : 38 Years SEX : Female ABHA NO :

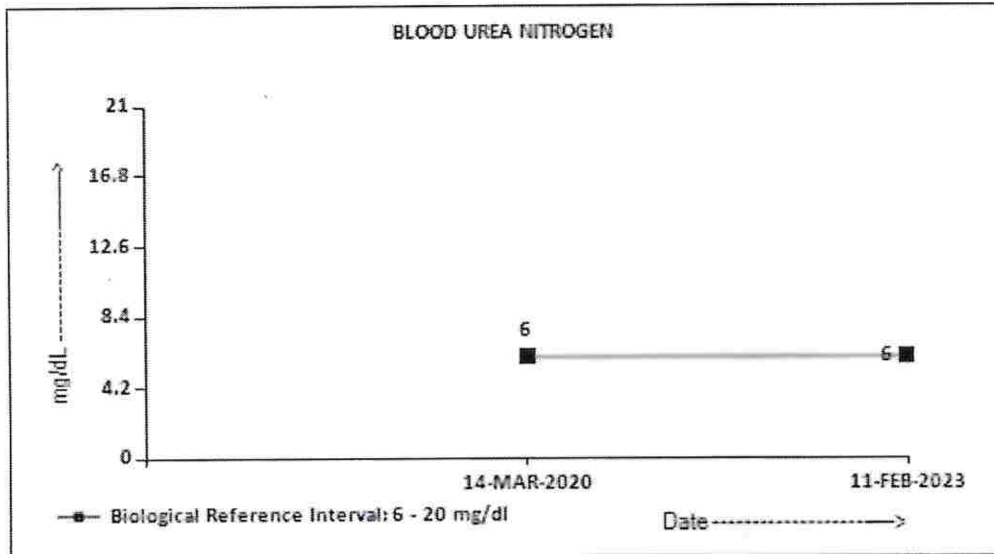
DRAWN : 11/02/2023 11:01:00 RECEIVED : 11/02/2023 11:02:28 REPORTED : 11/02/2023 13:07:38

CLIENT NAME : FORTIS VASHI-CHC -SPLZD REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:8178718 REQNO-1370961
CORP-OPD
BILLNO-150123OPCR008507
BILLNO-150123OPCR008507

Test Report Status **Final**	Results		Biological Reference Interval	Units
KIDNEY PANEL - 1				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN	6		6 - 20	mg/dL
METHOD : UREASE - UV				



CREATININE EGFR- EPI				
CREATININE	**0.57**	**Low**	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES				
AGE	38			years
GLOMERULAR FILTRATION RATE (FEMALE)	119.22		Refer Interpretation Below	mL/min/1.73
METHOD : CALCULATED PARAMETER				

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Patient Ref. No. 22000000828

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

PATIENT ID : **FH.8178718** CLIENT PATIENT ID : UID:8178718

ACCESSION NO : **0022WB002096** AGE : 38 Years SEX : Female ABHA NO :

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CLINICAL INFORMATION :

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CORP-OPD
BILLNO-150123OPCR008507
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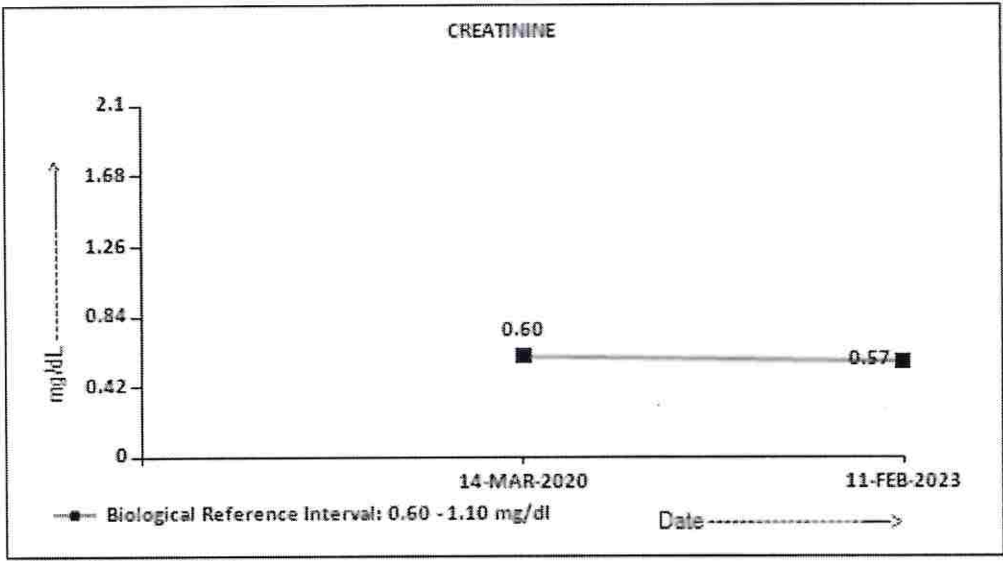
Test Report Status **Final**	Results	Biological Reference Interval	Units



	Results	Biological Reference Interval	Units
BUN/CREAT RATIO			
BUN/CREAT RATIO	10.53	5.00 - 15.00	
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM			
URIC ACID	2.9	2.6 - 6.0	mg/dL
METHOD : URICASE UV			
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.8	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN, SERUM			
ALBUMIN	3.8	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN			
GLOBULIN	4.0	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	3.84	3.50 - 5.10	mmol/L

Test Report Status **Final**	Results	Biological Reference Interval	Units
METHOD : ISE INDIRECT			
CHLORIDE, SERUM	101	98 - 107	mmol/L
METHOD : ISE INDIRECT			

Interpretation(s)

PHYSICAL EXAMINATION, URINE

	Results	Biological Reference Interval	Units
COLOR	PALE YELLOW		
METHOD : PHYSICAL			
APPEARANCE	CLEAR		
METHOD : VISUAL			

CHEMICAL EXAMINATION, URINE

	Results	Biological Reference Interval	Units
PH	6.0	4.7 - 7.5	
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD			
SPECIFIC GRAVITY	1.010	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 (+) IN URINE		
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

	Results	Biological Reference Interval	Units
RED BLOOD CELLS	**2 - 3**	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION			
PUS CELL (WBC'S)	**15-20**	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

PATIENT ID : **FH.8178718** CLIENT PATIENT ID : UID:8178718

ACCESSION NO : **0022WB002096** AGE : 38 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 11:01:00 RECEIVED : 11/02/2023 11:02:28 REPORTED : 11/02/2023 13:07:38

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD** **REFERRING DOCTOR :** SELF

CLINICAL INFORMATION :

UID:8178718 REQNO-1370961
CORP-OPD
BILLNO-150123OPCR008507
BILLNO-150123OPCR008507

Test Report Status **Final**	Results	Biological Reference Interval	Units
EPITHELIAL CELLS METHOD : MICROSCOPIC EXAMINATION	**20-30**	0-5	/HPF
CASTS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
CRYSTALS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
BACTERIA METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
YEAST METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
REMARKS	URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT.		

Interpretation(s)

Interpretation(s)
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 equatio 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) 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-Serum 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, Waldenstrom""""""""'s disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
ALBUMIN, 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 seru 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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UID:8178718 REQNO-1370961
CORP-OPD
BILLNO-150123OPCR008507
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Test Report Status **Final**	Results		Biological Reference Interval	

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

Test	Results	Flag	Biological Reference Interval	Units
BLOOD COUNTS, EDTA WHOLE BLOOD				
HEMOGLOBIN (HB)	**9.2**	Low	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY				
RED BLOOD CELL (RBC) COUNT	4.22		3.8 - 4.8	mil/µL
METHOD : ELECTRICAL IMPEDANCE				
WHITE BLOOD CELL (WBC) COUNT	6.00		4.0 - 10.0	thou/µL
METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY				
PLATELET COUNT	362		150 - 410	thou/µL
METHOD : ELECTRICAL IMPEDANCE				
RBC AND PLATELET INDICES				
HEMATOCRIT (PCV)	**28.9**	Low	36 - 46	%
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR VOLUME (MCV)	**68.6**	Low	83 - 101	fL
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	**21.9**	Low	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	31.9		31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER				
RED CELL DISTRIBUTION WIDTH (RDW)	**18.1**	High	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER				
MENTZER INDEX	16.3			
MEAN PLATELET VOLUME (MPV)	7.8		6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER				
WBC DIFFERENTIAL COUNT				
NEUTROPHILS	53		40 - 80	%
METHOD : FLOWCYTOMETRY				
LYMPHOCYTES	40		20 - 40	%
METHOD : FLOWCYTOMETRY				
MONOCYTES	6		2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS	1		1 - 6	%
METHOD : FLOWCYTOMETRY				

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

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ACCESSION NO : **0022WB002096** AGE : 38 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 11:01:00 RECEIVED : 11/02/2023 11:02:28 REPORTED : 11/02/2023 13:07:38

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD** **REFERRING DOCTOR :** SELF

CLINICAL INFORMATION :

UID:8178718 REQNO-1370961
CORP-OPD
BILLNO-150123OPCR008507
BILLNO-150123OPCR008507

Test Report Status **Final**	Results		Biological Reference Interval	
BASOPHILS METHOD : FLOWCYTOMETRY	00		0 - 2	%
ABSOLUTE NEUTROPHIL COUNT METHOD : CALCULATED PARAMETER	3.18		2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT METHOD : CALCULATED PARAMETER	2.40		1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT METHOD : CALCULATED PARAMETER	0.36		0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT METHOD : CALCULATED PARAMETER	0.06		0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT METHOD : CALCULATED PARAMETER	**0**	**Low**	0.02 - 0.10	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR) METHOD : CALCULATED PARAMETER	1.3			
MORPHOLOGY				
RBC METHOD : MICROSCOPIC EXAMINATION	MILD HYPOCHROMASIA, MICROCYTOSIS(+), MILD ANISOCYTOSIS			
WBC METHOD : MICROSCOPIC EXAMINATION	NORMAL MORPHOLOGY			
PLATELETS METHOD : MICROSCOPIC EXAMINATION	ADEQUATE			

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.

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

Test	Result	Flag	Reference	Unit
E.S.R METHOD : WESTERGREN METHOD	**26**	**High**	0 - 20	mm at 1 hr

Cert. No. MC-2275

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)

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.

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

Test	Result
ABO GROUP METHOD : TUBE AGGLUTINATION	TYPE A
RH TYPE METHOD : TUBE AGGLUTINATION	POSITIVE

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

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

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

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

Test	Result	Biological Reference Interval	Unit
BILIRUBIN, TOTAL METHOD : JENDRASSIK AND GROFF	0.32	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASSIK AND GROFF	0.12	0.0 - 0.2	mg/dL

CLINICAL INFORMATION :

UID:8178718 REQNO-1370961
CORP-OPD
BILLNO-150123OPCR008507
BILLNO-150123OPCR008507

Test Report Status **Final**	**Results**	**Biological Reference Interval**	
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.20	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.8	6.4 - 8.2	g/dL
ALBUMIN METHOD : BCP DYE BINDING	3.8	3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	4.0	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.0	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT) METHOD : UV WITH P5P	17	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH P5P	16	< 34.0	U/L
ALKALINE PHOSPHATASE METHOD : PNPP-ANP	60	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYLCARBOXY 4NITROANILIDE	15	5 - 55	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	154	100 - 190	U/L
GLUCOSE FASTING,FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	96	74 - 99	mg/dL

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

PATIENT ID : **FH.8178718** CLIENT PATIENT ID : UID:8178718

ACCESSION NO : **0022WB002096** AGE : 38 Years SEX : Female ABHA NO :

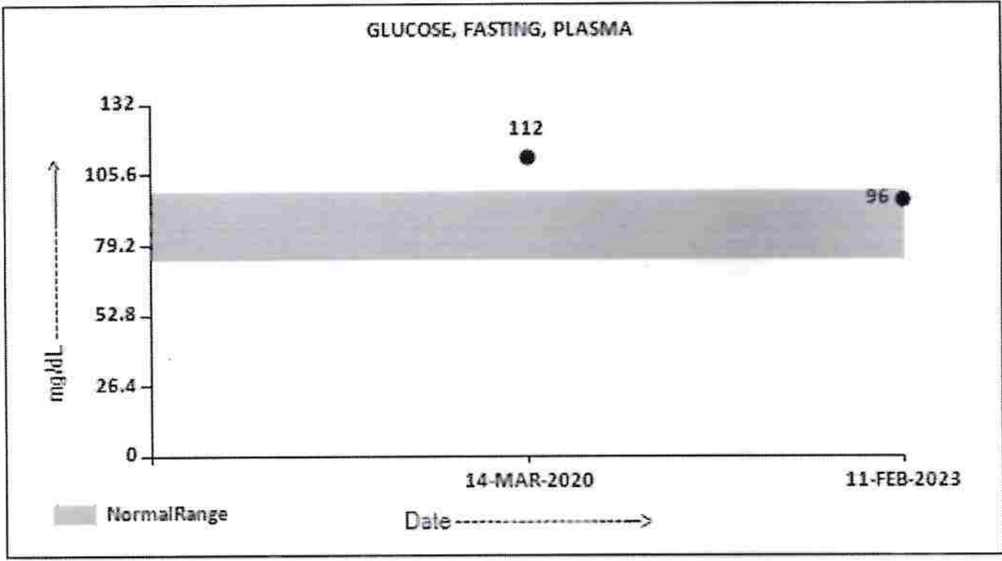
DRAWN : 11/02/2023 11:01:00 RECEIVED : 11/02/2023 11:02:28 REPORTED : 11/02/2023 13:07:38

CLIENT NAME : **FORTIS VASHI-CHC -SPLZD** **REFERRING DOCTOR :** SELF

CLINICAL INFORMATION :

UID:8178718 REQNO-1370961
CORP-OPD
BILLNO-150123OPCR008507
BILLNO-150123OPCR008507

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



GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	**5.9**	**High**	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
METHOD : HB VARIANT (HPLC)				
ESTIMATED AVERAGE GLUCOSE(EAG)	**122.6**	**High**	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER				

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

PATIENT ID : **FH.8178718** CLIENT PATIENT ID : UID:8178718

ACCESSION NO : **0022WB002096** AGE : 38 Years SEX : Female ABHA NO :

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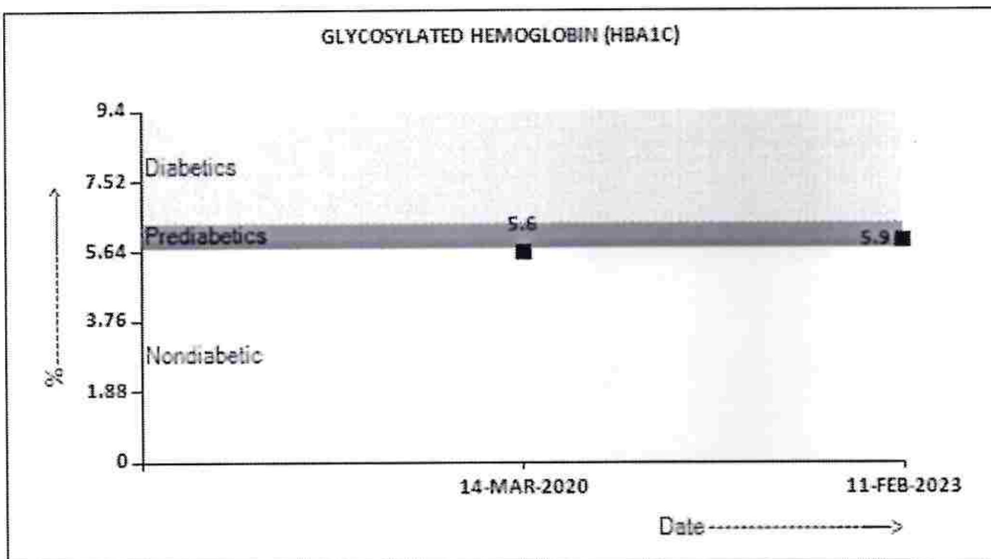
Test Report Status **Final**	Results	Biological Reference Interval



Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE

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.AL 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, Paget""s disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia,Malnutrition,Protein deficiency,Wilson""s disease.GGT is an enzyme found in cell membranes of many tissues mainly in the liver,kidney and pancreas.It is also found in other tissues including intestine,spleen,heart, brain and seminal vesicles.The highest concentration is in the kidney,but the liver is considered th 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.Serum 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,Waldenstrom""s disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephroti syndrome,Protein-losing enteropathy etc.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

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 th 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.
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 :
I.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.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.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.
IV.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

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

Test	Result	Biological Reference Interval	Unit
CHOLESTEROL, TOTAL	168	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC,CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	69	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	45	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	110	< 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

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

PATIENT ID : **FH.8178718** CLIENT PATIENT ID : UID:8178718

ACCESSION NO : **0022WB002096** AGE : 38 Years SEX : Female ABHA NO :

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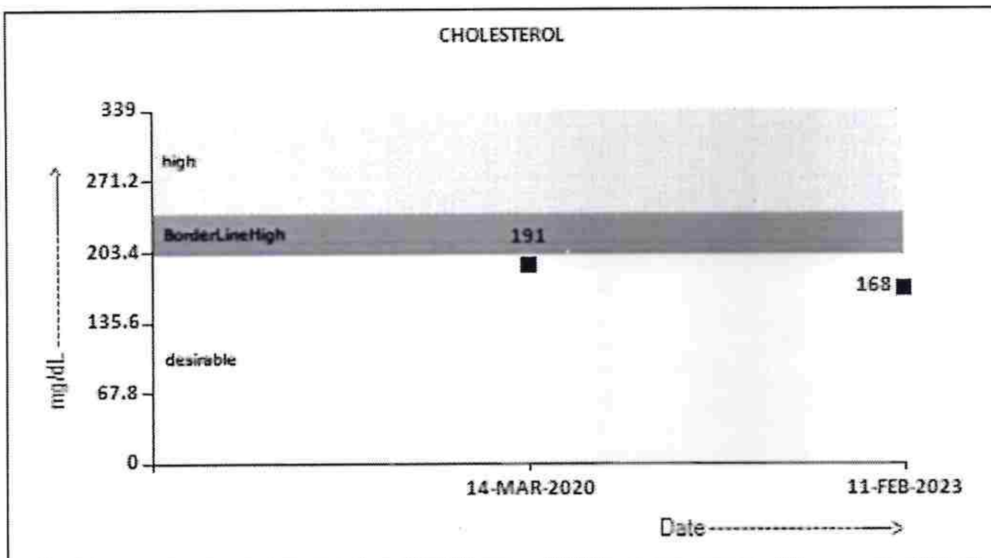
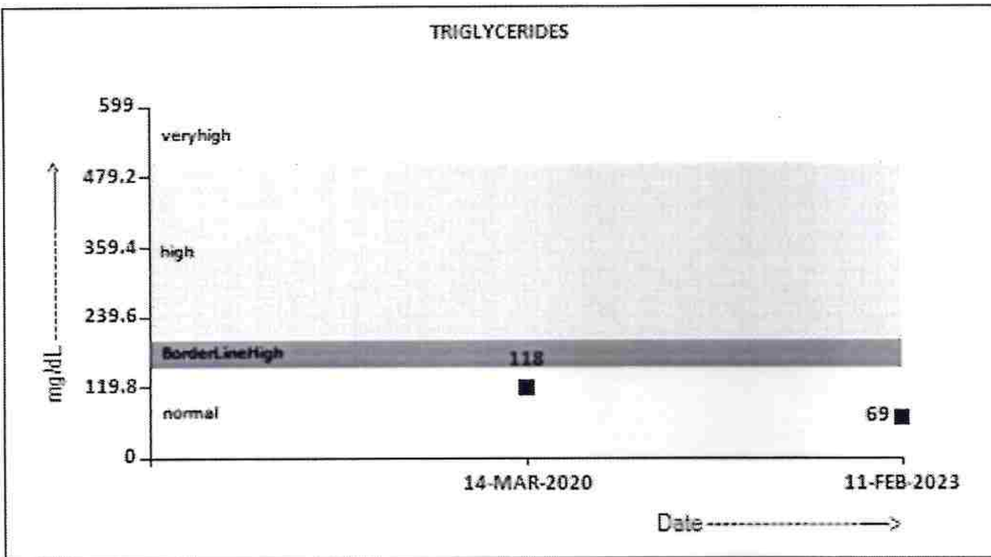
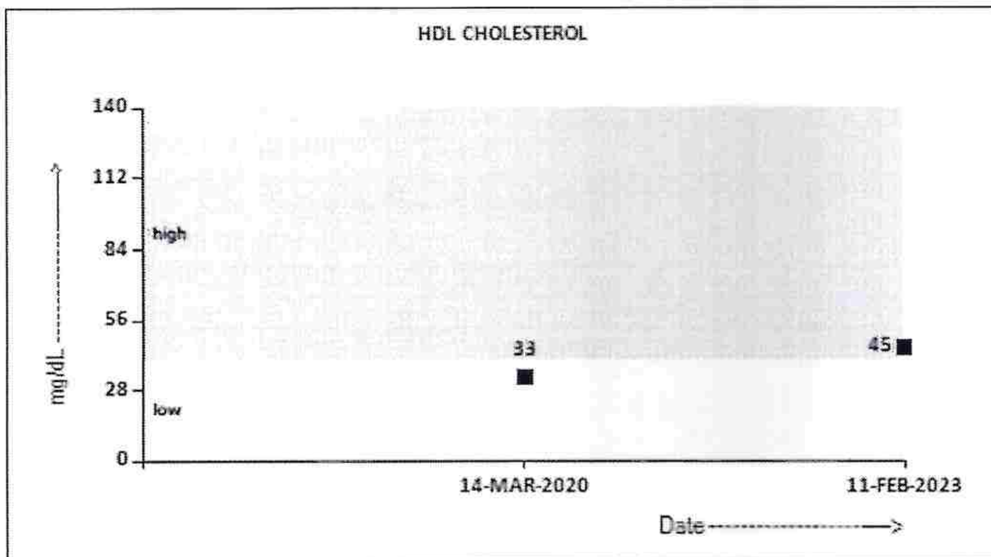
CLINICAL INFORMATION :

UID:8178718 REQNO-1370961
CORP-OPD
BILLNO-150123OPCR008507
BILLNO-150123OPCR008507

Test Report Status **Final**	Results	Biological Reference Interval	
NON HDL CHOLESTEROL METHOD : CALCULATED PARAMETER	123	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 METHOD : CALCULATED PARAMETER	13.8	</= 30.0	mg/dL
CHOL/HDL RATIO METHOD : CALCULATED PARAMETER	3.7	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO METHOD : CALCULATED PARAMETER	2.4	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	




TRIGLYCERIDES
599
479.2
359.4
239.6
119.8
0
veryhigh
high
BorderLineHigh
normal
118
69
mg/dL
14-MAR-2020
11-FEB-2023
Date


HDL CHOLESTEROL
140
112
84
56
28
0
high
low
33
45
mg/dL
14-MAR-2020
11-FEB-2023
Date

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE

PATIENT ID : **FH.8178718** CLIENT PATIENT ID : UID:8178718

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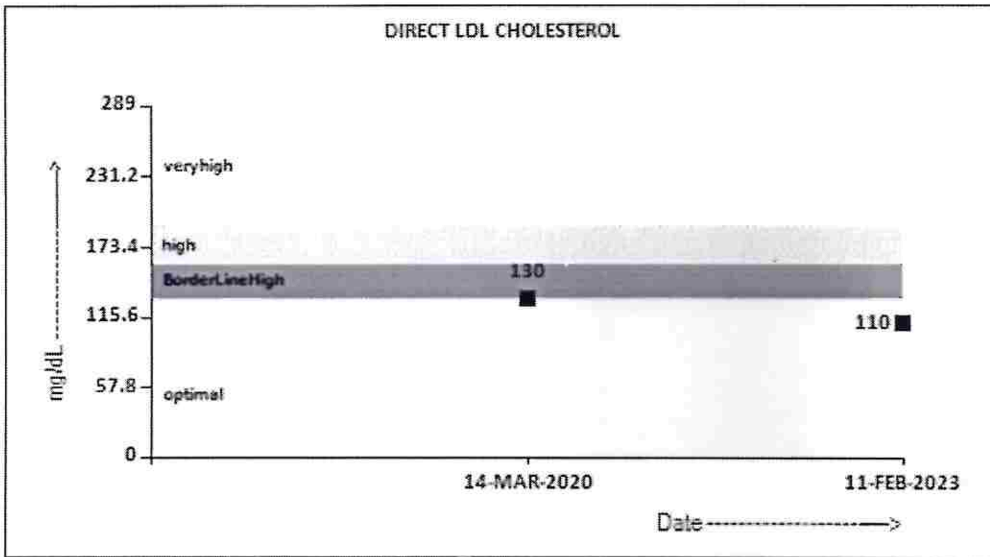
Test Report Status **Final**	**Results**	**Biological Reference Interval**



Interpretation(s)

****End Of Report****

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

Dr.Akta Dubey
Counsultant Pathologist

Dr. Rekha Nair, MD
Microbiologist

Scan to View Details

Scan to View Report

LABORATORY REPORT

Patient Ref. No. 22000000828133

Cert. No. MC-2275

CLIENT CODE : C000045507

CLIENT'S NAME AND ADDRESS :
FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,

MUMBAI 440001
MAHARASHTRA INDIA

SRL Ltd
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD, SECTOR 1
NAVI MUMBAI, 400703
MAHARASHTRA, INDIA
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -

PATIENT NAME : MRS.SHAILA SACHIN SALUNKHE PATIENT ID : **FH.8178718**

ACCESSION NO : **0022WB002224** AGE : 38 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 15:58:00 RECEIVED : 11/02/2023 15:57:42 REPORTED : 13/02/2023 10:34:32

REFERRING DOCTOR : CLIENT PATIENT ID : UID:8178718

CLINICAL INFORMATION :

UID:8178718 REQNO-1370961
CORP-OPD
BILLNO-1501230PCR008507
BILLNO-1501230PCR008507

Test Report Status **Final** **Units**

CYTOLOGY

PAPANICOLAOU SMEAR

PAPANICOLAOU SMEAR

TEST METHOD	CONVENTIONAL GYNEC CYTOLOGY
SPECIMEN TYPE	TWO UNSTAINED CERVICAL SMEARS RECEIVED
REPORTING SYSTEM	2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY
SPECIMEN ADEQUACY METHOD : MICROSCOPIC EXAMINATION	SATISFACTORY
MICROSCOPY	SMEARS STUDIED SHOW SUPERFICIAL SQUAMOUS CELLS, INTERMEDIATE SQUAMOUS CELLS, OCCASIONAL SQUAMOUS METAPLASTIC CELLS, OCCASIONAL CLUSTERS OF ENDOCERVICAL CELLS IN THE BACKGROUND OF FEW POLYMORPHS.
INTERPRETATION / RESULT	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Comments

PLEASE NOTE PAPANICOLAU SMEAR STUDY IS A SCREENING PROCEDURE FOR CERVICAL CANCER WITH INHERENT FALSE NEGATIVE RESULTS, HENCE SHOULD BE INTERPRETED WITH CAUTION.

NO CYTOLOGICAL EVIDENCE OF HPV INFECTION IN THE SMEARS STUDIED.

****End Of Report****

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

Dr.Akta Dubey
Counsultant Pathologist

Scan to View Details

Scan to View Report

8178718 SHAILA SALUNKHE 2/11/2023 2:07:46 PM

38 Years Female

HC
Sinus rhythm
Normal

Rate	76	. Sinus rhythm.......................................normal P axis, V-rate 50- 99
		. Abnormal R-wave progression, early transition...................QRS area>0 in V2
PR	121	. Borderline T abnormalities, anterior leads.................T flat or neg, V2-V4
QRSD	94	. Baseline wander in lead(s) V1
QT	365	
QTc	411	

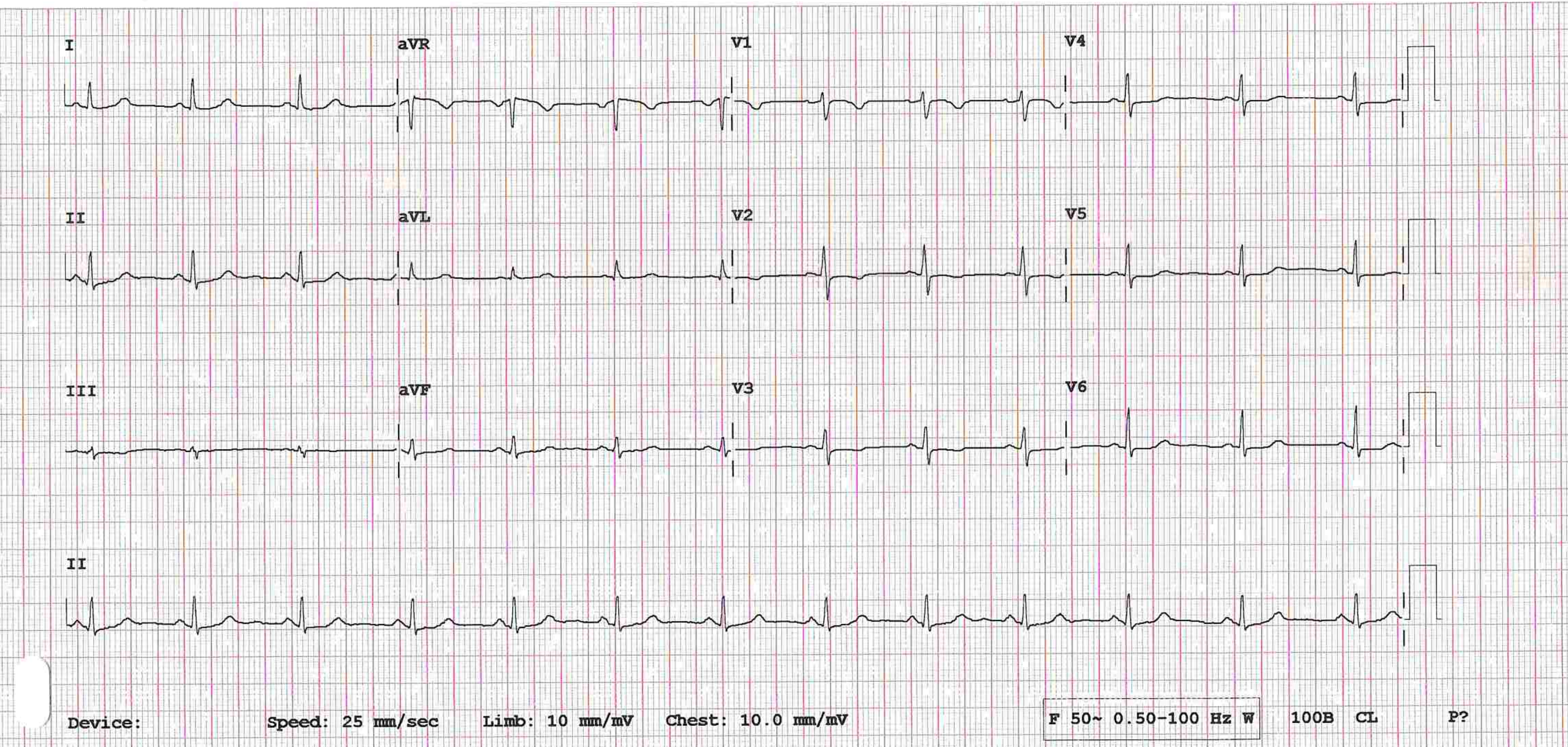
--AXIS--

P	43
QRS	32
T	30

- BORDERLINE 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 I Fax: 022 - 39133220
Emergency: 022 - 39199100 I Ambulance: 1255
For Appointment: 022 - 39199200 I Health Checkup: 022 - 39199300
www.fortishealthcare.com I vashi@fortishealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Date: 13/Feb/2023

DEPARTMENT OF NIC

Name: Mrs. Shaila Sachin Salunkhe	UHID | Episode No : 8178718 | 8713/23/1501
Age | Sex: 38 YEAR(S) | Female	Order No | Order Date: 1501/PN/OP/2302/17887 | 11-Feb-2023
Order Station : FO-OPD	Admitted On | Reporting Date : 13-Feb-2023 12:53:24
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%.
- No 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 = 25 mm of Hg.
- Intact IVS and IAS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimension.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 15 mm with normal inspiratory collapse .

M-MODE MEASUREMENTS:

LA	31	mm
AO Root	21	mm
AO CUSP SEP	18	mm
LVID (s)	26	mm
LVID (d)	39	mm
IVS (d)	10	mm
LVPW (d)	11	mm
RVID (d)	26	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

Hiranandani HOSPITAL (A Fortis Network Hospital)

Date: 13/Feb/2023

DEPARTMENT OF NIC

Name: Mrs. Shaila Sachin Salunkhe
Age | Sex: 38 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 8178718 | 8713/23/1501
Order No | Order Date: 1501/PN/OP/2302/17887 | 11-Feb-2023
Admitted On | Reporting Date : 13-Feb-2023 12:53:24
Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 0.9 m/sec.
A WAVE VELOCITY:0.7 m/sec
E/A RATIO: 1.3

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

Final Impression :

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

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

Hiranandani Healthcare Pvt. Ltd.
Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.
Board Line: 022 - 39199222 I Fax: 022 - 39133220
Emergency: 022 - 39199100 I Ambulance: 1255
For Appointment: 022 - 39199200 I Health Checkup: 022 - 39199300
www.fortishealthcare.com I vashi@fortishealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Date: 11/Feb/2023

DEPARTMENT OF RADIOLOGY

Name: Mrs. Shaila Sachin Salunkhe	**UHID | Episode No : 8178718 | 8713/23/1501**
Age | Sex: 38 YEAR(S) | Female	**Order No | Order Date: 1501/PN/OP/2302/17887 | 11-Feb-2023**
Order Station : FO-OPD	**Admitted On | Reporting Date : 11-Feb-2023 15:48:22**
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 appears normal.

Both costophrenic angles are well maintained.

Bony thorax is unremarkable.

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

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Hiranandani HOSPITA (A Fortis Network Hos

Date: 11/Feb/2023

DEPARTMENT OF RADIOLOGY

Name: Mrs. Shaila Sachin Salunkhe
Age | Sex: 38 YEAR(S) | Female
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UHID | Episode No : 8178718 | 8713/23/1501
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Admitted On | Reporting Date : 11-Feb-2023 13:31:26
Order Doctor Name : Dr.SELF .

US-WHOLE ABDOMEN

LIVER is normal in size and echogenicity. Intrahepatic portal and biliary systems are normal. *Tiny calcified granuloma is seen in right lobe of liver, measuring 1.6 mm.* 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 9.1 x 3.5 cm.
Left kidney measures 11.1 x 4.2 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.

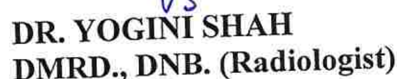
UTERUS is normal in size, measuring 7.1 x 4.5 x 5.4 cm.
Endometrium is marginally thickened and measures 15 mm in thickness.

Both ovaries are normal.
Right ovary measures 2.7 x 2.1 cm.
Left ovary measures 2.2 x 2.2 cm.

No evidence of ascites.

IMPRESSION:

- **Marginally thickened endometrium.** ***Kindly correlate clinically.***



DR. YOGINI SHAH
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