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: 11/2/25

Name: Mrs Nuten Amit Sabane Age: 35 yrs Sex: M / F

BP: 110/70 mm Height (cms): 152 cm Weight(kgs): 68.4 kg BMI: 29

WEIGHT lbs	100	105	100	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	50.50	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	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.
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For Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300
www.fortishealthcare.com |
CIN : U85100MH2005PTC154823
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

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UHID	5619056	Date	11/02/2023		
Name	Mrs.Nutan Amit Sasane	Sex	Female	Age	35
OPD	Pap Smear	Health Check Up			

35y88 | P1L4 .

Drug allergy:
Sys illness:

LMP: 12.1.23 .

PMC: 3 boo, RMP .

Psp - ep ug (+) pap ✓ .

11.1.20 :
Pap smear .

Adv

- Pap smear 3yrly .
- self breast exam monthly
- .

Neha

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UHID	5619056	Date	11/02/2023		
Name	Mr. Nutan Susane	Sex	Male	Age	35
OPD	Opthal 14	Health Check Up			

Drug allergy:→ Not known
Sys illness: → No

Cl. No

HG. No

UNAIDED → R 6/6P
L 6/12P

PH → R -Plano/-0.50 x 60° 6/6
L -0.50/-0.50 x 130° 6/6

NPC → No
No

IOP → R 12.8
L 12.8

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.NUTAN AMIT SASANE

PATIENT ID : **FH.5619056** CLIENT PATIENT ID : UID:5619056

ACCESSION NO : **0022WB002100** AGE : 35 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 11:05:00 RECEIVED : 11/02/2023 11:05:48 REPORTED : 11/02/2023 13:10:53

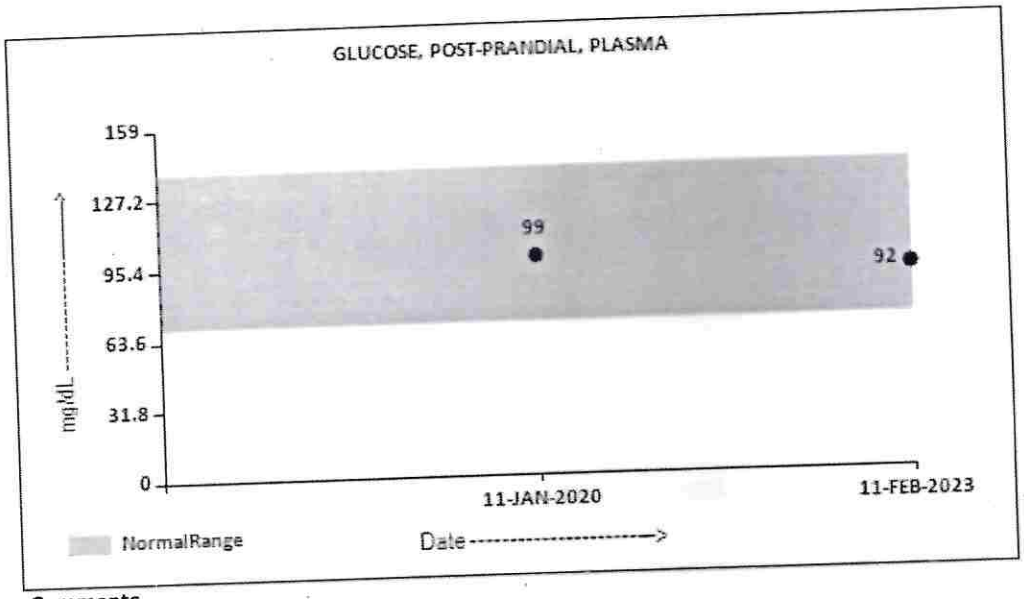
CLIENT NAME : **FORTIS VASHI-CHC -SPLZD** **REFERRING DOCTOR :**

CLINICAL INFORMATION :

UID:5619056 REQNO-1370510
CORP-OPD
BILLNO-150123OPCR008378
BILLNO-150123OPCR008378

Test Report Status **Final**	Results	Biological Reference Interval	Units
BIOCHEMISTRY			
GLUCOSE, POST-PRANDIAL, PLASMA			
PPBS(POST PRANDIAL BLOOD SUGAR)	92	70 - 139	mg/dL

METHOD : HEXOKINASE



Comments

NOTE: POST PRANDIAL PLASMA GLUCOSE VALUES. TO BE CORRELATE WITH CLINICAL, DIETETIC AND THERAPEUTIC HISTORY.

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 & Ins
treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test Hb/

****End Of Report****

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

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Patient Ref. No. 2200000

Cert. No. MC-2275

Fortis | SRL Diagnostics

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

Dr.Akta Dubey
Counsultant Pathologist

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Patient Ref. No. 2200000

Cert. No. MC-2984

LABORATORY REPORT

PATIENT NAME : MRS.NUTAN AMIT SASANE

PATIENT ID : **FH.5619056** CLIENT PATIENT ID : UID:5619056

ACCESSION NO : **0022WB002007** AGE : 35 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 08:22:00 RECEIVED : 11/02/2023 08:22:37 REPORTED : 11/02/2023 15:39:39

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

CLINICAL INFORMATION :

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BILLNO-150123OPCR008378
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Test Report Status **Final**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	103.00		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	5.81		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)	**4.510**	**High**	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

Sirmukaddam
786

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. 22000000827

Cert. No. MC-2275

LABORATORY REPORT

PATIENT NAME : MRS.NUTAN AMIT SASANE

PATIENT ID : **FH.5619056** CLIENT PATIENT ID : UID:5619056

ACCESSION NO : **0022WB002007** AGE : 35 Years SEX : Female ABHA NO :

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CORP-OPD
BILLNO-150123OPCR008378
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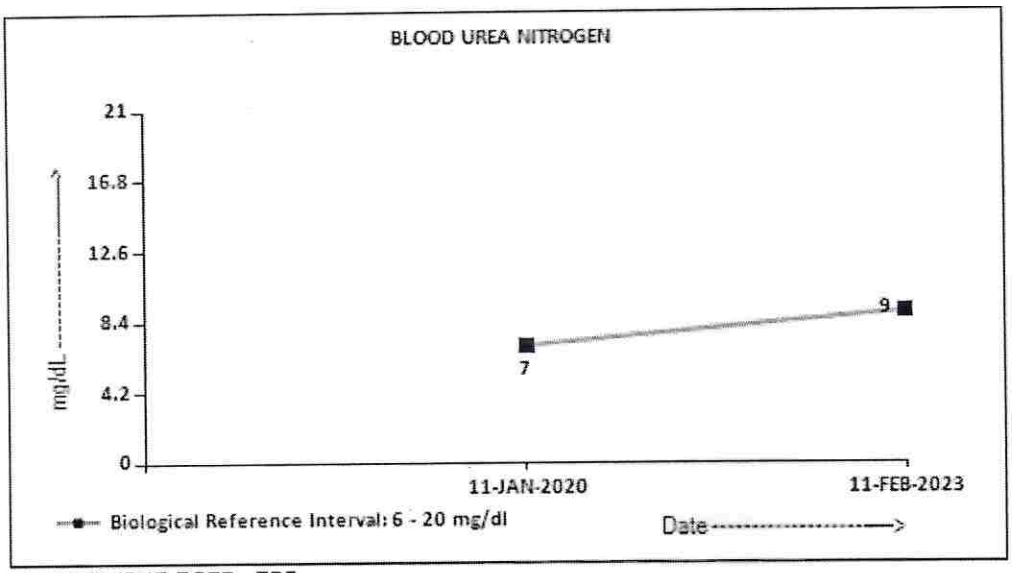
Test Report Status **Final**	Results	Biological Reference Interval	Units

KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN	9	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	35		years
GLOMERULAR FILTRATION RATE (FEMALE)	119.02	Refer Interpretation Below	mL/min/1.73

METHOD : CALCULATED PARAMETER

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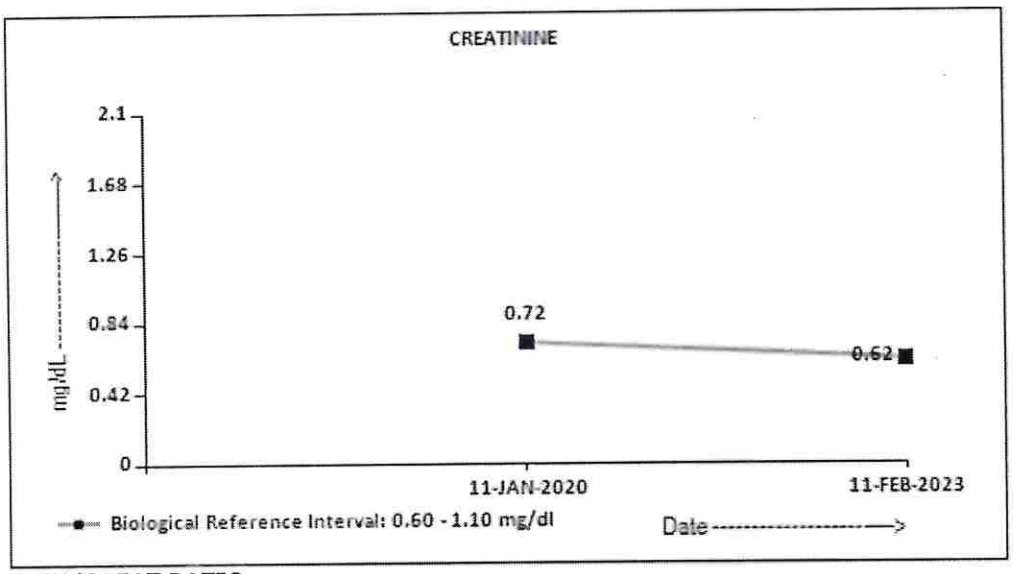

BUN/CREAT RATIO			
BUN/CREAT RATIO	14.52	5.00 - 15.00	
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM			
URIC ACID	3.0	2.6 - 6.0	mg/dL
METHOD : URICASE UV			
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.8	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN, SERUM			
ALBUMIN	3.8	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
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	4.40	3.50 - 5.10	mmol/L

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BILLNO-150123OPCR008378
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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			
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	1.025	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	NOT 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	NOT DETECTED	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION			
PUS CELL (WBC'S)	2-3	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			

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CLINICAL INFORMATION :

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CORP-OPD
BILLNO-150123OPCR008378
BILLNO-150123OPCR008378

Test Report Status **Final**	Results	Biological Reference Interval	Units
EPITHELIAL CELLS	**10-15**	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)

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 equati 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 i 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 ser 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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Test Report Status **Final**	Results		Biological Reference Interval	
HAEMATOLOGY - CBC				
CBC-5, EDTA WHOLE BLOOD				
BLOOD COUNTS, EDTA WHOLE BLOOD				
HEMOGLOBIN (HB)	12.7		12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY				
RED BLOOD CELL (RBC) COUNT	**5.00**	**High**	3.8 - 4.8	mil/µL
METHOD : ELECTRICAL IMPEDANCE				
WHITE BLOOD CELL (WBC) COUNT	8.24		4.0 - 10.0	thou/µL
METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY				
PLATELET COUNT	282		150 - 410	thou/µL
METHOD : ELECTRICAL IMPEDANCE				
RBC AND PLATELET INDICES				
HEMATOCRIT (PCV)	37.9		36 - 46	%
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR VOLUME (MCV)	**75.7**	**Low**	83 - 101	fL
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	**25.5**	**Low**	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	33.6		31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER				
RED CELL DISTRIBUTION WIDTH (RDW)	**14.6**	**High**	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER				
MENTZER INDEX	15.1			
MEAN PLATELET VOLUME (MPV)	8.0		6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER				
WBC DIFFERENTIAL COUNT				
NEUTROPHILS	63		40 - 80	%
METHOD : FLOWCYTOMETRY				
LYMPHOCYTES	26		20 - 40	%
METHOD : FLOWCYTOMETRY				
MONOCYTES	07		2 - 10	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS	04		1 - 6	%
METHOD : FLOWCYTOMETRY				

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Patient Ref. No. 2200000082

LABORATORY REPORT

PATIENT NAME : MRS.NUTAN AMIT SASANE

PATIENT ID : **FH.5619056** CLIENT PATIENT ID : UID:5619056

ACCESSION NO : **0022WB002007** AGE : 35 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 08:22:00 RECEIVED : 11/02/2023 08:22:37 REPORTED : 11/02/2023 13:50:22

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

CLINICAL INFORMATION :

UID:5619056 REQNO-1370510
CORP-OPD
BILLNO-150123OPCR008378
BILLNO-150123OPCR008378

Test Report Status **Final**	Results	Biological Reference Interval	
BASOPHILS	00	0 - 2	%
METHOD : FLOWCYTOMETRY			
ABSOLUTE NEUTROPHIL COUNT	5.19	2.0 - 7.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE LYMPHOCYTE COUNT	2.14	1.0 - 3.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE MONOCYTE COUNT	0.58	0.2 - 1.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE EOSINOPHIL COUNT	0.33	0.02 - 0.50	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE BASOPHIL COUNT	**0**	**Low** 0.02 - 0.10	thou/µL
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.4		
METHOD : CALCULATED PARAMETER			
MORPHOLOGY			
RBC	NORMOCHROMIC, MILD MICROCYTOSIS, MILD ANISOCYTOSIS		
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 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) 10650
This ratio element is a calculated parameter and out of NABL scope.

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
E.S.R	**24**	**High** 0 - 20	mm at 1 hr
METHOD : WESTERGREN METHOD			

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LABORATORY REPORT

PATIENT NAME : MRS.NUTAN AMIT SASANE

PATIENT ID : **FH.5619056** CLIENT PATIENT ID : UID:5619056

ACCESSION NO : **0022WB002007** AGE : 35 Years SEX : Female ABHA NO :

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CLINICAL INFORMATION :

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

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

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.

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.33	0.2 - 1.0	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, DIRECT	0.06	0.0 - 0.2	mg/dL
METHOD : JENDRASSIK AND GROFF			

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BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.27	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	16	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH P5P	31	< 34.0	U/L
ALKALINE PHOSPHATASE METHOD : PNPP-ANP	50	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYLCARBOXY 4NITROANILIDE	24	5 - 55	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	147	100 - 190	U/L
GLUCOSE FASTING,FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	93	74 - 99	mg/dL

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Cert. No. MC-2275

LABORATORY REPORT

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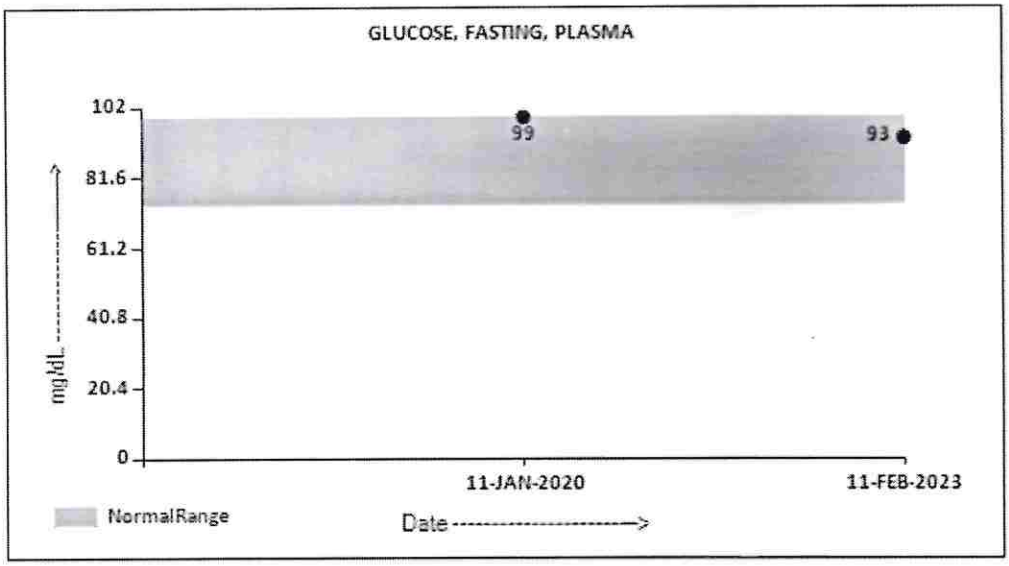

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	**6.0**	**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)	**125.5**	**High**	< 116.0	mg/dL

METHOD : CALCULATED PARAMETER

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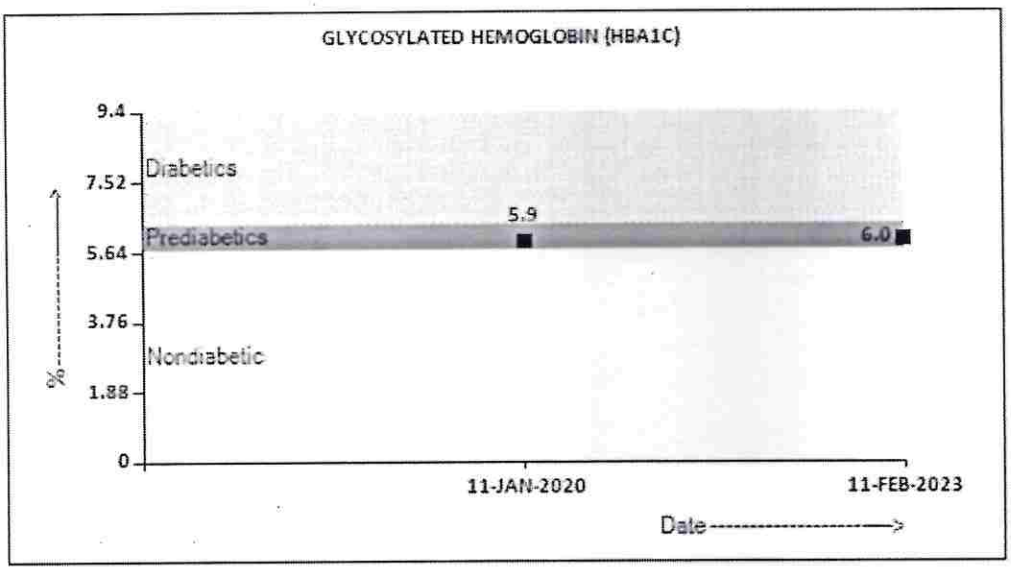

Interpretation(s)

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) bilirubi 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.A 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 obstructio 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 t 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,biliar 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,Nephrc 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 t urine.

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LABORATORY REPORT

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CLINICAL INFORMATION :

UID:5619056 REQNO-1370510
CORP-OPD
BILLNO-150123OPCR008378
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Test Report Status **Final**	Results	Biological Reference Interval

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 & opiate 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

CHOLESTEROL, TOTAL	**212**	**High**	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC,CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE				
TRIGLYCERIDES	122		< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY				
HDL CHOLESTEROL	41		< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG				
LDL CHOLESTEROL, DIRECT	**147**	**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				

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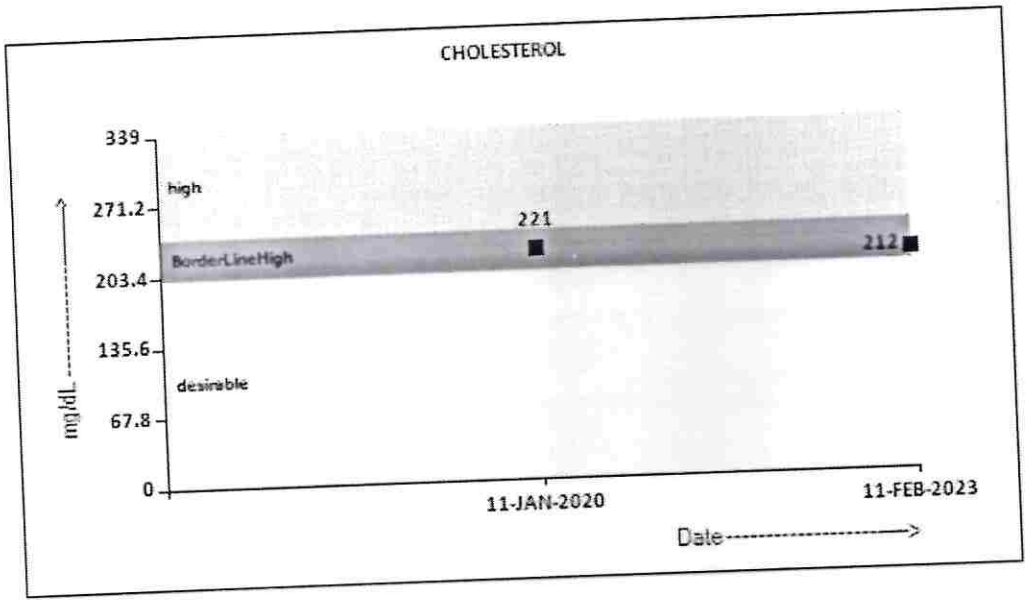
Test Report Status **Final**	Results		Biological Reference Interval	
NON HDL CHOLESTEROL	**171**	**High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER VERY LOW DENSITY LIPOPROTEIN	24.4		</= 30.0	mg/dL
METHOD : CALCULATED PARAMETER CHOL/HDL RATIO	**5.2**	**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	**3.6**	**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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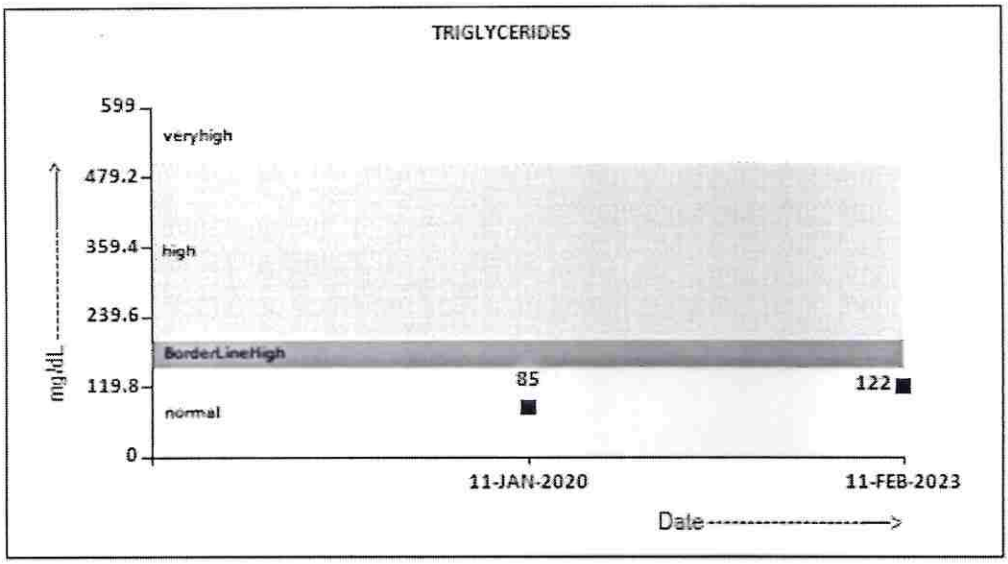

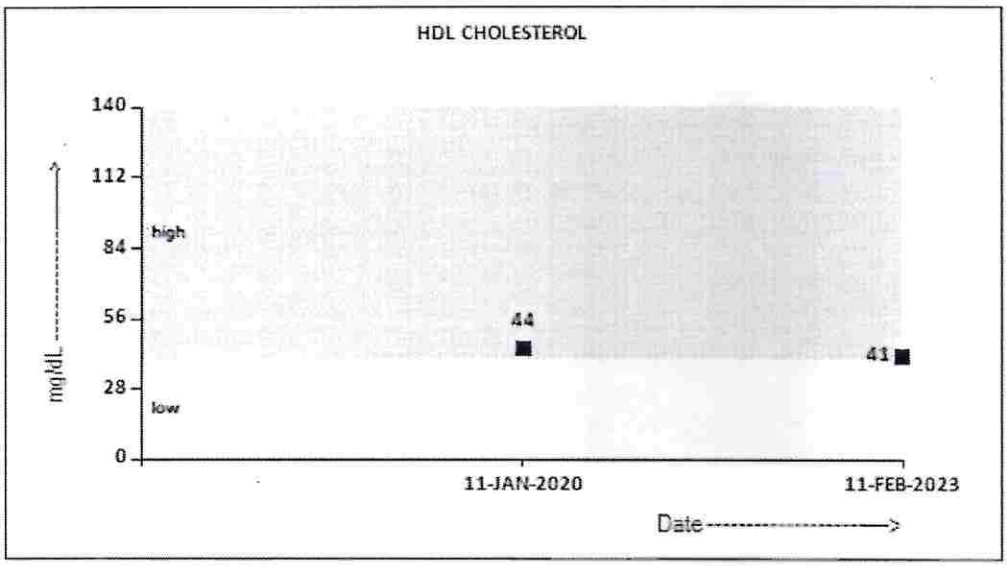

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BILLNO-150123OPCR008378
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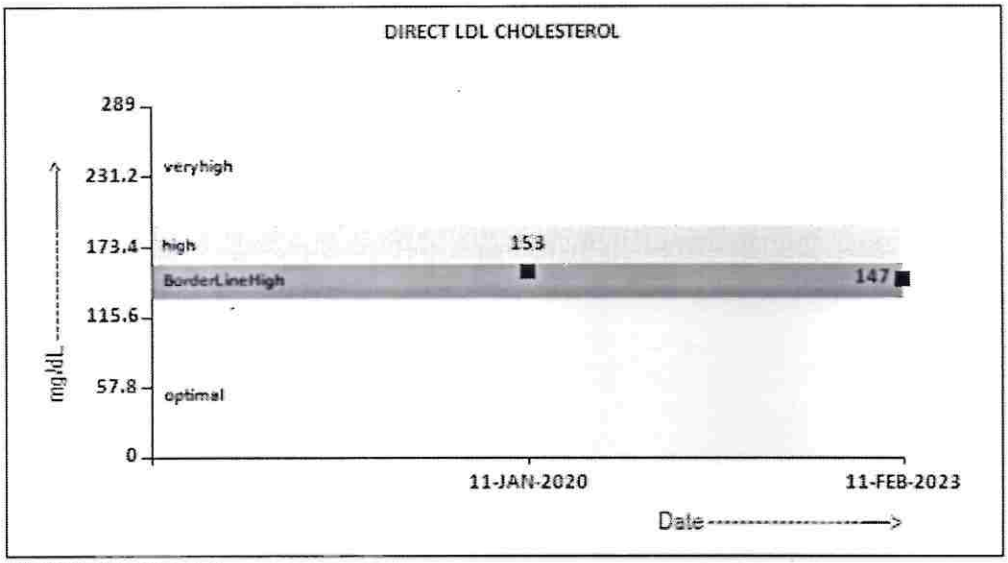
Test Report Status **Final**	Results	Biological Reference Interval



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

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

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Scan to View Report

Patient Ref. No. 220000008279

LABORATORY REPORT

Patient Ref. No. 22000000828119

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.NUTAN AMIT SASANE PATIENT ID : **FH.5619056**

ACCESSION NO : **0022WB002210** AGE : 35 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 14:47:00 RECEIVED : 11/02/2023 14:51:38 REPORTED : 13/02/2023 10:19:40

REFERRING DOCTOR :

CLIENT PATIENT ID : UID:5619056

CLINICAL INFORMATION :

UID:5619056 REQNO-1370510
CORP-OPD
BILLNO-150123OPCR008378
BILLNO-150123OPCR008378

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	SATISFACTORY
METHOD : MICROSCOPIC EXAMINATION	
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

5619056
35 Years

NUTAN SASANE
Female

2/11/2023 10:11:07 AM

HC

Rate 73
PR 142
QRSD 85
QT 385
QTc 425

. Sinus rhythm.....normal P axis, V-rate 50- 99
. Baseline wander in lead(s) V3

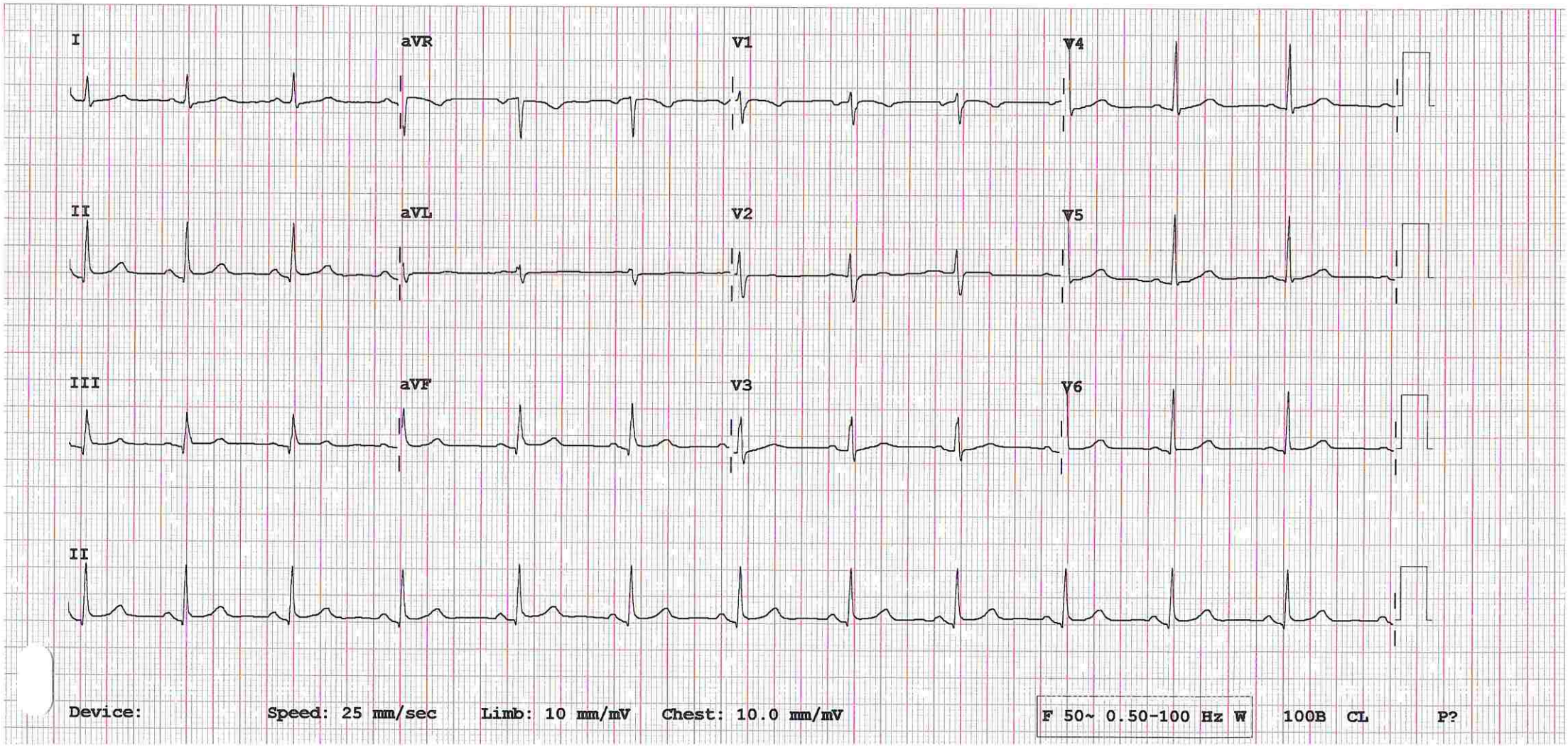
Sinus rhythm
Normal
Q

--AXIS--
P 51
QRS 71
T 58

- NORMAL 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?

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www.fortishealthcare.com I 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. Nutan Amit Sasane
Age | Sex: 35 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5619056 | 8613/23/1501
Order No | Order Date: 1501/PN/OP/2302/17615 | 11-Feb-2023
Admitted On | Reporting Date : 13-Feb-2023 13:28:15
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	29	mm
AO Root	25	mm
AO CUSP SEP	17	mm
LVID (s)	21	mm
LVID (d)	39	mm
IVS (d)	10	mm
LVPW (d)	09	mm
RVID (d)	25	mm
RA	29	mm
LVEF	60	%

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Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 0.8 m/sec.
A WAVE VELOCITY:0.5 m/sec
E/A RATIO:1.6

	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)

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Hiranandani HOSPITAL
(A Fortis Network Hospital)

DEPARTMENT OF RADIOLOGY

Date: 11/Feb/2023

Name: Mrs. Nutan Amit Sasane
Age | Sex: 35 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5619056 | 8613/23/1501
Order No | Order Date: 1501/PN/OP/2302/17615 | 11-Feb-2023
Admitted On | Reporting Date : 11-Feb-2023 15:13:06
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 HOSPITAL (A Fortis Network Hospital)

Date: 11/Feb/2023

DEPARTMENT OF RADIOLOGY

Name: Mrs. Nutan Amit Sasane
Age | Sex: 35 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5619056 | 8613/23/1501
Order No | Order Date: 1501/PN/OP/2302/17615 | 11-Feb-2023
Admitted On | Reporting Date : 11-Feb-2023 09:57:27
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. 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 8.6 x 4.6 cm.
Left kidney measures 8.9 x 4.8 cm.

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

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

UTERUS is normal in size, measuring 7.6 x 4.4 x 4.9 cm.
Endometrium measures 9.1 mm in thickness.

Both ovaries are normal.
Right ovary measures 2.5 x 2.5 cm.
Left ovary measures 3.0 x 1.3 cm.

No evidence of ascites.

IMPRESSION:

- **No significant abnormality is detected.**

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

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Hiranandani HOSPITAL (A Fortis Network Hospital)

Date: 13/Feb/2023

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Order No | Order Date: 1501/PN/OP/2302/17615 | 11-Feb-2023
Admitted On | Reporting Date : 13-Feb-2023 16:27:35
Order Doctor Name : Dr.SELF .

MAMMOGRAM - BOTH BREAST

Findings:

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

Both breasts show scattered areas of fibroglandular density.

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

No evidence of axillary lymphadenopathy.

IMPRESSION:

- No significant abnormality detected. (BI-RADS category I).
- No obvious mass lesion in the breasts.

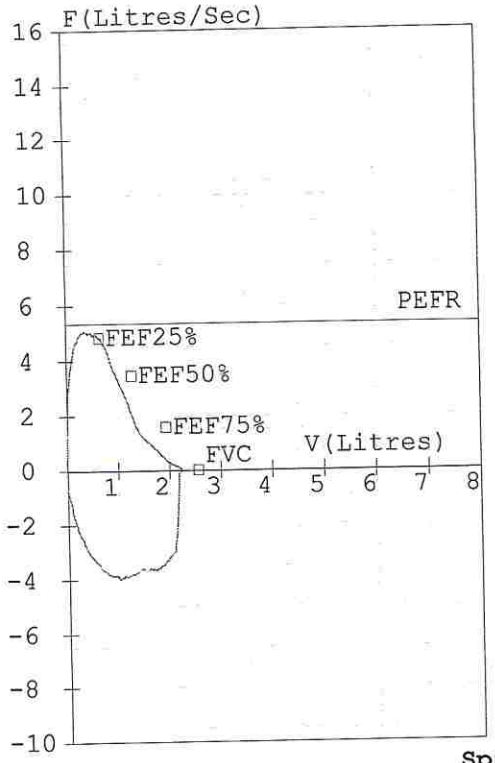
Normal-interval follow-up is recommended.

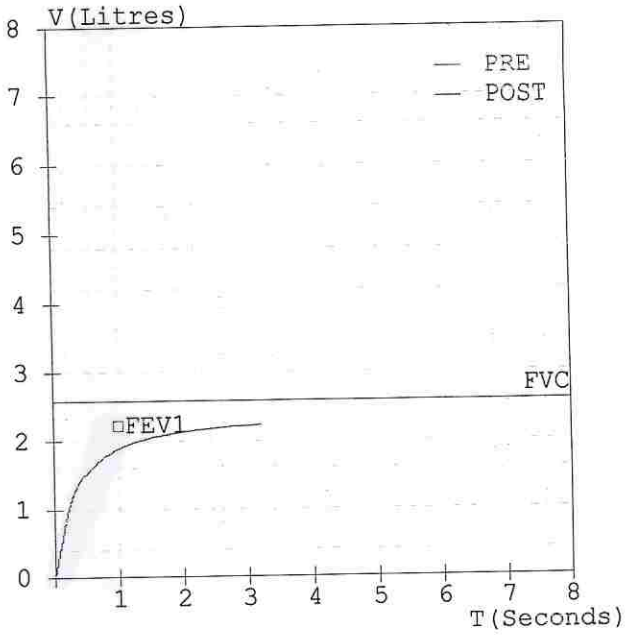
DR. YOGINI SHAH
DMRD., DNB. (Radiologist)

HIRANANDANI HEALTHCARE (P) ltd.

Sec-10,Vashi,Navi Mumbai-400703 022-39199222

Patient: Nutan Sasane	Age : 35 Years	Gender : Female	
Refd. By: Acrofemi MediWheel	Height : 154 Cms	Smoker : No	
Pred.Eqns: ERS 93	Weight : 63 Kgs	Eth. Corr: 85	
Date : 11-Feb-2023 10:42 AM	ID: 5619056	Temp :	





Spirometry(FVC Results)

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	02.57	02.23	087	-----	---	---
FEV1	(L)	02.22	01.89	085	-----	---	---
FEV1/FVC	(%)	86.38	84.75	098	-----	---	---
FEF25-75	(L/s)	03.11	02.04	066	-----	---	---
PEFR	(L/s)	05.36	05.00	093	-----	---	---
FIVC	(L)	02.54	02.28	090	-----	---	---
FEV.5	(L)	-----	01.53	---	-----	---	---
FEV3	(L)	-----	02.22	---	-----	---	---
PIFR	(L/s)	-----	03.94	---	-----	---	---
FEF75-85	(L/s)	-----	00.62	---	-----	---	---
FEF.2-1.2	(L/s)	-----	03.96	---	-----	---	---
FEF 25%	(L/s)	04.83	04.89	101	-----	---	---
FEF 50%	(L/s)	03.45	02.80	081	-----	---	---
FEF 75%	(L/s)	01.57	00.86	055	-----	---	---
FEV.5/FVC	(%)	-----	68.61	---	-----	---	---
FEV3/FVC	(%)	-----	99.55	---	-----	---	---
FET	(Sec)	-----	03.22	---	-----	---	---
ExplTime	(Sec)	-----	00.08	---	-----	---	---
Lung Age	(Yrs)	035	040	114	-----	---	---
FEV6	(L)	02.57	-----	---	-----	---	---
FIF25%	(L/s)	-----	03.60	---	-----	---	---
FIF50%	(L/s)	-----	03.92	---	-----	---	---
FIF75%	(L/s)	-----	03.24	---	-----	---	---

Normal Spirometry

Dr.Kumar Dudhane

The contents of this report require clinical co-relation before any clinical action.

http://www.rmsindia.com © RMS Spirometer(Helios_v3.1.