



Hiranandani
HOSPITAL

(A Fortis Network Hospital)

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

BMI CHART

Date: 16/3/26

Name: Govind Katke Age: 42 yrs Sex: M / F

BP: 110/70 mmHg Height (cms): 172 cm Weight (kgs): 75.3 kg BMI: _____

WEIGHT lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	
kg	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.7	91.0	93.3	95.5	97.7	
HEIGHT in/cm	Underweight					Healthy					Overweight					Obese			Extremely Obese						
5'0" - 152.4	18	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	37	38	39	40	41	42
5'2" - 157.4	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'3" - 160.0	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
5'4" - 162.5	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
5'5" - 165.1	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
5'6" - 167.6	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
5'7" - 170.1	16	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
5'8" - 172.7	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
5'9" - 175.2	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
5'10" - 177.8	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
5'11" - 180.3	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
6'0" - 182.8	13	14	14	15	16	17	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33	34
6'1" - 185.4	13	13	14	15	16	17	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33	34
6'2" - 187.9	12	13	14	15	16	16	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33	34
6'3" - 190.5	12	13	13	14	15	16	16	17	18	19	20	20	21	22	23	24	25	26	27	28	29	30	31	32	33
6'4" - 193.0	12	12	13	14	15	16	17	17	18	19	20	20	21	22	23	24	25	26	27	28	29	30	31	32	33

Doctors Notes:

Signature

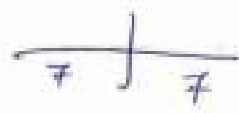


UHID	13035074	Date	16/03/2024
Name	Mr Govind Katke	Sex	M Age 42
OPD	Dental	Health Check-Up	

O/E

- Stains +
- Calculus +

Missing =



Caries =



Spacing with lower anteriors.

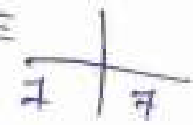
Drug allergy: H/o of
 Sys illness:

diabetic &
 hypertensives.

Treatment

- 7(d) Scaling (full mouth cleaning)
- Full mouth (CBCT) Xray. Replaced Implants =

Fillings =



Dr. Snehti



UHID	13035074	Date	16/03/2024	
Name	Mr Govind Katke	Sex	M	Age 42
OPD	Ophthal	Health Check-Up		

Cher - No.

Drug allergy: -> Anesthetics (Heavy drug)
 Sys illness: -> No
 Habit: -> No

Hes H.T. & Dm.
 (since 20 yrs) (since 12 yrs)

U.V. -> R 6/18P
 -> L 6/12P (Blurred)

R Ph -> R Phos / -1.50 x 90° 6/6.
 L Ph -> L Phos / -1.00 x 90° 6/6.
 Add -> +1.25 (SW 6, N 6)

FOP -> RE -> 14.9
 -> LE -> 15.1

(Signature)

Soft drops -> (1) -> (1) -> (1) -> (1)
 Hiranandani

PATIENT NAME : MR.GOVIND RAJKUMAR KATKE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XC003252

PATIENT ID : FH.13035074

CLIENT PATIENT ID: UID:13035074

ABHA NO :

AGE/SEX : 42 Years Male

DRAWN : 16/03/2024 08:27:00

RECEIVED : 16/03/2024 08:28:36

REPORTED : 16/03/2024 13:21:15

CLINICAL INFORMATION :

UID:13035074 REQNO-1677354

CORP-OPD

BILLNO-150124OPCR015357

BILLNO-150124OPCR015357

Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD


Parameter	Result	Biological Reference Interval	Units
HEMOGLOBIN (HB) METHOD : SIS METHOD	13.3	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	4.65	4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY	5.71	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION	382	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

Parameter	Result	Biological Reference Interval	Units
HEMATOCRIT (PCV) METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD	41.0	40.0 - 50.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	88.2	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	28.6	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	32.4	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	11.8	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	19.0		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	9.6	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

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 Dr. Akshay Dhotra, MD
 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist


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 Navi Mumbai, 400703
 Maharashtra, India
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 CIN - U74899PB1995PLC045956
 Email : -


Patient Ref. No. 22000000909159

PATIENT NAME : MR.GOVIND RAJKUMAR KATKE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001		ACCESSION NO : 0022XC003252 PATIENT ID : PH.13035074 CLIENT PATIENT ID: UID:13035074 ABHA NO :	AGE/SEX : 42 Years Male DRAWN : 16/03/2024 08:27:00 RECEIVED : 16/03/2024 08:28:36 REPORTED : 16/03/2024 13:21:15

CLINICAL INFORMATION :
 UID:13035074 REQNO-1677354
 CORP-OPD
 BILLNO-1501240PCRO15357
 BILLNO-1501240PCRO15357

Test Report Status	Final	Results	Biological Reference Interval	Units
NEUTROPHILS		42	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		38	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		10	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
EOSINOPHILS		10 High	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		00	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		2.40	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.17	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.57	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.57 High	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)		1.1		
METHOD : CALCULATED				

MORPHOLOGY

RBC	PREDOMINANTLY NORMOCYTIC NORMOCHROMIC
METHOD : MICROSCOPIC EXAMINATION	
WBC	EOSINOPHILIA PRESENT
METHOD : MICROSCOPIC EXAMINATION	
PLATELETS	ADEQUATE
METHOD : MICROSCOPIC EXAMINATION	

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HC-5037

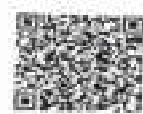
PATIENT NAME : MR.GOVIND RAJKUMAR KATKE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPL2D FORTIS HOSPITAL # VASHI, MUMBAI 440001		ACCESSION NO : 0022XC003252	AGE/SEX : 42 Years Male
		PATIENT ID : PH.13035074	DRAWN : 16/03/2024 08:27:00
		CLIENT PATIENT ID: UID:13035074	RECEIVED : 16/03/2024 08:28:36
		ABHA NO :	REPORTED : 16/03/2024 13:21:15

CLINICAL INFORMATION :
 UID:13035074 REQNO-1677354
 CORP-OPD
 BILLNO-150124OPCR015357
 BILLNO-150124OPCR015357

Test Report Status	Final	Results	Biological Reference Interval	Units
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Interpretation(s)
RBC AND PLATELET INDICES- Mentzer index (MCV/PLC) is an automated cell-counter based calculated screen tool to differentiate cases of iron deficiency anemia (>13) from beta thalassemia trait (<12) in patients with microcytic anemia. 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 thalassemia 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 is - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504)
 This ratio element is a calculated parameter and out of NABL scope.

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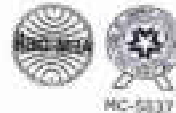


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 Email :-



Patient Ref. No. 22000000909155



PATIENT NAME : MR.GOVIND RAJKUMAR KATKE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XC003252	
FORTIS VASHI-CHC -SPLZD		AGE/SEX : 42 Years Male	
FORTIS HOSPITAL # VASHI,		DRAWN : 16/03/2024 08:27:00	
MUMBAI 440001		RECEIVED : 16/03/2024 08:28:36	
		REPORTED : 16/03/2024 13:21:15	
		PATIENT ID : FH.13035074	
		CLIENT PATIENT ID: UID:13035074	
		ABHA NO : 1	

CLINICAL INFORMATION :
 UID:13035074 REQNO-1677354
 CORP-OPD
 BILLNO-150124OPCR015357
 BILLNO-150124OPCR015357

Test Report Status	Final	Results	Biological Reference Interval	Units
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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R	04	0 - 14	mm at 1 hr
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METHOD : WESTERGREN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	6.3 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)	%
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METHOD : Hb VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)	134.1 High	< 116.0	mg/dL
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METHOD : CALCULATED PARAMETER

Interpretation(s)
ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA 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, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Rhegmatosis and plasma cell dyscrasias, Acute allergy, Trauma, 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 (Paraneoplasms, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy ESR in first trimester is 0-10 mm/hr(12 if anemic) and in second trimester (0-20 mm/hr/25 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 : Polycythemia, (Reticulocyte, spherocytes), Microcytosis, Low fibrinogen, Very high WBC counts, Drugs/Quinine, schyloides

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 Email :-



Patient Ref. No. 2200000099159

PATIENT NAME : MR.GOVIND RAJKUMAR KATKE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		AGE/SEX : 42 Years Male	
FORTIS VASHI-CHC -SPLZD		DRAWN : 16/03/2024 08:27:00	
FORTIS HOSPITAL # VASHI,		RECEIVED : 16/03/2024 08:28:35	
MUMBAI 440001		REPORTED : 16/03/2024 13:21:15	
ACCESSION NO : 0022XC003252			
PATIENT ID : FH_13035074			
CLIENT PATIENT ID: UID:13035074			
ABHA NO :			

CLINICAL INFORMATION :
 UID:13035074 REQNO-1677354
 CORP-OPD
 BILLNO-150124OPCR015357
 BILLNO-150124OPCR015357

Test Report Status	Final	Results	Biological Reference Interval	Units
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REFERENCE :
 1. Nathan and Owen's Hematology of Infancy and Childhood, 5th edition, Pediatric reference intervals, AAC Press, 7th edition, Edited by S. Sedhn, The reference for the adult reference range is "Practical Hematology by Dacie and Lewis, 10th edition, GLYCOSYLATED HEMOGLOBIN(HbA1c), EDTA WHOLE BLOOD-Used Po."

- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
 - Diagnosing diabetes.
 - 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.
- sAG (Estimated average glucose) converts percentage HbA1c to mg/dL, to compare blood glucose levels.
 - sAG gives an evaluation of blood glucose levels for the last couple of months.
 - sAG is calculated as $sAG (mg/dL) = 28.7 * HbA1c + 46.7$

HbA1c Estimation can get affected due to :

- Shortened erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will likely lower HbA1c test results. Fructosebise is recommended in these patients which indicates diabetes control over 15 days.
- Vitamin C & S are reported to likely lower test results (possibly by inhibiting glycation of hemoglobin).
- 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, likely increasing results.
- Interference of hemoglobinopathies in HbA1c estimation is seen in
 - Hemoglobin C hemoglobinopathy. Fructosebise is recommended for testing of HbA1c.
 - Heterozygous state detected (D10 is corrected for HbS & HbC trait).
 - HbF > 25% on alternate platform (boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy.

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 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 12000000909159

PATIENT NAME : MR.GOVIND RAJKUMAR KATKE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XC003252	
FORTIS VASHI-CHC -SPL20		AGE/SEX : 42 Years Male	
FORTIS HOSPITAL # VASHI,		DRAWN : 16/03/2024 08:27:00	
MUMBAI 440001		RECEIVED : 16/03/2024 08:28:36	
		REPORTED : 16/03/2024 13:21:15	
		PATIENT ID : FH.13035074	
		CLIENT PATIENT ID: UID:13035074	
		ABNA NO :	

CLINICAL INFORMATION :
 UID:13035074 REQNO-1677354
 CORP-OPG
 BILLNO-150124OPCR015357
 BILLNO-150124OPCR015357

Test Report Status	Final	Results	Biological Reference Interval	Units
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IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE B
METHOD : TUBE AGGLUTINATION	
RH TYPE	POSITIVE
METHOD : TUBE AGGLUTINATION	

Interpretation(s)
 ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.
 Disclaimer: *Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same.
 The test is performed by both forward as well as reverse grouping methods.

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PATIENT NAME : MR.GOVIND RAJKUMAR KATKE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XC003252

PATIENT ID : FH.13035074

CLIENT PATIENT ID: UID:13035074

ADHA NO :

AGE/SEX : 42 Years Male

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CLINICAL INFORMATION :

UID:13035074 REQNO-1677354

CORP-DPD

BILLNO-150124OPCR015357

BILLNO-150124OPCR015357

Test Report Status **Final**

Results

Biological Reference Interval Units

BIOCHEMISTRY


LIVER FUNCTION PROFILE, SERUM

Test Name	Result	Biological Reference Interval	Units
BILIRUBIN, TOTAL METHOD : JENDRASIK AND GROFF	0.47	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASIK AND GROFF	0.12	0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.35	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.9	6.4 - 8.2	g/dL
ALBUMIN METHOD : BCP DYE BINDING	4.2	3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.7	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.1	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT) METHOD : UV WITH PSP	19	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH PSP	36	< 45.0	U/L
ALKALINE PHOSPHATASE METHOD : PNP-AMP	37	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY-4-NITROANILIDE	79	15 - 85	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PIRUVATE	124	85 - 227	U/L

GLUCOSE FASTING, FLUORIDE PLASMA

Test Name	Result	Biological Reference Interval	Units
FBS (FASTING BLOOD SUGAR) METHOD : HCOXIMASE	115 High	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >=126	mg/dL

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CIN - U74229PB1995PLC045956
Email : -



Patient Ref. No. 22000000509159

PATIENT NAME : MR.GOVIND RAJKUMAR KATKE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XC003252	
FORTIS VASHI-CHC -SPL20		AGE/SEX : 42 Years Male	
FORTIS HOSPITAL # VASHI,		DRAWN : 16/03/2024 08:27:00	
MUMBAI 440001		RECEIVED : 16/03/2024 08:28:36	
		REPORTED : 16/03/2024 13:21:15	
		PATIENT ID : FH.13035074	
		CLIENT PATIENT ID: UID:13035074	
		ADHA NO :	

CLINICAL INFORMATION :
 UID:13035074 REQNO-1677354
 CORP-OPD
 BILLNO-150124OPCR015357
 BILLNO-150124OPCR015357

Test Report Status	Final	Results	Biological Reference Interval	Units
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KIDNEY PANEL - 1**BLOOD UREA NITROGEN (BUN), SERUM****BLOOD UREA NITROGEN**

METHOD : URICASE - UV

5 Low

6 - 20

mg/dL

CREATININE EGFR- EPI**CREATININE**

METHOD : ALKALINE PICRATE KINETIC JAFFES

0.92

0.90 - 1.30

mg/dL

AGE

42

years

GLOMERULAR FILTRATION RATE (MALE)

106.51

Refer Interpretation Below

mL/min/1.73m²

METHOD : CALCULATED PARAMETER

BUN/CREAT RATIO**BUN/CREAT RATIO**

METHOD : CALCULATED PARAMETER

5.43

5.00 - 15.00

URIC ACID, SERUM**URIC ACID**

METHOD : URICASE UV

4.5

3.5 - 7.2

mg/dL

TOTAL PROTEIN, SERUM**TOTAL PROTEIN**


METHOD : BIURET

7.9

6.4 - 8.2

g/dL

Page 8 Of 17


 Dr. Akshay Dhote, MD
 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist



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 Maharashtra, India
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 CIN - U74399PB1995PLC045956
 Email : -



Patient Ref. No. 22000000009159

PATIENT NAME : MR.GOVIND RAJKUMAR KATKE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XC003252
PATIENT ID : FH.13035074
CLIENT PATIENT ID: UID:13035074
ABHA NO :

AGE/SEX :42 Years Male
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ALBUMIN, SERUM

ALBUMIN METHOD : BCF DYE BINDING	4.2	3.4 - 5.0	g/dL
-------------------------------------	-----	-----------	------

GLOBULIN

GLOBULIN METHOD : CALCULATED PARAMETER	3.7	2.0 - 4.1	g/dL
---	-----	-----------	------

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM METHOD : ISE INDIRECT	136	136 - 145	mmol/L
POTASSIUM, SERUM METHOD : ISE INDIRECT	4.15	3.50 - 5.10	mmol/L
CHLORIDE, SERUM METHOD : ISE INDIRECT	101	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 hepatic), 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 blocking of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or permissive anemia. Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

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Patient Ref. No. 22000000000159

PATIENT NAME : MR.GOVIND RAJKUMAR KATKE

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CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XC003252

PATIENT ID : FH.13035074

CLIENT/PATIENT ID: UID:13035074

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AGE/SEX :42 Years Male

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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 directly 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, haemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT 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, Paget disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatemia, Malnutrition, Protein deficiency, Wilson 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, Waldenström 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 (hypalbuminemia) 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, PLASMA IDE 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 whilst no glucose is excreted in the urine.

Increased in: Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (10%), Drugs: corticosteroids, phenytoin, estrogen, diazepam, malabsorption (small cell disease with increased lysin), insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical tumour, fibrosarcoma), infant of a diabetic mother, enzyme deficiency

Decreased in: (a) neonatal (b) cell disease with increased lysin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, diabetes (e.g. gestational) Drugs: insulin, ethanol, propranolol, sulfonamides, tolbutamide, and other oral hypoglycaemic 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 Hypoglycemics & Insulin (treatment, Renal Glycosuria, Glycaemic Index & response to food component, Alimentary Hypoglycemia, increased insulin response & sensitivity etc.

BLOOD UREA NITROGEN (BUN), SERUM- Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cefixid, Dehydration, CHF Renal), Renal failure, Post Renal (Hypertension, Nephrolithiasis, Prostatitis)

Causes of decreased level include Liver disease, SIADH, CREATININE (GFR- EPI)- Kidney disease determines quality initiative (KDIGO) guidelines state that estimation of GFR is the best overall index of the kidney function.

- It gives a rough measure of number of functioning nephrons. Reduction in GFR implies progression of underlying disease.
- The GFR is a calculation based on serum creatinine test.
- Creatinine is mainly derived from the metabolism of creatine in muscle, and its generation is proportional to the total muscle mass. As a result, mean creatinine generation is higher in men than in women, in younger than in older individuals, and in blacks than in whites.
- Creatinine is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate.
- When kidney function is compromised, excretion of creatinine decreases with a consequent increase in blood creatinine levels. With the creatinine test, a reasonable estimate of the actual GFR can be determined.
- This equation takes into account several factors that impact creatinine production, including age, gender, and race.
- CKD EPI (Chronic kidney disease epidemiology collaboration) equation performed better than MDRD equation especially when GFR is high (>60 ml/min per 1.73m²). This formula has less bias and greater accuracy which helps in early diagnosis and also reduces the rate of false positive diagnosis of CKD.

References:

National Kidney Foundation (NKF) and the American Society of Nephrology (ASN). Estimated GFR Calculated Using the CKD-EPI equation-<https://nkguide.kidney.org/estgfr>

Ghuman JK, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. *Kidney Med* 2022; 4:100471. 32756725

Harrison's Principles of Internal Medicine, 21st ed. pp 52 and 334

URIC ACID, SERUM- Causes of Increased levels- Dehydration/High Protein Intake, Prolonged Fasting, Rapid weight loss, Gout, Lesh nyhan syndrome, Type 2 DM, Hereditary syndrome Causes of decreased levels- Low Zinc Intake, COP, 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, Waldenström disease.

Dr. Akshay Dhotre, MD
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Consultant Pathologist



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Patient Ref. No. 22000000909159

PATIENT NAME : MR.GOVIND RAJKUMAR KATKE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XC003252
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Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Cholelithiasis, 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, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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 CIN - U74309PB1995PLC045956
 Email : -



Patient Ref. No. 22000000909159

PATIENT NAME : MR.GOVIND RAJKUMAR KATKE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XC003252	
FORTIS VASHI-CHC -SPLZD		AGE/SEX : 42 Years Male	
FORTIS HOSPITAL # VASHI,		DRAWN : 16/03/2024 08:27:00	
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Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	190	< 200 Desirable 200 - 239 Borderline High > / = 240 High	mg/dL
<small>METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE</small>			
TRIGLYCERIDES	186 High	< 150 Normal 150 - 199 Borderline High 200 - 499 High > / = 500 Very High	mg/dL
<small>METHOD : ENZYMATIC ASSAY</small>			
HDL CHOLESTEROL	34 Low	< 40 Low > / = 60 High	mg/dL
<small>METHOD : DIRECT MEASURE - PEG</small>			
LDL CHOLESTEROL, DIRECT	120	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High > / = 190 Very High	mg/dL
<small>METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT</small>			
NON HDL CHOLESTEROL	156 High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
<small>METHOD : CALCULATED PARAMETER</small>			
VERY LOW DENSITY LIPOPROTEIN	37.2 High	< / = 30.0	mg/dL
<small>METHOD : CALCULATED PARAMETER</small>			
CHOL/HDL RATIO	5.6 High	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
<small>METHOD : CALCULATED PARAMETER</small>			

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 Consultant Pathologist



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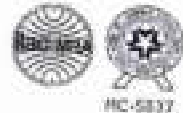


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PATIENT NAME : MR.GOVIND RAJKUMAR KATKE		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022XC003252 PATIENT ID : PH.13035074 CLIENT PATIENT ID: UID:13035074 ABHA NO : 1	AGE/SEX : 42 Years Male DRAWN : 16/03/2024 08:27:00 RECEIVED : 16/03/2024 08:28:36 REPORTED : 16/03/2024 13:21:15

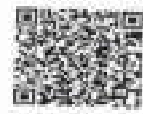
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Test Report Status Final	Results	Biological Reference Interval	Units
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LDL/HDL RATIO	3.5 High	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER			

Interpretation(s)

Dr. Akshay Dhote, MD
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FORTIS HOSPITAL # VASHI,
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ACCESSION NO : 0022XC003252

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Results

Biological Reference Interval Units

CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

COLOR METHOD : PHYSICAL	PALE YELLOW
APPEARANCE METHOD : VISUAL	CLEAR

CHEMICAL EXAMINATION, URINE

PH METHOD : REFLECTANCE SPECTROPHOTOMETRY - DOUBLE INDICATOR METHOD	6.0	4.7 - 7.5
SPECIFIC GRAVITY METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PEA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)	1.010	1.003 - 1.035
PROTEIN METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE	NOT DETECTED	NOT DETECTED
GLUCOSE METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD	NOT DETECTED	NOT DETECTED
KETONES METHOD : REFLECTANCE SPECTROPHOTOMETRY, BOTHERS'S PRINCIPLE	NOT DETECTED	NOT DETECTED
BLOOD METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HEMOGLOBIN	NOT DETECTED	NOT DETECTED
BILIRUBIN METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT	NOT DETECTED	NOT DETECTED
UROBILINOGEN METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHALICH REACTION)	NORMAL	NORMAL
NITRITE METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE	NOT DETECTED	NOT DETECTED
LEUKOCYTE ESTERASE METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY	NOT DETECTED	NOT DETECTED

Dr. Akshay Dhotre, MD
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Dr. Rakha Nair, MD
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Microbiologist



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MICROSCOPIC EXAMINATION, URINE				
RED BLOOD CELLS <small>METHOD : MICROSCOPIC EXAMINATION</small>		NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S) <small>METHOD : MICROSCOPIC EXAMINATION</small>		0-1	0-5	/HPF
EPITHELIAL CELLS <small>METHOD : MICROSCOPIC EXAMINATION</small>		0-1	0-5	/HPF
CASTS <small>METHOD : MICROSCOPIC EXAMINATION</small>		NOT DETECTED		
CRYSTALS <small>METHOD : MICROSCOPIC EXAMINATION</small>		NOT DETECTED		
BACTERIA <small>METHOD : MICROSCOPIC EXAMINATION</small>		NOT DETECTED	NOT DETECTED	
YEAST <small>METHOD : MICROSCOPIC EXAMINATION</small>		NOT DETECTED	NOT DETECTED	

REMARKS
 URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT

Interpretation(s)

Dr. Akshay Dhotre, MD
 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist

Dr. Rekha Nair, MD
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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	102.5	80.0 - 200.0	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE			
T4	6.72	5.10 - 14.10	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE			
TSH (ULTRASENSITIVE)	1.860	0.270 - 4.200	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE SANDWICH IMMUNOASSAY			

Interpretation(s)

Page 16 Of 17


Dr. Akshay Dhotre, MD
(Reg.no. MMC 2019/09/6377)
Consultant Pathologist



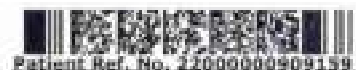
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FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XC003252

PATIENT ID : FH.13035074

CLIENT PATIENT ID: UID:13035074

ASHA NO : 1

AGE/SEX :42 Years Male

DRAWN :16/03/2024 08:27:00

RECEIVED :16/03/2024 08:28:36

REPORTED :16/03/2024 13:21:15

CLINICAL INFORMATION :

UID:13035074 REQNO-1677354

CORP-OPD

BILLNO-1501240PCR015357

BILLNO-1501240PCR015357

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

PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN	0.548	0.0 - 2.0	ng/mL
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METHOD : ELECTROCHEMILUMINESCENCE SANDWICH IMMUNASSAY

Interpretation(s)

PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is elevated in the male patients with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatic.
- PSA is not detected (or detected at very low levels) in the patients without prostate tissue (because of radical prostatectomy or cystoprostatectomy) and also in the female patients.

- It is a suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.

- Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and useful in detecting residual disease and early recurrence of tumor.

- Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostatitis and Benign Prostatic Hyperplasia.

- Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA (false positive) levels persisting up to 3 weeks.

- As per American urological guidelines, PSA screening is recommended for early detection of prostate cancer above the age of 40 years. Following Age specific reference range can be used as a guide lines.

- Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-10 ng/mL.

- Total PSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. Recommended follow up on same platform as patient result can vary due to differences in assay method and reagent specificity.

References-


1. Boris CA, Ashwood ER, Bruns DE, Teltz: textbook of clinical chemistry and Molecular Diagnostics, 4th edition.

2. Williamson MA, Snyder LM, Wallace's interpretation of diagnostic tests, 9th edition.

End Of Report

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

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Dr. Akshay Dhutra, MD
(Reg.no. MMC 2019/09/6377)
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 : 022-39499222,022-49723322,
CIN - U74099PB1905PLCO45956
Email : -



Patient Ref. No. 2200000909159

PATIENT NAME : MR.GOVIND RAJKUMAR KATKE

REF. DOCTOR :

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

 ACCESSION NO : 0022XC003347
 PATIENT ID : PH.13035074
 CLIENT PATIENT ID: UID:13035074
 ABHA NO :

 AGE/SEX : 42 Years Male
 DRAWN : 16/03/2024 11:16:00
 RECEIVED : 16/03/2024 11:16:42
 REPORTED : 16/03/2024 13:33:57

CLINICAL INFORMATION :

 UID:13035074 REQNO-1677354
 CORP-OPD
 BILLNO-150124OPCR015357
 BILLNO-150124OPCR015357

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	132	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 Hypoglycaemia, Increased insulin response & sensitivity etc. Additional test HbA1c

End Of Report

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


 Dr. Akshay Dhote, MD
 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist

Page 1 Of 1



View Details



View Report

PERFORMED AT :

 Agilus Diagnostics Ltd.
 Hiranjyoti Hospital-Vashi, Mini Seachore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222,022-49723322,
 CIN - U74899MH1995PLC045856
 Email :-


Patient Ref. No. 22000000909254

HC

Normal

Rate 75
 PR 138
 QRS 85
 QT 360
 QTc 402

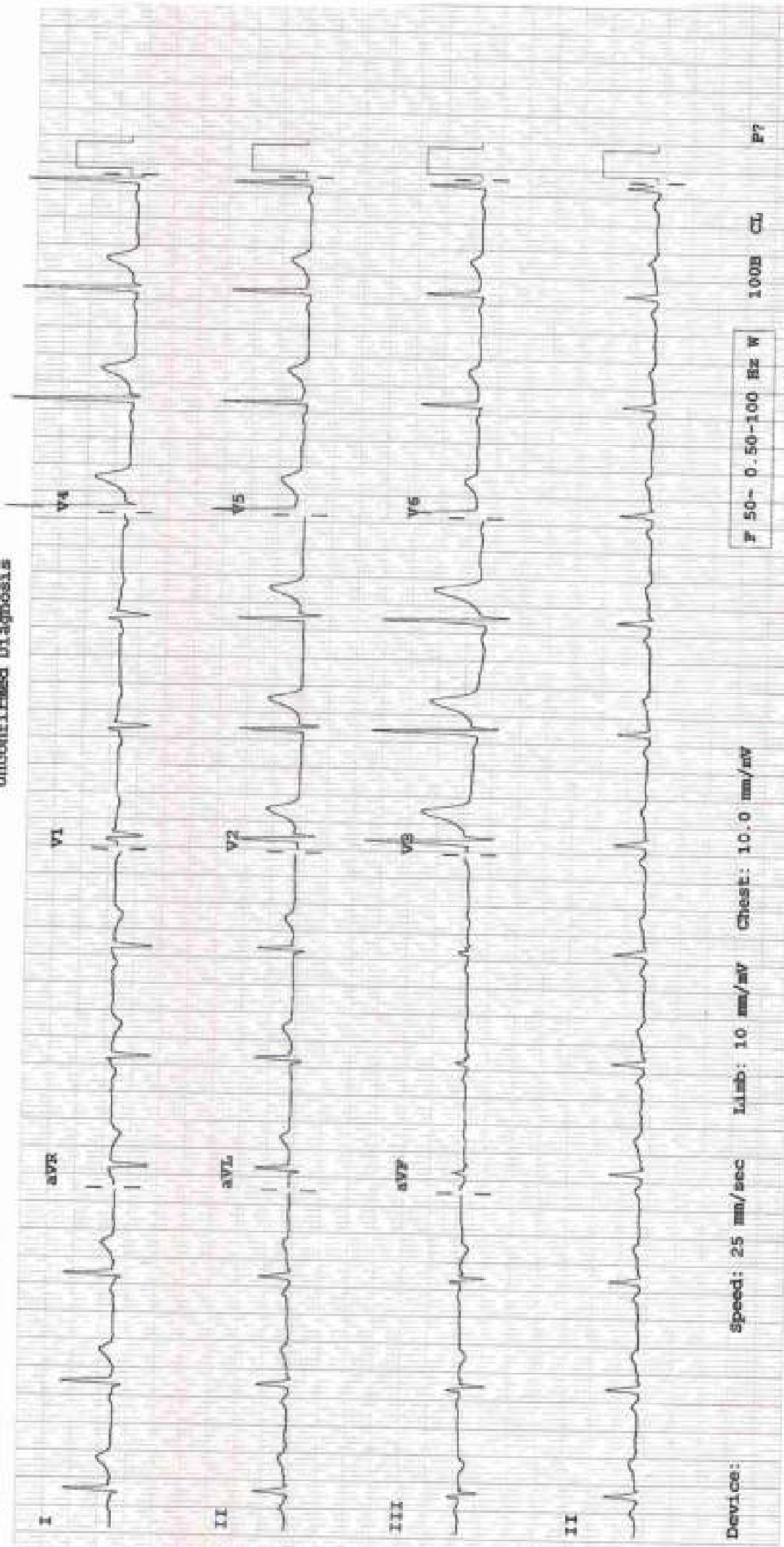
---AXIS---

P 58
 QRS 20
 T 2

12 Lead; Standard Placement

- OTHERWISE NORMAL, ECG -

Unconfirmed Diagnosis



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

F 50- 0.50-100 Hz W

1000 CL

P7



DEPARTMENT OF NIC

Date: 16/Mar/2024

Name: Mr. Govind Rajkumar Katke

UHID | Episode No : 13035074 | 15557/24/1501

Age | Sex: 42 YEAR(S) | Male

Order No | Order Date: 1501/PN/OP/2403/32646 | 16-Mar-2024

Order Station : FO-OPD

Admitted On | Reporting Date : 16-Mar-2024 11:53:02

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 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.
- IVC measures 12 mm with normal inspiratory collapse.

M-MODE MEASUREMENTS:

LA	27	mm
AO Root	22	mm
AO CUSP SEP	18	mm
LVID (s)	24	mm
LVID (d)	36	mm
IVS (d)	09	mm
LVPW (d)	10	mm
RVID (d)	26	mm
RA	27	mm
LVEF	60	%

Hiranandani Healthcare Pvt. Ltd.

Mir: 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 : 27AABCH5894D12G

PAN NO : AABCH5894D



DEPARTMENT OF NIC

Date: 16/Mar/2024

Name: Mr. Govind Rajkumar Katke

UHID | Episode No : 13035074 | 15557/24/1501

Age | Sex: 42 YEAR(S) | Male

Order No | Order Date: 1501/PN/OP/2403/32646 | 16-Mar-2024

Order Station : FO-OPD

Admitted On | Reporting Date : 16-Mar-2024 11:53:02

Bed Name :

Order Doctor Name : Dr.SELF.

DOPPLER STUDY:

E WAVE VELOCITY: 0.9 m/sec.


A WAVE VELOCITY:0.5 m/sec

E/A RATIO:1.4

	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 (CARD)

DR. AMIT SINGH,
MD(MED), DM(CARD)

Hiranandani Healthcare Pvt. Ltd.

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5804D12G

PAN NO : AABCH5804D



Hiranandani
HOSPITAL
A Fortis Hospital

(For Billing, Reports & Insurance Summary only)

Date: 16/Mar/2024

Name: Mr. Govind Rajkumar Katke

Age | Sex: 42 YEAR(S) | Male

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 13033074 | 15557/24/1501

Order No | Order Date: 1501/PN/OP/2403/32646 | 16-Mar-2024

Admitted On | Reporting Date : 16-Mar-2024 15:04:27

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)



Patient Name	: Govind Rajkumar Katke	Patient ID	: 13035074
Sex / Age	: M / 42Y 10M 15D	Accession No.	: PHC.7700119
Modality	: US	Scan DateTime	: 16-03-2024 10:46:49
IPID No	: 15557/24/1501	ReportDatetime	: 16-03-2024 10:51:26

USG - 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 9.4 x 4.4 cm.

Left kidney measures 11.2 x 5.2 cm.

PANCREAS: Head and body of pancreas is visualised and appears normal. Rest of the pancreas is obscured.

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

PROSTATE is normal in size & echogenicity. It measures ~ 16.2 cc in volume.

No evidence of ascites.

Impression:

- No significant abnormality is detected.

DR. KUNAL NIGAM
M.D. (Radiologist)