



**BMI CHART**

Date: 11/02/2

Name: Mrs Manali Waghmare Age: 31 yrs Sex: M/F

BP: 110/70 mm-Hg Height (cms): 172.7 cm Weight(kgs): 91.4 kg BMI: 31

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

**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 | 12288544                       | Date            | 11/02/2023 |     |    |
| Name | Mrs. Manali Ashok Rao Waghmare | Sex             | Female     | Age | 31 |
| OPD  | Pap Smear                      | Health Check Up |            |     |    |

Drug allergy:  
Sys illness:

S/B Dr. Hina

Multiparous - ms :: 4 yrs

LMP: 6/2/23

Day 5 menses Today

Flu after 5-6 days.

for pap test



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

|             |                                       |                        |                   |            |           |
|-------------|---------------------------------------|------------------------|-------------------|------------|-----------|
| <b>UHID</b> | <b>12288544</b>                       | <b>Date</b>            | <b>11/02/2023</b> |            |           |
| <b>Name</b> | <b>Mrs. Manali Ashok Rao Waghmare</b> | <b>Sex</b>             | <b>Female</b>     | <b>Age</b> | <b>31</b> |
| <b>OPD</b>  | <b>Opthal 14</b>                      | <b>Health Check Up</b> |                   |            |           |

Cl No

h4 No

Drug allergy: → Not know  
 Sys illness:

Unilk → R 6/6  
 → L 6/6

Ref → R Pucci 6/6  
 → L Pucci 6/6  
 M → U 6  
 → R 6

Lol → 14.8  
 → 14.4

*[Handwritten signature]*

Hiranandani Healthcare Pvt. Ltd.  
Mini Sea Shore Road, Sector 10 -A, Vashi, Navi Mumbai - 400703  
Board Line: 022 - 39199222 | Fax: 022 - 39199220 9112  
Emergency: 022 - 39199100 | Ambulance: 1255  
For Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300  
www.fortishealthcare.com |  
CIN : U85100MH2005PTC154823  
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D

|             |                                       |                        |                   |            |           |
|-------------|---------------------------------------|------------------------|-------------------|------------|-----------|
| <b>UHID</b> | <b>12288544</b>                       | <b>Date</b>            | <b>11/02/2023</b> |            |           |
| <b>Name</b> | <b>Mrs. Manali Ashok Rao Waghmare</b> | <b>Sex</b>             | <b>Female</b>     | <b>Age</b> | <b>31</b> |
| <b>OPD</b>  | <b>Dental 12</b>                      | <b>Health Check Up</b> |                   |            |           |

Drug allergy:  
Sys illness:

Stains + calculus

Treatment

Adv. oral prophylaxis -

Dr. Diksha Keka



Cert. No. MC-2275

**LABORATORY REPORT****PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE**PATIENT ID : **FH.12288544**

CLIENT PATIENT ID : UID:12288544

ACCESSION NO : **0022WB002192** AGE : 31 Years SEX : Female

ABHA NO :

DRAWN : 11/02/2023 13:51:00

RECEIVED : 11/02/2023 13:52:47

REPORTED : 11/02/2023 15:13:33

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

REFERRING DOCTOR :

**CLINICAL INFORMATION :**

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

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

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

PPBS(POST PRANDIAL BLOOD SUGAR)

80

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 &amp; Insulin treatment, Renal Glycosuria, Glycaemic index &amp; response to food consumed, Alimentary Hypoglycemia, Increased insulin response &amp; sensitivity etc.Additional test HbA1c

**\*\*End Of Report\*\*****Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession****Dr.Akta Dubey****Counsultant Pathologist****SRL Ltd**HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD,  
SECTOR 10,  
NAVI MUMBAI, 400703  
MAHARASHTRA, INDIA  
Tel : 022-39199222,022-49723322,  
CIN - U74899PB1995PLC045956  
Email : -

Scan to View Details



Scan to View Report

Page 1 Of 1



Patient Ref. No. 220000082



Cert. No. MC-2984

# LABORATORY REPORT

PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE



PATIENT ID : FH.12288544

CLIENT PATIENT ID : UID:12288544

ACCESSION NO : 0022WB002086

AGE : 31 Years

SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:42:00

RECEIVED : 11/02/2023 10:43:24

REPORTED : 11/02/2023 14:05:36

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

### CLINICAL INFORMATION :

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

| Test Report Status | Final | Results | Biological Reference Interval | Unit |
|--------------------|-------|---------|-------------------------------|------|
|--------------------|-------|---------|-------------------------------|------|

### SPECIALISED CHEMISTRY - HORMONE

#### THYROID PANEL, SERUM

|    |        |   |       |
|----|--------|---|-------|
| T3 | 130.30 | Non-Pregnant Women<br>80.0 - 200.0<br>Pregnant Women<br>1st Trimester:105.0 - 230.0<br>2nd Trimester:129.0 - 262.0<br>3rd Trimester:135.0 - 262.0 | ng/dL |
|----|--------|---|-------|

METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY

|    |      |   |       |
|----|------|---|-------|
| T4 | 8.17 | Non-Pregnant Women<br>5.10 - 14.10<br>Pregnant Women<br>1st Trimester: 7.33 - 14.80<br>2nd Trimester: 7.93 - 16.10<br>3rd Trimester: 6.95 - 15.70 | µg/dL |
|----|------|---|-------|

METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY

|                      |       |               |        |
|----------------------|-------|---------------|--------|
| TSH (ULTRASENSITIVE) | 2.320 | 0.270 - 4.200 | µIU/mL |
|----------------------|-------|---------------|--------|

METHOD : ELECTROCHEMILUMINESCENCE, COMPETITIVE IMMUNOASSAY

#### Interpretation(s)

**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

*Dr. Swapnil Sirmukaddam*  
786

Dr. Swapnil Sirmukaddam  
Consultant Pathologist

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



Scan to View Details



Scan to View Report



Patient Ref. No. 22000000



Cert. No. MC-2275

# LABORATORY REPORT

PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE



PATIENT ID : FH.12288544

CLIENT PATIENT ID : UID:12288544

ACCESSION NO : 0022WB002086

AGE : 31 Years

SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:42:00

RECEIVED : 11/02/2023 10:43:24

REPORTED : 11/02/2023 12:57:20

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

### CLINICAL INFORMATION :

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

| Test Report Status | Final | Results | Biological Reference Interval | Unit |
|--------------------|-------|---------|-------------------------------|------|
|--------------------|-------|---------|-------------------------------|------|

### KIDNEY PANEL - 1

#### BLOOD UREA NITROGEN (BUN), SERUM

|                      |   |        |       |
|----------------------|---|--------|-------|
| BLOOD UREA NITROGEN  | 9 | 6 - 20 | mg/dL |
| METHOD : UREASE - UV |   |        |       |

#### CREATININE EGFR- EPI

|  |      |             |       |
|--|------|-------------|-------|
| CREATININE                               | 0.83 | 0.60 - 1.10 | mg/dL |
| METHOD : ALKALINE PICRATE KINETIC JAFFES |      |             |       |

|     |    |  |       |
|-----|----|--|-------|
| AGE | 31 |  | years |
|-----|----|--|-------|

|                                     |       |                            |          |
|-------------------------------------|-------|----------------------------|----------|
| GLOMERULAR FILTRATION RATE (FEMALE) | 96.60 | Refer Interpretation Below | mL/min/1 |
| METHOD : CALCULATED PARAMETER       |       |                            |          |

#### BUN/CREAT RATIO

|                               |       |              |  |
|-------------------------------|-------|--------------|--|
| BUN/CREAT RATIO               | 10.84 | 5.00 - 15.00 |  |
| METHOD : CALCULATED PARAMETER |       |              |  |

#### URIC ACID, SERUM

|                     |     |           |       |
|---------------------|-----|-----------|-------|
| URIC ACID           | 4.1 | 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         | 137 | 136 - 145 | mmol/L |
| METHOD : ISE INDIRECT |     |           |        |

|                       |      |             |        |
|-----------------------|------|-------------|--------|
| POTASSIUM, SERUM      | 4.60 | 3.50 - 5.10 | mmol/L |
| METHOD : ISE INDIRECT |      |             |        |

|                       |     |          |        |
|-----------------------|-----|----------|--------|
| CHLORIDE, SERUM       | 102 | 98 - 107 | mmol/L |
| METHOD : ISE INDIRECT |     |          |        |

### Interpretation(s)

### PHYSICAL EXAMINATION, URINE

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



Scan to View Details



Scan to View Report



Patient Ref. No. 22000000



Cert. No. MC-2275



**LABORATORY REPORT**

**PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE**

PATIENT ID : **FH.12288544** CLIENT PATIENT ID : UID:12288544  
 ACCESSION NO : **0022WB002086** AGE : 31 Years SEX : Female ABHA NO :  
 DRAWN : 11/02/2023 10:42:00 RECEIVED : 11/02/2023 10:43:24 REPORTED : 11/02/2023 12:57:20  
 CLIENT NAME : **FORTIS VASHI-CHC -SPLZD** REFERRING DOCTOR : SELF

**CLINICAL INFORMATION :**

UID:12288544 REQNO-1370913  
 CORP-OPD  
 BILLNO-150123OPCR008484  
 BILLNO-150123OPCR008484

| Test Report Status   | Final | Results               | Biological Reference Interval | Unit |
|--|-------|-----------------------|-------------------------------|------|
| COLOR  |       | PALE YELLOW           |                               |      |
| METHOD : PHYSICAL  |       |                       |                               |      |
| APPEARANCE   |       | CLEAR                 |                               |      |
| METHOD : VISUAL  |       |                       |                               |      |
| <b>CHEMICAL EXAMINATION, URINE</b>   |       |                       |                               |      |
| PH   |       | 6.0                   | 4.7 - 7.5                     |      |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD  |       |                       |                               |      |
| SPECIFIC GRAVITY   |       | 1.020                 | 1.003 - 1.035                 |      |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION) |       |                       |                               |      |
| PROTEIN  |       | NOT DETECTED          | NOT DETECTED                  |      |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE  |       |                       |                               |      |
| GLUCOSE  |       | NOT DETECTED          | NOT DETECTED                  |      |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD  |       |                       |                               |      |
| KETONES  |       | NOT DETECTED          | NOT DETECTED                  |      |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE  |       |                       |                               |      |
| BLOOD  |       | <b>DETECTED (++)</b>  | 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   |       | <b>DETECTED (FEW)</b> | NOT DETECTED                  |      |
| METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY   |       |                       |                               |      |
| <b>MICROSCOPIC EXAMINATION, URINE</b>  |       |                       |                               |      |
| RED BLOOD CELLS  |       | <b>10 - 15</b>        | NOT DETECTED                  | /HPF |
| METHOD : MICROSCOPIC EXAMINATION   |       |                       |                               |      |
| PUS CELL (WBC'S)   |       | <b>5-7</b>            | 0-5                           | /HPF |
| METHOD : MICROSCOPIC EXAMINATION   |       |                       |                               |      |
| EPITHELIAL CELLS   |       | <b>5-7</b>            | 0-5                           | /HPF |
| METHOD : MICROSCOPIC EXAMINATION   |       |                       |                               |      |
| CASTS  |       | NOT DETECTED          |                               |      |
| METHOD : MICROSCOPIC EXAMINATION   |       |                       |                               |      |
| CRYSTALS   |       | NOT DETECTED          |                               |      |
| METHOD : MICROSCOPIC EXAMINATION   |       |                       |                               |      |

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



Scan to View Details



Scan to View Report



Patient Ref. No. 22000000





Cert. No. MC-2275

# LABORATORY REPORT

PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE



PATIENT ID : FH.12288544

CLIENT PATIENT ID : UID:12288544

ACCESSION NO : 0022WB002086

AGE : 31 Years

SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:42:00

RECEIVED : 11/02/2023 10:43:24

REPORTED : 11/02/2023 12:57:20

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

### CLINICAL INFORMATION :

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

| Test Report Status               | Final | Results   | Biological Reference Interval |
|----------------------------------|-------|---|-------------------------------|
| BACTERIA                         |       | DETECTED  | NOT DETECTED                  |
| METHOD : MICROSCOPIC EXAMINATION |       |   |                               |
| YEAST                            |       | NOT DETECTED  | NOT DETECTED                  |
| METHOD : MICROSCOPIC EXAMINATION |       |   |                               |
| REMARKS                          |       | URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT. |                               |

### Interpretation(s)

#### 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 creatinine is excreted and concentrations increase in the blood. With the creatinine test, a reasonable estimate of the actual GFR can be determined.

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

A GFR below 60 may mean kidney disease.

A GFR of 15 or lower may mean kidney failure.

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

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

The CKD-EPI creatinine equation has not been validated in children & will only be reported for patients = 18 years of age. For pediatric and childrens, Schwartz Pediatric bedside eGFR (2009) 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 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 protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burr hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.

SRL Ltd

HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD,

SECTOR 10,

NAVI MUMBAI, 400703

MAHARASHTRA, INDIA

Tel : 022-39199222,022-49723322,

CIN - U74899PB1995PLC045956

Email : -



Scan to View Details



Scan to View Report



Patient Ref. No. 22000000



Cert. No. MC-2275

# LABORATORY REPORT

PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE



PATIENT ID : FH.12288544

CLIENT PATIENT ID : UID:12288544

ACCESSION NO : 0022WB002086

AGE : 31 Years

SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:42:00

RECEIVED : 11/02/2023 10:43:24

REPORTED : 11/02/2023 12:57:20

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

### CLINICAL INFORMATION :

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

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

## HAEMATOLOGY - CBC

### CBC-5, EDTA WHOLE BLOOD

#### BLOOD COUNTS, EDTA WHOLE BLOOD

|   |              |                        |               |
|---|--------------|------------------------|---------------|
| HEMOGLOBIN (HB)   | 13.7         | 12.0 - 15.0            | g/dL          |
| METHOD : SPECTROPHOTOMETRY                                    |              |                        |               |
| RED BLOOD CELL (RBC) COUNT                                    | 4.27         | 3.8 - 4.8              | mil/ $\mu$ L  |
| METHOD : ELECTRICAL IMPEDANCE                                 |              |                        |               |
| WHITE BLOOD CELL (WBC) COUNT                                  | <b>10.09</b> | <b>High</b> 4.0 - 10.0 | thou/ $\mu$ L |
| METHOD : DOUBLE HYDRODYNAMIC SEQUENTIAL SYSTEM(DHSS)CYTOMETRY |              |                        |               |
| PLATELET COUNT  | 340          | 150 - 410              | thou/ $\mu$ L |
| METHOD : ELECTRICAL IMPEDANCE                                 |              |                        |               |

#### RBC AND PLATELET INDICES

|   |             |                         |      |
|---|-------------|-------------------------|------|
| HEMATOCRIT (PCV)                                | 40.4        | 36 - 46                 | %    |
| METHOD : CALCULATED PARAMETER                   |             |                         |      |
| MEAN CORPUSCULAR VOLUME (MCV)                   | 94.6        | 83 - 101                | fL   |
| METHOD : CALCULATED PARAMETER                   |             |                         |      |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH)               | <b>32.1</b> | <b>High</b> 27.0 - 32.0 | pg   |
| METHOD : CALCULATED PARAMETER                   |             |                         |      |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) | 33.9        | 31.5 - 34.5             | g/dL |
| METHOD : CALCULATED PARAMETER                   |             |                         |      |
| RED CELL DISTRIBUTION WIDTH (RDW)               | <b>15.8</b> | <b>High</b> 11.6 - 14.0 | %    |
| METHOD : CALCULATED PARAMETER                   |             |                         |      |
| MENTZER INDEX                                   | 22.2        |                         |      |
| MEAN PLATELET VOLUME (MPV)                      | 8.1         | 6.8 - 10.9              | fL   |
| METHOD : CALCULATED PARAMETER                   |             |                         |      |

#### WBC DIFFERENTIAL COUNT

|                        |    |         |   |
|------------------------|----|---------|---|
| NEUTROPHILS            | 55 | 40 - 80 | % |
| METHOD : FLOWCYTOMETRY |    |         |   |
| LYMPHOCYTES            | 35 | 20 - 40 | % |
| METHOD : FLOWCYTOMETRY |    |         |   |
| MONOCYTES              | 07 | 2 - 10  | % |
| METHOD : FLOWCYTOMETRY |    |         |   |
| EOSINOPHILS            | 03 | 1 - 6   | % |
| METHOD : FLOWCYTOMETRY |    |         |   |

#### SRL Ltd

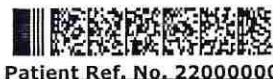
HIRANANDANI HOSPITAL-VASHI, MINI SEASHORE ROAD,  
SECTOR 10,  
NAVI MUMBAI, 400703  
MAHARASHTRA, INDIA  
Tel : 022-39199222,022-49723322,  
CIN - U74899PB1995PLC045956  
Email : -



Scan to View Details



Scan to View Report



Patient Ref. No. 22000000



Cert. No. MC-2275

**LABORATORY REPORT****PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE**PATIENT ID : **FH.12288544**

CLIENT PATIENT ID : UID:12288544

ACCESSION NO : **0022WB002086**

AGE : 31 Years

SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:42:00

RECEIVED : 11/02/2023 10:43:24

REPORTED : 11/02/2023 12:57:20

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

REFERRING DOCTOR : SELF

**CLINICAL INFORMATION :**

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

| Test Report Status                | Final | Results  | Biological Reference Interval        |
|-----------------------------------|-------|--|--------------------------------------|
| BASOPHILS                         |       | 00   | 0 - 2 %                              |
| METHOD : FLOWCYTOMETRY            |       |  |                                      |
| ABSOLUTE NEUTROPHIL COUNT         |       | 5.55   | 2.0 - 7.0 thou/ $\mu$ L              |
| METHOD : CALCULATED PARAMETER     |       |  |                                      |
| ABSOLUTE LYMPHOCYTE COUNT         |       | <b>3.53</b>  | <b>High</b> 1.0 - 3.0 thou/ $\mu$ L  |
| METHOD : CALCULATED PARAMETER     |       |  |                                      |
| ABSOLUTE MONOCYTE COUNT           |       | 0.71   | 0.2 - 1.0 thou/ $\mu$ L              |
| METHOD : CALCULATED PARAMETER     |       |  |                                      |
| ABSOLUTE EOSINOPHIL COUNT         |       | 0.30   | 0.02 - 0.50 thou/ $\mu$ L            |
| METHOD : CALCULATED PARAMETER     |       |  |                                      |
| ABSOLUTE BASOPHIL COUNT           |       | <b>0</b>   | <b>Low</b> 0.02 - 0.10 thou/ $\mu$ L |
| METHOD : CALCULATED PARAMETER     |       |  |                                      |
| NEUTROPHIL LYMPHOCYTE RATIO (NLR) |       | 1.6  |                                      |
| METHOD : CALCULATED PARAMETER     |       |  |                                      |
| <b>MORPHOLOGY</b>                 |       |  |                                      |
| RBC                               |       | PREDOMINANTLY NORMOCYTIC NORMOCHROMIC, 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(>1 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) 10 This ratio element is a calculated parameter and out of NABL scope.

**HAEMATOLOGY****ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD**

|       |           |                    |           |
|-------|-----------|--------------------|-----------|
| E.S.R | <b>31</b> | <b>High</b> 0 - 20 | mm at 1 h |
|-------|-----------|--------------------|-----------|

METHOD : WESTERGREEN METHOD

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



Scan to View Details



Scan to View Report

Page 5 Of 10



Patient Ref. No. 220000008



Cert. No. MC-2275



LABORATORY REPORT

PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE

PATIENT ID : FH.12288544

CLIENT PATIENT ID : UID:12288544

ACCESSION NO : 0022WB002086

AGE : 31 Years

SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:42:00

RECEIVED : 11/02/2023 10:43:24

REPORTED : 11/02/2023 12:57:20

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

CLINICAL INFORMATION :

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

| 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) are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

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

TEST INTERPRETATION

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

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

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic), ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

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

False Decreased : 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 adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE O

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 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 0.67 0.2 - 1.0 mg/dL

METHOD : JENDRASSIK AND GROFF

BILIRUBIN, DIRECT 0.21 High 0.0 - 0.2 mg/dL

METHOD : JENDRASSIK AND GROFF

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



Scan to View Details



Scan to View Report



Patient Ref. No. 22000000



Cert. No. MC-2275

**LABORATORY REPORT**

**PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE**



PATIENT ID : **FH.12288544**

CLIENT PATIENT ID : UID:12288544

ACCESSION NO :- **0022WB002086** AGE : 31 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 10:42:00 RECEIVED : 11/02/2023 10:43:24 REPORTED : 11/02/2023 12:57:20

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

REFERRING DOCTOR : SELF

**CLINICAL INFORMATION :**

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

| Test Report Status                                      | Final | Results   | Biological Reference Interval   |
|---|-------|-----------|---|
| BILIRUBIN, INDIRECT                                     |       | 0.46      | 0.1 - 1.0 mg/dL   |
| METHOD : CALCULATED PARAMETER                           |       |           |   |
| TOTAL PROTEIN   |       | 7.8       | 6.4 - 8.2 g/dL  |
| METHOD : BIURET   |       |           |   |
| ALBUMIN   |       | 3.8       | 3.4 - 5.0 g/dL  |
| METHOD : BCP DYE BINDING                                |       |           |   |
| GLOBULIN  |       | 4.0       | 2.0 - 4.1 g/dL  |
| METHOD : CALCULATED PARAMETER                           |       |           |   |
| ALBUMIN/GLOBULIN RATIO                                  |       | 1.0       | 1.0 - 2.1 RATIO   |
| METHOD : CALCULATED PARAMETER                           |       |           |   |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)                   |       | <b>14</b> | <b>Low</b> 15 - 37 U/L  |
| METHOD : UV WITH P5P                                    |       |           |   |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)                     |       | 21        | < 34.0 U/L  |
| METHOD : UV WITH P5P                                    |       |           |   |
| ALKALINE PHOSPHATASE                                    |       | 83        | 30 - 120 U/L  |
| METHOD : PNPP-ANP                                       |       |           |   |
| GAMMA GLUTAMYL TRANSFERASE (GGT)                        |       | 23        | 5 - 55 U/L  |
| METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE          |       |           |   |
| LACTATE DEHYDROGENASE                                   |       | 171       | 100 - 190 U/L   |
| METHOD : LACTATE -PYRUVATE                              |       |           |   |
| <b>GLUCOSE FASTING, FLUORIDE PLASMA</b>                 |       |           |   |
| FBS (FASTING BLOOD SUGAR)                               |       | 99        | 74 - 99 mg/dL   |
| METHOD : HEXOKINASE                                     |       |           |   |
| <b>GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD</b> |       |           |   |
| HBA1C   |       | 5.5       | Non-diabetic: < 5.7<br>Pre-diabetics: 5.7 - 6.4<br>Diabetics: > or = 6.5<br>Therapeutic goals: < 7.0<br>Action suggested : > 8.0<br>(ADA Guideline 2021)<br>% |
| METHOD : HB VARIANT (HPLC)                              |       |           |   |
| ESTIMATED AVERAGE GLUCOSE(EAG)                          |       | 111.2     | < 116.0 mg/dL   |
| METHOD : CALCULATED PARAMETER                           |       |           |   |

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



Scan to View Details



Scan to View Report





Cert. No. MC-2275

# LABORATORY REPORT

PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE



PATIENT ID : FH.12288544

CLIENT PATIENT ID : UID:12288544

ACCESSION NO : 0022WB002086 AGE : 31 Years SEX : Female ABHA NO :

DRAWN : 11/02/2023 10:42:00 RECEIVED : 11/02/2023 10:43:24 REPORTED : 11/02/2023 12:57:20

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

### CLINICAL INFORMATION :

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

| 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 result from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels are 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 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, alcoholism, 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, Nephrotic 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 so that no glucose is excreted in 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. 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 Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

#### GLYCOSYLATED HEMOGLOBIN (HbA1c), EDTA WHOLE BLOOD-Used For:

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

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

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

#### HbA1c Estimation can get affected due to :

- 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 & opiods 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 platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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



Scan to View Details



Scan to View Report





Cert. No. MC-2275

# LABORATORY REPORT

PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE



PATIENT ID : FH.12288544

CLIENT PATIENT ID : UID:12288544

ACCESSION NO : 0022WB002086

AGE : 31 Years

SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:42:00

RECEIVED : 11/02/2023 10:43:24

REPORTED : 11/02/2023 12:57:20

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

### CLINICAL INFORMATION :

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

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

## BIOCHEMISTRY - LIPID

### LIPID PROFILE, SERUM

|  |      |  |       |
|--|------|--|-------|
| CHOLESTEROL, TOTAL   | 137  | < 200 Desirable<br>200 - 239 Borderline High<br>>= 240 High  | mg/dL |
| METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE |      |  |       |
| TRIGLYCERIDES  | 54   | < 150 Normal<br>150 - 199 Borderline High<br>200 - 499 High<br>>=500 Very High   | mg/dL |
| METHOD : ENZYMATIC ASSAY   |      |  |       |
| HDL CHOLESTEROL  | 41   | < 40 Low<br>>=60 High  | mg/dL |
| METHOD : DIRECT MEASURE - PEG  |      |  |       |
| LDL CHOLESTEROL, DIRECT  | 91   | < 100 Optimal<br>100 - 129 Near or above optimal<br>130 - 159 Borderline High<br>160 - 189 High<br>>= 190 Very High              | mg/dL |
| METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT                        |      |  |       |
| NON HDL CHOLESTEROL  | 96   | Desirable: Less than 130<br>Above Desirable: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>Very high: > or = 220 | mg/dL |
| METHOD : CALCULATED PARAMETER  |      |  |       |
| VERY LOW DENSITY LIPOPROTEIN   | 10.8 | <= 30.0  | mg/dL |
| METHOD : CALCULATED PARAMETER  |      |  |       |
| CHOL/HDL RATIO   | 3.3  | 3.3 - 4.4 Low Risk<br>4.5 - 7.0 Average Risk<br>7.1 - 11.0 Moderate Risk<br>> 11.0 High Risk                                     |       |
| METHOD : CALCULATED PARAMETER  |      |  |       |
| LDL/HDL RATIO  | 2.2  | 0.5 - 3.0 Desirable/Low Risk<br>3.1 - 6.0 Borderline/Moderate Risk<br>>6.0 High Risk   |       |
| METHOD : CALCULATED PARAMETER  |      |  |       |

### Interpretation(s)

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



Scan to View Details



Scan to View Report

Page 9 Of 10



Patient Ref. No. 220000008



Cert. No. MC-2275

# LABORATORY REPORT

PATIENT NAME : MRS.MANALI ASHOK RAO WAGHMARE



PATIENT ID : FH.12288544

CLIENT PATIENT ID : UID:12288544

ACCESSION NO : 0022WB002086

AGE : 31 Years

SEX : Female

ABHA NO :

DRAWN : 11/02/2023 10:42:00

RECEIVED : 11/02/2023 10:43:24

REPORTED : 11/02/2023 12:57:20

CLIENT NAME : FORTIS VASHI-CHC -SPLZD

REFERRING DOCTOR : SELF

### CLINICAL INFORMATION :

UID:12288544 REQNO-1370913

CORP-OPD

BILLNO-150123OPCR008484

BILLNO-150123OPCR008484

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

**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

**Dr. Akta Dubey**  
Consultant 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 :-



Scan to View Details



Scan to View Report





12288544  
31 Years

MANALI WACHMARE  
Female

2/11/2023 12:26:20 PM

HC

Rate 89 . Sinus rhythm.....normal P axis, V-rate 50-99

PR 193  
QRSD 99  
QT 362  
QTc 441

Sinus Rhythm

Normal

Q

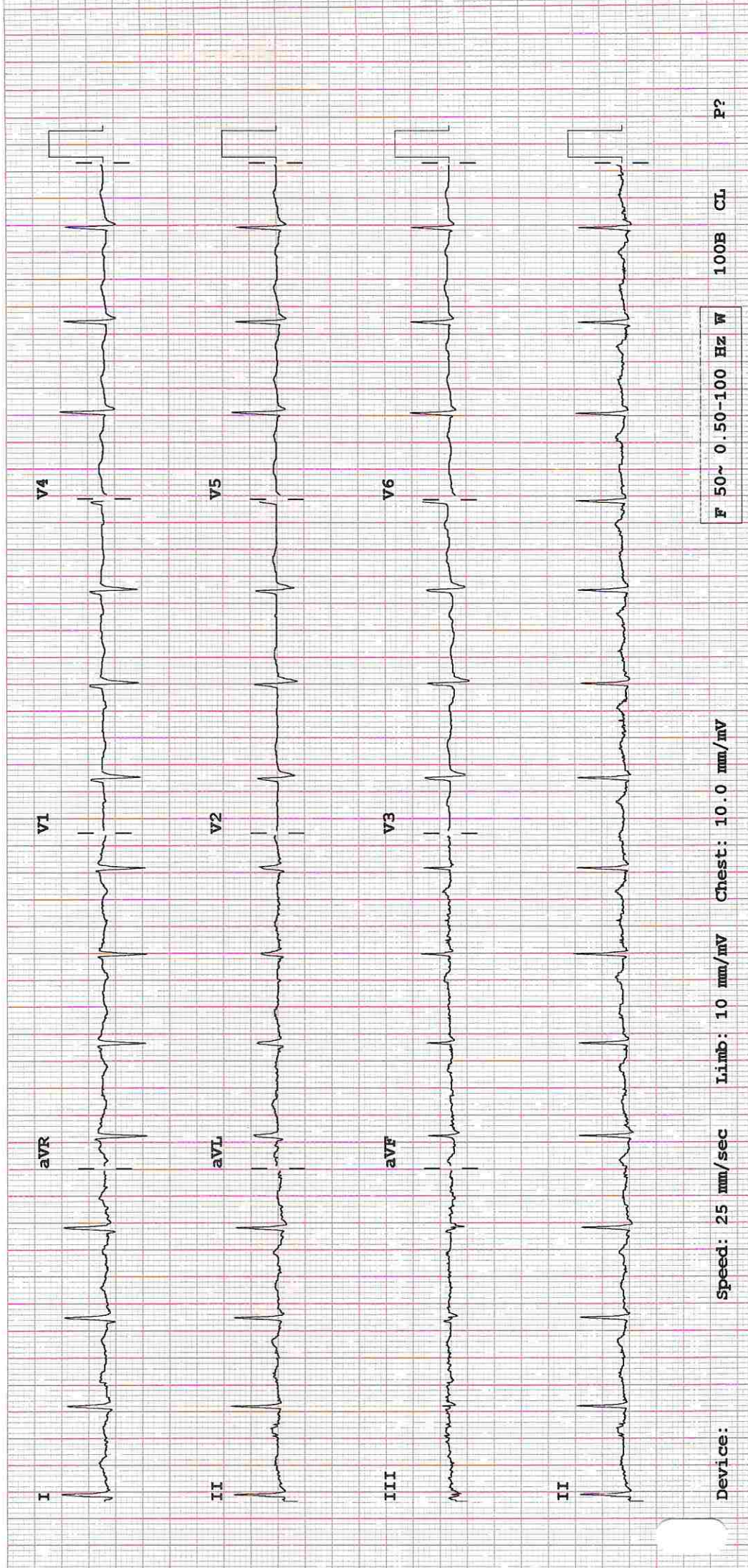
--AXIS--

P 44  
QRS 18  
T 14

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis





Date: 13/Feb/2023

DEPARTMENT OF NIC

Name: Mrs. Manali Ashok Rao Waghmare

Age | Sex: 31 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12288544 | 8694/23/1501

Order No | Order Date: 1501/PN/OP/2302/17841 | 11-Feb-2023

Admitted On | Reporting Date : 13-Feb-2023 17:53:02

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          | 32 | mm |
| AO Root     | 22 | mm |
| AO CUSP SEP | 16 | mm |
| LVID (s)    | 31 | mm |
| LVID (d)    | 43 | mm |
| IVS (d)     | 09 | mm |
| LVPW (d)    | 10 | mm |
| RVID (d)    | 29 | mm |
| RA          | 31 | mm |
| LVEF        | 60 | %  |



Date: 13/Feb/2023

DEPARTMENT OF NIC

Name: Mrs. Manali Ashok Rao Waghmare

Age | Sex: 31 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12288544 | 8694/23/1501

Order No | Order Date: 1501/PN/OP/2302/17841 | 11-Feb-2023

Admitted On | Reporting Date : 13-Feb-2023 17:53:02

Order Doctor Name : Dr.SELF .

**DOPPLER STUDY:**

E WAVE VELOCITY: 0.7 m/sec.

A WAVE VELOCITY:0.5 m/sec

E/A RATIO:1.1

|                 | PEAK<br>(mmHg) | MEAN<br>(mmHg) | V max<br>(m/sec) | GRADE OF<br>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)

**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



**DEPARTMENT OF RADIOLOGY**

Date: 11/Feb/2023

Name: Mrs. Manali Ashok Rao Waghmare

UHID | Episode No : 12288544 | 8694/23/1501

Age | Sex: 31 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2302/17841 | 11-Feb-2023

Order Station : FO-OPD

Admitted On | Reporting Date : 11-Feb-2023 20:05:26

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. ABHIJEET BHAMBURE**  
**DMRD, DNB (Radiologist)**



Date: 11/Feb/2023

DEPARTMENT OF RADIOLOGY

Name: Mrs. Manali Ashok Rao Waghmare  
Age | Sex: 31 YEAR(S) | Female  
Order Station : FO-OPD  
Bed Name :

UHID | Episode No : 12288544 | 8694/23/1501  
Order No | Order Date: 1501/PN/OP/2302/17841 | 11-Feb-2023  
Admitted On | Reporting Date : 11-Feb-2023 15:43:22  
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 10.9 x 4.5 cm.  
Left kidney measures 10.2 x 5.0 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 7.7 x 2.7 x 4.0 cm.  
Endometrium measures 6.4 mm in thickness.

Both ovaries are normal.  
Right ovary measures 2.4 x 1.7 x 3.6 cm, volume 7.7 cc.  
Left ovary measures 2.9 x 2.7 x 2.0 cm, volume 8.7 cc.

No evidence of ascites.

**IMPRESSION:**

- No significant abnormality is detected.

  
DR. VIVEK MANE  
MBBS., DMRE. (Radiologist)

