

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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

**HAEMATOLOGY - CBC**

**CBC-5, EDTA WHOLE BLOOD**

**BLOOD COUNTS, EDTA WHOLE BLOOD**

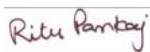
HEMOGLOBIN (HB)	15.4	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT	5.27	4.5 - 5.5	mil/ $\mu$ L
WHITE BLOOD CELL (WBC) COUNT	4.97	4.0 - 10.0	thou/ $\mu$ L
METHOD : FLOW CYTOMETRY			
PLATELET COUNT	189	150 - 410	thou/ $\mu$ L

**RBC AND PLATELET INDICES**

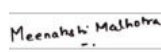
HEMATOCRIT (PCV)	46.3	40.0 - 50.0	%
MEAN CORPUSCULAR VOLUME (MCV)	87.9	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	29.2	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	33.3	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	13.1	11.6 - 14.0	%
MENTZER INDEX	16.7		
MEAN PLATELET VOLUME (MPV)	10.6	6.8 - 10.9	fL

**WBC DIFFERENTIAL COUNT**

NEUTROPHILS	56	40.0 - 80.0	%
LYMPHOCYTES	37	20.0 - 40.0	%
MONOCYTES	6	2.0 - 10.0	%
EOSINOPHILS	1	1 - 6	%
BASOPHILS	00	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.78	2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT	1.84	1.0 - 3.0	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT	0.30	0.2 - 1.0	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT	0.05	0.02 - 0.50	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.5		



**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897



**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 6000002910137**

**PATIENT NAME : KUNAL GROVER****REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
FORTIS HOSPITAL # MOHALI,  
MOHALI 160062  
7087030817

ACCESSION NO : **0006VL019334**  
PATIENT ID : FH.11455004  
CLIENT PATIENT ID: UID:11455004  
ABHA NO :

AGE/SEX : 33 Years Male  
DRAWN : 27/12/2022 11:31:00  
RECEIVED : 27/12/2022 14:30:52  
REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
CORP-OPD  
BILLNO-1002122OPCS019025  
BILLNO-1002122OPCS019025

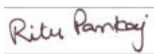
Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

**Interpretation(s)**

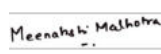
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504  
This ratio element is a calculated parameter and out of NABL scope.



**Dr. Ritu Pankaj, MD, PDCC**  
Senior Consultant,30897



**Dr. Meenakshi Malhotra, MD**  
Senior Consultant,48159

Page 2 Of 20



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
MOHALI, 160062  
PUNJAB, INDIA  
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
Email : srl.mohali@fortishealthcare.com

**Patient Ref. No. 6000002910137**

PATIENT NAME : KUNAL GROVER

REF. DOCTOR : SELF

FORTIS MOHALI-CHC -SPLZD  
FORTIS HOSPITAL # MOHALI,  
MOHALI 160062  
7087030817

ACCESSION NO : **0006VL019334**  
PATIENT ID : FH.11455004  
CLIENT PATIENT ID: UID:11455004  
ABHA NO :

AGE/SEX : 33 Years Male  
DRAWN : 27/12/2022 11:31:00  
RECEIVED : 27/12/2022 14:30:52  
REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
CORP-OPD  
BILLNO-1002122OPCS019025  
BILLNO-1002122OPCS019025

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

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

E.S.R	06	0 - 14	mm at 1 hr
-------	----	--------	------------

METHOD : WESTERGREIN METHOD

**Interpretation(s)****ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD-TEST DESCRIPTION :-**

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

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

**TEST INTERPRETATION**

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

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (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

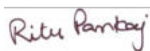
**LIMITATIONS**

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

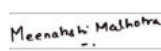
**False Decreased** : Poikilocytosis, (SickleCells, spherocytes), Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

**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 for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.



**Dr. Ritu Pankaj, MD, PDCC**  
Senior Consultant, 30897



**Dr. Meenakshi Malhotra, MD**  
Senior Consultant, 48159

Page 3 Of 20



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
FORTIS HOSPITAL, SECTOR 62, PHASE VIII,  
MOHALI, 160062  
PUNJAB, INDIA  
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
Email : srl.mohali@fortishealthcare.com



Patient Ref. No. 600002910137

PATIENT NAME : KUNAL GROVER

REF. DOCTOR : SELF

FORTIS MOHALI-CHC -SPLZD  
FORTIS HOSPITAL # MOHALI,  
MOHALI 160062  
7087030817

ACCESSION NO : **0006VL019334**  
PATIENT ID : FH.11455004  
CLIENT PATIENT ID: UID:11455004  
ABHA NO :

AGE/SEX : 33 Years Male  
DRAWN : 27/12/2022 11:31:00  
RECEIVED : 27/12/2022 14:30:52  
REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
CORP-OPD  
BILLNO-1002122OPCS019025  
BILLNO-1002122OPCS019025

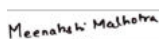
Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

**BIOCHEMISTRY****LIVER FUNCTION PROFILE, SERUM**

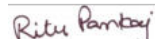
BILIRUBIN, TOTAL METHOD : DIAZONIUM ION, BLANKED ( ROCHE)	0.41	UPTO 1.2	mg/dL
BILIRUBIN, DIRECT METHOD : DIAZOTIZATION	0.16	0.00 - 0.30	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.25	0.00 - 0.60	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.3	6.6 - 8.7	g/dL
ALBUMIN METHOD : BROMOCRESOL GREEN	4.7	3.97 - 4.94	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	2.6	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.8	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE	22	0 - 41	U/L
ALKALINE PHOSPHATASE METHOD : PNPP - AMP BUFFER	85	40 - 129	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE	17	8 - 61	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE UV	200	135 - 225	U/L

**GLUCOSE FASTING, FLUORIDE PLASMA**

FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	80	74 - 106	mg/dL
--	----	----------	-------



**Dr. Meenakshi Malhotra, MD**  
Senior Consultant, 48159



**Dr. Ritu Pankaj, MD, PDCC**  
Senior Consultant, 30897



**Ms. Hardeep Kaur, M.Sc.**  
Biochemistry

Page 4 Of 20



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
FORTIS HOSPITAL, SECTOR 62, PHASE VIII,  
MOHALI, 160062  
PUNJAB, INDIA  
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
Email : srl.mohali@fortishealthcare.com



Patient Ref. No. 6000002910137

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

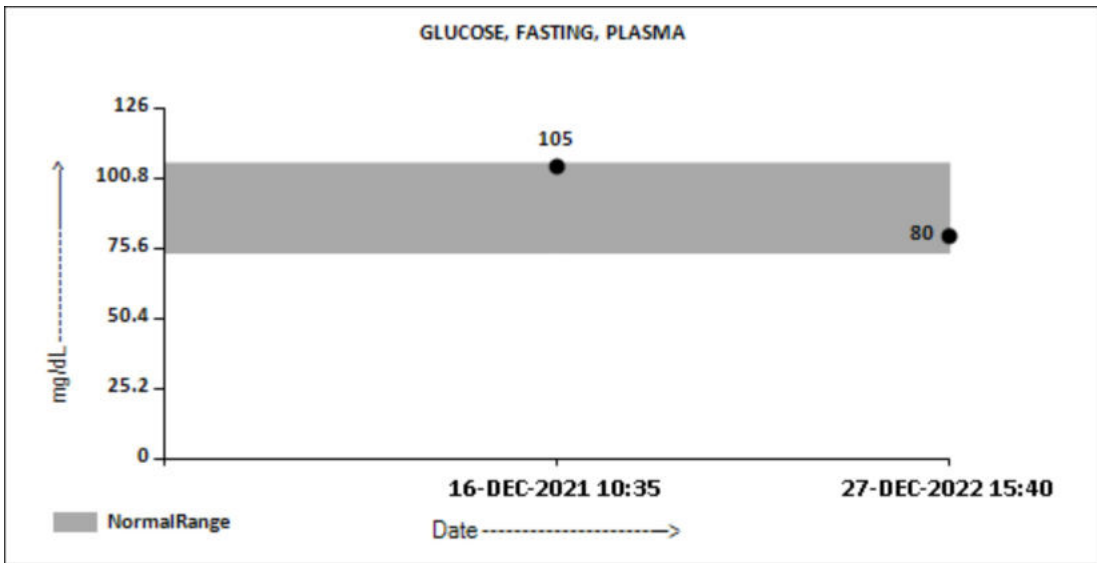
ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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



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

BLOOD UREA NITROGEN	17	6 - 20	mg/dL
METHOD : UREASE - UV			

*Meenakshi Malhotra*

**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159

*Ritu Pankaj*

**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897

*H Kaur*

**Ms. Hardeep Kaur, M.Sc.**  
 Biochemistry



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62, PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 600002910137**

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

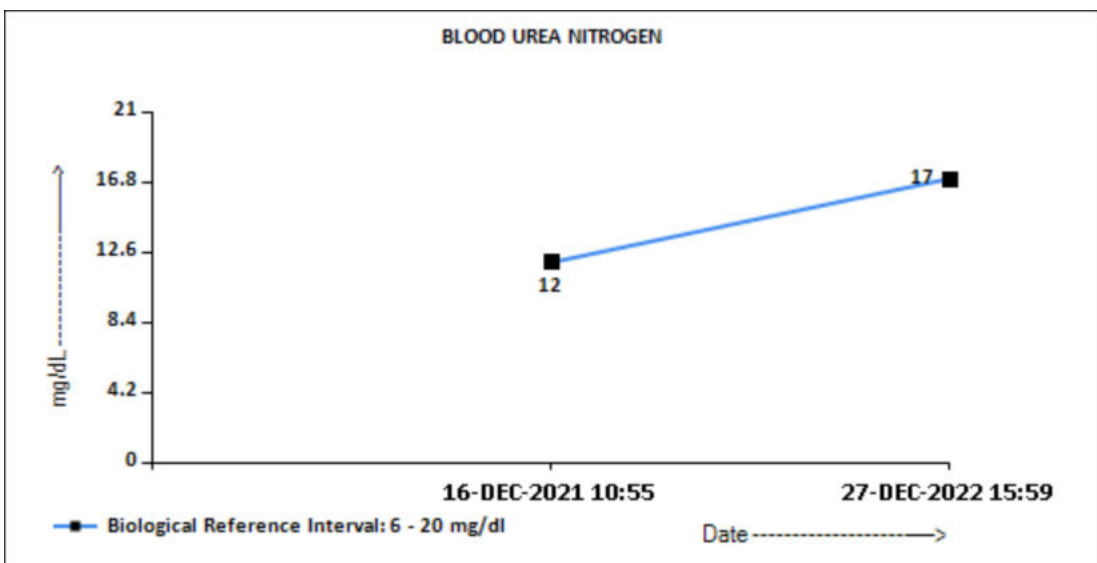
ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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



**URIC ACID, SERUM**

URIC ACID	6.5	3.4 - 7.0	mg/dL
-----------	-----	-----------	-------

METHOD : URICASE, COLORIMETRIC

**CALCIUM, SERUM**

CALCIUM	9.3	8.6 - 10.0	mg/dL
---------	-----	------------	-------

METHOD : NM-BAPTA

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

HBA1C	<b>5.8 High</b>	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
-------	-----------------	--	---

METHOD : HPLC

ESTIMATED AVERAGE GLUCOSE(EAG)	<b>119.8 High</b>	< 116.0	mg/dL
--------------------------------	-------------------	---------	-------

*Meenakshi Malhotra*  
**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159

*Ritu Pankaj*  
**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897

*H Kaur*  
**Ms. Hardeep Kaur, M.Sc.**  
 Biochemistry



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 6000002910137**

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

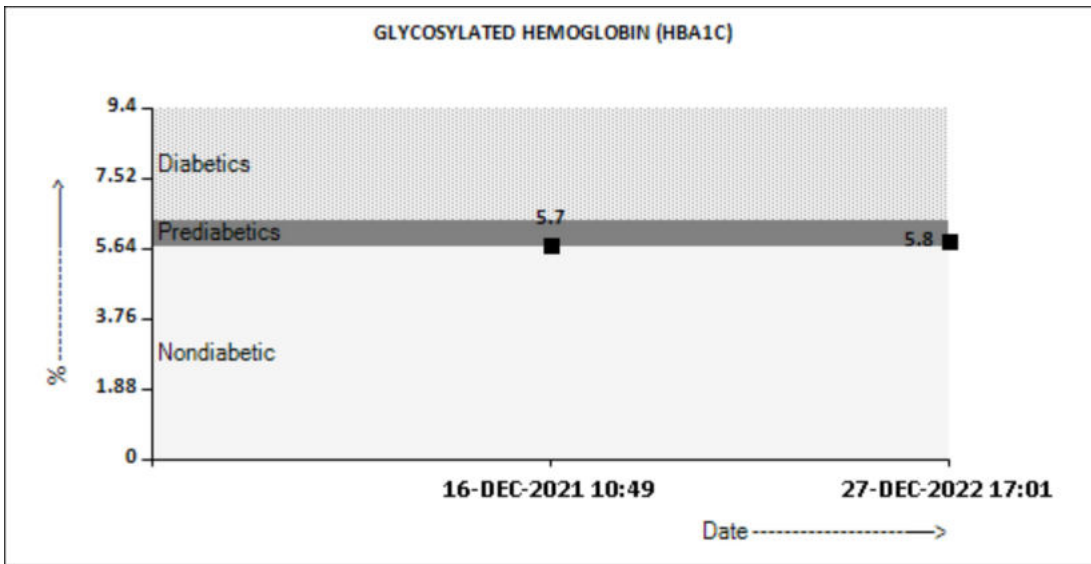
AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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

METHOD : CALCULATED PARAMETER



**CREATININE EGFR**

CREATININE	1.00	0.70 - 1.20	mg/dL
METHOD : ALKALINE PICRATE-KINETIC			
AGE	33		years

*Meenakshi Malhotra*

**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159

*Ritu Pankaj*

**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897

*H Kaur*

**Ms. Hardeep Kaur, M.Sc.**  
 Biochemistry



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 6000002910137**

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

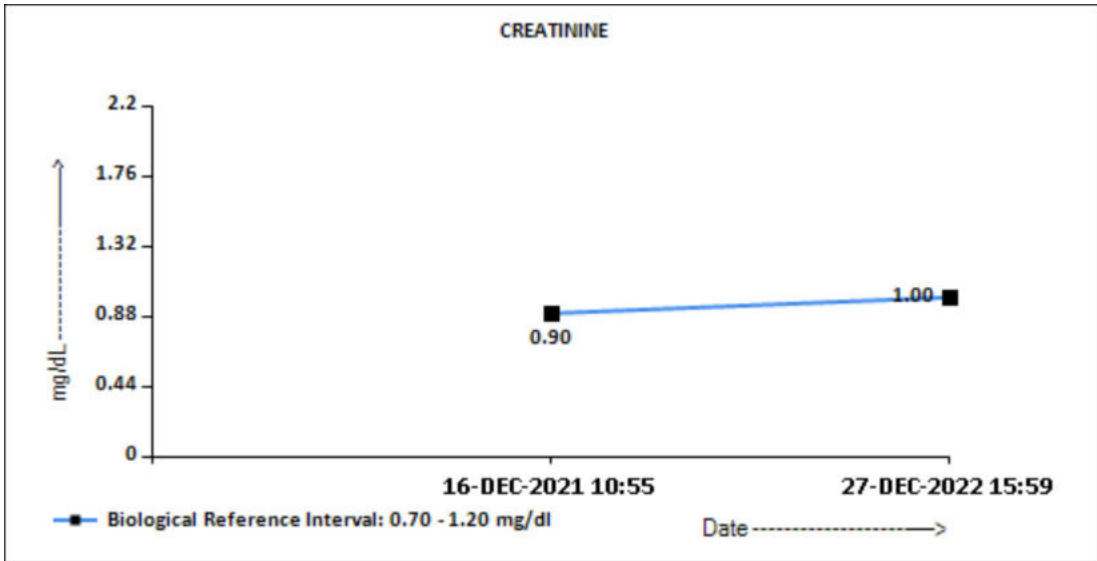
AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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

<p>GLOMERULAR FILTRATION RATE (MALE)</p>	<p>86</p>	<p>GFR of +90                      normal or minimal kidney                      damage with normal GFR                      89- 60                      mild decrease                      59-30                      moderate decrease                      29-15                      severe decrease                      &lt; 15 kidney failure                      (units: mL/min/1.73mSq.)</p>
--	-----------	--



**GLUCOSE POST-PRANDIAL, PLASMA**

<p>PPBS(POST PRANDIAL BLOOD SUGAR)</p>	<p>86</p>	<p>Non-Diabetes                      70 - 140</p>	<p>mg/dL</p>
--	-----------	---	--------------

METHOD : HEXOKINASE

*Meenakshi Malhotra*  
**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159

*Ritu Pankaj*  
**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897

*H Kaur*  
**Ms. Hardeep Kaur, M.Sc.**  
 Biochemistry



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 6000002910137**



**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

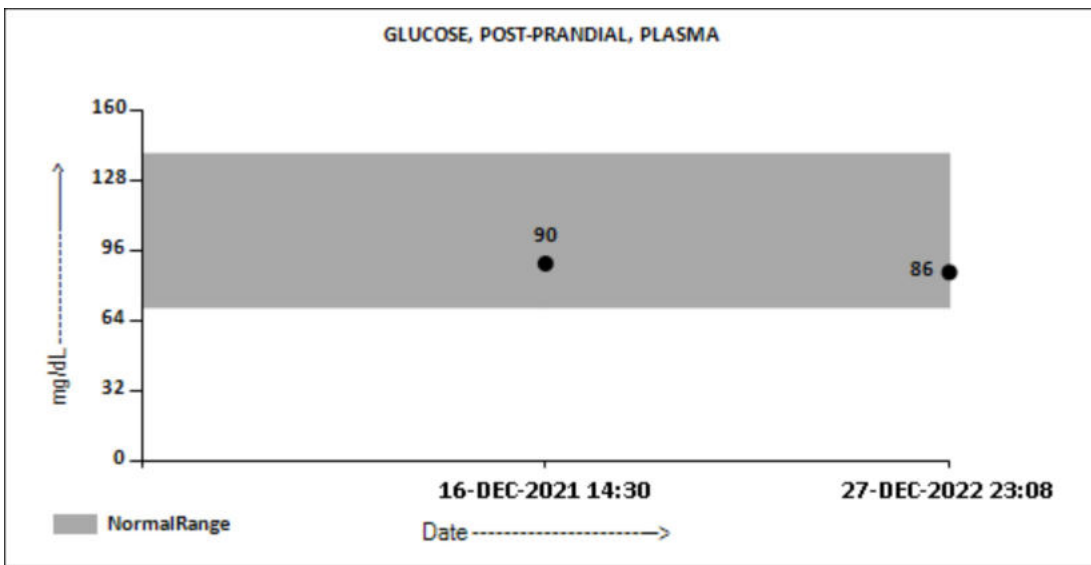
ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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



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

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

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen

*Meenakshi Malhotra*

**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant, 48159

*Ritu Pankaj*

**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant, 30897

*H Kaur*

**Ms. Hardeep Kaur, M.Sc.**  
 Biochemistry



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62, PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 600002910137**

**PATIENT NAME : KUNAL GROVER****REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
FORTIS HOSPITAL # MOHALI,  
MOHALI 160062  
7087030817

ACCESSION NO : **0006VL019334**  
PATIENT ID : FH.11455004  
CLIENT PATIENT ID: UID:11455004  
ABHA NO :

AGE/SEX : 33 Years Male  
DRAWN : 27/12/2022 11:31:00  
RECEIVED : 27/12/2022 14:30:52  
REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
CORP-OPD  
BILLNO-1002122OPCS019025  
BILLNO-1002122OPCS019025

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

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, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc. Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, 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 the urine.

**Increased in**

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs: corticosteroids, phenytoin, estrogen, thiazides.

**Decreased in**

Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g., galactosemia), Drugs- insulin, ethanol, propranolol, sulfonyleureas, tolbutamide, and other oral hypoglycemic agents.

**NOTE:**

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, 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, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

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

CALCIUM, SERUM- Common causes of decreased value of calcium (hypocalcemia) are chronic renal failure, hypomagnesemia and hypoalbuminemia.

Hypercalcemia (increased value of calcium) can be caused by increased intestinal absorption (vitamin D intoxication), increased skeletal reabsorption (immobilization), or a combination of mechanisms (primary hyperparathyroidism). Primary hyperparathyroidism and malignancy accounts for 90-95% of all cases of hypercalcemia.

Values of total calcium is affected by serum proteins, particularly albumin thus, latter's value should be taken into account when interpreting serum calcium levels. The following regression equation may be helpful.

Corrected total calcium (mg/dl) = total calcium (mg/dl) + 0.8 (4- albumin [g/dl])\*

because regression equations vary among group of patients in different physiological and pathological conditions, mathematical corrections are only approximations. The possible mathematical corrections should be replaced by direct determination of free calcium by ISE (available with srl) a common and important source of preanalytical error in the measurement of calcium is prolonged tourniquet application during sampling. Thus, this along with fist clenching should be avoided before phlebotomy.

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.

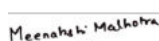
1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.

2. eAG gives an evaluation of blood glucose levels for the last couple of months.

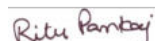
3. eAG is calculated as  $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

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

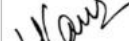
I. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic



**Dr. Meenakshi Malhotra, MD**  
Senior Consultant, 48159



**Dr. Ritu Pankaj, MD, PDCC**  
Senior Consultant, 30897



**Ms. Hardeep Kaur, M.Sc.**  
Biochemistry

Page 10 Of 20



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
FORTIS HOSPITAL, SECTOR 62, PHASE VIII,  
MOHALI, 160062  
PUNJAB, INDIA

Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704

Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 600002910137**

**PATIENT NAME : KUNAL GROVER****REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
FORTIS HOSPITAL # MOHALI,  
MOHALI 160062  
7087030817

ACCESSION NO : **0006VL019334**  
PATIENT ID : FH.11455004  
CLIENT PATIENT ID: UID:11455004  
ABHA NO :

AGE/SEX : 33 Years Male  
DRAWN : 27/12/2022 11:31:00  
RECEIVED : 27/12/2022 14:30:52  
REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
CORP-OPD  
BILLNO-1002122OPCS019025  
BILLNO-1002122OPCS019025

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

anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.

II. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin).

III. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition 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

CREATININE EGFR-GFR— Glomerular filtration rate (GFR) is a measure of the function of the kidneys. The GFR is a calculation based on a serum creatinine test. Creatinine is a muscle waste product that is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate. When kidney function decreases, less creatinine is excreted and concentrations increase in the blood. With the creatinine test, a reasonable estimate of the actual GFR can be determined.

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

A GFR below 60 may mean kidney disease.

A GFR of 15 or lower may mean kidney failure.

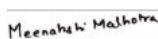
Estimated GFR (eGFR) is the preferred method for identifying people with chronic kidney disease (CKD). In adults, eGFR calculated using the Modification of Diet in Renal Disease (MDRD) Study equation provides a more clinically useful measure of kidney function than serum creatinine alone.

This equation takes into account several factors that impact creatinine production, including age, gender, and race. In children, eGFR is calculated using original Schwartz equation.

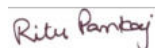
The equation has not been validated in children & will only be reported for patients > 16 years of age. The equation is normalized for an average adult body surface area of 1.73m<sup>2</sup>, weight & height adjustment is not necessary.

The IDMS Traceable MDRD equation has not been validated in children & will only be reported for patients = 18 years of age. The equation is normalized for an average adult body surface area of 1.73m<sup>2</sup>, weight & height adjustment is not necessary. Estimation of GFR in children and adolescence (0- < 18 years) is performed by bedside IDMS- Traceable Schwartz formula

GLUCOSE POST-PRANDIAL, PLASMA-Spectrophotometry Hexokinase



**Dr. Meenakshi Malhotra, MD**  
Senior Consultant, 48159



**Dr. Ritu Pankaj, MD, PDCC**  
Senior Consultant, 30897



**Ms. Hardeep Kaur, M.Sc.**  
Biochemistry

Page 11 Of 20



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
FORTIS HOSPITAL, SECTOR 62, PHASE VIII,  
MOHALI, 160062  
PUNJAB, INDIA  
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
Email : srl.mohali@fortishealthcare.com

**Patient Ref. No. 600002910137**

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

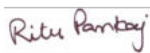
UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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

**BIOCHEMISTRY - LIPID**

**LIPID PROFILE, SERUM**

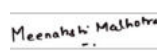
CHOLESTEROL, TOTAL	180	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
TRIGLYCERIDES	150	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	59	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	<b>102 High</b>	< 100 Optimal 100 - 129 Near or above optimal 130 - 160 Borderline High 161 - 189 High >/= 190 Very High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
NON HDL CHOLESTEROL	121	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	<b>3.1 Low</b>	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	1.7	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	



**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897



**Ms. Hardeep Kaur, M.Sc.**  
 Biochemistry



**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 6000002910137**

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

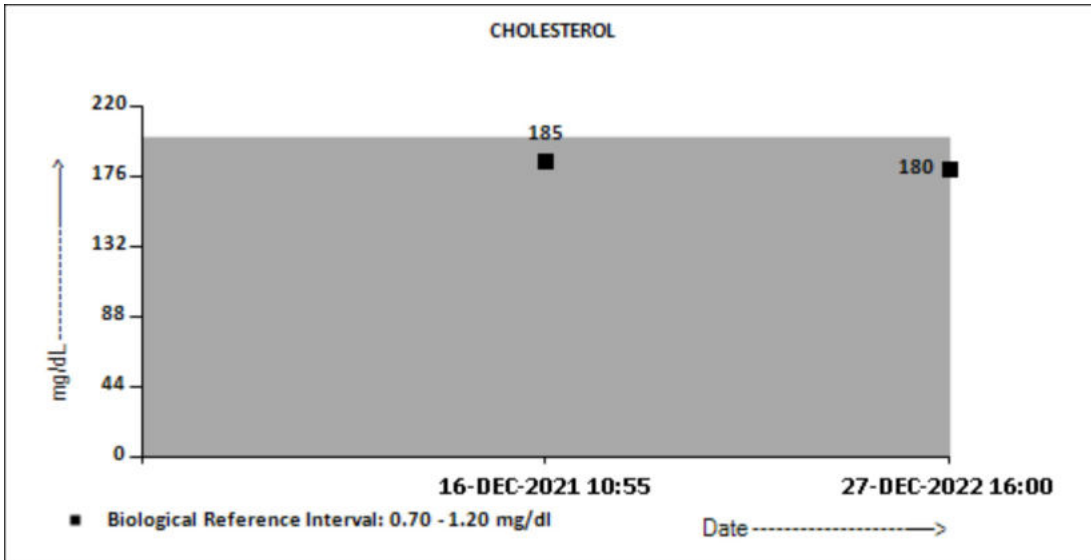
UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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

METHOD : CALCULATED PARAMETER

VERY LOW DENSITY LIPOPROTEIN	30.0	Desirable value : 10 - 35	mg/dL
------------------------------	------	------------------------------	-------

METHOD : CALCULATED PARAMETER



*Ritu Pankaj*

**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897

*Hardeep*

**Ms. Hardeep Kaur, M.Sc.**  
 Biochemistry

*Meenakshi Malhotra*

**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 6000002910137**

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

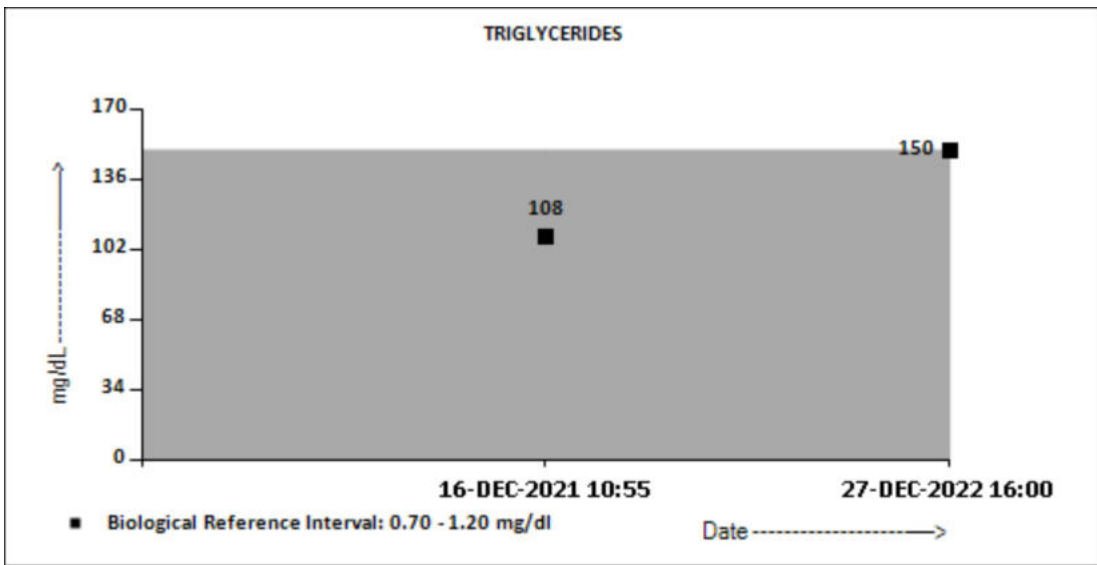
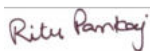
ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

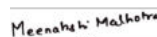
Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897



**Ms. Hardeep Kaur, M.Sc.**  
 Biochemistry



**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 600002910137**

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

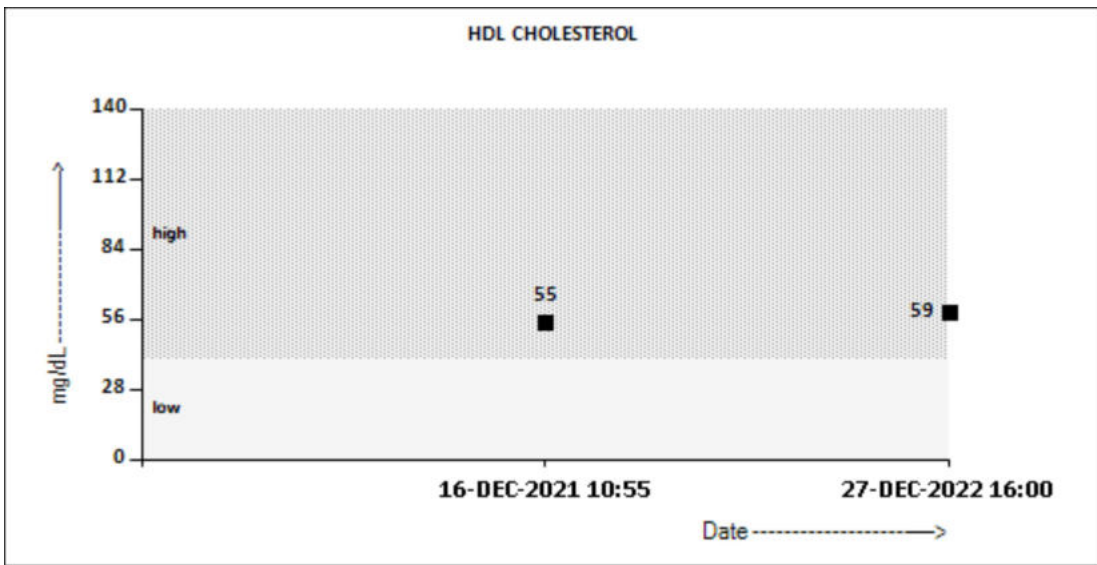
ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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



*Ritu Pankaj*

**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897

*Hardeep Kaur*

**Ms. Hardeep Kaur, M.Sc.**  
 Biochemistry

*Meenakshi Malhotra*

**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 6000002910137**

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

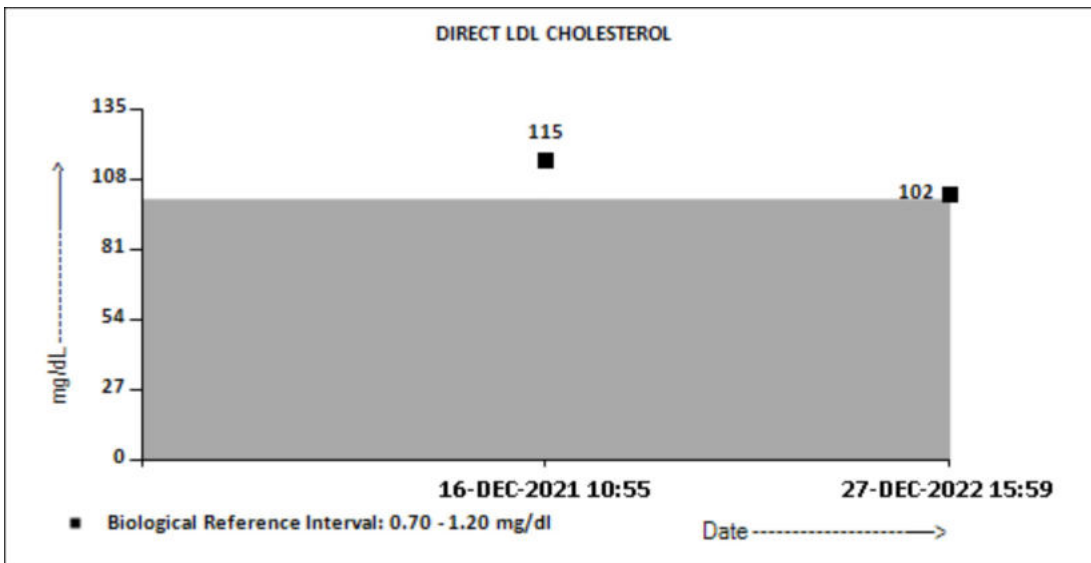
ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

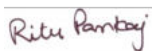
**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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



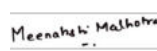
**Interpretation(s)**



**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897



**Ms. Hardeep Kaur, M.Sc.**  
 Biochemistry



**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 6000002910137**



**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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

**CLINICAL PATH - URINALYSIS**

**URINALYSIS**

**PHYSICAL EXAMINATION, URINE**

COLOR YELLOW

METHOD : REFLECTANCE PHOTOMETRY

APPEARANCE CLEAR

METHOD : REFLECTANCE PHOTOMETRY

**CHEMICAL EXAMINATION, URINE**

PH 7.5 4.7 - 7.5

SPECIFIC GRAVITY <=1.005 1.003 - 1.035

METHOD : REFLECTANCE PHOTOMETRY (IONIC CONCENTRATION)

PROTEIN NOT DETECTED NOT DETECTED

METHOD : REFLECTION PHOTOMETRY (PROTEIN ERROR INDICATOR)

GLUCOSE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE PHOTOMETRY ( GLUCOSE OXIDASE METHOD)

KETONES NOT DETECTED NOT DETECTED

METHOD : REFLECTION PHOTOMETRY (NITROPRUSSIDE)

BLOOD NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE PHOTOMETRY ( BENZIDINE REACTION)

BILIRUBIN NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)

UROBILINOGEN NORMAL NORMAL

METHOD : REFLECTANCE PHOTOMETRY (EHRlich'S REACTION)

NITRITE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)

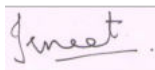
**MICROSCOPIC EXAMINATION, URINE**

RED BLOOD CELLS NOT DETECTED NOT DETECTED /HPF

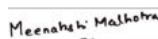
METHOD : MICROSCOPY

PUS CELL (WBC'S) NOT DETECTED 0-5 /HPF

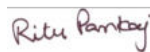
METHOD : REFLECTANCE PHOTOMETRY & MICROSCOPY



**Dr. Irneet Mundi, MD**  
 Associate Consultant,34080



**Dr. Meenakshi Malhotra, MD**  
 Senior Consultant,48159



**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 6000002910137**

**PATIENT NAME : KUNAL GROVER**

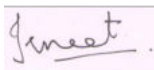
**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL # MOHALI, MOHALI 160062 7087030817	ACCESSION NO : <b>0006VL019334</b>	AGE/SEX : 33 Years Male
	PATIENT ID : FH.11455004	DRAWN : 27/12/2022 11:31:00
	CLIENT PATIENT ID: UID:11455004	RECEIVED : 27/12/2022 14:30:52
	ABHA NO :	REPORTED : 27/12/2022 23:24:01

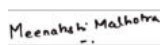
**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

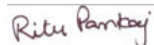
Test Report Status	Final	Results	Biological Reference Interval	Units
EPITHELIAL CELLS		NOT DETECTED	0-5	/HPF
METHOD : MICROSCOPY				
CASTS		NOT DETECTED		
METHOD : MICROSCOPY				
CRYSTALS		NOT DETECTED		
METHOD : MICROSCOPY				
BACTERIA		NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPY				
YEAST		NOT DETECTED	NOT DETECTED	
<b>Interpretation(s)</b>				



**Dr. Irneet Mundi, MD**  
Associate Consultant,34080



**Dr. Meenakshi Malhotra, MD**  
Senior Consultant,48159



**Dr. Ritu Pankaj, MD, PDCC**  
Senior Consultant,30897



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : srl.mohali@fortishealthcare.com



**Patient Ref. No. 6000002910137**

PATIENT NAME : KUNAL GROVER

REF. DOCTOR : SELF

FORTIS MOHALI-CHC -SPLZD  
FORTIS HOSPITAL # MOHALI,  
MOHALI 160062  
7087030817

ACCESSION NO : **0006VL019334**  
PATIENT ID : FH.11455004  
CLIENT PATIENT ID: UID:11455004  
ABHA NO :

AGE/SEX : 33 Years Male  
DRAWN : 27/12/2022 11:31:00  
RECEIVED : 27/12/2022 14:30:52  
REPORTED : 27/12/2022 23:24:01

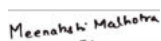
**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
CORP-OPD  
BILLNO-1002122OPCS019025  
BILLNO-1002122OPCS019025

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

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

T3 METHOD : SANDWICH (ECLIA)	104.0	80.00 - 200.00	ng/dL
T4 METHOD : SANDWICH (ECLIA)	7.10	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE) METHOD : SANDWICH (ECLIA)	<b>4.720 High</b>	0.270 - 4.200	µIU/mL

**Interpretation(s)**


Dr. Meenakshi Malhotra, MD  
Senior Consultant, 48159



Dr. Ritu Pankaj, MD, PDCC  
Senior Consultant, 30897

Page 19 Of 20



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
FORTIS HOSPITAL, SECTOR 62, PHASE VIII,  
MOHALI, 160062  
PUNJAB, INDIA  
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
Email : srl.mohali@fortishealthcare.com



Patient Ref. No. 600002910137

**PATIENT NAME : KUNAL GROVER**

**REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL # MOHALI,  
 MOHALI 160062  
 7087030817

ACCESSION NO : **0006VL019334**  
 PATIENT ID : FH.11455004  
 CLIENT PATIENT ID: UID:11455004  
 ABHA NO :

AGE/SEX : 33 Years Male  
 DRAWN : 27/12/2022 11:31:00  
 RECEIVED : 27/12/2022 14:30:52  
 REPORTED : 27/12/2022 23:24:01

**CLINICAL INFORMATION :**

UID:11455004 REQNO-1350725  
 CORP-OPD  
 BILLNO-1002122OPCS019025  
 BILLNO-1002122OPCS019025

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

**SPECIALISED CHEMISTRY - TUMOR MARKER**

**PROSTATE SPECIFIC ANTIGEN, SERUM**

PROSTATE SPECIFIC ANTIGEN	0.630	0.0 - 1.4	ng/mL
METHOD : SANDWICH (ECLIA)			

**Interpretation(s)**

PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is detected in the male patients with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatitis.  
 - 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 patient.  
 - It 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-

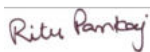
Age of male	Reference range (ng/ml)
40-49 years	0-2.5
50-59 years	0-3.5
60-69 years	0-4.5
70-79 years	0-6.5

(\* conventional reference level (< 4 ng/ml) is already mentioned in report,which covers all agegroup with 95% prediction interval)

References- Teitz ,textbook of clinical chemistry, 4th edition) 2.Wallach's Interpretation of Diagnostic Tests

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

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



**Dr. Ritu Pankaj, MD, PDCC**  
 Senior Consultant,30897



**Dr. Anita Sharma, MD**  
 Associate Director ,27672



View Details



View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 FORTIS HOSPITAL, SECTOR 62,PHASE VIII,  
 MOHALI, 160062  
 PUNJAB, INDIA  
 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704  
 Email : [srl.mohali@fortishealthcare.com](mailto:srl.mohali@fortishealthcare.com)



**Patient Ref. No. 6000002910137**

Name Mr. Kunal Grover  
 UHID : 1145500 Date : 27/12/22  
 Age : 33 Gender : M
**Nursing Assessment**

Profile	
Height (cm) : <u>180 cm</u>	Waist Circumference (cm) : <u>311 cm</u>
Weight (Kg.) : <u>83.6 Kg</u>	Body Mass Index : <u>25 kg/m<sup>2</sup></u>
Occupation : <u>BLAST, Top</u>	Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married

Vital Signs	
Pulse Rate (min) : <u>77/min</u>	Respiratory Rate (min) : <u>16-18</u>
Blood Pressure (mmHg) : <u>110/70 mmHg</u>	Temperature (if febrile) : <u>Afebrile</u>

Past History	
<input checked="" type="checkbox"/> Hypertension :	<input checked="" type="checkbox"/> Diabetes :
<input type="checkbox"/> Heart disease :	<input checked="" type="checkbox"/> Dyslipidemia :
<input checked="" type="checkbox"/> Asthma :	<input checked="" type="checkbox"/> Tuberculosis :
<input checked="" type="checkbox"/> Allergies :	
<input type="checkbox"/> Others :	

For Women	
LMP:	Last Pap smear done in
Menopause <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Mammography done in
Consent for X-ray & Mammography	

Current Medications
<u>Nil</u>

 Signature, Name and Emp. ID of the Nurse : [Signature]



**Fortis MEDCENTRE**

CHANDIGARH

(A unit of Fortis Hospital Mohali)

SCO 11, Sector 11-D, Chandigarh - 160011

Name Mr. Kamal Grover  
UHID : 1145500 Date : 27/12/22  
Age : 33 Gender : M

**Internal Medicine Consultation**

Relevant History:

Diagnosis:

Examination Findings:

Advice / Treatment Plan:

Investigations:

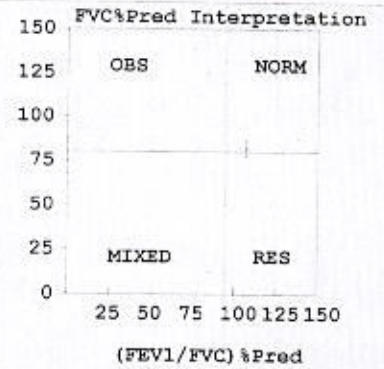
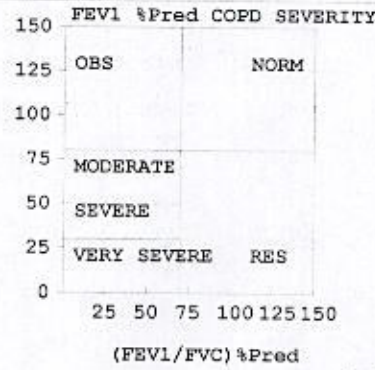
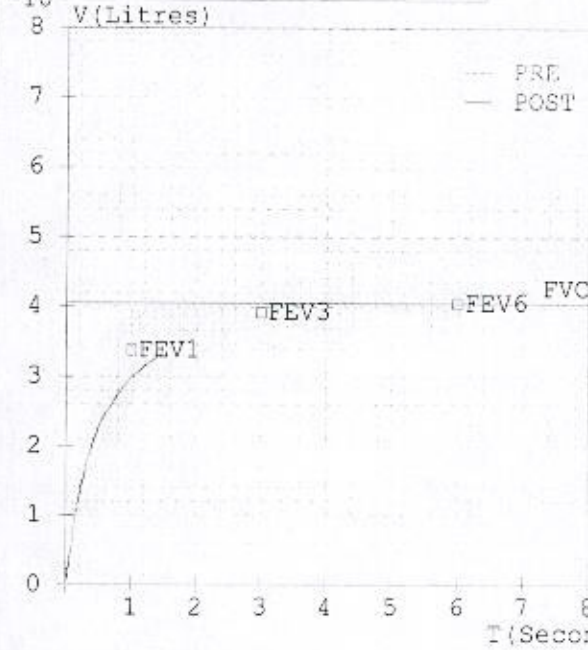
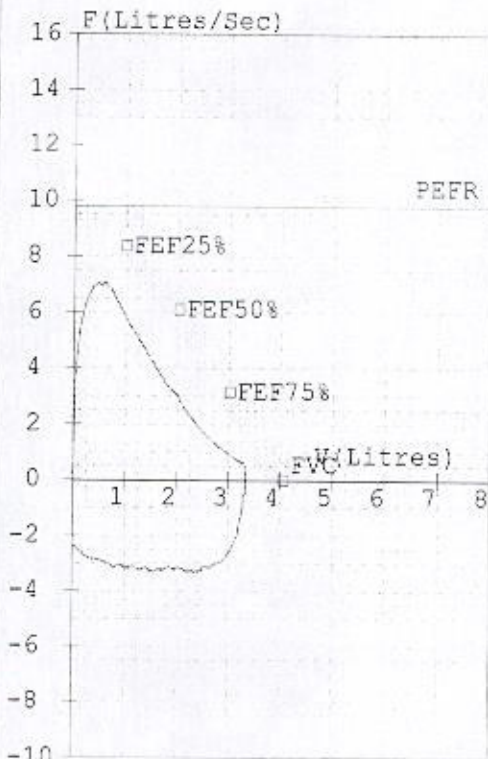
Signature and stamp of the Consultant : \_\_\_\_\_

# RECORDERS & MEDICARE SYSTEMS

181/5,Phase-I,Industrial Area,Chandigarh-160002

Patient: Kunal grover  
 Refd. By:  
 Pred.Eqns: RECORDERS  
 Date : 27-Dec-2022 01:17 PM

Age : 33 Years Gender : Male  
 Height : 180 Cms Smoker : No  
 Weight : 80 Kgs Eth. Corr: 100  
 ID: 1145500 Temp :



### Spirometry (FVC Results)

Parameter	Pred	M. Pre %Pred	M. Post %Pred	%Imp
FVC (L)	04.05	03.33	082	---
FEV1 (L)	03.38	02.98	088	---
FEV1/FVC (%)	83.46	89.49	107	---
FEF25-75 (L/s)	04.44	03.34	075	---
PEFR (L/s)	09.80	07.00	071	---
FIVC (L)	---	03.73	---	---
FEV.5 (L)	---	02.27	---	---
FEV3 (L)	03.93	03.33	085	---
PIFR (L/s)	---	03.31	---	---
FEF75-85 (L/s)	---	01.37	---	---
FEF.2-1.2 (L/s)	07.88	06.25	079	---
FEF 25% (L/s)	08.37	06.32	076	---
FEF 50% (L/s)	06.09	03.74	061	---
FEF 75% (L/s)	03.15	01.71	054	---
FEV.5/FVC (%)	---	68.17	---	---
FEV3/FVC (%)	97.04	100.00	103	---
FET (Sec)	---	01.48	---	---
ExptTime (Sec)	---	00.07	---	---
Lung Age (Yrs)	033	037	112	---
FEV6 (L)	04.05	---	---	---
FIF25% (L/s)	---	03.18	---	---
FIF50% (L/s)	---	03.19	---	---
FIF75% (L/s)	---	02.50	---	---

Pre Test COPD Severity  
 Test within normal limits

Pre Medication Report Indicates  
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80.

Male

27.12.2022 13:11:28  
Fortis Med Centre  
sector 11  
Chandgarh

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

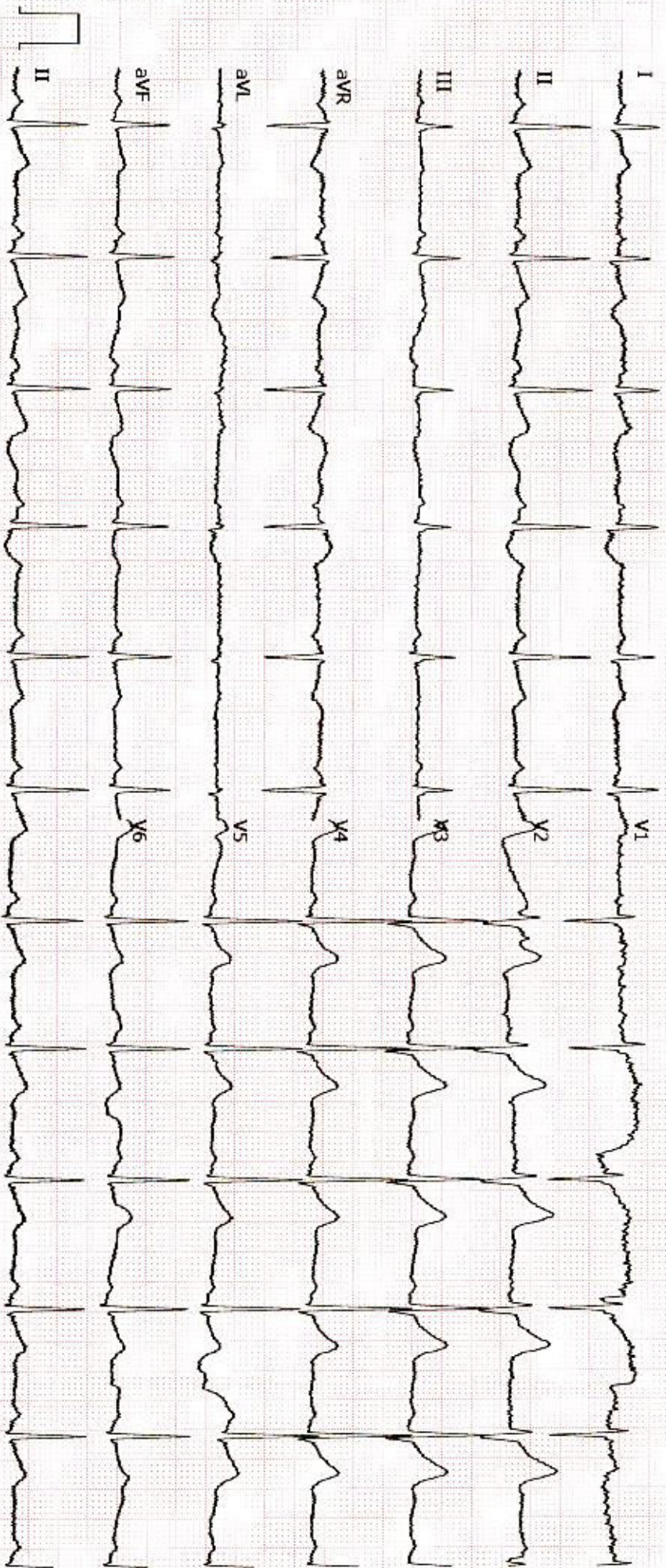
69 bpm

--/-- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 86 ms  
QT / QTcBaz : 400 / 428 ms  
PR : 130 ms  
P : 68 ms  
RR / PP : 874 / 869 ms  
P / QRS / T : 44 / 58 / 38 degrees

Normal sinus rhythm  
Normal ECG





**DEPARTMENT OF CARDIOLOGY  
ECHOCARDIOGRAPHY LABORATORY**  
Phone 0172-5061222; Ext. 6422

Dated: 27 December 2022

Name: MR. KUNAL GROVER Age: 33 Sex: Male  
FHL No: 11457248 Lab No:  
Clinical Diagnosis: R/O CAD  
Ref By: FMC

**MEASUREMENTS**

Aortic Root Diameter	:	2.6	cm	Left Atrial dimension	2.6	cm
Aortic Valve Opening	:	----	cm	Right Ventricular dimension	1.2	cm
Left Ventricular ED dimension	:	3.6	cm	Left Ventricular ES dimension	2.4	cm
Interventricular Septal thickness	ED:	1.0	cm	ES:	1.1	cm
Left Ventricular PW thickness	ED:	1.2	cm	ES:	1.5	cm

**INDICES OF LEFT VENTRICULAR FUNCTION:**

LV Ejection Fraction : 64 %

**IMAGING:**

M mode examination revealed normal movement of both Mitral leaflets during diastole. No SAM or Mitral valve prolapse is seen. Aortic root is normal in size. Dimensions of left atrium and left ventricle are normal

2-D imaging in PLAX, SAX and apical views revealed normal sized left ventricle. Movement of anterior wall, septum, apex, inferior wall, posterior and lateral walls is normal. Mitral valve opening is normal. No evidence of Mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Pulmonary valve is normal. Interatrial and interventricular septa are intact. No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

**DEPARTMENT OF CARDIOLOGY  
ECHOCARDIOGRAPHY LABORATORY  
Phone 0172-5061222; Ext. 6422****DOPPLER: PULSE WAVE; CONTINUOUS WAVE & COLOR FLOW MAPPING**

Mitral Valve : E= 77 A= 62 cm/sec; E > A; No MR  
E wave Deceleration Time = 183 msec

Aortic Valve : 124 cm/sec No AR

Tricuspid Valve : No TR ; RVSP = + RAP mmHg

Pulmonary Valve : 75 cm/sec

**FINAL DIAGNOSIS**

- **NO REGIONAL WALL MOTION ABNORMALITY OF LEFT VENTRICLE**
- **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION (LVEF 64%)**

  
**Dr. MUKTI SHARMA**  
**MD, DNB, FIAP, FCSI**  
Sr. Consultant  
**Fortis MEDCENTRE**

## DEPARTMENT OF FMC-RADIOLOGY LAB

Date: 27/Dec/2022

Name: Mr. Kunal Grover

UHID | Episode No : 11455004 | 14912/22/10021

Age | Sex: 33 YEAR(S) | Male

Order No | Order Date: 10021/PN/OP/2212/39179 | 27-Dec-2022

Order Station : FRONTOFFICE-FMC

Admitted On | Reporting Date : 27-Dec-2022 12:34:11

Bed Name :

Order Doctor Name : Dr.SELF.

## CHEST X-RAY ( PA VIEW )

Both the domes of diaphragm are normal.

Both costophrenic angles are normal.

Both lung fields are clear.

Cardiac size and silhouette are normal.

Both hila and mediastinum are normal.

Bony cage and soft tissues are normal.

**IMPRESSION: NORMAL STUDY.**

Please correlate clinically and with other relevant investigations.

**DR NEHA CHHABRA****CONSULTANT RADIOLOGIST**

**NAME: MR. KUNAL GROVER****AGE AND SEX: 33 Y/M****UHID NO: 11455004****DATE: 27/12/2022****ROI: WHOLE ABDOMEN**

Liver is normal in size, outline and echogenicity. No focal lesion seen. IHBR's are not dilated. Portal vein and hepatic veins are normal.

Gall bladder is normally distended with anechoic lumen. Wall thickness is normal. No calculus / focal lesion seen. No pericholecystic fluid / collection seen. CBD is normal.

Pancreas is visualized in region of head and proximal body and is normal in size, shape, outline and echotexture. No focal lesion seen. Distal body and tail are obscured by bowel gases.

Spleen is normal in size, outline and echotexture. No focal lesion seen.

Right kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Left kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Retroperitoneum is normal.

The urinary bladder is fully distended and is normal in outline and wall thickness. No calculi or growth seen

Prostate is normal in size, and shows normal outline and echopattern. No focal lesion seen.

No free fluid is seen.

**Opinion: NORMAL STUDY.**

**Suggested clinical correlation.**

**Dr. NEHA CHHABRA.**  
**Consultant Radiologist**

**KUNAL GROVER 33**

**Study Date: 27/12/2022**

Patient ID: 48551120221227

Accession #:

Alt ID:

DOB:

Age:

Gender: M

Ht:

Wt:

BSA:

Institution: Fortis MEDCENTRE, Chandigarh

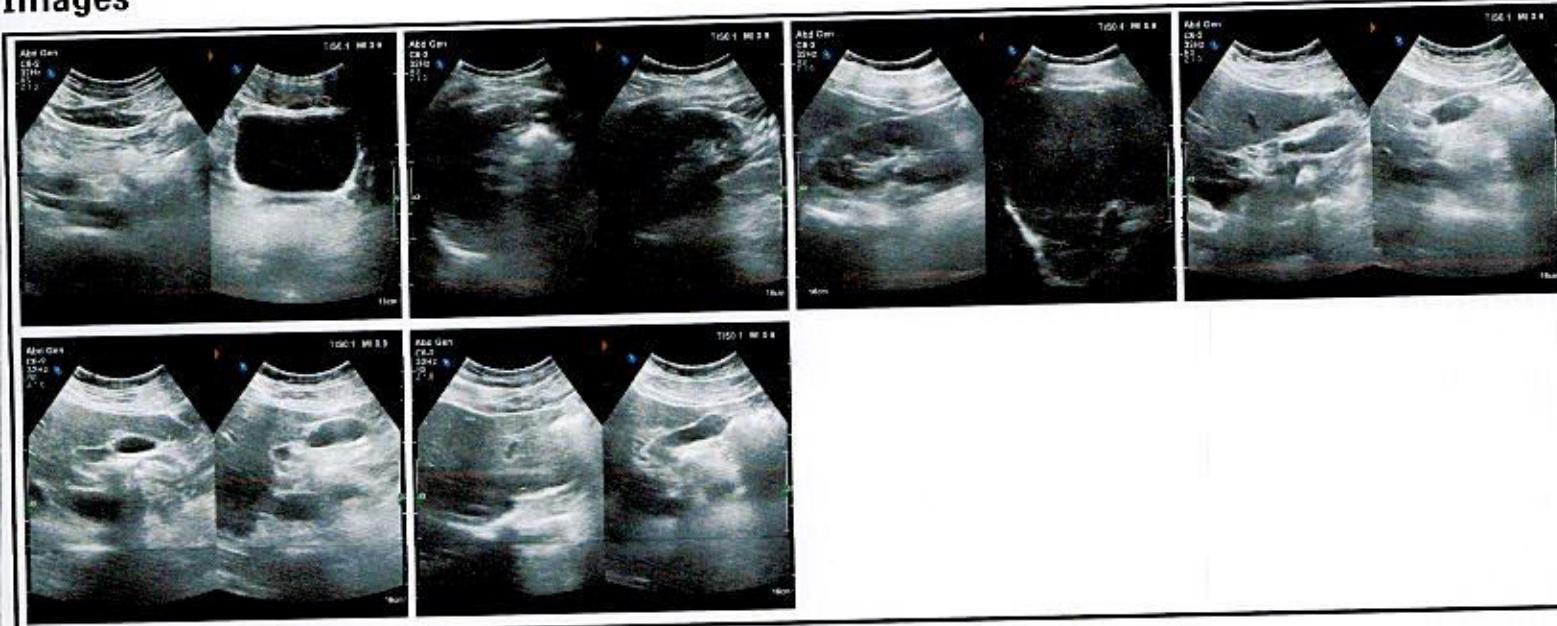
Referring Physician:

Performed By:

Physician of Record:

Comments:

**Images**



**Signature**

Signature:  
Name(Print):

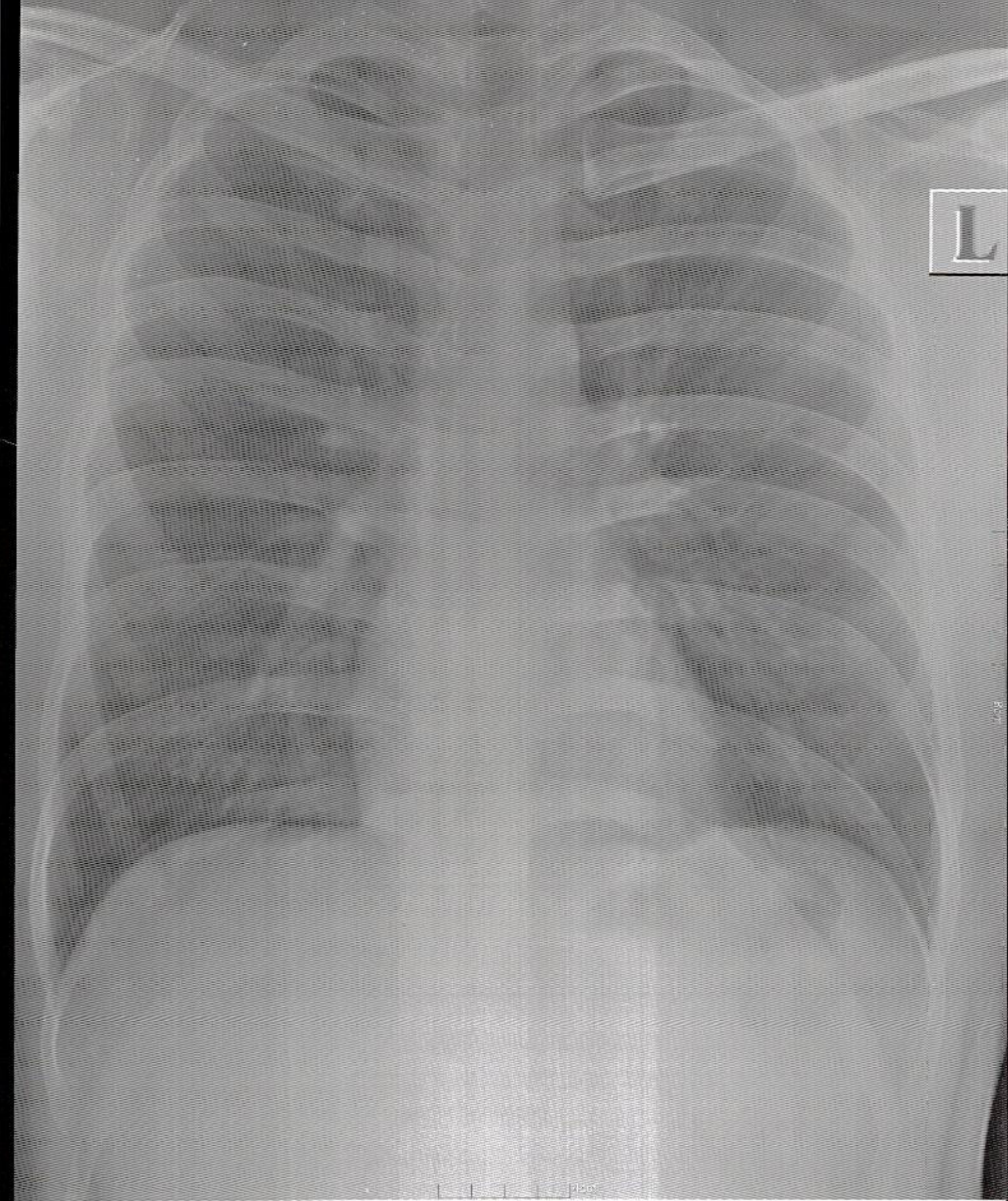
Date:

KUNAL GROVER 33M

DOB:  
ID:11455004

Acq. Date:27-Dec-22  
Acq. Time:11:03:51 AM  
Exp. Index:1695

L



1200