



UHID	12952900	Date	02/02/2024		
Name	Mrs. Priti Kishore	Sex	Female	Age	39
OPD	Ophthal 14	Health Check Up			

clot - No
 HB - No

Drug allergy: -> Not known
 Sys illness: -> NO
 Habit: -> NO

Unif. → RE → 6/6
 → LG → 6/6

Refr. → RE → +0.25 @ 6/6
 → LG → +0.25 @ 6/6
 NV → +0.75 → WC

IOP: → RE → 14.8
 → LE → 15.1

All well



UHID	12952900	Date	02/02/2024		
Name	Mrs.Priti Kishore	Sex	Female	Age	39
OPD	ENT 04	Health Check Up			

Drug allergy:
Sys illness:

qo : (R) parotid swelling on left : 6 months
Fever occasional & pain

O/E : E
N / NAD
T

Imp : No significant ENT findings

Adv
USG parotid region.



UHID	12952900	Date	02/02/2024		
Name	Mrs.Priti Kishore	Sex	Female	Age	39
OPD	Dental 12	Health Check Up			

Drug allergy:
 Sys illness:

O/E - Stains ++
 - calculus ++
 - missing \bar{c} $\frac{+}{6}$
 - Top tve \bar{c} $\frac{+}{6}$
 - Imp acted \bar{c} $\frac{+}{8}$

Treatment

Afd - OScaling Grade I
 (2) CBCT (xray)

To pay,

CBCT = Rs 2500/-

Dr. Jyoti



Hiranandani
HOSPITAL

(A Fortis Network Hospital)

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

BMI CHART

Date 02/07/13

Name: Priti Kishore Age: 39 yrs Sex: M/F

BP: 120/80 Height (cms): 151cm Weight(kgs): 76.4kg BMI: 32
mm/Hg

WEIGHT lbs	100	105	108	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
kgs	45.5	47.7	50.50	52.3	54.9	58.9	60.1	61.4	63.6	68.9	69.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	91.9	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	40	
5'3" - 160.0	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	
5'4" - 162.6	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	26	27	28	29	30	30	31	32	33	34	35	36	37
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	26	27	28	29	29	30	31	32	33	34	35	36
5'7" - 170.1	16	16	17	18	18	19	20	21	22	22	23	24	25	26	27	28	29	29	30	31	32	33	34	35
5'8" - 172.7	16	16	16	17	18	18	19	20	21	22	22	23	24	25	26	27	28	28	29	30	31	32	33	34
5'9" - 175.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	26	27	28	28	29	30	31	31	32
5'10" - 177.8	14	15	16	16	17	18	19	20	20	21	22	23	23	24	25	26	27	28	28	29	30	30	31	32
5'11" - 180.3	14	14	15	16	16	17	18	19	20	21	21	22	23	24	25	26	27	28	28	29	30	30	31	32
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	24	25	26	27	27	28	29	29	30
6'1" - 185.4	13	13	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	26	27	27	28	28	29
6'2" - 187.9	12	13	14	14	15	16	17	18	18	19	19	20	21	21	22	23	23	24	25	26	27	27	28	29
6'3" - 190.5	12	13	13	14	15	16	17	18	18	19	20	20	21	21	22	23	23	24	25	26	27	27	28	29
6'4" - 193.0	12	12	13	14	14	15	16	17	17	18	19	19	20	20	21	22	22	23	23	24	25	25	26	27

Doctors Notes:

Signature

→ 7387696540

Tab. Augmentin 625mg.

(1-0-1)

Tab. Zerodol Sp.

(1-0-1)

Tab. Metrogyl 400mg.

(1-0-1)

Tab. Pan D 40mg.

(1-0-1)

} 12 days
(After Meal)

} 12 days.
(Before Meal)

Dr. Trupti



UHID	12952900	Date	02/02/2024		
Name	Mrs. Priti Kishore	Sex	Female	Age	39
OPD	Pap Smear	Health Check Up			

S/B Dr. P. Singhali

Drug allergy: → No
 Sys illness: → No.

39/2 P 2/243 → New find
 No comorbidity.

LMP → 2 November 2023

No MTP pills taken on 28/12/23

c/o Heavy menstrual bleeding for 2-3 days.

Currently c/o Spotting PV :: 15/1/24 (15-20 days)
 c/o lower abdominal pain

Adu

Last Pap done → 1yr. ago → WNL

Mother → DM
 Father → DM, HTN

- CBC
 - USG A+P (Abdomen + Pelv)

- Reschedule or
 Pap smear after
 2 yrs

- Final report
 urgently.

PATIENT NAME : MRS.PRITI KISHORE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB000301

PATIENT ID : PH.12952900

CLIENT PATIENT ID: UID:12952900

ABHA NO :

AGE/SEX : 39 Years Female

DRAWN : 02/02/2024 10:27:00

RECEIVED : 02/02/2024 10:27:36

REPORTED : 02/02/2024 14:03:54

CLINICAL INFORMATION :

UID:12952900 REQNO-1656988

CORP-OPD

BILLNO-150124QPCR006263

BILLNO-150124QPCR006263

Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB) METHOD : SLS METHOD	11.2 Low	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	4.25	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY	7.65	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION	223	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : CUMULATIVE PULSE HEIGHT DETECTOR METHOD	36.8	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	86.6	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	26.4 Low	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	30.4 Low	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	14.5 High	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	20.4		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	13.4 High	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT



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CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 2200000899898

PATIENT NAME : MRS.PRITI KISHORE
REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001.

ACCESSION NO : 0022XB000301
PATIENT ID : FH.12952900
CLIENT PATIENT ID: UID:12952900
ABHA NO : 1
AGE/SEX : 39 Years Female
DRAWN : 02/02/2024 10:27:00
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REPORTED : 02/02/2024 14:03:54
CLINICAL INFORMATION :

 UID:12952900 REQNO-1656988
 CORP-OPD
 BILLNO-150124OPCR006263
 BTLLNO-150124OPCR006263

Test Report Status	Final	Results	Biological Reference Interval	Units
NEUTROPHILS		63	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		30	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		5	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
EOSINOPHILS		2	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		0	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		4.82	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.30	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.38	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.15	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0.00 Low	0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		2.1		
METHOD : CALCULATED				

MORPHOLOGY
RBC

METHOD : MICROSCOPIC EXAMINATION

WBC

METHOD : MICROSCOPIC EXAMINATION

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

MILD HYPOCHROMASIA, NORMOCYTIC

NORMAL MORPHOLOGY

ADEQUATE



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 CIN - U74999PB1995PLC045956
 Email : -


Patient Ref. No. Z2000000899888

PATIENT NAME : MRS.PRITI KISHORE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB000301

PATIENT ID : PH.12952900

CLIENT PATIENT ID: UID:12952900

ASHA NO :

AGE/SEX : 39 Years Female

DRAWN : 02/02/2024 10:27:00

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CLINICAL INFORMATION :

UID:12952900 REQNO-1656988

CORP-OPD

BILLNO-150124OPCR006263

BILLNO-150124OPCR006263

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 thalassemia 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 thalassemia trait.

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

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



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 Email : -



Patient Ref. No. 22000000899898

PATIENT NAME : MRS.PRITI KISHORE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XB000301	AGE/SEX : 39 Years Female
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12952900	DRAWN : 02/02/2024 10:27:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:12952900	RECEIVED : 02/02/2024 10:27:36
MUMBAI 440001		ABHA NO :	REPORTED : 02/02/2024 14:03:54

CLINICAL INFORMATION :
 UID:12952900 REQNO-1656988
 CORP-OPD
 BILLNO-150124OPCR006263
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Test Report Status	Final	Results	Biological Reference Interval	Units
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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R	55 High	0 - 20	mm at 1 hr
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METHOD : WESTERGRÉN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	6.1 High	Non-diabetic: < 5.7	%
		Pre-diabetics: 5.7 - 6.4	
		Diabetics: > or = 6.5	
		Therapeutic goals: < 7.0	
		Action suggested : > 8.0	
		(ADA Guideline 2021)	

METHOD : Hb VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)	128.4 High	< 116.0	mg/dL
---------------------------------------	-------------------	-------------------	--------------

METHOD : CALCULATED PARAMETER

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

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

TEST INTERPRETATION

Increase in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Polycytemias and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Noting a very accelerated ESR (> 100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemia, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy ESR in first trimester is 0-48 mm/hr (32 if anemic) and in second trimester (0-70 mm /hr) (35 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 : Polycytemias (Sickle Cells, splenectomies), Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

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 Email :-



Patient Ref. No. 22000000859898

PATIENT NAME : MRS.PRITI KISHORE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XB000301	
FORTIS VASHI-CHC -SPLZD		AGE/SEX : 39 Years Female	
FORTIS HOSPITAL # VASHI,		DRAWN : 02/02/2024 10:27:00	
MUMBAI 440001		RECEIVED : 02/02/2024 10:27:36	
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		CLIENT PATIENT ID: UID:12952900	
		ABHA NO :	

CLINICAL INFORMATION :
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 CORP-OPD
 BILLNO-150124OPCR006263
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Test Report Status	Final	Results	Biological Reference Interval	Units
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REFERENCE :
 1. Nathan and Ock's Haematology of Infancy and Childhood, 5th edition; 2. Pediatric reference intervals, AACCPress, 7th edition, Edited by S. Solitu; 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition. GLYCOSYLATED HEMOGLOBIN(HbA1c), EDTA WHOLE BLOOD-Used For:

- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
 - Diagnosing diabetes.
 - Identifying patients at increased risk for diabetes (prediabetes).
- The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.
- eAG (Estimated average glucose) converts percentage HbA1c to mg/dL, to compare blood glucose levels.
 - eAG gives an evaluation of blood glucose levels for the last couple of months.
 - eAG is calculated as eAG (mg/dL) = 28.7 * HbA1c + 46.7

HbA1c Estimation can get affected due to :

- Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
- Vitamin C & E are reported to falsely lower test results (possibly by inhibiting glycation of hemoglobin).
- Iron deficiency anemia is reported to increase test results. Hyperglycemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
- Interference of hemoglobinopathies in HbA1c estimation is seen in
 - Heterozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
 - Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 - HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000899898

PATIENT NAME : MRS.PRITI KISHORE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XB000301	
FORTIS VASHI-CHC -SPL2D		AGE/SEX : 39 Years Female	
FORTIS HOSPITAL # VASHI,		DRAWN : 02/02/2024 10:27:00	
MUMBAI 440001		RECEIVED : 02/02/2024 10:27:36	
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		CLIENT PATIENT ID: UID:12952900	
		ABHA NO : 1	

CLINICAL INFORMATION :

UID:12952900 REQNO-1656988
 CORP-OPD
 BILLNO-150124OPCR006263
 BILLNO-150124OPCR006263

Test Report Status	Final	Results	Biological Reference Interval	Units
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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 in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

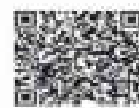
Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

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



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 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000890088

PATIENT NAME : MRS.PRITI KISHORE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

ACCESSION NO : 002XB000301

PATIENT ID : FH.12952900

CLIENT PATIENT ID: UID:12952900

ABHA NO :

AGE/SEX : 39 Years Female

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CORP-OPD

BILLNO-150124OPCR006263

BILLNO-150124OPCR006263

Test Report Status **Final**

Results

Biological Reference Interval Units

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.39	0.2 - 1.0	mg/dL
METHOD : JENDRASZIK AND GROFF			
BILIRUBIN, DIRECT	0.11	0.0 - 0.2	mg/dL
METHOD : JENDRASZIK AND GROFF			
BILIRUBIN, INDIRECT	0.28	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	7.9	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN	3.8	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN	4.1	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO	0.9 Low	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	30	15 - 37	U/L
METHOD : UV WITH PSP			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	51 High	< 34.0	U/L
METHOD : UV WITH PSP			
ALKALINE PHOSPHATASE	116	30 - 120	U/L
METHOD : PNPP-AMP			
GAMMA GLUTAMYL TRANSFERASE (GGT)	23	5 - 55	U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE			
LACTATE DEHYDROGENASE	134	81 - 234	U/L
METHOD : LACTATE -PYRUVATE			

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	105 High	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >= 126	mg/dL
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METHOD : HEXOKINASE



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Consultant Pathologist

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CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 2200000089898

PATIENT NAME : MRS.PRITI KISHORE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB000301

PATIENT ID : PH.12952900

CLIENT-PATIENT ID: UID:12952900

ABHA NO :

AGE/SEX :39 Years Female

DRAWN :02/02/2024 10:27:00

RECEIVED :02/02/2024 10:27:36

REPORTED :02/02/2024 14:03:54

CLINICAL INFORMATION :

UID:12952900 REQNO-1656988

CORP-OPD

BILLNO-1501240PCR006263

BILLNO-1501240PCR006263

Test Report Status	Final	Results	Biological Reference Interval	Units
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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN

8

6 - 20

mg/dL

METHOD : UREASE - UV

CREATININE EGFR- EPI

CREATININE

0.73

0.60 - 1.10

mg/dL

METHOD : ALKALINE PICRATE KINETIC JAFFES

AGE

39

years

GLOMERULAR FILTRATION RATE (FEMALE)

107.22

Refer Interpretation Below

mL/min/1.73m²

METHOD : CALCULATED PARAMETER

BUN/CREAT RATIO

BUN/CREAT RATIO

10.96

5.00 - 15.00

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID

4.6

2.6 - 6.0

mg/dL

METHOD : URICASE UV

TOTAL PROTEIN, SERUM

TOTAL PROTEIN

7.9

6.4 - 8.2

g/dL

METHOD : BIURET



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Patient Ref. No. 2200000899898

PATIENT NAME : MRS.PRITI KISHORE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPL2D
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XB000301

PATIENT ID : FH.12952900

CLIENT PATIENT ID: UID:12952900

ASHA NO :

AGE/SEX : 39 Years Female

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UID:12952900 REQNO-1656988

CORP-OPD

BILLNO-150124OPCR006263

BILLNO-150124OPCR006263

Test Report Status **Final**

Results

Biological Reference Interval Units

ALBUMIN, SERUM

ALBUMIN

3.8

3.4 - 5.0

g/dL

METHOD : BCP DYE BINDING

GLOBULIN

GLOBULIN

4.1

2.0 - 4.1

g/dL

METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM

139

136 - 145

mmol/L

METHOD : ISE INDIRECT

POTASSIUM, SERUM

4.59

3.50 - 5.10

mmol/L

METHOD : ISE INDIRECT

CHLORIDE, SERUM

104

98 - 107

mmol/L

METHOD : ISE INDIRECT

Interpretation(s)

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis, drug reactions, alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors narrowing 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.



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Patient Ref. No. 2200000089888

PATIENT NAME : MRS.PRITI KISHORE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB000301

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CORP-OPD

BILLNO-150124OPCR006263

BILLNO-150124OPCR006263

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AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidney, 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 kidney, heart, muscle, 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, osteosarcoma, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypothyroidism, Malnutrition, Protein deficiency, Wilson disease.

GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.

Total Protein also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom disease. Lower-than-normal levels may be due to: Age-related/Anemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

Albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, Hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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 without 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, hypoparathyroidism, diffuse liver disease, malignancy, alcoholism, stomach, fibrosarcoma, infect of a diabetic mother, enzyme deficiency diseases (e.g. galactosemia), Drugs: insulin, ethanol, propionolol, sulfonylureas, thiazanide, 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 hypoglycemics & insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Adrenary 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 hemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malnutrition, Nephrotoxicity, Postrenal)

Causes of **decreased level** include Liver disease, SIADH.

CREATININE EQFR- EPI- Kidney disease outcomes quality initiative (KDIGO) guidelines state that estimation of GFR is the best overall index of the kidney function.

- It gives a rough measure of number of functioning nephrons. Reduction in GFR implies progression of underlying disease.

- The GFR is a calculation based on serum creatinine test.

- Creatinine is mainly derived from the metabolism of creatine in muscle, and its generation is proportional to the total muscle mass. As a result, mean creatinine generation is higher in men than in women, in younger than in older individuals, and in blacks than in whites.

- Creatinine is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate.

- When kidney function is compromised, excretion of creatinine decreases with a consequent increase in blood creatinine levels. With the creatinine test, a reasonable estimate of the actual GFR can be determined.

- This equation takes into account several factors that impact creatinine production, including age, gender, and race.

- CKD EPI (Chronic kidney disease epidemiology collaboration) equation performed better than MDRD equation especially when GFR is high (>60 ml/min per 1.73m²). This formula has less bias and greater accuracy which helps in early diagnosis and also reduces the rate of false positive diagnosis of CKD.

References:

National Kidney Foundation (NKF) and the American Society of Nephrology (ASN).

Estimated GFR Calculated Using the CKD-EPI equation-<https://testgpt.com/learn-us-ckd-epi-equation/>

Shuman K, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. *Kidney Med* 2022; 4:100471. 35756325

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

URIC ACID, SERUM- Causes of **Increased levels:** Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lead nlyan syndrome, Type 2 DM, Metabolic syndrome

Causes of **decreased levels:** Low Zinc Intake, OCP, Multiple Sclerosis

TOTAL PROTEIN, SERUM- is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin.

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom disease.

Dr. Akshay Dhotre, MD
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Patient Ref. No. 22000009899898

PATIENT NAME : MRS.PRITI KISHORE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022X0000301

AGE/SEX : 39 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12952900

DRAWN : 02/02/2024 10:27:00

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:12952900

RECEIVED : 02/02/2024 10:27:36

MUMBAI 440001

ABHA NO :

REPORTED : 02/02/2024 14:03:54

CLINICAL INFORMATION :

UID:12952900 REQNO-1656988

CORP-OPD

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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 serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.



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Patient Ref. No. 22000000899888

PATIENT NAME : MRS.PRITI KISHORE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XB000301	
FORTIS VASHI-CHC -SPLZD		AGE/SEX : 39 Years Female	
FORTIS HOSPITAL # VASHI,		DRAWN : 02/02/2024 10:27:00	
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		PATIENT ID : PH.12952900	
		CLIENT PATIENT ID: UID:12952900	
		ABHA NO :	

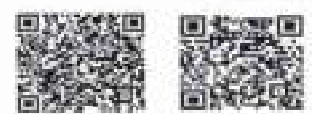
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 UID:12952900 REQNO-1656958
 CORP-OPD
 BILLNO-150124OPCR006263
 BILLNO-150124OPCR006263

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

LIPID PROFILE, SERUM				
CHOLESTEROL, TOTAL	217 High		< 200 Desirable 200 - 239 Borderline High > / = 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE				
TRIGLYCERIDES	110		< 150 Normal 150 - 199 Borderline High 200 - 499 High > / = 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY				
HDL CHOLESTEROL	56		< 40 Low > / = 60 High	mg/dL
METHOD : DIRECT MEASURE - PEG				
LDL CHOLESTEROL, DIRECT	132 High		< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High > / = 190 Very High	mg/dL
METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT				
NON HDL CHOLESTEROL	161 High		Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER				
VERY LOW DENSITY LIPOPROTEIN	22.0		< / = 30.0	mg/dL
METHOD : CALCULATED PARAMETER				
CHOL/HDL RATIO	3.9		3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
METHOD : CALCULATED PARAMETER				

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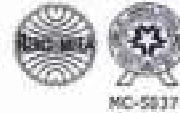


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Patient Ref. No. 2200000899898



PATIENT NAME : MRS.PRITI KISHORE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB000301

PATIENT ID : PH.12952900

CLIENT PATIENT ID: UID:12952900

ABHA NO :

AGE/SEX : 39 Years Female

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LDL/HDL RATIO

2.4

0.5 - 3.0 Desirable/Low Risk
3.1 - 6.0 Borderline/Moderate Risk
>6.0 High Risk

METHOD : CALCULATED PARAMETER

Interpretation(s)

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Patient Ref. No. 2200000899898

PATIENT NAME : MRS.PRITI KISHORE		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022XB000301	AGE/SEX : 39 Years Female
FORTIS VASHI-CHC -SPLZD	PATIENT ID : PH.12952900	DRAWN : 02/02/2024 10:27:00
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CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW
<small>METHOD : PHYSICAL</small>	
APPEARANCE	SLIGHTLY HAZY
<small>METHOD : VISUAL</small>	

CHEMICAL EXAMINATION, URINE

PH	6.0	4.7 - 7.5
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD</small>		
SPECIFIC GRAVITY	<=1.005	1.003 - 1.035
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT FRA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)</small>		
PROTEIN	NOT DETECTED	NOT DETECTED
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE</small>		
GLUCOSE	NOT DETECTED	NOT DETECTED
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/PGD</small>		
KETONES	NOT DETECTED	NOT DETECTED
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE</small>		
BLOOD	DETECTED (TRACE)	NOT DETECTED
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN</small>		
BILIRUBIN	NOT DETECTED	NOT DETECTED
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT</small>		
UROBILINOGEN	NORMAL	NORMAL
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRLICH REACTION)</small>		
NITRITE	NOT DETECTED	NOT DETECTED
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE</small>		
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY</small>		

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Patient Ref. No. 21000000093898

PATIENT NAME : MRS.PRITI KISHORE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XB000301	
FORTIS WASHI-CHC -SPLZD		AGE/SEX : 39 Years Female	
FORTIS HOSPITAL # WASHI,		DRAWN : 02/02/2024 10:27:00	
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		CLIENT PATIENT ID: UID:12952900	
		ABHA NO :	

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MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	DETECTED (OCCASIONAL)	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION			
PUS CELL (WBC'S)	3-5	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	5-7	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			
CASTS	NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION			
CRYSTALS	NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION			
BACTERIA	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
YEAST	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
REMARKS	URINARY MICROSCOPIC EXAMINATION DONE FROM URINARY CENTRIFUGED SEDIMENTATION.		

Interpretation(s)

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 Consultant Pathologist

Dr. Rekha Nair, MD
 (Reg No. MMC 2001/06/2354)
 Microbiologist



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Patient Ref. No. 22000000899898

PATIENT NAME : MRS.PRITI KISHORE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB000301

PATIENT ID : FH.12952900

CLIENT PATIENT ID: UID:12952900

ASHA NO :

AGE/SEX : 39 Years Female

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CORP-OPD

BILLNO-150124OPCA006263

BILLNO-150124OPCA006263

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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	156.9	Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE			
T4	9.98	Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE			
TSH (ULTRASENSITIVE)	2.230	Non Pregnant Women 0.27 - 4.20 Pregnant Women (As per American Thyroid Association) 1st Trimester 0.100 - 2.500 2nd Trimester 0.200 - 3.000 3rd Trimester 0.300 - 3.000	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE, SANDWICH IMMUNOASSAY			

Interpretation(s)

End Of Report

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


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



View Details



View Report

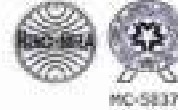
Page 16 Of 16

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mira Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U71999MH1995PLC045956
Email : -



Patient Ref. No. 2400000899898



PATIENT NAME : MRS.PRITI KISHORE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XB0000341

PATIENT ID : FH.12952900

CLIENT PATIENT ID: UID:12952900

ABHA NO :

AGE/SEX : 39 Years Female

DRAWN : 02/02/2024 13:20:00

RECEIVED : 02/02/2024 13:20:30

REPORTED : 02/02/2024 14:28:20

CLINICAL INFORMATION :

UID:12952900 REQNO-1656988

CORP-CPD

BILLNO-150124OPCR006263

BILLNO-150124OPCR006263

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)

124

70 - 140

mg/dL

METHOD : HEXOKINASE

Interpretation(s)

GLUCOSE, POST-PRANDIAL PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc-Additional test HbA1c

End Of Report

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

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

Page 1 Of 1



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 22000000899938

12952900
39 years

PRITI, KISHORE
Female

2/2/2024 11:35:06 AM

HC

Normal Q

Rate 98 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Abnormal R-wave progression, early transition.....QRS area>0 in V2

PR 163
QRSd 78
QT 353
QTc 427

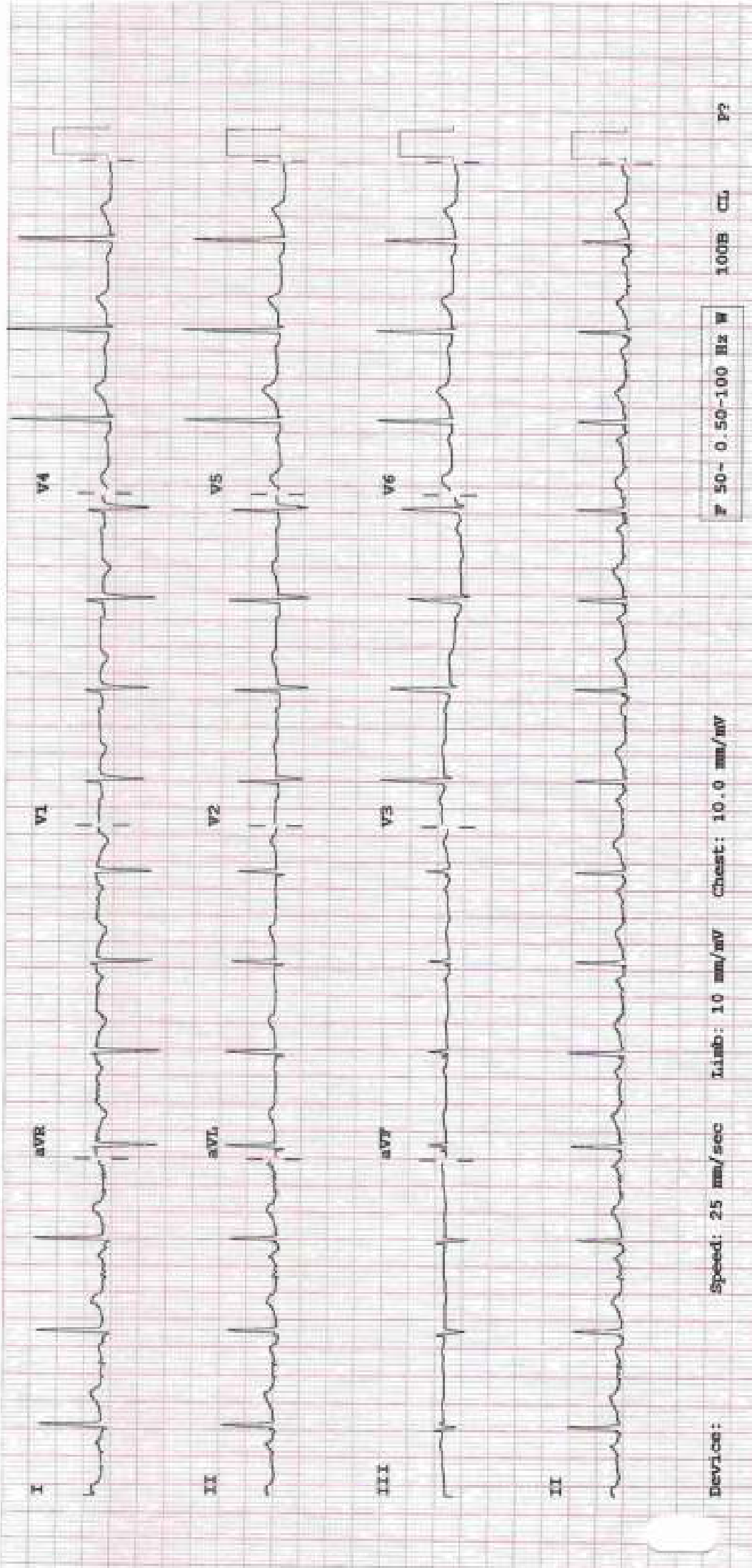
--AXIS--

P 45
QRS 20
T 24

12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device:

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

P 50- 0.50-100 Hz W

100B CL

P3



DEPARTMENT OF NIC

Date: 02/feb/2024

Name: Mrs. Priti Kishore

UHID | Episode No : 12952900 | 6473/24/1501

Age | Sex: 39 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2402/13353 | 02-Feb-2024

Order Station : FO-OPD

Admitted On | Reporting Date : 02-Feb-2024 15:53:20

Bed Name :

Order Doctor Name : Dr.SELF.

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction.
- No left ventricle hypertrophy. No left ventricle dilatation.
- Structurally normal valves.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- No tricuspid regurgitation. No pulmonary hypertension.
- Intact IAS and IVS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimensions.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 14 mm with normal inspiratory collapse

M-MODE MEASUREMENTS:

LA	30	mm
AO Root	21	mm
AO CUSP SEP	17	mm
LVID (s)	22	mm
LVID (d)	38	mm
IVS (d)	11	mm
LVPW (d)	11	mm
RVID (d)	24	mm
RA	25	mm
LVEF	60	%



DEPARTMENT OF NIC

DATE: 02/Feb/2024

Name: Mrs. Priti Kishore
Age | Sex: 39 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12952900 | 6473/24/1501
Order No | Order Date: 1501/PN/OP/2402/13353 | 02-Feb-2024
Admitted On | Reporting Date : 02-Feb-2024 15:53:20
Order Doctor Name : Dr.SELF.

DOPPLER STUDY:


E WAVE VELOCITY: 0.8 m/sec.
A WAVE VELOCITY:0.7m/sec
E/A RATIO:1.2

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

Final Impression :

- Normal 2 Dimensional and colour doppler echocardiography study.

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


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

Hiranandani Healthcare Pvt. Ltd.

Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.

Board Line: 022 - 39199222 | Fax: 022 - 39133220

Emergency: 022 - 39199100 | Ambulance: 1258

For Appointment: 022 - 39199300 | Health Checkup: 022 - 39199300

www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



(For Billing/Reports & Discharge Summary only)
DEPARTMENT OF RADIOLOGY

Date: 02/Feb/2024

Name: Mrs. Priti Kishore

Age | Sex: 39 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12952900 | 6473/24/1501

Order No | Order Date: 1501/PN/OP/2402/13353 | 02-Feb-2024

Admitted On | Reporting Date : 02-Feb-2024 12:31:36

Order Doctor Name : Dr.SELF.

X-RAY-CHEST- PA

Findings:

Both lung fields are clear.

The cardiac shadow appears within normal limits.

Trachea and major bronchi appears normal.

Both costophrenic angles are well maintained.

Bony thorax is unremarkable.

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



Patient Name	: Priti Kishore	Patient ID	: 12952900
Sex / Age	: F / 39Y 11M 4D	Accession No.	: PHC.7399919
Modality	: US	Scan DateTime	: 02-02-2024 12:38:24
IPID No	: 6473/24/1501	ReportDatetime	: 02-02-2024 12:53:33

USG – WHOLE ABDOMEN

LIVER is mildly enlarged in size (15.6 cm) 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 (9.9 cm) 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 3.9 cm.

Left kidney measures 10.7 x 4.4 cm.

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

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

UTERUS is bulky, measuring 10.1 x 3.9 x 7.5 cm.

A fibroid is noted in the left posterolateral wall, measuring 5.3 x 3.9 x 5.6 cm.

Endometrium measures 10.2 mm in thickness.

Right ovary measures 3.3 x 3.2 x 1.7 cm, volume 9.8 cc.

Left ovary measures 3.9 x 3.1 x 2.4 cm, volume 15.8 cc. A dominant follicle of size 26 x 21 mm noted.

No evidence of ascites.

A defect of size 9 mm is seen in anterior abdominal wall at umbilicus through which there is herniation of omental fat – s/o umbilical hernia.

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

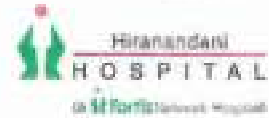
For Appointment: 022 - 39199200 | Health Checkup: 022 - 39199300

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D12G

PAN NO : AABCH5894D



Patient Name	: Priti Kishore	Patient ID	: 12952900
Sex / Age	: F / 39Y 11M 4D	Accession No.	: PHC.7399919
Modality	: US	Scan DateTime	: 02-02-2024 12:38:24
IPID No	: 6473/24/1501	ReportDatetime	: 02-02-2024 12:53:33

Impression:

- Mild hepatomegaly.
- Bulky uterus with fibroid as described (FIGO Type 3).
- Umbilical hernia as described.

DR. CHETAN KHADKE

M.D. (Radiologist)

Hiranandani Healthcare Pvt. Ltd.

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Board Line: 022 - 39199222 | Fax: 022 - 39133220

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D12G

PAN NO : AABCH5894D



Hiranandani
HOSPITAL
A Fortis Healthcare Hospital

(For Billing/Reports & Discharge Summary only)
DEPARTMENT OF RADIOLOGY

Date: 02/Feb/2024

Name: Mrs. Priti Kishore

Age | Sex: 39 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12952900 | 6473/24/1501

Order No | Order Date: 1501/PN/OP/2402/13353 | 02-Feb-2024

Admitted On | Reporting Date : 02-Feb-2024 14:34:45

Order Doctor Name : Dr.SELF.

USG - BOTH BREAST

Findings:

A well defined hypoechoic lesion is seen in left side of the breast at 2 o'clock position of size 3.9 x 3.2 mm.

There is a cyst in the right breast at 9 o'clock position of size 10 x 4 mm. Few septations are seen within the cyst.

Rest of the breast parenchyma appears normal.

No dilated ducts are noted.

The fibroglandular architecture is well maintained.

Retromammory soft tissues appear normal.

No evidence of axillary lymphadenopathy.

Impression:

- Well defined hypoechoic lesion in left side of the breast - s/o fibroadenoma.
- Cyst in the right breast with few septations within.

Advice follow-up.

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