

PATIENT NAME : AMANPREET SINGH KOHLI

REF. DOCTOR : SELF

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

ACCESSION NO : **0006WD006918**
PATIENT ID : FH.11009632
CLIENT PATIENT ID: UID:11009632
ABHA NO :

AGE/SEX : 34 Years Male
DRAWN : 08/04/2023 08:17:00
RECEIVED : 08/04/2023 15:28:05
REPORTED : 08/04/2023 17:52:45

CLINICAL INFORMATION :

UID:11009632 REQNO-1457603
CORP-OPD
BILLNO-1002123OPCS005353
BILLNO-1002123OPCS005353

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB) METHOD : SLS- HEMOGLOBIN DETECTION METHOD	14.7	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	5.48	4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : FLOWCYTOMETRY	6.83	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : HYDRO DYNAMIC FOCUSING METHOD / MICROSCOPY	207	150 - 410	thou/ μ L
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV) METHOD : HYDRODYNAMIC FOCUSING	48.8	40.0 - 50.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	89.1	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	26.8 Low	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	30.1 Low	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	13.9	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	16.3		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	11.7 High	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
NEUTROPHILS METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	50	40.0 - 80.0	%
LYMPHOCYTES	38	20.0 - 40.0	%

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METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY				
MONOCYTES		8	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY				
EOSINOPHILS		4	1 - 6	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY				
BASOPHILS		00	0 - 2	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY				
ABSOLUTE NEUTROPHIL COUNT		3.42	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.60	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.55	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.27	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.3		
METHOD : CALCULATED PARAMETER				

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.

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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

E.S.R	20 High	0 - 14	mm at 1 hr
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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.

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BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL METHOD : DIAZONIUM ION, BLANKED (ROCHE)	0.48	UPTO 1.2	mg/dL
BILIRUBIN, DIRECT METHOD : DIAZOTIZATION	0.15	0.00 - 0.30	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.33	0.00 - 0.60	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.7	6.6 - 8.7	g/dL
ALBUMIN METHOD : BROMOCRESOL GREEN	4.7	3.97 - 4.94	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.0	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.6	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	19	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE	37	0 - 41	U/L
ALKALINE PHOSPHATASE METHOD : PNPP - AMP BUFFER	85	40 - 129	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE	29	8 - 61	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE UV	161	135 - 225	U/L
GLUCOSE FASTING, FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	83	74 - 106	mg/dL

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BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN	10	6 - 20	mg/dL
METHOD : UREASE - UV			

URIC ACID, SERUM

URIC ACID	6.0	3.4 - 7.0	mg/dL
METHOD : URICASE, COLORIMETRIC			

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.1	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)	99.7	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER			

CREATININE EGFR

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

AGE	34		years
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GLOMERULAR FILTRATION RATE (MALE)	86	GFR of +90 normal or minimal kidney damage with normal GFR 89- 60 mild decrease 59-30 moderate decrease 29-15 severe decrease < 15 kidney failure (units: mL/min/1.73mSq.)	
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GLUCOSE POST-PRANDIAL, PLASMA

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PPBS(POST PRANDIAL BLOOD SUGAR)	100	Non-Diabetes	70 - 140	mg/dL
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METHOD : HEXOKINASE

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 & 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, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilsons 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, Waldenstroms disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

Albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (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

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syndrome **Causes of decreased levels**-Low Zinc intake,OCP,Multiple Sclerosis
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 :

1. 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.
- 2.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
3. 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.
4. 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.

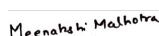
Estimated GFR (eGFR) is the preferred method for identifying people with chronic kidney disease (CKD). In adults, eGFR calculated using the Modification of Diet in Renal Disease (MDRD) Study equation provides a more clinically useful measure of kidney function than serum creatinine alone.

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.

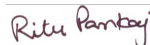
The equation has not been validated in children & will only be reported for patients > 16 years of age. The equation is normalized for an average adult body surface area of 1.73m², weight & height adjustment is not necessary.

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 1.73m², 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



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Senior Consultant,48159



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



Ms. Hardeep Kaur, M.Sc.
Biochemistry

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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. 600002997712



MC-2559

PATIENT NAME : AMANPREET SINGH KOHLI

REF. DOCTOR : SELF

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

ACCESSION NO : **0006WD006918**
PATIENT ID : FH.11009632
CLIENT PATIENT ID: UID:11009632
ABHA NO :

AGE/SEX : 34 Years Male
DRAWN : 08/04/2023 08:17:00
RECEIVED : 08/04/2023 15:28:05
REPORTED : 08/04/2023 17:52:45

CLINICAL INFORMATION :

UID:11009632 REQNO-1457603
CORP-OPD
BILLNO-1002123OPCS005353
BILLNO-1002123OPCS005353

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

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	191	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
TRIGLYCERIDES	232 High	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	35 Low	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	111 High	< 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	156 High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	46.4 High	Desirable value : 10 - 35	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	5.5 High	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	

Ritu Pankaj

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Hardeep

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Biochemistry

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LDL/HDL RATIO

3.2 High

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

METHOD : CALCULATED PARAMETER

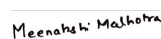
Interpretation(s)



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



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 Biochemistry



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CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

COLOR YELLOW

METHOD : MANUAL EXAMINATION

APPEARANCE CLEAR

METHOD : MANUAL EXAMINATION

CHEMICAL EXAMINATION, URINE

PH 6.5 4.7 - 7.5

METHOD : DOUBLE INDICATOR PRINCIPLE

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)

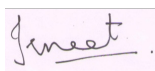
MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS NOT DETECTED NOT DETECTED /HPF

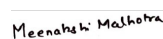
METHOD : MICROSCOPY

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

METHOD : REFLECTANCE PHOTOMETRY & MICROSCOPY



Dr. Irneet Mundi, MD
Associate Consultant, 34080



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Test Report Status	Preliminary	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	

Interpretation(s)

Dr. Irneet Mundi, MD
 Associate Consultant,34080

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 Senior Consultant,48159

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Preliminary

CLINICAL PATH - STOOL ANALYSIS

STOOL: OVA & PARASITE	RESULT PENDING
PHYSICAL EXAMINATION,STOOL	RESULT PENDING
CHEMICAL EXAMINATION,STOOL	RESULT PENDING
MICROSCOPIC EXAMINATION,STOOL	RESULT PENDING



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MC-2559

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 FORTIS HOSPITAL # MOHALI,
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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	106.0	80.00 - 200.00	ng/dL
T4	6.98	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE)	1.420	0.270 - 4.200	µIU/mL

End Of Report

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

Meenakshi Malhotra

Ritu Pankaj

Dr. Meenakshi Malhotra, MD
 Senior Consultant, 48159

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 Senior Consultant, 30897

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 Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
 Email : srl.mohali@fortishealthcare.com



Patient Ref. No. 600002997712

Name: Mr. Amanpreet Singh Kohli
 UHID: 11009632 Date: 8/9/2023
 Age: 37 Gender: Male

Nursing Assessment

Profile	
Height (cm): <u>186cm</u>	Waist Circumference (cm): <u>33inch</u>
Weight (Kg.): <u>83.7kg</u>	Body Mass Index: <u>29.9kg/m²</u>
Occupation: <u>Govt Job</u>	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married

Vital Signs	
Pulse Rate (min): <u>93b/m / SpO2 <u>97%</u></u>	Respiratory Rate (min): <u>23b/m</u>
Blood Pressure (mmHg): <u>130/80mmHg</u>	Temperature (if febrile): <u>Afebrile</u>

Past History	
<input checked="" type="checkbox"/> Hypertension :	<input checked="" type="checkbox"/> Diabetes :
<input checked="" 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 checked="" type="checkbox"/> Others :	

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

Current Medications
<u>NA</u>

Signature, Name and Emp. ID of the Nurse : _____

Name: Mr. Amanpreet Singh Kohli
 UHID: 11009632 Date: 8/1/23
 Age: 34 Gender: Male

Ophthalmology Consultation

History: NIL

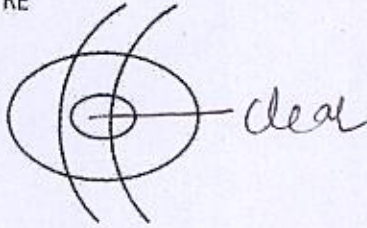
Examination findings:

Visual acuity $\left\{ \begin{array}{l} R: 6/6 \\ L: 6/6 \end{array} \right.$ Visual acuity with glasses $\left\{ \begin{array}{l} R \\ L \end{array} \right.$

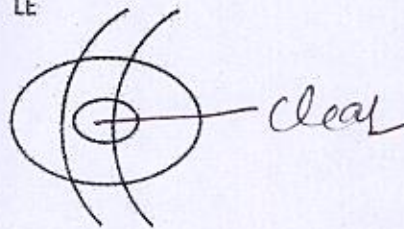
Colour Vision $\left\{ \begin{array}{l} R: WNL \\ L: WNL \end{array} \right.$

Slit Lamp Examination

RE

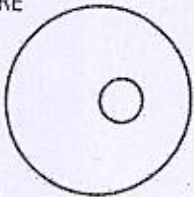


LE

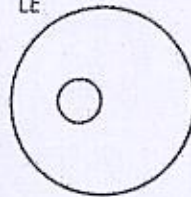


Fundus Examination

RE



LE



Diagnosis: NABBE

Treatment

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance	<u>Plano</u>			<u>6/6</u>
Near				<u>N/6</u>

Left eye

	SPH	CYL	AXIS	VA
Distance	<u>Plano</u>			<u>6/6</u>
Near				<u>N/6</u>

Signature and stamp of the Ophthalmologist: [Signature]

Name Mr. Amanpreet Singh Kohli

UHID : 11009632 Date : 8/4/23

Age : 32 Gender : male

Internal Medicine Consultation

Relevant History:

Diagnosis:

Examination Findings:

Advice / Treatment Plan:

Investigations:

Signature and stamp of the Consultant : _____

Amanpreet singh
ID: 11009632

08.04.2023 8:54:07
Fortis Med Centre
sector 11
Chandigarh

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

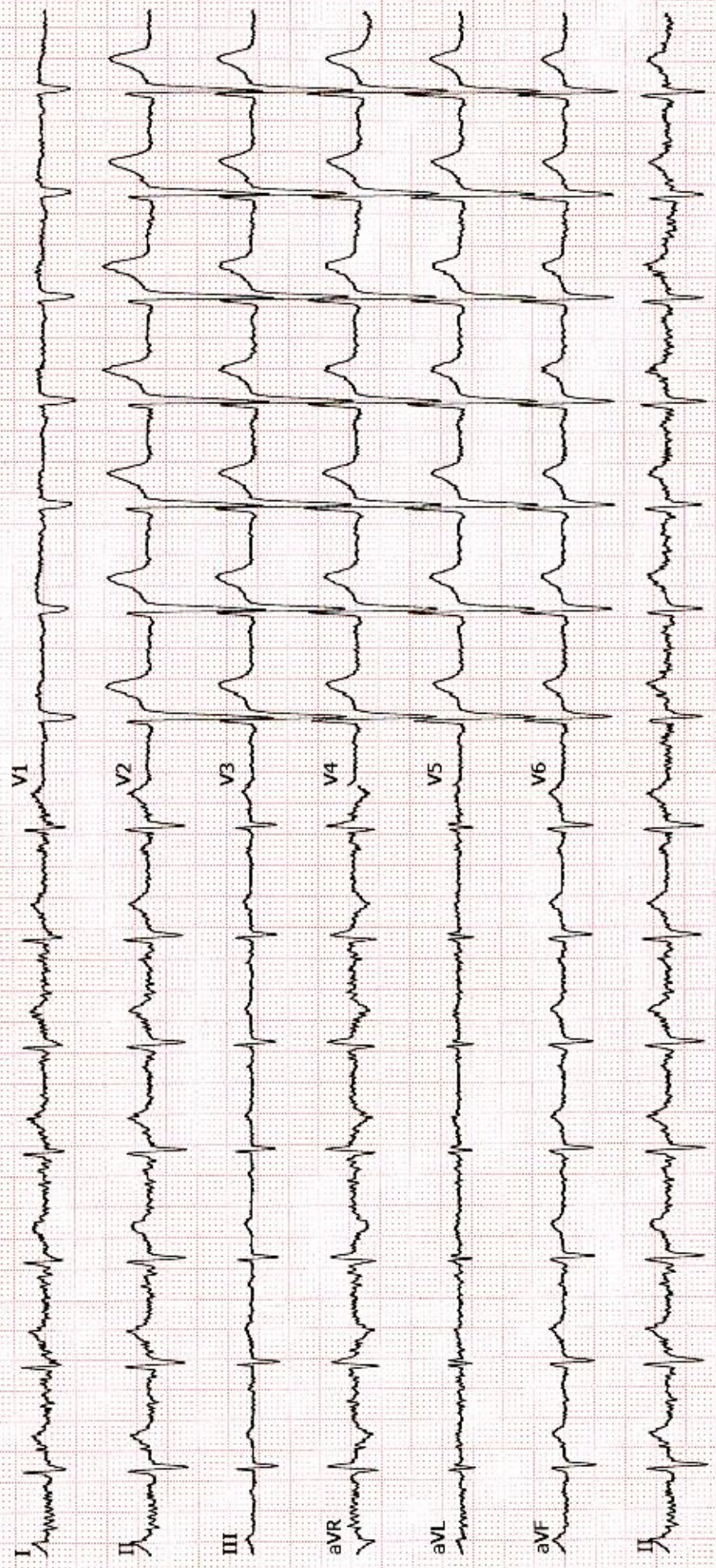
Room:

CC LOT D750

87 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 96 ms
QT / QTcBaz : 362 / 435 ms
PR : 148 ms
P : 108 ms
RR / PP : 684 / 689 ms
P / QRS / T : 48 / -27 / 47 degrees
Normal sinus rhythm
Normal ECG



SCO 17, Sector 11 D
Chandigarh

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Singh, Amanpreet
Patient ID: 11009632
Height: 187 cm
Weight: 83 kg

DOB: 17.03.1989
Age: 34yrs
Gender: Male
Race: Indian

Study Date: 08.04.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	06:05	0.00	0.00	110		
	STANDING	00:34	0.00	0.00	111	130/80	
	HYPERV.	00:22	0.00	0.00	105		
EXERCISE	WARM-UP	00:17	1.60	0.00	107		
	STAGE 1	03:00	2.70	10.00	112	130/80	
	STAGE 2	03:00	4.00	12.00	123	130/80	
RECOVERY	STAGE 3	01:47	5.50	14.00	136		
		01:44	0.00	6.00	122		

The patient exercised according to the BRUCE for 7:47 min:s, achieving a work level of Max. METS: 10.20. The resting heart rate of 109 bpm rose to a maximal heart rate of 137 bpm. This value represents 73 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.

Conclusions

--

--

Physician _____

Technician _____

Singh, Amanpreet
Patient ID 11009632
08.04.2023
9:50:00am

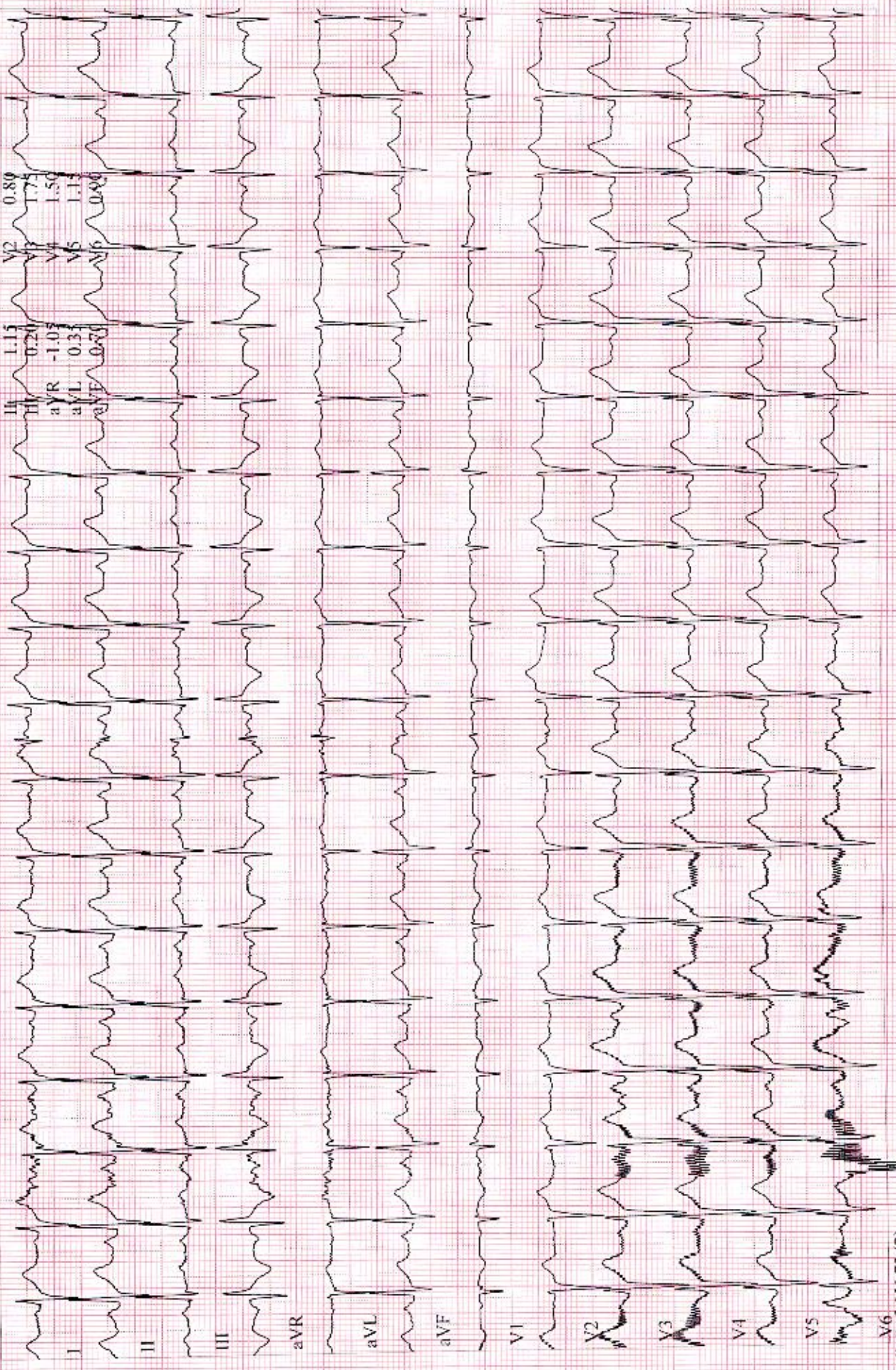
12-Lead Report

PRETEST
HYPERV.
06:38

111 bpm
130/80 mmHg

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.95	V1	-0.10
II	1.15	V2	0.89
III	0.20	V3	1.75
aVR	-1.07	V4	1.59
aVL	0.33	V5	1.11
aVF	0.70	V6	0.90



Singh, Amanpreet
Patient ID 11009632
08.04.2023
9:50:13am

12-Lead Report

PRETEST
HYPERV.
06:51

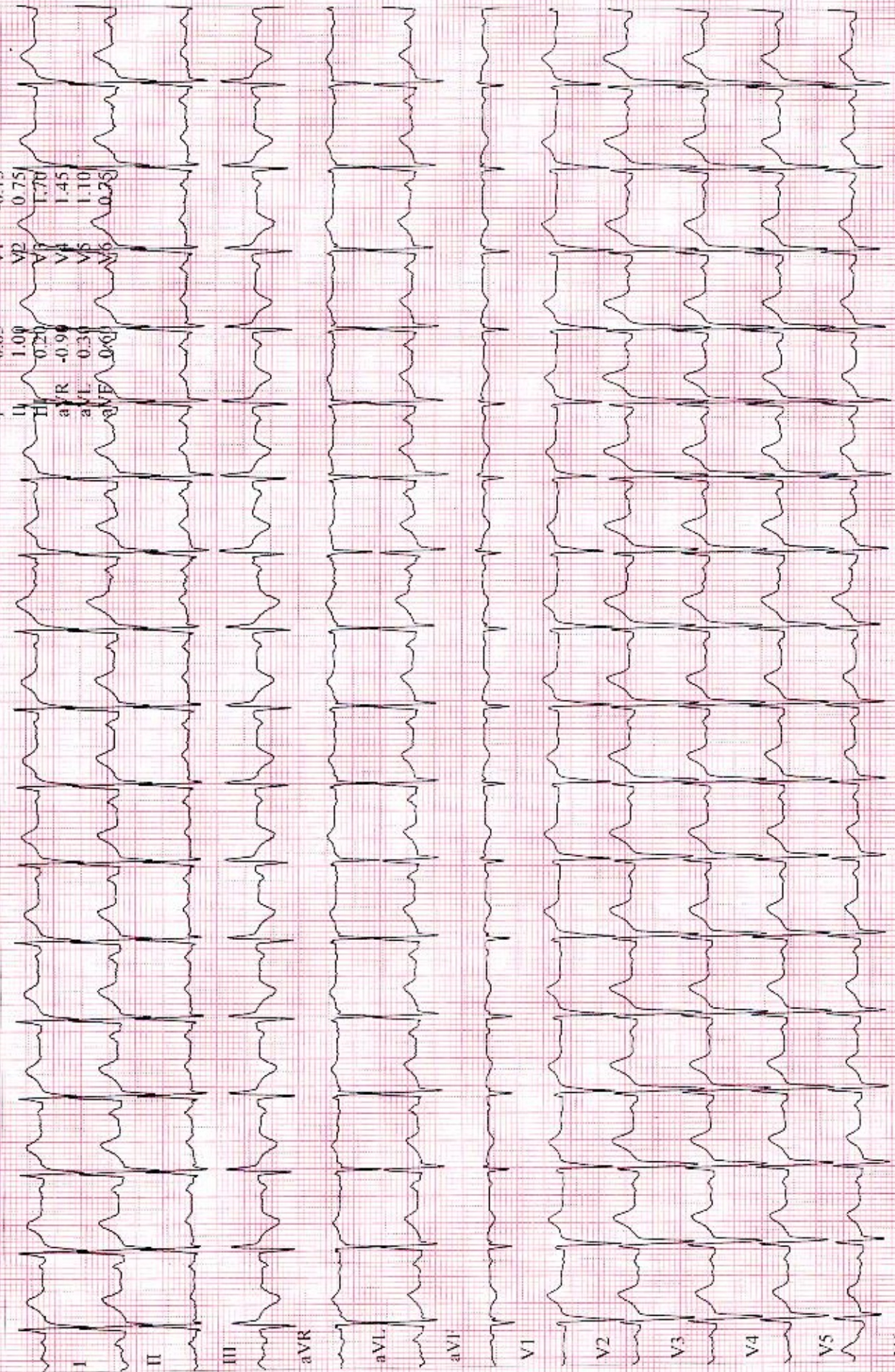
106 bpm
130/80 mmHg

BRUCE
0.0 km/h
0.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(num) Lead ST(mm)

I	0.85	V1	-0.15
II	1.00	V2	0.75
III	0.20	V3	1.70
aVR	-0.90	V4	1.45
aVL	0.30	V5	1.10
aVF	0.60	V6	0.75



Singh, Amanpreet
 Patient ID 11009632
 08.04.2023
 9:53:21am

Comparative Medians Report

BRUCE
 2.7 km/h
 10.0 %

EXERCISE
 STAGE I
 02:50

112 bpm
 130/80 mmHg



BASELINE
 60 ms post J

CURRENT
 60 ms post J

Singh, Amanpreet
 Patient ID 11009632
 08.04.2023
 9:56:21am

Comparative Medians Report

EXERCISE
 STAGE 2
 05:50

BRUCE
 4.0 km/h
 12.0 %

125 bpm
 130/80 mmHg

Lead
 ST Level (mm)
 ST Slope (mV/s)

BASELINE
 60 ms post J

CURRENT
 60 ms post J

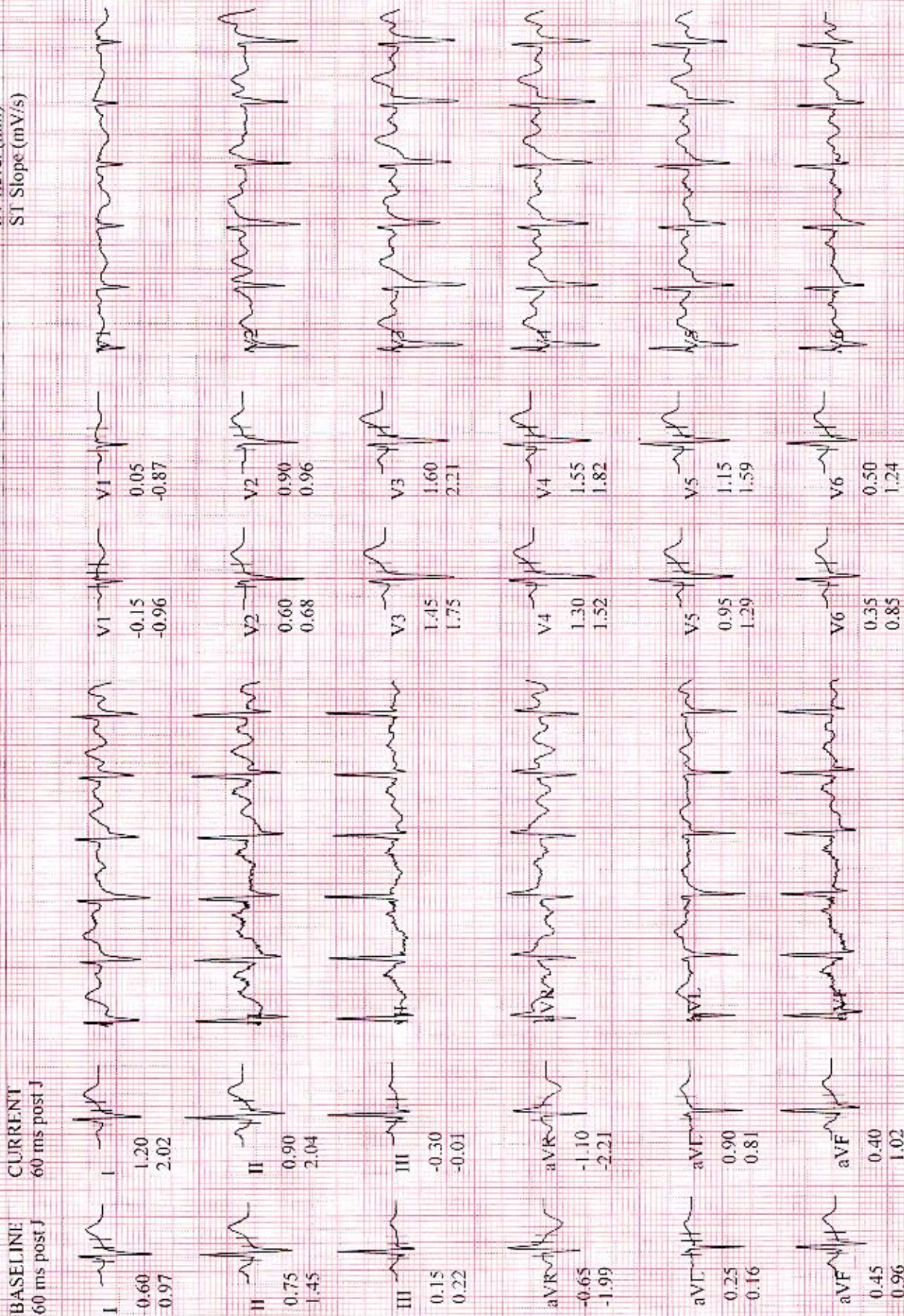


Singh, Amanpreet
 Patient ID 11009632
 08.04.2023
 9:58:18am

Comparative Medians Report (PEAK EXERCISE)
 EXERCISE STAGE 3
 07:47
 BRUCE
 5.5 km/h
 14.0 %

136 bpm

Lead
 ST Level (mm)
 ST Slope (mV/s)



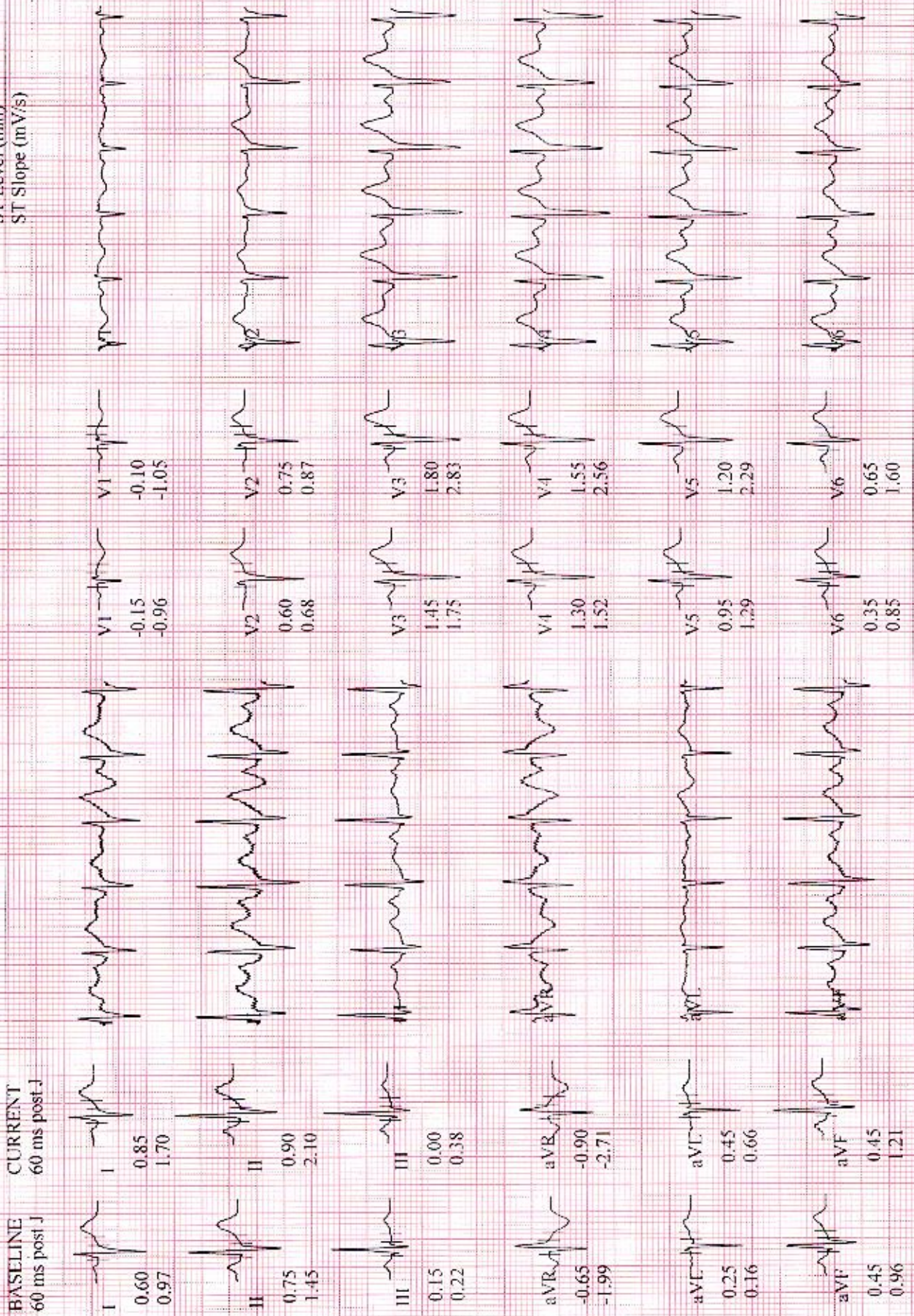
Singh, Amanpreet
 Patient ID 11009632
 08/04/2023
 9:59:08am

Comparative Medians Report

RECOVERY
 #1
 00:50
 BRUCE
 2.4 km/h
 6.1%

127 bpm

Lead
 ST Level (mm)
 ST Slope (mV/s)



Act. Chassis 1/11
Act. Chassis 1/11
Eva. Index 1/11

Act. Chassis 1/11

L

Act. Chassis 1/11
Act. Chassis 1/11
Eva. Index 1/11

NAME: AMANPREET SINGH
AGE AND SEX:34 Y/M
UHID :11009632
DATE-10/4/23

CHEST- PA

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 ADITI PANWAR
PMC-41230
CONSULTANT RADIOLOGIST