

Name: MR SHYAM BABU SINGH
 UHID: 13049279 Date: 23-3-24
 Age: 54 Gender: male

Nursing Assessment

Profile	
Height (cm): <u>165cm</u>	Waist Circumference (cm): <u>36 inches</u>
Weight (Kg.): <u>65.2 Kg</u>	Body Mass Index:
Occupation: <u>Retired Job</u>	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married

Vital Signs	
Pulse Rate (vmin): <u>88b/min + 102-98</u>	Respiratory Rate (vmin): <u>20b/min +</u>
Blood Pressure (mmHg): <u>160/80mmHg</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 type="checkbox"/> Dyslipidemia :
<input type="checkbox"/> Asthma :	<input checked="" type="checkbox"/> Tuberculosis :
<input 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>11A</u>

Signature, Name and Emp. ID of the Nurse: Rachna
8-254

Name MR SHYAM BABU SINGH
UHID : 13049279 Date : 23-3-24
Age : 54 year Gender : male

Internal Medicine Consultation

Relevant History:

Diagnosis:

Examination Findings:

Advice / Treatment Plan:

Investigations:

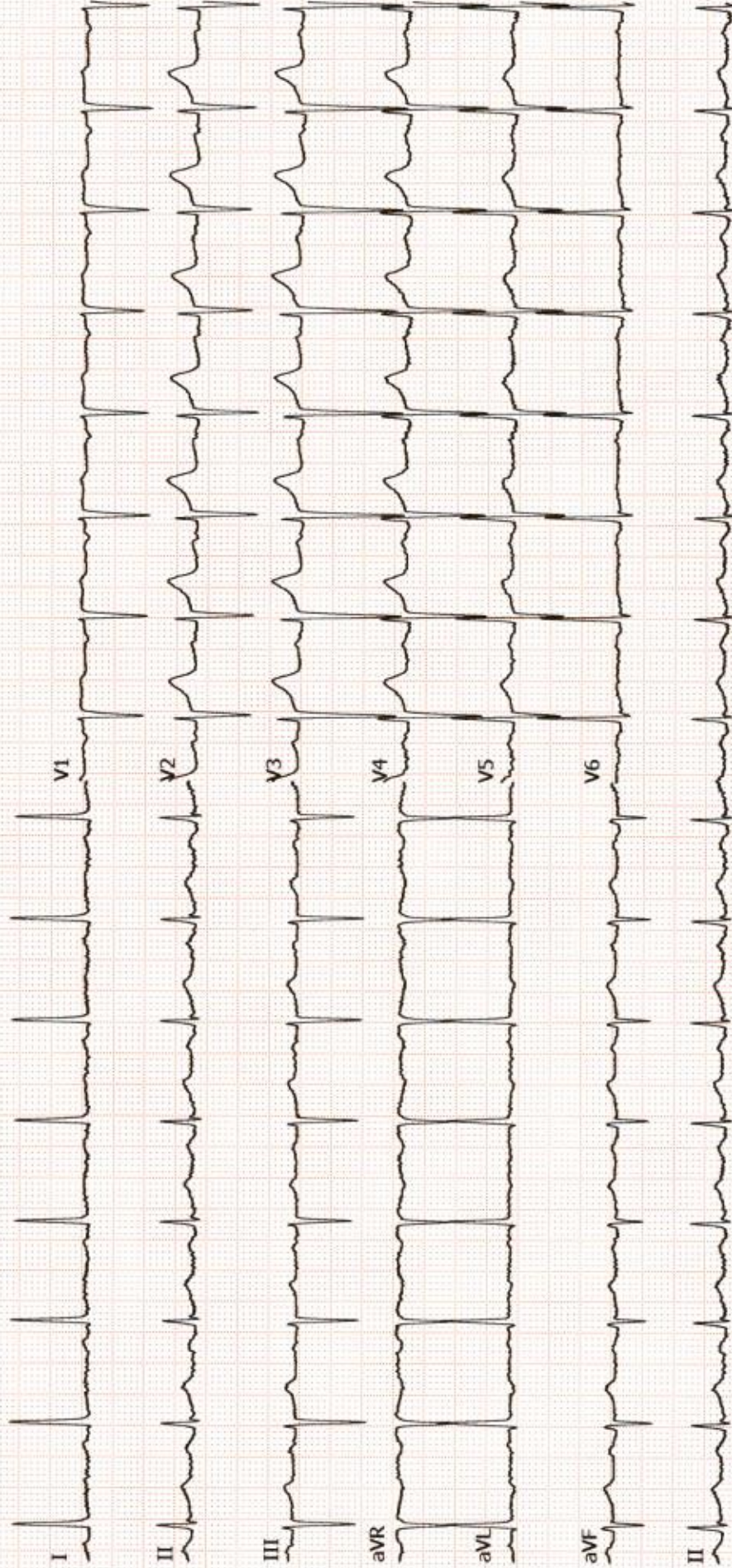
23.03.2024 10:42:35
Fortis Med Centre
sector 11
Chandigarh

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 68 ms
QT / QTcBaz : 348 / 432 ms
PR : 168 ms
P : 110 ms
RR / PP : 648 / 645 ms
P / QRS / T : 50 / -12 / 72 degrees

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Nonspecific T wave abnormality
Abnormal ECG



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

Room:

93 bpm
-- / -- mmHg

Name: Dr. Shyam Babu Singh
UHID: 13049279 Date: 23-3-24
Age: 54 Gender: male

Ophthalmology Consultation

History: NIL

Examination findings:

Visual acuity: R 6/8 L 6/9
Visual acuity with glasses: R 6/9 L 6/6
Colour Vision: R normal L normal

Slit Lamp Examination

RE

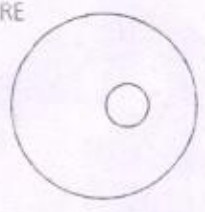


LE



Fundus Examination

RE



LE



Diagnosis: Presbyopia BE

Treatment:

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance	+1.50	/	/	6/9
Near	+3.50	/	/	N/G

Left eye

	SPH	CYL	AXIS	VA
Distance	+1.00	/	/	6/6
Near	+3.00	/	/	N/G

Signature and stamp of the Ophthalmologist: [Signature]

NAME: MR. SHYAM BABU SINGH
AGE AND SEX: 54Y/M
UHID NO: 13049279
DATE:23/03/2024
ROI: WHOLE ABDOMEN

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

Gall bladder is normally distended. Wall thickness is normal. Multiple echogenic foci of size 6-7 mm are seen along both the walls as well as in the lumen? Cholesterol stones with small polyps. 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 enlarged in size (16.7 cm), normal in outline and echotexture. No focal lesion seen. splenic vein is dilated at the hilum.

Right kidney is marginally small in size (8.8 cm), normal in 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 echo pattern. No focal lesion seen.

No free fluid is seen.

**Opinion: ECHOGENIC FOCI IN GALL BLADDER? CHOLESTEROL STONES
WITH GB POLYPS**

SPLENOMEGALY WITH DILATED SPLENIC VEIN

COARSE ECHOTEXTURE OF LIVER

MINIMALLY SMALL RIGHT KIDNEY

Suggested clinical / CECT ABDOMEN correlation.

Dr. ADITI PANWAR
PMC - 41230
Consultant Radiologist



SHYAM BABU SINGH 54 M

Study Date: 23/03/2024

Patient ID: 13049279

Accession #:

Alt ID:

DOB:

Age:

Gender: M

Ht:

Wt:

BSA:

Institution: Fortis MEDCENTRE, Chandigarh

Referring Physician:

Physician of Record:

Performed By:

Comments:

Images



Signature

Signature:

Name(Print):

Date:

DEPARTMENT OF FMC-RADIOLOGY LAB

Date: 23/Mar/2024

Name: Mr. Shyam Babu Singh**UHID | Episode No : 13049279 | 4220/24/10021****Age | Sex: 54 YEAR(S) | Male****Order No | Order Date: 10021/PN/OP/2403/10779 | 23-Mar-2024****Order Station : FRONTOFFICE-FMC****Admitted On | Reporting Date : 23-Mar-2024 11:03:38****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.

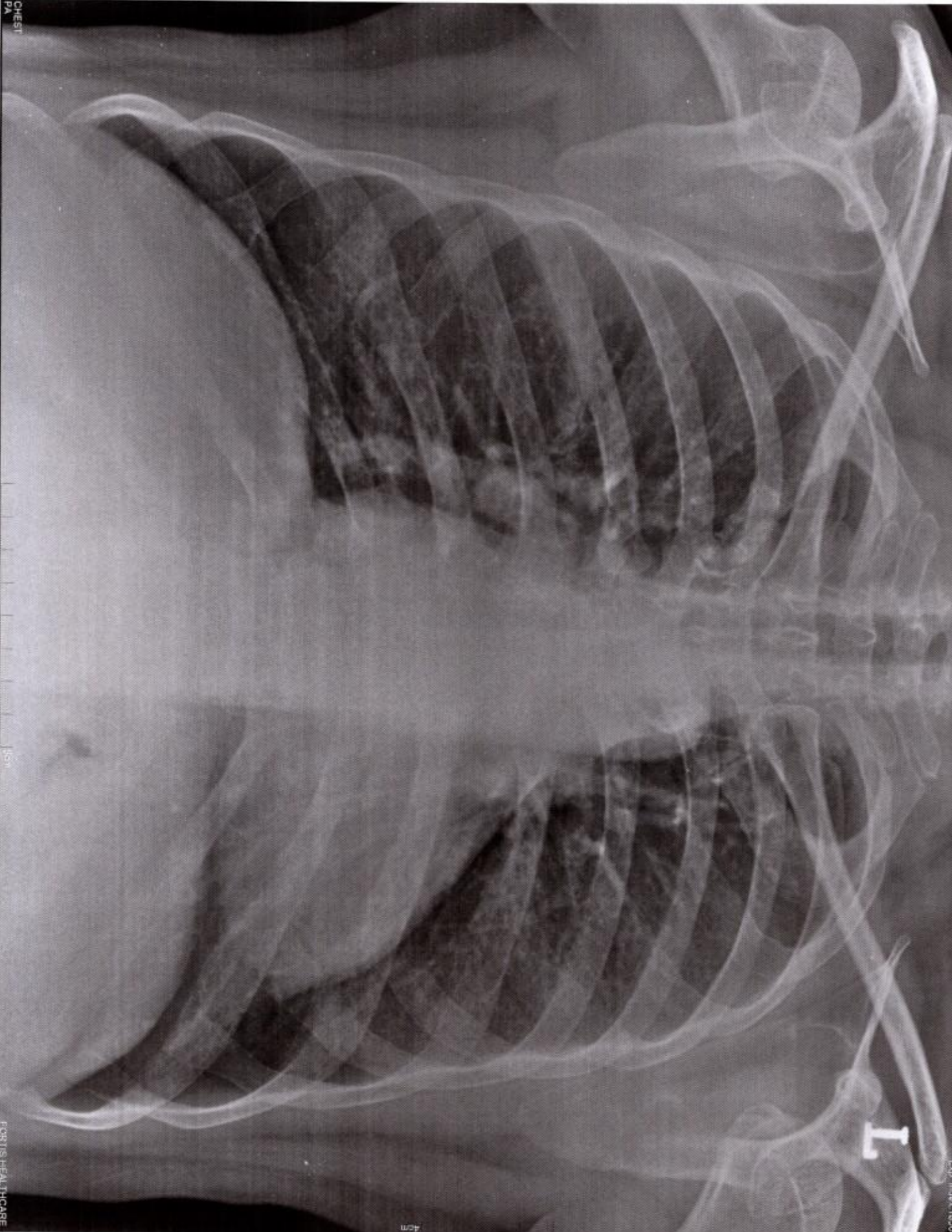
Please correlate clinically and with other relevant investigations.

Dr. ADITI PANWAR

PMC - 41230

Consultant Radiologist

SHYAM BABU SINGH SAM 5248 MED WHEEL
ID: 13048279



CHEST
PA

Acq1 Date: 23-Mar-24
Acq1 Time: 10:55:24 AM
Exp Index: 1550

4cm

FORTIS HEALTHCARE

SCO 11, Sector 11 D
Chandigarh

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Babu, Shayam
Patient ID: 13049279
Height: 165 cm
Weight: 65 kg

DOB: 05.09.1969
Age: 54yrs
Gender: Male
Race: Indian

Study Date: 23.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR MANJEET/DR VIJAY HARJAI

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	00:04	0.00	0.00	93	140/90	
	STANDING	00:14	0.00	0.00	95		
EXERCISE	STAGE 1	03:00	2.70	10.00	131	140/90	
	STAGE 2	03:00	4.00	12.00	146	150/100	
	STAGE 3	03:00	5.50	14.00	162	160/100	
	STAGE 4	00:01	5.60	14.00	162		
RECOVERY		02:10	0.00	7.70	130	170/110	

The patient exercised according to the BRUCE for 9:01 min:s, achieving a work level of Max. METS: 10.30. The resting heart rate of 92 bpm rose to a maximal heart rate of 162 bpm. This value represents 97 % of the maximal, age-predicted heart rate. The resting blood pressure of 140/90 mmHg, rose to a maximum blood pressure of 170/110 mmHg. The exercise test was stopped due to Exaggerated BP increase, Target heart rate achieved.

Interpretation

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

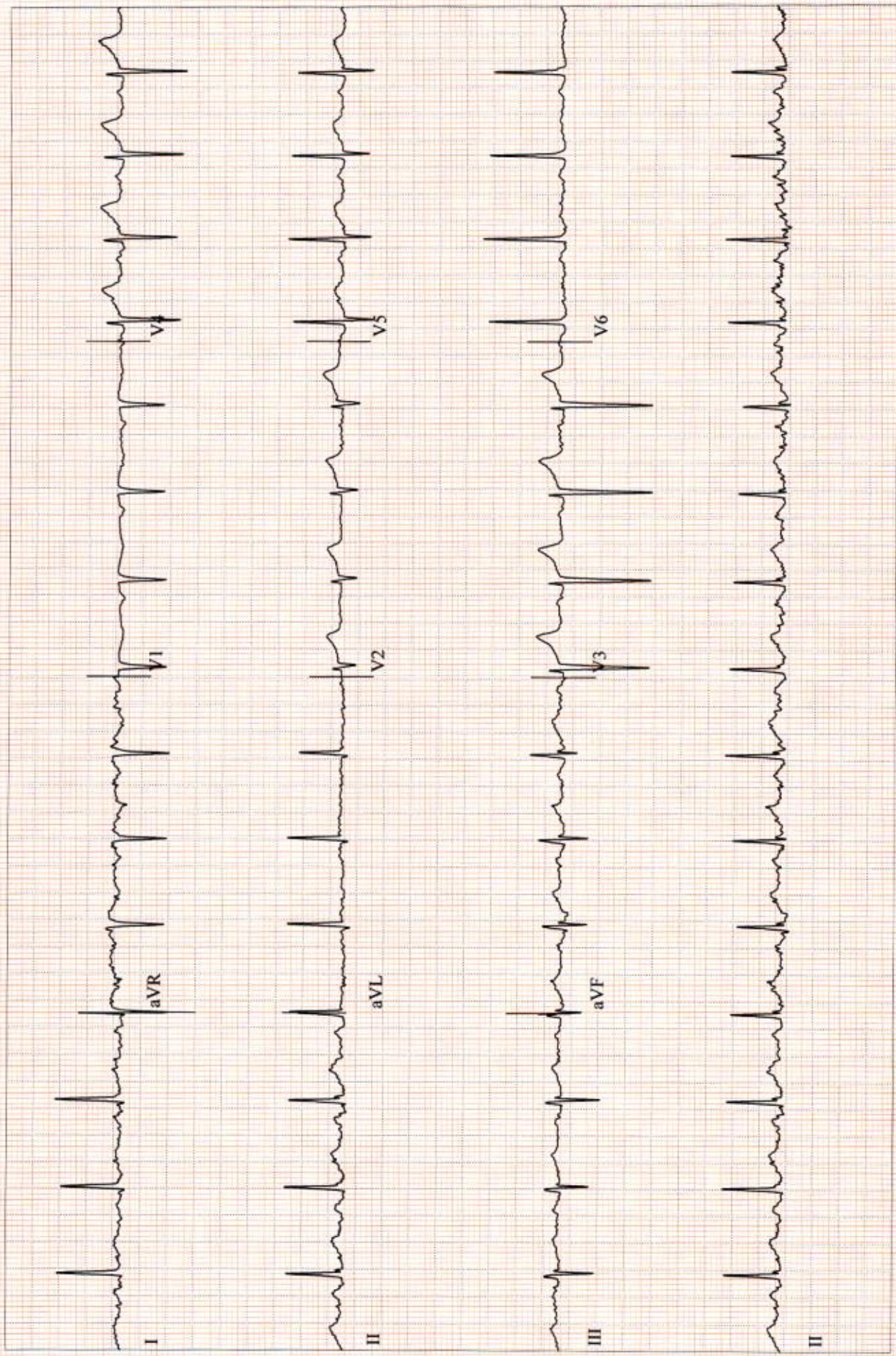
Conclusions

--

12-Lead Report

Babu, Shayam
Patient ID 13049279
23.03.2024
2:29:23pm

92 bpm
140/90 mmHg

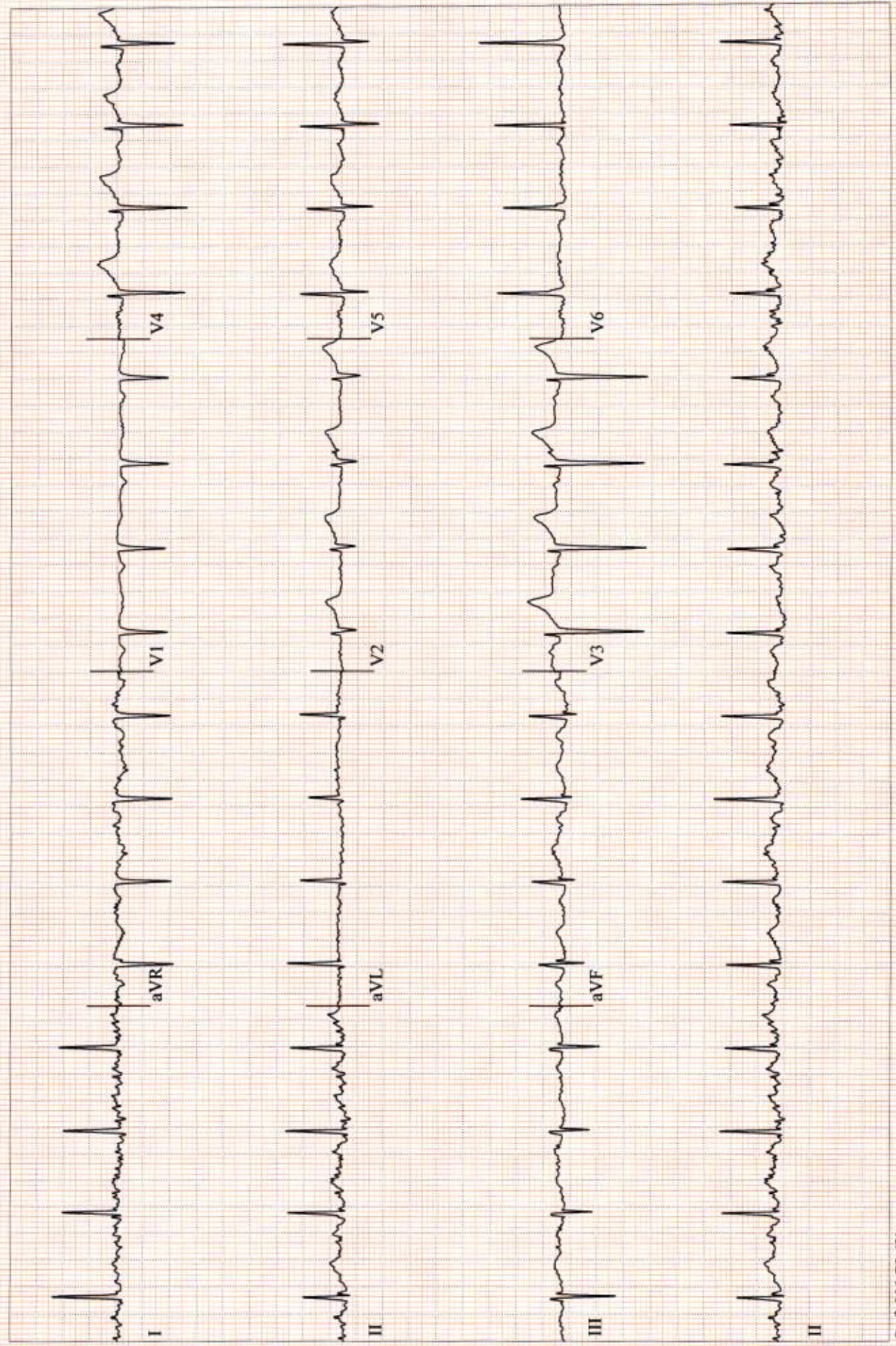


Babu, Shayam
Patient ID 13049279
23.03.2024
2:29:30pm

12-Lead Report
PRETEST
STANDING
00:05

BRUCE
0.0 km/h
0.0 %

94 bpm
140/90 mmHg



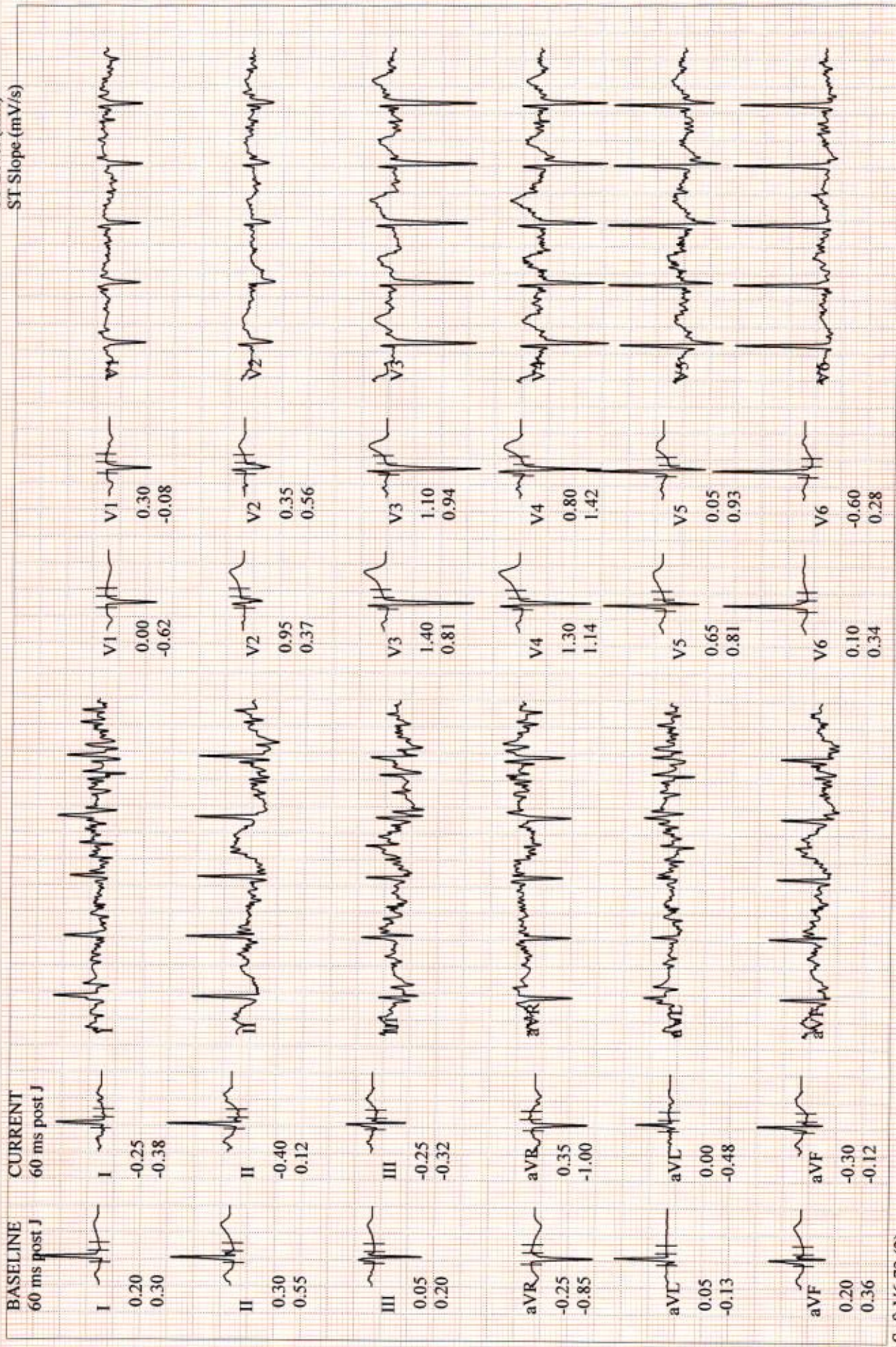
Babu, Shayam
 Patient ID 13049279
 23.03.2024
 2:32:27pm

Comparative Medians Report
 EXERCISE
 STAGE I
 02:50

133 bpm
 140/90 mmHg

BRUCE
 2.7 km/h
 10.0 %

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



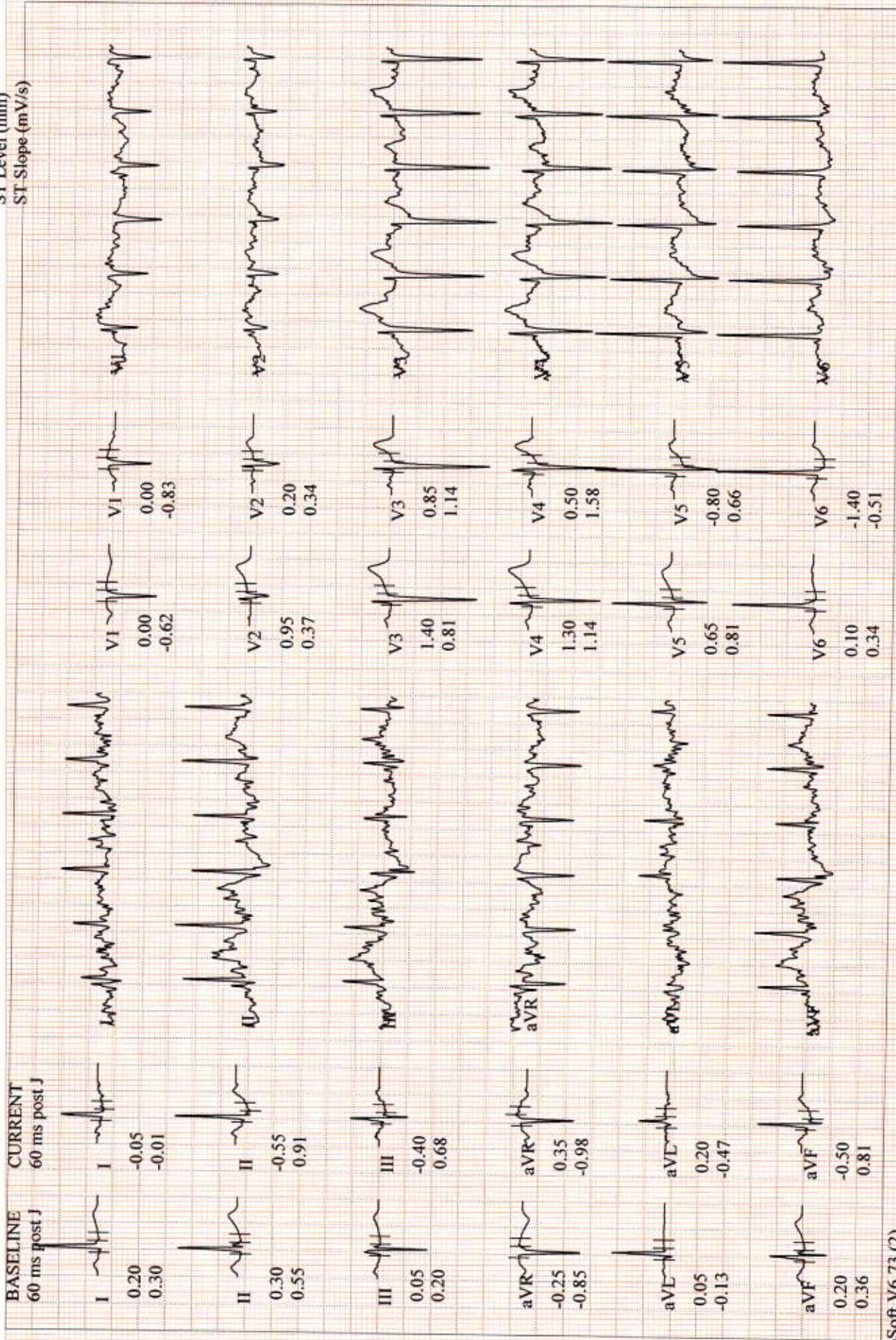
Babu, Shayam
 Patient ID 13049279
 23.03.2024
 2:35:27pm

Comparative Medians Report

EXERCISE STAGE 2
 05:50
 146 bpm
 150/100 mmHg

BRUCE
 4.0 km/h
 12.0 %

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



Comparative Medians Report

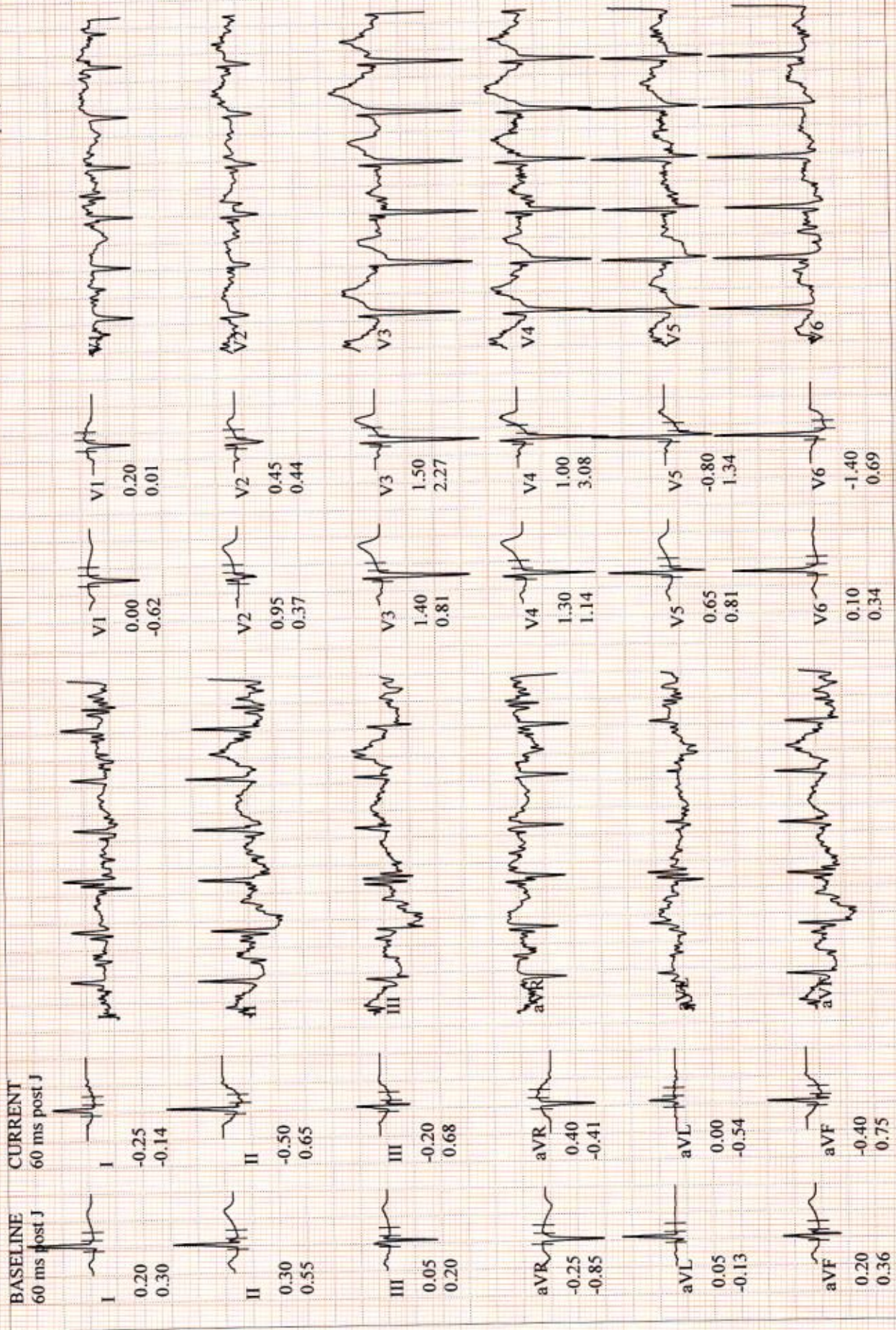
Babu, Shayam
 Patient ID 13049279
 23.03.2024
 2:38:27pm

BRUCE
 5.5 km/h
 14.0 %

162 bpm
 160/100 mmHg

EXERCISE
 STAGE 3
 08:50

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



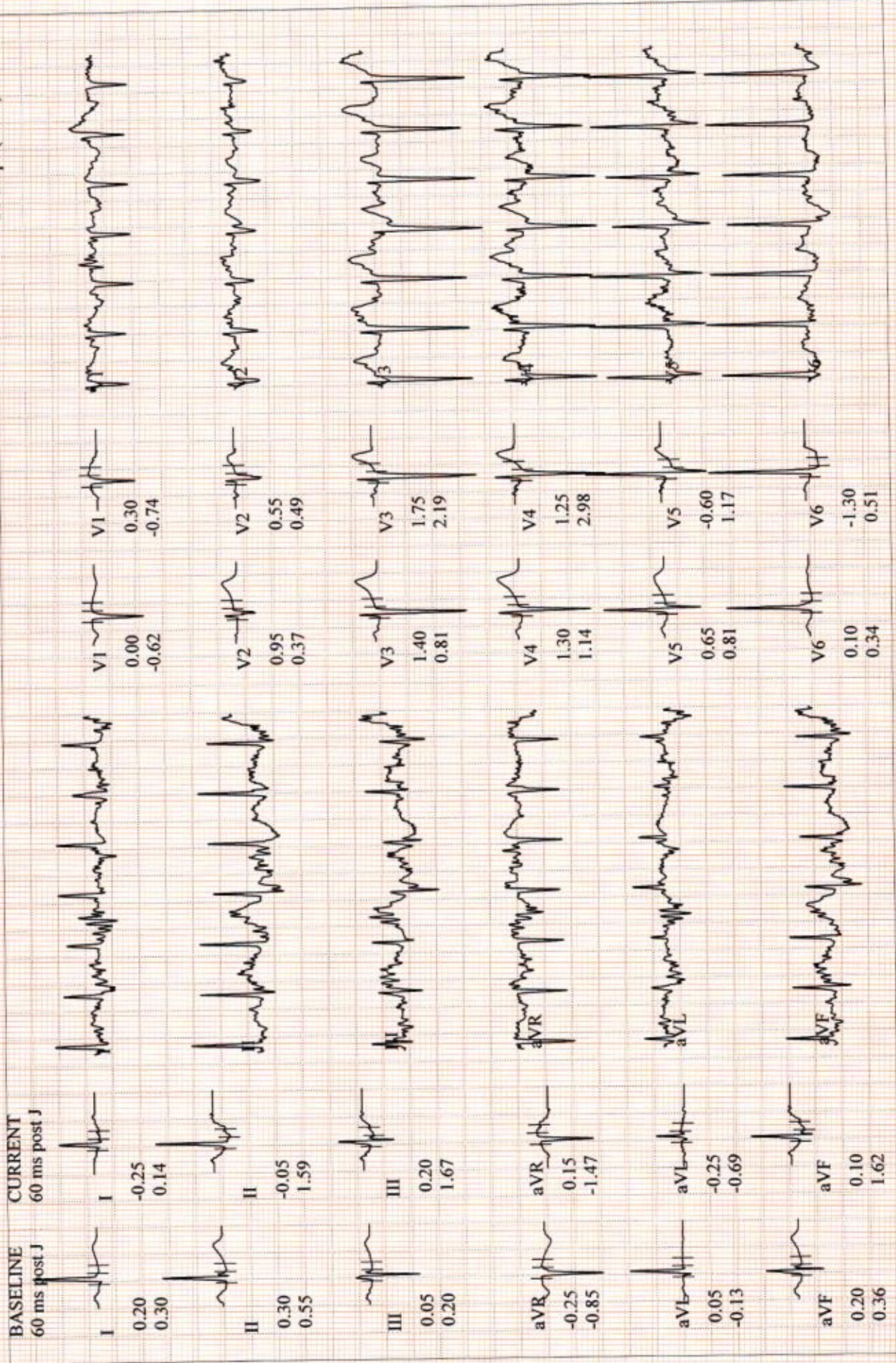
Babu, Shayam
 Patient ID 13049279
 23.03.2024
 2:38:38pm

Comparative Medians Report (PEAK EXERCISE)

EXERCISE
 STAGE 4
 09:01
BRUCE
 5.6 km/h
 14.0 %

162 bpm
 160/100 mmHg

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



Babu, Shayam

Patient ID 13049279

23.03.2024

2:39:28pm

Comparative Medians Report

RECOVERY

#1

00:50

155 bpm

BRUCE

0.0 km/h

7.8 %

Lead

ST Level (mm)

ST-Slope (mV/s)

BASELINE
60 ms post J

CURRENT
60 ms post J



I

0.20

0.30

-0.15

0.22

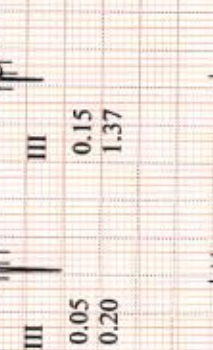
II

0.30

0.55

0.00

1.53



III

0.05

0.20

0.15

1.37

aVR

-0.25

-0.85

0.10

-0.90

aVL

0.05

-0.13

-0.15

-0.66



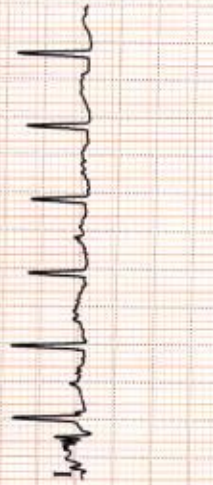
aVF

0.20

0.36

0.05

1.35



V1

0.00

-0.62

0.25

-0.57

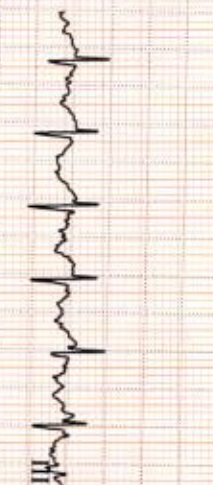
V2

0.95

0.37

0.75

0.81



V3

1.40

0.81

2.30

3.11

V4

1.30

1.14

1.85

3.44

V5

0.65

0.81

0.20

2.12

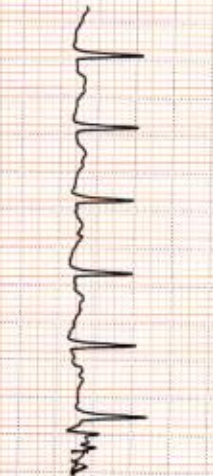
V6

0.10

0.34

-0.90

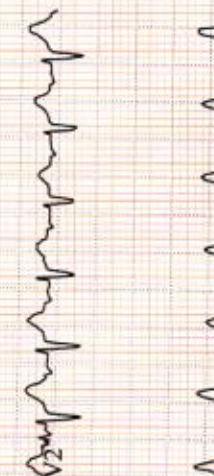
0.97



V4

0.25

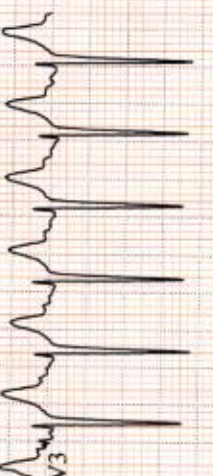
-0.57



V2

0.75

0.81



V3

2.30

3.11



V4

1.85

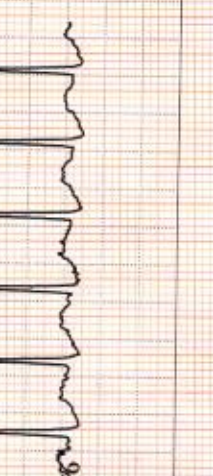
3.44



V5

0.20

2.12



V6

-0.90

0.97

Comparative Medians Report

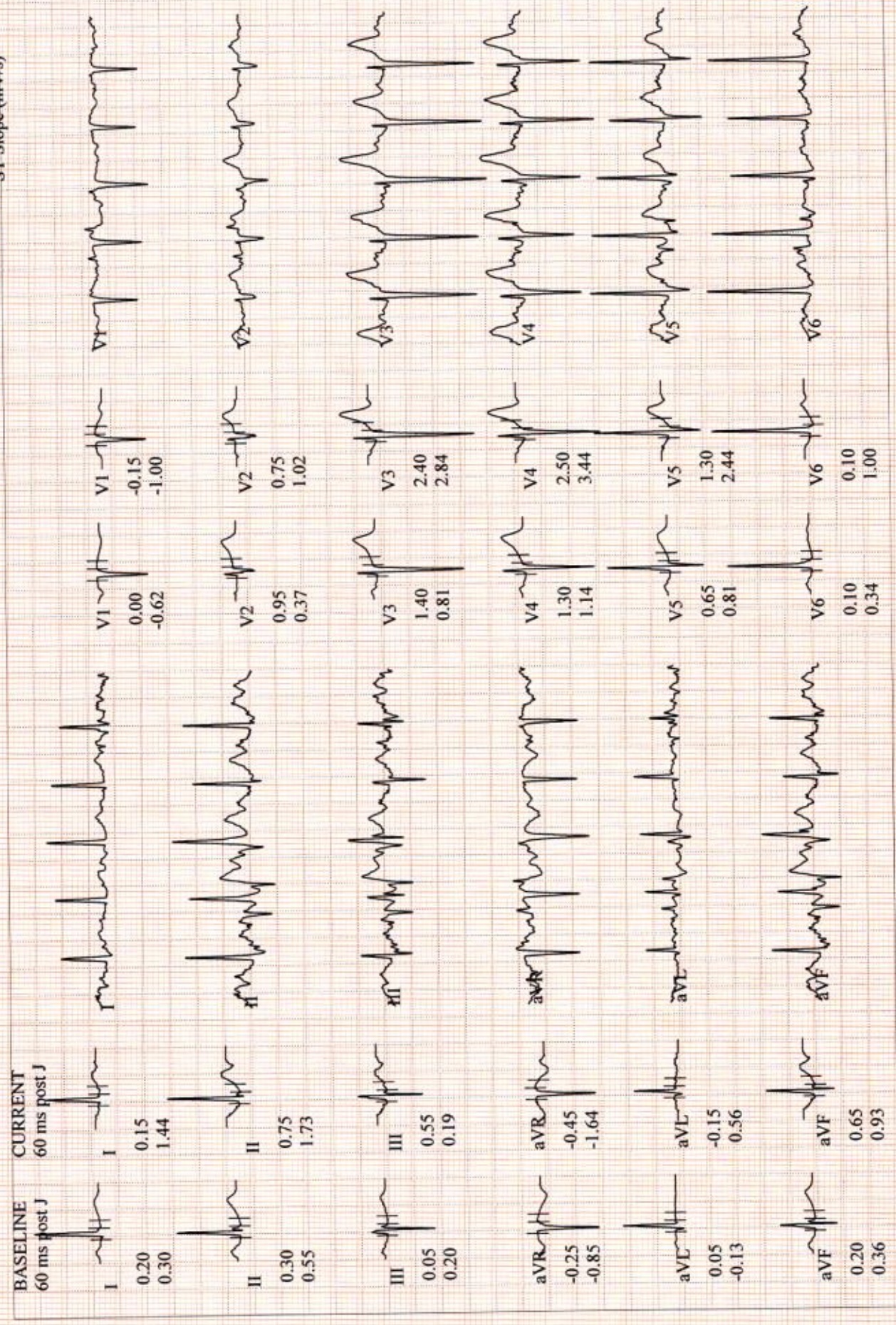
Babu, Shayam
 Patient ID 13049279
 23.03.2024
 2:40:28pm

BRUCE
 0.0 km/h
 7.8 %

139 bpm

RECOVERY
 #1
 01:50

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



PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
PATIENT ID : FH.13049279
CLIENT PATIENT ID: UID:13049279
ABHA NO :

AGE/SEX : 54 Years Male
DRAWN : 23/03/2024 09:21:00
RECEIVED : 23/03/2024 19:38:36
REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
CORP-OPD
BILLNO-1002124OPCS005248
BILLNO-1002124OPCS005248

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

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD


HEMOGLOBIN (HB) METHOD : SLS- HEMOGLOBIN DETECTION METHOD	11.9 Low	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	3.67 Low	4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : FLOWCYTOMETRY	2.92 Low	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : HYDRO DYNAMIC FOCUSING METHOD / MICROSCOPY	47 C.Low	150 - 410	thou/ μ L

Comments

PLATELETS ARE DONE MANUALLY.

RBC AND PLATELET INDICES

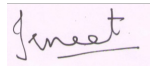
HEMATOCRIT (PCV) METHOD : HYDRODYNAMIC FOCUSING	41.6	40.0 - 50.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	113.4 High	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	32.4 High	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	28.6 Low	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	14.3 High	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	30.9		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	12.9 High	6.8 - 10.9	fL



Dr. Subhijit kaur (MD, Pathology)
Senior Resident, 49300



Dr. Shafira Garg (MD, Pathology)
Attending Consultant, 47150



Dr. Irneet Mundi (MD,DNB
Pathology)
Associate Consultant, 34080

Page 1 Of 15



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
L85110DL1996PLC076704
Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022



PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
PATIENT ID : FH.13049279
CLIENT PATIENT ID: UID:13049279
ABHA NO :

AGE/SEX : 54 Years Male
DRAWN : 23/03/2024 09:21:00
RECEIVED : 23/03/2024 19:38:36
REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
CORP-OPD
BILLNO-1002124OPCS005248
BILLNO-1002124OPCS005248

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

WBC DIFFERENTIAL COUNT

NEUTROPHILS METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	61	40.0 - 80.0	%
LYMPHOCYTES METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	29	20.0 - 40.0	%
MONOCYTES METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	8	2.0 - 10.0	%
EOSINOPHILS METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	2	1 - 6	%
BASOPHILS METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	00	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT METHOD : CALCULATED PARAMETER	1.78 Low	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT METHOD : CALCULATED PARAMETER	0.85 Low	1.0 - 3.0	thou/ μ L
ABSOLUTE MONOCYTE COUNT METHOD : CALCULATED PARAMETER	0.23	0.2 - 1.0	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT METHOD : CALCULATED PARAMETER	0.06	0.02 - 0.50	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR) METHOD : CALCULATED PARAMETER	2.1		

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.

Subhijit kaur

Dr. Subhijit kaur (MD, Pathology)
Senior Resident, 49300

Shafira

Dr. Shafira Garg (MD, Pathology)
Attending Consultant,47150

Irneet

Dr. Irneet Mundi (MD,DNB Pathology)
Associate Consultant, 34080



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
L85110DL1996PLC076704
Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 6000003328022

PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
PATIENT ID : FH.13049279
CLIENT PATIENT ID: UID:13049279
ABHA NO :

AGE/SEX : 54 Years Male
DRAWN : 23/03/2024 09:21:00
RECEIVED : 23/03/2024 19:38:36
REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
CORP-OPD
BILLNO-1002124OPCS005248
BILLNO-1002124OPCS005248

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

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R	66 High	0 - 14	mm at 1 hr
-------	----------------	--------	------------

METHOD : WESTERGREN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	6.0 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 : HPLC

ESTIMATED AVERAGE GLUCOSE(EAG)	125.5 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, 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).

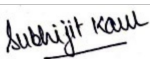
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

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

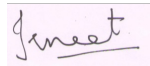
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)



Dr. Subhijit kaur (MD, Pathology)
Senior Resident, 49300



Dr. Shafira Garg (MD, Pathology)
Attending Consultant, 47150



Dr. Irneet Mundi (MD,DNB
Pathology)
Associate Consultant, 34080

Page 3 Of 15



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62, Phase VIII,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
L85110DL1996PLC076704
Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022



PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
PATIENT ID : FH.13049279
CLIENT PATIENT ID: UID:13049279
ABHA NO :

AGE/SEX : 54 Years Male
DRAWN : 23/03/2024 09:21:00
RECEIVED : 23/03/2024 19:38:36
REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
CORP-OPD
BILLNO-1002124OPCS005248
BILLNO-1002124OPCS005248

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

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. 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. Hypertriglyceridemia, 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
 - Homozygous 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

Dr. Subhijit kaur (MD, Pathology)
Senior Resident, 49300

Dr. Shafira Garg (MD, Pathology)
Attending Consultant, 47150

Dr. Irneet Mundi (MD, DNB Pathology)
Associate Consultant, 34080



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62, Phase VIII,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
L85110DL1996PLC076704
Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022

PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
PATIENT ID : FH.13049279
CLIENT PATIENT ID: UID:13049279
ABHA NO :

AGE/SEX : 54 Years Male
DRAWN : 23/03/2024 09:21:00
RECEIVED : 23/03/2024 19:38:36
REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
CORP-OPD
BILLNO-1002124OPCS005248
BILLNO-1002124OPCS005248

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

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL METHOD : DIAZONIUM ION, BLANKED (ROCHE)	1.40 High	UPTO 1.2	mg/dL
BILIRUBIN, DIRECT METHOD : DIAZOTIZATION	0.59 High	0.00 - 0.30	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.81 High	0.00 - 0.60	mg/dL
TOTAL PROTEIN METHOD : BIURET	8.3	6.6 - 8.7	g/dL
ALBUMIN METHOD : BROMOCRESOL GREEN	4.2	3.97 - 4.94	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	4.1 High	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.0	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	38	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE	27	0 - 41	U/L
ALKALINE PHOSPHATASE METHOD : PNPP - AMP BUFFER	130 High	40 - 129	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE	446 High	8 - 61	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE UV	146	135 - 225	U/L

GLUCOSE FASTING, FLUORIDE PLASMA

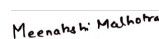
FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	140 High	74 - 106	mg/dL
--	-----------------	----------	-------



Dr. Ritu Pankaj (MD, Pathology),
PDCC
Additional Director, 30897



Ms. Hardeep Kaur, M.Sc.
Biochemistry



Dr. Meenakshi Malhotra (MD,
Pathology)
Senior Consultant, 48159



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62, Phase VIII,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
L85110DL1996PLC076704
Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022

PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
PATIENT ID : FH.13049279
CLIENT PATIENT ID: UID:13049279
ABHA NO :

AGE/SEX : 54 Years Male
DRAWN : 23/03/2024 09:21:00
RECEIVED : 23/03/2024 19:38:36
REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
CORP-OPD
BILLNO-1002124OPCS005248
BILLNO-1002124OPCS005248

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

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN METHOD : UREASE - UV	11	6 - 20	mg/dL
---	----	--------	-------

URIC ACID, SERUM

URIC ACID METHOD : URICASE, COLORIMETRIC	4.9	3.4 - 7.0	mg/dL
---	-----	-----------	-------

CREATININE EGFR

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

AGE	54		years
-----	----	--	-------

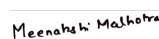
GLOMERULAR FILTRATION RATE (MALE)	89	GFR of +90 normal or minimal kidney damage with normal GFR 89- 60 mild decrease 59-30 moderate decrease 29-15 severe decrease < 15 kidney failure (units: mL/min/1.73mSq.)	
-----------------------------------	----	--	--

Interpretation(s)


Dr. Ritu Pankaj (MD,Pathology),
PDCC
Additional Director, 30897



Ms. Hardeep Kaur, M.Sc.
Biochemistry



Dr. Meenakshi Malhotra (MD,
Pathology)
Senior Consultant,48159

Page 6 Of 15



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
L85110DL1996PLC076704
Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022



PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
PATIENT ID : FH.13049279
CLIENT PATIENT ID: UID:13049279
ABHA NO :

AGE/SEX : 54 Years Male
DRAWN : 23/03/2024 09:21:00
RECEIVED : 23/03/2024 19:38:36
REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
CORP-OPD
BILLNO-1002124OPCS005248
BILLNO-1002124OPCS005248

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

GLUCOSE POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	141 High	Non-Diabetes 70 - 140	mg/dL
---------------------------------	-----------------	--------------------------	-------

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.

Ritu Pankaj

**Dr. Ritu Pankaj (MD, Pathology),
PDDC
Additional Director, 30897**

Hardeep

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

Meenakshi Malhotra

**Dr. Meenakshi Malhotra (MD,
Pathology)
Senior Consultant, 48159**



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62, Phase VIII,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
L85110DL1996PLC076704
Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022



PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
 PATIENT ID : FH.13049279
 CLIENT PATIENT ID: UID:13049279
 ABHA NO :

AGE/SEX : 54 Years Male
 DRAWN : 23/03/2024 09:21:00
 RECEIVED : 23/03/2024 19:38:36
 REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
 CORP-OPD
 BILLNO-1002124OPCS005248
 BILLNO-1002124OPCS005248

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

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

GLUCOSE POST-PRANDIAL, PLASMA-Spectrophotometry Hexokinase

**Dr. Ritu Pankaj (MD,Pathology),
 PDCC
 Additional Director, 30897**

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

**Dr. Meenakshi Malhotra (MD,
 Pathology)
 Senior Consultant,48159**

Page 8 Of 15



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
 Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,
 Mohali, 160062
 Punjab, India
 Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
 L85110DL1996PLC076704
 Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022



PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
 PATIENT ID : FH.13049279
 CLIENT PATIENT ID: UID:13049279
 ABHA NO :

AGE/SEX : 54 Years Male
 DRAWN : 23/03/2024 09:21:00
 RECEIVED : 23/03/2024 19:38:36
 REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
 CORP-OPD
 BILLNO-1002124OPCS005248
 BILLNO-1002124OPCS005248

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

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	162	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
TRIGLYCERIDES	104	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	61 High	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	83	< 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	101	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	20.8	Desirable value : 10 - 35	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	2.7 Low	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	

Ms. Hardeep Kaur, M.Sc.
 Biochemistry

Dr. Meenakshi Malhotra (MD,
 Pathology)
 Senior Consultant,48159

Dr. Ritu Pankaj (MD,Pathology),
 PDCC
 Additional Director, 30897



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
 Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,
 Mohali, 160062
 Punjab, India
 Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
 L85110DL1996PLC076704
 Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 6000003328022



MC-2559

PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL # MOHALI, MOHALI 160062 7087030817	ACCESSION NO : 0006XC024723	AGE/SEX : 54 Years Male
	PATIENT ID : FH.13049279	DRAWN : 23/03/2024 09:21:00
	CLIENT PATIENT ID: UID:13049279	RECEIVED : 23/03/2024 19:38:36
	ABHA NO :	REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :


UID:13049279 REQNO-1681647
 CORP-OPD
 BILLNO-1002124OPCS005248
 BILLNO-1002124OPCS005248

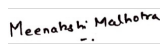
Test Report Status	Preliminary	Results	Biological Reference Interval	Units
--------------------	-------------	---------	-------------------------------	-------

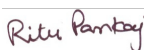
LDL/HDL RATIO		1.4	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
---------------	--	-----	--	--

METHOD : CALCULATED PARAMETER

Interpretation(s)


Ms. Hardeep Kaur, M.Sc.
 Biochemistry


Dr. Meenakshi Malhotra (MD, Pathology)
 Senior Consultant,48159


Dr. Ritu Pankaj (MD,Pathology), PDCC
 Additional Director, 30897



View Details



View Report

PERFORMED AT :
 CLINICAL LABORATORY
 Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,
 Mohali, 160062
 Punjab, India
 Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
 L85110DL1996PLC076704
 Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022



PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
PATIENT ID : FH.13049279
CLIENT PATIENT ID: UID:13049279
ABHA NO :

AGE/SEX : 54 Years Male
DRAWN : 23/03/2024 09:21:00
RECEIVED : 23/03/2024 19:38:36
REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
CORP-OPD
BILLNO-1002124OPCS005248
BILLNO-1002124OPCS005248

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

CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

COLOR	YELLOW
METHOD : MANUAL EXAMINATION	
APPEARANCE	CLEAR
METHOD : MANUAL EXAMINATION	

CHEMICAL EXAMINATION, URINE

PH	6.0	4.7 - 7.5
METHOD : DOUBLE INDICATOR PRINCIPLE		
SPECIFIC GRAVITY	1.020	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

Shafira

Dr. Shafira Garg (MD, Pathology)
Attending Consultant,47150

Irneet

Dr. Irneet Mundi (MD,DNB Pathology)
Associate Consultant, 34080

Ritu Pankaj

Dr. Ritu Pankaj (MD,Pathology), PDCC
Additional Director, 30897



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
L85110DL1996PLC076704
Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022



MC-2559

PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
 PATIENT ID : FH.13049279
 CLIENT PATIENT ID: UID:13049279
 ABHA NO :

AGE/SEX : 54 Years Male
 DRAWN : 23/03/2024 09:21:00
 RECEIVED : 23/03/2024 19:38:36
 REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
 CORP-OPD
 BILLNO-1002124OPCS005248
 BILLNO-1002124OPCS005248

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
RED BLOOD CELLS		NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)		NOT DETECTED	0-5	/HPF
EPITHELIAL CELLS		NOT DETECTED	0-5	/HPF
CASTS		NOT DETECTED		
CRYSTALS		NOT DETECTED		
BACTERIA		NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY				
YEAST		NOT DETECTED	NOT DETECTED	

Interpretation(s)

Dr. Shafira Garg (MD, Pathology)
 Attending Consultant,47150

Dr. Irneet Mundi (MD,DNB Pathology)
 Associate Consultant, 34080

Dr. Ritu Pankaj (MD,Pathology), PDCC
 Additional Director, 30897



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
 Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,
 Mohali, 160062
 Punjab, India
 Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
 L85110DL1996PLC076704
 Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022



PATIENT NAME : SHYAM BABU SINGH **REF. DOCTOR : SELF**

FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL # MOHALI, MOHALI 160062 7087030817	ACCESSION NO : 0006XC024723	AGE/SEX : 54 Years Male
	PATIENT ID : FH.13049279	DRAWN : 23/03/2024 09:21:00
	CLIENT PATIENT ID: UID:13049279	RECEIVED : 23/03/2024 19:38:36
	ABHA NO :	REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :
UID:13049279 REQNO-1681647
CORP-OPD
BILLNO-1002124OPCS005248
BILLNO-1002124OPCS005248

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

CLINICAL PATH - STOOL ANALYSIS

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



[View Details](#) [View Report](#)

PERFORMED AT :
CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
L85110DL1996PLC076704
Email : lab.mohali@fortishealthcare.com





PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
 PATIENT ID : FH.13049279
 CLIENT PATIENT ID: UID:13049279
 ABHA NO :

AGE/SEX : 54 Years Male
 DRAWN : 23/03/2024 09:21:00
 RECEIVED : 23/03/2024 19:38:36
 REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
 CORP-OPD
 BILLNO-1002124OPCS005248
 BILLNO-1002124OPCS005248

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

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	101.8	80.00 - 200.00	ng/dL
T4	4.61 Low	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE)	4.040	0.270 - 4.200	µIU/mL

Dr. Meenakshi Malhotra (MD,
 Pathology)
 Senior Consultant,48159

Dr. Ritu Pankaj (MD,Pathology),
 PDCC
 Additional Director, 30897

Page 14 Of 15



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
 Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,
 Mohali, 160062
 Punjab, India
 Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
 L85110DL1996PLC076704
 Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022



PATIENT NAME : SHYAM BABU SINGH

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC024723**
PATIENT ID : FH.13049279
CLIENT PATIENT ID: UID:13049279
ABHA NO :

AGE/SEX : 54 Years Male
DRAWN : 23/03/2024 09:21:00
RECEIVED : 23/03/2024 19:38:36
REPORTED : 24/03/2024 01:29:58

CLINICAL INFORMATION :

UID:13049279 REQNO-1681647
CORP-OPD
BILLNO-1002124OPCS005248
BILLNO-1002124OPCS005248

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

SPECIALISED CHEMISTRY - TUMOR MARKER

PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN	0.921	0.0 - 3.1	ng/mL
---------------------------	-------	-----------	-------

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 patients.

- It is a suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.
- Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and useful in detecting residual disease and early recurrence of tumor.
- Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostatitis and Benign Prostatic Hyperplasia.
- Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA (false positive) levels persisting up to 3 weeks.
- As per American urological guidelines, PSA screening is recommended for early detection of Prostate cancer above the age of 40 years. Following Age specific reference range can be used as a guide lines.
- Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-10 ng/mL.
- Total PSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. Recommended follow up on same platform as patient result can vary due to differences in assay method and reagent specificity.

References-

1. Burtis CA, Ashwood ER, Bruns DE. Teitz textbook of clinical chemistry and Molecular Diagnostics. 4th edition.
2. Williamson MA, Snyder LM. Wallach's interpretation of diagnostic tests. 9th edition.

End Of Report

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

Dr. Ritu Pankaj (MD, Pathology),
PDCC
Additional Director, 30897

Dr. Anita Sharma (MD,
Microbiology)
Director, Lab Medicine, 27672

Page 15 Of 15



View Details



View Report

PERFORMED AT :

CLINICAL LABORATORY
Fortis Heart Institute & Multispeciality Hospital, Sector 62, Phase VIII,
Mohali, 160062
Punjab, India
Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -
L85110DL1996PLC076704
Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003328022