

PATIENT NAME : GEET SURI

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC018720**
PATIENT ID : FH.13038555
CLIENT PATIENT ID: UID:13038555
ABHA NO :

AGE/SEX : 35 Years Male
DRAWN : 18/03/2024 10:28:00
RECEIVED : 18/03/2024 15:24:53
REPORTED : 18/03/2024 17:43:29

CLINICAL INFORMATION :

UID:13038555 REQNO-1678413
CORP-OPD
BILLNO-1002124OPCS004542
BILLNO-1002124OPCS004542

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

CBC-5, EDTA WHOLE BLOOD

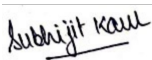
BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	16.0	13.0 - 17.0	g/dL
METHOD : SLS- HEMOGLOBIN DETECTION METHOD			
RED BLOOD CELL (RBC) COUNT	5.72 High	4.5 - 5.5	mil/ μ L
METHOD : HYDRODYNAMIC FOCUSING			
WHITE BLOOD CELL (WBC) COUNT	9.66	4.0 - 10.0	thou/ μ L
METHOD : FLOWCYTOMETRY			
PLATELET COUNT	274	150 - 410	thou/ μ L
METHOD : HYDRO DYNAMIC FOCUSING METHOD / MICROSCOPY			

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	51.4 High	40.0 - 50.0	%
METHOD : HYDRODYNAMIC FOCUSING			
MEAN CORPUSCULAR VOLUME (MCV)	89.9	83.0 - 101.0	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	28.0	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	31.1 Low	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	12.9	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	15.7		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	11.5 High	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

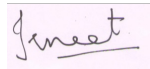
WBC DIFFERENTIAL COUNT



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

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



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NEUTROPHILS		70	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY				
LYMPHOCYTES		21	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY				
MONOCYTES		5	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY				
EOSINOPHILS		4	1 - 6	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY				
BASOPHILS		0	0 - 2	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY				
ABSOLUTE NEUTROPHIL COUNT		6.76	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.03	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.48	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.39	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		3.3		
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), EDTA BLOOD

E.S.R	10	0 - 14	mm at 1 hr
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METHOD : WESTERGREN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.2	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)	%
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METHOD : HPLC

ESTIMATED AVERAGE GLUCOSE(EAG)	102.5	< 116.0	mg/dL
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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)

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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:

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

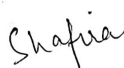
a) Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.

b) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)

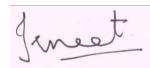
c) HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy



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Senior Resident, 49300



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BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL METHOD : DIAZONIUM ION, BLANKED (ROCHE)	0.58	UPTO 1.2	mg/dL
BILIRUBIN, DIRECT METHOD : DIAZOTIZATION	0.18	0.00 - 0.30	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.40	0.00 - 0.60	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.2	6.6 - 8.7	g/dL
ALBUMIN METHOD : BROMOCRESOL GREEN	4.6	3.97 - 4.94	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	2.6	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.8	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	15	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE	12	0 - 41	U/L
ALKALINE PHOSPHATASE METHOD : PNPP - AMP BUFFER	140 High	40 - 129	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE	16	8 - 61	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE UV	154	135 - 225	U/L

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	82	74 - 106	mg/dL
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Ritu Pankaj

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

H Kaur

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

Meenakshi Malhotra

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



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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	6.1	3.4 - 7.0	mg/dL
METHOD : URICASE, COLORIMETRIC			

CREATININE EGFR

CREATININE	0.80	0.70 - 1.20	mg/dL
METHOD : ALKALINE PICRATE-KINETIC			
AGE	35		years
GLOMERULAR FILTRATION RATE (MALE)	118		

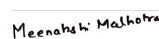
GFR of +90
normal or minimal kidney
damage with normal GFR
89- 60
mild decrease
59-30
moderate decrease
29-15
severe decrease
< 15 kidney failure
(units: mL/min/1.73mSq.)

Interpretation(s)


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



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GLUCOSE POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	141 High	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.

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 FORTIS HOSPITAL # MOHALI,
 MOHALI 160062
 7087030817

ACCESSION NO : **0006XC018720**
 PATIENT ID : FH.13038555
 CLIENT PATIENT ID: UID:13038555
 ABHA NO :

AGE/SEX : 35 Years Male
 DRAWN : 18/03/2024 10:28:00
 RECEIVED : 18/03/2024 15:24:53
 REPORTED : 18/03/2024 17:43:29

CLINICAL INFORMATION :

UID:13038555 REQNO-1678413
 CORP-OPD
 BILLNO-1002124OPCS004542
 BILLNO-1002124OPCS004542

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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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

Ritu Pankaj

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

Hardeep Kaur

**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), 0172-469-2221 - CIN -
 L85110DL1996PLC076704
 Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 6000003322019



PATIENT NAME : GEET SURI

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC018720**
 PATIENT ID : FH.13038555
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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	200	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
TRIGLYCERIDES	143	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	43	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	145 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	157 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	28.6	Desirable value : 10 - 35	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	4.7 High	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



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 L85110DL1996PLC076704
 Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 6000003322019



MC-2559

PATIENT NAME : GEET SURI

REF. DOCTOR : SELF

FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL # MOHALI, MOHALI 160062 7087030817	ACCESSION NO : 0006XC018720	AGE/SEX : 35 Years Male
	PATIENT ID : FH.13038555	DRAWN : 18/03/2024 10:28:00
	CLIENT PATIENT ID: UID:13038555	RECEIVED : 18/03/2024 15:24:53
	ABHA NO :	REPORTED : 18/03/2024 17:43:29

CLINICAL INFORMATION :


UID:13038555 REQNO-1678413
 CORP-OPD
 BILLNO-1002124OPCS004542
 BILLNO-1002124OPCS004542

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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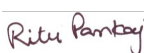
LDL/HDL RATIO	3.4 High	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk
---------------	-----------------	--

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



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Patient Ref. No. 600003322019



MC-2559

PATIENT NAME : GEET SURI

REF. DOCTOR : SELF

FORTIS MOHALI-CHC -SPLZD
 FORTIS HOSPITAL # MOHALI,
 MOHALI 160062
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CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

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

CHEMICAL EXAMINATION, URINE

PH	7.0	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

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



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Patient Ref. No. 6000003322019



MC-2559

PATIENT NAME : GEET SURI

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC018720**
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 BILLNO-1002124OPCS004542
 BILLNO-1002124OPCS004542

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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



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Patient Ref. No. 6000003322019



PATIENT NAME : GEET SURI	REF. DOCTOR : SELF	
FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL # MOHALI, MOHALI 160062 7087030817	ACCESSION NO : 0006XC018720 PATIENT ID : FH.13038555 CLIENT PATIENT ID: UID:13038555 ABHA NO :	AGE/SEX : 35 Years Male DRAWN : 18/03/2024 10:28:00 RECEIVED : 18/03/2024 15:24:53 REPORTED : 18/03/2024 17:43:29

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Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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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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Patient Ref. No. 6000003322019



PATIENT NAME : GEET SURI

REF. DOCTOR : SELF

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

ACCESSION NO : **0006XC018720**
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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	95.3	80.00 - 200.00	ng/dL
T4	5.62	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE)	2.230	0.270 - 4.200	µIU/mL

End Of Report

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

Meenakshi Malhotra

Ritu Pankaj

Page 14 Of 14

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

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



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 L85110DL1996PLC076704
 Email : lab.mohali@fortishealthcare.com



Patient Ref. No. 600003322019

Name: Mr. Geet Suri
UHID: 13038555 Date: 18/03/24
Age: 35 Gender: M

Nursing Assessment

Profile	
Height (cm): <u>172cm</u>	Waist Circumference (cm): <u>34 inches</u>
Weight (Kg.): <u>71.3kg</u>	Body Mass Index: <u>23.9 kg/m</u>
Occupation: <u>Private Job</u>	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married

Vital Signs	
Pulse Rate (/min): <u>63/min</u>	Respiratory Rate (/min): <u>20/min</u>
Blood Pressure (mmHg): <u>110/60 mmHg</u>	Temperature (if febrile): <u>Afebrile</u>

Past History	
<input checked="" type="checkbox"/> Hypertension :	<input 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 type="checkbox"/> No	Last Mammography done in
Consent for X-ray & Mammography	

Current Medications
<u>nil</u>

Signature, Name and Emp. ID of the Nurse: Reeta
90854

Name: Mr Gout Saini
UHID: 13028555 Date: 18/03/24
Age: 35 years Gender: male

Internal Medicine Consultation

Relevant History:

Diagnosis:

Examination Findings:

Advice / Treatment Plan:

Investigations:

Signature and stamp of the Consultant:

Name: Cheet Sauri
 UHID: 13038555 Date: 18/8/24
 Age: 35 Gender: male

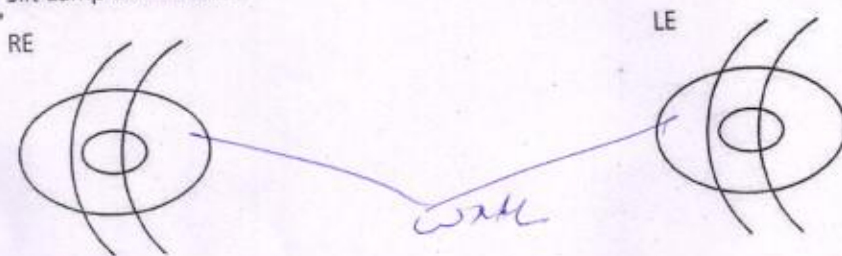
Ophthalmology Consultation

History:

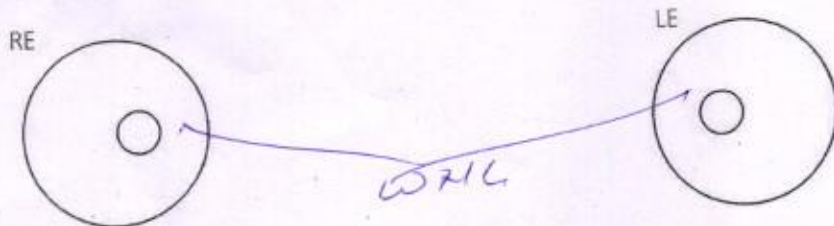
Examination findings:

Visual acuity $\left\{ \begin{array}{l} R \text{ 5/6} \\ L \text{ 5/6} \end{array} \right.$ Visual acuity with glasses $\left\{ \begin{array}{l} R \text{ 6/6} \\ L \text{ 6/6} \end{array} \right.$ Colour Vision $\left\{ \begin{array}{l} R \text{ WNL} \\ L \text{ WNL} \end{array} \right.$

Slit Lamp Examination



Fundus Examination



Diagnosis:

Treatment:

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance	-3.00	+	-	6/6
Near		-		216

Left eye

	SPH	CYL	AXIS	VA
Distance	-2.75	±	-	6/6
Near		-		216

Signature and stamp of the Ophthalmologist: _____

DEPARTMENT OF FMC-RADIOLOGY LAB

Date: 18/Mar/2024

Name: Mr. Geet Suri

UHID | Episode No : 13038555 | 3662/24/10021

Age | Sex: 35 YEAR(S) | Male

Order No | Order Date: 10021/PN/OP/2403/9343 | 18-Mar-2024

Order Station : FRONTOFFICE-FMC

Admitted On | Reporting Date : 18-Mar-2024 11:29:58

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.

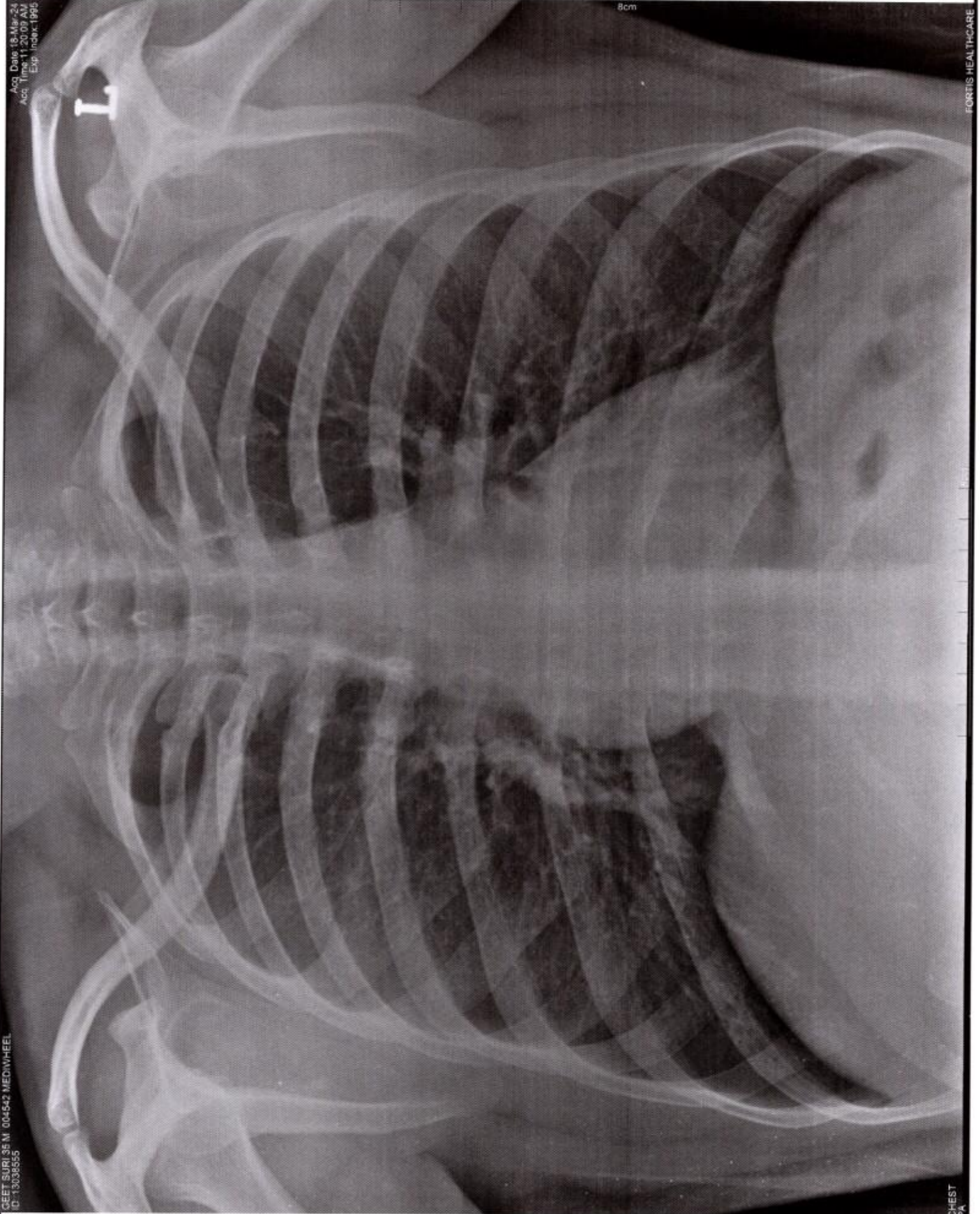
IMPRESSION: NORMAL STUDY.

Please correlate clinically and with other relevant investigations.

Dr. ADITI PANWAR

PMC - 41230

Consultant Radiologist



NAME: MR. GEET SURI
AGE AND SEX: 35Y/M
UHID NO: 13038555
DATE:18/03/2024
ROI: WHOLE ABDOMEN

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

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

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

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

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

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

Retroperitoneum is normal.

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

Prostate is normal in size and shows normal outline and echo pattern. No focal lesion seen.

No free fluid is seen.

Opinion: Normal study

Suggested clinical correlation.

Dr. ADITI PANWAR
PMC - 41230
Consultant Radiologist



GEET SURI 35 M

Study Date: 18/03/2024

Patient ID: 13038555

Accession #:

Alt ID:

DOB:

Age:

Gender: M

Ht:

Wt:

BSA:

Institution: Fortis MEDCENTRE, Chandigarh

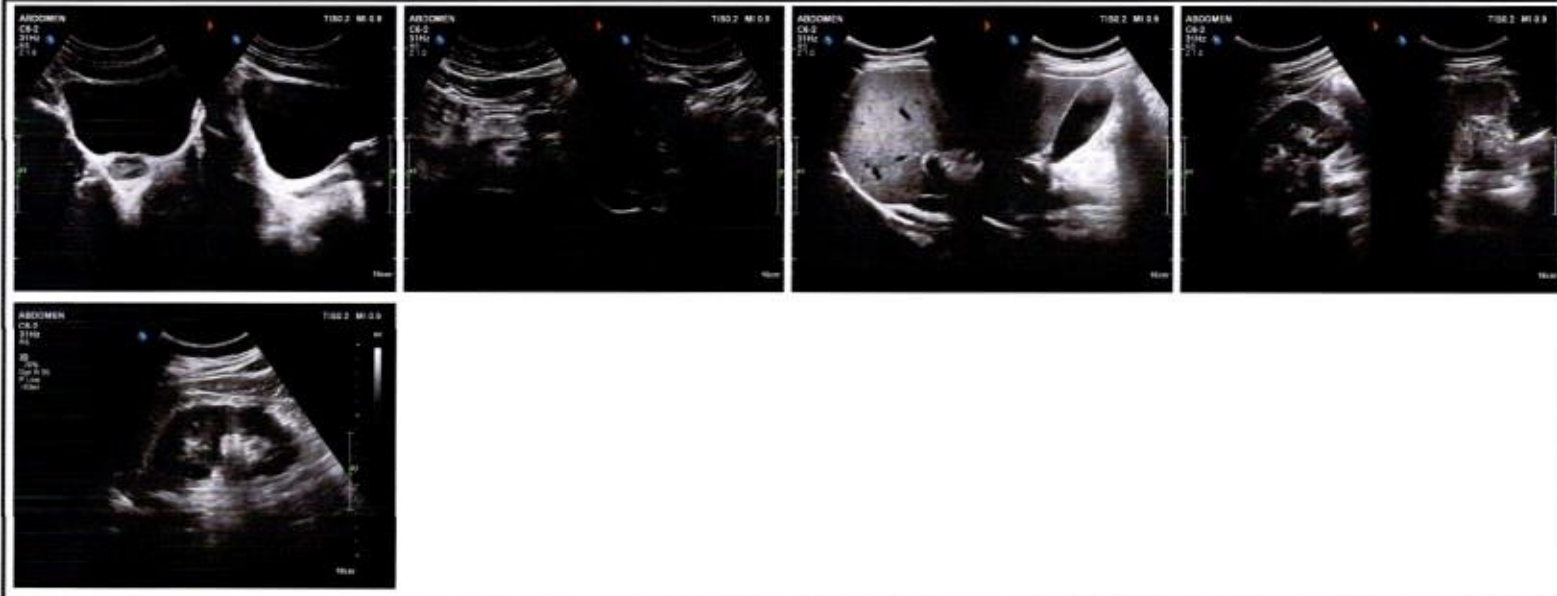
Referring Physician:

Physician of Record:

Performed By:

Comments:

Images



Signature

Signature:

Name(Print):

Date:

--
 SCO 11, Sector 11 D
 Chandigarh

Station
 Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: suri, Geet
 Patient ID: 13038555
 Height: 172 cm
 Weight: 71 kg

DOB: 12.10.1988
 Age: 35yrs
 Gender: Male
 Race: Indian

Study Date: 18.03.2024
 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	00:25	0.00	0.00	83	110/60	
	STANDING	00:02	0.00	7.50	83		
	HYPERV.	00:07	0.00	7.40	84		
	WARM-UP	00:36	1.60	7.40	100		
EXERCISE	STAGE 1	03:00	2.70	10.00	117	130/60	
	STAGE 2	03:00	4.00	12.00	131	130/60	
	STAGE 3	03:00	5.50	14.00	150	140/80	
	STAGE 4	00:38	6.80	16.00	164	140/80	
RECOVERY		03:17	0.00	7.40	114	110/80	

The patient exercised according to the BRUCE for 9:37 min:s, achieving a work level of Max. METS: 12.20. The resting heart rate of 83 bpm rose to a maximal heart rate of 166 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/60 mmHg, rose to a maximum blood pressure of 140/80 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.

Conclusions

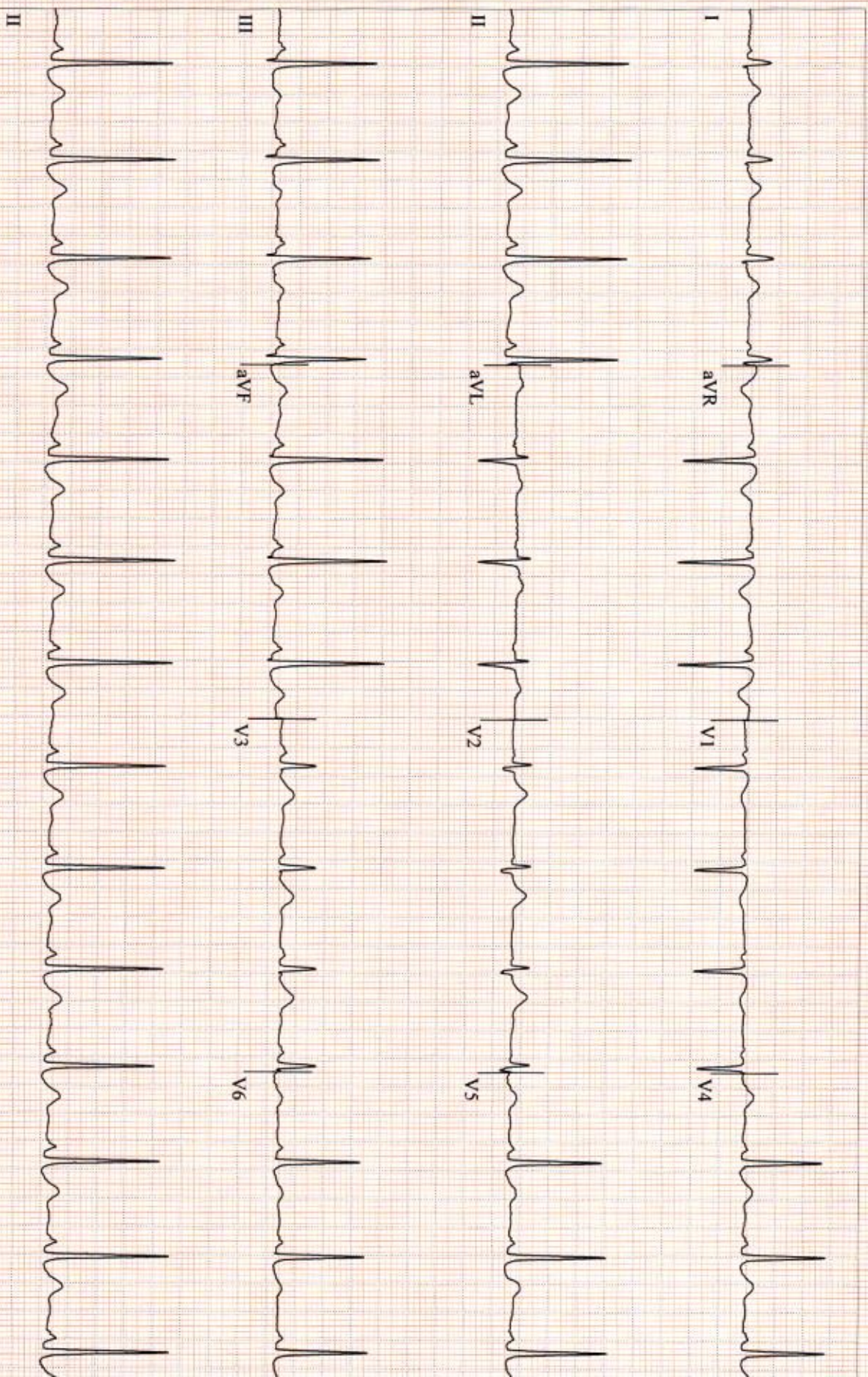
--

suri, Geet
Patient ID 13038555
18.03.2024
12:48:18pm

83 bpm
110/60 mmHg

12-Lead Report
PRETEST
HYPERV.
00:30

BRUCE
0.0 km/h
7.4 %



GE CardioSoft V6.73 (2)
25 mm/s, 10 mm/mV, 50Hz, 0.01 - 40Hz S+ HR(II,V5)

Start of Test: 12:47:42pm

P

surj, Geet
 Patient ID 13038555
 18.03.2024
 12:51:38pm

125 bpm
 130/60 mmHg

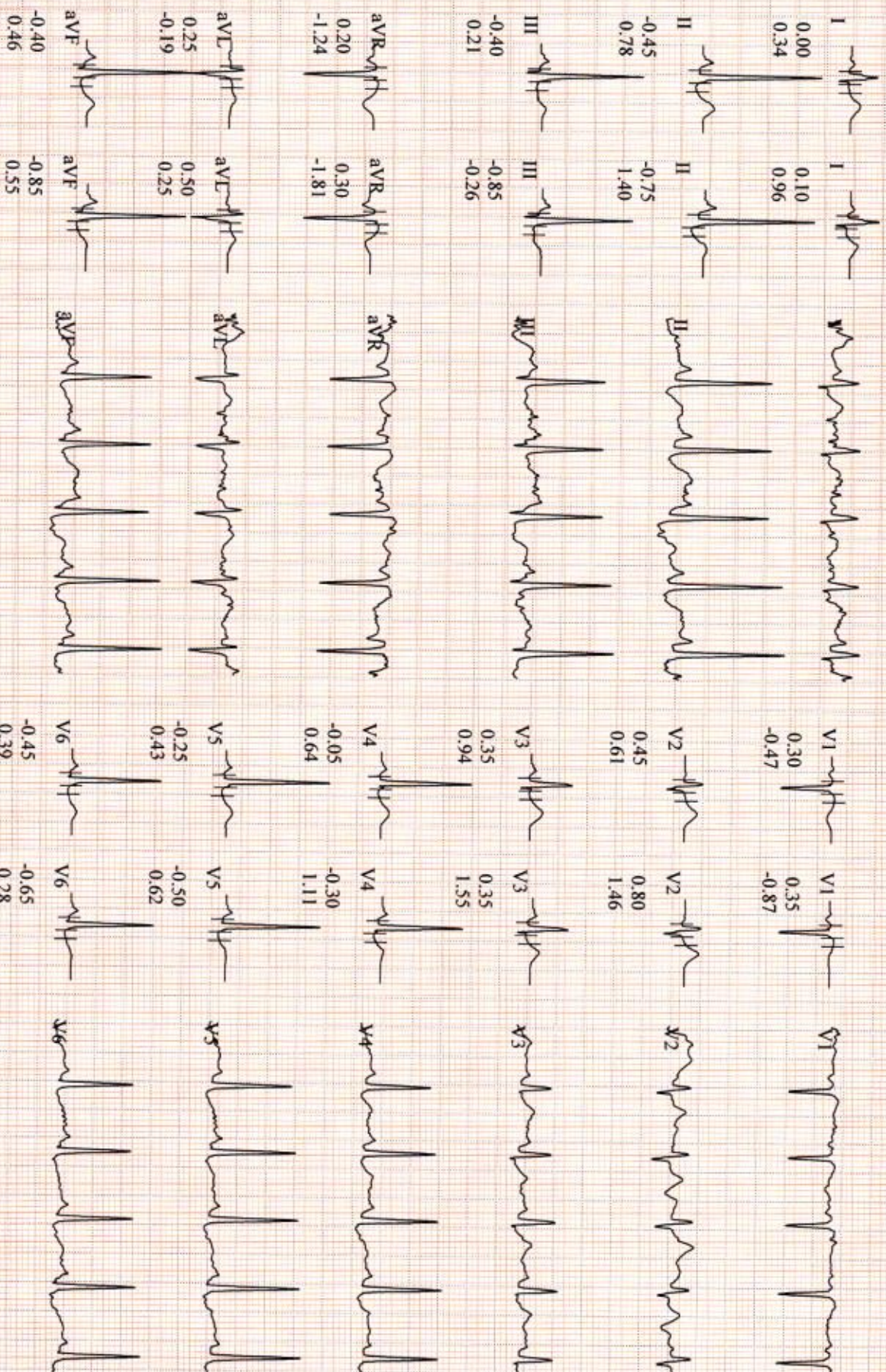
Comparative Medians Report
 EXERCISE
 STAGE 1
 02:50

BRUCE
 2.7 km/h
 10.0 %

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

BASELINE
 60 ms post J

CURRENT
 60 ms post J



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(II,V5)
 CARDIOPRINT

Start of Test: 12:47:42pm

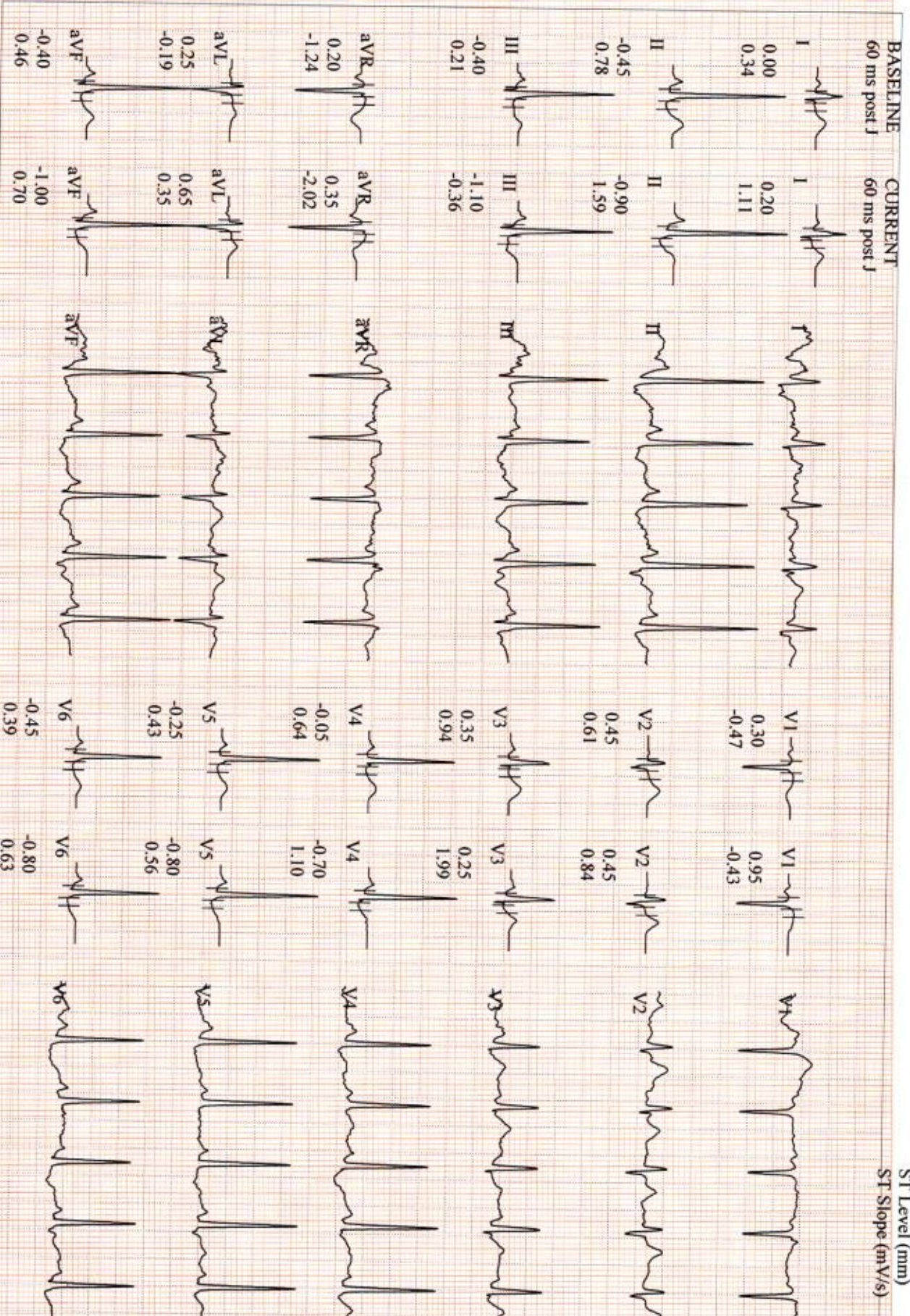
suri, Geet
 Patient ID 13038555
 18.03.2024
 12:54:38pm

Comparative Medians Report
 EXERCISE
 STAGE 2
 05:50

BRUCE
 4.0 km/h
 12.0 %

131 bpm

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



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(II,V5)
 CARDIOPRINT

Start of Test: 12:47:42pm

suri, Geet
 Patient ID 13038555
 18.03.2024
 12:57:38pm

148 bpm
 140/80 mmHg

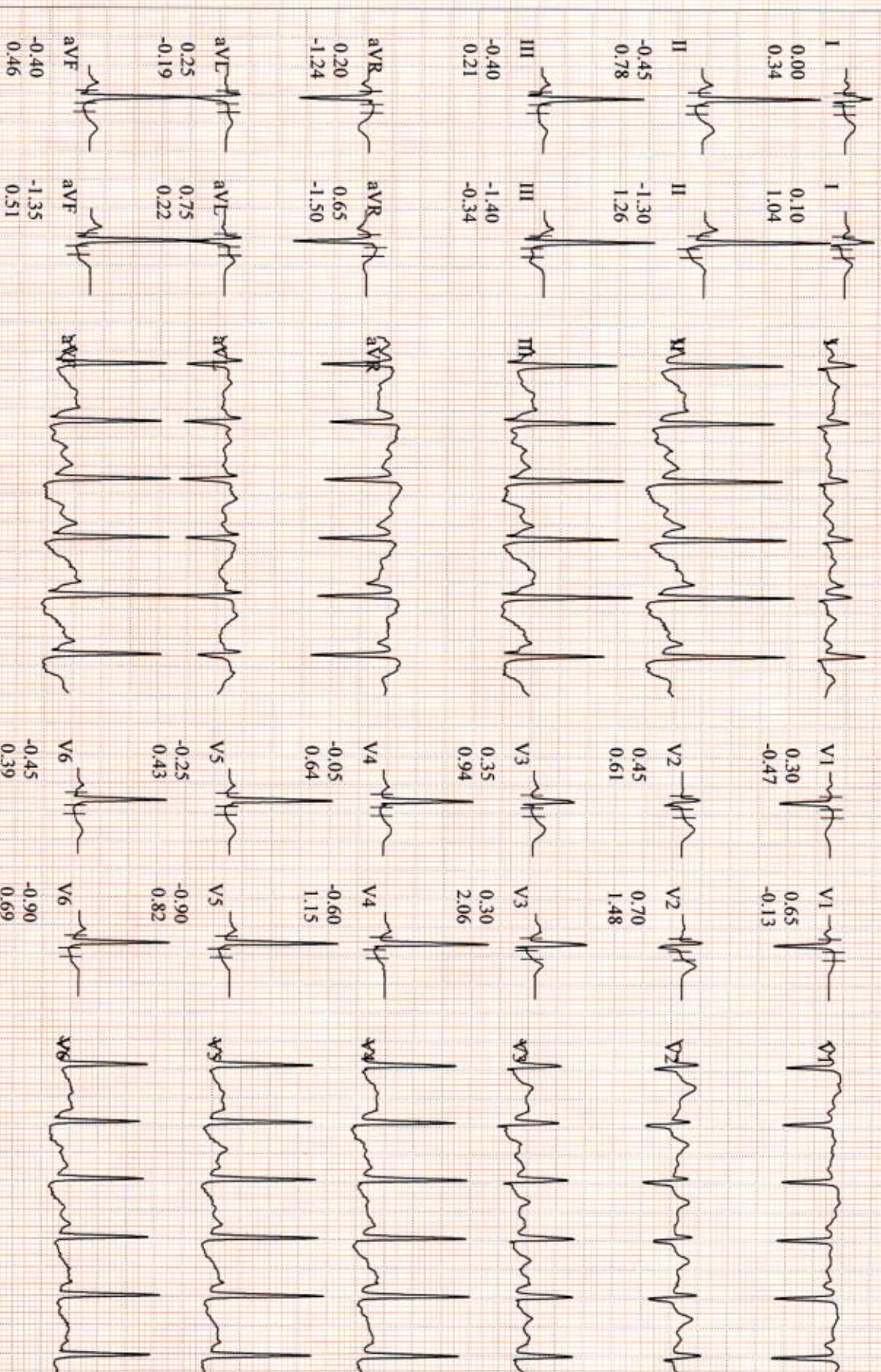
Comparative Medians Report
 EXERCISE
 STAGE 3
 08:50

BRUCE
 5.5 km/h
 14.0%

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

BASELINE
 60 ms post J

CURRENT
 60 ms post J



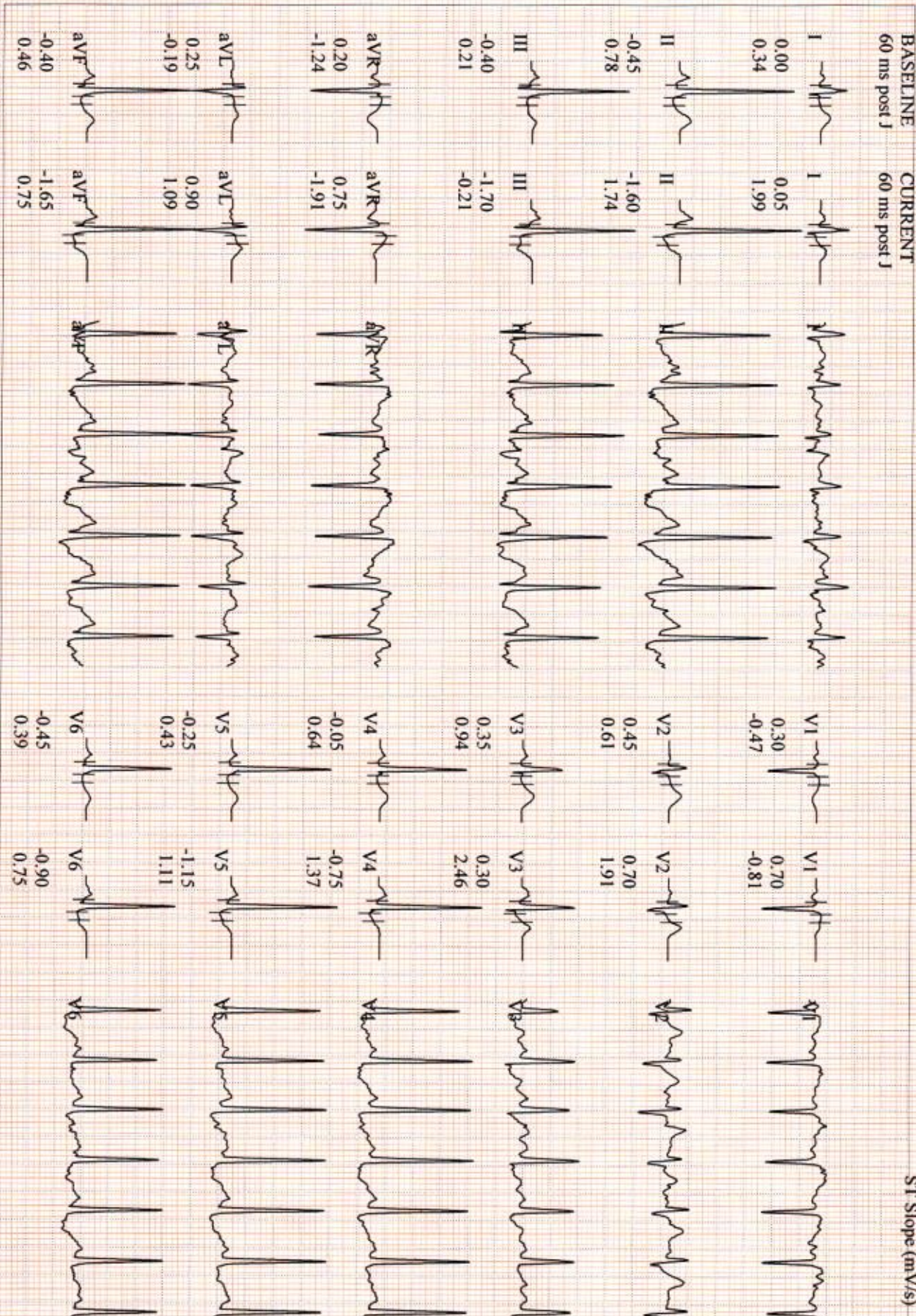
GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(II,V5)

Start of Test: 12:47:42pm

surj, Geet
 Patient ID 13038555
 18.03.2024
 12:58:26pm

Comparative Medians Report (PEAK EXERCISE)
BRUCE
 EXERCISE STAGE 4
 164 bpm
 140/80 mmHg
 6.8 km/h
 16.0 %
 09:38

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



GE CardioSoft V6.73 (2)
 25 mm/s, 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(II,V5)

Start of Test: 12:47:42pm

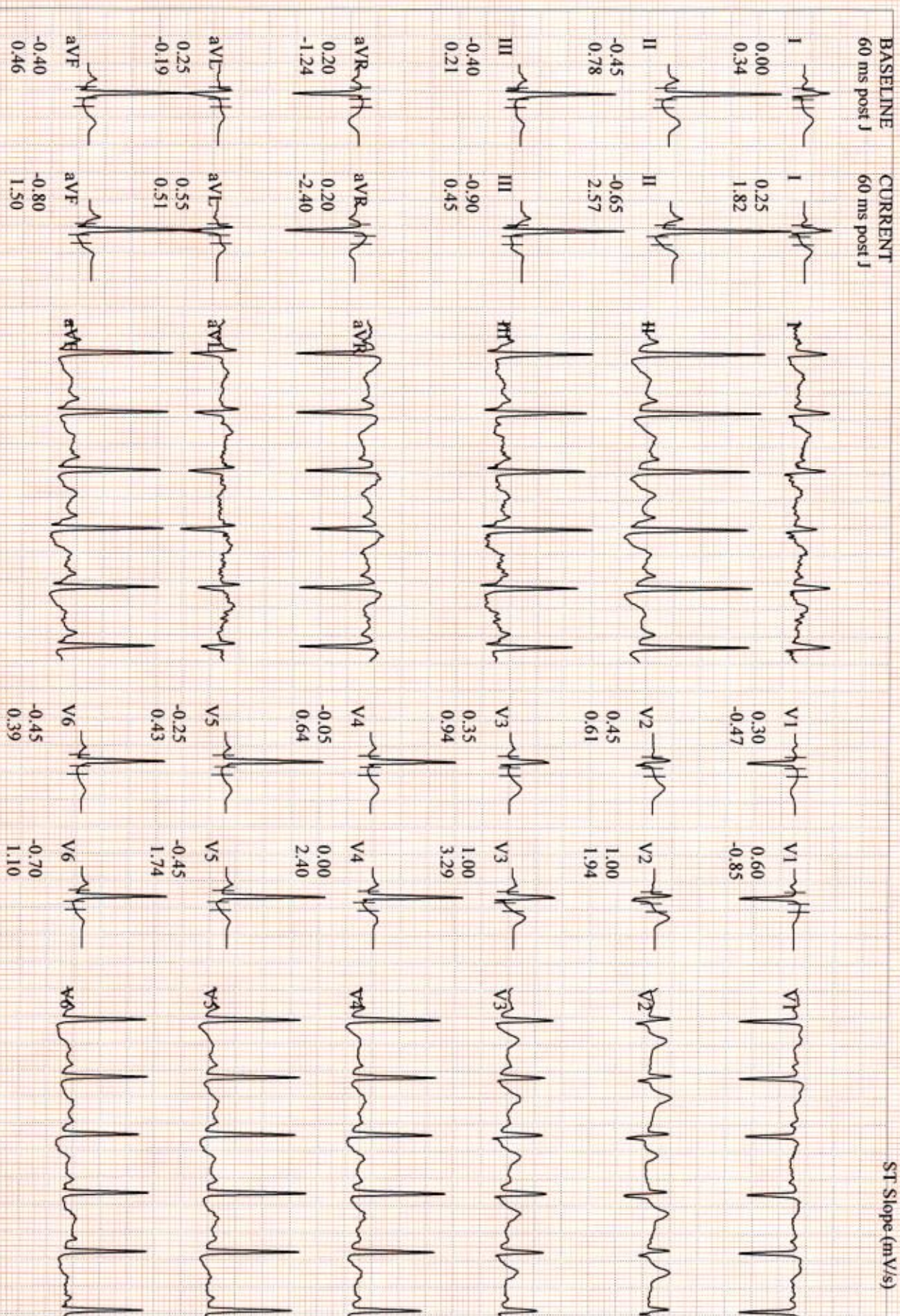
P

suri, Geet
 Patient ID 13038555
 18.03.2024
 12:59:15pm

Comparative Medians Report
RECOVERY #1
 141 bpm
 140/80 mmHg
 00:50

BRUCE
 2.4 km/h
 7.4%

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



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(II,V5)

Start of Test: 12:47:42pm

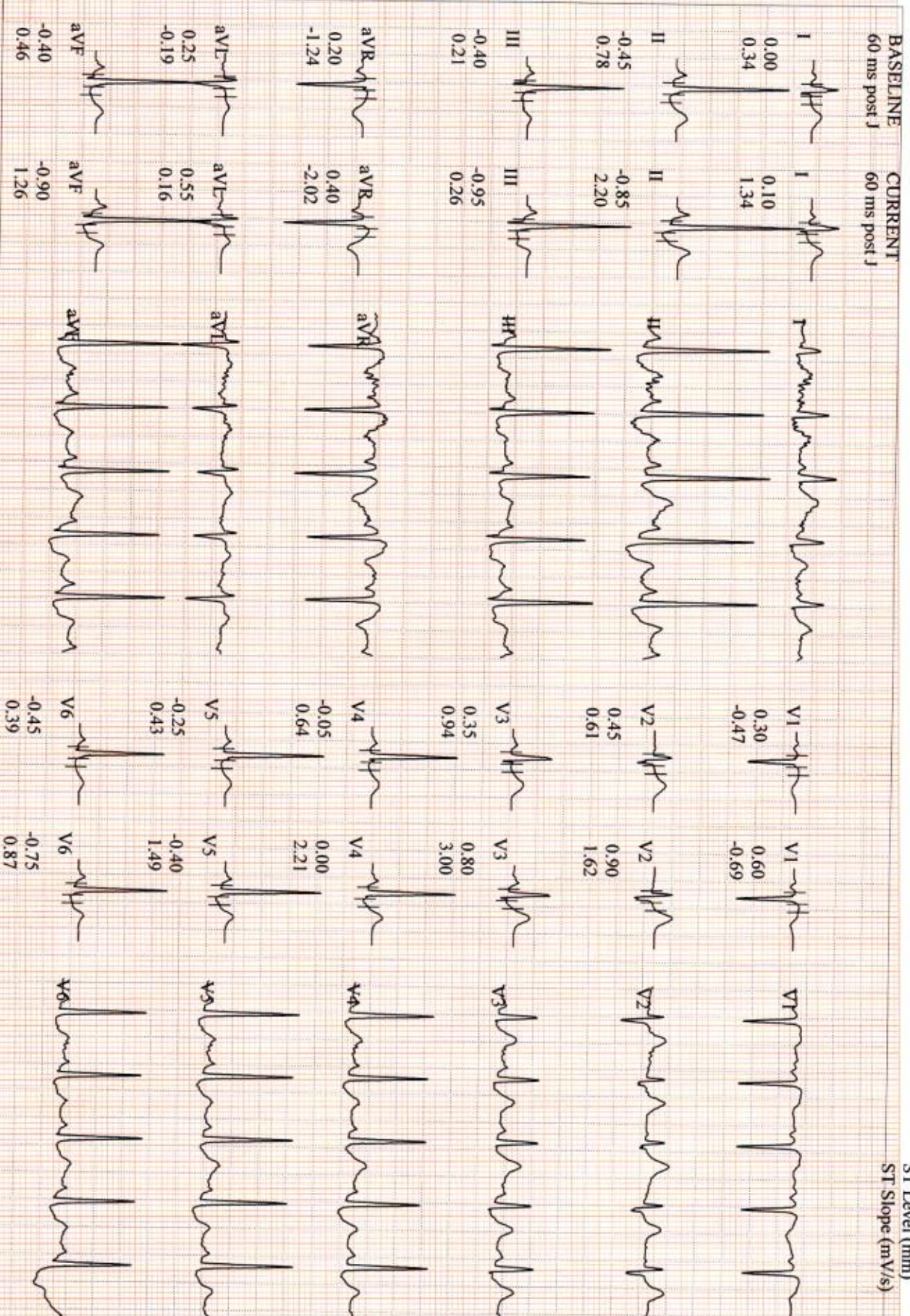
P

suri, Geet
 Patient ID 13038555
 18.03.2024
 1:00:15pm

Comparative Medians Report
RECOVERY
 #1
 01:50
 130 bpm

BRUCE
 0.0 km/h
 7.5 %

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



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(II,V5)

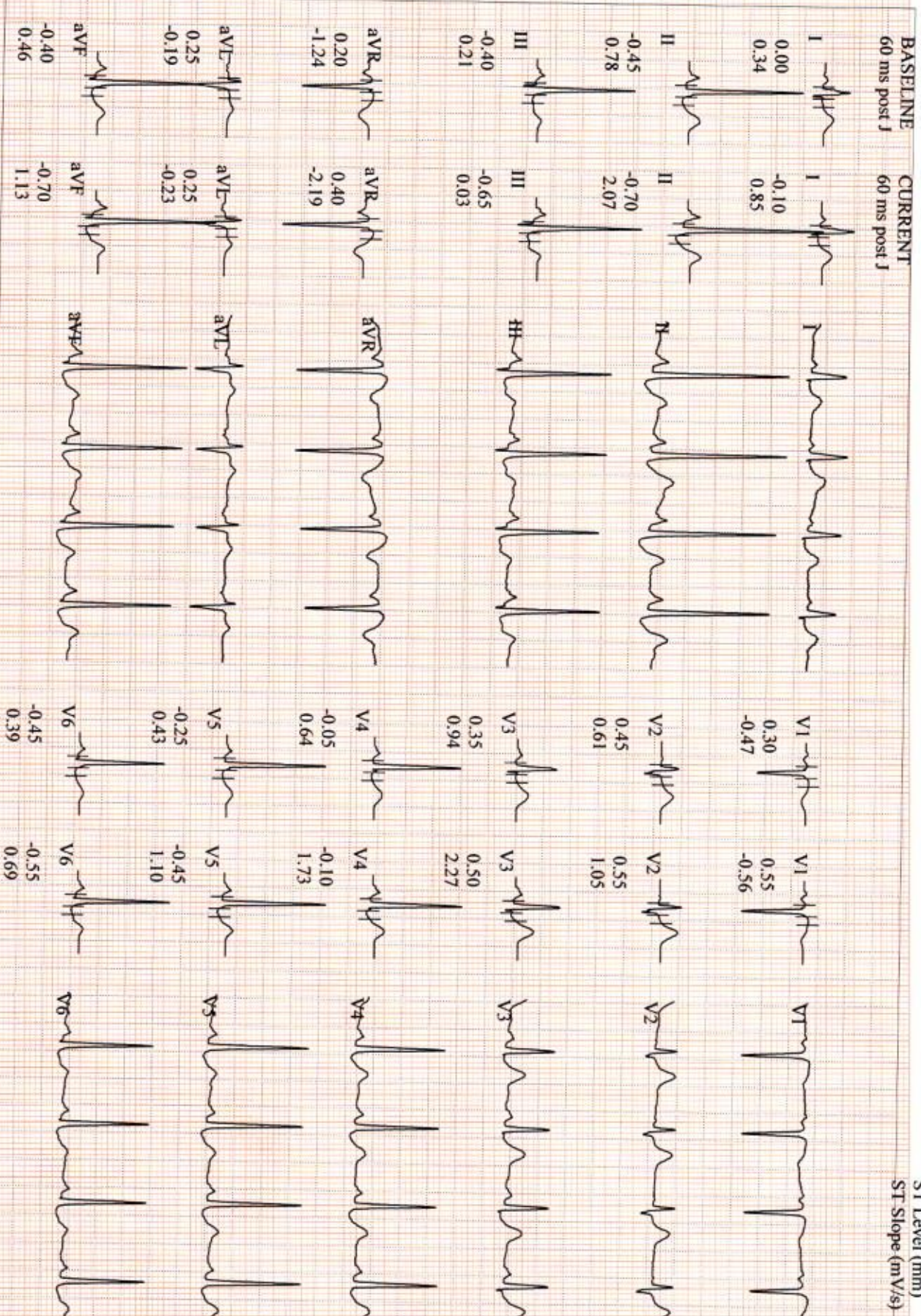
Start of Test: 12:47:42pm

suri, Geet
 Patient ID 13038555
 18.03.2024
 1:01:15pm

Comparative Medians Report
RECOVERY
 #1
 02:50
 108 bpm

BRUCE
 0.0 km/h
 7.5 %

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



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(ILV5)
CARDIOPRINT

Start of Test: 12:47:42pm

Geet Dahi

ID: 0000000013038555

Male

Normal sinus rhythm
Normal ECG

Vent. rate 81 bpm
QRS duration 76 ms
QT/QTc 360/418 ms
PR interval 130 ms
P duration 96 ms
RR interval 740 ms
P-R-T axes 59 62 72

MAC600 1.02

12SL™ v239

MAC600 1.02

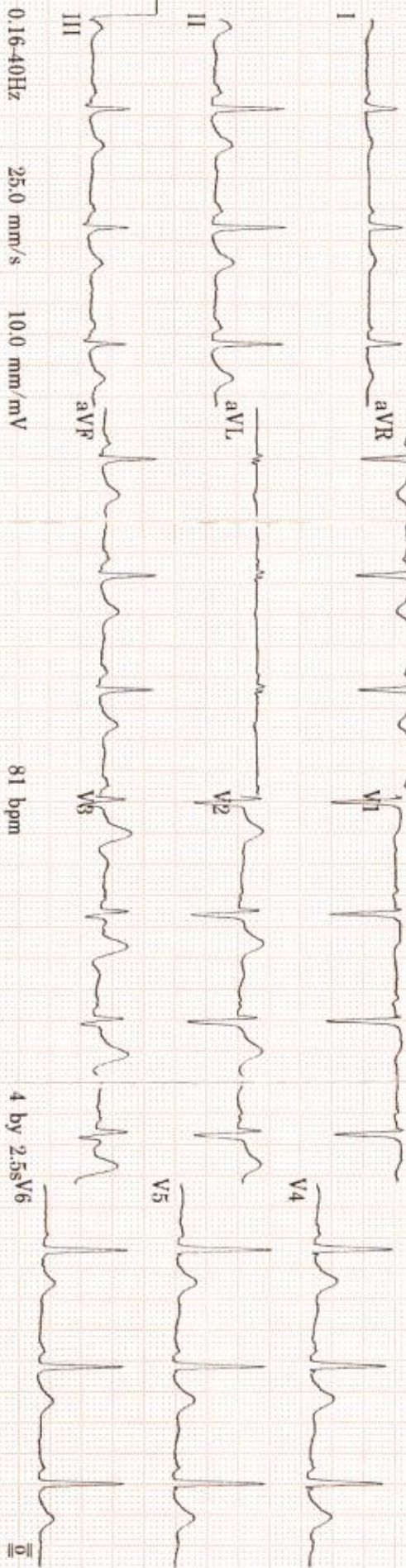
12SL™ v239

GE

MAC600 1.02

ID: 0000000013038555

18-Mar-2024 12:47:59



II