



Hiranandani  
HOSPITAL

(A Fortis Network Hospital)

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

**BMI CHART**

Date: 12/3/24

Name: Komal Parmar Age: 34 yrs Sex: M/F

BP: 140/80 Height (cms): 5.4 Weight(kgs): 64 BMI: \_\_\_\_\_

SpO2 - 98%  
Pulse - 190b/min

WEIGHT lbs 100 105 110 115 120 125 130 135 140 145 150 155 160 165 170 175 180 185 190 195 200 205 210 215  
kgs 45.5 47.7 50.50 52.3 54.5 56.8 59.1 61.4 63.6 65.9 68.2 70.5 72.7 75.0 77.3 79.5 81.8 84.1 86.4 88.6 90.9 93.2 95.5 97.7

| HEIGHT in/cm  | Underweight |    |    |    | Healthy |    |    |    | Overweight |    |    |    | Obese |    |    |    | Extremely Obese |    |    |    |    |    |    |    |
|---------------|-------------|----|----|----|---------|----|----|----|------------|----|----|----|-------|----|----|----|-----------------|----|----|----|----|----|----|----|
| 5'0" - 152.4  | 19          | 20 | 21 | 22 | 23      | 24 | 25 | 26 | 27         | 28 | 29 | 30 | 31    | 32 | 33 | 34 | 35              | 36 | 37 | 38 | 39 | 40 | 41 | 42 |
| 5'1" - 154.9  | 18          | 19 | 20 | 21 | 22      | 23 | 24 | 25 | 26         | 27 | 28 | 29 | 30    | 31 | 32 | 33 | 34              | 35 | 36 | 36 | 37 | 38 | 39 | 40 |
| 5'2" - 157.4  | 18          | 19 | 20 | 21 | 22      | 22 | 23 | 24 | 25         | 26 | 27 | 28 | 29    | 30 | 31 | 32 | 33              | 34 | 35 | 36 | 37 | 38 | 39 |    |
| 5'3" - 160.0  | 17          | 18 | 19 | 20 | 21      | 22 | 23 | 24 | 24         | 25 | 26 | 27 | 28    | 29 | 30 | 31 | 32              | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| 5'4" - 162.5  | 17          | 18 | 18 | 19 | 20      | 21 | 22 | 23 | 24         | 24 | 25 | 26 | 27    | 28 | 29 | 30 | 31              | 31 | 32 | 33 | 34 | 35 | 36 | 37 |
| 5'5" - 165.1  | 16          | 17 | 18 | 19 | 20      | 20 | 21 | 22 | 23         | 24 | 25 | 25 | 26    | 27 | 28 | 29 | 30              | 30 | 31 | 32 | 33 | 34 | 35 | 35 |
| 5'6" - 167.6  | 16          | 17 | 17 | 18 | 19      | 20 | 21 | 21 | 22         | 23 | 24 | 25 | 25    | 26 | 27 | 28 | 29              | 29 | 30 | 31 | 32 | 33 | 34 | 34 |
| 5'7" - 170.1  | 15          | 16 | 17 | 18 | 18      | 19 | 20 | 21 | 22         | 22 | 23 | 24 | 25    | 25 | 26 | 27 | 28              | 29 | 29 | 30 | 31 | 32 | 33 | 33 |
| 5'8" - 172.7  | 15          | 16 | 16 | 17 | 18      | 19 | 19 | 20 | 21         | 22 | 22 | 23 | 24    | 25 | 25 | 26 | 27              | 28 | 28 | 29 | 30 | 31 | 32 | 32 |
| 5'9" - 176.2  | 14          | 15 | 16 | 17 | 17      | 18 | 19 | 20 | 20         | 21 | 22 | 22 | 23    | 24 | 25 | 25 | 26              | 27 | 28 | 28 | 29 | 30 | 31 | 31 |
| 5'10" - 177.8 | 14          | 15 | 15 | 16 | 17      | 18 | 18 | 19 | 20         | 20 | 21 | 22 | 23    | 23 | 24 | 25 | 25              | 26 | 27 | 28 | 28 | 29 | 30 | 30 |
| 5'11" - 180.3 | 14          | 14 | 15 | 16 | 16      | 17 | 18 | 18 | 19         | 20 | 21 | 21 | 22    | 23 | 23 | 24 | 25              | 25 | 26 | 27 | 28 | 28 | 29 | 30 |
| 6'0" - 182.8  | 13          | 14 | 14 | 15 | 16      | 17 | 17 | 18 | 19         | 19 | 20 | 21 | 21    | 22 | 23 | 23 | 24              | 25 | 25 | 26 | 27 | 27 | 28 | 29 |
| 6'1" - 185.4  | 13          | 13 | 14 | 15 | 16      | 17 | 17 | 18 | 19         | 19 | 20 | 21 | 21    | 22 | 23 | 23 | 24              | 25 | 25 | 26 | 27 | 27 | 28 |    |
| 6'2" - 187.9  | 12          | 13 | 14 | 14 | 15      | 16 | 17 | 18 | 18         | 19 | 19 | 20 | 21    | 21 | 22 | 23 | 23              | 24 | 25 | 25 | 26 | 27 | 27 |    |
| 6'3" - 190.5  | 12          | 13 | 13 | 14 | 15      | 16 | 16 | 17 | 18         | 18 | 19 | 20 | 20    | 21 | 21 | 22 | 23              | 23 | 24 | 25 | 25 | 26 | 26 |    |
| 6'4" - 193.0  | 12          | 12 | 13 | 14 | 14      | 15 | 16 | 17 | 17         | 18 | 18 | 19 | 20    | 20 | 21 | 22 | 22              | 23 | 23 | 24 | 25 | 25 | 26 |    |

Doctors Notes:

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Signature



|             |                         |                        |                   |                      |
|-------------|-------------------------|------------------------|-------------------|----------------------|
| <b>UHID</b> | <b>13026354</b>         | <b>Date</b>            | <b>12/03/2024</b> |                      |
| <b>Name</b> | <b>Mrs Komal Parmar</b> | <b>Sex</b>             | <b>F</b>          | <b>Age</b> <b>34</b> |
| <b>OPD</b>  | <b>PAP</b>              | <b>Health Check-Up</b> |                   |                      |

SIB Dr. Shefali:

Drug allergy: → No  
 Sys illness: → No

34/F. P1H1, 1 Prev LSCS  
 No fresh Complaint  
 No Comorbidities

H/o P1H in pregnancy

LMP → 14/2/24

Regular Cycle / Moderate flow / 3-4 days / Every 28-30d

A1 → MTP Pills / 2017

P1H → (M) / 5 yrs / LSCS into P1H.

Father Mother JHTN

Pap Smear for 1st time

P2 → Cxlug → (H)  
 Pap Smear taken

Adv  
 - Pap Smear take  
 - Pap Smear every 3yrs  
 - flw & report



|      |                  |                 |            |     |    |
|------|------------------|-----------------|------------|-----|----|
| UHID | 13026354         | Date            | 12/03/2024 |     |    |
| Name | Mrs Komal Parmar | Sex             | F          | Age | 34 |
| OPD  | Opthal           | Health Check-Up |            |     |    |

Clw - no

HG no

Drug allergy: -> Not know  
 Sys illness: -> no  
 Habit -> no

Unilk → RG 6/6  
 → L 6/6

Ph → RE → Phno 6/6  
 → L → Phno 6/6

NV → RG NO  
 → L NO

Fop → RG 14.8  
 → L 15.1

*[Handwritten signature]*

Hiranandani Healthcare Pvt. Ltd.  
Mini Sea Shore Road, Sector 10 -A, Vashi, Navi Mumbai - 400703  
Board Line: 022 - 39199222 | Fax: 022 - 39199220  
Emergency: 022 - 39199100 | Ambulance: 1255  
For Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300  
www.fortishealthcare.com |  
CIN : U85100MH2005PTC154823  
GST IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D



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|      |                  |                 |            |        |
|------|------------------|-----------------|------------|--------|
| UHID | 13026354         | Date            | 12/03/2024 |        |
| Name | Mrs Komal Parmar | Sex             | F          | Age 34 |
| OPD  | Dental           | Health Check-Up |            |        |

O/E - Stain +  
- Calculus +

Drug allergy:  
Sys illness:

T/T

- Scaling Grade I

Dr. Jyoti

**PATIENT NAME : MRS.KOMAL HIREN PARMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

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

**ACCESSION NO : 0022XC002287**

**PATIENT ID : FH.13026354**

**CLIENT PATIENT ID: UID:13026354**

**ABHA NO :**

**AGE/SEX : 34 Years Female**

**DRAWN : 12/03/2024 09:04:00**

**RECEIVED : 12/03/2024 09:09:49**

**REPORTED : 12/03/2024 14:23:41**

**CLINICAL INFORMATION :**

UID:13026354 REQNO-1675227  
CORP-OPD  
BILLNO-150124OPCR014361  
BILLNO-150124OPCR014361

| Test Report Status | Final | Results | Biological Reference Interval | Units |
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**HAEMATOLOGY - CBC**

**CBC-5, EDTA WHOLE BLOOD**

**BLOOD COUNTS, EDTA WHOLE BLOOD**

|  |                  |             |               |
|--|------------------|-------------|---------------|
| HEMOGLOBIN (HB)<br>METHOD : SLS METHOD                               | <b>10.8 Low</b>  | 12.0 - 15.0 | g/dL          |
| RED BLOOD CELL (RBC) COUNT<br>METHOD : HYDRODYNAMIC FOCUSING         | <b>5.82 High</b> | 3.8 - 4.8   | mil/ $\mu$ L  |
| WHITE BLOOD CELL (WBC) COUNT<br>METHOD : FLUORESCENCE FLOW CYTOMETRY | 6.26             | 4.0 - 10.0  | thou/ $\mu$ L |
| PLATELET COUNT<br>METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION     | <b>416 High</b>  | 150 - 410   | thou/ $\mu$ L |

**RBC AND PLATELET INDICES**

|  |                  |              |      |
|--|------------------|--------------|------|
| HEMATOCRIT (PCV)<br>METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD            | <b>35.3 Low</b>  | 36.0 - 46.0  | %    |
| MEAN CORPUSCULAR VOLUME (MCV)<br>METHOD : CALCULATED PARAMETER                   | <b>60.7 Low</b>  | 83.0 - 101.0 | fL   |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH)<br>METHOD : CALCULATED PARAMETER               | <b>18.6 Low</b>  | 27.0 - 32.0  | pg   |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)<br>METHOD : CALCULATED PARAMETER | <b>30.6 Low</b>  | 31.5 - 34.5  | g/dL |
| RED CELL DISTRIBUTION WIDTH (RDW)<br>METHOD : CALCULATED PARAMETER               | <b>17.7 High</b> | 11.6 - 14.0  | %    |
| MENTZER INDEX<br>METHOD : CALCULATED PARAMETER                                   | 10.4             |              |      |
| MEAN PLATELET VOLUME (MPV)<br>METHOD : CALCULATED PARAMETER                      | 10.3             | 6.8 - 10.9   | fL   |

**WBC DIFFERENTIAL COUNT**

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



View Details



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**PERFORMED AT :**

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



Patient Ref. No. 22000000908194

**PATIENT NAME : MRS.KOMAL HIREN PARMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

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| NEUTROPHILS                                   |       | 72           | 40.0 - 80.0                   | %             |
| METHOD : FLOW CYTOMETRY WITH-LIGHT SCATTERING |       |              |                               |               |
| LYMPHOCYTES                                   |       | 20           | 20.0 - 40.0                   | %             |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING |       |              |                               |               |
| MONOCYTES                                     |       | 6            | 2.0 - 10.0                    | %             |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING |       |              |                               |               |
| EOSINOPHILS                                   |       | 2            | 1 - 6                         | %             |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING |       |              |                               |               |
| BASOPHILS                                     |       | 0            | 0 - 2                         | %             |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING |       |              |                               |               |
| ABSOLUTE NEUTROPHIL COUNT                     |       | 4.51         | 2.0 - 7.0                     | thou/ $\mu$ L |
| METHOD : CALCULATED PARAMETER                 |       |              |                               |               |
| ABSOLUTE LYMPHOCYTE COUNT                     |       | 1.25         | 1.0 - 3.0                     | thou/ $\mu$ L |
| METHOD : CALCULATED PARAMETER                 |       |              |                               |               |
| ABSOLUTE MONOCYTE COUNT                       |       | 0.38         | 0.2 - 1.0                     | thou/ $\mu$ L |
| METHOD : CALCULATED PARAMETER                 |       |              |                               |               |
| ABSOLUTE EOSINOPHIL COUNT                     |       | 0.13         | 0.02 - 0.50                   | thou/ $\mu$ L |
| METHOD : CALCULATED PARAMETER                 |       |              |                               |               |
| ABSOLUTE BASOPHIL COUNT                       |       | <b>0 Low</b> | 0.02 - 0.10                   | thou/ $\mu$ L |
| METHOD : CALCULATED PARAMETER                 |       |              |                               |               |
| NEUTROPHIL LYMPHOCYTE RATIO (NLR)             |       | 3.6          |                               |               |
| METHOD : CALCULATED                           |       |              |                               |               |

**MORPHOLOGY**

RBC

HYPOCHROMASIA (+), MICROCYTOSIS (++) , MILD ANISO-POIKILOCYTOSIS

METHOD : MICROSCOPIC EXAMINATION

WBC

NORMAL MORPHOLOGY

METHOD : MICROSCOPIC EXAMINATION

PLATELETS

ADEQUATE

METHOD : MICROSCOPIC EXAMINATION

IMPRESSION

MICROCYTIC HYPOCHROMIC ANAEMIA

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**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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**Patient Ref. No. 2200000908194**



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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

|       |         |        |            |
|-------|---------|--------|------------|
| E.S.R | 27 High | 0 - 20 | mm at 1 hr |
|-------|---------|--------|------------|

METHOD : WESTERGREN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

|                                |      |  |       |
|--------------------------------|------|--|-------|
| HBA1C                          | 5.1  | Non-diabetic: < 5.7<br>Pre-diabetics: 5.7 - 6.4<br>Diabetics: > or = 6.5<br>Therapeutic goals: < 7.0<br>Action suggested : > 8.0<br>(ADA Guideline 2021) | %     |
| ESTIMATED AVERAGE GLUCOSE(EAG) | 99.7 | < 116.0  | mg/dL |

METHOD : HB VARIANT (HPLC)

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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MC-5837

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**REFERENCE :**

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition; 2. Paediatric reference intervals. AAC 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 patients 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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**IMMUNOHAEMATOLOGY**

**ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

|                             |          |
|-----------------------------|----------|
| ABO GROUP                   | TYPE O   |
| METHOD : TUBE AGGLUTINATION |          |
| RH TYPE                     | POSITIVE |
| METHOD : TUBE AGGLUTINATION |          |

**Interpretation(s)**

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

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

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

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



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 Maharashtra, India  
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 CIN - U74899PB1995PLC045956  
 Email : -



**Patient Ref. No. 22000000908194**

**PATIENT NAME : MRS.KOMAL HIREN PARMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

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

**ACCESSION NO : 0022XC002287**

PATIENT ID : FH.13026354

CLIENT PATIENT ID: UID:13026354

ABHA NO :

AGE/SEX : 34 Years Female

DRAWN : 12/03/2024 09:04:00

RECEIVED : 12/03/2024 09:09:49

REPORTED : 12/03/2024 14:23:41

**CLINICAL INFORMATION :**

UID:13026354 REQNO-1675227  
CORP-OPD  
BILLNO-150124OPCR014361  
BILLNO-150124OPCR014361

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

**BIOCHEMISTRY**

**LIVER FUNCTION PROFILE, SERUM**

|   |      |           |       |
|---|------|-----------|-------|
| BILIRUBIN, TOTAL<br>METHOD : JENDRASSIK AND GROFF                                 | 0.66 | 0.2 - 1.0 | mg/dL |
| BILIRUBIN, DIRECT<br>METHOD : JENDRASSIK AND GROFF                                | 0.19 | 0.0 - 0.2 | mg/dL |
| BILIRUBIN, INDIRECT<br>METHOD : CALCULATED PARAMETER                              | 0.47 | 0.1 - 1.0 | mg/dL |
| TOTAL PROTEIN<br>METHOD : BIURET  | 7.9  | 6.4 - 8.2 | g/dL  |
| ALBUMIN<br>METHOD : BCP DYE BINDING   | 4.0  | 3.4 - 5.0 | g/dL  |
| GLOBULIN<br>METHOD : CALCULATED PARAMETER   | 3.9  | 2.0 - 4.1 | g/dL  |
| ALBUMIN/GLOBULIN RATIO<br>METHOD : CALCULATED PARAMETER                           | 1.0  | 1.0 - 2.1 | RATIO |
| ASPARTATE AMINOTRANSFERASE(AST/SGOT)<br>METHOD : UV WITH P5P                      | 16   | 15 - 37   | U/L   |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)<br>METHOD : UV WITH P5P                       | 25   | < 34.0    | U/L   |
| ALKALINE PHOSPHATASE<br>METHOD : PNPP-ANP   | 83   | 30 - 120  | U/L   |
| GAMMA GLUTAMYL TRANSFERASE (GGT)<br>METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE | 44   | 5 - 55    | U/L   |
| LACTATE DEHYDROGENASE<br>METHOD : LACTATE -PYRUVATE                               | 127  | 81 - 234  | U/L   |

**GLUCOSE FASTING, FLUORIDE PLASMA**

|  |    |   |       |
|--|----|---|-------|
| FBS (FASTING BLOOD SUGAR)<br>METHOD : HEXOKINASE | 94 | Normal : < 100<br>Pre-diabetes: 100-125<br>Diabetes: >/=126 | mg/dL |
|--|----|---|-------|

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Patient Ref. No. 22000000908194



MC-5837

PATIENT NAME : MRS.KOMAL HIREN PARMAR

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FORTIS HOSPITAL # VASHI,  
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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN **4 Low** 6 - 20 mg/dL  
METHOD : UREASE - UV

CREATININE EGFR- EPI

CREATININE **0.51 Low** 0.60 - 1.10 mg/dL  
METHOD : ALKALINE PICRATE KINETIC JAFFES

AGE 34 years

GLOMERULAR FILTRATION RATE (FEMALE) 125.54 Refer Interpretation Below mL/min/1.73m2  
METHOD : CALCULATED PARAMETER

BUN/CREAT RATIO

BUN/CREAT RATIO 7.84 5.00 - 15.00  
METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID 3.1 2.6 - 6.0 mg/dL  
METHOD : URICASE UV

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 7.9 6.4 - 8.2 g/dL  
METHOD : BIURET

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Patient Ref. No. 2200000908194

**PATIENT NAME : MRS.KOMAL HIREN PARMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

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

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**ALBUMIN, SERUM**

|                          |     |           |      |
|--------------------------|-----|-----------|------|
| ALBUMIN                  | 4.0 | 3.4 - 5.0 | g/dL |
| METHOD : BCP DYE BINDING |     |           |      |

**GLOBULIN**

|                               |     |           |      |
|-------------------------------|-----|-----------|------|
| GLOBULIN                      | 3.9 | 2.0 - 4.1 | g/dL |
| METHOD : CALCULATED PARAMETER |     |           |      |

**ELECTROLYTES (NA/K/CL), SERUM**

|                       |      |             |        |
|-----------------------|------|-------------|--------|
| SODIUM, SERUM         | 140  | 136 - 145   | mmol/L |
| METHOD : ISE INDIRECT |      |             |        |
| POTASSIUM, SERUM      | 4.07 | 3.50 - 5.10 | mmol/L |
| METHOD : ISE INDIRECT |      |             |        |
| CHLORIDE, SERUM       | 105  | 98 - 107    | mmol/L |
| METHOD : ISE INDIRECT |      |             |        |

**Interpretation(s)**

**Interpretation(s)**

**LIVER FUNCTION PROFILE, SERUM-**

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

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**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, sulfonylureas, 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.

**CREATININE EGFR- EPI--** Kidney disease outcomes quality initiative (KDOQI) guidelines state that estimation of GFR is the best overall indices of the Kidney function.

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

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

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

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

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

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

- CKD EPI (Chronic kidney disease epidemiology collaboration) equation performed better than MDRD equation especially when GFR is high (>60 ml/min per 1.73m<sup>2</sup>). This formula has less bias and greater accuracy which helps in early diagnosis and also reduces the rate of false positive diagnosis of CKD.

## References:

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

Estimated GFR Calculated Using the CKD-EPI equation-<https://testguide.labmed.uw.edu/guideline/egfr>

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

Harrison's Principle of Internal Medicine, 21st ed. pg 62 and 334

**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

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

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



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Patient Ref. No. 2200000908194

|  |  |  |                                       |
|--|--|--|---------------------------------------|
| <b>PATIENT NAME : MRS.KOMAL HIREN PARMAR</b> |  | <b>REF. DOCTOR :</b>                   |                                       |
| <b>CODE/NAME &amp; ADDRESS : C000045507</b>  |  | <b>ACCESSION NO : 0022XC002287</b>     | <b>AGE/SEX : 34 Years Female</b>      |
| FORTIS VASHI-CHC -SPLZD                      |  | <b>PATIENT ID : FH.13026354</b>        | <b>DRAWN : 12/03/2024 09:04:00</b>    |
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| MUMBAI 440001                                |  | <b>ABHA NO :</b>                       | <b>REPORTED : 12/03/2024 14:23:41</b> |

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 CORP-OPD  
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**Lower-than-normal levels may be due to:** Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.  
**ALBUMIN, SERUM-Human serum albumin** is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. **Low blood albumin levels (hypoalbuminemia) can be caused by:** Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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**BIOCHEMISTRY - LIPID**

**LIPID PROFILE, SERUM**

|  |      |  |       |
|--|------|--|-------|
| CHOLESTEROL, TOTAL   | 161  | < 200 Desirable<br>200 - 239 Borderline High<br>>= 240 High  | mg/dL |
| METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE |      |  |       |
| TRIGLYCERIDES  | 64   | < 150 Normal<br>150 - 199 Borderline High<br>200 - 499 High<br>>=500 Very High   | mg/dL |
| METHOD : ENZYMATIC ASSAY   |      |  |       |
| HDL CHOLESTEROL  | 44   | < 40 Low<br>>=60 High  | mg/dL |
| METHOD : DIRECT MEASURE - PEG  |      |  |       |
| LDL CHOLESTEROL, DIRECT  | 99   | < 100 Optimal<br>100 - 129 Near or above optimal<br>130 - 159 Borderline High<br>160 - 189 High<br>>= 190 Very High              | mg/dL |
| METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT                        |      |  |       |
| NON HDL CHOLESTEROL  | 117  | Desirable: Less than 130<br>Above Desirable: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>Very high: > or = 220 | mg/dL |
| METHOD : CALCULATED PARAMETER  |      |  |       |
| VERY LOW DENSITY LIPOPROTEIN   | 12.8 | <= 30.0  | mg/dL |
| METHOD : CALCULATED PARAMETER  |      |  |       |
| CHOL/HDL RATIO   | 3.7  | 3.3 - 4.4 Low Risk<br>4.5 - 7.0 Average Risk<br>7.1 - 11.0 Moderate Risk<br>> 11.0 High Risk                                     |       |
| METHOD : CALCULATED PARAMETER  |      |  |       |

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|               |  |     |  |  |
|---------------|--|-----|--|--|
| LDL/HDL RATIO |  | 2.3 | 0.5 - 3.0 Desirable/Low Risk<br>3.1 - 6.0 Borderline/Moderate Risk<br>>6.0 High Risk |  |
|---------------|--|-----|--|--|

METHOD : CALCULATED PARAMETER

**Interpretation(s)**

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**CLINICAL PATH - URINALYSIS**

**KIDNEY PANEL - 1**

**PHYSICAL EXAMINATION, URINE**

**COLOR** PALE YELLOW  
METHOD : PHYSICAL  
**APPEARANCE** CLEAR  
METHOD : VISUAL

**CHEMICAL EXAMINATION, URINE**

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

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

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



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 Maharashtra, India  
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 CIN - U74899PB1995PLC045956  
 Email : -



Patient Ref. No. 22000000908194

**PATIENT NAME : MRS.KOMAL HIREN PARMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

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

**ACCESSION NO : 0022XC002287**

**PATIENT ID : FH.13026354**

**CLIENT PATIENT ID: UID:13026354**

**ABHA NO :**

**AGE/SEX : 34 Years Female**

**DRAWN : 12/03/2024 09:04:00**

**RECEIVED : 12/03/2024 09:09:49**

**REPORTED : 12/03/2024 14:23:41**

**CLINICAL INFORMATION :**

UID:13026354 REQNO-1675227  
 CORP-OPD  
 BILLNO-150124OPCR014361  
 BILLNO-150124OPCR014361

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

**MICROSCOPIC EXAMINATION, URINE**

|  |              |              |      |
|--|--------------|--------------|------|
| RED BLOOD CELLS<br>METHOD : MICROSCOPIC EXAMINATION  | NOT DETECTED | NOT DETECTED | /HPF |
| PUS CELL (WBC'S)<br>METHOD : MICROSCOPIC EXAMINATION | 1-2          | 0-5          | /HPF |
| EPITHELIAL CELLS<br>METHOD : MICROSCOPIC EXAMINATION | 0-1          | 0-5          | /HPF |
| CASTS<br>METHOD : MICROSCOPIC EXAMINATION            | NOT DETECTED |              |      |
| CRYSTALS<br>METHOD : MICROSCOPIC EXAMINATION         | NOT DETECTED |              |      |
| BACTERIA<br>METHOD : MICROSCOPIC EXAMINATION         | NOT DETECTED | NOT DETECTED |      |
| YEAST<br>METHOD : MICROSCOPIC EXAMINATION            | NOT DETECTED | NOT DETECTED |      |

**REMARKS** URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT

**Interpretation(s)**

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

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 CIN - U74899PB1995PLC045956  
 Email : -



Patient Ref. No. 2200000908194

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>PATIENT NAME : MRS.KOMAL HIREN PARMAR</b> |  | <b>REF. DOCTOR :</b>               |  |
| <b>CODE/NAME &amp; ADDRESS : C000045507</b>  |  | <b>ACCESSION NO : 0022XC002287</b> |  |
| FORTIS VASHI-CHC -SPLZD                      |  | AGE/SEX : 34 Years Female          |  |
| FORTIS HOSPITAL # VASHI,                     |  | DRAWN : 12/03/2024 09:04:00        |  |
| MUMBAI 440001                                |  | RECEIVED : 12/03/2024 09:09:49     |  |
|  |  | REPORTED : 12/03/2024 14:23:41     |  |
|  |  | PATIENT ID : FH.13026354           |  |
|  |  | CLIENT PATIENT ID: UID:13026354    |  |
|  |  | ABHA NO :                          |  |

**CLINICAL INFORMATION :**  
 UID:13026354 REQNO-1675227  
 CORP-OPD  
 BILLNO-150124OPCR014361  
 BILLNO-150124OPCR014361

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

**SPECIALISED CHEMISTRY - HORMONE**

**THYROID PANEL, SERUM**

|  |                   |   |        |
|--|-------------------|---|--------|
| T3   | 158.1             | Non-Pregnant Women<br>80.0 - 200.0<br>Pregnant Women<br>1st Trimester: 105.0 - 230.0<br>2nd Trimester: 129.0 - 262.0<br>3rd Trimester: 135.0 - 262.0                                      | ng/dL  |
| METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE |                   |   |        |
| T4   | 7.30              | Non-Pregnant Women<br>5.10 - 14.10<br>Pregnant Women<br>1st Trimester: 7.33 - 14.80<br>2nd Trimester: 7.93 - 16.10<br>3rd Trimester: 6.95 - 15.70   | µg/dL  |
| METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE |                   |   |        |
| TSH (ULTRASENSITIVE)   | <b>4.880 High</b> | Non Pregnant Women<br>0.27 - 4.20<br>Pregnant Women (As per<br>American Thyroid Association)<br>1st Trimester 0.100 - 2.500<br>2nd Trimester 0.200 - 3.000<br>3rd Trimester 0.300 - 3.000 | µIU/mL |
| METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY               |                   |   |        |

**Interpretation(s)**

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

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**Dr. Akshay Dhotre, MD**  
 (Reg.no. MMC 2019/09/6377)  
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 Email : -



Patient Ref. No. 22000000908194

PATIENT NAME : MRS.KOMAL HIREN PARMAR

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XC002321

PATIENT ID : FH.13026354

CLIENT PATIENT ID: UID:13026354

ABHA NO :

AGE/SEX : 34 Years Female

DRAWN : 12/03/2024 10:06:00

RECEIVED : 12/03/2024 10:06:28

REPORTED : 12/03/2024 13:25:03

## CLINICAL INFORMATION :

UID:13026354 REQNO-1675227  
CORP-OPD  
BILLNO-150124OPCR014361  
BILLNO-150124OPCR014361

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

## CLINICAL PATH - STOOL ANALYSIS

## STOOL: OVA &amp; PARASITE

## PHYSICAL EXAMINATION,STOOL


|                                  |              |              |  |
|----------------------------------|--------------|--------------|--|
| COLOUR                           | BROWN        |              |  |
| METHOD : VISUAL                  |              |              |  |
| CONSISTENCY                      | WELL FORMED  |              |  |
| METHOD : VISUAL                  |              |              |  |
| MUCUS                            | NOT DETECTED | NOT DETECTED |  |
| METHOD : VISUAL                  |              |              |  |
| VISIBLE BLOOD                    | ABSENT       | ABSENT       |  |
| METHOD : VISUAL                  |              |              |  |
| ADULT PARASITE                   | NOT DETECTED |              |  |
| METHOD : MICROSCOPIC EXAMINATION |              |              |  |

## CHEMICAL EXAMINATION,STOOL

|                             |              |              |  |
|-----------------------------|--------------|--------------|--|
| STOOL PH                    | NEGATIVE     |              |  |
| METHOD : PH PAPER METHOD    |              |              |  |
| OCCULT BLOOD                | NOT DETECTED | NOT DETECTED |  |
| METHOD : GUAIAC ACID METHOD |              |              |  |

## MICROSCOPIC EXAMINATION,STOOL

|                                  |              |              |      |
|----------------------------------|--------------|--------------|------|
| PUS CELLS                        | 1-2          |              | /hpf |
| METHOD : MICROSCOPIC EXAMINATION |              |              |      |
| RED BLOOD CELLS                  | NOT DETECTED | NOT DETECTED | /HPF |
| METHOD : MICROSCOPIC EXAMINATION |              |              |      |
| CYSTS                            | NOT DETECTED | NOT DETECTED |      |
| METHOD : MICROSCOPIC EXAMINATION |              |              |      |
| OVA                              | NOT DETECTED |              |      |
| METHOD : MICROSCOPIC EXAMINATION |              |              |      |



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



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CIN - U74899PB1995PLC045956  
Email : -



Patient Ref. No. 2200000908228



**PATIENT NAME : MRS.KOMAL HIREN PARMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

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

**ACCESSION NO : 0022XC002321**

**PATIENT ID : FH.13026354**

**CLIENT PATIENT ID: UID:13026354**

**ABHA NO :**

**AGE/SEX : 34 Years Female**

**DRAWN : 12/03/2024 10:06:00**

**RECEIVED : 12/03/2024 10:06:28**

**REPORTED : 12/03/2024 13:25:03**

**CLINICAL INFORMATION :**

UID:13026354 REQNO-1675227

CORP-OPD

BILLNO-150124OPCR014361

BILLNO-150124OPCR014361

| Test Report Status               | Final | Results      | Biological Reference Interval | Units |
|----------------------------------|-------|--------------|-------------------------------|-------|
| LARVAE                           |       | NOT DETECTED | NOT DETECTED                  |       |
| METHOD : MICROSCOPIC EXAMINATION |       |              |                               |       |
| TROPHOZOITES                     |       | NOT DETECTED | NOT DETECTED                  |       |
| METHOD : MICROSCOPIC EXAMINATION |       |              |                               |       |

**Interpretation(s)**

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

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*Rekha N*

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



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**Patient Ref. No. 2200000908228**

PATIENT NAME : MRS.KOMAL HIREN PARMAR

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XC002366

PATIENT ID : FH.13026354

CLIENT PATIENT ID: UID:13026354

ABHA NO :

AGE/SEX : 34 Years Female

DRAWN : 12/03/2024 12:01:00

RECEIVED : 12/03/2024 12:02:00

REPORTED : 12/03/2024 13:02:17

## CLINICAL INFORMATION :

UID:13026354 REQNO-1675227

CORP-OPD

BILLNO-150124OPCR014361

BILLNO-150124OPCR014361

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

## BIOCHEMISTRY

## GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)

124

70 - 140

mg/dL

METHOD : HEXOKINASE

## Interpretation(s)

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

\*\*End Of Report\*\*

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


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

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Email : -



Patient Ref. No. 22000000908273

**PATIENT NAME : MRS.KOMAL HIREN PARMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**  
 FORTIS VASHI-CHC -SPLZD  
 FORTIS HOSPITAL # VASHI,  
 MUMBAI 440001

**ACCESSION NO : 0022XC002420**  
**PATIENT ID : FH.13026354**  
**CLIENT PATIENT ID: UID:13026354**  
**ABHA NO :**

**AGE/SEX : 34 Years Female**  
**DRAWN : 12/03/2024 14:52:00**  
**RECEIVED : 12/03/2024 15:00:23**  
**REPORTED : 13/03/2024 11:57:41**

**CLINICAL INFORMATION :**

UID:13026354 REQNO-1675227  
 CORP-OPD  
 BILLNO-150124OPCR014361  
 BILLNO-150124OPCR014361

**Test Report Status Final**

**Units**

**CYTOLOGY**

**PAPANICOLAOU SMEAR**

**PAPANICOLAOU SMEAR**

TEST METHOD  
 SPECIMEN TYPE  
 REPORTING SYSTEM  
 SPECIMEN ADEQUACY  
 METHOD : MICROSCOPIC EXAMINATION  
 MICROSCOPY

CONVENTIONAL GYNEC CYTOLOGY  
 TWO UNSTAINED CERVICAL SMEARS RECEIVED  
 2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY  
 SATISFACTORY

SMEARS STUDIED SHOW SUPERFICIAL SQUAMOUS CELLS,  
 INTERMEDIATE SQUAMOUS CELLS, OCCASIONAL SQUAMOUS  
 METAPLASTIC CELLS, OCCASIONAL CLUSTERS OF ENDOCERVICAL CELLS  
 IN THE BACKGROUND OF PLENTY POLYMORPHS.

**INTERPRETATION / RESULT**

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

**Comments**

PLEASE NOTE PAPANICOLAOU SMEAR STUDY IS A SCREENING PROCEDURE FOR CERVICAL  
 CANCER WITH INHERENT FALSE NEGATIVE RESULTS, HENCE SHOULD BE INTERPRETED  
 WITH CAUTION.

NO CYTOLOGICAL EVIDENCE OF HPV INFECTION IN THE SMEARS STUDIED.

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

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



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 Email : -



**Patient Ref. No. 22000000908327**



13026354  
34 Years

KOMAL PARMAR  
Female

3/12/2024 11:04:03 AM

HC

SINUS tachycardia  
CORONARY CAFFEINE

Rate 115 . Sinus tachycardia.....rate> 99

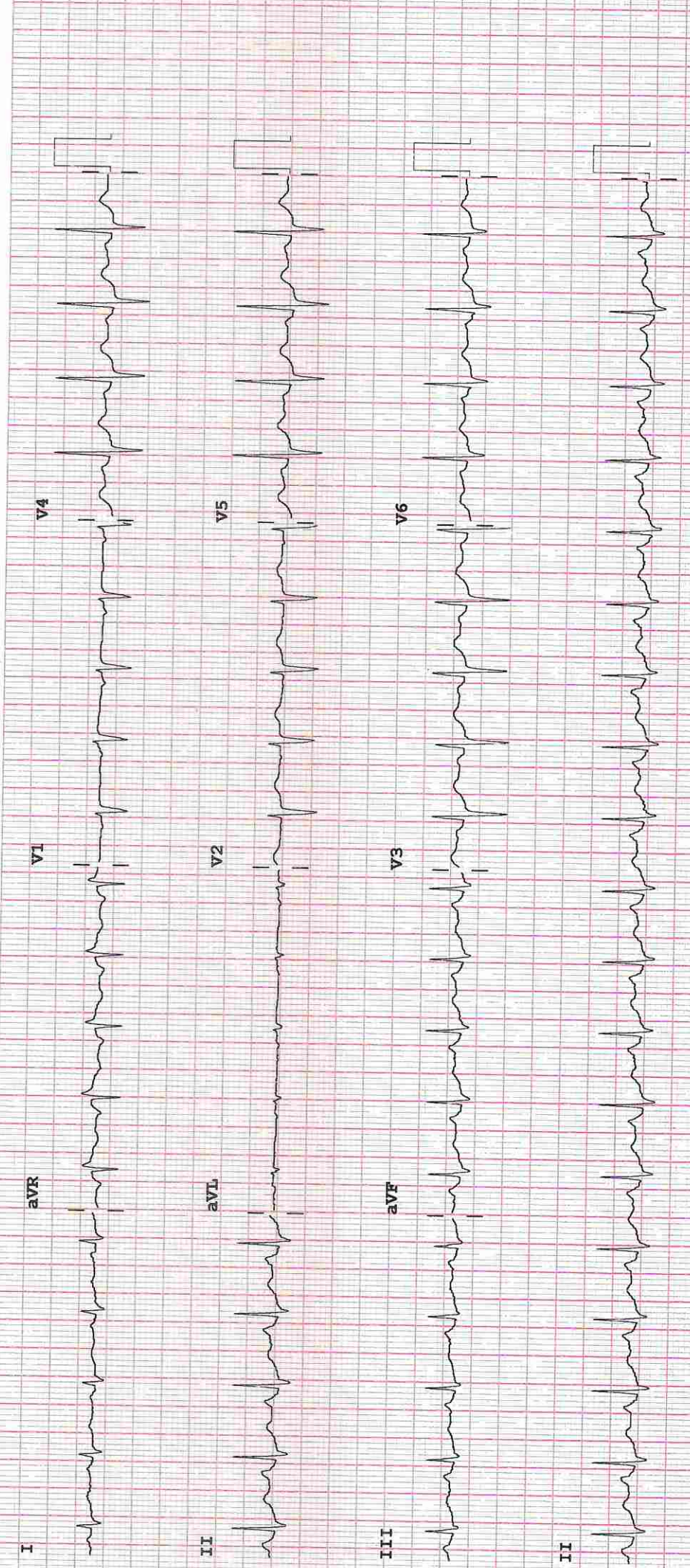
PR 130  
QRS 83  
QT 314  
QTc 435

--AXIS--  
P 66  
QRS 72  
T 57

12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



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

F 50~ 0.50-100 Hz W

100B CL

P?

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Emergency: 022 - 39199100 | Ambulance: 1255

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

www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D

**DEPARTMENT OF NIC**

Date: 12/Mar/2024

Name: Mrs. Komal Hiren Parmar

UHID | Episode No : 13026354 | 14619/24/1501

Age | Sex: 34 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2403/30547 | 12-Mar-2024

Order Station : FO-OPD

Admitted On | Reporting Date : 12-Mar-2024 15:41:57

Bed Name :

Order Doctor Name : Dr.SELF.

**ECHOCARDIOGRAPHY TRANSTHORACIC****FINDINGS:**

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction. No e/o raised LVEDP.
- Trivial mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension. PASP = 22 mm of Hg.
- Intact IVS and IAS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimension.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 15 mm with normal inspiratory collapse.

**M-MODE MEASUREMENTS:**

|             |    |    |
|-------------|----|----|
| LA          | 28 | mm |
| AO Root     | 18 | mm |
| AO CUSP SEP | 13 | mm |
| LVID (s)    | 20 | mm |
| LVID (d)    | 39 | mm |
| IVS (d)     | 08 | mm |
| LVPW (d)    | 08 | mm |
| RVID (d)    | 29 | mm |
| RA          | 31 | mm |
| LVEF        | 60 | %  |

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www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



DEPARTMENT OF NIC

Date: 12/Mar/2024

Name: Mrs. Komal Hiren Parmar

Age | Sex: 34 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 13026354 | 14619/24/1501

Order No | Order Date: 1501/PN/OP/2403/30547 | 12-Mar-2024

Admitted On | Reporting Date : 12-Mar-2024 15:41:57

Order Doctor Name : Dr.SELF.

**DOPPLER STUDY:**

E WAVE VELOCITY: 0.9 m/sec.


A WAVE VELOCITY: 0.8 m/sec

E/A RATIO: 1.0

|                 | PEAK<br>(mmHg) | MEAN<br>(mmHg) | V max<br>(m/sec) | GRADE OF<br>REGURGITATION |
|-----------------|----------------|----------------|------------------|---------------------------|
| MITRAL VALVE    | N              |                |                  | Trivial                   |
| AORTIC VALVE    | 05             |                |                  | Nil                       |
| TRICUSPID VALVE | 22             |                |                  | Trivial                   |
| PULMONARY VALVE | 2.0            |                |                  | Nil                       |

**Final Impression :**

- No RWMA.
- Trivial MR and TR. No PH.
- Normal LV and RV systolic function.

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

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

**Hiranandani Healthcare Pvt. Ltd.**

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

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



**DEPARTMENT OF RADIOLOGY**

Date: 12/Mar/2024

Name: Mrs. Komal Hiren Parmar

Age | Sex: 34 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 13026354 | 14619/24/1501

Order No | Order Date: 1501/PN/OP/2403/30547 | 12-Mar-2024

Admitted On | Reporting Date : 12-Mar-2024 12:00:03

Order Doctor Name : Dr.SELF .

**X-RAY-CHEST- PA**

**Findings:**

Both lung fields are clear.

The cardiac shadow appears within normal limits.

Trachea and major bronchi appears normal.

Both costophrenic angles are well maintained.

Bony thorax is unremarkable.

**DR. YOGINI SHAH**

**DMRD., DNB. (Radiologist)**



|              |   |                    |                |   |                     |
|--------------|---|--------------------|----------------|---|---------------------|
| Patient Name | : | Komal Hiren Parmar | Patient ID     | : | 13026354            |
| Sex / Age    | : | F / 34Y 1M 4D      | Accession No.  | : | PHC.7667930         |
| Modality     | : | US                 | Scan DateTime  | : | 12-03-2024 11:52:05 |
| IPID No      | : | 14619/24/1501      | ReportDatetime | : | 12-03-2024 12:03:46 |

### USG – WHOLE ABDOMEN

**LIVER** is normal in size and echogenicity. No IHBR dilatation. No focal lesion is seen in liver. Portal vein appears normal in caliber.

**GALL BLADDER** is physiologically distended. Gall bladder reveals normal wall thickness. No evidence of calculi in gall bladder. No evidence of pericholecystic collection.

**CBD** appears normal in caliber.

**SPLEEN** is normal in size and echogenicity.

**BOTH KIDNEYS** are normal in size and echogenicity. The central sinus complex is normal. No evidence of calculi/hydronephrosis.

Right kidney measures 11.2 x 3.3 cm. Left kidney measures 11.5 x 3.7 cm.

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

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

**UTERUS** is normal in size, measuring 9.1 x 5.6 x 4.1 cm.

Endometrium measures 12.6 mm in thickness.

Both ovaries are normal.

Right ovary measures 4.6 x 2.2 cm. Left ovary measures 2.1 x 1.1 cm.

No evidence of ascites.

### Impression:

- No significant abnormality is detected.

**DR. KUNAL NIGAM**

**M.D. (Radiologist)**