



Hiranandani
HOSPITAL

(A Fortis Network Hospital)

Hiranandani Fortis Hospital
Mini Seashore Road,
Sector 10 - A, Vashi,
Navi Mumbai - 400 703.
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Email : vashi@vashihospital.com

BMI CHART

Date: 27/01/24

Name: Kavya Gupta Age: 32 yrs Sex: M/F
BP: 100/60 mmHg Height (cms): 152cm Weight(kgs): 55 kg BMI: _____

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	
kg	45.3	47.7	50.0	52.3	54.6	56.9	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.6	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	37	38	39	40	41	
5'2" - 157.4	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	
5'3" - 160.0	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
5'4" - 162.6	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
5'5" - 165.1	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
5'6" - 167.6	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
5'7" - 170.1	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	
5'8" - 172.7	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	
5'9" - 175.2	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	
5'10" - 177.8	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	
5'11" - 180.3	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
6'0" - 182.8	13	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
6'1" - 185.4	13	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
6'2" - 187.9	12	13	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	
6'3" - 190.5	12	13	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	
6'4" - 193.0	12	12	13	14	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	

Doctors Notes:

Signature _____



UHID	12942500	Date	27/01/2024		
Name	Mrs. Kavya Gupta	Sex	Female	Age	32
OPD	Opthal 14	Health Check-up			

Doc. watering, itching (sunburn).

Drug allergy: → Not known.
 Sys illness: → NO
Habit: → NO

Hb No

Handwritten signature

★ PEH-Tema

rtis Healthcare Pvt. Ltd.
 2a Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703
 Line: 022 - 39199222 | Fax: 022 - 39199220
 ncy: 022 - 39199100 | Ambulance: 1255
 pointment: 022 - 39199222 | Health Checkup: 022 - 39199300
 rtishealthcare.com |
 U85100MH2005PTC154823
 I: 27AABCH5894D1ZG | PAN NO: AABCH5894D



Hiranandani
HOSPITAL
 (A Fortis Network Hospital)

UHID	12942500	Date	27/01/2024	
Name	Mrs. Kavya Gupta	Sex	Female	Age 32
OPD	Pap Smear	Health Check-up		

32y y | F | Married

Drug allergy:
 Sys illness:

LMP 17/1/24

OIH - Nulliparous

MIH - Reg, Mod, Pain

SIH - Nil

FIH - Nil

MedIH - Nil

Lx - (H)

US - (M)

Adv

(R) pap smear in (3) yrs

- Hx & Reports



UHID	12942500	Date	27/01/2024		
Name	Mrs. Kavya Gupta	Sex	Female	Age	32
OPD	Dental 12	Health Check-up			

O/E

- stains +
- calculus +
- pit caries ±

±

Drug allergy:
Sys illness:

Treatment

A/D

- scaling (full mouth cleaning)

- filling ±

±

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XA004626

PATIENT ID : PH.12942500

CLIENT PATIENT ID: UID:12942500

ABHA NO :

AGE/SEX : 32 Years Female

DRAWN : 27/01/2024 08:50:00

RECEIVED : 27/01/2024 08:53:17

REPORTED : 27/01/2024 14:21:36

CLINICAL INFORMATION :

UID:12942500 REQNO-1654685
CORP-OPD
BILLNO-150124OPCR005052
BILLNO-150124OPCR005052

Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

Test Name	Results	Biological Reference Interval	Units
HEMOGLOBIN (HB) METHOD : SLS METHOD	12.3	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	4.59	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY	5.90	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION	353	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD	38.0	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	82.8 Low	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	26.8 Low	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	32.4	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	15.3 High	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	18.0		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	10.6	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT



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



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Maharashtra, India
Tel : 022-39199222, 022-49723323,
CIN - U74209PB1995PLC045955
Email : -



Patient Ref. No. 22000000898624

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XA004626

PATIENT ID : FH.12942500

CLIENT PATIENT ID: UID:12942500

ABHA NO :

AGE/SEX : 32 Years Female

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CLINICAL INFORMATION :

UID:12942500 REQNO-1654685

CORP-OPD

BILLNO-150124OPCR005052

BILLNO-150124OPCR005052

Test Report Status	Final	Results	Biological Reference Interval	Units
NEUTROPHILS		63	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		26	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		9	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		3.72	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.53	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.53	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.12	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0.00 Low	0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		2.4		
METHOD : CALCULATED				

MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

NORMOCHROMIC, MILD MICROCYTOSIS, MILD ANISOCYTOSIS

WBC

METHOD : MICROSCOPIC EXAMINATION

NORMAL MORPHOLOGY

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

ADEQUATE



Dr. Akshay Dhotre, MD
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Consultant Pathologist

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Tel : 022-39199222, 022-49723322,
CIN - U7-8099PB1995PLC045956
Email : -



Patient Ref. No. 2200000898654

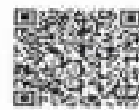
PATIENT NAME : MRS.KAVYA GUPTA		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XA004626	AGE/SEX : 32 Years Female
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.12942500	DRAWN : 27/01/2024 08:50:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID: UID:12942500	RECEIVED : 27/01/2024 08:53:17
MUMBAI 440001		ASHA NO : 1	REPORTED : 27/01/2024 14:21:36

CLINICAL INFORMATION :
 UID:12942500 REQNO-1654685
 CORP-OPD
 BILLNO-150124OPCR005052
 BILLNO-150124OPCR005052

Test Report Status	Final	Results	Biological Reference Interval	Units
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Interpretation(s)
RBC AND PLATELET INDICES- Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen test to differentiate cases of iron deficiency anemia (>12) from beta thalassemia trait (<13) in patients with microcytic anemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassemia trait.
WBC DIFFERENTIAL COUNT- The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
 (Reference 28 - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106904
 this ratio element is a calculated parameter and out of NABL scope.

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 Consultant Pathologist



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 CIN - U74809PB1999PLC045956
 Email : -



Patient Ref. No. 22000000008654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XA004626

PATIENT ID : FH,12942500

CLIENT PATIENT ID: UID:12942500

ABHA NO : 1

AGE/SEX : 32 Years Female

DRAWN : 27/01/2024 08:50:00

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CLINICAL INFORMATION :

UID:12942500 REQNO-1654685

CORP-OPD

BILLNO-150124QPCR005052

BILLNO-150124QPCR005052

Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R

02

0 - 20

mm at 1 hr

METHOD : WESTERGREN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C

4.8

Non-diabetic: < 5.7

Pre-diabetics: 5.7 - 6.4

Diabetics: > or = 6.5

Therapeutic goals: < 7.0

Action suggested : > 8.0

(ADA Guideline 2021)

%

METHOD : Hb VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)

91.1

< 116.0

mg/dL

METHOD : CALCULATED PARAMETER

Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD-TEST DESCRIPTION :-

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

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

TEST INTERPRETATION

Increase in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Pointing a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Polyarteritis, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy ESR in first trimester is 0-15 mm/hr(E2 if anemic) and in second trimester (0-75 mm/hr)(55 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, Dexam etc), Hypercholesterolemia

False Decreased : Anisokytosis (SickleCells,spleroctyes), Reticulocytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)



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Email : -



Patient Ref. No. 22000000938654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS WASHI-CHC -SPLZD

FORTIS HOSPITAL # WASHI,

MUMBAI 440001

ACCESSION NO : 0022XA004626

PATIENT ID : FH.12942500

CLIENT PATIENT ID: UID:12942500

ASHA NO :

AGE/SEX : 32 Years Female

DRAWN : 27/01/2024 08:50:00

RECEIVED : 27/01/2024 08:53:17

REPORTED : 27/01/2024 14:21:36

CLINICAL INFORMATION :

UID:12942500 REQNO-1654685

CORP-OPD

BILLNO-150124OPCR005052

BILLNO-150124OPCR005052

Test Report Status **Final**

Results

Biological Reference Interval

Units

REFERENCE :

1. Nathan and DeZee's Hematology of Infancy and Childhood, 5th edition; 2. Pediatric reference intervals, AACCPress, 7th edition, edited by S. Soltes; 3. The reference for the adult reference range is "Practical Hematology 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 management 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, nephria, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiate addition are reported to interfere with some assay methods falsely increasing results.

4. Interference of hemoglobinopathies in HbA1c estimation is seen as

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

b) Hemozygous state detected (D10 is corrected for HbS & HbC test.)

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



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Consultant Pathologist



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CIN - U78299PB1999PLC045956
Email :-



Patient Ref. No. 22000000898654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -5PLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XA004626

PATIENT ID : FH.12942500

CLIENT PATIENT ID: UID:12942500

ABHA NO :

AGE/SEX : 32 Years Female

DRAWN : 27/01/2024 08:50:00

RECEIVED : 27/01/2024 08:53:17

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CLINICAL INFORMATION :

UID: 12942500 REQNO-1654685

CORP-OPD

BILLNO-150124OPCR005052

BILLNO-150124OPCR005052

Test Report Status **Final**

Results

Biological Reference Interval Units

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE A

METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

Interpretation(s)

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

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

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



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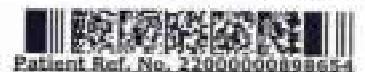
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Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CTN - U74899PB1999PLC045955
Email : *



Patient Ref. No. 22000000098654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XA004626

PATIENT ID : FH.12942500

CLIENT PATIENT ID: MID:12942500

ABHA NO :

AGE/SEX : 32 Years Female

DRAWN : 27/01/2024 08:50:00

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REPORTED : 27/01/2024 14:21:36

CLINICAL INFORMATION :

UID: 12942500 REQNO: 1654695

CORP-OPD

BILLNO-150124OPCR005052

BILLNO-150124OPCR005052

Test Report Status **Final**

Results

Biological Reference Interval Units

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL METHOD : JENDRASSIK AND GROFF	0.44	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASSIK AND GROFF	0.14	0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.30	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.4	6.4 - 8.2	g/dL
ALBUMIN METHOD : BCP DYE BINDING	4.2	3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.2	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.3	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT) METHOD : UV WITH PSP	16	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH PSP	22	< 34.0	U/L
ALKALINE PHOSPHATASE METHOD : PAPP-ARP	64	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE	22	5 - 55	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -HYALURATE	174	81 - 234	U/L

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	88	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >/=126	mg/dL
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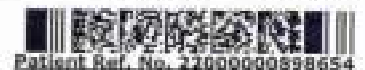


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CIN - U74009PB1995PLC045956
Email : -



Patient Ref. No. 22000000898654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -5PLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XA004626

PATIENT ID : FH.12942500

CLIENT PATIENT ID: UID:12942500

ABHA NO :

AGE/SEX : 32 Years Female

DRAWN : 27/01/2024 08:50:00

RECEIVED : 27/01/2024 08:53:17

REPORTED : 27/01/2024 14:21:36

CLINICAL INFORMATION :

UID:12942500 REQNO-1654685

CORP-OPD

BILLNO-150124OPCR005052

BILLNO-150124OPCR005052

Test Report Status **Final**

Results

Biological Reference Interval Units

KIDNEY PANEL - 1**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN

4 Low

6 - 20

mg/dL

METHOD : UREASE - UV

CREATININE EGFR- EPI

CREATININE

0.55 Low

0.60 - 1.10

mg/dL

METHOD : ALKALINE PICRATE KINETIC JAFFES

AGE

32

years

GLOMERULAR FILTRATION RATE (FEMALE)

124.82

Refer Interpretation Below

mL/min/1.73m²

METHOD : CALCULATED PARAMETER

BUN/CREAT RATIO

BUN/CREAT RATIO

7.27

5.00 - 15.00

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID

3.5

2.6 - 6.0

mg/dL

METHOD : URICASE UV

TOTAL PROTEIN, SERUM

TOTAL PROTEIN

7.4

6.4 - 8.2

g/dL

METHOD : BIURET



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

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PERFORMED AT :Agilus Diagnostics Ltd,
Hiranandani Hospital-Vashi, Mini Seachore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-35199222, 022-46723322,
CTN - 074809981595PLCC45956
Email : -

Patient Ref. No. 22000000898654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XA004626

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CORP-OPD

BILLNO-150124OPCR005052

BILLNO-150124OPCR005052

Test Report Status **Final**

Results

Biological Reference Interval Units

ALBUMIN, SERUM

ALBUMIN

4.2

3.4 - 5.0

g/dL

METHOD : BCP DYE BINDING

GLOBULIN

GLOBULIN

3.2

2.0 - 4.1

g/dL

METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM

136

136 - 145

mmol/L

METHOD : ISE INDIRECT

POTASSIUM, SERUM

4.28

3.50 - 5.10

mmol/L

METHOD : ISE INDIRECT

CHLORIDE, SERUM

102

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 haem catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** result 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, tumor blocking of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicous anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.



 Dr. Akshay Dhotre, MD
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 Tel : 022-39199222, 022-49723322,
 CIN - U7-8099819995PLC045956
 Email : -


Patient Ref. No. 22000000898654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XA004626

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Test Report Status	Final	Results	Biological Reference Interval	Units
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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, haemochromatosis. 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, osteoarthritis, hepatitis, hyperparathyroidism, Leukemia, lymphoma, Paget's disease, Rickets, sarcoidosis etc. Lower-than-normal ALP levels seen in Hypothyroidism, Malnutrition, Protein Deficiency, Wilson's 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 testicular 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, Waldenström's 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, haemodialysis, 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: Thalassemia (due to red dilution with increased insulin), Addison's disease, adrenal cortical insufficiency, hypoparathyroidism, diffuse liver disease, malabsorption, alcoholism, liver disease, Rheumatoid, infant of a diabetic mother, enzyme deficiency.

Diabetes (e.g. gestational), Drugs: insulin, ethanol, progesterol, sulfonylureas, tolbutamide and other oral hypoglycaemic 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 haemoglobin (HbA1c) levels are favored to monitor glycaemic 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 component, Alimentary Hypoglycaemia, increased insulin response & sensitivity etc.

BLOOD UREA NITROGEN (BUN), SERUM- Causes of Increased levels include the renal (high protein diet, Increased protein catabolism, GI haemorrhage, Captopril, Dehydration, CHF Renal), Renal failure, Post Renal (Hypertension, Nephrotoxicosis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

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

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

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

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

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

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

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

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

References:

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

Estimated GFR Calculated Using the CKD-EPI equation-<http://nephrate.nlm.nih.gov/guidelines/gfr>

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

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

URIC ACID, SERUM- Causes of Increased levels:- Dietary (high Protein Intake, Prolonged Fasting, Rapid weight loss), Graft, Leach 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, Waldenström's disease.

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



Patient Ref. No. 22000000898654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

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

ACCESSION NO : 0022XA004626
PATIENT ID : FH.12942500
CLIENT PATIENT ID: UID:12942500
ASHA NO : :

AGE/SEX : 32 Years Female
DRAWN : 27/01/2024 08:50:00
RECEIVED : 27/01/2024 08:53:17
REPORTED : 27/01/2024 14:21:36

CLINICAL INFORMATION :

UID:12942500 REQNO-1654685
 CORP-OPD
 BILLNO-150124OPCR005052
 BILLNO-150124OPCR005052

Test Report Status	Final	Results	Biological Reference Interval	Units
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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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Patient Ref. No. 22000000898654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

 FORTIS VASHI-CHC -SPLZD
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ACCESSION NO : 0022XA004626

PATIENT ID : FH.12942500

CLIENT PATIENT ID: UID:12942500

ABHA NO :

AGE/SEX : 32 Years Female

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CORP-OPD

BILLNO-150124OPCR005052

BILLNO-150124OPCR005052

Test Report Status **Final**

Results

Biological Reference Interval Units

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	204 High	< 200 Desirable 200 - 239 Borderline High ≥/ = 240 High	mg/dL
--------------------	----------	---	-------

METHOD : ENZYMATIC/COLORIMETRIC,CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE

TRIGLYCERIDES	125	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥/ =500 Very High	mg/dL
---------------	-----	--	-------

METHOD : ENZYMATIC ASSAY

HDL CHOLESTEROL	66 High	< 40 Low ≥/ =60 High	mg/dL
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METHOD : DIRECT MEASURE - PEG

LDL CHOLESTEROL, DIRECT	121	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High ≥/ = 190 Very High	mg/dL
-------------------------	-----	---	-------

METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT

NON HDL CHOLESTEROL	138 High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
---------------------	----------	--	-------

METHOD : CALCULATED PARAMETER

VERY LOW DENSITY LIPOPROTEIN	25.0	</ = 30.0	mg/dL
------------------------------	------	-----------	-------

METHOD : CALCULATED PARAMETER

CHOL/HDL RATIO	3.1 Low	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk ≥ 11.0 High Risk	
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METHOD : CALCULATED PARAMETER



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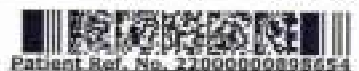
 Dr. Akshay Dhotra, MD
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 Email : -


Patient Ref. No. 22000000898654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507
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 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022XA004626
 PATIENT ID : FH.12942500
 CLIENT PATIENT ID: UID:12942500
 ABHA NO : 1

AGE/SEX : 32 Years Female
 DRAWN : 27/01/2024 08:50:00
 RECEIVED : 27/01/2024 08:53:17
 REPORTED : 27/01/2024 14:21:36

CLINICAL INFORMATION :

UID:12942500 REQNO-1654685
 CORP-OPD
 BILLNO-150124OPCR005052
 BILLNO-150124OPCR005052

Test Report Status	Final	Results	Biological Reference Interval	Units
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LDL/HDL RATIO	1.8	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
---------------	-----	--	--

METHOD : CALCULATED PARAMETER

Interpretation(s)

Dr. Akshay Dhotre, MD
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Patient Ref. No. 22000000838654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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MUMBAI 440001

ACCESSION NO : 0022XA004626

PATIENT ID : FH.12942500

CLIENT PATIENT ID: UID:12942500

ADHA NO :

AGE/SEX : 32 Years Female

DRAWN : 27/01/2024 08:50:00

RECEIVED : 27/01/2024 08:53:17

REPORTED : 27/01/2024 14:21:36

CLINICAL INFORMATION :

UID:12942500 REQNO:1654695
CORP-OPD
BILLNO-150124OPCR005052
BILLNO-150124OPCR005052Test Report Status **Final**

Results

Biological Reference Interval Units

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW

METHOD : PHYSICAL

APPEARANCE HAZY

METHOD : VISUAL

CHEMICAL EXAMINATION, URINE

PH 6.5 4.7 - 7.5

METHOD : REFLECTANCE SPECTROPHOTOMETRY - DOUBLE INDICATOR METHOD

SPECIFIC GRAVITY ≤ 1.005 1.003 - 1.035

METHOD : REFLECTANCE SPECTROPHOTOMETRY (AFFAERT RIXA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)

PROTEIN NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE

GLUCOSE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOO/POD

KETONES NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE

BLOOD DETECTED (TRACE)
IN URINE

METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN

BILIRUBIN NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT

UROBILINOGEN NORMAL NORMAL

METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRLICH REACTION)

NITRITE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE

LEUKOCYTE ESTERASE DETECTED (+) NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY


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Dr. Rekha Nair, MD
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Microbiologist

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Patient Ref. No. 22000000898654

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

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 MUMBAI 440001

 ACCESSION NO : 0022XA004626
 PATIENT ID : FH.12942500
 CLIENT PATIENT ID: UID:12942500
 ASHA NO :

 AGE/SEX : 32 Years Female
 DRAWN : 27/01/2024 08:50:00
 RECEIVED : 27/01/2024 08:53:17
 REPORTED : 27/01/2024 14:21:36

CLINICAL INFORMATION :

 UID:12942500 REQNO-1654685
 CORP-OPD
 BILLNO-150124OPCR005052
 BILLNO-150124OPCR005052

Test Report Status	Final	Results	Biological Reference Interval	Units
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MICROSCOPIC EXAMINATION, URINE

Test Report Status	Final	Results	Biological Reference Interval	Units
RED BLOOD CELLS		DETECTED (OCCASIONAL)	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION				
PUS CELL (WBC'S)		8-10	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
EPITHELIAL CELLS		20-30	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION				
CASTS		NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				
CRYSTALS		NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				
BACTERIA		DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION				
YEAST		NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION				
REMARKS		URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT		

Interpretation(s)



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 CIN - U71809PB1995PLC045956
 Email : -


Patient Ref. No. 24000000898854

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPL20
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022XA004770
PATIENT ID : FH.12942500
CLIENT PATIENT ID: UID:12942500
AGHA NO :

AGE/SEX : 32 Years Female
DRAWN : 27/01/2024 14:44:00
RECEIVED : 27/01/2024 14:45:33
REPORTED : 27/01/2024 15:26:34

CLINICAL INFORMATION :

UID: 12942500 REQNO-1654685
 CORP-OPD
 BILLNO-150124OPCR005052
 BILLNO-150124OPCR005052

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

BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	105	70 - 140	mg/dL
---------------------------------	-----	----------	-------

METHOD : HEMOKENASE

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 Glucosuria, Glycaemic Index & response to food consumed, Alimentary Hypoglycaemia, Increased insulin response & sensitivity etc. Additional test HbA1c

****End Of Report****

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

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Patient Ref. No. 22000008898798

PATIENT NAME : MRS.KAVYA GUPTA

REF. DOCTOR :

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 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

 ACCESSION NO : 0022XA004780
 PATIENT ID : FH.12942500
 CLIENT PATIENT ID: UID:12942500
 ABHA NO :

 AGE/SEX : 32 Years Female
 DRAWN : 27/01/2024 15:00:00
 RECEIVED : 27/01/2024 15:02:52
 REPORTED : 29/01/2024 11:03:39

CLINICAL INFORMATION :

 UID:12942500 REQNO-1654685
 CORP-OPD
 BILLNO-150124OPCR005052
 BILLNO-150124OPCR005052
Test Report Status **Final**

Units

CYTOLOGY

PAPANICOLAOU SMEAR

PAPANICOLAOU SMEAR

TEST METHOD

CONVENTIONAL GYNEC CYTOLOGY

SPECIMEN TYPE

TWO UNSTAINED CERVICAL SMEARS RECEIVED

REPORTING SYSTEM

2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY

SPECIMEN ADEQUACY

SATISFACTORY

METHOD : MICROSCOPIC EXAMINATION

MICROSCOPY

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

INTERPRETATION / RESULT

 NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY -
 INFLAMMATORY SMEAR

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

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


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


View Details



View Report

Page 1 Of 1

PERFORMED AT :

 Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199322, 022-49723322,
 CDN - 07-899961985PLC045956
 Email : -


Patient Ref. No. 2200000096808

127942000
32 Years

Female

Normal ECG

Rate 66 Sinus rhythm.....normal P axis, V-rate 50-99
 PR 99 Short PR interval.....PR <110ms
 QRS 86 Baseline wander in lead(s) V4

QT 364
 QTc 382

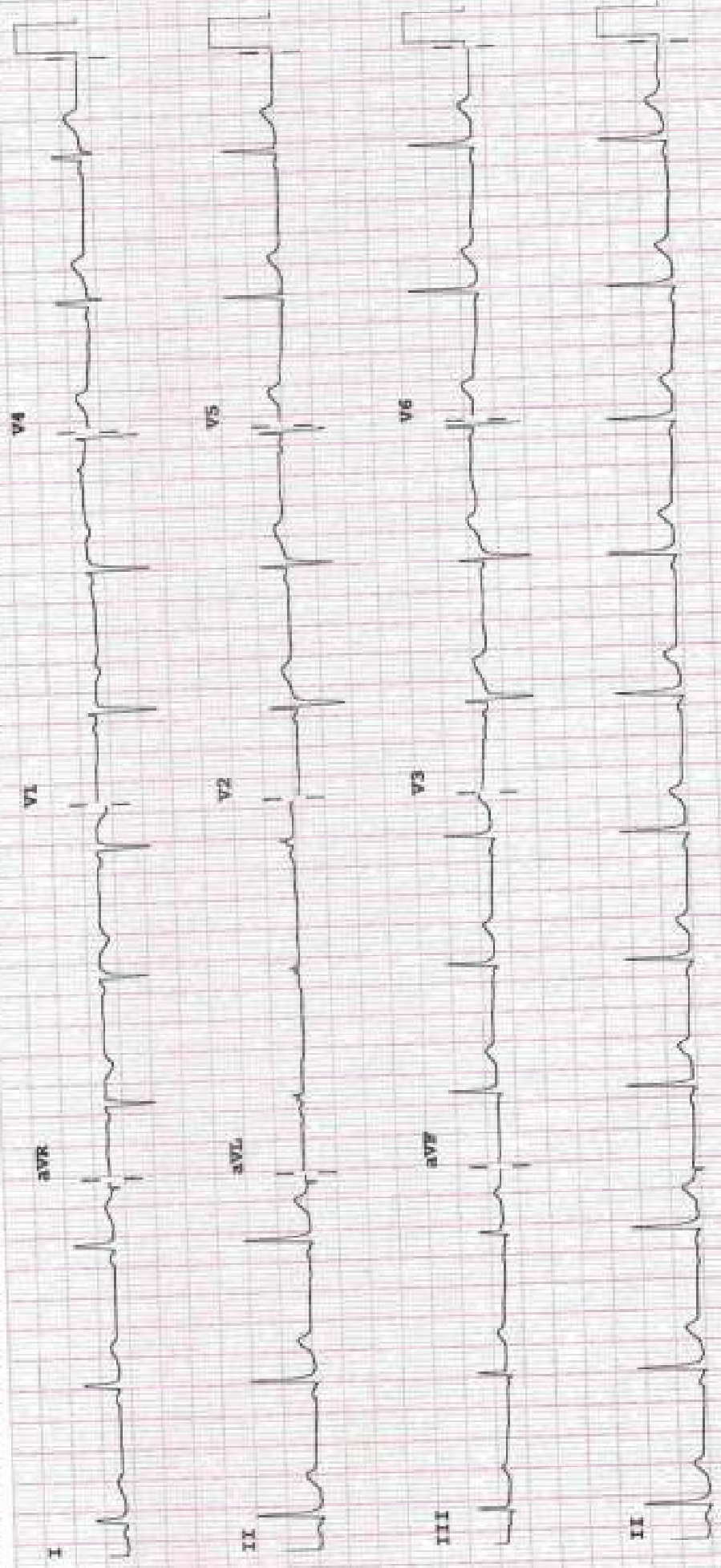
--AXIS--

P 9
 QRS 45
 T 57

12 Lead; Standard Placement

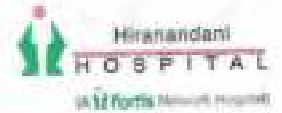
- BORDERLINE ECG -

Unconfirmed Diagnosis



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

P 50- 0.50-100 Bx E 1.00B CL P2



DEPARTMENT OF NIC

Date: 29/Jan/2024

Name: Mrs. Kavya Gupta
 Age | Sex: 32 YEAR(S) | Female
 Order Station : FO-OPD
 Bed Name :

UHID | Episode No : 12942500 | 5227/24/1501
 Order No | Order Date: 1501/PN/OP/2401/10755 | 27-Jan-2024
 Admitted On | Reporting Date : 29-Jan-2024 11:52:57
 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.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension.
PASP = 24 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 14 mm with normal inspiratory collapse .

M-MODE MEASUREMENTS:

LA	29	mm
AO Root	18	mm
AO CUSP SEP	14	mm
LVID (s)	22	mm
LVID (d)	41	mm
IVS (d)	10	mm
LVPW (d)	10	mm
RVID (d)	28	mm
RA	29	mm
LVEF	60	%



DEPARTMENT OF NIC

Date: 29/JAN/2024

Name: Mrs. Kavya Gupta
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Bed Name :

UHID | Episode No : 12942500 | 5227/24/1501
Order No | Order Date: 1501/PN/OP/2401/10755 | 27-Jan-2024
Admitted On | Reporting Date : 29-Jan-2024 11:52:57
Order Doctor Name : Dr.SELF.

DOPPLER STUDY:

E WAVE VELOCITY: 0.9 m/sec.

A WAVE VELOCITY: 0.5 m/sec

E/A RATIO: 1.7

	PEAK (mmHg)	MEAN (mmHg)	V max (m/sec)	GRADE OF REGURGITATION
MITRAL VALVE	N			Nil
AORTIC VALVE	05			Nil
TRICUSPID VALVE	24			Trivial
PULMONARY VALVE	2.0			Nil

Final Impression :

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

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

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



(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF RADIOLOGY

Date: 27/Jan/2024

Name: Mrs. Kavya Gupta
Age | Sex: 32 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 12942500 | 5227/24/1501
Order No | Order Date: 1501/PN/OP/2401/10755 | 27-Jan-2024
Admitted On | Reporting Date : 27-Jan-2024 18:18:26
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. ABHIJEET BHAMBURE
DMRD, DNB (Radiologist)



Patient Name	: Kavya Gupta	Patient ID	: 12942500
Sex / Age	: F / 32Y 11M 2D	Accession No.	: PHC.7367428
Modality	: US	Scan DateTime	: 27-01-2024 10:25:58
IPID No	: 5227/24/1501	ReportDatetime	: 27-01-2024 10:46:35

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 9.9 x 3.7 cm.

Left kidney measures 9.2 x 5.1 cm.

PANCREAS is normal in size and morphology. No evidence of peripancreatic collection.

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

UTERUS is normal in size & retroverted, measuring 7.7 x 4.8 x 4.6 cm.

Endometrium measures 9.8 mm in thickness.

Small Nabothian cyst noted within cervix.

Both ovaries are normal.


Right ovary measures 3.8 x 1.9 cm.

Left ovary measures 3.2 x 1.7 cm.

No evidence of ascites.

Impression:

- No significant abnormality is detected.


DR. KUNAL NIGAM
M.D. (Radiologist)



Patient Name	: Kavya Gupta	Patient ID	: 12942500
Sex / Age	: F / 32Y 11M 2D	Accession No.	: PHC.7367428
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USG - BREAST

Findings:

A well-defined hypoechoic lesion of size 1.0 x 0.5 cm is seen in right breast at 9 O' clock position. No significant internal vascularity is seen.

Rest of the breast parenchyma appears normal.

No dilated ducts are noted.

The fibroglandular architecture is well maintained.

Retro-mammory soft tissues appear normal.

No evidence of axillary lymphadenopathy.

Impression:

- A well-defined hypoechoic lesion in right breast at 9 O' clock position – likely fibroadenoma (BI-RADS 3).

DR. KUNAL NIGAM
M.D. (Radiologist)