

Doctors Notes:

- 6'4" - 193.0
- 6'3" - 190.5
- 6'2" - 187.9
- 6'1" - 185.4
- 6'0" - 182.8
- 5'11" - 180.3
- 5'10" - 177.8
- 5'9" - 176.2
- 5'8" - 172.7
- 5'7" - 170.1
- 5'6" - 167.6
- 5'5" - 165.1
- 5'4" - 162.5
- 5'3" - 160.0
- 5'2" - 157.4
- 5'1" - 154.9
- 5'0" - 152.4

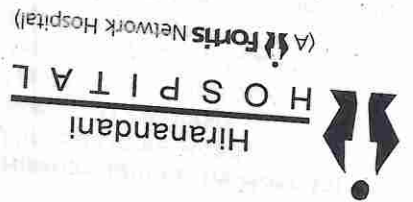
HEIGHT in/cm	WEIGHT lbs	WEIGHT kgs	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
45.5	100	45.5	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
47.7	105	47.7	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
50.0	110	50.0	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
52.3	115	52.3	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
54.5	120	54.5	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
56.8	125	56.8	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
59.1	130	59.1	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
61.4	135	61.4	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
63.6	140	63.6	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
65.9	145	65.9	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
68.2	150	68.2	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
70.5	155	70.5	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
72.7	160	72.7	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
75.0	165	75.0	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
77.3	170	77.3	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
79.5	175	79.5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
81.8	180	81.8	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
84.1	185	84.1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
86.4	190	86.4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
88.6	195	88.6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
90.9	200	90.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
93.2	205	93.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
95.5	210	95.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
97.7	215	97.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name: April Bhise Height (cms): 178cm Weight(kgs): 99kg BMI: _____

BP: 110/102 Repeat BP: 140/90mmHg

Age: 51 yrs Sex: M / F Date: 20/3/24

BMI CHART



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 Navi Mumbai - 400 703.
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 Fax: +91-22-3919 9220/21
 Email: vashi@vashihospital.com

UHD	5438046	Date	20/03/2024
Name	Mr Anil Bhise	Sex	M
OPD	Optical	Age	51
Health Check-Up			

Drug allergy: - not known
 Sys illness: - no
 Habit: - No

Age: No.
 H/S. No

20/03/24
 Rte 6/12P
 > 6/6P
 Blum

★
 Rte + 1.00 on 6/6.
 > 6/6
 Add → + 2.00
 No. No.

Top
 Rte 15.2
 > 14.3
 place at P.U.P

(Handwritten signature)

UHD	5438046	Date	20/03/2024
Name	Mr Anil Bhise	Sex	M
OPD	Dental	Age	51
		Health Check-Up	

Drug allergy:
 Sys illness:

O/E - Stevia calculus +

- Deep caries =

- Caries =

$$\frac{8}{8} \Bigg| \frac{24}{8}$$

- Missing = $\frac{76}{67}$

- generalized gingival recession

- cervical abrasion =

$$\frac{45}{45} \Bigg| \frac{4}{4}$$

Prosthetic

- Filling =

$$\frac{8}{8} \Bigg| \frac{24}{8}$$

- Full mouth (CBCT) X-ray. Replaced with Implants $\frac{76}{67}$

- Root canal = $\frac{3}{3}$ & copyings.

- Scaling (full mouth cleaning) Grade II

- Filling = $\frac{45}{45} \Bigg| \frac{4}{4}$

Dr. Anil Bhise



PATIENT NAME : MR. ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004118

FORTIS VASHI-CHC - SPLZD

PATIENT ID : FH.5438046

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID : UID:5438046

MUMBAI 44001

ABHA NO :

CLINICAL INFORMATION :

UID:5438046 REQNO-1679517

CORP-OPD

BILLNO-1501240PCR016155

BILLNO-1501240PCR016155

Test Report Status	Final	Results	Biological Reference Interval	Units
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CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)

14.1

13.0 - 17.0

g/dL

METHOD : SLS METHOD

RED BLOOD CELL (RBC) COUNT

5.29

4.5 - 5.5

mil/ μ L

METHOD : HYDRODYNAMIC FOCUSING

WHITE BLOOD CELL (WBC) COUNT

7.70

4.0 - 10.0

thou/ μ L

METHOD : FLUORESCENCE FLOW CYTOMETRY

PLATELET COUNT

216

150 - 410

thou/ μ L

METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)

43.6

40.0 - 50.0

%

METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD

MEAN CORPUSCULAR VOLUME (MCV)

82.4 Low

83.0 - 101.0

fL

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR HEMOGLOBIN (MCH)

26.7 Low

27.0 - 32.0

pg

METHOD : CALCULATED PARAMETER

MEAN CORPUSCULAR HEMOGLOBIN

32.3

31.5 - 34.5

g/dL

METHOD : CALCULATED PARAMETER

CONCENTRATION(MCHC)

13.5

11.6 - 14.0

%

METHOD : CALCULATED PARAMETER

RED CELL DISTRIBUTION WIDTH (RDW)

15.6

6.8 - 10.9

fL

METHOD : CALCULATED PARAMETER

MENTZER INDEX

10.9

10.9

MEAN PLATELET VOLUME (MPV)

METHOD : CALCULATED PARAMETER

WBC DIFFERENTIAL COUNT



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





PATIENT NAME : MR.ANIL LAXMAN BIHSE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004118

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5438046

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:5438046

MUMBAI 440001

AGE/SEX : 51 Years Male

DRAWN : 20/03/2024 08:28:00

RECEIVED : 20/03/2024 08:29:31

REPORTED : 20/03/2024 14:15:21

CLINICAL INFORMATION :

UID:5438046 REQNO-1679517

CORP-OPD

BILNO-1501240PCR016155

BILNO-1501240PCR016155

Test Report Status	Final	Results	Biological Reference Interval Units
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NEUTROPHILS 63 40.0 - 80.0 %

LMPHOCYTES 28 20.0 - 40.0 %

MONOCYTES 7 2.0 - 10.0 %

EOSINOPHILS 2 1 - 6 %

BASOPHILS 0 0 - 2 %

ABSOLUTE NEUTROPHIL COUNT 4.85 2.0 - 7.0 thou/ μ L

ABSOLUTE LYMPHOCYTE COUNT 2.16 1.0 - 3.0 thou/ μ L

ABSOLUTE MONOCYTE COUNT 0.54 0.2 - 1.0 thou/ μ L

ABSOLUTE EOSINOPHIL COUNT 0.15 0.02 - 0.50 thou/ μ L

ABSOLUTE BASOPHIL COUNT 0.00 Low 0.02 - 0.10 thou/ μ L

NEUTROPHIL LYMPHOCYTE RATIO (NLR) 2.2

MORPHOLOGY

RBC METHOD : MICROSCOPIC EXAMINATION

WBC NORMAL MORPHOLOGY

PLATELETS METHOD : MICROSCOPIC EXAMINATION

ADEQUATE

METHOD : MICROSCOPIC EXAMINATION

(Signature)

Dr. Akshay Dhote, MD
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 Consultant Pathologist

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REF. DOCTOR :

PATIENT NAME : MR.ANIL LAXMAN BHISE

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004118

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5438046

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID : UID:5438046

MUMBAI 440001

UID:5438046 REQNO-1679517

CLINICAL INFORMATION :

CORP-OPD

BILLNO-1501240PCR016155

BILLNO-1501240PCR016155

Test Report Status **Final**

Results

Biological Reference Interval Units

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, 45.1% 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.)

(Handwritten signature)

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 Navi Mumbai, 400703
 Maharashtra, India

CIN - U74899PB1995PLC045956
 Tel : 022-39199222, 022-49723322, Fax :

Email : -

Patient Ref. No. Z2000000910025



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PATIENT NAME : MR.ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004118

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5438046

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:5438046

MUMBAI 440001

UID:5438046 REQNO-1679517

CORP-OPD

BITLNO-1501240PCR016155

BITLNO-1501240PCR016155

CLINICAL INFORMATION :

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R

12

0 - 14

mm at 1 hr

METHOD : WESTERGREEN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C

7.1 High

Non-diabetic: < 5.7

Pre-diabetics: 5.7 - 6.4

Diabetics: > or = 6.5

Therapeutic goals: < 7.0

Action suggested : < 8.0

(ADA guideline 2021)

> 116.0

mg/dL

ESTIMATED AVERAGE GLUCOSE(EAG)

157.1 High

METHOD : CALCULATED PARAMETER

METHOD : HB VARIANT (HPLC)

CONSULTANT PATHOLOGIST

Dr. Akshay Dhote, MD

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Patient Ref. No. 2200000910025



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PATIENT NAME : MR. ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC - SPLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 44001

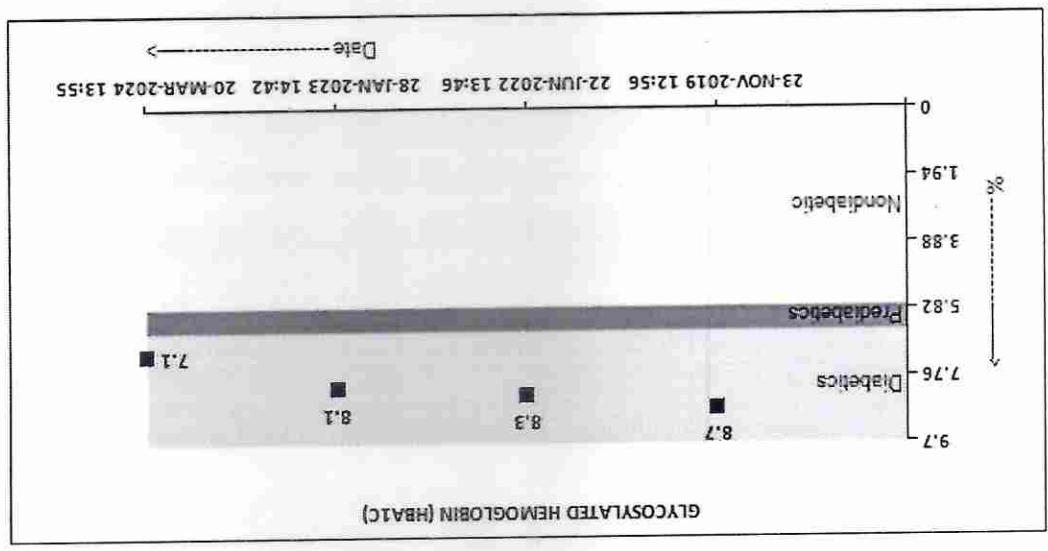
ACCESSION NO : 0022XC004118
PATIENT ID : FH.5438046
CLIENT PATIENT ID: UID:5438046
ABHA NO :
AGE/SEX : 51 Years Male
DRAWN : 20/03/2024 08:28:00
RECEIVED : 20/03/2024 08:29:31
REPORTED : 20/03/2024 14:15:21

CLINICAL INFORMATION :

UID:5438046 REQNO-1679517
CORP-OPD
BILLNO-1501240PCR016155
BILLNO-1501240PCR016155

Test Report Status Final

Results Biological Reference Interval Units



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.

TEST INTERPRETATION

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.

Increase in: Infections, Vasculitis, 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).

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

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

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

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition; 2. Paediatric reference intervals, AACC Press, 7th edition, Edited by S. Soldin; 3. The reference for

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CIN - U74899PB1995PLC045956
Email : -

Patient Ref. No. 2200000910025





PATIENT NAME : MR.ANIL LAXMAN BHISE
REF. DOCTOR :
PATIENT NAME & ADDRESS : C000045507
CODE/NAME & ADDRESS : FORTIS VASHI-CHC -SPZD
FORTIS HOSPITAL # VASHI,
MUMBAI 44001
ABHA NO :
ACCESSION NO : 0022XC00418
PATIENT ID : FH.5438046
CLIENT PATIENT ID: UID:5438046
AGE/SEX : 51 Years Male
DRAWN : 20/03/2024 08:28:00
RECEIVED : 20/03/2024 08:29:31
REPORTED : 20/03/2024 14:15:21

Test Report Status	Final	Results	Biological Reference Interval Units
CLINICAL INFORMATION :	UID:5438046 REQNO-1679517		
	CORP-OPD		
	BILLNO-1501240PCR016155		
	BILLNO-1501240PCR016155		

the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition, GLYCOSYLATED HEMOGLOBIN(HB1c), EDTA WHOLE BLOOD-Used For:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.

2. Diagnosing diabetes.

3. Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

1. eAG (estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.

2. eAG gives an evaluation of blood glucose levels for the last couple of months.

3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.

2.Vitamin C & E are reported to falsely lower test results, possibly by inhibiting glycation of hemoglobin.

3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods,falsely increasing results.

4. Interference of hemoglobinopathies in HbA1c estimation is seen in

a) Homozygous hemoglobinopathy, fructosamine is recommended for testing of HbA1c.

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

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

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Patent Ref. No. Z200000910025






PATIENT NAME : MR. ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

ACCESSION NO : 0022XC004118

PATIENT ID : FH.5438046

CLIENT PATIENT ID: UID:5438046

ABHA NO :

REPORTED : 20/03/2024 14:15:21

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DRAWN : 20/03/2024 08:28:00

AGE/SEX : 51 Years Male

CLINICAL INFORMATION :

UID:5438046 REQNO-1679517

CORP-OPD

BILLNO-1501240PCR016155

BILLNO-1501240PCR016155

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

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE O

METHOD : TUBE AGGLUTINATION

POSITIVE

RH TYPE

METHOD : TUBE AGGLUTINATION

Interpretation(s)
 ABO GROUP & RH TYPE, EDTA WHOLE 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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MC-5837

PATIENT NAME : MR. ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004118

FORTIS VASHI-CHC - SPLZD

PATIENT ID : FH.5438046

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:5438046

MUMBAI 440001

ABHA NO :

REPORTED : 20/03/2024 14:15:21

RECEIVED : 20/03/2024 08:29:31

DRAWN : 20/03/2024 08:28:00

AGE/SEX : 51 Years Male

CLINICAL INFORMATION :

UID:5438046 REQNO-1679517

CORP-OPD

BILLNO-150124OPCR016155

BILLNO-150124OPCR016155

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

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL 0.46

METHOD : JENDRASSIK AND GROFF

BILIRUBIN, DIRECT 0.11

METHOD : JENDRASSIK AND GROFF

BILIRUBIN, INDIRECT 0.35

METHOD : CALCULATED PARAMETER

TOTAL PROTEIN 6.6

METHOD : BIURET

ALBUMIN 3.4

METHOD : BCP DYE BINDING

GLOBULIN 3.2

METHOD : CALCULATED PARAMETER

ALBUMIN/GLOBULIN RATIO 1.1

METHOD : CALCULATED PARAMETER

ASPARTATE AMINOTRANSFERASE(AST/SGOT) 14 Low

METHOD : UV WITH PSP

ALANINE AMINOTRANSFERASE (ALT/SGPT) 23

METHOD : UV WITH PSP

ALKALINE PHOSPHATASE 112

METHOD : PNP-ANP

GAMMA GLUTAMYL TRANSFERASE (GGT) 45

METHOD : GAMMA GLUTAMYL CARBOXY ANTIROANILIDE

LACTATE DEHYDROGENASE 153

METHOD : LACTATE-PYRUVATE

FBS (FASTING BLOOD SUGAR) 145 High

METHOD : HEXOKINASE

GLUCOSE FASTING, FLUORIDE PLASMA

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 (Reg. no. MMC 2019/09/6377)
 Consultant Pathologist

(Signature)

METHOD : HEXOKINASE

Normal : < 100
 Pre-diabetes: 100-125
 Diabetes: >=126

mg/dL



View Details

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MC-5837

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UID:5438046 REQNO-1679517

CORP-OPD

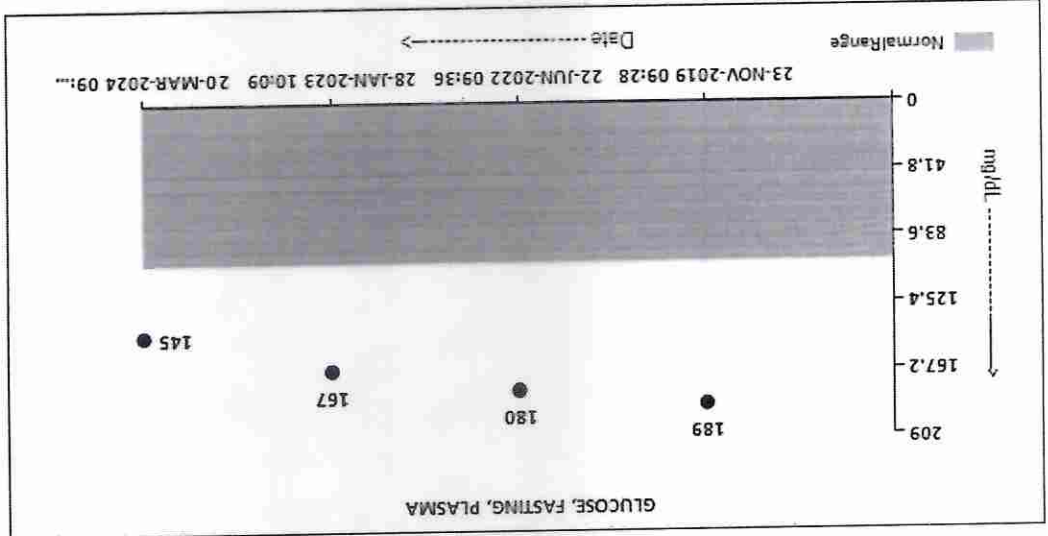
BILNO-150124OPCR016155

BILNO-150124OPCR016155

Test Report Status Final

Results

Biological Reference Interval Units



BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN

METHOD : UREASE - UV

6

6 - 20

mg/dL

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

(Signature)



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PATIENT NAME : MR. ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004118

FORTIS VASHI-CHC -SPLD

PATIENT ID : FH.5438046

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:5438046

MUMBAI 440001

AGE/SEX : 51 Years Male

DRAWN : 20/03/2024 08:28:00

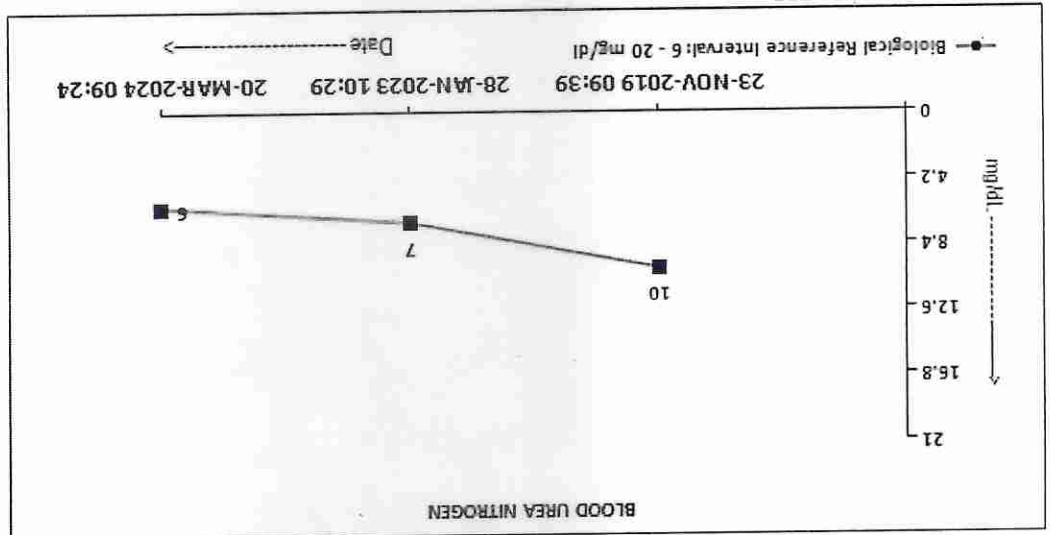
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Test Report Status	Final	Results	Biological Reference Interval	Units
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CREATININE EGFR- EPI

CREATININE

METHOD : ALKALINE PICRATE KINETIC JAFFES

0.76 Low

0.90 - 1.30

mg/dl

AGE

51

years

GLOMERULAR FILTRATION RATE (MALE)

108.82

Refer Interpretation Below **ml/min/1.73m²**

METHOD : CALCULATED PARAMETER

Dr. Akshay Dhote, MD
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Consultant Pathologist

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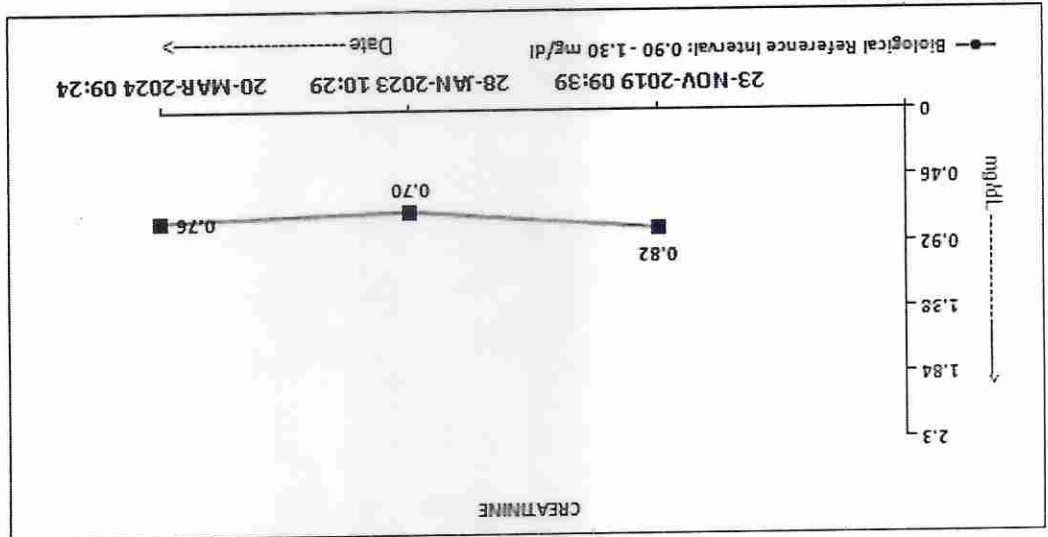
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BUN/CREAT RATIO

METHOD : CALCULATED PARAMETER

7.89 5.00 - 15.00

URIC ACID, SERUM

METHOD : URICASE UV

4.2 3.5 - 7.2 mg/dL

TOTAL PROTEIN, SERUM

METHOD : BIURET

6.6 6.4 - 8.2 g/dL

ALBUMIN, SERUM

(Signature)

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

GLOBULIN 3.2 2.0 - 4.1 g/dL METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM 138 136 - 145 mmol/L METHOD : ISE INDIRECT

POTASSIUM, SERUM 4.66 3.50 - 5.10 mmol/L METHOD : ISE INDIRECT

CHLORIDE, SERUM 103 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, 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, tumors & scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidney, 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, hemorrhomatosis. 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 kidney, heart, muscle, 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, Paget's disease, rickets, sarcoidosis etc. Lower-than-normal ALP levels are seen in Hypophosphatasia, 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 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

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PATIENT NAME : MR. ANIL LAXMAN BHISE

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ACCESSION NO : 0022XC004118

FORTIS WASHI-CHC - SPLZD

PATIENT ID : FH.5438046

FORTIS HOSPITAL # WASHI,

CLIENT PATIENT ID: UID:5438046

MUMBAI 44001

UID:5438046 REQNO-1679517

CLINICAL INFORMATION :

CORP-OPH

BILLNO-15012240CR016155

Final Test Report Status

Results

Biological Reference Interval Units

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 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, hemodialysis, 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, bronchoma), infant of a diabetic mother, enzyme deficiency. 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 Hypoglycaemia, increased insulin response & sensitivity etc. Causes of decreased level include Liver disease, SIADH, Dehydration, CHF Renal, Renal failure, Post Renal (Malignancy, Nephrothiasis, Prostatism) BLOOD UREA NITROGEN (BUN), SERUM-CAUSES OF INCREASED levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, index & response to food consumed. Alimentary Hypoglycaemia, increased insulin response & sensitivity etc. Causes of decreased level include Liver disease, SIADH, Dehydration, CHF Renal, Renal failure, Post Renal (Malignancy, Nephrothiasis, Prostatism) The GFR is a calculation based on serum creatinine test. - It gives a rough measure of number of functioning nephrons. Reduction in GFR implies progression of underlying disease. - 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. - 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.

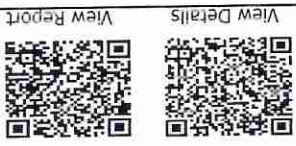
References: National Kidney Foundation (NKF) and the American Society of Nephrology (ASN). Estimated GFR Calculated Using the CKD-EPI equation-https://testguide.labmed.uw.edu/guide/egfr Ghuman JN, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. *Kidney Med* 2022; 4:100471. 35756325 Harrison's Principle of Internal Medicine, 21st ed. pg 62 and 334 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 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, 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, hemodialysis, increased lymphatic clearance, malnutrition and wasting etc.

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PATIENT NAME : MR.ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

CLINICAL INFORMATION :

UID:5438046 REQNO-1679517

CORP-OPD

BILLNO-1501240PCR016155

BILLNO-1501240PCR016155

Final Test Report Status

Biological Reference Interval Units

Results

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

< 200 Desirable
 200 - 239 Borderline High
 >= 240 High

226 High

CHOLESTEROL, TOTAL

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

TRIGLYCERIDES

mg/dL

< 150 Normal
 150 - 199 Borderline High
 200 - 499 High
 >=500 Very High

179 High

HDL CHOLESTEROL
 METHOD : ENZYMATIC ASSAY

mg/dL

< 40 Low
 >=60 High

37 Low

LDL CHOLESTEROL, DIRECT
 METHOD : DIRECT MEASURE - PEG

mg/dL

< 100 Optimal
 100 - 129 Near or above optimal
 130 - 159 Borderline High
 160 - 189 High
 >= 190 Very High

143 High

NON HDL CHOLESTEROL
 METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT

mg/dL

Desirable: Less than 130
 Above Desirable: 130 - 159
 Borderline High: 160 - 189
 High: 190 - 219
 Very high: > or = 220

189 High

VERY LOW DENSITY LIPOPROTEIN
 METHOD : CALCULATED PARAMETER

mg/dL

<= 30.0
 3.3 - 4.4 Low Risk
 4.5 - 7.0 Average Risk
 7.1 - 11.0 Moderate Risk
 > 11.0 High Risk

35.8 High

METHOD : CALCULATED PARAMETER

CHOL/HDL RATIO

METHOD : CALCULATED PARAMETER

6.1 High

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PATIENT NAME : MR. ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004118

FORTIS VASHI-CHC -SPLD

PATIENT ID : FH,5438046

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID : UID:5438046

MUMBAI 44001

AGE/SEX : 51 Years Male

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Test Report Status **Final**

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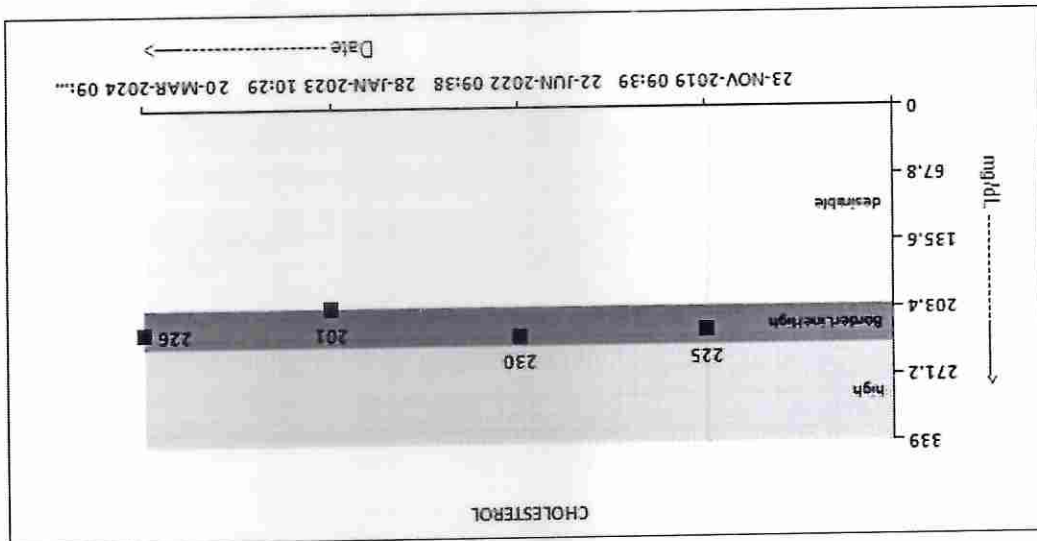
Biological Reference Interval Units

LDL/HDL RATIO

3.9 High

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

METHOD : CALCULATED PARAMETER



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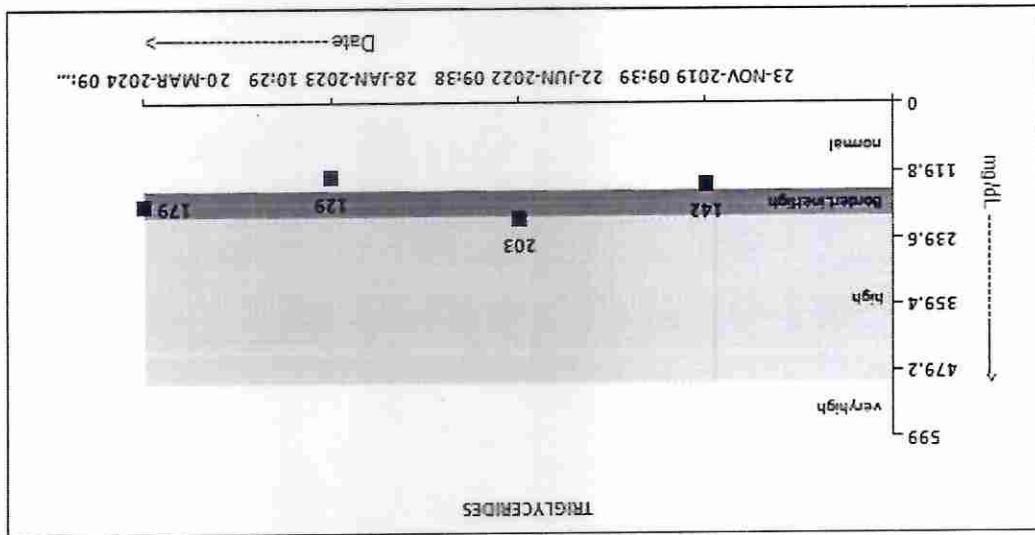
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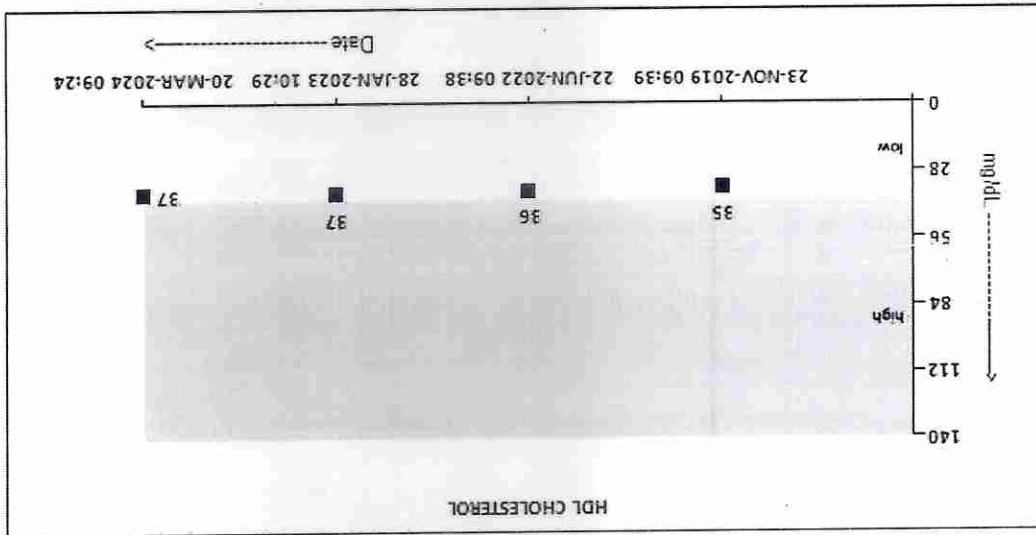
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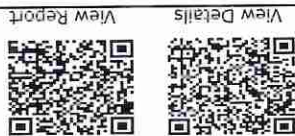
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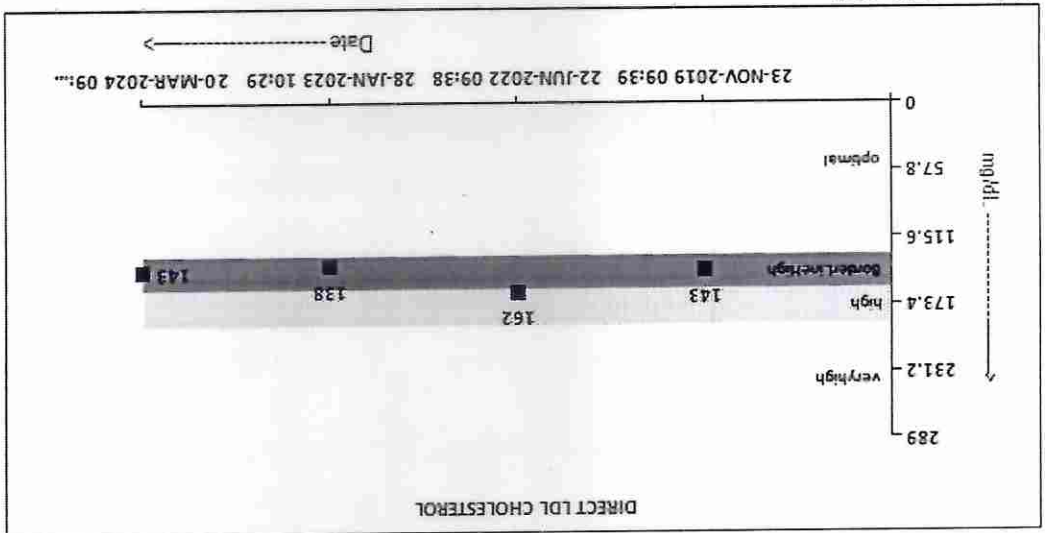
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Test Report Status	Final	Results	Biological Reference Interval	Units
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Interpretation(s)

Dr. Akshay Dhore, MD
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Consultant Pathologist

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CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

COLOR

PALE YELLOW

APPEARANCE

CLEAR

METHOD : VISUAL

CHEMICAL EXAMINATION, URINE

PH

6.0

4.7 - 7.5

SPECIFIC GRAVITY

1.020

1.003 - 1.035

METHOD : REFLECTANCE SPECTROPHOTOMETRY - DOUBLE INDICATOR METHOD

PROTEIN

NOT DETECTED

NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)

GLUCOSE

NOT DETECTED

NOT DETECTED

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

KETONES

NOT DETECTED

NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE

BLOOD

NOT DETECTED

NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN

BILIRUBIN

NOT DETECTED

NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION-COUPLED 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

NOT DETECTED

NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY

Dr. Akshay Dhore, MD

Dr. Rekha Nair, MD

(Reg No. MMC 2019/09/6377)

Rekha N

Akshay Dhore

Consultant Pathologist

Microbiologist

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 CIN - U74899PB1995PLC045956
 Email : -

Patient Ref. No. Z200000910025



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REF. DOCTOR :

PATIENT NAME : MR. ANIL LAXMAN BHISE
 CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001
 ABHA NO :
 CLIENT PATIENT ID: UID:5438046
 PATIENT ID : FH.5438046
 ACCESSION NO : 0022XC004118
 AGE/SEX : 51 Years Male
 DRAWN : 20/03/2024 08:28:00
 RECEIVED : 20/03/2024 08:29:31
 REPORTED : 20/03/2024 14:15:21

CLINICAL INFORMATION :

UID:5438046 REQNO-1679517
 CORP-OPD
 BILLNO-150124OPCR016155
 BILLNO-150124OPCR016155

Test Report Status **Final**

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

REMARKS	Method	Result	Unit
RED BLOOD CELLS	METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	/HPF
PUS CELL (WBC'S)	METHOD : MICROSCOPIC EXAMINATION	0-1	/HPF
EPITHELIAL CELLS	METHOD : MICROSCOPIC EXAMINATION	0-5	/HPF
CASTS	METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	
CRYSTALS	METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	
BACTERIA	METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	
YEAST	METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	
URINARY MICROSCOPIC EXAMINATION DONE FROM URINARY CENTRIFUGED SEDIMENTATION.			

Interpretation(s)

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

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

Rekha N

Akshay

PERFORMED AT :

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 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Maharashtra, India
 Tel : 022-39199222, 022-49723322, Fax :
 CIN - U74899PB1995PLC045956
 Email : -

Patient Ref. No. 2200000910025



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View Report



PATIENT NAME : MR.ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004118

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5438046

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:5438046

MUMBAI 440001

ABHA NO :

UID:5438046 REQNO-1679517

CORP-OPD

BILLNO-150124OPCR016155

BILLNO-150124OPCR016155

CLINICAL INFORMATION :

Final Test Report Status

Results

Biological Reference Interval Units

THYROID PANEL, SERUM

Test	Result	Biological Reference Interval	Units
T3	118.8	80.0 - 200.0	ng/dL
T4	6.10	5.10 - 14.10	µg/dL
TSH (ULTRA SENSITIVE)	1.520	0.270 - 4.200	µIU/mL

METHOD : ELECTROCHEMILUMINESCENCE IMMUANOASSAY, SANDWICH IMMUNOASSAY

METHOD : ELECTROCHEMILUMINESCENCE IMMUANOASSAY, COMPETITIVE PRINCIPLE

METHOD : ELECTROCHEMILUMINESCENCE IMMUANOASSAY, COMPETITIVE PRINCIPLE

Interpretation(s)

(Signature)

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

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 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703

Maharashtra, India
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 CIN - U74899PB1995PLC045956

Email : -

Patient Ref. No. 2200000910025



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PATIENT NAME : MR. ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004118

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

PATIENT ID : FH.5438046
 CLIENT PATIENT ID: UID:5438046
 ABHA NO :

CLINICAL INFORMATION :

UID:5438046 REQNO-1679517
 CORP-OPD
 BILLNO-1501240PCRR016155
 BILLNO-1501240PCRR016155

Test Report Status	Final	Results	Biological Reference Interval	Units
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PROSTATE SPECIFIC ANTIGEN, SERUM

METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

0.604
 0.0 - 3.1
 ng/mL

SPECIALISED CHEMISTRY - TUMOR MARKER

Interpretation(s)

PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is detected in the male patients with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatitis. PSA is not detected (or detected at very low levels) in the patients without prostate tissue (because of radical prostatectomy or cystoprostatectomy) and also in the female patients.
 - It a suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.
 - Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and useful in detecting residual disease and early recurrence of tumor.
 - Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostatitis and Benign Prostatic Hyperplasia.
 - Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA (false positive) levels persisting up to 3 weeks.
 - As per American urological guidelines, PSA screening is recommended for early detection of Prostate cancer above the age of 40 years. Following Age specific reference range can be used as a guide lines.
 - Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-10 ng/mL.
 - Total PSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. Recommended follow up on same platform as patient result can vary due to differences in assay method and reagent specificity.

References-

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

End Of Report

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

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



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PATIENT NAME : MR. ANIL LAXMAN BHISE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC - SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

ACCESSION NO : 0022XC004173

AGE/SEX : 51 Years Male

DRAWN : 20/03/2024 11:18:00

RECEIVED : 20/03/2024 11:19:36

REPORTED : 20/03/2024 13:30:29

CLINICAL INFORMATION :

UID:5438046 REQNO-1679517

CORP-OPD

BILLNO-150124OPCR016155

BILLNO-150124OPCR016155

Test Report Status Final

Results

Biological Reference Interval Units

GLUCOSE, POST-PRANDIAL, PLASMA

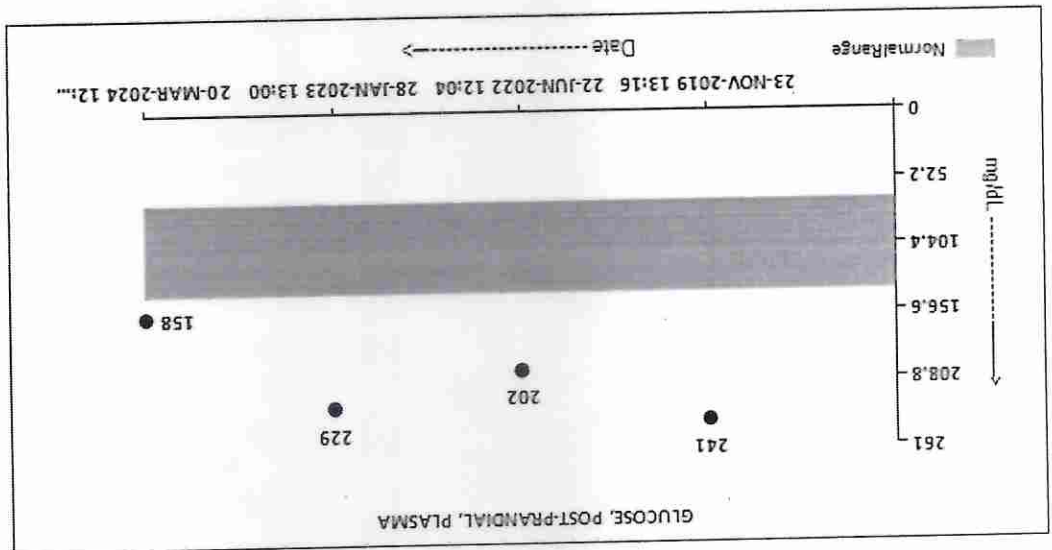
PPBS(POST PRANDIAL BLOOD SUGAR)

METHOD : HEXOKINASE

mg/dL

70 - 140

158 High



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 Hypoglycaemia, Increased insulin response & sensitivity etc. Additional test HbA1c

****End Of Report****

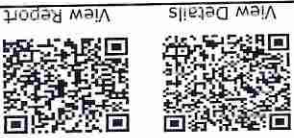
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Dr. Akshay Dhotre, MD
 (Reg.no. MMC 2019/09/6377)
 Consultant Pathologist

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 Tel : 022-39199222, 022-49723322, Fax :
 CIN - U74899PB1995PLC045956
 Email : -

Patient Ref. No. 2200000910080



5438046
51 Years

anil bhise
Male

3/20/2024 9:38:35 AM

He

Rate 83 Sinus rhythm.....normal P axis, V-rate 50-99
ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 155
QRSD 110
QT 365
QTc 429

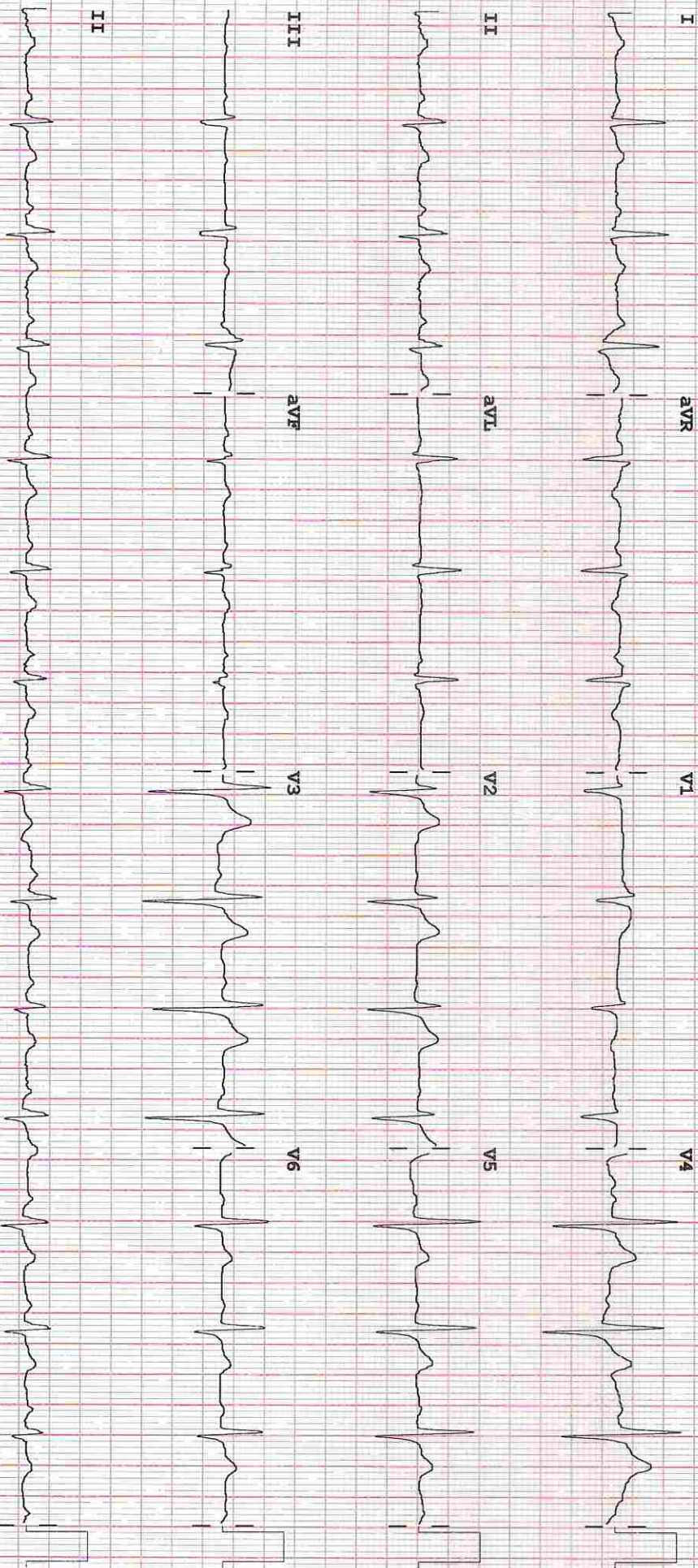
*Sinus Rhythm
left axis deviation
Complete Clinically*

--AXIS--
P 16
QRS -2
T 34

- NORMAL ECG -

12 Lead; Standard Placement

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

P2

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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: 20/Mar/2024

Name: Mr. Anil Laxman Bhise
 Age | Sex: 51 YEAR(S) | Male
 Order Station : FO-OPD
 Bed Name :

UHD | Episode No : 5438046 | 16373/24/1501
 Order No | Order Date: 1501/PN/OP/2403/34321 | 20-Mar-2024
 Admitted On | Reporting Date : 20-Mar-2024 12:59:43
 Order Doctor Name : Dr.SELF.

TREAD MILL TEST (TMT)

Resting Heart rate	76 bpm
Resting Blood pressure	140/80 mmHg
Medication	Nil
Supine ECG	Normal
Standard protocol	BRUCE
Total Exercise time	7 min 12 seconds
Maximum heart rate	150 bpm
Maximum blood pressure	150/85 mmHg
Workload achieved	10.10 METS
Reason for termination	Target heart rate achieved

Final Impression :

STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED MYOCARDIAL ISCHEMIA AT 10.10 METS AND 88 % OF MAXIMUM PREDICTED HEART RATE.

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

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



(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF RADIOLOGY

Name: Mr. Anil Laxman Bhise
Age | Sex: 51 YEAR(S) | Male
Order Station : FO-OPD
Bed Name :
UHD | Episode No : 5438046 | 16373/24/1501
Order No | Order Date: 1501/PN/OP/2403/34321 | 20-Mar-2024
Admitted On | Reporting Date : 20-Mar-2024 14:33:15
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.

[Handwritten Signature]

DR. YOGINI SHAH
DMRD, DNB. (Radiologist)

M.D. (Radiologist)

DR. KUNAL NIGAM

• No significant abnormality is detected.

IMPRESSION:

No evidence of ascites.

PROSTATE is normal in size & echogenicity. It measures ~ 23 cc in volume.

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

PANCREAS is obscured due to bowel gas.

Right kidney measures 10.8 x 6.0 cm.
Left kidney measures 11.4 x 6.0 cm.

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

SPLEEN is normal in size and echogenicity.

CBD 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.

LIVER is normal in size and echogenicity. Intrahepatic portal and biliary systems are normal. No focal lesion is seen in liver. Portal vein appears normal.

US-WHOLE ABDOMEN

Name: Mr. Anil Laxman Bhise
Age | Sex: 51 YEAR(S) | Male
Order Station : FO-OPD
Bed Name :

UHD | Episode No : 5438046 | 16373/24/1501
Order No | Order Date: 1501/PN/OP/2403/34321 | 20-Mar-2024
Admitted On | Reporting Date : 20-Mar-2024 12:13:45
Order Doctor Name : Dr.SELF.

DEPARTMENT OF RADIOLOGY

Date: 20/Mar/2024

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PAN NO : AABCH5894D

