



Hiranandani HOSPITAL
(A Fortis Network Hospital)

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

BMI CHART

Name: Sneha Age: 32 yrs Sex: M/F
BP: 100/70mmHg Height (cms): 167 cm Weight (kgs): 62 kg BMI: _____
Date: 23/3/25

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

HEIGHT in/cm	<input type="checkbox"/> Underweight	<input type="checkbox"/> Healthy	<input type="checkbox"/> Overweight	<input type="checkbox"/> Obese	<input type="checkbox"/> Extremely Obese
5'0" - 152.4	19	20	21	22	23
5'1" - 154.9	18	19	20	21	22
5'2" - 157.4	18	19	20	21	22
5'3" - 160.0	17	18	19	20	21
5'4" - 162.5	17	18	19	20	21
5'5" - 165.1	16	17	18	19	20
5'6" - 167.6	16	17	18	19	20
5'7" - 170.1	15	16	17	18	19
5'8" - 172.7	15	16	17	18	19
5'9" - 176.2	14	15	16	17	18
5'10" - 177.8	14	15	16	17	18
5'11" - 180.3	14	14	15	16	17
6'0" - 182.8	13	14	14	15	16
6'1" - 185.4	13	13	14	14	15
6'2" - 187.9	12	13	13	14	15
6'3" - 190.5	12	13	13	14	15
6'4" - 193.0	12	12	13	14	15

Doctors Notes:

Signature _____

UHID	13049269	Date	23/03/2024
Name	Mrs. Sneha	Sex	Female
OPD	Optical 14	Age	32
		Health Check Up	

Drug allergy: No
 Sys illness: No
 Hx: No

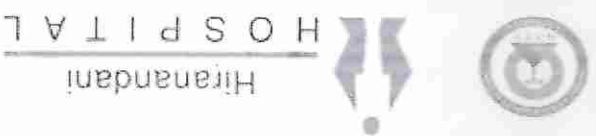
Cl. No
 Hx No

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 One c/g.
 One c/g.

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 Fe c/g.

[Handwritten signature]
 MR. No
 MR. No
 Top
 RA - 14-8
 LS - 15-3

[Handwritten signature]





UHID	13049269	Date	23/03/2024
Name	Mrs. Sneha	Sex	Female
OPD	Pap Smear	Age	32
		Health Check Up	

Drug allergy:
 Sys illness:

Mulliganwada
 UMP - 2/3/2024
 No significant perinatal history.

family H/O: k/c/o HTN -
 Mother - k/c/o HTN

P/S - ex/normal
 vq

Discharge / No
 Bleeding

Abx
 - PTP smear taken
 - counselled for HPV
 - Vaxine (0/1/6 wout
 - Repeat PTP smear
 every 3 year interval.
 normal.

8

(paid and wtk)
 Fortis Network Hospital

UHID	13049269	Name	Mrs. Sneha
OPD	Dental 12	Health Check Up	
Date	23/03/2024	Sex	Female
Age	32		

Drug allergy:
 Sys illness:

7387696540

(9955496183)

MIH → WPH

OTE → Steam → calculate +

→ carrier 8/8

→ Impacted 8/8

→ Buccally placed 8/8

→ Buccally placed upper anterior.
 → Mild lower crowding

Rx:
 → Adv scaling
 → Adv. OPG.
 → Adv ortho
 (Figures)

(Signature)
 Partha

Dr. Vastha Ushan

MDS (Perio)

A-39457

9833462595

pop



PATIENT NAME : MRS.SNEHA .
REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 NUMBAI 44001
CLINICAL INFORMATION :
 UID:13049269 REQNO-1681625
 CORP-OPD
 BILLNO-1501240PCR016856
 BILLNO-1501240PCR016856
ACCESSION NO : 0022XC004940
PATIENT ID : FH.13049269
CLIENT PATIENT ID: UID:13049269
ABHA NO :
AGE/SEX : 32 Years Female
DRAWN : 23/03/2024 09:25:00
RECEIVED : 23/03/2024 09:26:40
REPORTED : 23/03/2024 15:29:48

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

Parameter	Value	Reference Range	Units
HEMOGLOBIN (HB)	11.6 Low	12.0 - 15.0	g/dL
HEMOGLOBIN (HB) METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	4.18	3.8 - 4.8	mill/ μ L
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING			
WHITE BLOOD CELL (WBC) COUNT	5.73	4.0 - 10.0	thou/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY			
PLATELET COUNT	247	150 - 410	thou/ μ L
PLATELET COUNT METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION			

Parameter	Value	Reference Range	Units
HEMATOCRIT (PCV)	36.1	36.0 - 46.0	%
HEMATOCRIT (PCV) METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD			
MEAN CORPUSCULAR VOLUME (MCV)	86.4	83.0 - 101.0	fL
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	27.8	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	32.1	31.5 - 34.5	g/dL
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	15.7 High	11.6 - 14.0	%
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER			
MENTZER INDEX	20.7		
MENTZER INDEX METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	12.6 High	6.8 - 10.9	fL
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER			

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 Hirmandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222,022-49723322, Fax :
 CIN - U74899PB1995PLC045956
 Email : -
 Patient Ref. No. 2200000910847

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

(Signature)

WBC DIFFERENTIAL COUNT

PATIENT NAME : MRS.SNEHA .

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

AGE/SEX : 32 Years Female

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

ACCESSION NO : 0022XC004940
PATIENT ID : FH.13049269
CLIENT PATIENT ID: UID:13049269

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CORP-OPD
BILLNO-150124OPCR016856
BILLNO-150124OPCR016856

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NEUTROPHILS METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING 51 40.0 - 80.0 %

LYMPHOCYTES METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING 28 20.0 - 40.0 %

MONOCYTES METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING 10 2.0 - 10.0 %

EOSINOPHILS METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING 11 High 1 - 6 %

BASOPHILS METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING 0 0 - 2 %

ABSOLUTE NEUTROPHIL COUNT METHOD : CALCULATED PARAMETER 2.92 2.0 - 7.0 thou/ μ L

ABSOLUTE LYMPHOCYTE COUNT METHOD : CALCULATED PARAMETER 1.60 1.0 - 3.0 thou/ μ L

ABSOLUTE MONOCYTE COUNT METHOD : CALCULATED PARAMETER 0.57 0.2 - 1.0 thou/ μ L

ABSOLUTE EOSINOPHIL COUNT METHOD : CALCULATED PARAMETER 0.63 High 0.02 - 0.50 thou/ μ L

ABSOLUTE BASOPHIL COUNT METHOD : CALCULATED PARAMETER 0 Low 0.02 - 0.10 thou/ μ L

NEUTROPHIL LYMPHOCYTE RATIO (NLR) METHOD : CALCULATED 1.6

MORPHOLOGY

RBC MILD HYPOCHROMASIA, MILD ANISOCYTOSIS

WBC METHOD : MICROSCOPIC EXAMINATION

EOSINOPHILIA PRESENT

PLATELETS METHOD : MICROSCOPIC EXAMINATION

ADEQUATE

METHOD : MICROSCOPIC EXAMINATION



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Interpretation(s)
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P., Yang, et al.; International Immunopharmacology 84 (2020) 106504
this ratio element is a calculated parameter and out of NABL scope.

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Patient Ref. No. 2200000910847



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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R

53 High

0 - 20

mm at 1 hr

METHOD : WESTERGREN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C

4.7

%

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)

ESTIMATED AVERAGE GLUCOSE(EAG)

88.2

> 116.0

mg/dL

METHOD : HB VARIANT (HPLC)

METHOD : CALCULATED PARAMETER

Interpretation(s)

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

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

TEST INTERPRETATION
Increase in: Infections, 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: Pregnancy BtI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm/hr)(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Polkioctosis,(SickleCells,spherocytes), Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

Dr. Akshay Dhore, MD
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Consultant Pathologist

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PATIENT NAME : MRS.SNEHA .

REF. DOCTOR :

CODE/NAME & ADDRESS : C00004507

ACCESSION NO : 0022XC004940

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

PATIENT ID : FH.13049269
 CLIENT PATIENT ID: UID:13049269
 ABHA NO :

CLINICAL INFORMATION :

UID:13049269 REQNO-1681625

CORP-OPD

BILLNO-150124OPCR016856

BILLNO-150124OPCR016856

Test Report Status	Final	Results	Biological Reference Interval Units
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REFERENCE :
 1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition; 2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin; 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.
 GLYCOSYLATED HEMOGLOBIN(HbA1c), EDTA WHOLE BLOOD-Used For:

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

2. Diagnosing diabetes.

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

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

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

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

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

HbA1c Estimation can get affected due to :

1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results.

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. Hypertiglyceridemia, 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).

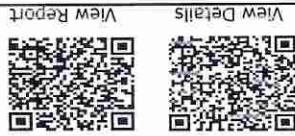
c) HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

Dr. Akshay Dhote, MD
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Patient Ref. No. 2200000910847



PATIENT NAME : MRS.SNEHA . REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022XC004940 AGE/SEX : 32 Years Female DRAWN : 23/03/2024 09:25:00 RECEIVED : 23/03/2024 09:26:40 REPORTED : 23/03/2024 15:29:48
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CLINICAL INFORMATION :		
UID:13049269 REQNO-1681625 CORP-OPD BILLNO-150124OPCR016856 BILLNO-150124OPCR016856	Final	Test Report Status
RESULTS	Biological Reference Interval Units	Results

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD TYPE A POSITIVE	METHOD : TUBE AGGLUTINATION 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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FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 44001

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BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL 1.19 High 0.2 - 1.0 mg/dL

BILIRUBIN, DIRECT 0.24 High 0.0 - 0.2 mg/dL

BILIRUBIN, INDIRECT 0.95 0.1 - 1.0 mg/dL

TOTAL PROTEIN 7.5 6.4 - 8.2 g/dL

ALBUMIN 3.8 3.4 - 5.0 g/dL

GLOBULIN 3.7 2.0 - 4.1 g/dL

ALBUMIN/GLOBULIN RATIO 1.0 1.0 - 2.1 RATIO

ASPARTATE AMINOTRANSFERASE(AST/SGOT) 30 15 - 37 U/L

ALANINE AMINOTRANSFERASE (ALT/SGPT) 23 < 34.0 U/L

ALKALINE PHOSPHATASE 61 30 - 120 U/L

GAMMA GLUTAMYL TRANSFERASE (GGT) 18 5 - 55 U/L


LACTATE DEHYDROGENASE 182 81 - 234 U/L

FBS (FASTING BLOOD SUGAR) 99 Normal : < 100 mg/dL

Pre-diabetes: 100-125

Diabetes: >=126

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



METHOD : HEXOKINASE

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) 99

Normal : < 100

Pre-diabetes: 100-125

Diabetes: >=126

mg/dL

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KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

9

6 - 20

mg/dL

METHOD : UREASE - UV

BLOOD UREA NITROGEN

CREATININE EGFR- EPI

0.56 Low

0.60 - 1.10

mg/dL

METHOD : ALKALINE PICRATE KINETIC JAFFES

AGE

32

years

GLOMERULAR FILTRATION RATE (FEMALE)

124.28

Refer Interpretation Below mL/min/1.73m²

METHOD : CALCULATED PARAMETER

BUN/CREAT RATIO

16.07 High

5.00 - 15.00

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

4.3

2.6 - 6.0

mg/dL

METHOD : URICASE UV

URIC ACID

TOTAL PROTEIN, SERUM

7.5

6.4 - 8.2

g/dL

METHOD : BIURET

TOTAL PROTEIN

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AGE/SEX : 32 Years Female

ALBUMIN, SERUM

METHOD : BCP DYE BINDING

3.8 3.4 - 5.0 g/dL

GLOBULIN

METHOD : CALCULATED PARAMETER

3.7 2.0 - 4.1 g/dL

ELECTROLYTES (NA/K/CL), SERUM

METHOD : ISE INDIRECT

138 136 - 145 mmol/L

POTASSIUM, SERUM

METHOD : ISE INDIRECT

4.43 3.50 - 5.10 mmol/L

CHLORIDE, SERUM

METHOD : ISE INDIRECT

105 98 - 107 mmol/L

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 neonatal jaundice), conjugated bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

Dr. Akshay Dhore, MD
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Consultant Pathologist

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Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
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Maharashtra, India
Tel : 022-39199222,022-49723322, Fax :
CIN - U74999PB1995PLC045956
Email : -

Patient Ref. No. 2200000910847





PATIENT NAME : MRS.SNEHA .
 REF. DOCTOR :
 ACCESSION NO : 0022XXC004940
 AGE/SEX : 32 Years Female
 DRAWN : 23/03/2024 09:25:00
 RECEIVED : 23/03/2024 09:26:40
 REPORTED : 23/03/2024 15:29:48
 CLIENT PATIENT ID : UID:13049269
 PATIENT ID : FH.13049269
 ABHA NO :

CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SPLZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001
 CLINICAL INFORMATION :
 UID:13049269 REQNO-1681625
 CORP-OPD
 BILLNO-1501240PCR016856
 BILLNO-1501240PCR016856

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, kidney, brain, and red blood cells, and is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidney, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatobiliary 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, hepatitis, obstruction of bile ducts, cirrhosis.

OSseoblastic bone tumors, osteosarcoma, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Pagets disease, Rickets, Sarcoidosis etc. Lower than-normal ALP levels seen in Hypophosphatemia, Malnutrition, protein deficiency, Wilsons disease.

GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.

Total Protein also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstroms disease, Lower than-normal levels may be due to: Agammaglobulinemia, bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, protein-losing enteropathy etc.

Albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc

GLUCOSE FASTING, FLUORE PLSA5M-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, malnutrition (adrenocortical), stomach, fibrosarcoma, 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 Hypoglycemia, increased insulin response & sensitivity etc.

BLOOD UREA NITROGEN (BUN), SERUM-CAUSES OF INCREASED LEVELS include Pye renal (high protein diet), Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF (Renal), Renal Failure, Post Renal (Malignancy, Nephrothiasis, Prostatism)

CAUSES OF DECREASED LEVELS include Liver disease, SIADH.

CREATININE EGR- EPI- kidney disease outcomes quality initiative (KDQOLI) guidelines state that estimation of GFR is the best overall indices of the kidney function. - It gives a rough measure of number of functioning nephrons. Reduction in GFR implies progression of underlying disease.

- The GFR is a calculation based on serum creatinine level, 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 mainly derived from the metabolism of creatine in muscle, and excreted into urine at a relatively steady rate.

- Creatine is filtered from the blood by the kidneys and excreted into urine (high protein diet), increased protein catabolism, GI haemorrhage, Cortisol, etc.

- 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.

- 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://www.kidney.org/atoz/content/ckd-epi-equation-2012-4-100471.35756325
 Chuman JX, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2012 CKD-EPI Equation. Kidney Med 2022; 4:100471.35756325
 Harrison's Principles of Internal Medicine, 21st ed, pg 62 and 334
 URIC ACID, SERUM-CAUSES OF INCREASED LEVELS:-Dietary(High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Leash nyhan syndrome, Type 2 DM, Metabolic syndrome
 Causes of decreased levels-Low Zinc intake, COP, Multiple Sclerosis
 TOTAL PROTEIN, SERUM-is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin.
 Higher than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstroms disease.

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 Consultant Pathologist
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 Page 10 Of 16





REF. DOCTOR :

PATIENT NAME : MRS.SNEHA .
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 44001
ACCESSION NO : 0022XC004940
PATIENT ID : FH.13049269
CLIENT PATIENT ID: UID:13049269
ABHA NO :
AGE/SEX : 32 Years Female
DRAWN : 23/03/2024 09:25:00
RECEIVED : 23/03/2024 09:26:40
REPORTED : 23/03/2024 15:29:48

CLINICAL INFORMATION :

UID:13049269 REQNO-1681625
 CORP-OPD
 BILLNO-1501240PCR016856
 BILLNO-1501240PCR016856

Test Report Status	Final	Results	Biological Reference Interval Units

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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REF. DOCTOR :

PATIENT NAME : MRS.SNEHA .
 CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLD FORTIS HOSPITAL # VASHI, MUMBAI 440001
 ACCESSION NO : 0022XC004940
 PATIENT ID : FH.13049269
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 CORP-OPD
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Test Report Status	Final	Results	Biological Reference Interval	Units
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BIOCHEMISTRY - LIPID

Test Name	Result	Reference Range	Method
LIPID PROFILE, SERUM	188	< 200 Desirable 200 - 239 Borderline High ≥/= 240 High	METHOD : ENZYMATIC/COLORIMETRIC/CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE
TRIGLYCERIDES	75	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥/=500 Very High	METHOD : ENZYMATIC ASSAY
HDL CHOLESTEROL	59	< 40 Low ≥/=60 High	METHOD : DIRECT MEASURE - PEG
LDL CHOLESTEROL, DIRECT	109	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High ≥/= 190 Very High	METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT
NON HDL CHOLESTEROL	129	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	METHOD : CALCULATED PARAMETER
VERY LOW DENSITY LIPOPROTEIN	15.0	< 30.0	METHOD : CALCULATED PARAMETER
CHOL/HDL RATIO	3.2 Low	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	METHOD : CALCULATED PARAMETER

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 CIN - U74899PB1995PLC045956
 Email :-

Patient Ref. No. 2200000910847



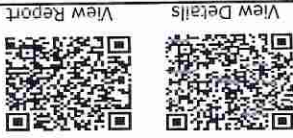
Email : -

CIN - U74899PB1995PLC045956
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Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Agilus Diagnostics Ltd.
PERFORMED AT :

Barcode
Patient Ref. No. 2200000910847

Dr. Akshay Dhore, MD
(Reg.no. MMC 2019/09/6377)
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Page 13 Of 16

Interpretation(s)

METHOD : CALCULATED PARAMETER

LDL/HDL RATIO 1.9
0.5 - 3.0 Desirable/Low Risk
3.1 - 6.0 Borderline/Moderate Risk
>6.0 High Risk

Test Report Status	Final	Results	Biological Reference Interval Units
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CLINICAL INFORMATION :
UID: 13049269 REQNO-168125
CORP-OPD
BILLNO-150124PCR016856
BILLNO-150124PCR016856

PATIENT NAME : MRS.SNEHA . REF. DOCTOR : CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, NUMBAI 44001		ACCESSION NO : 0022XC004940 AGE/SEX : 32 Years Female DRAWN : 23/03/2024 09:25:00 RECEIVED : 23/03/2024 09:26:40 REPORTED : 23/03/2024 15:29:48	PATIENT ID : FH.13049269 CLIENT PATIENT ID: UID:13049269 ABHA NO :
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REF. DOCTOR :

PATIENT NAME : MRS.SNEHA .

CODE/NAME & ADDRESS : C00045507

FORTIS VASHI-CHC -SPLD
 FORTIS HOSPITAL # VASHI,
 NUMBAI 44001

ACCESSION NO : 0022XC004940

AGE/SEX : 32 Years Female

DRAWN : 23/03/2024 09:25:00

PATIENT ID : FH.13049269

RECEIVED : 23/03/2024 09:26:40

CLIENT PATIENT ID: UID:13049269

REPORTED : 23/03/2024 15:29:48

CLINICAL INFORMATION :

UID:13049269 REQNO-168125

CORP-OPD

BILLNO-150124PCR016856

BILLNO-150124PCR016856

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

CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW

METHOD : PHYSICAL

APPEARANCE CLEAR

METHOD : VISUAL

CHEMICAL EXAMINATION, URINE

PH

6.0

4.7 - 7.5

SPECIFIC GRAVITY

>=1.005

1.003 - 1.035

METHOD : REFLECTANCE SPECTROPHOTOMETRY (APARENT PKA 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-GOD/POD

KETONES

NOT DETECTED

NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, RÖTHERA'S PRINCIPLE

BLOOD

DETECTED (+)

NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN

BILIRUBIN

NOT DETECTED

NOT DETECTED

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

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 Consultant Pathologist

(Signature)

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

(Signature)

View Details



View Report





REF. DOCTOR :

PATIENT NAME : MRS.SNEHA .

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

ABHA NO :

PATIENT ID : FH.13049269

CLIENT PATIENT ID: UID:13049269

AGE/SEX : 32 Years Female

DRAWN : 23/03/2024 09:25:00

RECEIVED : 23/03/2024 09:26:40

REPORTED : 23/03/2024 15:29:48

CLINICAL INFORMATION :

UID:13049269 REQNO-1681625

CORP-OPD

BILLNO-150124OPCR016856

BILLNO-150124OPCR016856

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	3 - 5	/HPF
PUS CELL (WBC'S)	METHOD : MICROSCOPIC EXAMINATION	3-5	/HPF
EPITHELIAL CELLS	METHOD : MICROSCOPIC EXAMINATION	0-1	/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 ON URINARY CENTRIFUGED SEDIMENT			

Interpretation(s)



Dr. Rekha Nair

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

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

Microbiologist

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PATIENT NAME : MRS.SNEHA .
REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507
FORTIS VASHI-CHC -SPLD

FORTIS HOSPITAL # VASHI,
MUMBAI 44001

CLINICAL INFORMATION :

UID:13049269 REQNO-1681625
CORP-CTD

BILLNO-1501240PCR016856
BILLNO-1501240PCR016856

Test Report Status Final

Results

Biological Reference Interval Units

THYROID PANEL, SERUM

T3

Non-Pregnant Women 80.0 - 200.0
Pregnant Women 105.0 - 230.0
1st Trimester:129.0 - 262.0
2nd Trimester:135.0 - 262.0
3rd Trimester:135.0 - 262.0

Non-Pregnant Women 5.10 - 14.10
Pregnant Women 7.33 - 14.80
1st Trimester: 7.93 - 16.10
2nd Trimester: 6.95 - 15.70
3rd Trimester: 6.95 - 15.70

Non-Pregnant Women 0.27 - 4.20
Pregnant Women (As per American Thyroid Association) 0.100 - 2.500
1st Trimester 0.200 - 3.000
2nd Trimester 0.300 - 3.000
3rd Trimester 0.300 - 3.000

T4 7.93
METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

TSH (ULTRASENSITIVE) 2.730
METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

Interpretation(s)

End Of Report

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

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Email : -

Patient Ref. No. 2200000910847

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REF. DOCTOR :

PATIENT NAME : MRS.SNEHA ,

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004999

AGE/SEX : 32 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.13049269

DRAWN : 23/03/2024 11:58:00

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:13049269

RECEIVED : 23/03/2024 11:58:34

MUMBAI 44001

ABHA NO :

REPORTED : 23/03/2024 13:22:32

CLINICAL INFORMATION :

UID:13049269 REQNO-1681625

CORP-OPD

BILLNO-150124PCR016856

BILLNO-150124PCR016856

Test Report Status Final Results Biological Reference Interval Units

GLUCOSE, POST-PRANDIAL, PLASMA
PPBS(POST PRANDIAL BLOOD SUGAR)

88

70 - 140

mg/dL

METHOD : HEXOKINASE

Comments

NOTE: - RECHECKED FOR POST PRANDIAL PLASMA GLUCOSE VALUE. TO BE CORRELATE WITH CLINICAL, DIETETIC AND THERAPEUTIC HISTORY.

Interpretation(s)

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

End Of Report

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Consultant Pathologist

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

REF. DOCTOR :

ACCESSION NO : 0022XC005060
PATIENT ID : FH.13049269
CLIENT PATIENT ID : UID:13049269
ABHA NO :
AGE/SEX : 32 Years Female
DRAWN : 23/03/2024 14:31:00
RECEIVED : 23/03/2024 14:46:13
REPORTED : 26/03/2024 10:35:21

CLINICAL INFORMATION :

UID:13049269 REQNO-1681625
CORP-OPD
BILLNO-1501240PCR016856
BILLNO-1501240PCR016856

Test Report Status Final

Units

PAPANIOLAOU SMEAR

PAPANIOLAOU SMEAR

TEST METHOD

SPECIMEN TYPE

REPORTING SYSTEM

SPECIMEN ADEQUACY

METHOD : MICROSCOPIC EXAMINATION

MICROSCOPY

INTERPRETATION / RESULT

CONVENTIONAL GYNEC CYTOLOGY
TWO UNSTAINED CERVICAL SMEARS RECEIVED
2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY
SATISFACTORY
SMEARS STUDIED SHOW SUPERFICIAL SQUAMOUS CELLS,
INTERMEDIATE SQUAMOUS CELLS, OCCASIONAL SQUAMOUS
METAPLASTIC CELLS, OCCASIONAL CLUSTERS OF ENDOCERVICAL CELLS
IN THE BACKGROUND OF FEW POLYMORPHS.
NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Comments

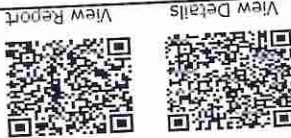
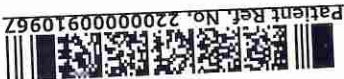
PLEASE NOTE PAPANIOLAOU SMEAR STUDY IS A SCREENING PROCEDURE FOR CERVICAL
CANCER WITH INHERENT FALSE NEGATIVE RESULTS, HENCE SHOULD BE INTERPRETED
WITH CAUTION.
NO CYTOLOGICAL EVIDENCE OF HPV INFECTION IN THE SMEARS STUDIED.

****End Of Report****
Please visit www.agilusdiagnostics.com for related Test Information for this accession

Dr. Akshay Dhotre, MD
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Consultant Pathologist

(Signature)

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CIN - U74899PB1995PLC045956
Email : -



13049269
32 Years

sneha
Female

3/23/2024 10:07:06 AM

He

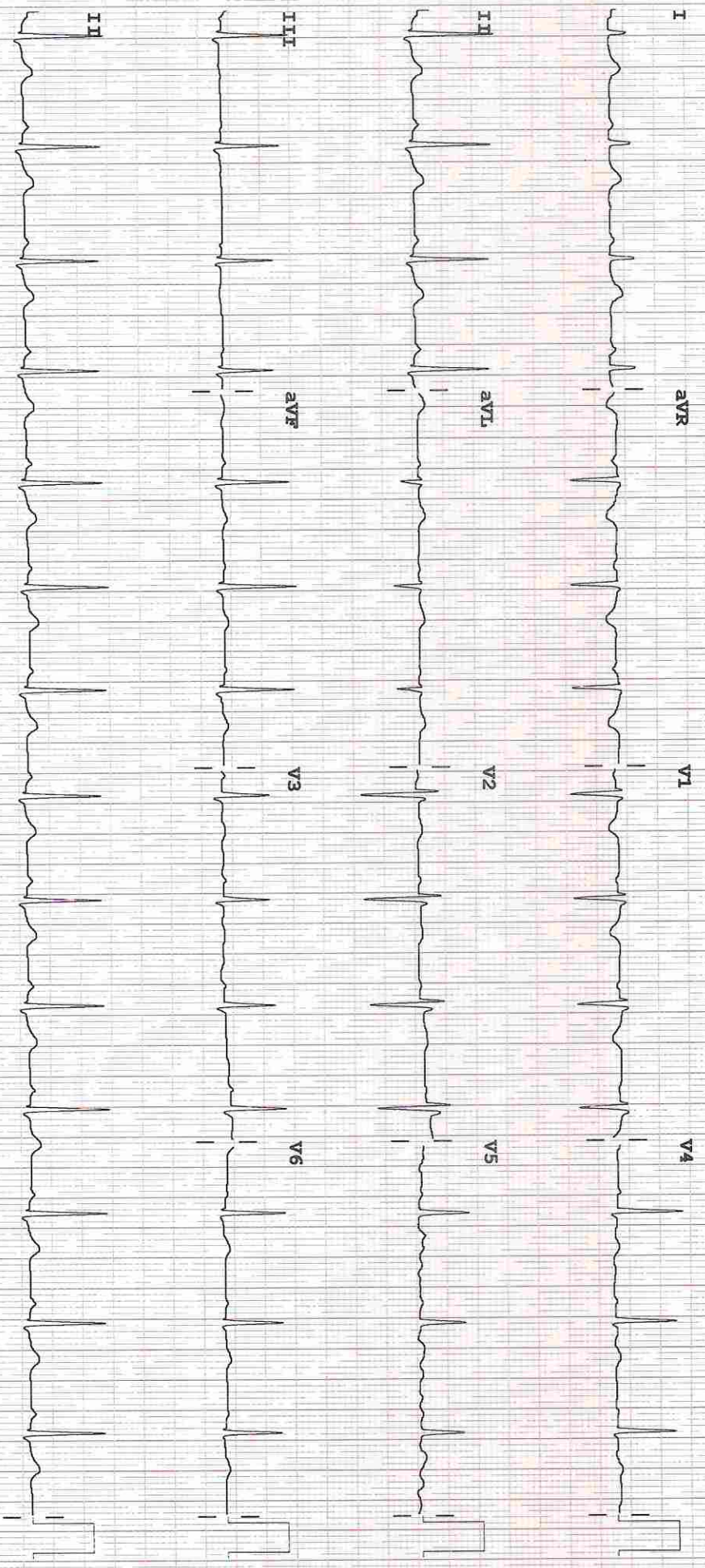
Rate 84 Sinus rhythm.....normal P axis, V-rate 50-99
PR 130 . RSR' in V1 or V2, probably normal variant.....small R' only
QRSD 97 . Borderline T wave abnormalities.....T/QRS ratio < 1/20 or flat T
QT 355
QTc 420

TABES
S

--AXIS--
P 28
QRS 63
T 19
- BORDERLINE 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

P?

LA	mm	26
AO Root	mm	19
AO CUSP SEP	mm	14
LVID (s)	mm	24
LVID (d)	mm	43
IVS (d)	mm	08
LVPW (d)	mm	08
RVID (d)	mm	22
RA	mm	23
LVEF	%	60

M-MODE MEASUREMENTS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction.
- No left ventricle hypertrophy. No left ventricle dilatation.
- Structurally normal valves.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- No tricuspid regurgitation. No pulmonary hypertension.
- Intact IAS and IVS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimensions.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 12 mm with normal inspiratory collapse.

FINDINGS:

ECHOCARDIOGRAPHY TRANSTHORACIC

Name: Mrs. Sneha .
 Age | Sex: 32 YEAR(S) | Female
 Order Station : FO-OPD
 Admitted On | Reporting Date : 23-Mar-2024 12:32:38
 Order No | Order Date: 1501/PN/OP/2403/35803 | 23-Mar-2024
 UHID | Episode No : 13049269 | 17078/24/1501
 Order Doctor Name : Dr.SELF .
 Bed Name :

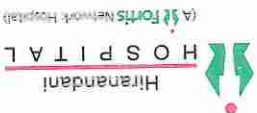
DEPARTMENT OF NIC

Date: 23/Mar/2024

Hiranandani Healthcare Pvt. Ltd.
 Mimi Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.
 Board Line: 022 - 39199222 | Fax: 022 - 39133220
 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



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DEPARTMENT OF NIC
 Date: 23/Mar/2024

Name: Mrs. Sneha .
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 Bed Name :
 UHID | Episode No : 13049269 | 17078/24/1501
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 Admitted On | Reporting Date : 23-Mar-2024 12:32:38
 Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 0.8 m/sec.
 A WAVE VELOCITY: 0.6m/sec
 E/A RATIO:1.3

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

Final Impression :

Normal 2 Dimensional and colour doppler echocardiography study.

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

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



DEPARTMENT OF RADIOLOGY
Date: 23/Mar/2024

Name: Mrs. Sneha .
Age | Sex: 32 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :
UHID | Episode No : 13049269 | 17078/24/1501
Order No | Order Date: 1501/PN/OP/2403/35803 | 23-Mar-2024
Admitted On | Reporting Date : 23-Mar-2024 14:01:09
Order Doctor Name : Dr.SELF.

X-RAY-CHEST- PA

Findings:

Both lung fields are clear.
The cardiac shadow appears within normal limits.
Trachea and major bronchi appears normal.
Both costophrenic angles are well maintained.
Bony thorax is unremarkable.

DR. YOGINI SHAH
DMRD, DNB. (Radiologist)

- Minimal free fluid in Pouch of Douglas.

- Enlarged perportal and portocaval nodes. Recommended clinical correlation and interval follow up.

Impression:

Minimal free fluid is seen in Pouch of Douglas.

Both ovaries are normal. Right ovary measures 3.6 x 1.3 cm. Left ovary measures 3.4 x 2.3 cm.

UTERUS is normal in size & retroverted, measuring 9.0 x 5.1 x 4.7 cm. Endometrium measures 12 mm in thickness.

evidence of intravesical calculi.

URINARY BLADDER is normal in capacity and contour. Bladder wall is normal in thickness. No obscured.

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

Right kidney measures 11.1 x 4.4 cm. Left kidney measures 10.2 x 5.3 cm. of calculi/hydronephrosis.

BOTH KIDNEYS are normal in size and echogenicity. The central sinus complex is normal. No evidence **SPLEEN** is normal in size (9.63 cm) and echogenicity.

CBD appears normal in caliber.

calculi in gall bladder. No evidence of pericholecystic collection.

GALL BLADDER is physiologically distended. Gall bladder reveals normal wall thickness. No evidence of & 2.2 x 0.9 cm respectively.

Few (at least 2-3) enlarged nodes are seen at perportal and portocaval region, largest measuring 1.8 x 1.2 cm

Portal vein appears normal in caliber.

LIVER is normal in size (13 cm) and echogenicity. No IHBR dilatation. No focal lesion is seen in liver.

USG - WHOLE ABDOMEN

IPID No	:	17078/24/1501	ReportDateTime	:	23-03-2024 12:10:44
Modality	:	US	Scan DateTime	:	23-03-2024 11:43:53
Sex / Age	:	F / 32Y 13D	Accession No.	:	PHC.7767844
Patient Name	:	Sneha .	Patient ID	:	13049269