

BMI CHART

Name: Santosh Soragan Age: 38 yrs Sex: M/F  
BP: 100/80 mmHg Height (cms): 177 cm Weight(kgs): 75 kg BMI: 23  
Date: 29/3/24

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	17	18	19	20	21
5'3" - 160.0	16	17	18	19	20
5'4" - 162.5	15	16	17	18	19
5'5" - 165.1	14	15	16	17	18
5'6" - 167.6	13	14	15	16	17
5'7" - 170.1	12	13	14	15	16
5'8" - 172.7	11	12	13	14	15
5'9" - 176.2	10	11	12	13	14
5'10" - 177.8	9	10	11	12	13
5'11" - 180.3	8	9	10	11	12
6'0" - 182.8	7	8	9	10	11
6'1" - 185.4	6	7	8	9	10
6'2" - 187.9	5	6	7	8	9
6'3" - 190.5	4	5	6	7	8
6'4" - 193.0	3	4	5	6	7

Doctors Notes:

Signature

7387696540

A Fortis Network Hospital



Hiranandani  
 HOSPITAL

UHD	12390641	Date	29/03/2024
Name	Mr Santosh Soragavi	Sex	M
OPD	Dental	Age	38
Health Check-Up			

Drug allergy:  
 Sys illness:

CIC → Pain +  
 PMH → NRH +  
 O/E -

Occlusal caries -

Stains ++  
 Calculus ++

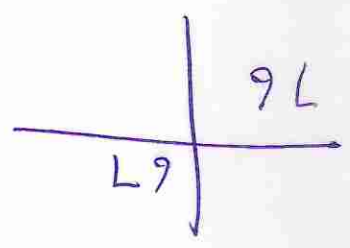
~~Dislodged Maxillary~~  
 Buccal Pl. Restoration +  
 Impacted +  
 Advice -

Scaling & Reevaluation

OPG. +

Re-restoration +

Dr. Sushmita  
 (CBDS)



UHID	12390641
Name	Mr Santosh Soragavi
OPD	Optical
Date	29/03/2024
Sex	M
Age	38
Health Check-Up	

Drug allergy: Not known  
 Sys illness: No  
 Health No

OPD No.  
 HS No

*[Signature]*  
 MR. / - 0.50 X 90° 6/6  
 MR. / - 0.50 X 90° 6/6

*[Signature]*  
 MR. / - 0.50 X 90° 6/6  
 MR. / - 0.50 X 90° 6/6

*[Signature]*  
 MR. / - 0.50 X 90° 6/6  
 MR. / - 0.50 X 90° 6/6

*[Signature]*

*[Signature]*  
 MR. / - 0.50 X 90° 6/6  
 MR. / - 0.50 X 90° 6/6



PATIENT NAME : MR.SANTOSH S. SORAGAVI

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC006134

FORTIS VASHI-CHC - SPLZD

PATIENT ID : FH.12390641

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

CLIENT PATIENT ID: UID:12390641

AGE/SEX : 38 Years Male

DRAWN : 29/03/2024 09:00:00

RECEIVED : 29/03/2024 09:01:22

REPORTED : 29/03/2024 14:05:41

CLINICAL INFORMATION :

UID:12390641 REQNO-1684413

CORP-OPD

BILLNO-1501240PCR017766

BILLNO-1501240PCR017766

BILLNO-1501240PCR017766

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

BLOOD COUNTS, EDTA WHOLE BLOOD

Parameter	Value	Reference Range	Units
HEMOGLOBIN (HB)	16.6	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT	5.31	4.5 - 5.5	mill/ $\mu$ L
WHITE BLOOD CELL (WBC) COUNT	5.98	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	275	150 - 410	thou/ $\mu$ L

RBC AND PLATELET INDICES

Parameter	Value	Reference Range	Units
HEMATOCRIT (PCV)	48.4	40.0 - 50.0	%
MEAN CORPUSCULAR VOLUME (MCV)	91.1	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	31.3	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	34.3	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	11.8	11.6 - 14.0	%
MENTZER INDEX	17.2		
MEAN PLATELET VOLUME (MPV)	10.5	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT



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 Consultant Pathologist

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 Maharashtra, India  
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NEUTROPHILS 48 40.0 - 80.0 %

LMPHOCTES 34 20.0 - 40.0 %

MONOCYTES 7 2.0 - 10.0 %

EOSINOPHILS 11 High 1 - 6 %

BASOPHILS 0 0 - 2 %

ABSOLUTE NEUTROPHIL COUNT 2.87 2.0 - 7.0 thou/ $\mu$ L

ABSOLUTE LYMPHOCTE COUNT 2.03 1.0 - 3.0 thou/ $\mu$ L

ABSOLUTE MONOCYTE COUNT 0.42 0.2 - 1.0 thou/ $\mu$ L

ABSOLUTE EOSINOPHIL COUNT 0.66 High 0.02 - 0.50 thou/ $\mu$ L

ABSOLUTE BASOPHIL COUNT 0 Low 0.02 - 0.10 thou/ $\mu$ L

NEUTROPHIL LYMPHOCTE RATIO (NLR) 1.4

MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

WBC

METHOD : MICROSCOPIC EXAMINATION

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

ADEQUATE

EOSINOPHILIA PRESENT

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC

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Patient Ref. No. 2200000912041



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**ACCESSION NO : 0022XC006134**

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**FORTIS HOSPITAL # VASHI,**

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**Interpretation(s)**

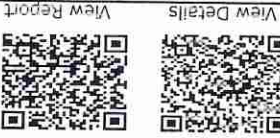
RBC AND PLATELET INDICES-Mentzer Index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait  
(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and 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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MC-5837

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 REF. DOCTOR :

COE/NAME & ADDRESS : C000045507

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

CLINICAL INFORMATION :

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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R

METHOD : WESTERGREN METHOD

02

0 - 14

mm at 1 hr

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C

5.0

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)

mg/dL

< 116.0

ESTIMATED AVERAGE GLUCOSE(EAG)

96.8

METHOD : CALCULATED PARAMETER

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ACCESSION NO : 0022XC006134

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FORTIS VASHI HOSPITAL # VASHI,

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CORP-OPD

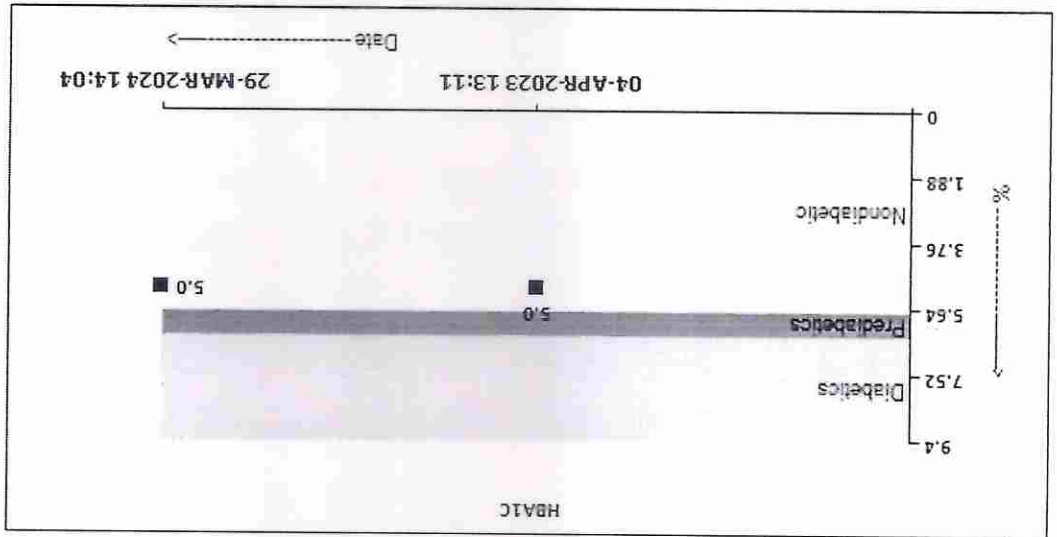
BILLNO-1501240PCR017766

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Results

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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.

Decreased in: Polycythemia vera, Sickle cell anemia.

LIMITATIONS

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

REFERENCE :

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

*(Signature)*

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ACCESSION NO : 0022XC006134

AGE/SEX : 38 Years Male

FORTIS VASHI-CHC -SP/2D

PATIENT ID : FH.12390641

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CLINICAL INFORMATION :

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

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

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

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

4. 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. Hypertiglycemia, 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.

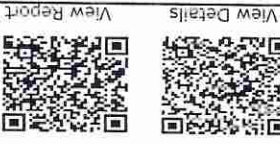
b) Heterozygous state detected (D10 is corrected for HbS & HbC trait).

c) HbF > 25% on alternate pattern (boronate affinity chromatography) is recommended for testing of HbA1c (HPLC method) is recommended for detecting a hemoglobinopathy

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FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12390641

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Test Report Status Final Results Biological Reference Interval Units

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

METHOD : TUBE AGGLUTINATION

RH TYPE

METHOD : TUBE AGGLUTINATION

POSITIVE

TYPE A

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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**BIOCHEMISTRY**

**LIVER FUNCTION PROFILE, SERUM**

BILIRUBIN, TOTAL 3.36 High mg/dL  
 METHOD : JENDRASIK AND GROFF

BILIRUBIN, DIRECT 0.26 High mg/dL  
 METHOD : JENDRASIK AND GROFF

BILIRUBIN, INDIRECT 3.10 High mg/dL  
 METHOD : CALCULATED PARAMETER

TOTAL PROTEIN 6.8 g/dL  
 METHOD : RIURET

ALBUMIN 4.1 g/dL  
 METHOD : BCP DYE BINDING

GLOBULIN 2.7 g/dL  
 METHOD : CALCULATED PARAMETER

ALBUMIN/GLOBULIN RATIO 1.5  
 METHOD : CALCULATED PARAMETER

ASPARTATE AMINOTRANSFERASE(AST/SGOT) 15 U/L  
 METHOD : UV WITH PSP

ALANINE AMINOTRANSFERASE (ALT/SGPT) 22 U/L  
 METHOD : UV WITH PSP

ALKALINE PHOSPHATASE 90 U/L  
 METHOD : PNPP-ANP

GAMMA GLUTAMYL TRANSFERASE (GGT) 26 U/L  
 METHOD : GAMMA GLUTAMYL CARBOXY ANTIROANILIDE

LACTATE DEHYDROGENASE 141 U/L  
 METHOD : LACTATE -PIRUVATE

**GLUCOSE FASTING,FLUORIDE PLASMA**

FBS (FASTING BLOOD SUGAR) 92 mg/dL

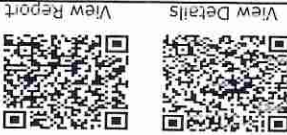
Normal : < 100  
 Pre-diabetes: 100-125  
 Diabetes: >/=126

METHOD : HEXOKINASE

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**FORTIS VASHI-CHC # VASHI,**

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**Final**

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**Results**

**Biological Reference Interval Units**

**KIDNEY PANEL - 1**

**BLOOD UREA NITROGEN (BUN), SERUM**

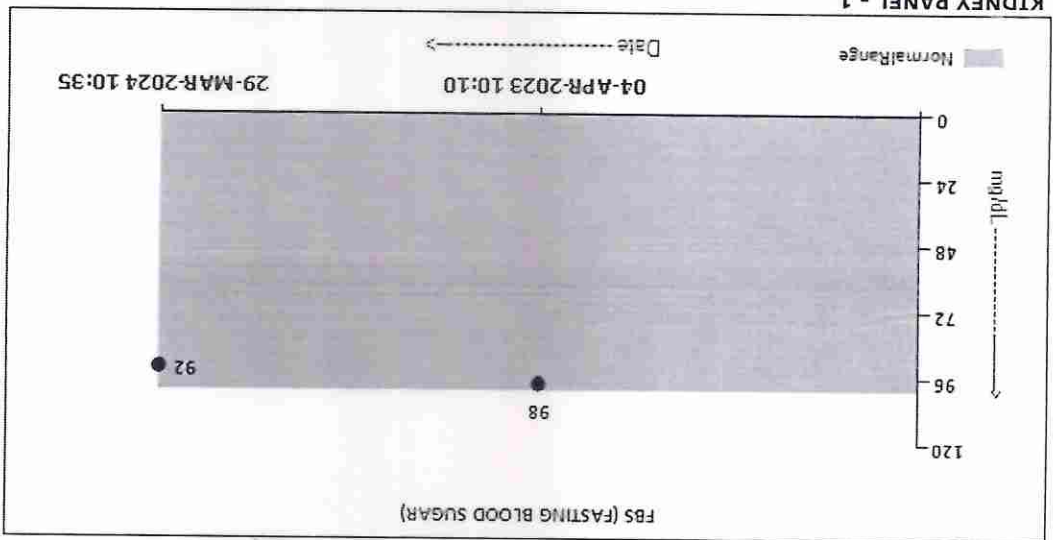
**BLOOD UREA NITROGEN**

**METHOD : UREASE - UV**

**5 Low**

**6 - 20**

**mg/dL**



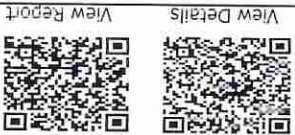
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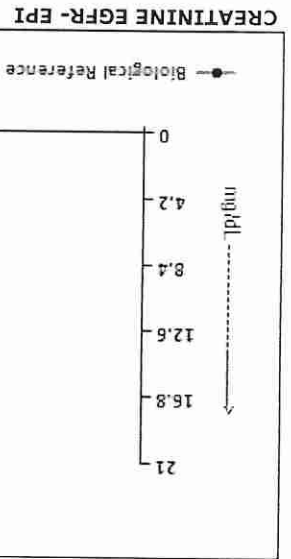
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CREATININE EGFR- EPI

METHOD : ALKALINE PICRATE KINETIC JAFFES

0.70 Low

0.90 - 1.30

mg/dL

AGE

38

years

GLOMERULAR FILTRATION RATE (MALE)

120.95

Refer Interpretation Below ml/min/1.73m<sup>2</sup>

METHOD : CALCULATED PARAMETER

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

*(Signature)*

PERFORMED AT :

Agilus Diagnostics Ltd.  
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 Navi Mumbai, 400703  
 Maharashtra, India  
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 CIN - U74899PB1995PLC045956  
 Email :-

Patient Ref. No. 2200000912041



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**PATIENT NAME : MR.SANTOSH S. SORAGAVI**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

**ACCESSION NO : 0022XC006134**

**FORTIS VASHI-CHC -SPLZD**

**FORTIS VASHI-CHC -SPLZD**

**FORTIS HOSPITAL # VASHI,**

**MUMBAI 440001**

**ABHA NO :**

**REPORTED : 29/03/2024 14:05:41**

**CLIENT PATIENT ID : UID:12390641**

**RECEIVED : 29/03/2024 09:01:22**

**PATIENT ID : FH.12390641**

**DRAWN : 29/03/2024 09:00:00**

**AGE/SEX : 38 Years Male**

**CLINICAL INFORMATION :**

**UID:12390641 REQNO-1684413**

**CORP-OPD**

**BILLNO-1501240PCR017766**

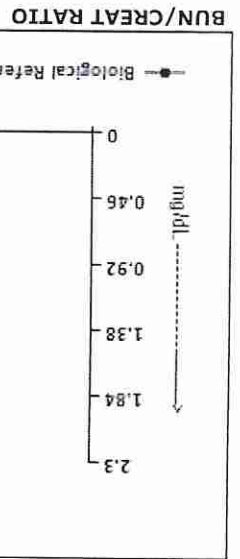
**BILLNO-1501240PCR017766**

**BILLNO-1501240PCR017766**

**Test Report Status Final**

**Results**

**Biological Reference Interval Units**



**BUN/CREAT RATIO**

**METHOD : CALCULATED PARAMETER**

7.14

5.00 - 15.00

**URIC ACID, SERUM**

**METHOD : URICASE UV**

5.9

3.5 - 7.2

mg/dL

**TOTAL PROTEIN, SERUM**

**METHOD : BIURET**

6.8

6.4 - 8.2

g/dL

**ALBUMIN, SERUM**

*(Signature)*

**Dr. Akshay Dhotre, MD**

**(Reg.no. MMC 2019/09/6377)**

**Consultant Pathologist**

**PERFORMED AT :**

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CODE/NAME & ADDRESS : C000045507

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FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12390641

FORTIS HOSPITAL # VASHI,

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MUMBAI 440001

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CORP-OPP

BILLNO-1501240PCR017766

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Test Report Status	Final	Results	Biological Reference Interval	Units
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ALBUMIN

METHOD : BCP DYE BINDING

4.1

3.4 - 5.0

g/dL

GLOBULIN

METHOD : CALCULATED PARAMETER

2.7

2.0 - 4.1

g/dL

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM

METHOD : ISE INDIRECT

141

136 - 145

mmol/L

POTASSIUM, SERUM

METHOD : ISE INDIRECT

3.96

3.50 - 5.10

mmol/L

CHLORIDE, SERUM

METHOD : ISE INDIRECT

106

98 - 107

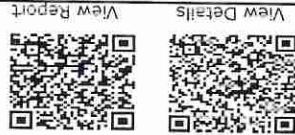
mmol/L

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 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, drug reactions, Gallstones getting into the bile ducts, tumors blocking of the bile ducts. Increased unconjugated (indirect) bilirubin there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors blocking of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or perniocious 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 the 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, osteomatosis, 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

*(Signature)*

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









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Test Report Status Final

Results

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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL 133

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

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

TRIGLYCERIDES 55

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

HDL CHOLESTEROL 36 Low

METHOD : ENZYMATIC ASSAY

< 40 Low  
 >/= 60 High

LDL CHOLESTEROL, DIRECT 90

METHOD : DIRECT MEASURE - PEG

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

NON HDL CHOLESTEROL 97

METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT

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

VERY LOW DENSITY LIPOPROTEIN 11.0

METHOD : CALCULATED PARAMETER

<= 30.0  
 mg/dL

CHOL/HDL RATIO 3.7

METHOD : CALCULATED PARAMETER

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

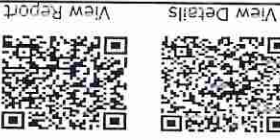
Dr. Akshay Dhote, MD  
 (Reg.no. MMC 2019/09/6377)  
 Consultant Pathologist

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Patient Ref. No. 2200000912041



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ACCESSION NO : 0022XC006134

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12390641

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MUMBAI 440001

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CORP-OPD

BILLNO-1501240PCR017766

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Test Report Status **Final**

Results

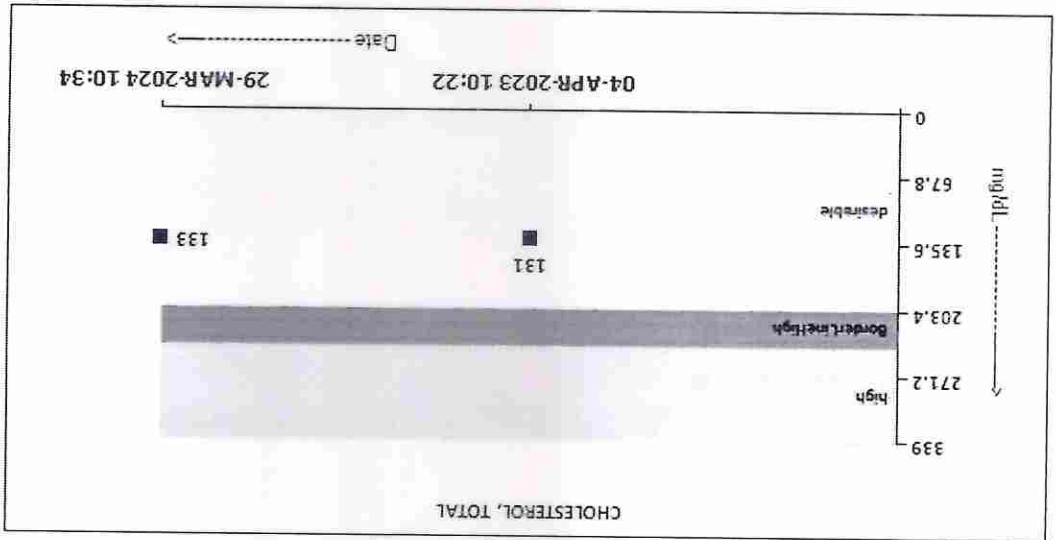
Biological Reference Interval Units

LDL/HDL RATIO

2.5

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

METHOD : CALCULATED PARAMETER

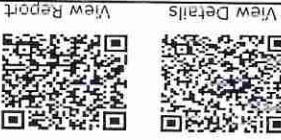


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**MUMBAI 440001**

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**BILLNO-1501240PCR017766**

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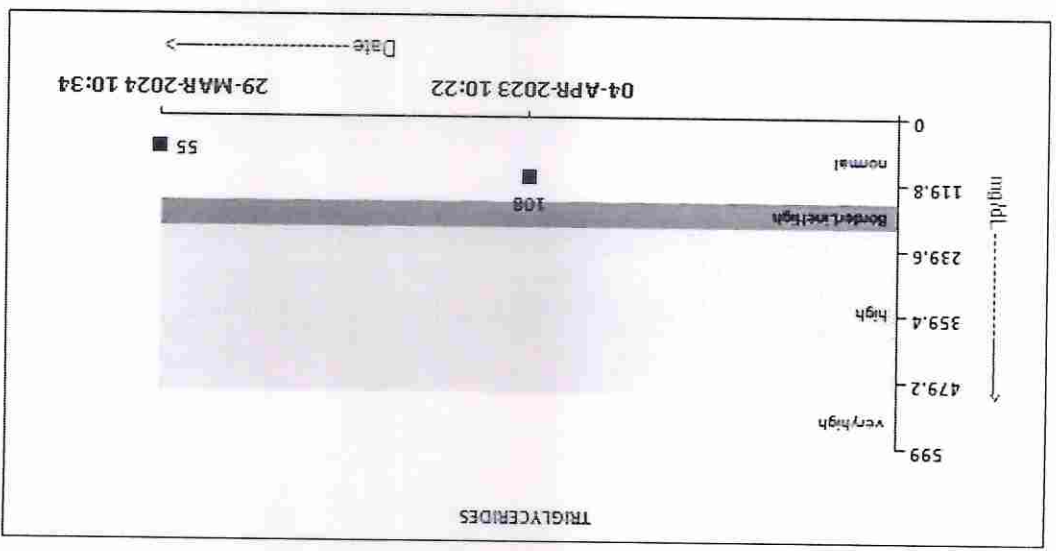
**Final**

**Test Report Status**

**Results**

**Biological Reference Interval Units**

**CLINICAL INFORMATION :**

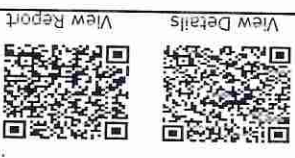


**Dr. Akshay Dhore, MD**  
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**CIN - U74899PB1995PLC045956**  
**Email : -**

**Patient Ref. No. 2200000912041**





**PATIENT NAME :** MR.SANTOSH S. SORAGAVI

**REF. DOCTOR :**

**CODE/NAME & ADDRESS :** C000045507  
FORTIS VASHI-CHC -SPLZD  
FORTIS HOSPITAL # VASHI,  
MUMBAI 44001

**ACCESSION NO :** 0022XC006134

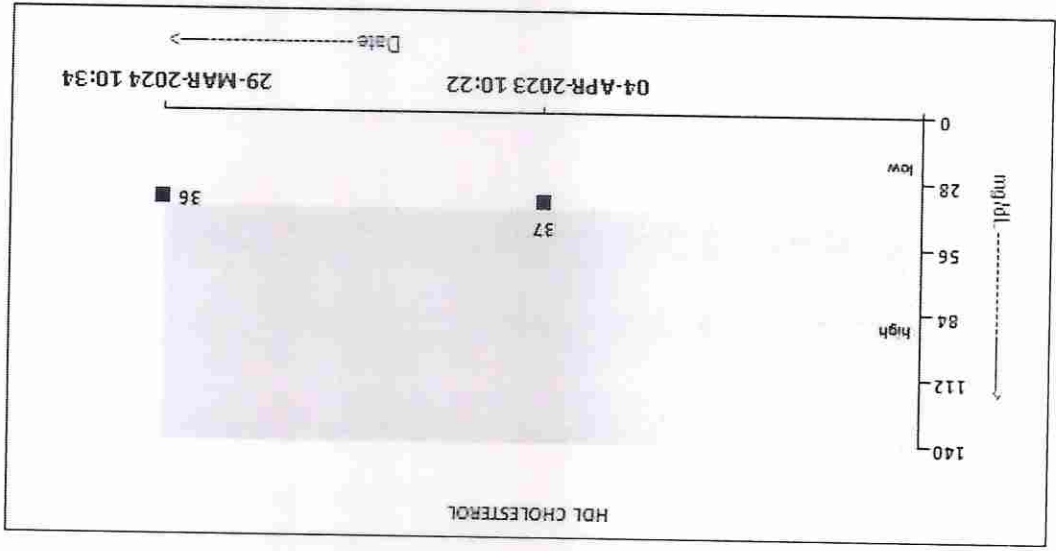
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**CLIENT PATIENT ID:** UID:12390641  
**ABHA NO :**

**DRAWN :** 29/03/2024 09:00:00  
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**CLINICAL INFORMATION :**

UID:12390641 REQNO-1684413  
CORP-OPD  
BILLNO-150124OPCR017766  
BILLNO-150124OPCR017766

Test Report Status	Final	Results	Biological Reference Interval	Units
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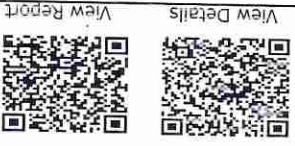


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Consultant Pathologist

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**Patient Ref. No. 2200000912041**





MC-5837

PATIENT NAME : MR.SANTOSH S. SORAGAVI

REF. DOCTOR :

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

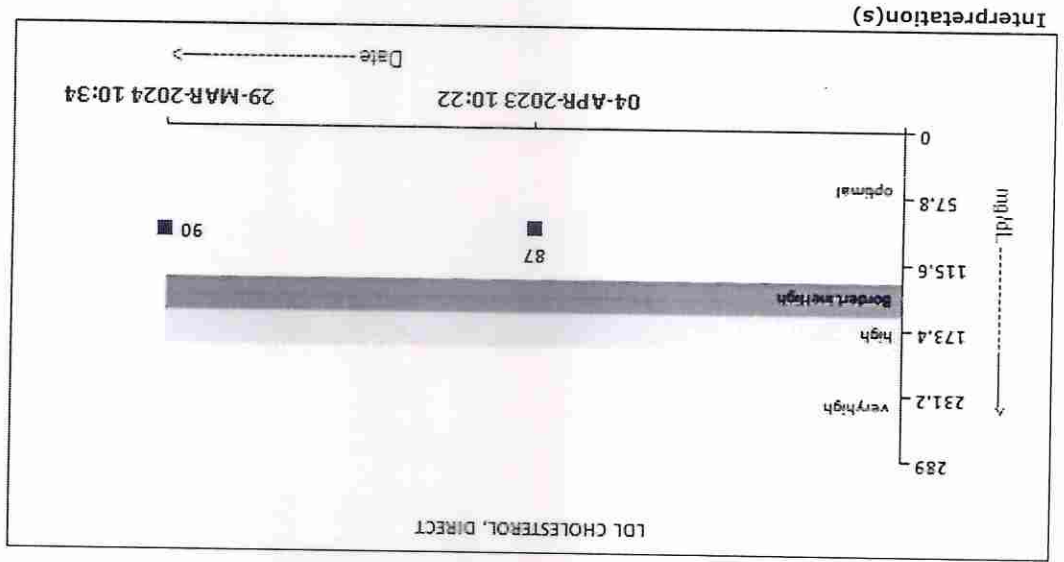
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PATIENT ID : FH.12390641  
 CLIENT PATIENT ID : UID:12390641  
 ABHA NO :  
 DRAWN : 29/03/2024 09:00:00  
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 AGE/SEX : 38 Years Male

CLINICAL INFORMATION :

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 CORP-OPD  
 BILLNO-1501240PCR017766  
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Test Report Status	Final	Results	Biological Reference Interval Units
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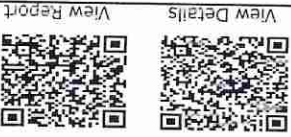
*Handwritten signature*

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

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PATIENT ID : FH.12390641

FORTIS HOSPITAL # VASHI,

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BILLNO-150124OPCR017766  
BILLNO-150124OPCR017766

PHYSICAL EXAMINATION, URINE

COLOR METHOD : PHYSICAL  
APPEARANCE METHOD : VISUAL  
CLEAR  
PALE YELLOW

CHEMICAL EXAMINATION, URINE

PH	SPECIFIC GRAVITY	PROTEIN	GLUCOSE	KETONES	BLOOD	BILIRUBIN	UROBILINOGEN	NITRITE	LEUKOCYTE ESTERASE
6.5	<=1.005	NOT DETECTED	NOT DETECTED	NOT DETECTED	NOT DETECTED	NOT DETECTED	NORMAL	NOT DETECTED	NOT DETECTED
4.7 - 7.5	1.003 - 1.035	NOT DETECTED	NOT DETECTED	NOT DETECTED	NOT DETECTED	NOT DETECTED	NORMAL	NOT DETECTED	NOT DETECTED

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

Test Report Status	Final	Results	Biological Reference Interval	Units
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PERFORMED AT :

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 Dhore*

Agilus Diagnostics Ltd.  
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REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC006134

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12390641

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:12390641

NUMBAI 44001

AGE/SEX : 38 Years Male

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BILLNO-1501240PCR017766

BILLNO-1501240PCR017766

Test Report Status Final

Results

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MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS NOT DETECTED

PUS CELL (WBC'S) 0-1 /HPF

EPITHELIAL CELLS 0-5 /HPF

CASTS NOT DETECTED

CRYSTALS NOT DETECTED

BACTERIA NOT DETECTED

YEAST NOT DETECTED

REMARKS METHOD : MICROSCOPIC EXAMINATION

NOT DETECTED

NOT DETECTED

NOT DETECTED

NOT DETECTED

NOT DETECTED

NOT DETECTED

NOT DETECTED

NOT DETECTED

NOT DETECTED

NOT DETECTED

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NOT DETECTED

NOT DETECTED

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NOT DETECTED

NOT DETECTED

NOT DETECTED

NOT DETECTED

Interpretation(s)

URINARY MICROSCOPIC EXAMINATION DONE ON URINARY CENTRIFUGED SEDIMENT

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

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

*(Signature)*

*(Signature)*  
Rekha.N

PERFORMED AT :

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Test Report Status **Final**

Results

Biological Reference Interval Units

**THYROID PANEL, SERUM**  
SPECIALISED CHEMISTRY - HORMONE

Test Name	Result	Biological Reference Interval	Units
T3	133.7	80.0 - 200.0	ng/dL
T4	7.06	5.10 - 14.10	µg/dL
TSH (ULTRA SENSITIVE)	1.430	0.270 - 4.200	µIU/mL

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

METHOD : ELECTROCHEMILUMINESCENCE, SANDWICH IMMUNOASSAY

Interpretation(s)

*[Signature]*

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

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**Biological Reference Interval Units**

**SPECIALISED CHEMISTRY - TUMOR MARKER**

**PROSTATE SPECIFIC ANTIGEN, SERUM**

**2,240 High**

**0.0 - 1.4**

**ng/mL**

METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

**Interpretation(s)**

- PSA is not detected (or detected at very low levels) in the patients without prostate tissue (because of radical prostatectomy and malignant prostate tissue and in patients with prostatitis, 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. Burts CA, Ashwood ER, Bruns DE, Teitz 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](http://www.agilusdiagnostics.com) for related Test Information for this accession

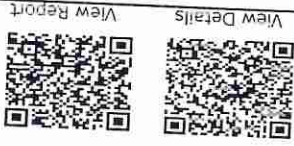
**Dr. Akshay Dhote, MD**  
(Reg.no. MMC 2019/09/6377)  
Consultant Pathologist

*(Signature)*

**PERFORMED AT :**

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

**Patient Ref. No. 2200000912041**



PATIENT NAME : MR.SANTOSH S. SORAGAVI

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

CLINICAL INFORMATION :

UID:12390641 REQNO-1684413

CORP-OPD  
BILLNO-1501240PCR017766  
BILLNO-1501240PCR017766

Test Report Status **Final**

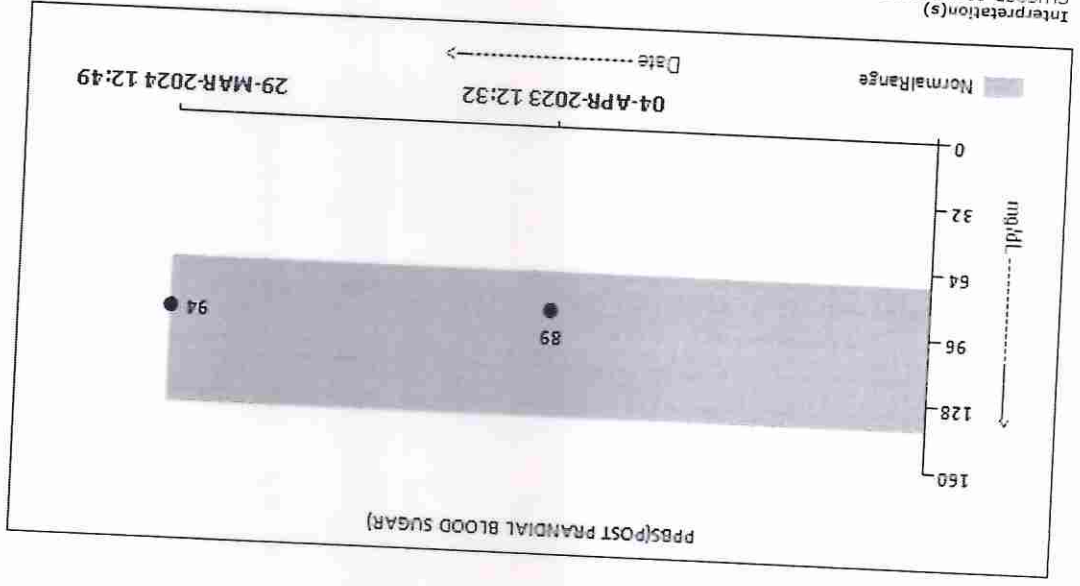
Results

Biological Reference Interval Units

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

METHOD : HEXOKINASE

94  
70 - 140 mg/dL



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\*\*

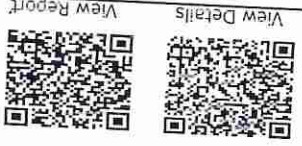
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Dr. Akshay Dhote, MD  
(Reg.no. MMC 2019/09/6377)  
Consultant Pathologist

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CIN - U74899PB1995PLC045956  
Email : -

Patient Ref. No. 2200000912101



L439U041  
38 Years

SANTOSH SORAGAVI  
Male

3/29/2024 9:37:26 AM

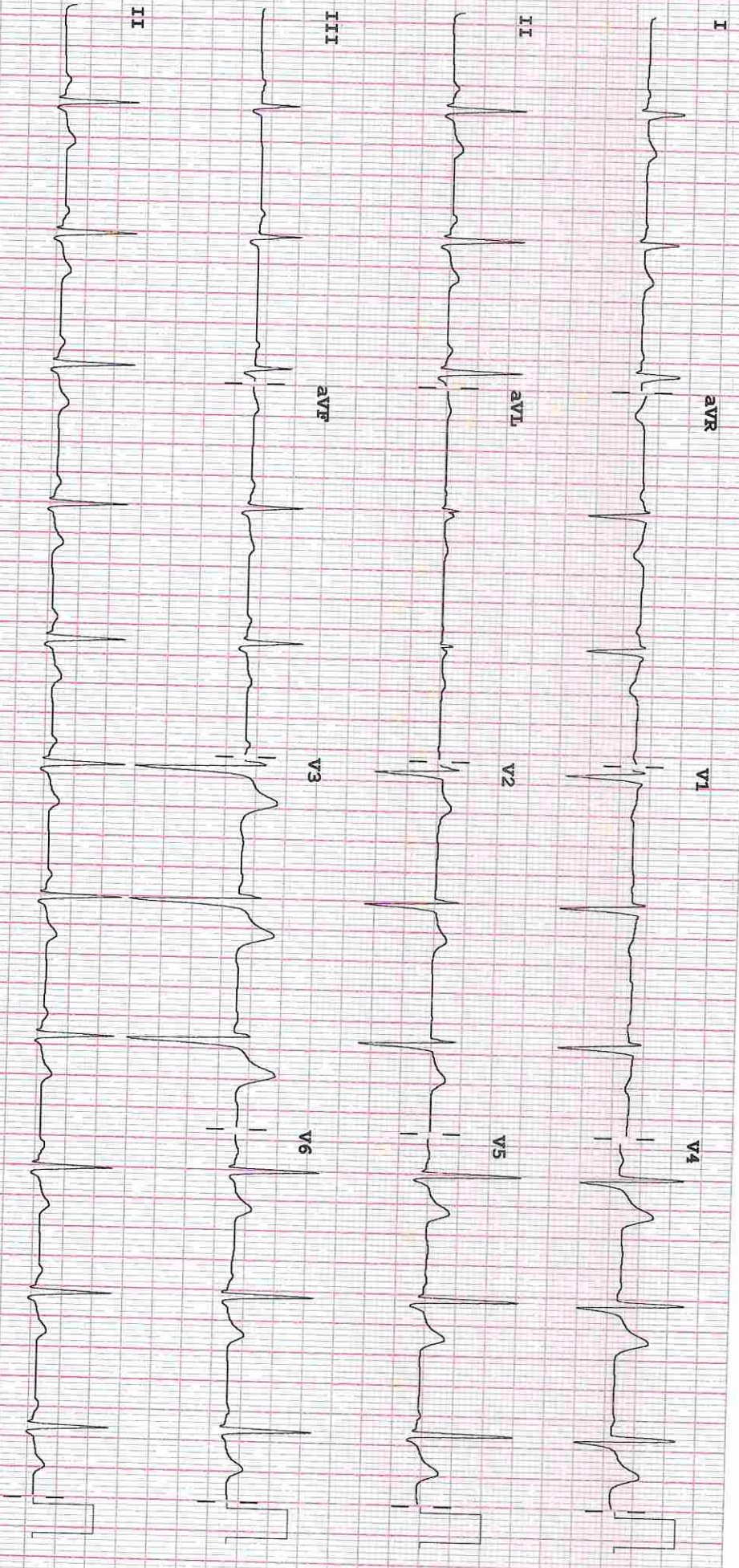
Rate 68 . Sinus rhythm.....normal P axis, V-rate 50- 99  
PR 148 . Nonspecific intraventricular conduction delay.....QRSd >115ms, not LBBB/RBBB  
QRSD 118 . ST elev, probable normal early repol pattern.....ST elevation, age<55  
QT 381  
QTc 406

--AXIS--  
P 60  
QRS 41  
T 31

12 Lead; Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limbs: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

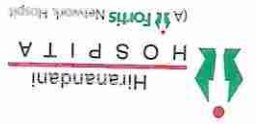
100B CL

P?

*HE*  
*Normal*

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 www.fortishealthcare.com | vashi@fortishealthcare.com  
 CIN: U85100MH2005PTC 154823  
 GST IN : 27AABCH5894D1ZG  
 PAN NO : AABCH5894D

(For Billing/Reports & Discharge Summary only)



DEPARTMENT OF NIC

Name: Mr. Santosh S. Soragavi  
 Age | Sex: 38 YEAR(S) | Male  
 Order Station : FO-OPD  
 Bed Name :  
 UHID | Episode No : 12390641 | 18040/24/1501  
 Order No | Order Date: 1501/PN/OP/2403/37725 | 29-Mar-2024  
 Admitted On | Reporting Date : 29-Mar-2024 16:07:43  
 Order Doctor Name : Dr.SELF.

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction. No e/o raised LVEDP.
- Trivial mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension.
- PASP = 25 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 13 mm with normal inspiratory collapse.

M-MODE MEASUREMENTS:

LA	mm	28
AO Root	mm	19
AO CUSP SEP	mm	14
LVID (s)	mm	30
LVID (d)	mm	45
IVS (d)	mm	10
LVPW (d)	mm	10
RVID (d)	mm	32
RA	mm	35
LVEF	%	60

*(Handwritten signature)*

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

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

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

Final Impression :

GRADE OF REGURGITATION	V max (m/sec)	MEAN (mmHg)	PEAK (mmHg)	MITRAL VALVE	AORTIC VALVE	TRICUSPID VALVE	PULMONARY VALVE
Trivial			N				2.0
Trivial							25
Trivial							05
Trivial							Nil

E WAVE VELOCITY: 0.7 m/sec.  
A WAVE VELOCITY: 0.6m/sec  
E/A RATIO: 1.1

**DOPPLER STUDY:**

Name: Mr. Santosh S. Soragavi  
Age | Sex: 38 YEAR(S) | Male  
Order Station : FO-OPD  
Bed Name :

UHD | Episode No : 12390641 | 18040/24/1501  
Order No | Order Date: 1501/PN/OP/2403/37725 | 29-Mar-2024  
Admitted On | Reporting Date : 29-Mar-2024 16:07:43  
Order Doctor Name : Dr.SELF.

**DEPARTMENT OF NIC**

Date: 29/Mar/2024

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www.fortishealthcare.com | vashi@fortishealthcare.com  
CIN: U85100MH2005PTC 154823  
GST IN : 27AABCH5894D1ZG  
PAN NO : AABCH5894D



Hiranandani  
HOSPITAL  
(A Fortis Network Hospital)

DR. YOGINI SHAH  
DMRD, DNB, (Radiologist)

Bony thorax is unremarkable.

Both costophrenic angles are well maintained.

Trachea and major bronchi appears normal.

The cardiac shadow appears within normal limits.

Both lung fields are clear.

**Findings:**

**X-RAY-CHEST- PA**

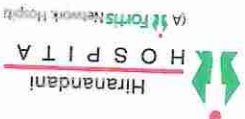
Name: Mr. Santosh S. Soragavi  
Age | Sex: 38 YEAR(S) | Male  
Order Station : FO-OPD  
Bed Name :

UHD | Episode No : 12390641 | 18040/24/1501  
Order No | Order Date: 1501/PN/OP/2403/37725 | 29-Mar-2024  
Admitted On | Reporting Date : 29-Mar-2024 11:14:04  
Order Doctor Name : Dr.SELF.

**DEPARTMENT OF RADIOLOGY**

Hiranandani Healthcare Pvt. Ltd.  
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CIN: U85100MH2005PTC 154823  
GST IN : 27AABCH5894D12G  
PAN NO : AABCH5894D

Date: 29/Mar/2024



DR. KUNAL NIGAM  
M.D. (Radiologist)

• Gall bladder polyp / calculus as described.

**Impression:**

No evidence of ascites.

**PROSTATE** is normal in size & echogenicity. It measures ~ 15 cc in volume.

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

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

Left kidney measures 11.5 x 5.1 cm.

Right kidney measures 11.3 x 4.9 cm.

evidence of calculi/hydronephrosis.

**BOTH KIDNEYS** are normal in size and echogenicity. The central sinus complex is normal. No

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

**CBD** appears normal in caliber.

pericholecystic collection.

**GALL BLADDER** is physiologically distended and shows echogenic polypoidal lesion within the lumen, measuring 4.6 mm. Gall bladder reveals normal wall thickness. No evidence of

*segment VIII of liver*. No other focal lesion is seen. Portal vein appears normal in caliber.

**LIVER** is normal in size and echogenicity. No IHBR dilatation. *Calcified granuloma* is seen in

**US-WHOLE ABDOMEN**

**DEPARTMENT OF RADIOLOGY**

Order Doctor Name : Dr.SELF.

Admitted On | Reporting Date : 29-Mar-2024 12:47:50

Order No | Order Date: 1501/PN/OP/2403/37725 | 29-Mar-2024

UHHD | Episode No : 12390641 | 18040/24/1501

Bed Name :

Order Station : FO-OPD

Age | Sex: 38 YEAR(S) | Male

Name: Mr. Santosh S. Soragavi

Date: 29/Mar/2024

(For Billing/Reports & Discharge Summary only)

PAN NO : AABCH5894D

GST IN : 27AABCH5894D12G

CIN: U85100MH2005PTC 154823

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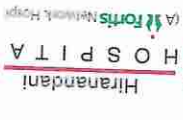
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