

BMI CHART

Date: 13/04/24

Name: Sonveer Gov Age: 59 yrs Sex: M/F
BP: 120/80mmHg Height (cms): 160cm Weight(kgs): 85kg BMI: _____

| WEIGHT lbs | 80 | 85 | 90 | 95 | 100 | 105 | 110 | 115 | 120 | 125 | 130 | 135 | 140 | 145 | 150 | 155 | 160 | 165 | 170 | 175 | 180 | 185 | 190 | 195 | 200 | 205 | 210 | 215 | | | | | | | | |
|---------------|-------------|------|------|------|------|---------|------|------|------|------|------------|------|------|------|------|-------|------|------|------|------|-----------------|------|------|------|-----|-----|-----|-----|----|----|----|----|--|--|--|--|
| kg | 45.5 | 47.7 | 50.9 | 52.3 | 54.5 | 56.8 | 59.1 | 61.4 | 63.6 | 65.9 | 68.2 | 70.5 | 72.7 | 75.0 | 77.3 | 79.6 | 81.8 | 84.1 | 86.4 | 88.6 | 90.9 | 93.2 | 95.5 | 97.7 | | | | | | | | | | | | |
| HEIGHT in/cm | Underweight | | | | | Healthy | | | | | Overweight | | | | | Obese | | | | | Extremely Obese | | | | | | | | | | | | | | | |
| 5'0" - 152.4 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | | | | | | |
| 5'1" - 154.9 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | | | | | |
| 5'2" - 157.4 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | | | | | |
| 5'3" - 160.0 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | | | | |
| 5'4" - 162.5 | 17 | 18 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | | | |
| 5'5" - 165.1 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | | | |
| 5'6" - 167.6 | 16 | 17 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | | |
| 5'7" - 170.1 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | | |
| 5'8" - 172.7 | 15 | 16 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | |
| 5'9" - 175.2 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | | |
| 5'10" - 177.8 | 14 | 15 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | |
| 5'11" - 180.3 | 14 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | |
| 6'0" - 182.8 | 13 | 14 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | |
| 6'1" - 185.4 | 13 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | |
| 6'2" - 187.9 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | | |
| 6'3" - 190.5 | 12 | 13 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | |
| 6'4" - 193.0 | 12 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | |

Doctors Notes:

Signature



| | | | | | |
|------|-------------------|-----------------|------------|-----|----|
| UHID | 3022251 | Date | 13/04/2024 | | |
| Name | Mrs. Sangeeta Gor | Sex | Female | Age | 59 |
| OPD | Dental 12 | Health Check-up | | | |

O/E - Stain +
 - Calculus +

Drug allergy:
 Sys illness:

- Root piece $\bar{c} \frac{8}{876}$

- Caris $\bar{c} \frac{8}{8}$

Treatment

A/d - ① Scaling Grade I -

② Extraction $\bar{c} \frac{8}{8}$

③ Extraction $\bar{c} \frac{8}{876}$

④ Implant $\bar{c} \frac{76}{76}$

⑤ CBCT (Xray)

Dr. Jyoti



| | | | |
|------|-------------------|-----------------|------------|
| UHID | 3022251 | Date | 13/04/2024 |
| Name | Mrs. Sangeeta Gor | Sex | Female |
| OPD | Ophthal 14 | Age | 59 |
| | | Health Check-up | |

Chk. NO

Drug allergy: → Not known
 Sys illness: → No
Habit: → No

HCA HTW.

Visual → R 6/18P
 → L 6/18P (PUP)

*
 PUP → R -1.00 / -1.00 x 90° 6/6
 → L -0.75 / -1.25 x 90° 6/6
 Add +2.50 → xW6
 → W6

IOP → R → 14.9
 → L → 14.7 } Same as P.A.P.)

All well

* PEG-Tenax → ① → ① → ① → ①
 15 drops

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| | | | |
|------|-------------------|-----------------|------------|
| UHID | 3022251 | Date | 13/04/2024 |
| Name | Mrs. Sangeeta Gor | Sex | Female |
| OPD | Pap Smear | Age | 59 |
| | | Health Check-up | |

Drug allergy:
 Sys illness:

59 yo / ms - 25y o / Bil / use.

- postmenopausal x 8yrs back

PAP done 3 years back

~~HA P~~

(P/H) NAD khalo HTN

(A/H) NAD

Adw

Dr

flr e defacto

PATIENT NAME : MRS.SANGEETA GOR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000G45507

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

ACCESSION NO : 0022XD002285

PATIENT ID : FH.3022251

CLIENT PATIENT ID: UID:3022251

ABHA NO :

AGE/SEX : 59 Years Female

DRAWN : 13/04/2024 09:25:00

RECEIVED : 13/04/2024 09:31:47

REPORTED : 13/04/2024 13:47:24

CLINICAL INFORMATION :

UID:3022251 REQNO-1691141

CORP-OPD

BILLNO-150124OPCR020467

BILLNO-150124OPCR020467

Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY - CBC

CBC-S, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

| Parameter | Result | Biological Reference Interval | Units |
|--|-----------|-------------------------------|---------------|
| HEMOGLOBIN (HB) METHOD : SLS METHOD | 13.9 | 12.0 - 15.0 | g/dL |
| RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING | 5.06 High | 3.8 - 4.8 | mil/ μ L |
| WHITE BLOOD CELL (WBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY | 8.51 | 4.0 - 10.0 | thou/ μ L |
| PLATELET COUNT METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION | 377 | 150 - 410 | thou/ μ L |

RBC AND PLATELET INDICES

| | | | |
|--|------|--------------|------|
| HEMATOCRIT (PCV) METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD | 43.6 | 36.0 - 46.0 | % |
| MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER | 86.2 | 83.0 - 101.0 | fL |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER | 27.5 | 27.0 - 32.0 | pg |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER | 31.9 | 31.5 - 34.5 | g/dL |
| RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER | 12.5 | 11.6 - 14.0 | % |
| MENTZER INDEX METHOD : CALCULATED PARAMETER | 17.0 | | |
| MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER | 9.1 | 6.8 - 10.9 | fL |

WBC DIFFERENTIAL COUNT



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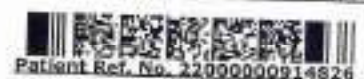
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CIN - U74209PB1995PLC045956
Email : -



Patient Ref. No. 22000000914826

PATIENT NAME : MRS.SANGEETA GOR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

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Test Report Status **Final**

| Test Report Status | Results | Biological Reference Interval | Units |
|--|-----------|-------------------------------|---------------|
| NEUTROPHILS METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | 50 | 40.0 - 80.0 | % |
| LYMPHOCYTES METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | 33 | 20.0 - 40.0 | % |
| MONOCYTES METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | 7 | 2.0 - 10.0 | % |
| EOSINOPHILS METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | 10 High | 1 - 6 | % |
| BASOPHILS METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | 0 | 0 - 2 | % |
| ABSOLUTE NEUTROPHIL COUNT METHOD : CALCULATED PARAMETER | 4.26 | 2.0 - 7.0 | thou/ μ L |
| ABSOLUTE LYMPHOCYTE COUNT METHOD : CALCULATED PARAMETER | 2.81 | 1.0 - 3.0 | thou/ μ L |
| ABSOLUTE MONOCYTE COUNT METHOD : CALCULATED PARAMETER | 0.60 | 0.2 - 1.0 | thou/ μ L |
| ABSOLUTE EOSINOPHIL COUNT METHOD : CALCULATED PARAMETER | 0.85 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 | 1.5 | | |

MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC

WBC

METHOD : MICROSCOPIC EXAMINATION

EOSINOPHILIA PRESENT

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

ADEQUATE



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Test Report Status **Final**

Results

Biological Reference Interval Units

Interpretation(s)

RBC AND PLATELET INDICES-Mentzer index (MCV/PLT) is an estimated 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 always is a calculated parameter and out of NABL scope.



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BILLNO-1501240PCR020467

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Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R

METHOD : WESTERGREN METHOD

26 High

0 - 20

mm at 1 hr

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C

5.9 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)

%

METHOD : HB VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)

METHOD : CALCULATED PARAMETER

122.6 High

< 116.0

mg/dL



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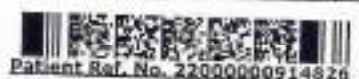
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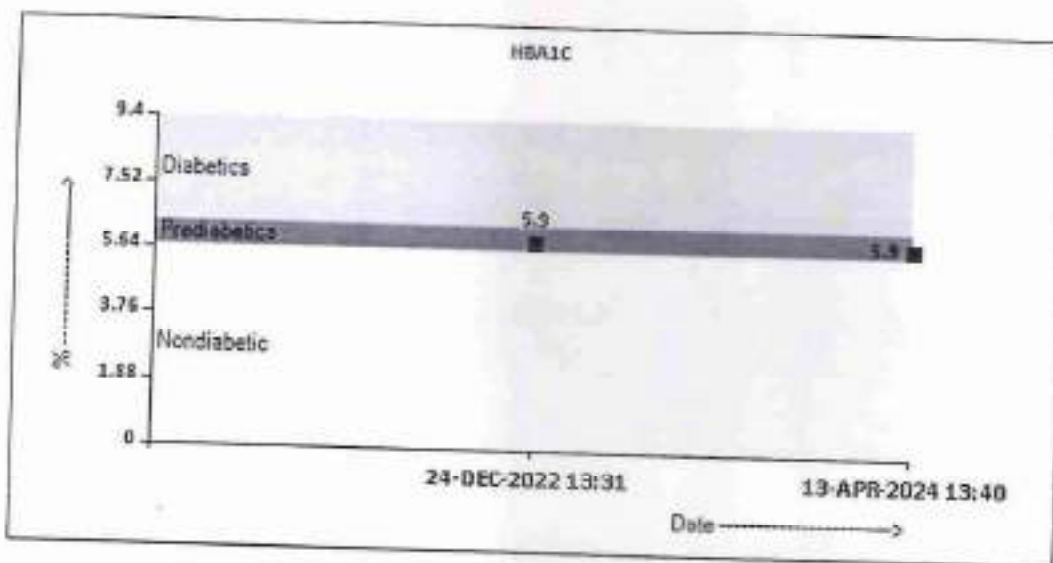
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Interpretation(s)

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 millimeters 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.

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

In pregnancy ESR in first trimester is 0-10 mm/hr (52 if anemic) and in second trimester (0-70 mm/hr) (35 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

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

False Decreased : Pseudothrombocytopenia, (Sideroblastic anemia, Microcytosis, Low fibrinogen, Very high WBC counts, Drugs (Quinine, salicylates)

REFERENCE :

1, Nathan and Oak's Hematology of Infancy and Childhood, 5th edition; 2, Pediatric reference intervals: AACC Press, 7th edition, Edited by S. Sridin; 3. The reference for

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Patient Ref. No. 2200000914826

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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. Primosmone 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. Hyperlipidemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiate addiction are reported to interfere with some assay methods, falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

a) Homozygous hemoglobinopathy. Fluorescence is recommended for testing of HbA1c.

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

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



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| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XD002285 | |
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| FORTIS HOSPITAL - VASHI, | | DRAWN : 13/04/2024 09:25:00 | |
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|--------------------|-------|---------|-------------------------------|-------|

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

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

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

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

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

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



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 Maharashtra, India
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 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000914826

PATIENT NAME : MRS.SANGEETA GOR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XD002285

PATIENT ID : FH.3022251

CLIENT PATIENT ID: UID:3022251

ABHA NO :

AGE/SEX : 59 Years Female

DRAWN : 13/04/2024 09:25:00

RECEIVED : 13/04/2024 09:31:47

REPORTED : 13/04/2024 13:47:24

CLINICAL INFORMATION :

UID:3022251 REQNO-1691141

CORP-OPD

BILLNO-150124OPCR020467

BILLNO-150124OPCR020467

Test Report Status Final

Results

Biological Reference Interval Units

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

| Test Name | Result | Biological Reference Interval | Units |
|---|--------|-------------------------------|-------|
| BILIRUBIN, TOTAL METHOD : JENDRASSIK AND GROFF | 0.53 | 0.2 - 1.0 | mg/dL |
| BILIRUBIN, DIRECT METHOD : JENDRASSIK AND GROFF | 0.14 | 0.0 - 0.2 | mg/dL |
| BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER | 0.39 | 0.1 - 1.0 | mg/dL |
| TOTAL PROTEIN METHOD : BIURET | 7.3 | 6.4 - 8.2 | g/dL |
| ALBUMIN METHOD : BCP DYE BINDING | 3.7 | 3.4 - 5.0 | g/dL |
| GLOBULIN METHOD : CALCULATED PARAMETER | 3.6 | 2.0 - 4.1 | g/dL |
| ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER | 1.0 | 1.0 - 2.1 | RATIO |
| ASPARTATE AMINOTRANSFERASE(AST/SGOT) METHOD : UV WITH PSP | 15 | 15 - 37 | U/L |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH PSP | 18 | < 34.0 | U/L |
| ALKALINE PHOSPHATASE METHOD : PAPP-AMP | 93 | 30 - 120 | U/L |
| GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE | 22 | 5 - 55 | U/L |
| LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE | 190 | 81 - 234 | U/L |

GLUCOSE FASTING, FLUORIDE PLASMA

| Test Name | Result | Biological Reference Interval | Units |
|---|--------|---|-------|
| FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE | 95 | Normal : < 100 Pre-diabetes: 100-125 Diabetes: >/=126 | mg/dL |

Rekha

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



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Email : -



Patient Ref. No. 2200000914826

PATIENT NAME : MRS.SANGEETA GOR

REF. DOCTOR :

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

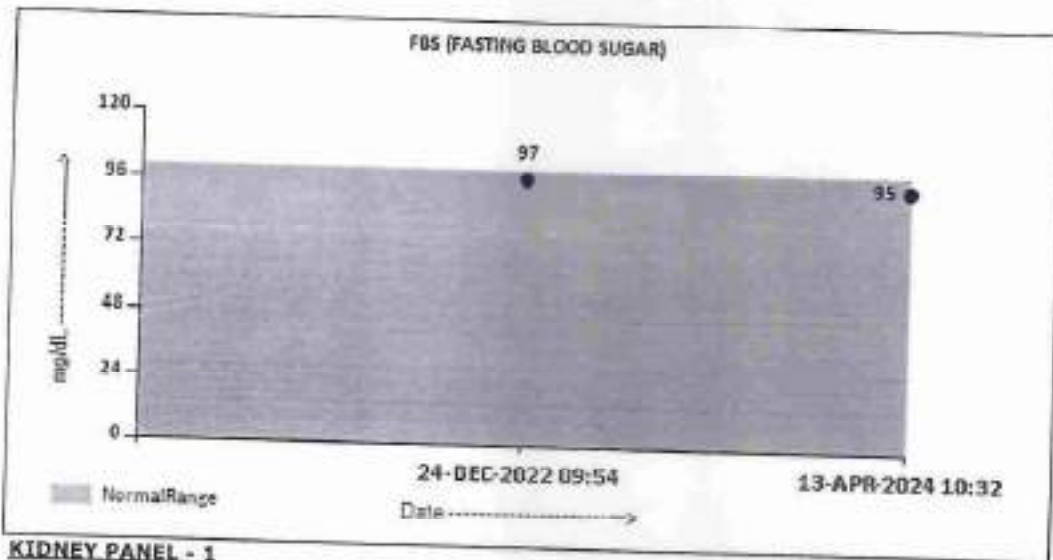
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PATIENT ID : FH.3022251
CLIENT PATIENT ID: UID:3022251
ABHA NO : 1

AGE/SEX : 59 Years Female
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| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|



KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN 10 6 - 20 mg/dL
 METHOD : UREASE - UV

CREATININE EGFR- EPI

CREATININE 0.73 0.60 - 1.10 mg/dL
 METHOD : ALKALINE PICRATE KINETIC JAFFES

AGE 59 years

GLOMERULAR FILTRATION RATE (FEMALE) 94.68 Refer Interpretation Below mL/min/1.73m²
 METHOD : CALCULATED PARAMETER

Rekha

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 Microbiologist



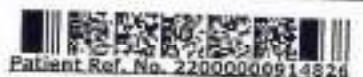
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Patient Ref. No. 22000000914824

PATIENT NAME : MRS.SANGEETA GOR

REF. DOCTOR :

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 MUMBAI 440001

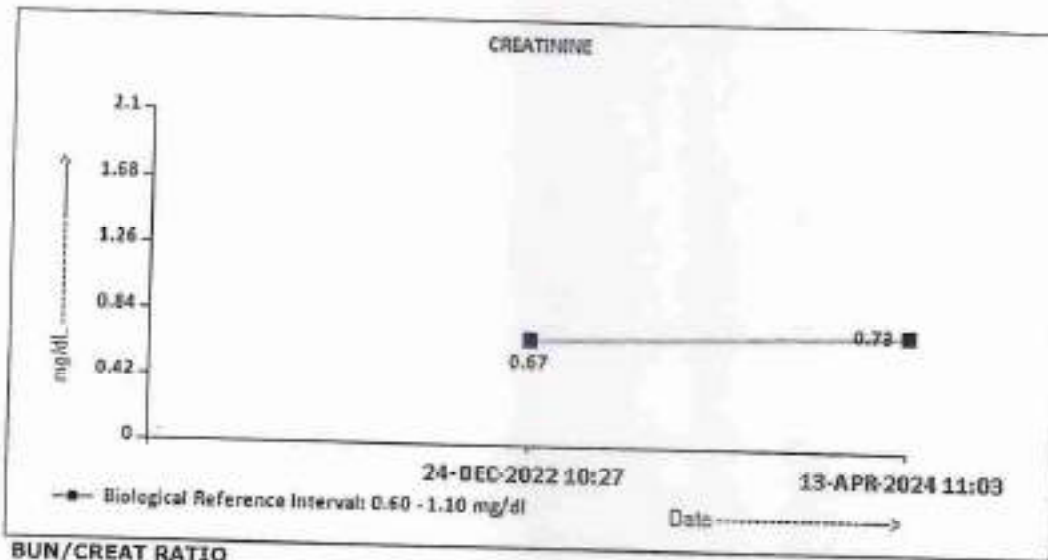
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 ASHA NO : 1

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|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|



BUN/CREAT RATIO

BUN/CREAT RATIO 13.70 5.00 - 15.00
 METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID 5.1 2.6 - 6.0 mg/dL
 METHOD : URICASE UV

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 7.3 6.4 - 8.2 g/dL
 METHOD : BIURET

Rekha N

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|--------------------|-------|---------|-------------------------------|-------|

ALBUMIN, SERUM

ALBUMIN

METHOD : BCP DYE BINDING

3.7

3.4 - 5.0

g/dL

GLOBULIN

GLOBULIN

METHOD : CALCULATED PARAMETER

3.6

2.0 - 4.1

g/dL

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM

METHOD : ISE INDIRECT

140

136 - 145

mmol/L

POTASSIUM, SERUM

METHOD : ISE INDIRECT

4.69

3.50 - 5.10

mmol/L

CHLORIDE, SERUM

METHOD : ISE INDIRECT

104

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, benadryl 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 or scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or perniculous 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, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen

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BILLNO-150124OPCR020467

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Test Report Status **Final**

Results

Biological Reference Interval Units

in hypophosphatemia, 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 liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.

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

Albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, 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, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g. galactosemia), Drugs: insulin, ethanol, propranolol, sulfonylureas, tolbutamide, and other oral hypoglycemic agents.

NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycemics & Insulin treatment, Renal Glytulin, Glycemic index & response to food consumed. Alimentary hypoglycemia, increased insulin response & sensitivity etc.

BLOOD UREA NITROGEN (BUN), SERUM-CAUSES of Increased levels include: Prerenal (High protein diet, Increased protein catabolism, GI hemorrhage, Cortisol), Dehydration, CHF Renal), Renal failure, Post Renal (Malignancy, Nephrolithiasis, Prostatitis)

Causes of decreased level include: Liver disease, SIADH, COBALTINE (COPR- EPI - Kidney disease outcomes quality initiative (KDOQI) guidelines state that estimation of GFR is the best overall indices of the kidney function.

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

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

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

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

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

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

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

References:

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

Estimated GFR Calculated Using the CKD-EPI equation-<https://testguide.livemed.com/est-gfr/>

Geeman JK, et al. Impact of Removing Race Variable on CKD Classification Using the Creatinine-Based 2021 CKD-EPI Equation. *Kidney Med* 2022; 4:160471. 35751325

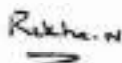
Harrison's Principles of Internal Medicine, 21st ed, pg 52 and 234

URIC ACID, SERUM-CAUSES of Increased levels-Dietary (High Purine Intake, Prolonged Fasting, Rapid weight loss), Gout, Lesch nylan syndrome, Type 2 DM, Metabolic syndrome

Causes of decreased levels-Low Zinc intake, OCP, Multiple Sclerosis

HIGHER-THAN-NORMAL LEVELS may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström's disease, Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

ALBUMIN, 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 vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.



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Patient Ref. No. 22000000914826

PATIENT NAME : MRS.SANGEETA GOR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD
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CORP-OPD

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Test Report Status **Final**

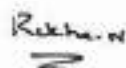
Results

Biological Reference Interval Units

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

| Test Report Status | Results | Biological Reference Interval | Units |
|--|----------|--|-------|
| BIOCHEMISTRY - LIPID | | | |
| LIPID PROFILE, SERUM | | | |
| CHOLESTEROL, TOTAL | 217 High | < 200 Desirable 200 - 239 Borderline High >= 240 High | mg/dL |
| METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE | | | |
| TRIGLYCERIDES | 87 | < 150 Normal 150 - 199 Borderline High 200 - 499 High >= 500 Very High | mg/dL |
| METHOD : ENZYMATIC ASSAY | | | |
| HDL CHOLESTEROL | 67 High | < 40 Low >= 60 High | mg/dL |
| METHOD : DIRECT MEASURE - PEG | | | |
| LDL CHOLESTEROL, DIRECT | 133 High | < 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >= 190 Very High | mg/dL |
| METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT | | | |
| NON HDL CHOLESTEROL | 150 High | Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220 | mg/dL |
| METHOD : CALCULATED PARAMETER | | | |
| VERY LOW DENSITY LIPOPROTEIN | 17.4 | <= 30.0 | mg/dL |
| 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 | | | |



Dr. Rekha Nair, MD
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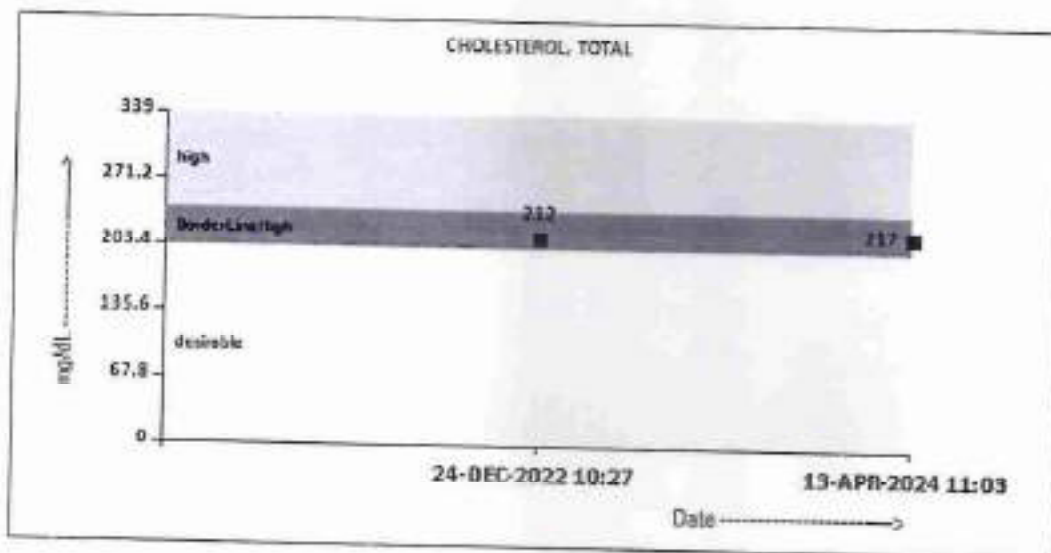
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|--|--|--|--|
| PATIENT NAME : MRS.SANGEETA GOR | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPL2D FORTIS HOSPITAL - VASHI, MUMBAI 440001 | | AGE/SEX : 59 Years Female DRAWN : 13/04/2024 09:25:00 RECEIVED : 13/04/2024 09:31:47 REPORTED : 13/04/2024 13:47:24 | |
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CLINICAL INFORMATION :
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 BILLNO-150124OPCR020467
 BILLNO-150124OPCR020467

| Test Report Status | Results | Biological Reference Interval | Units |
|--------------------|---------|--|-------|
| Final | 2.0 | 0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk | |

METHOD : CALCULATED PARAMETER



Rekha

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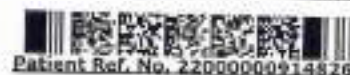


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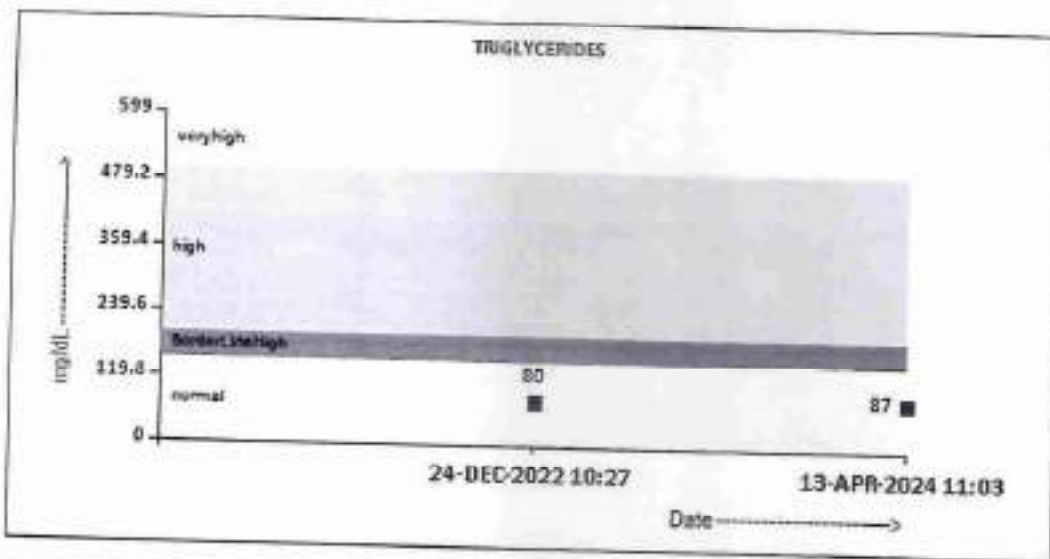
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Rekha N

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Microbiologist

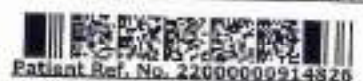


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Patient Ref. No. 2200000914820

PATIENT NAME : MRS.SANGEETA GOR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD
FORTIS HOSPITAL - VASHI,
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Test Report Status **Final**

Results

Biological Reference Interval Units



Rekha

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Agilus Diagnostics Ltd

Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,

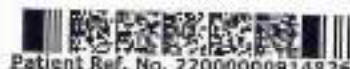
Navi Mumbai, 400703

Maharashtra, India

Tel : 022-30199222, 022-45723322, Fax :

CIN - U743059801995PLC045956

Email : -



Patient Ref. No. 22000000914826

PATIENT NAME : MRS.SANGEETA GOR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XD002285

PATIENT ID : PH.3022251

CLIENT PATIENT ID: UID:3022251

ABHA NO :

AGE/SEX : 59 Years Female

DRAWN : 13/04/2024 09:25:00

RECEIVED : 13/04/2024 09:31:47

REPORTED : 13/04/2024 13:47:24

CLINICAL INFORMATION :

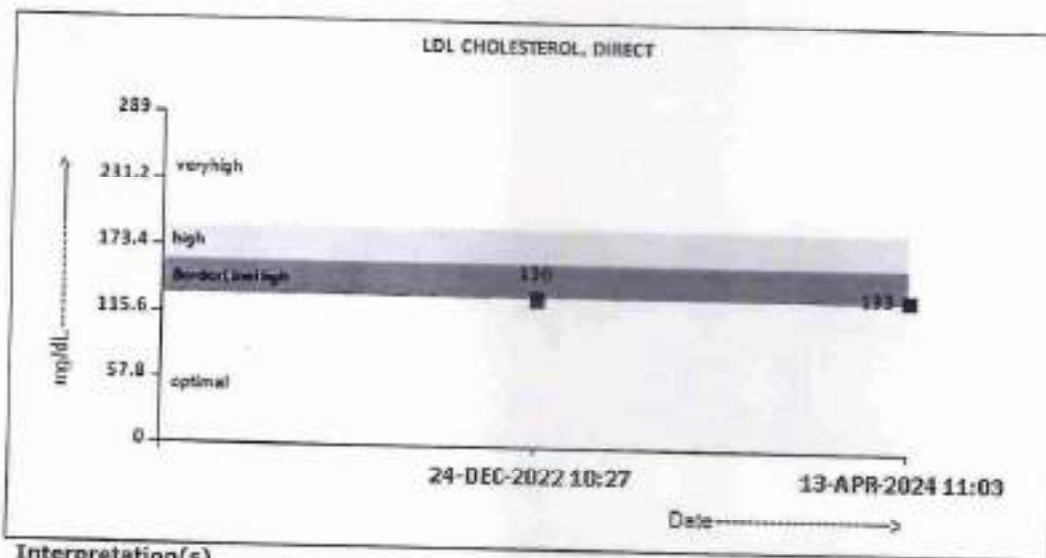
UID:3022251 REQNO-1691141

CORP-OPD

BILLNO-150124OPCR020467

BILLNO-150124OPCR020467

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



Interpretation(s)

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



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Maharashtra, India
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CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 22000000914826

| | | | |
|---|--|---------------------------------------|---------------------------------------|
| PATIENT NAME : MRS.SANGEETA GOR | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XD002285 | AGE/SEX : 59 Years Female |
| FORTIS VASHI-CHC -SPLZD | | PATIENT ID : FH.3022251 | DRAWN : 13/04/2024 09:25:00 |
| FORTIS HOSPITAL - VASHI, | | CLIENT PATIENT ID: UID:3022251 | RECEIVED : 13/04/2024 09:31:47 |
| MUMBAI 440001 | | ABHA NO : | REPORTED : 13/04/2024 13:47:24 |

CLINICAL INFORMATION :
 UID:3022251 REQNO-1691141
 CORP-OPD
 BILLNO-150124OPCR020467
 BILLNO-150124OPCR020467

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

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

| | |
|--------------------------------------|--------------------|
| COLOR METHOD : PHYSICAL | PALÉ YELLOW |
| APPEARANCE METHOD : VISUAL | CLEAR |

CHEMICAL EXAMINATION, URINE

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

Rekha N

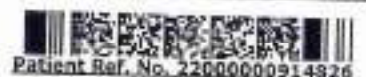
Dr. Rekha Nair, MD
 (Reg No. MMC 2001/06/2354)
 Microbiologist



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 Maharashtra, India
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 CIN - U74809WB1995PLCC043956
 Email : -



Patient Ref. No. 22000000914826

PATIENT NAME : MRS.SANGEETA GOR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XD002285

PATIENT ID : FH.3022251

CLIENT PATIENT ID: UID:3022251

ASHA NO :

AGE/SEX : 59 Years Female

DRAWN : 13/04/2024 09:25:00

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CLINICAL INFORMATION :

UID:3022251 REQNO-1691141

CORP-OPD

BILLNO-150124OPCR020467

BILLNO-150124OPCR020467

Test Report Status **Final**

Results

Biological Reference Interval Units

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS

METHOD : MICROSCOPIC EXAMINATION

NOT DETECTED

NOT DETECTED

/HPF

PUS CELL (WBC'S)

METHOD : MICROSCOPIC EXAMINATION

0-1

0-5

/HPF

EPITHELIAL CELLS

METHOD : MICROSCOPIC EXAMINATION

1-2

0-5

/HPF

CASTS

METHOD : MICROSCOPIC EXAMINATION

NOT DETECTED

CRYSTALS

METHOD : MICROSCOPIC EXAMINATION

NOT DETECTED

BACTERIA

METHOD : MICROSCOPIC EXAMINATION

NOT DETECTED

NOT DETECTED

YEAST

METHOD : MICROSCOPIC EXAMINATION

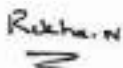
NOT DETECTED

NOT DETECTED

REMARKS

URINARY MICROSCOPIC EXAMINATION DONE ON URINARY
CENTRIFUGED SEDIMENT.

Interpretation(s)



Dr. Rakha Nair, MD
(Reg No. MNC 2001/06/2354)
Microbiologist

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CIN - U74899PB1995PLC045956

Email : -



Patient Ref. No. 22000000914826

| | | | |
|---|--|------------------------------------|--|
| PATIENT NAME : MRS.SANGEETA GOR | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XD002285 | |
| FORTIS VASHI-CHC -SPL2D | | AGE/SEX : 59 Years Female | |
| FORTIS HOSPITAL - VASHI, | | DRAWN : 13/04/2024 09:25:00 | |
| MUMBAI 440001 | | RECEIVED : 13/04/2024 09:31:47 | |
| | | REPORTED : 13/04/2024 13:47:24 | |
| | | PATIENT ID : FH.3022251 | |
| | | CLIENT PATIENT ID: UID:3022251 | |
| | | ABHA NO : | |

CLINICAL INFORMATION :
 UID:3022251 REQNO-1691141
 CORP-OPD
 BILLNO-150124OPCR020467
 BILLNO-150124OPCR020467

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

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

| | | | |
|--|-------|---|--------|
| T3 | 106.5 | Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester: 105.0 - 230.0 2nd Trimester: 129.0 - 262.0 3rd Trimester: 135.0 - 262.0 | ng/dL |
| METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE | | | |
| T4 | 8.11 | Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70 | µg/dL |
| METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE | | | |
| TSH (ULTRASENSITIVE) | 2.970 | Non Pregnant Women 0.27 - 4.20 Pregnant Women (As per American Thyroid Association) 1st Trimester 0.100 - 2.500 2nd Trimester 0.200 - 3.000 3rd Trimester 0.300 - 3.000 | µIU/mL |
| METHOD : ELECTROCHEMILUMINESCENCE SANDWICH IMMUNOASSAY | | | |

Interpretation(s)

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

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



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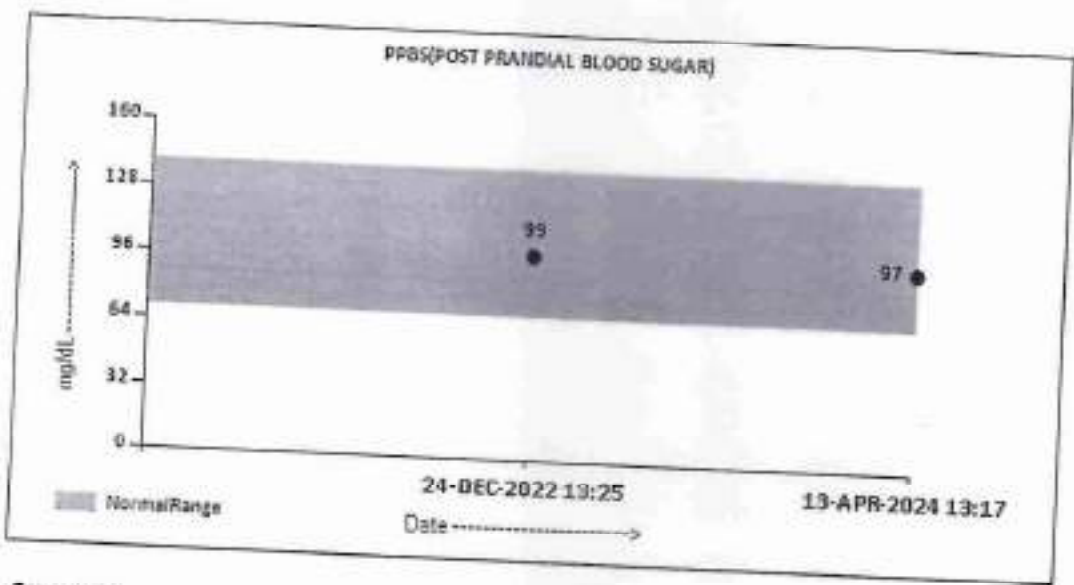


| | | | |
|--|--|------------------------------------|--------------------------------|
| PATIENT NAME : MRS.SANGEETA GOR | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XD002356 | |
| FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL - VASHI, MUMBAI 440001 | | PATIENT ID : PH.3022251 | AGE/SEX : 59 Years Female |
| | | CLIENT PATIENT ID: UID:3022251 | DRAWN : 13/04/2024 12:06:00 |
| | | ABHA NO : | RECEIVED : 13/04/2024 12:06:18 |
| | | | REPORTED : 13/04/2024 14:02:40 |

CLINICAL INFORMATION :
 UID:3022251 REQNO-1691141
 CORP-OPD
 BILLNO-150124OPCR020467
 BILLNO-150124OPCR020467

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

| BIOCHEMISTRY | | | | |
|---------------------------------|----|----------|--|-------|
| GLUCOSE, POST-PRANDIAL, PLASMA | | | | |
| PPBS(POST PRANDIAL BLOOD SUGAR) | 97 | 70 - 140 | | mg/dL |
| METHOD : HEXOKINASE | | | | |



Comments

NOTE: - RECHECKED FOR FASTING AND 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 Hypoglycaemia, Increased insulin response & sensitivity etc-Additional test HbA1c

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



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 Email : -



Patient Ref. No. 22000000914897

PATIENT NAME : MRS.SANGEETA GOR
REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XD002356

PATIENT ID : FH.3022251

CLIENT PATIENT ID: UID:3022251

ASHA NO :

AGE/SEX : 59 Years Female

DRAWN : 13/04/2024 12:06:00

RECEIVED : 13/04/2024 12:06:18

REPORTED : 13/04/2024 14:02:40

CLINICAL INFORMATION :

UID:3022251 REQNO-1691141

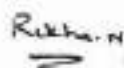
CORP-OPD

BILLNO-150124OPCR020467

BILLNO-150124OPCR020467

Test Report Status **Final**
Results
Biological Reference Interval **Units**
****End Of Report****

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

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CIN - U74899PB1995PLC045956

Email : -



Patient Ref. No. 22000000914892

PATIENT NAME : MRS.SANGEETA GOR

REF. DOCTOR :

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

ACCESSION NO : 0022XD002412
 PATIENT ID : PH.3022251
 CLIENT PATIENT ID: UID:3022251
 ABHA NO :

AGE/SEX : 59 Years Female
 DRAWN : 13/04/2024 14:34:00
 RECEIVED : 13/04/2024 14:46:18
 REPORTED : 15/04/2024 10:41:30

CLINICAL INFORMATION :

UID:3022251 REQNO-1691141
 CORP-OPD
 BILLNO-150124OPCR020467
 BILLNO-150124OPCR020467

Test Report Status **Final**

Units

CYTOLOGY

PAPANICOLAOU SMEAR

PAPANICOLAOU SMEAR

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

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

SMEARS STUDIED SHOW PARABASAL CELLS, INTERMEDIATE SQUAMOUS CELLS, FEW CLUSTERS OF ENDOCERVICAL CELLS IN THE BACKGROUND OF FEW POLYMORPHS.

INTERPRETATION / RESULT

ENDOMETRIAL CELLS (IN A WOMAN \geq 45 YRS)
 METHOD : MICROSCOPIC EXAMINATION

NEGATIVE FOR INTRAEPITHELIAL LESTON OR MALIGNANCY - ATROPHIC SMEAR
 ABSENT

Comments

PLEASE NOTE PAPANICOLAOU SMEAR STUOY 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.

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



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 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 2200000914953

59 Years

sangeeta gor
Female

4/13/2024 11:28:38 AM

Htc

Normal ECG

Rate 86 . Sinus rhythm.....
 PR 139 . Borderline T abnormalities, anterior leads.....
 QRS 79 . Baseline wander in lead(s) V4.....
 QT 340
 QTc 407

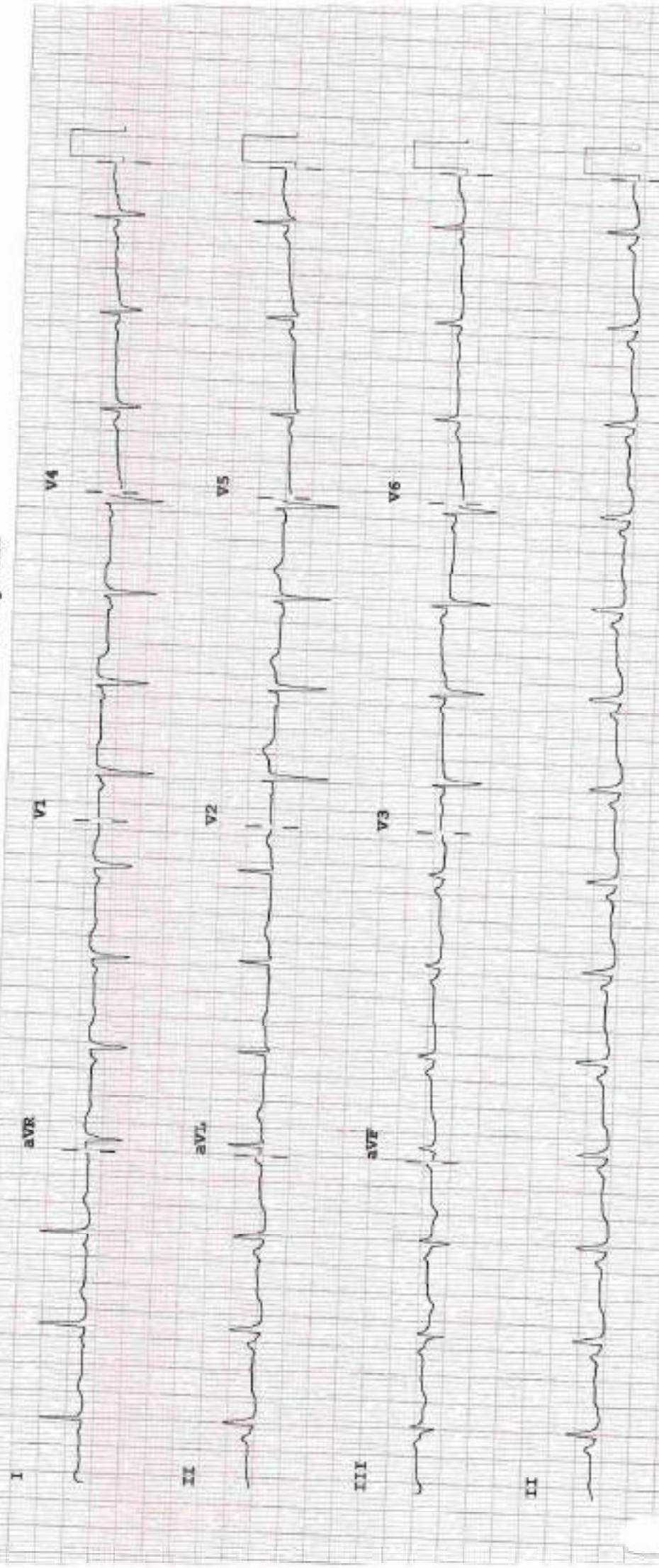
--AXIS--

P 70
 QRS 29
 T -5

12 Lead: Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

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

F 50~0.50-100 Hz W

100B CL

P?



DEPARTMENT OF NIC

Date: 13/Apr/2024

Name: Mrs. Sangeeta Gor
Age | Sex: 59 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 3022251 | 20848/24/1501
Order No | Order Date: 1501/PN/OP/2404/43469 | 13-Apr-2024
Admitted On | Reporting Date : 13-Apr-2024 17:09:03
Order Doctor Name : Dr.SELF.

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- Grade I left ventricle diastolic dysfunction. No e/o raised LVEDP.
- Trivial mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Moderate tricuspid regurgitation. Mild pulmonary hypertension.PASP=32mmHg
- Intact IVS and IAS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimension and function.
- Normal left atrium and left ventricle dimension.
- IVC measures 16 mm with normal inspiratory collapse

M-MODE MEASUREMENTS:

| | | |
|-------------|----|----|
| LA | 25 | mm |
| AO Root | 16 | mm |
| AO CUSP SEP | 11 | mm |
| LVID (s) | 23 | mm |
| LVID (d) | 35 | mm |
| IVS (d) | 11 | mm |
| LVPW (d) | 11 | mm |
| RVID (d) | 30 | mm |
| RA | 32 | mm |
| LVEF | 60 | % |



DEPARTMENT OF NIC

DATE: 13/Apr/2024

Name: Mrs. Sangeeta Gor
Age | Sex: 59 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 3022251 | 20848/24/1501
Order No | Order Date: 1501/PN/OP/2404/43469 | 13-Apr-2024
Admitted On | Reporting Date : 13-Apr-2024 17:09:03
Order Doctor Name : Dr.SELF.


DOPPLER STUDY:

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

| | PEAK (mmHg) | MEAN (mmHg) | V max (m/sec) | GRADE OF REGURGITATION |
|-----------------|----------------|----------------|------------------|---------------------------|
| MITRAL VALVE | N | | | Trivial |
| AORTIC VALVE | 08 | | | Nil |
| TRICUSPID VALVE | 32 | | | Moderate |
| PULMONARY VALVE | 04 | | | Mild |

Final Impression :

- No RWMA.
- Trivial MR, Moderate TR, Mild PH.
- Grade I LV diastolic dysfunction.
- Normal LV and RV systolic function.


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

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

??????



DEPARTMENT OF RADIOLOGY

Date: 13/Apr/2024

Name: Mrs. Sangeeta Gor
Age | Sex: 59 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 3022251 | 20848/24/1501
Order No | Order Date: 1501/PN/OP/2404/43469 | 13-Apr-2024
Admitted On | Reporting Date : 13-Apr-2024 11:14:20
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)



(For Billing/Reports & Discharge Summary only)

| | | | |
|--------------|------------------|----------------|-----------------------|
| Patient Name | : Sangeeta Gor | Patient ID | : 3022251 |
| Sex / Age | : F / 59Y 1M 12D | Accession No. | : PHC.7915244 |
| Modality | : US | Scan DateTime | : 13-04-2024 11:06:04 |
| IPID No | : 20848/24/1501 | ReportDatetime | : 13-04-2024 11:15:10 |

USG – WHOLE ABDOMEN

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

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

SPLEEN is normal in size and echogenicity.

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

Right kidney measures 9.6 x 3.4 cm.

Left kidney measures 11.3 x 4.8 cm.

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

URINARY BLADDER is minimally distended (patient unable to hold more urine), limiting evaluation of pelvis. No obvious intravesical calculi.

No evidence of ascites.

Impression:

- No significant abnormality is detected.

DR. KUNAL NIGAM
M.D. (Radiologist)

Hiranandani Healthcare Pvt. Ltd.

Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.

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Emergency: 022 - 39199100 | Ambulance: 1255

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

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AA8CH5894D

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(For Billing/Reports & Discharge Summary only)

DEPARTMENT OF RADIOLOGY

Date: 13/Apr/2024

Name: Mrs. Sangeta Gor
Age | Sex: 59 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 3022251 | 20848/24/1501
Order No | Order Date: 1501/PN/OP/2404/43469 | 13-Apr-2024
Admitted On | Reporting Date : 13-Apr-2024 14:19:06
Order Doctor Name : Dr.SEL,F

USG - BREAST

Findings:

A 2.8 x 2.0 mm simple cyst noted in right breast at 2 O'clock position.


Rest of the breast parenchyma appears normal.

No dilated ducts are noted.

The fibroglandular architecture is well maintained.

Retromammory soft tissues appear normal.

No evidence of axillary lymphadenopathy.


DR. YOGINI SHAH
DMRD., DNB. (Radiologist)