



Hiranandani
HOSPITAL

(A Fortis Network Hospital)

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

BMI CHART

Date: 15/3/24

Name: Yuvraaj Battalwar Age: 36 yrs Sex: M / F
BP: 110/90 mmHg Height (cms): 162.5 cm Weight(kgs): 56.5 kg BMI: _____

| WEIGHT lbs | 100 | 105 | 110 | 115 | 120 | 125 | 130 | 135 | 140 | 145 | 150 | 155 | 160 | 165 | 170 | 175 | 180 | 185 | 190 | 195 | 200 | 205 | 210 | 215 |
|---------------|-------------|------|------|------|------|---------|------|------|------|------|------------|------|------|------|------|-------|------|------|-----------------|------|------|------|------|------|
| kgs | 45.5 | 47.7 | 50.0 | 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 | 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 | |
| 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 | |
| 5'3" - 160.0 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| 5'4" - 162.5 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| 5'5" - 165.1 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 |
| 5'6" - 167.6 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 |
| 5'7" - 170.1 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| 5'8" - 172.7 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| 5'9" - 176.2 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 |
| 5'10" - 177.8 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 |
| 5'11" - 180.3 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 |
| 6'0" - 182.8 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| 6'1" - 185.4 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| 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 |
| 6'3" - 190.5 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |
| 6'4" - 193.0 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |

Doctors Notes:

Signature



| | | | | | |
|------|-----------------------|-----------------|------------|-----|----|
| UHID | 5615822 | Date | 15/03/2024 | | |
| Name | Mrs Yuvrani Battalwar | Sex | M | Age | 36 |
| OPD | Dental | Health Check-Up | | | |

4

Drug allergy:
 Sys illness:

O/E - Stainst
 - Calculus+

- caries \bar{c} $\frac{\quad}{6 \mid 8}$

- impacted \bar{c} $\frac{\quad}{8 \mid}$

- crowding \bar{c}

Treatment

1) Scaling Grade I

2) OPG (xray)

3) Filling \bar{c} $\frac{\quad}{6 \mid}$

4) Extractions \bar{c} $\frac{\quad}{8 \mid 8}$

To pay,

OPG (xray) = Rs 1320/-

Dr. Trupti



| | | | | |
|------|-----------------------|-----------------|------------|--------|
| UHID | 5615822 | Date | 15/03/2024 | |
| Name | Mrs Yuvrani Battalwar | Sex | M | Age 36 |
| OPD | Ophthal | Health Check-Up | | |

Ch⁴ NO.

HG NO

Drug allergy: → not know
 Sys illness: → NO
Habit → N.O.

U₁₀₀ → R₆ 6/18P
 → C₆ 6/12P (Bh)

Ref → R₆ -0.50 / -0.75 X 70' 6/6.
 → C₆ -0.25 / -0.50 X 100' 6/6.

V₂ → R₆ N6
 → C₆ N6

IOP → R₆ 14.8
 → C₆ 15.7

[Handwritten signature]



| | | | | |
|------|-----------------------|-----------------|------------|--------|
| UHID | 5615822 | Date | 15/03/2024 | |
| Name | Mrs Yuvrani Battalwar | Sex | M | Age 36 |
| OPD | PAP | Health Check-Up | | |

4 - 36yr old female
 P, L, A, O | TL not done
 P, | 9yr | male | Lges.

Drug allergy: Nil
 Sys illness:

LMP - 29/2/24

- Regular | 3-4day | mod flow | any 28-30dy.

No any comorbidity

FH - Father - Hypothyroidism, HTN
 Mother - DM, Hypothyroidism

cb - pain in abdomen in lower abdomen

- Adv
- counselled about papsmear
 - pap smear any 3yly.
 - last pap smear done in 2023
 report negative - next will
 done in 2025
 - HPV vaccine (0, 2 month, 6 months)
 - * mne $\left\{ \begin{matrix} R \\ m \end{matrix} \right.$
 - * USC (A+P)
 - Hydrone 3 litre/day.

★

PATIENT NAME : MRS.YUVRANI BATTALWAR
REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 - FORTIS

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

ACCESSION NO : 0022WA005343

PATIENT ID : FH.5615822

CLIENT PATIENT ID: UID:5615822

ABHA NO :

AGE/SEX : 34 Years Female

DRAWN : 27/01/2023 15:52:00

RECEIVED : 27/01/2023 15:59:35

REPORTED : 28/01/2023 12:02:45

CLINICAL INFORMATION :

UID:5615822 REQNO-1326189

CORP-OPD

BILLNO-150122OPCR059905

BILLNO-150122OPCR059905

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 BEHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY

SATISFACTORY

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

INTERPRETATION / RESULT

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Comments

 PLEASE NOTE PAPANICOLAOU SMEAR STUDY IS A SCREENING PROCEDURE FOR CERVICAL
 CANCER WITH INHERENT FALSE NEGATIVE RESULTS, HENCE SHOULD BE INTERPRETED
 WITH CAUTION.

NO CYTOLOGICAL EVIDENCE OF HPV INFECTION IN THE SMEARS STUDIED.

****End Of Report****

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


Dr. Akta Dubey
 Counsultant Pathologist

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 Maharashtra, India
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 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000824939

PATIENT NAME : MRS.YUVRANI BATTALWAR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XC003060

PATIENT ID : FH.5615822

CLIENT PATIENT ID: UID:5615822

ABHA NO :

AGE/SEX : 36 Years Female

DRAWN : 15/03/2024 10:45:00

RECEIVED : 15/03/2024 10:45:12

REPORTED : 15/03/2024 14:12:45

CLINICAL INFORMATION :

UID:5615822 REQNO-1677062
CORP-OPD
BILLNO-150124OPCR015134
BILLNO-150124OPCR015134

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

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

| | | | |
|--|-----------|-------------|---------------|
| HEMOGLOBIN (HB) | 13.0 | 12.0 - 15.0 | g/dL |
| METHOD : SLS METHOD | | | |
| RED BLOOD CELL (RBC) COUNT | 4.91 High | 3.8 - 4.8 | mil/ μ L |
| METHOD : HYDRODYNAMIC FOCUSING | | | |
| WHITE BLOOD CELL (WBC) COUNT | 8.24 | 4.0 - 10.0 | thou/ μ L |
| METHOD : FLUORESCENCE FLOW CYTOMETRY | | | |
| PLATELET COUNT | 322 | 150 - 410 | thou/ μ L |
| METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION | | | |

RBC AND PLATELET INDICES

| | | | |
|---|----------|--------------|------|
| HEMATOCRIT (PCV) | 40.3 | 36.0 - 46.0 | % |
| METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD | | | |
| MEAN CORPUSCULAR VOLUME (MCV) | 82.1 Low | 83.0 - 101.0 | fL |
| METHOD : CALCULATED PARAMETER | | | |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH) | 26.5 Low | 27.0 - 32.0 | pg |
| METHOD : CALCULATED PARAMETER | | | |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) | 32.3 | 31.5 - 34.5 | g/dL |
| METHOD : CALCULATED PARAMETER | | | |
| RED CELL DISTRIBUTION WIDTH (RDW) | 12.8 | 11.6 - 14.0 | % |
| METHOD : CALCULATED PARAMETER | | | |
| MENTZER INDEX | 16.7 | | |
| METHOD : CALCULATED PARAMETER | | | |
| MEAN PLATELET VOLUME (MPV) | 9.9 | 6.8 - 10.9 | fL |
| METHOD : CALCULATED PARAMETER | | | |

WBC DIFFERENTIAL COUNT



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

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Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222,022-49723322,
CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 22000000908967

PATIENT NAME : MRS.YUVRANI BATTALWAR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC003060

AGE/SEX : 36 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5615822

DRAWN : 15/03/2024 10:45:00

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:5615822

RECEIVED : 15/03/2024 10:45:12

MUMBAI 440001

ABHA NO :

REPORTED : 15/03/2024 14:12:45

CLINICAL INFORMATION :

UID:5615822 REQNO-1677062

CORP-OPD

BILLNO-150124OPCR015134

BILLNO-150124OPCR015134

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|---|-------|-----------|-------------------------------|---------------|
| NEUTROPHILS | | 60 | 40.0 - 80.0 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| LYMPHOCYTES | | 23 | 20.0 - 40.0 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| MONOCYTES | | 8 | 2.0 - 10.0 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| EOSINOPHILS | | 9 High | 1 - 6 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| BASOPHILS | | 0 | 0 - 2 | % |
| METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING | | | | |
| ABSOLUTE NEUTROPHIL COUNT | | 4.94 | 2.0 - 7.0 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE LYMPHOCYTE COUNT | | 1.90 | 1.0 - 3.0 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE MONOCYTE COUNT | | 0.66 | 0.2 - 1.0 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE EOSINOPHIL COUNT | | 0.74 High | 0.02 - 0.50 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| ABSOLUTE BASOPHIL COUNT | | 0 Low | 0.02 - 0.10 | thou/ μ L |
| METHOD : CALCULATED PARAMETER | | | | |
| NEUTROPHIL LYMPHOCYTE RATIO (NLR) | | 2.6 | | |
| METHOD : CALCULATED | | | | |

MORPHOLOGY

RBC

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC

METHOD : MICROSCOPIC EXAMINATION

WBC

NORMAL MORPHOLOGY


METHOD : MICROSCOPIC EXAMINATION

PLATELETS

ADEQUATE

METHOD : MICROSCOPIC EXAMINATION

Page 2 Of 21



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


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Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 2200000908967

PATIENT NAME : MRS.YUVRANI BATTALWAR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XC003060

PATIENT ID : FH.5615822

CLIENT PATIENT ID: UID:5615822

ABHA NO :

AGE/SEX : 36 Years Female

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REPORTED : 15/03/2024 14:12:45

CLINICAL INFORMATION :

UID:5615822 REQNO-1677062

CORP-OPD

BILLNO-150124OPCR015134

BILLNO-150124OPCR015134

Test Report Status **Final**

Results


Biological Reference Interval Units

Interpretation(s)

RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.


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Patient Ref. No. 2200000908967

| | | | |
|---|--|------------------------------------|--|
| PATIENT NAME : MRS.YUVRANI BATTALWAR | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XC003060 | |
| FORTIS VASHI-CHC -SPLZD | | AGE/SEX : 36 Years Female | |
| FORTIS HOSPITAL # VASHI, | | DRAWN : 15/03/2024 10:45:00 | |
| MUMBAI 440001 | | RECEIVED : 15/03/2024 10:45:12 | |
| | | REPORTED : 15/03/2024 14:12:45 | |
| | | PATIENT ID : FH.5615822 | |
| | | CLIENT PATIENT ID: UID:5615822 | |
| | | ABHA NO : | |

CLINICAL INFORMATION :
 UID:5615822 REQNO-1677062
 CORP-OPD
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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

| | | | |
|----------------------------|----|--------|------------|
| E.S.R | 10 | 0 - 20 | mm at 1 hr |
| METHOD : WESTERGREN METHOD | | | |

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

| | | | |
|----------------------------|-----|--|---|
| HBA1C | 5.3 | 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) | 105.4 | < 116.0 | mg/dL |
| METHOD : CALCULATED PARAMETER | | | |

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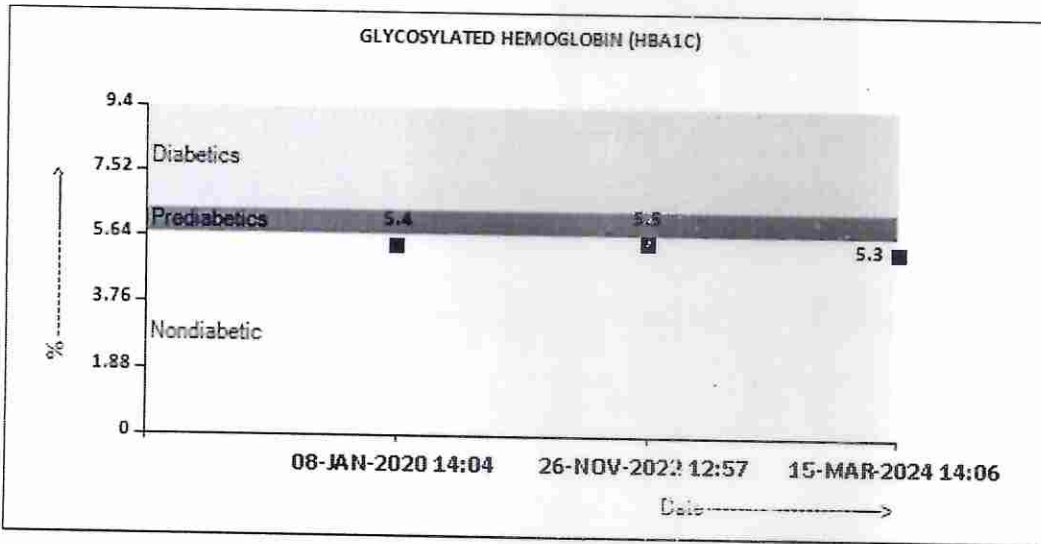


Patient Ref. No. 22000000908967

| | | | |
|---|--|---------------------------------------|---------------------------------------|
| PATIENT NAME : MRS.YUVRANI BATTALWAR | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XC003060 | AGE/SEX : 36 Years Female |
| FORTIS VASHI-CHC -SPLZD | | PATIENT ID : FH.5615822 | DRAWN : 15/03/2024 10:45:00 |
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| MUMBAI 440001 | | ABHA NO : | REPORTED : 15/03/2024 14:12:45 |

CLINICAL INFORMATION :
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 BILLNO-150124OPCR015134

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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, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

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

In pregnancy BRI in first trimester is 0-48 mm/hr (62 if anemic) and in second trimester (0-70 mm/hr (95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

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

False Decreased : Poikilocytosis, (Sickle Cells, spherocytes), Microcytosis, Low fibrinogen, Very high WBC counts, Drugs (Quinine, salicylates)

REFERENCE :

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

Dr. Akshay Dhotre, MD
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PATIENT NAME : MRS.YUVRANI BATTALWAR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC003060

AGE/SEX : 36 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5615822

DRAWN : 15/03/2024 10:45:00

FORTIS HOSPITAL # VASHI,

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CORP-OPD

BILLNO-150124OPCR015134

BILLNO-150124OPCR015134

Test Report Status **Final**

Results

Biological Reference Interval Units


the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.
GLYCOSYLATED HEMOGLOBIN(HbA1c), EDTA WHOLE BLOOD-Used For:

- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
 - Diagnosing diabetes.
 - 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.
- eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
 - eAG gives an evaluation of blood glucose levels for the last couple of months.
 - eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- 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.
- Vitamin C & E are reported to falsely lower test results (possibly by inhibiting glycation of hemoglobin).
- Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uraemia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
- Interference of hemoglobinopathies in HbA1c estimation is seen in
 - Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
 - Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 - HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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CIN - U74899PB1995PLC045956
Email : -



Patient Ref. No. 2200000908967

PATIENT NAME : MRS.YUVRANI BATTALWAR
REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XC003060
PATIENT ID : FH.5615822
CLIENT PATIENT ID: UID:5615822
ABHA NO :
AGE/SEX : 36 Years Female
DRAWN : 15/03/2024 10:45:00
RECEIVED : 15/03/2024 10:45:12
REPORTED : 15/03/2024 14:12:45
CLINICAL INFORMATION :

 UID:5615822 REQNO-1677062
 CORP-OPD
 BILLNO-150124OPCR015134
 BILLNO-150124OPCR015134

Test Report Status Final
Results
Biological Reference Interval Units
IMMUNOHAEMATOLOGY
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD
ABO GROUP
TYPE B

METHOD : TUBE AGGLUTINATION

RH TYPE
POSITIVE

METHOD : TUBE AGGLUTINATION


Interpretation(s)

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

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

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

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Patient Ref. No. 22000000908967

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

BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

| | | | |
|---|----------------|-----------|-------|
| BILIRUBIN, TOTAL METHOD : JENDRASSIK AND GROFF | 0.35 | 0.2 - 1.0 | mg/dL |
| BILIRUBIN, DIRECT METHOD : JENDRASSIK AND GROFF | 0.11 | 0.0 - 0.2 | mg/dL |
| BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER | 0.24 | 0.1 - 1.0 | mg/dL |
| TOTAL PROTEIN METHOD : BIURET | 6.8 | 6.4 - 8.2 | g/dL |
| ALBUMIN METHOD : BCP DYE BINDING | 3.3 Low | 3.4 - 5.0 | g/dL |
| GLOBULIN METHOD : CALCULATED PARAMETER | 3.5 | 2.0 - 4.1 | g/dL |
| ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER | 0.9 Low | 1.0 - 2.1 | RATIO |
| ASPARTATE AMINOTRANSFERASE(AST/SGOT) METHOD : UV WITH P5P | 57 High | 15 - 37 | U/L |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH P5P | 90 High | < 34.0 | U/L |
| ALKALINE PHOSPHATASE METHOD : PNPP-ANP | 58 | 30 - 120 | U/L |
| GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE | 44 | 5 - 55 | U/L |
| LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE | 153 | 81 - 234 | U/L |

GLUCOSE FASTING, FLUORIDE PLASMA

| | | | |
|--|-----------------|---|-------|
| FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE | 106 High | Normal : < 100 Pre-diabetes: 100-125 Diabetes: >/=126 | mg/dL |
|--|-----------------|---|-------|

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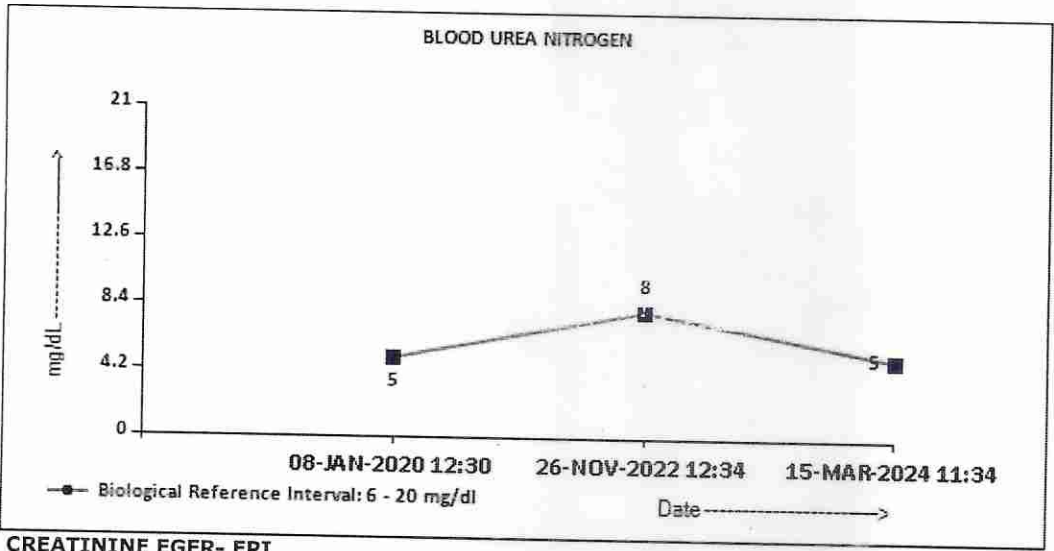
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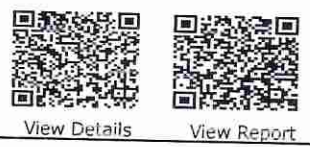
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 CORP-OPD
 BILLNO-1501240PCR015134
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| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|



| | | | |
|---|-----------------|-----------------------------------|----------------------|
| CREATININE EGFR- EPI | | | |
| CREATININE METHOD : ALKALINE PICRATE KINETIC JAFFES | 0.56 Low | 0.60 - 1.10 | mg/dL |
| AGE | 36 | | years |
| GLOMERULAR FILTRATION RATE (FEMALE) METHOD : CALCULATED PARAMETER | 121.22 | Refer Interpretation Below | mL/min/1.73m2 |

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ACCESSION NO : 0022XC003060

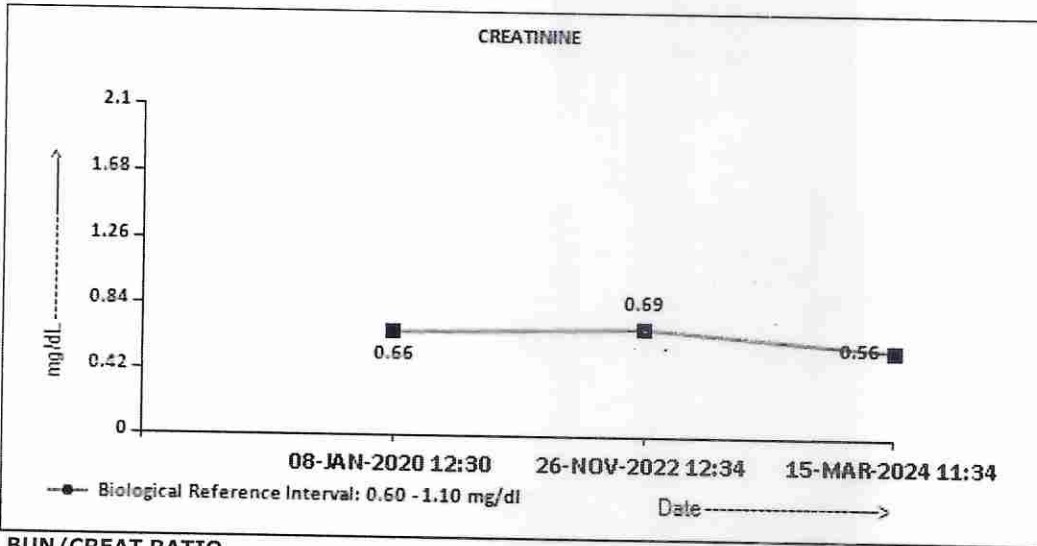
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BUN/CREAT RATIO

BUN/CREAT RATIO 8.93 5.00 - 15.00
METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID 4.8 2.6 - 6.0 mg/dL
METHOD : URICASE UV

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 6.8 6.4 - 8.2 g/dL
METHOD : BIURET

ALBUMIN, SERUM

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Email : -



Patient Ref. No. 22000000908967



MC-5837

| | | | |
|---|--|---------------------------------------|---------------------------------------|
| PATIENT NAME : MRS.YUVRANI BATTALWAR | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XC003060 | AGE/SEX : 36 Years Female |
| FORTIS VASHI-CHC -SPLZD | | PATIENT ID : FH.5615822 | DRAWN : 15/03/2024 10:45:00 |
| FORTIS HOSPITAL # VASHI, | | CLIENT PATIENT ID: UID:5615822 | RECEIVED : 15/03/2024 10:45:12 |
| MUMBAI 440001 | | ABHA NO : | REPORTED : 15/03/2024 14:12:45 |

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 BILLNO-150124OPCR015134

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|--------------------------------------|-------|----------------|-------------------------------|--------|
| ALBUMIN | | 3.3 Low | 3.4 - 5.0 | g/dL |
| METHOD : BCP DYE BINDING | | | | |
| GLOBULIN | | 3.5 | 2.0 - 4.1 | g/dL |
| METHOD : CALCULATED PARAMETER | | | | |
| ELECTROLYTES (NA/K/CL), SERUM | | | | |
| SODIUM, SERUM | | 134 Low | 136 - 145 | mmol/L |
| METHOD : ISE INDIRECT | | | | |
| POTASSIUM, SERUM | | 4.16 | 3.50 - 5.10 | mmol/L |
| METHOD : ISE INDIRECT | | | | |
| CHLORIDE, SERUM | | 102 | 98 - 107 | mmol/L |
| METHOD : ISE INDIRECT | | | | |

Interpretation(s)

Interpretation(s)
LIVER FUNCTION PROFILE, SERUM-
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal 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, Drug reactions, Alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
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, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, 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

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Patient Ref. No. 2200000908967

PATIENT NAME : MRS.YUVRANI BATTALWAR

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XC003060

PATIENT ID : FH.5615822

CLIENT PATIENT ID: UID:5615822

ABHA NO :

AGE/SEX : 36 Years Female

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CORP-OPD

BILLNO-150124OPCR015134

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

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

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

GLUCOSE FASTING, FLUORIDE PLASMA-TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in: Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs: corticosteroids, phenytoin, estrogen, thiazides.

Decreased in: Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, 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 Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

CREATININE EGFR- 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 in blacks than in whites.

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

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

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

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

References:

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

Estimated GFR Calculated Using the CKD-EPI equation-<https://testguide.labmed.uw.edu/guideline/egfr>

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

Harrison's Principle of Internal Medicine, 21st ed. pg 62 and 334

URIC ACID, SERUM-Causes of Increased levels:-Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lesch nyhan syndrome, Type 2 DM, Metabolic syndrome

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

TOTAL PROTEIN, SERUM-is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin.

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström's disease.

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

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

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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL 159 < 200 Desirable mg/dL
200 - 239 Borderline High
>= 240 High

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

TRIGLYCERIDES 57 < 150 Normal mg/dL
150 - 199 Borderline High
200 - 499 High
>=500 Very High

METHOD : ENZYMATIC ASSAY

HDL CHOLESTEROL 48 < 40 Low mg/dL
>=60 High

METHOD : DIRECT MEASURE - PEG

LDL CHOLESTEROL, DIRECT 95 < 100 Optimal mg/dL
100 - 129 Near or above optimal
130 - 159 Borderline High
160 - 189 High
>= 190 Very High

METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT

NON HDL CHOLESTEROL 111 Desirable: Less than 130 mg/dL
Above Desirable: 130 - 159
Borderline High: 160 - 189
High: 190 - 219
Very high: > or = 220

METHOD : CALCULATED PARAMETER

VERY LOW DENSITY LIPOPROTEIN 11.4 <= 30.0 mg/dL

METHOD : CALCULATED PARAMETER

CHOL/HDL RATIO 3.3 3.3 - 4.4 Low Risk
4.5 - 7.0 Average Risk
7.1 - 11.0 Moderate Risk
> 11.0 High Risk

METHOD : CALCULATED PARAMETER

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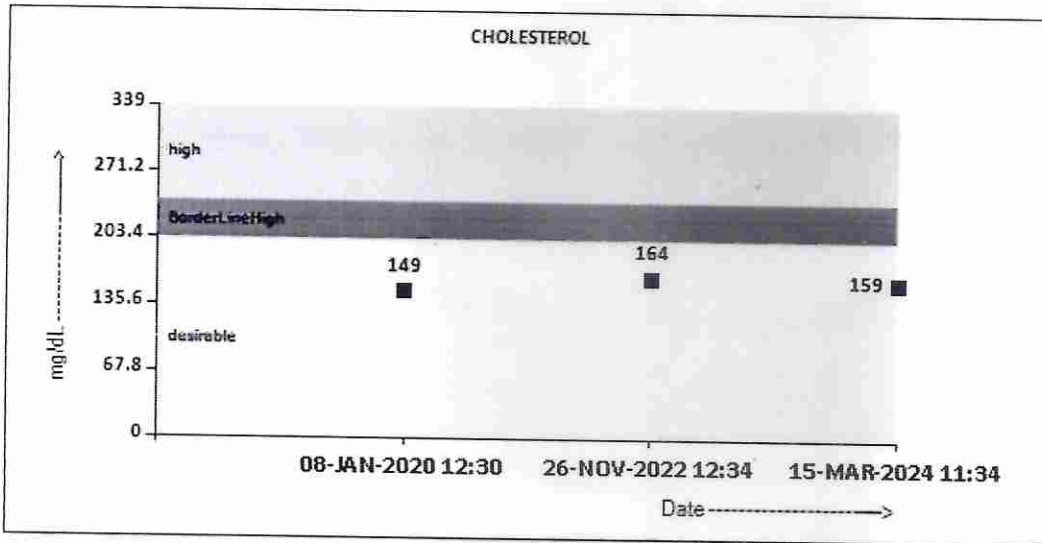
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LDL/HDL RATIO 2.0 0.5 - 3.0 Desirable/Low Risk
3.1 - 6.0 Borderline/Moderate Risk
>6.0 High Risk

METHOD : CALCULATED PARAMETER



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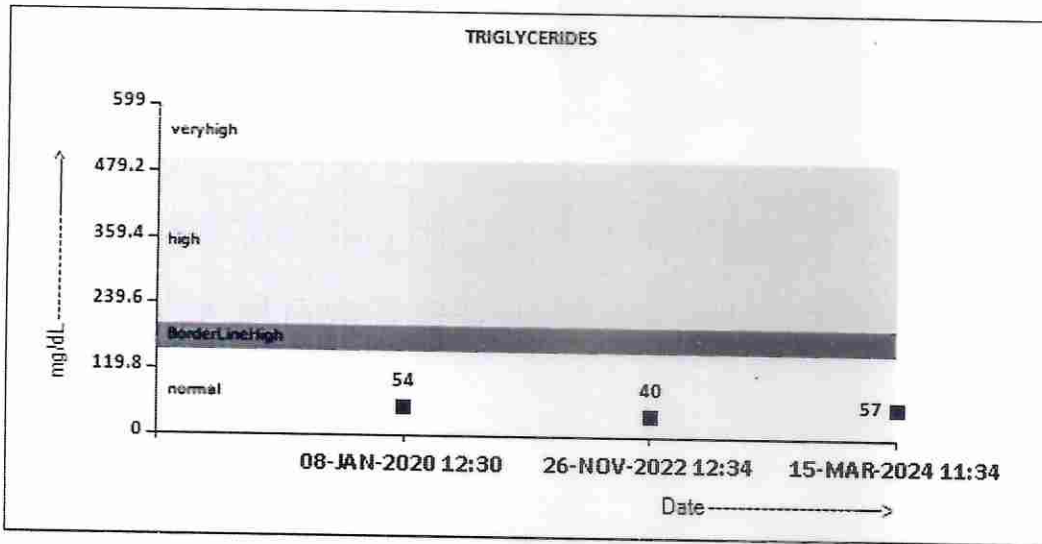
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|---|--|------------------------------------|--|
| PATIENT NAME : MRS.YUVRANI BATTALWAR | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XC003060 | |
| FORTIS VASHI-CHC -SPLZD | | AGE/SEX : 36 Years Female | |
| FORTIS HOSPITAL # VASHI, | | DRAWN : 15/03/2024 10:45:00 | |
| MUMBAI 440001 | | RECEIVED : 15/03/2024 10:45:12 | |
| PATIENT ID : FH.5615822 | | REPORTED : 15/03/2024 14:12:45 | |
| CLIENT PATIENT ID: UID:5615822 | | | |
| ABHA NO : | | | |

CLINICAL INFORMATION :

UID:5615822 REQNO-1677062
 CORP-OPD
 BILLNO-150124OPCR015134
 BILLNO-150124OPCR015134

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



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



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 CIN - U74899PB1995PLC045956
 Email : -



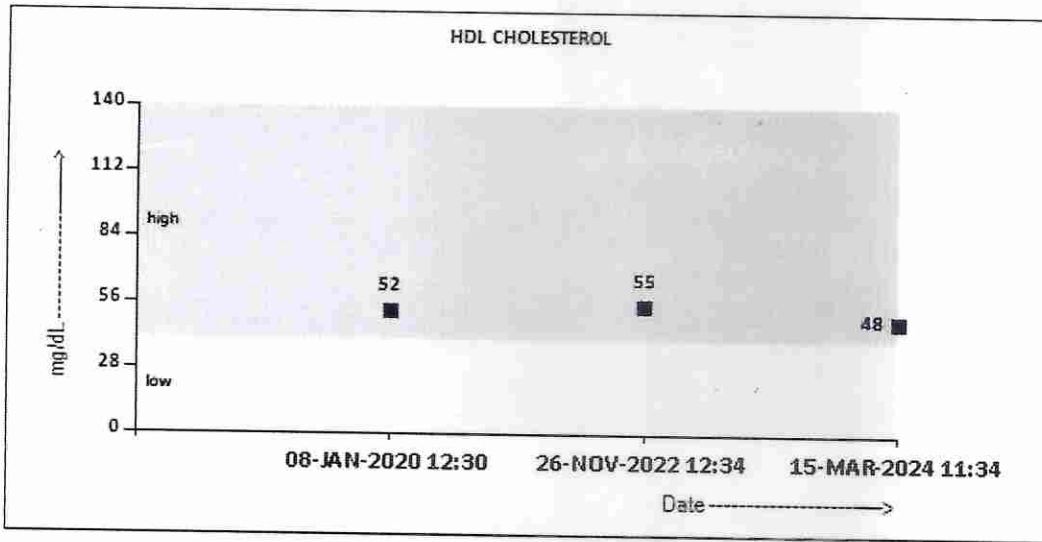
Patient Ref. No. 22000000908967

| | | | |
|---|--|------------------------------------|--------------------------------|
| PATIENT NAME : MRS.YUVRANI BATTALWAR | | REF. DOCTOR : | |
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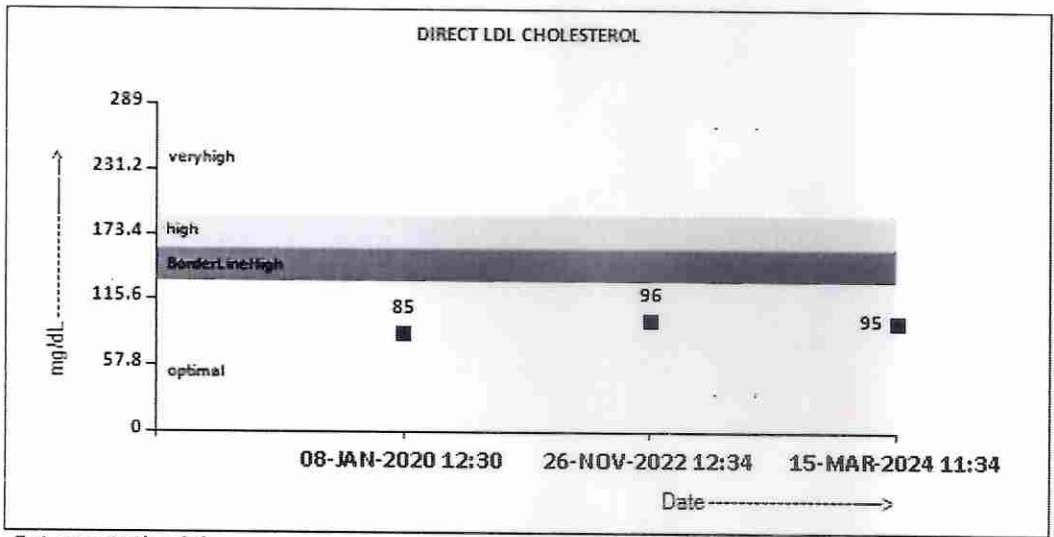
Patient Ref. No. 2200000908967

| | | |
|---|---------------------------------------|---------------------------------------|
| PATIENT NAME : MRS.YUVRANI BATTALWAR | | REF. DOCTOR : |
| CODE/NAME & ADDRESS : C000045507 | ACCESSION NO : 0022XC003060 | AGE/SEX : 36 Years Female |
| FORTIS VASHI-CHC -SPLZD | PATIENT ID : FH.5615822 | DRAWN : 15/03/2024 10:45:00 |
| FORTIS HOSPITAL # VASHI, | CLIENT PATIENT ID: UID:5615822 | RECEIVED : 15/03/2024 10:45:12 |
| MUMBAI 440001 | ABHA NO : | REPORTED : 15/03/2024 14:12:45 |

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UID:5615822 REQNO-1677062
 CORP-OPD
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Interpretation(s)

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Patient Ref. No. 22000000908967

| | | | |
|---|--|---------------------------------------|---------------------------------------|
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CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

| | |
|--------------------------------------|---------------|
| COLOR METHOD : PHYSICAL | PALE YELLOW |
| APPEARANCE METHOD : VISUAL | SLIGHTLY HAZY |

CHEMICAL EXAMINATION, URINE

| | | |
|---|-----------------------|---------------|
| PH METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD | 6.0 | 4.7 - 7.5 |
| SPECIFIC GRAVITY METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION) | 1.010 | 1.003 - 1.035 |
| PROTEIN METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE | NOT DETECTED | NOT DETECTED |
| GLUCOSE METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD | NOT DETECTED | NOT DETECTED |
| KETONES METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'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 | DETECTED (FEW) | NOT DETECTED |

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

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



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Patient Ref. No. 22000000908967

PATIENT NAME : MRS.YUVRANI BATTALWAR **REF. DOCTOR :**

| | | |
|---|---|--|
| CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001 | ACCESSION NO : 0022XC003060 PATIENT ID : FH.5615822 CLIENT PATIENT ID: UID:5615822 ABHA NO : | AGE/SEX : 36 Years Female DRAWN : 15/03/2024 10:45:00 RECEIVED : 15/03/2024 10:45:12 REPORTED : 15/03/2024 14:12:45 |
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CORP-OPD
BILLNO-150124OPCR015134
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MICROSCOPIC EXAMINATION, URINE

| | | | |
|--|--|--------------|------|
| RED BLOOD CELLS METHOD : MICROSCOPIC EXAMINATION | NOT DETECTED | NOT DETECTED | /HPF |
| PUS CELL (WBC'S) METHOD : MICROSCOPIC EXAMINATION | 3-5 | 0-5 | /HPF |
| EPITHELIAL CELLS METHOD : MICROSCOPIC EXAMINATION | 8-10 | 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)

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Consultant Pathologist

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Patient Ref. No. 22000000908967

| | | | |
|---|--|------------------------------------|--|
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| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XC003060 | |
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| FORTIS HOSPITAL # VASHI, | | DRAWN : 15/03/2024 10:45:00 | |
| MUMBAI 440001 | | RECEIVED : 15/03/2024 10:45:12 | |
| | | REPORTED : 15/03/2024 14:12:45 | |
| | | PATIENT ID : FH.5615822 | |
| | | CLIENT PATIENT ID: UID:5615822 | |
| | | ABHA NO : | |

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 UID:5615822 REQNO-1677062
 CORP-OPD
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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

| | | | |
|--|-------|---|--------|
| T3 | 133.6 | 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 | 6.04 | 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) | 2.750 | 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)

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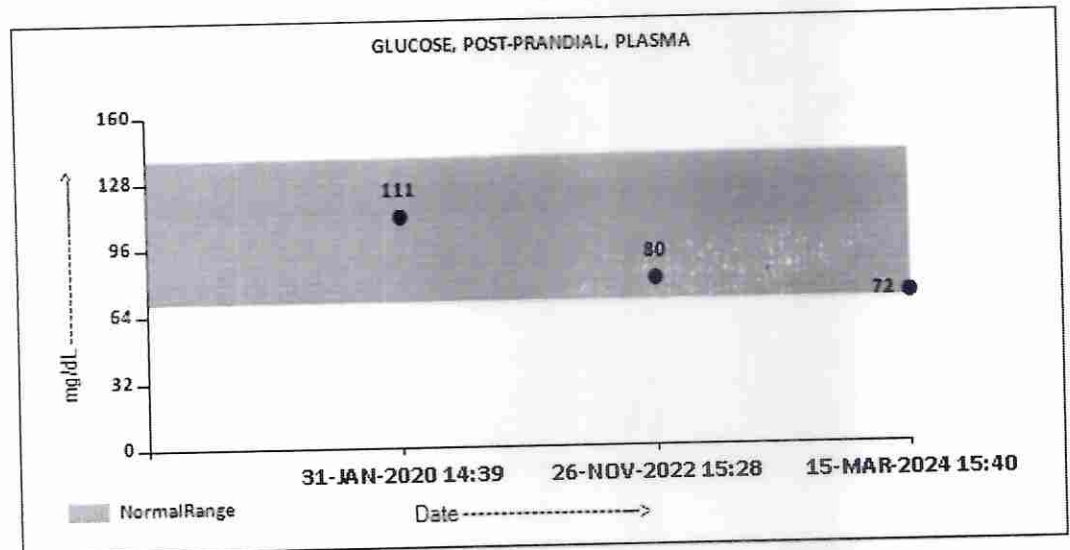
| | | | |
|---|--|------------------------------------|--|
| PATIENT NAME : MRS.YUVRANI BATTALWAR | | REF. DOCTOR : | |
| CODE/NAME & ADDRESS : C000045507 | | ACCESSION NO : 0022XC003129 | |
| FORTIS VASHI-CHC -SPLZD | | AGE/SEX :36 Years Female | |
| FORTIS HOSPITAL # VASHI, | | DRAWN :15/03/2024 13:54:00 | |
| MUMBAI 440001 | | RECEIVED : 15/03/2024 13:56:32 | |
| PATIENT ID : FH.5615822 | | REPORTED :15/03/2024 16:09:19 | |
| CLIENT PATIENT ID: UID:5615822 | | | |
| ABHA NO : | | | |

CLINICAL INFORMATION :
 UID:5615822 REQNO-1677062
 CORP-OPD
 BILLNO-150124OPCR015134
 BILLNO-150124OPCR015134

| Test Report Status | Results | Biological Reference Interval | Units |
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BIOCHEMISTRY

| | | | |
|---------------------------------------|----|----------|-------|
| GLUCOSE, POST-PRANDIAL, PLASMA | | | |
| PPBS(POST PRANDIAL BLOOD SUGAR) | 72 | 70 - 140 | mg/dL |
| METHOD : HEXOKINASE | | | |



Comments

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

Interpretation(s)

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

****End Of Report****

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Patient Ref. No. 2200000909036

36 years

Female

Rate 64 . Sinus arrhythmia.....V-rate 56- 78, variation>10%
 . Borderline short PR interval.....PR int <120ms

PR 117
 QRSD 84
 QT 358
 QTc 370

--AXIS--

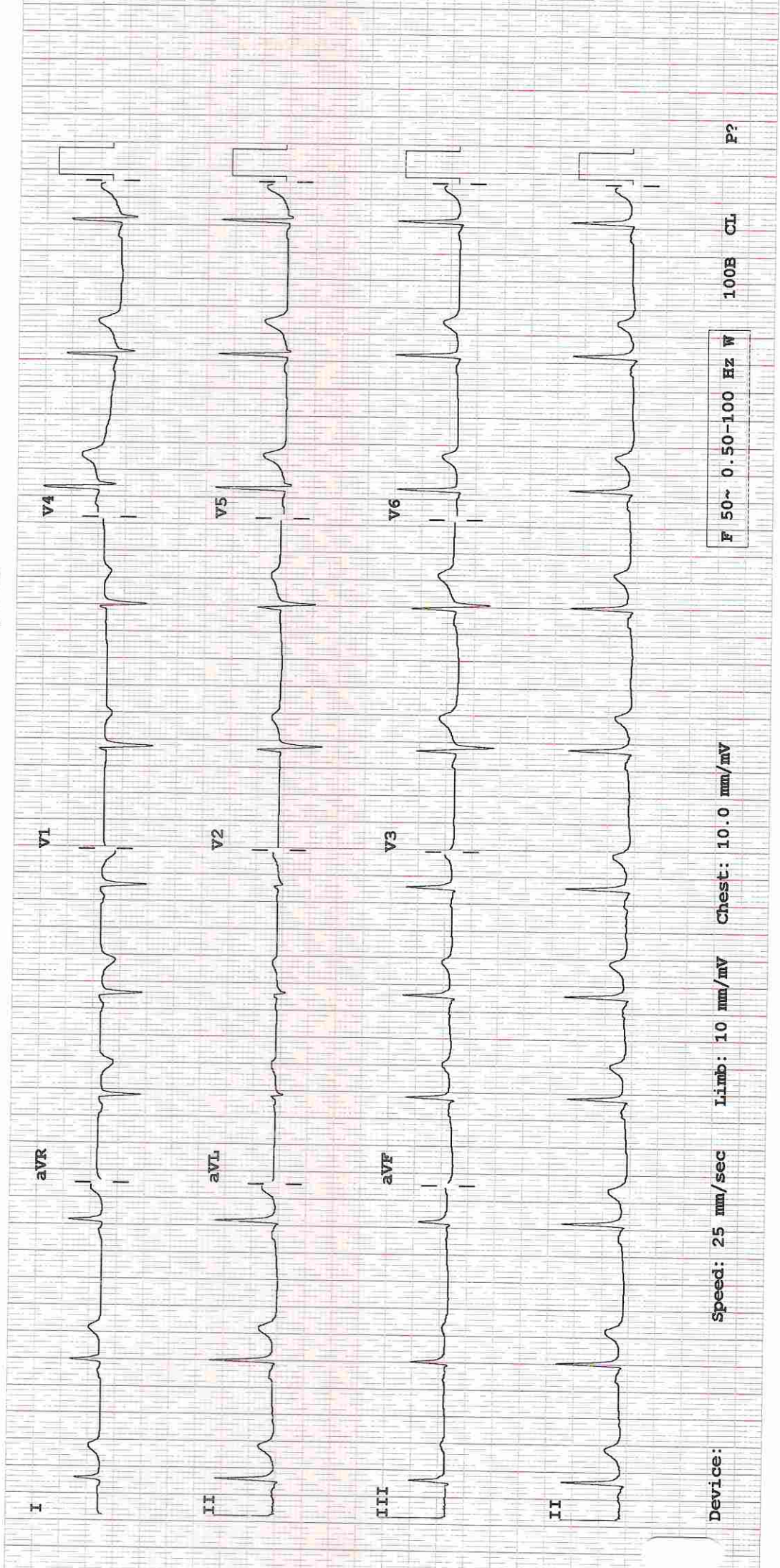
P 30
 QRS 59
 T 38

12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis

HC
 sinus rhythm
 Normal Q



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

F 50~ 0.50-100 Hz W

100B CL P?

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



Date: 15/Mar/2024

DEPARTMENT OF NIC

Name: Mrs. Yuvrani Battalwar
Age | Sex: 36 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5615822 | 15359/24/1501
Order No | Order Date: 1501/PN/OP/2403/32181 | 15-Mar-2024
Admitted On | Reporting Date : 15-Mar-2024 17:12:52
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 left ventricle hypertrophy. No left ventricle dilatation.
- Structurally normal valves.
- No mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- No tricuspid regurgitation. No pulmonary hypertension.
- Intact IAS and IVS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimensions.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 13 mm with normal inspiratory collapse.

M-MODE MEASUREMENTS:

| | | |
|-------------|----|----|
| LA | 30 | mm |
| AO Root | 18 | mm |
| AO CUSP SEP | 15 | mm |
| LVID (s) | 25 | mm |
| LVID (d) | 37 | mm |
| IVS (d) | 11 | mm |
| LVPW (d) | 10 | mm |
| RVID (d) | 30 | mm |
| RA | 32 | mm |
| LVEF | 60 | % |

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PAN NO : AABCH5894D



Date: 15/Mar/2024

DEPARTMENT OF NIC

Name: Mrs. Yuvrani Battalwar
Age | Sex: 36 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5615822 | 15359/24/1501
Order No | Order Date: 1501/PN/OP/2403/32181 | 15-Mar-2024
Admitted On | Reporting Date : 15-Mar-2024 17:12:52
Order Doctor Name : Dr.SELF .

DOPPLER STUDY:

E WAVE VELOCITY: 1.0 m/sec.
A WAVE VELOCITY: 0.8 m/sec
E/A RATIO:1.2

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

Final Impression :

- Normal 2 Dimensional and colour doppler echocardiography study.


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

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

Hiranandani Healthcare Pvt. Ltd.

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



DEPARTMENT OF RADIOLOGY

Date: 15/Mar/2024

Name: Mrs. Yuvrani Battalwar
Age | Sex: 36 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :

UHID | Episode No : 5615822 | 15359/24/1501
Order No | Order Date: 1501/PN/OP/2403/32181 | 15-Mar-2024
Admitted On | Reporting Date : 15-Mar-2024 12:03:16
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)



| | | | |
|--------------|---------------------|----------------|-----------------------|
| Patient Name | : Yuvrani Battalwar | Patient ID | : 5615822 |
| Sex / Age | : F / 36Y 1M 1D | Accession No. | : PHC.7696083 |
| Modality | : US | Scan DateTime | : 15-03-2024 13:25:55 |
| IPID No | : 15359/24/1501 | ReportDatetime | : 15-03-2024 13:40:14 |

US – WHOLE ABDOMEN

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

GALL BLADDER is contracted.

CBD appears normal in caliber.

SPLEEN is normal in size (10.0 cm) and echogenicity.

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

Right kidney measures 9.5 x 5.2 cm.

Left kidney measures 10.4 x 4.7 cm.

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

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

UTERUS is normal in size, measuring 7.2 x 4.7 x 3.4 cm.

Endometrium measures 6.9 mm in thickness.

Both ovaries are normal.

Right ovary measures 2.8 x 2.1 x 1.8 cm, volume 5.8 cc.

Left ovary measures 2.7 x 2.3 x 2.0 cm, volume 6.5 cc. A 13 x 12 mm sized dominant follicle is noted within.

No evidence of ascites.

IMPRESSION:

- No significant abnormality is detected.

DR. CHETAN KHADKE

M.D. (Radiologist)

Hiranandani Healthcare Pvt. Ltd.

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CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



DEPARTMENT OF RADIOLOGY

Date: 15/Mar/2024

Name: Mrs. Yuvrani Battalwar

Age | Sex: 36 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 5615822 | 15359/24/1501

Order No | Order Date: 1501/PN/OP/2403/32181 | 15-Mar-2024

Admitted On | Reporting Date : 15-Mar-2024 14:56:50

Order Doctor Name : Dr.SELF .

USG – BOTH BREAST

Findings:

Bilateral breast parenchyma appears normal.

No evidence of solid or cystic lesion.

No dilated ducts are noted.

The fibroglandular architecture is well maintained.

Retromammory soft tissues appear normal.

No evidence of axillary lymphadenopathy.

Impression:

- No significant abnormality detected.

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