



BMI CHART

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

Date: 22/3/24

Sex: M/F

Age: yrs

Name: Madhavi Sharma

BMI: _____

BP: 110/70 mmHg Height (cms): 162 cm Weight (kgs): 61 kg

WEIGHT lbs: 100 105 100 115 120 125 130 135 140 145 150 155 160 165 170 175 180 185 190 195 200 205 210 215
kg: 45.5 47.7 50.5 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

5'0" - 162.4	18	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

Doctors Notes:

Signature

UHD	5614176	Date	22/03/2024
Name	Mrs. Madhuri Sharma	Sex	Female
OPD	Optical 14	Age	44
		Health Check Up	

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

Cln. No.
 Hb No.

Handwritten notes and signatures:
 - Top left: Signature and "Optical 14" written vertically.
 - Middle: A box containing "Add +1.50" and "6/6" written twice.
 - Bottom: "6/6" written twice.



PATIENT NAME : MRS.MADHURI SHARMA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XC004629

PATIENT ID : FH.5614176

CLIENT PATIENT ID: UID:5614176

AGHA NO :

AGE/SEX : 44 Years Female
DRAWN : 22/03/2024 08:30:00
RECEIVED : 22/03/2024 08:33:16
REPORTED : 22/03/2024 13:41:30

CLINICAL INFORMATION :

UID:5614176 **REQNO:**1680714

CORP-OPD

BILLNO:150124OPCR016575

BILLNO:150124OPCR016575

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

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	12.3	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT	4.27	3.8 - 4.8	mil/jL
WHITE BLOOD CELL (WBC) COUNT	5.78	4.0 - 10.0	thou/jL
PLATELET COUNT	211	150 - 410	thou/jL

METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION

METHOD : FLUORESCENCE FLOW CYTOMETRY

METHOD : HYDRODYNAMIC FOCUSING

METHOD : SLS METHOD

METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD

METHOD : CALCULATED PARAMETER

METHOD : CALCULATED PARAMETER

METHOD : CALCULATED PARAMETER

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HEMATOCRIT (PCV)	38.9	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV)	91.1	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	28.8	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	31.6	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	13.6	11.6 - 14.0	%
MENTZER INDEX	21.3		
MEAN PLATELET VOLUME (MPV)	11.2 High	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

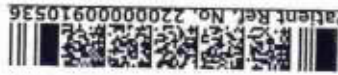
(Signature)

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

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Email : -

Patient Ref. No. 2200000910536



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MC-5837

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ACCESSION NO : 0022XC004629

FORTIS WASHI-CHC -SPLZD

FORTIS HOSPITAL # WASHI,

MUMBAI 440001

CLINICAL INFORMATION :

UID:5614176 REQNO-1680714

CORP-OPD

BILLNO-1501240PCR016575

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Test Report Status Final

Results

Biological Reference Interval Units

NEUTROPHILS
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING

LYMPHOCYTES
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING

MONOCYTES
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING

EOSINOPHILS
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING

BASOPHILS
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING

ABSOLUTE NEUTROPHIL COUNT
METHOD : CALCULATED PARAMETER

ABSOLUTE LYMPHOCYTE COUNT
METHOD : CALCULATED PARAMETER

ABSOLUTE MONOCYTE COUNT
METHOD : CALCULATED PARAMETER

ABSOLUTE EOSINOPHIL COUNT
METHOD : CALCULATED PARAMETER

ABSOLUTE BASOPHIL COUNT
METHOD : CALCULATED PARAMETER

NEUTROPHIL LYMPHOCYTE RATIO (NLR)
METHOD : CALCULATED

Test Report Status	Final	Results	Biological Reference Interval	Units
61		40.0 - 80.0		%
31		20.0 - 40.0		%
5		2.0 - 10.0		%
3		1 - 6		%
0		0 - 2		%
3.53		2.0 - 7.0		thou/jL
1.79		1.0 - 3.0		thou/jL
0.29		0.2 - 1.0		thou/jL
0.17		0.02 - 0.50		thou/jL
0.00 Low		0.02 - 0.10		thou/jL

MORPHOLOGY

RBC
METHOD : MICROSCOPIC EXAMINATION

WBC
METHOD : MICROSCOPIC EXAMINATION

PLATELETS
METHOD : MICROSCOPIC EXAMINATION

ADEQUATE
METHOD : MICROSCOPIC EXAMINATION

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC

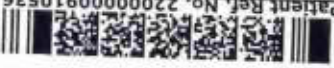
NORMAL MORPHOLOGY

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FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

CLINICAL INFORMATION :

UID:5614176 REQNO-1680714

CORP-OPD

BILLNO-150124OPCR016575

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Test Report Status Final

Results

Biological Reference Interval Units

Interpretation(s)

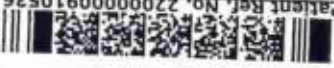
RBC AND PLATELET INDICES-Mentzer Index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate causes of iron deficiency anaemia (>13) from beta thalassaemia trait. (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and 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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CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC - SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 44001

CLINICAL INFORMATION :

UID:5614176 REQNO-1680714

CORP-OPD

BILLNO-1501240PCRD016575

BILLNO-1501240PCRD016575

Test Report Status Final

Results

Biological Reference Interval Units

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R

METHOD : WESTERGREN METHOD

19

0 - 20

mm at 1 hr

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C

5.5

METHOD : Hb VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)

METHOD : CALCULATED PARAMETER

111.2

< 116.0

mg/dL

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)

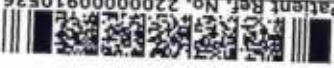
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CODE/NAME & ADDRESS : C000045507
FORTIS WASHI-CHC -SPLZD
FORTIS HOSPITAL # WASHI,
MUMBAI 44001

ACCESSION NO : 0022XC004629

PATIENT ID : FH.5614176

CLIENT PATIENT ID : UID:5614176

ABHA NO :

AGE/SEX : 44 Years Female

DRAWN : 22/03/2024 08:30:00

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CLINICAL INFORMATION :

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CORP-OPD

BILLNO-150124OPCR016575

BILLNO-150124OPCR016575

Final Test Report Status

Results

Biological Reference Interval Units



Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD-TEST DESCRIPTION :-

are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR. 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

inflammatory condition CRP is superior to ESR because it is more sensitive and reflects a more rapid change. 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

TEST INTERPRETATION

Increase in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Malnutrition and plasma cell dyscrasias, Acute allergy tissue injury, Pregnancy, Estrogen medication, Aging.

Decreased in: Polycythemia vera, Sickle cell anemia. Finding 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).

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia (sickle cell anemia, Polycythemia vera, Sickle cell anemia)

REFERENCE :

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

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PATIENT NAME : MRS.MADHURI SHARMA

REF. DOCTOR :

CODE/NAME & ADDRESS : C00045507

ACCESSION NO : 0022XC004629

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

PATIENT ID : FH.5614176

CLIENT PATIENT ID: UID:5614176

ABHA NO :

AGE/SEX : 44 Years Female

DRAWN : 22/03/2024 08:30:00

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CLINICAL INFORMATION :

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CORP-OPD

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Test Report Status Final

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

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

2. Diagnosing diabetes.

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

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

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

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

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

HbA1c Estimation can get affected due to :

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

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

3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates

4. Interference of hemoglobinopathies in HbA1c estimation is seen in

a) Homozygous hemoglobinopathy: Fructosamine is recommended for testing of HbA1c.

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

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

recommended for detecting a hemoglobinopathy

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Patient Ref. No. 2200000910536





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FORTIS VASHI-CHC - SPLD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

CLINICAL INFORMATION :

UID:5614176 REQNO-1680714

CORP-OPD

BILLNO-1501240PCR016575

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

ABO GROUP TYPE A

METHOD : TUBE AGGLUTINATION

RH TYPE POSITIVE

METHOD : TUBE AGGLUTINATION

Interpretation(s)
ABO Group & Rh Type, EDTA Whole Blood-Group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A, B, O or AB.
Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."
The test is performed by both forward as well as reverse grouping methods.

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FORTIS VASHI-CHC -SP/2D
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XC004629

AGE/SEX : 44 Years Female
DRAWN : 22/03/2024 08:30:00
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Results

Biological Reference Interval Units

LIVER FUNCTION PROFILE, SERUM

Test Name	Result	Reference Interval	Units	Method
BILIRUBIN, TOTAL	0.36	0.2 - 1.0	mg/dL	METHOD : JENDASSIK AND GROFF
BILIRUBIN, DIRECT	0.14	0.0 - 0.2	mg/dL	METHOD : JENDASSIK AND GROFF
BILIRUBIN, INDIRECT	0.22	0.1 - 1.0	mg/dL	METHOD : CALCULATED PARAMETER
TOTAL PROTEIN	7.1	6.4 - 8.2	g/dL	METHOD : BIURET
ALBUMIN	4.1	3.4 - 5.0	g/dL	METHOD : BCP DYE BINDING
GLOBULIN	3.0	2.0 - 4.1	g/dL	METHOD : CALCULATED PARAMETER
ALBUMIN/GLOBULIN RATIO	1.4	1.0 - 2.1	RATIO	METHOD : CALCULATED PARAMETER
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	16	15 - 37	U/L	METHOD : UV WITH PSP
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	< 34.0	U/L	METHOD : UV WITH PSP
ALKALINE PHOSPHATASE	46	30 - 120	U/L	METHOD : PNP-AMP
GAMMA GLUTAMYL TRANSFERASE (GGT)	21	5 - 55	U/L	METHOD : GAMMA GLUTAMYL CARBOXY ANTIPOANITIDE
LACTATE DEHYDROGENASE	151	81 - 234	U/L	METHOD : LACTATE -PIRVUATE
FBS (FASTING BLOOD SUGAR)	95	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >/=126	mg/dL	METHOD : HEXOKINASE

(Signature)

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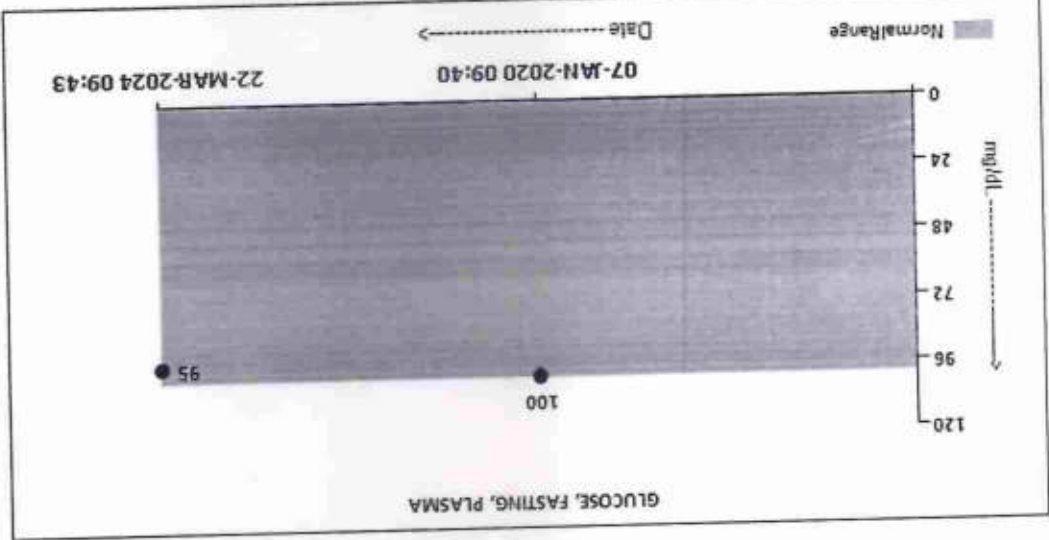
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KIDNEY PANEL - 1
BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN
METHOD : UREASE - UV

4 Low

6 - 20

mg/dL

(Signature)

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

Patient Ref. No. 2200000910536





REF. DOCTOR :

PATIENT NAME : MRS.MADHURI SHARMA

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

ACCESSION NO : 0022XC004629

AGE/SEX : 44 Years Female

DRAWN : 22/03/2024 08:30:00

RECEIVED : 22/03/2024 08:33:16

REPORTED : 22/03/2024 13:41:30

PATIENT ID : FH.5614176

CLIENT PATIENT ID: UID:5614176

ABHA NO :

CLINICAL INFORMATION :

UID:5614176 REQNO-1680714

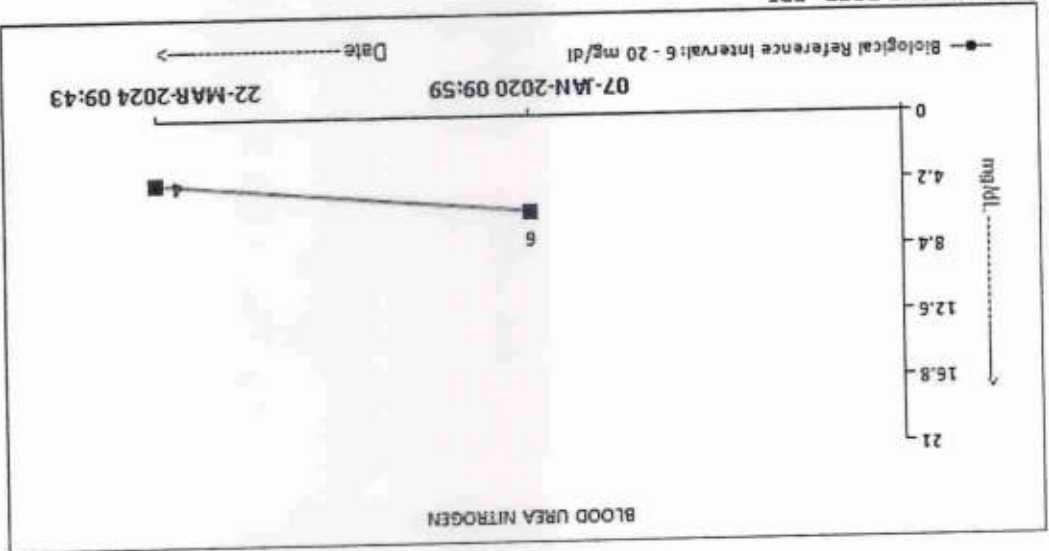
CORP-OPD

BILLNO-1501240PCRO16575

BILLNO-1501240PCRO16575

Test Report Status Final

Test Report Status	Final	Results	Biological Reference Interval Units
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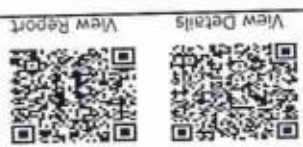


CREATININE EGF-R-EPI

CREATININE	0.61	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES			
AGE	44		years
GLOMERULAR FILTRATION RATE (FEMALE)	112.99		Refer Interpretation Below mL/min/1.73m ²
METHOD : CALCULATED PARAMETER			

(Signature)

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





PATIENT NAME : MRS. MADHURI SHARMA **REF. DOCTOR :**

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

ACCESSION NO : 0022XC004629 **AGE/SEX :** 44 Years Female

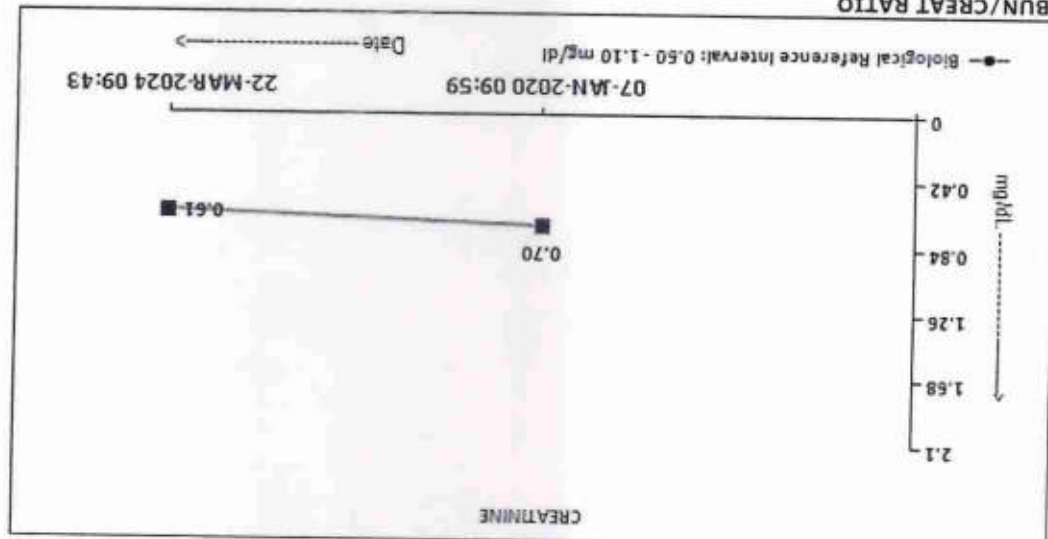
PATIENT ID : FH.5614176 **DRAWN :** 22/03/2024 08:30:00

CLIENT PATIENT ID : UID:5614176 **RECEIVED :** 22/03/2024 08:33:16

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 CORP-OPD
 BILLNO-1501240PCR016575
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Test Report Status	Final	Results	Biological Reference Interval	Units
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BUN/CREAT RATIO
 METHOD : CALCULATED PARAMETER
 6.56 5.00 - 15.00

URIC ACID, SERUM

URIC ACID
 METHOD : URICASE UV
 4.9 2.6 - 6.0

TOTAL PROTEIN, SERUM

TOTAL PROTEIN
 METHOD : BIURET
 7.1 6.4 - 8.2

ALBUMIN, SERUM

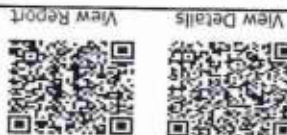
(Signature)

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ALBUMIN 4.1 3.4 - 5.0 g/dL
METHOD : BCP DYE BINDING

GLOBULIN 3.0 2.0 - 4.1 g/dL
METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

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

POTASSIUM, SERUM 4.22 3.50 - 5.10 mmol/L
METHOD : ISE INDIRECT

CHLORIDE, SERUM 104 98 - 107 mmol/L
METHOD : ISE INDIRECT

Interpretation(s)

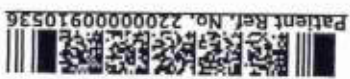
Interpretation(s)
LIVER FUNCTION PROFILE, SERUM-
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** result from increased bilirubin 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 blocking of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or perniouus 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, neurocysticercosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidney, heart, muscle, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.
ALP is a protein found in almost all body tissues. Issues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumor, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatemia, Malnutrition, Protein deficiency, Wilson 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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REF. DOCTOR : MRS.MADHURI SHARMA

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CLINICAL INFORMATION :		UID:5614176 REQNO-1680714
		CORP-OPD
		BILLNO-1501240PCR016575
		BILLNO-1501240PCR016575
Test Report Status	Final	
Results	Biological Reference Interval Units	

Liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.
Total Protein also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström disease. Lower-than-normal levels may be due to: Agammaglobulinemia, bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, protein-losing enteropathy etc.
Albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin contributes about half of the blood serum protein. Low blood albumin levels (hypalbuminemia) 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, 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 test cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypoparathyroidism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency.
NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.
 High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycemics & 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 or Decreased: Renal (High protein diet, increased protein catabolism, GI haemorrhage), Cortisol, Dehydration, CHF (renal), Renal Failure, Post Renal (Magnanicy, Nephrotoxicity, Prostatic),
CAUSES OF DECREASED LEVEL INCLUDE: Liver disease, SLADH,
CREATININE (SERUM-EP1) - Kidney disease outcomes quality initiative (KDQOLI) guidelines state that estimation of GFR is the best overall indices of the kidney function. - 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://vestguide.laboratory.edu/guideline/egfr
 Churnan 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 Principles of Internal Medicine, 21st ed, pg 62 and 334
Serum-Causes of Increased Levels-Low Zinc Intake, DCP, Multiple Sclerosis
TOTAL PROTEIN, SERUM- is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström disease. Lower-than-normal levels may be due to: Agammaglobulinemia, bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, protein-losing enteropathy etc.
ALBUMIN, SERUM-Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin contributes about half of the blood serum protein. Low blood albumin levels (hypalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, burns, hemodilution, increased vascular permeability, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.
 Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.



Page 13 Of 21

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 Email : -





PATIENT NAME : MRS. MADHURI SHARMA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004629

AGE/SEX : 44 Years Female

DRAWN : 22/03/2024 08:30:00

RECEIVED : 22/03/2024 08:33:16

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MUMBAI 440001

FORTIS HOSPITAL # VASHI,

FORTIS VASHI-CHC - SPLD

CORP-OPD

UID:5614176 REQNO-1680714

BILLNO-1501240PCR016575

BILLNO-1501240PCR016575

CLINICAL INFORMATION :

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

LIPID PROFILE, SERUM

Parameter	Result	Reference Range / Interpretation	Method
CHOLESTEROL, TOTAL	177	< 200 Desirable 200 - 239 Borderline High >= 240 High	METHOD : ENZYMATIC/COLORIMETRIC/CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE
TRIGLYCERIDES	62	< 150 Normal 150 - 199 Borderline High 200 - 499 High >= 500 Very High	METHOD : ENZYMATIC ASSAY
HDL CHOLESTEROL	68 High	< 40 Low >= 60 High	METHOD : DIRECT MEASURE - PEG
LDL CHOLESTEROL, DIRECT	91	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >= 190 Very High	METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT
NON HDL CHOLESTEROL	109	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	METHOD : CALCULATED PARAMETER
VERY LOW DENSITY LIPOPROTEIN	12.4	<= 30.0	METHOD : CALCULATED PARAMETER
CHOL/HDL RATIO	2.6 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

(Signature)

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PATIENT NAME : MRS.MADHURI SHARMA

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

FORTIS WASHI-CHC -5PLZD
FORTIS HOSPITAL # VASHI,
MUMBAI 440001

ACCESSION NO : 0022XC004629

PATIENT ID : FH.5614176
CLIENT PATIENT ID: UID:5614176
AGE/SEX : 44 Years Female
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BILLNO-150124OPCRO16575
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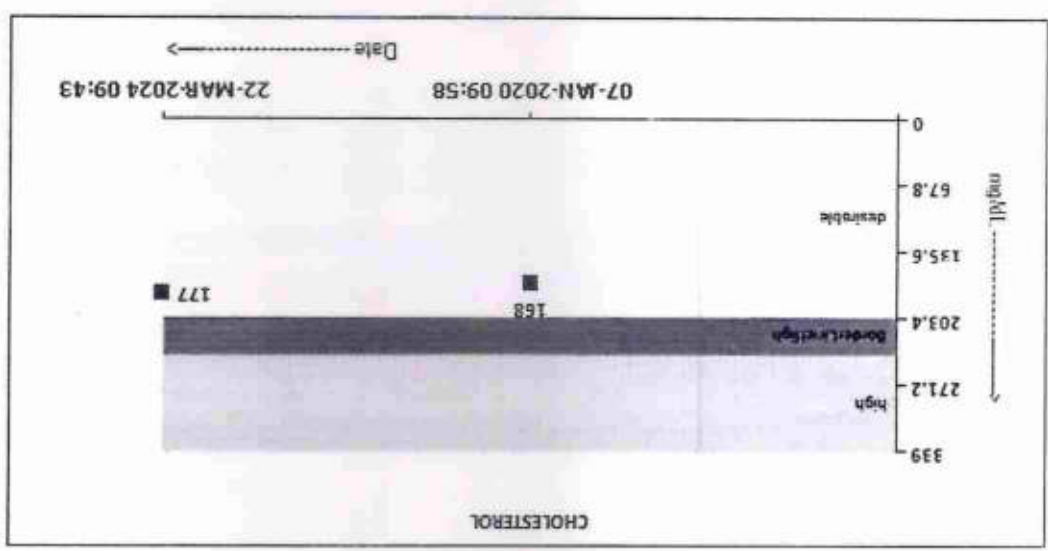
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LDL/HDL RATIO

1.3

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

METHOD : CALCULATED PARAMETER



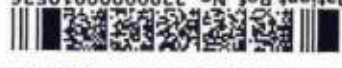
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Patient Ref. No. 2200000910536



View Details

View Report





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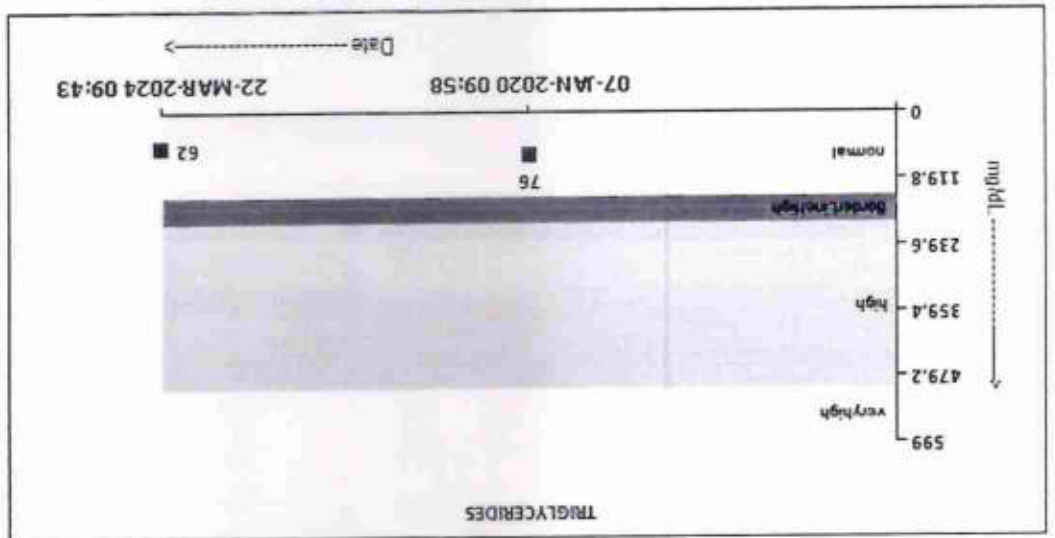
BILLNO-1501240PCR016575

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Test Report Status Final

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

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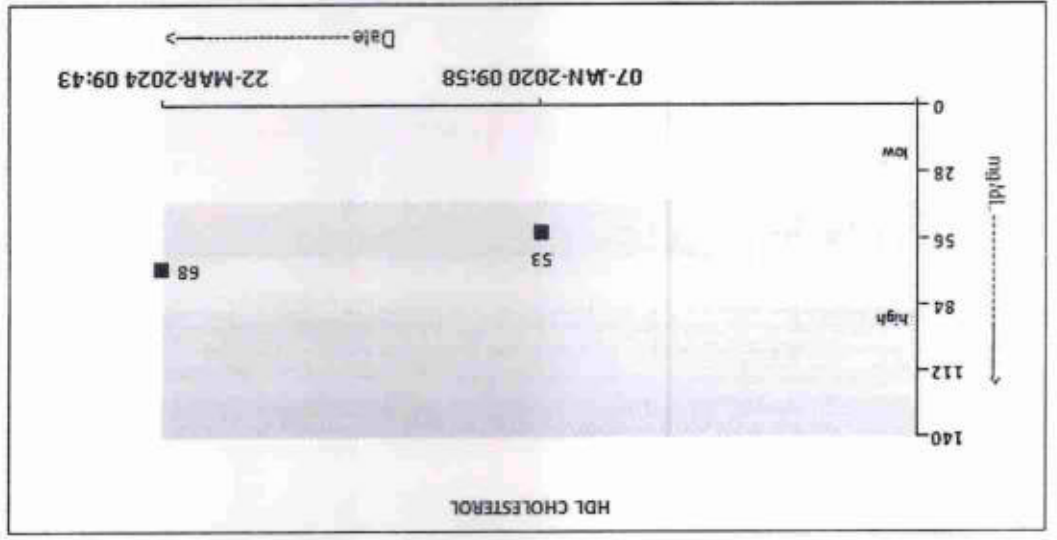
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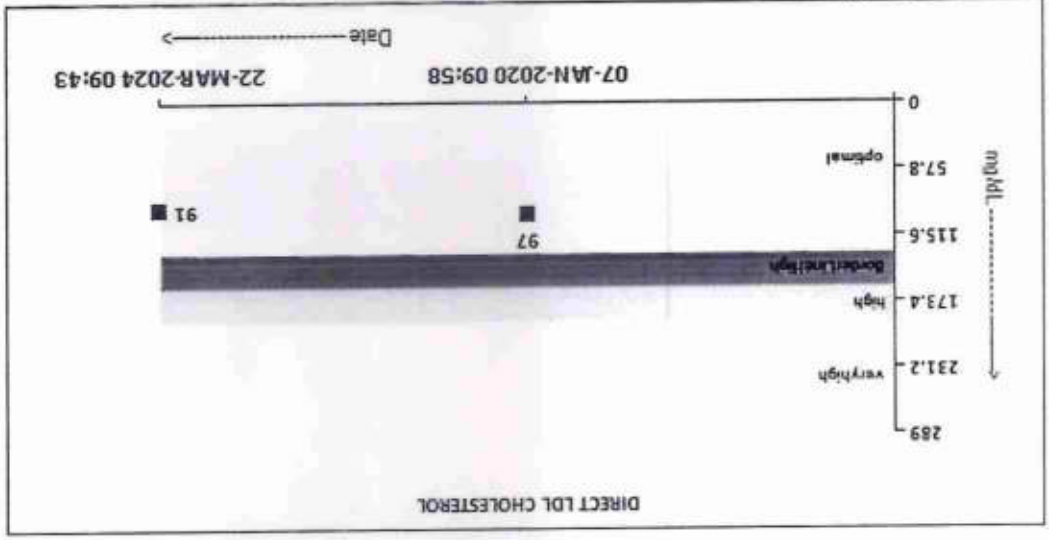
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Results

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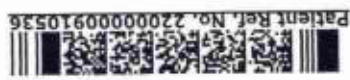
Interpretation(s)

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CODE/NAME & ADDRESS : C000045507
 FORTIS VASHI-CHC -SP/LZD
 FORTIS HOSPITAL # VASHI,
 MUMBAI 44001
ACCESSION NO : 0022XC004629
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CLINICAL PATH - URINALYSIS				

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE
COLOR
 METHOD : PHYSICAL
 APPEARANCE
 METHOD : VISUAL
 PALE YELLOW
 SLIGHTLY HAZY

CHEMICAL EXAMINATION, URINE

PH	SPECIFIC GRAVITY	PROTEIN	GLUCOSE	KETONES	BLOOD	BILIRUBIN	UROBILINOGEN	NITRITE	LEUKOCYTE ESTERASE
6.0	>=1.005	NOT DETECTED	NOT DETECTED	NOT DETECTED	NOT DETECTED	NOT DETECTED	NORMAL	NOT DETECTED	NOT DETECTED
4.7 - 7.5	1.003 - 1.035	NOT DETECTED	NOT DETECTED	NOT DETECTED	NOT DETECTED	NOT DETECTED	NORMAL	NOT DETECTED	NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY - DOUBLE INDICATOR METHOD
 METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARANT PIA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)
 METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-BROUOF-INDICATOR PRINCIPLE
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION-COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT
 METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRLICH REACTION)
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE
 METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY



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

Rekha N

AKD

PATIENT NAME : MRS. MADHURI SHARMA

CODE/NAME & ADDRESS : C000045507

FORTIS VASHI-CHC -SPLD

FORTIS HOSPITAL # VASHI,

MUMBAI 44001

CLINICAL INFORMATION :

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CORP-OPD

BILNO-1501240PCR016575

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THYROID PANEL, SERUM

SPECIALISED CHEMISTRY - HORMONE

Test Report Status	Final	Results	Biological Reference Interval	Units
T3	85.0	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
T4	7.63	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
TSH (ULTRASENSITIVE)	3.050	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 IMMUNOASSAY, COMPETITIVE PRINCIPLE

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

Interpretation(s)

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

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



PERFORMED AT :
 Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222,022-49723322, Fax :
 CIN - U74699PB1995PLC045956
 Email : -

Patient Ref. No. 2200000910536





REF. DOCTOR :

PATIENT NAME : MRS.MADHURI SHARMA

CODE/NAME & ADDRESS : C000045507

ACCESSION NO : 0022XC004691

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.5614176

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:5614176

MUMBAI 44001

UID:5614176 REQNO-1680714

CORP-OPD

BILLNO-1501240PCR016575

BILLNO-1501240PCR016575

Test Report Status	Final	Results	Biological Reference Interval	Units
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GLUCOSE, POST-PRANDIAL, PLASMA

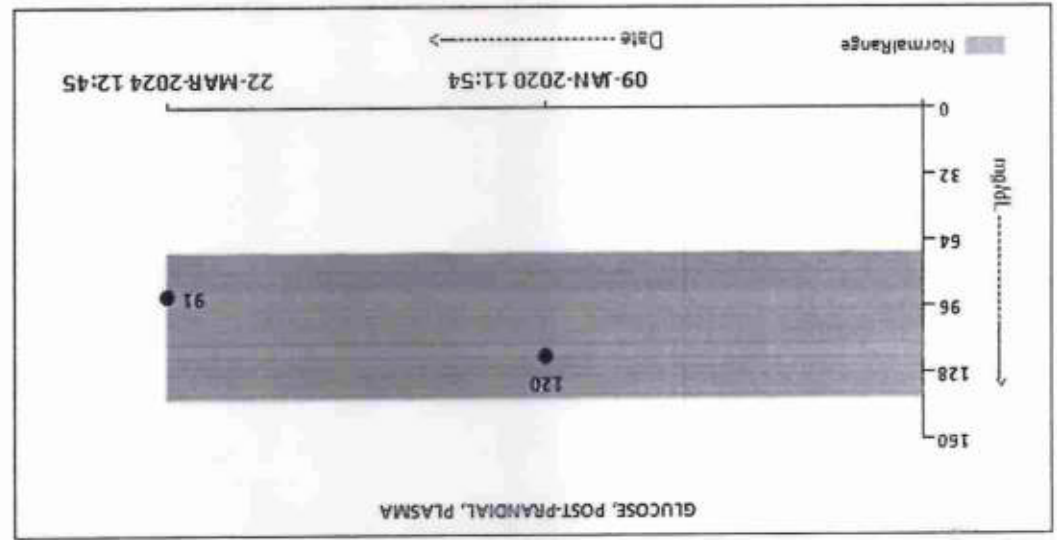
PPBS(POST PRANDIAL BLOOD SUGAR)

91

70 - 140

mg/dL

METHOD : HEXOKINASE



Comments

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

End Of Report

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

(Signature)

Dr. Akshay Dhore, MD

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

Consultant Pathologist

PERFORMED AT :

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Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322, Fax :
CIN - U74899PB1995PLC045956
Email : -





PATIENT NAME : MRS. MADHURI SHARMA

REF. DOCTOR :

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

ACCESSION NO : 0022XC004762
PATIENT ID : FH.5614176
CLIENT PATIENT ID : UID:5614176
ABHA NO :

AGE/SEX : 44 Years Female
DATE/ TIME : 22/03/2024 14:32:00
REPORTED : 23/03/2024 12:14:24

CLINICAL INFORMATION :

UID:5614176 REQNO-1680714
CORP-OPD
BILLNO-1501240PCR016575
BILLNO-1501240PCR016575

Test Report Status Final

CYTOLOGY

PAPANICOLAOU SMEAR

TEST METHOD
PAPANICOLAOU SMEAR
REPORTING SYSTEM
2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY
SPECIMEN TYPE
SPEICMEN ADEQUACY
METHOD : MICROSCOPIC EXAMINATION
MICROSCOPY

INTERPRETATION / RESULT
METHOD : MICROSCOPIC EXAMINATION
REACTIVE CELLULAR CHANGES ASSOCIATED WITH INFLAMMATION.
NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY
SMEARS STUDIED SHOW SUPERFICIAL SQUAMOUS CELLS,
INTERMEDIATE SQUAMOUS CELLS, OCCASIONAL SQUAMOUS CELLS,
METAPLASTIC CELLS, OCCASIONAL CLUSTERS OF ENDOCERVICAL CELLS
IN THE BACKGROUND OF PLENTY POLYMORPHS.

METHOD : MICROSCOPIC EXAMINATION

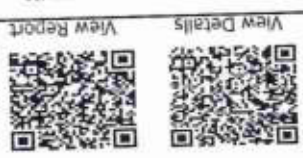
Comments

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.
SMEAR WILL BE PRESERVED FOR 5 YRS

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

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

(Signature)



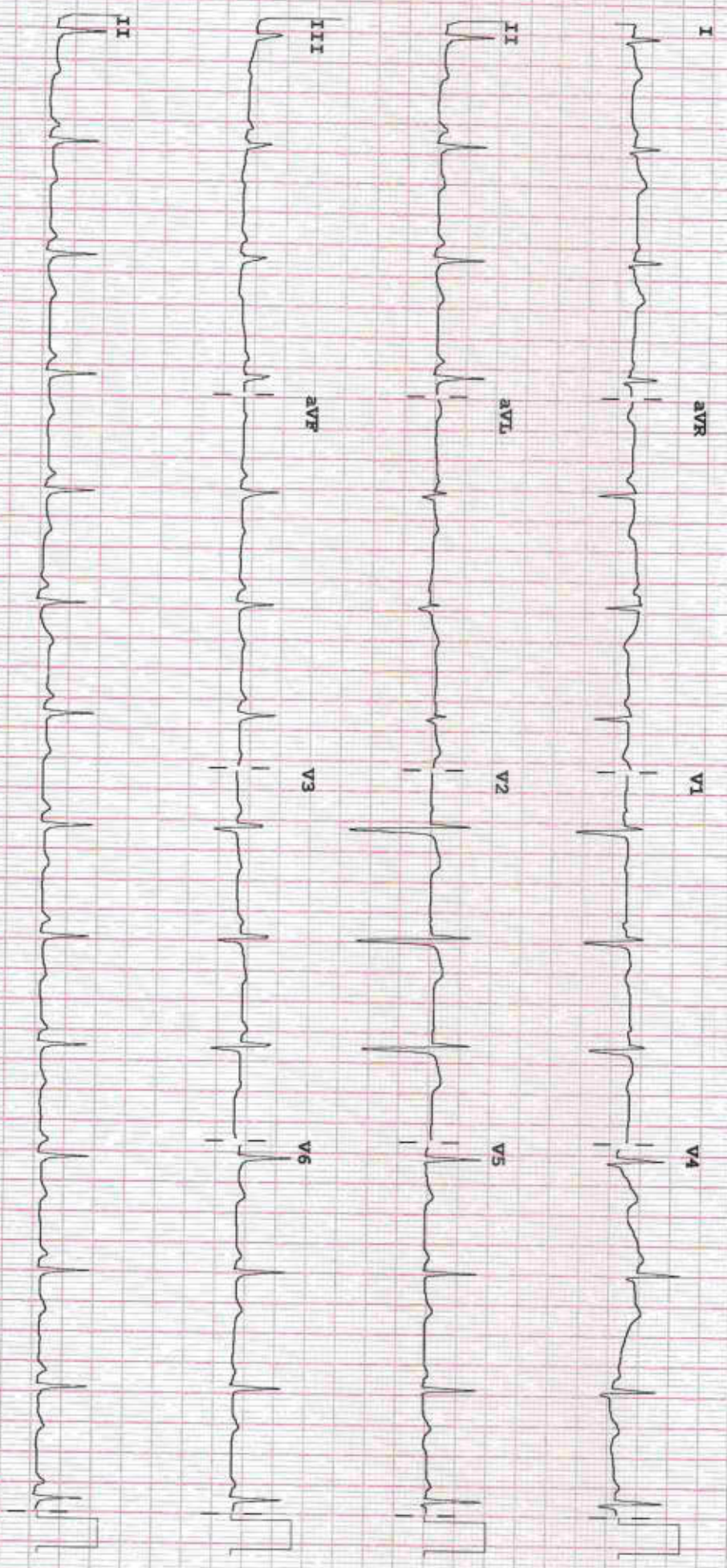
Rate 80 Sinus rhythm.....normal P axis, V-rate 50-99
 PR 136 Baseline wander in lead(s) V2, V4
 QRS 82
 QT 354
 QTc 409

--AXIS--
 P 68
 QRS 70
 T 26

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

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

P 50~ 0.50-100 Hz W

100B CL

P?

Normal



DEPARTMENT OF NIC
Date: 22/Mar/2024

Name: Mrs. Madhuri Sharma
Age | Sex: 44 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :
UHD | Episode No : 5614176 | 16818/24/1501
Order No | Order Date: 1501/PN/OP/2403/35208 | 22-Mar-2024
Admitted On | Reporting Date : 22-Mar-2024 14:30:42
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.
- Mild mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension. PASP = 20mmHg.
- 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 13 mm with normal inspiratory collapse.

M-MODE MEASUREMENTS:

LA	mm	29
AO Root	mm	17
AO CUSP SEP	mm	12
LVID (s)	mm	22
LVID (d)	mm	38
IVS (d)	mm	09
LVPW (d)	mm	08
RVID (d)	mm	25
RA	mm	26
LVEF	%	60



DEPARTMENT OF NIC
 Date: 27/Mar/2024

Name: Mrs. Madhuri Sharma
 Age | Sex: 44 YEAR(S) | Female
 Order Station : FO-OPD
 Bed Name :
 UHD | Episode No : 5614176 | 16818/24/1501
 Order No | Order Date: 1501/PN/OP/2403/35208 | 22-Mar-2024
 Admitted On | Reporting Date : 22-Mar-2024 14:30:42
 Order Doctor Name : Dr.SELF.

DOPPLER STUDY:

E WAVE VELOCITY: 0.9 m/sec.
 A WAVE VELOCITY: 1.0 m/sec.
 E/A RATIO: 0.9

GRADE OF REGURGITATION	V max (m/sec)	MEAN (mmHg)	PEAK (mmHg)		
Mild			N	08	MITRAL VALVE
Nil				20	AORTIC VALVE
Trivial				04	TRICUSPID VALVE
Nil					PULMONARY VALVE

Final Impression :

- No RWMA.
- Mild MR and Trivial TR. No 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)

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

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.

Findings:

X-RAY-CHEST- PA

Name: Mrs. Madhuri Sharma
Age | Sex: 44 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :
UHD | Episode No : 5614176 | 16818/24/1501
Order No | Order Date: 1501/PN/OP/2403/35208 | 22-Mar-2024
Admitted On | Reporting Date : 22-Mar-2024 12:21:11
Order Doctor Name : Dr.SELF.

DEPARTMENT OF RADIOLOGY

Date: 22/Mar/2024

(For Billing/Reports & Discharge Summary only)

Hiranandani Healthcare Pvt. Ltd.
Mint Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.
Board Line: 022 - 39199222 | Fax: 022 - 39133220
Emergency: 022 - 39199100 | Ambulance: 1255
For Appointment: 022 - 39199200 | Health Checkup: 022 - 39199300
www.fortishhealthcare.com | vashi@fortishhealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D



Hiranandani
HOSPITAL
A Fortis Network Hospital



DEPARTMENT OF RADIOLOGY
 Date: 22/Mar/2024

Name: Mrs. Madhuri Sharma
 Age | Sex: 44 YEAR(S) | Female
 Order Station : FO-OPD
 Bed Name :
 UHID | Episode No : 5614176 | 16818/24/1501
 Order No | Order Date: 1501/PN/OP/2403/35208 | 22-Mar-2024
 Admitted On | Reporting Date : 22-Mar-2024 10:55:16
 Order Doctor Name : Dr.SELF.

US-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 8.4 x 3.4 cm. Left kidney measures 9.1 x 3.5 cm.

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

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

UTERUS is normal in size, measuring 7.4 x 5.1 x 3.8 cm. Endometrium measures 3.4 mm in thickness.

Both ovaries are normal. Right ovary measures 2.2 x 0.9 cm. Left ovary measures 1.9 x 1.5 cm. No evidence of ascites.

Impression:

- No significant abnormality is detected.

DR. KUNAL NIGAM
 M.D. (Radiologist)



DEPARTMENT OF RADIOLOGY

Date: 22/Mar/2024

Name: Mrs. Madhuri Sharma
Age | Sex: 44 YEAR(S) | Female
Order Station : FO-OPD
Bed Name :
UHD | Episode No : 5614176 | 16818/24/1501
Order No | Order Date: 1501/PN/OP/2403/35208 | 22-Mar-2024
Admitted On | Reporting Date : 22-Mar-2024 11:04:25
Order Doctor Name : Dr.SELF.

US - BOTH BREAST

Findings:

Few simple cysts are seen in right breast, largest measuring 5.0 x 3.9 mm at 7 O' clock position.

Rest of the breast parenchyma appears normal.

No dilated ducts are noted.

The fibroglandular architecture is well maintained.

Retromammary soft tissues appear normal.

No evidence of axillary lymphadenopathy.

Impression:

- Simple cysts in right breast as described.

DR. YOGINI SHAH

DMRD,, DNB. (Radiologist)