

Name Ms. Ashani Kumar  
UHID : 13232541 Date : 28/6/24  
Age : 44y7m Gender : M

**Nursing Assessment**

Profile	
Height (cm) : <u>170 cm</u>	Waist-Circumference (cm) : <u>34 inch</u>
Weight (Kg.) : <u>77 Kg</u>	Body Mass Index : <u>26.6 kg/m<sup>2</sup></u> <u>18-23.1</u>
Occupation :	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married

SpO<sub>2</sub> - 99%

Vital Signs	
Pulse Rate (/min) : <u>78 b/min</u>	Respiratory Rate (/min) :
Blood Pressure (mmHg) : <u>120/70 mmHg</u>	Temperature (if febrile) : <u>Afebrile</u>

Past History	
<input checked="" type="checkbox"/> Hypertension :	<input checked="" type="checkbox"/> Diabetes :
<input checked="" type="checkbox"/> Heart disease :	<input checked="" type="checkbox"/> Dyslipidemia :
<input checked="" type="checkbox"/> Asthma :	<input checked="" type="checkbox"/> Tuberculosis :
<input checked="" type="checkbox"/> Allergies :	
<input checked="" type="checkbox"/> Others :	

For Women	
LMP: /	Last Pap smear done in /
Menopause <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Last Mammography done in /
Consent for X-ray & Mammography	

Current Medications

Name Mr. Ashani Kumar  
UHID : 13232541 Date 28/06/24  
Age : 40 Gender : M

Internal Medicine Consultation

Relevant History:

- No complaints
- No medication

Diagnosis:

- obesity
- WPW

Examination Findings:

$\frac{170\text{cm}}{77\text{kg}}$  | 26.6 kg/m<sup>2</sup>

Advice / Treatment Plan:

- Dietary advice
- Regular Exercise
- cardiology opinion
- Review with lab. reports

Investigations:

ECG - WPW  
TMT  
LFT  
USG. | WNL.

Manjeet Singh Trehan  
28/6/24

**Dr. MANJEET SINGH TREHAN**  
MBBS, MD  
Additional Director-Internal Medicine (FMC)  
Reg. No. PMC 24797  
Mobile No. +91 9814104609  
Fortis MEDCENTRE (A unit of Fortis Hospital, Mohali)  
S.C.C 11 Sector 11-D Chandigarh-160011 (INDIA)  
Phone No. 0172-5061222, 5055441, 6284163645

Name Ms. Ashwari Kumar  
UHID : 13232541 Date : 28/06/24  
Age : 40 Gender : M

**Ophthalmology Consultation**

History: NIL

**Examination findings:**

Visual acuity  $\left\{ \begin{array}{l} R \\ L \end{array} \right. \frac{6}{6}$  Visual acuity with glasses  $\left\{ \begin{array}{l} R \\ L \end{array} \right.$

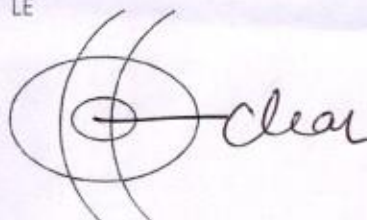
Colour Vision  $\left\{ \begin{array}{l} R \\ L \end{array} \right. \frac{WNL}{WNL}$

Slit Lamp Examination

RE

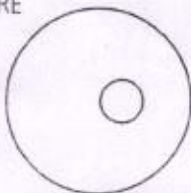


LE

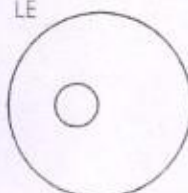


Fundus Examination

RE



LE



Diagnosis: NADBE

Treatment"

**Spectacle prescription:**

Right eye

	SPH	CYL	AXIS	VA
Distance				6/6
Near	Plano	/		N/6

Left eye

	SPH	CYL	AXIS	VA
Distance				6/6
Near	Plano	/		N/6

Signature and stamp of the Ophthalmologist :

28.06.2024 11:18:00  
Forts Med Centre  
sector 11  
Chandgarh

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

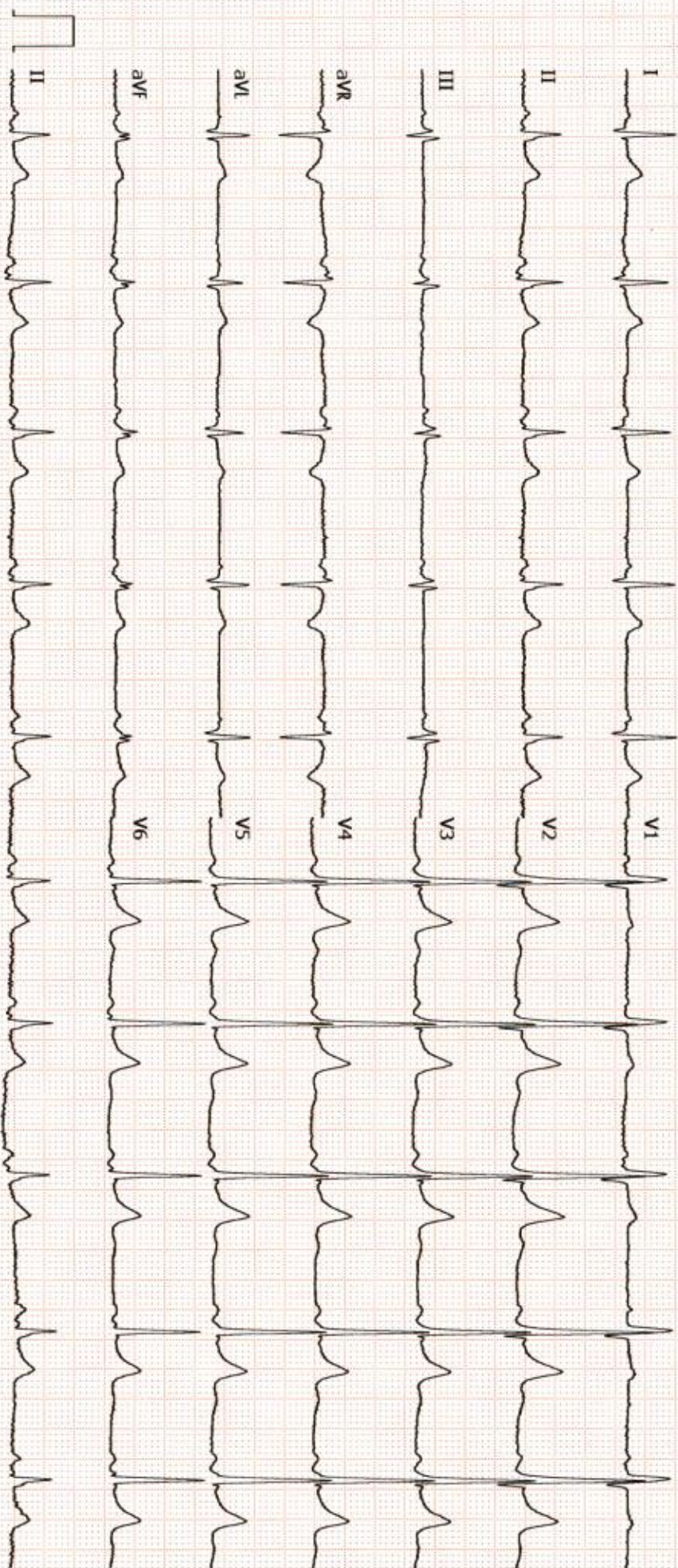
Room:

60 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 102 ms  
QT / QTcBaz : 416 / 416 ms  
PR : 128 ms  
P : 108 ms  
RR / PP : 994 / 1000 ms  
P / QRS / T : 49 / 36 / 36 degrees

Normal sinus rhythm  
Wolff-Parkinson-White  
Abnormal ECG



**DEPARTMENT OF FMC-RADIOLOGY LAB**

Date: 28/Jun/2024

**Name: Mr. Ashani Kumar****UHID | Episode No : 13232541 | 9604/24/10021****Age | Sex: 40 YEAR(S) | Male****Order No | Order Date: 10021/PN/OP/2406/24652 | 28-Jun-2024****Order Station : FRONTOFFICE-FMC****Admitted On | Reporting Date : 28-Jun-2024 11:34:10****Bed Name :****Order Doctor Name : Dr.SELF .****CHEST X-RAY ( PA VIEW )**

Both the domes of diaphragm are normal.

Both costophrenic angles are normal.

Both lung fields are clear.

Cardiac size and silhouette are normal.

Both hila and mediastinum are normal.

Bony cage and soft tissues are normal.

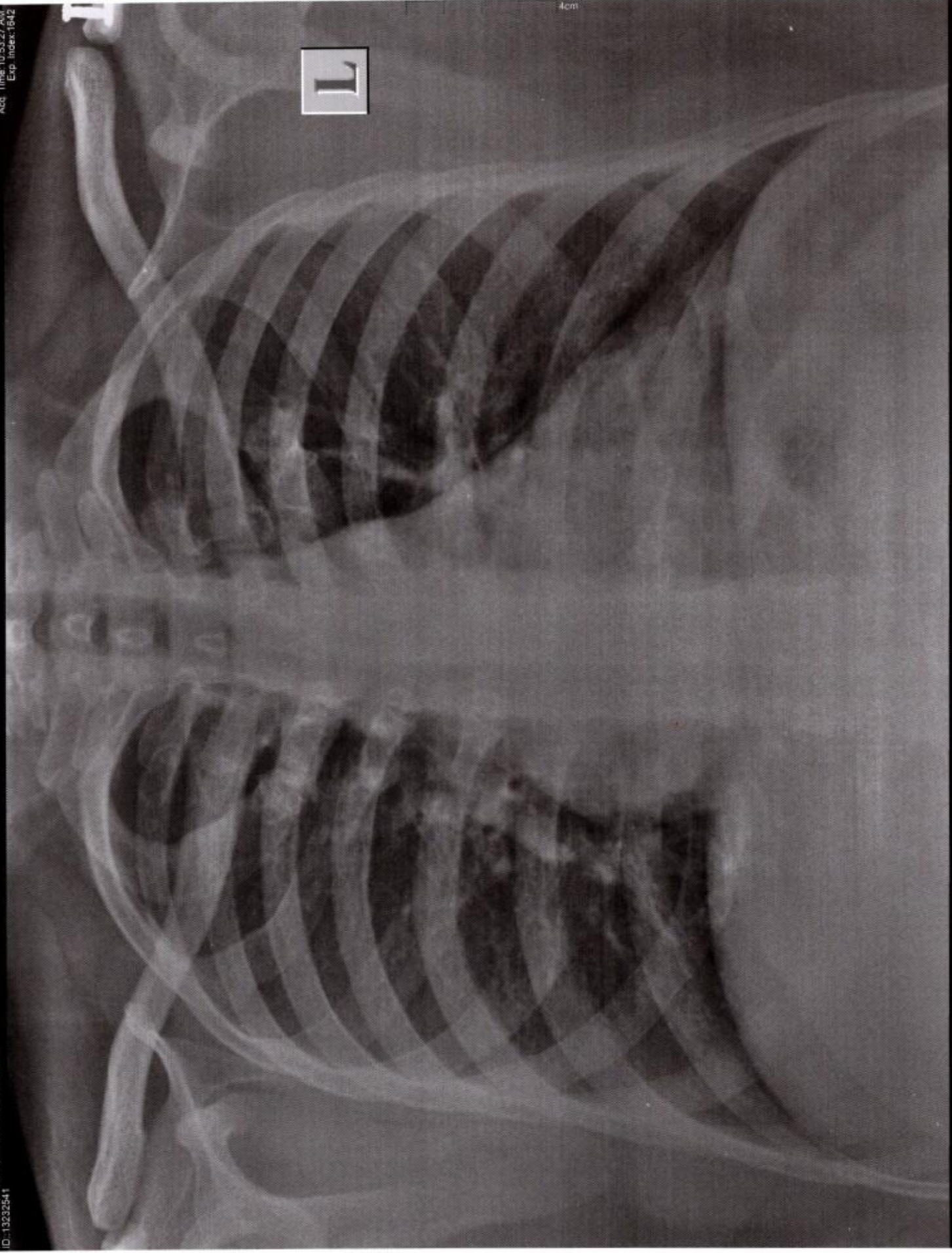
**IMPRESSION: NORMAL STUDY.**

**Please correlate clinically and with other relevant investigations.**

**Dr. ADITI PANWAR**

**PMC - 41230**

**Consultant Radiologist**



**NAME: MR. ASHANI KUMAR****AGE AND SEX: 40Y/M****UHID NO: 13232541****DATE: 28/06/2024****ROI: WHOLE ABDOMEN**

Liver is normal in size, outline and echogenicity. No focal lesion seen. IHBR's are not dilated. Portal vein and hepatic veins are normal.

Gall bladder is normally distended with anechoic lumen. Wall thickness is normal. No calculus / focal lesion seen. No pericholecystic fluid / collection seen. CBD is normal.

Pancreas is visualized in region of and proximal body and is normal in size, shape, outline and echotexture. No focal lesion seen. Distal body and tail are obscured by bowel gases.

Spleen is normal in size, outline and echotexture. No focal lesion seen.

Right kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Left kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Retroperitoneum is normal.

The urinary bladder is fully distended and is normal in outline and wall thickness. No calculi or growth seen.

Prostate is normal in size and shows normal outline and echo pattern. No focal lesion seen.

No free fluid is seen.

**Opinion: Normal study**

**Suggested clinical correlation.**

**Dr. ADITI PANWAR**  
**PMC - 41230**  
**Consultant Radiologist**

**KUMAR, ASHANI**

**Study Date: 28/06/2024**

Patient ID: 13232541

Accession #:

Alt ID:

DOB:

Age:

Gender: M Ht:

Wt:

BSA:

Institution: Fortis MEDCENTRE, Chandigarh

Referring Physician:

Physician of Record:

Performed By:

Comments:

### Images



### Signature

Signature:

Name(Print):

Date:



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - JALANDHAR  
P.B. NO. 144, VEER PARTAP BHAVAN,  
Shastri Market, Nehru Garden Road,  
Jalandhar, Punjab, Pin - 144 00

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup**

**40-50 Male**

Shri/Smt./Kum. ASHANI KUMAR,.

P.F. No. 646126

Designation : Sr.CustomerService Assoc(CASH)

Checkup for Financial Year 2024-  
2025

**Approved Charges Rs.**

**3500.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

*Ashani Kumar*  
(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

Fortis MECENTRE  
SCO 11, Sector 11 D  
Chandigarh

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: KUMAR, ASHANI  
Patient ID: 13232541  
Height: 170 cm  
Weight: 77 kg

DOB: 24.05.1984  
Age: 40yrs  
Gender: Male  
Race: Indian

Study Date: 28.06.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: DR MANJEET/DR VIJAY HARJAI

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:03	0.00	0.00	90		
	STANDING	00:05	0.00	0.00	90		
	HYPERV.	00:39	0.00	0.00	90	120/70	
	WARM-UP	01:01	1.60	0.00	101		
EXERCISE	STAGE 1	03:00	2.70	10.00	110	120/70	
	STAGE 2	03:00	4.00	12.00	123	140/70	
	STAGE 3	03:00	5.50	14.00	139	140/70	
	STAGE 4	01:13	6.80	16.00	153	140/70	
RECOVERY		03:03	0.00	5.80		130/80	

The patient exercised according to the BRUCE for 10:12 min:s, achieving a work level of Max. METS: 13.70. The resting heart rate of 91 bpm rose to a maximal heart rate of 153 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/70 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.

Conclusions

*negative for ischemic ischemia*

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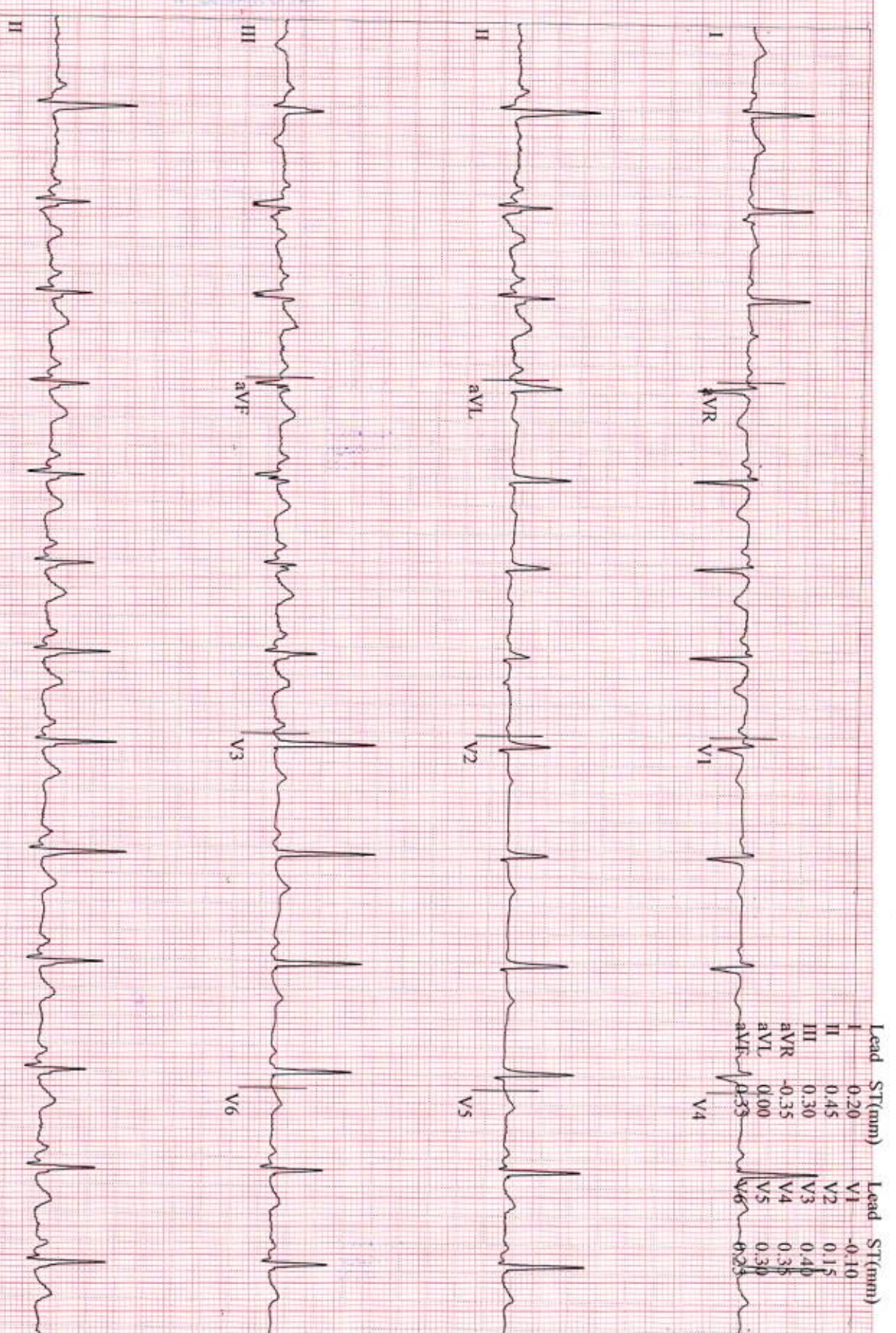
Dr. MANJEET SINGH TREHAN  
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S.C.O. 11, Sector 11-D, Chandigarh-160011 (INDIA)  
Phone No. 0172-5061222, 5055441, 6284163645

**KUMAR, ASHANI**  
Patient ID 13232541  
28.06.2024  
12:41:27pm

12-Lead Report  
PRETEST  
HYPERV.  
00:15  
91 bpm

BRUCE  
0.0 km/h  
0.0 %

Fortis ME  
Measured at 60ms Post J (10mm/mV)  
Auto Points



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(Q,II)

GE CARDIOPRINT

CE

Start of Test: 12:41:07pm

**KUMAR, ASHANI**  
 Patient ID 13232541  
 28.06.2024  
 12:42:50pm

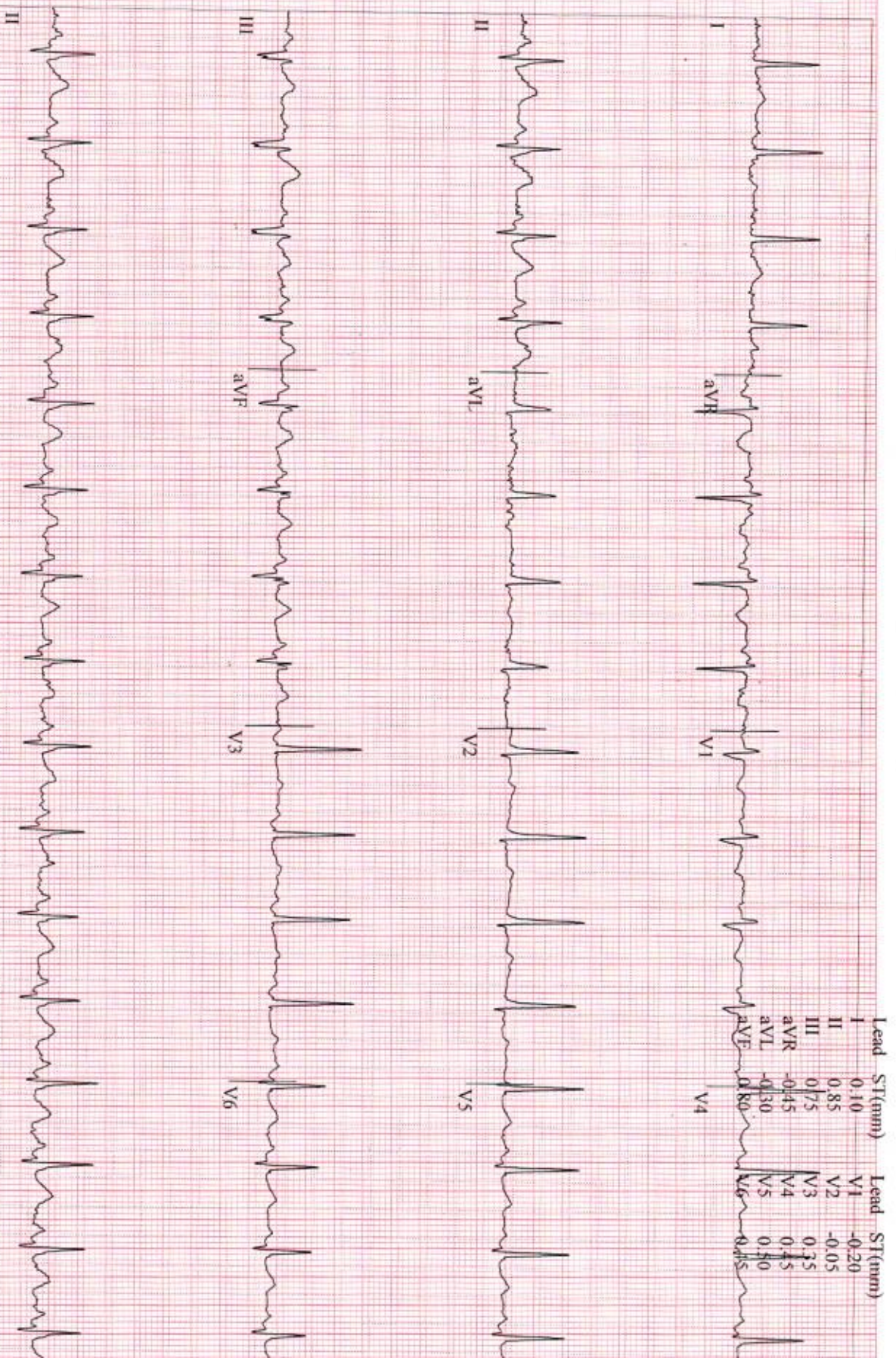
99 bpm

12-Lead Report  
 PRETEST  
 WARM-UP  
 01:38

**BRUCE**  
 1.6 km/h  
 0.0 %

Measured at 60ms Post J (10mm/mV)  
 Auto Points

Fortis ME



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3, V5)

ECG CARDIOPRINT

CE

Start of Test: 12:41:07pm

KUMAR, ASHANI  
 Patient ID 13232541  
 28.06.2024  
 12:45:41pm

Comparative Medians Report  
 EXERCISE  
 STAGE 1  
 114 bpm  
 120/70 mmHg

BRUCE  
 2.7 km/h  
 10.0 %

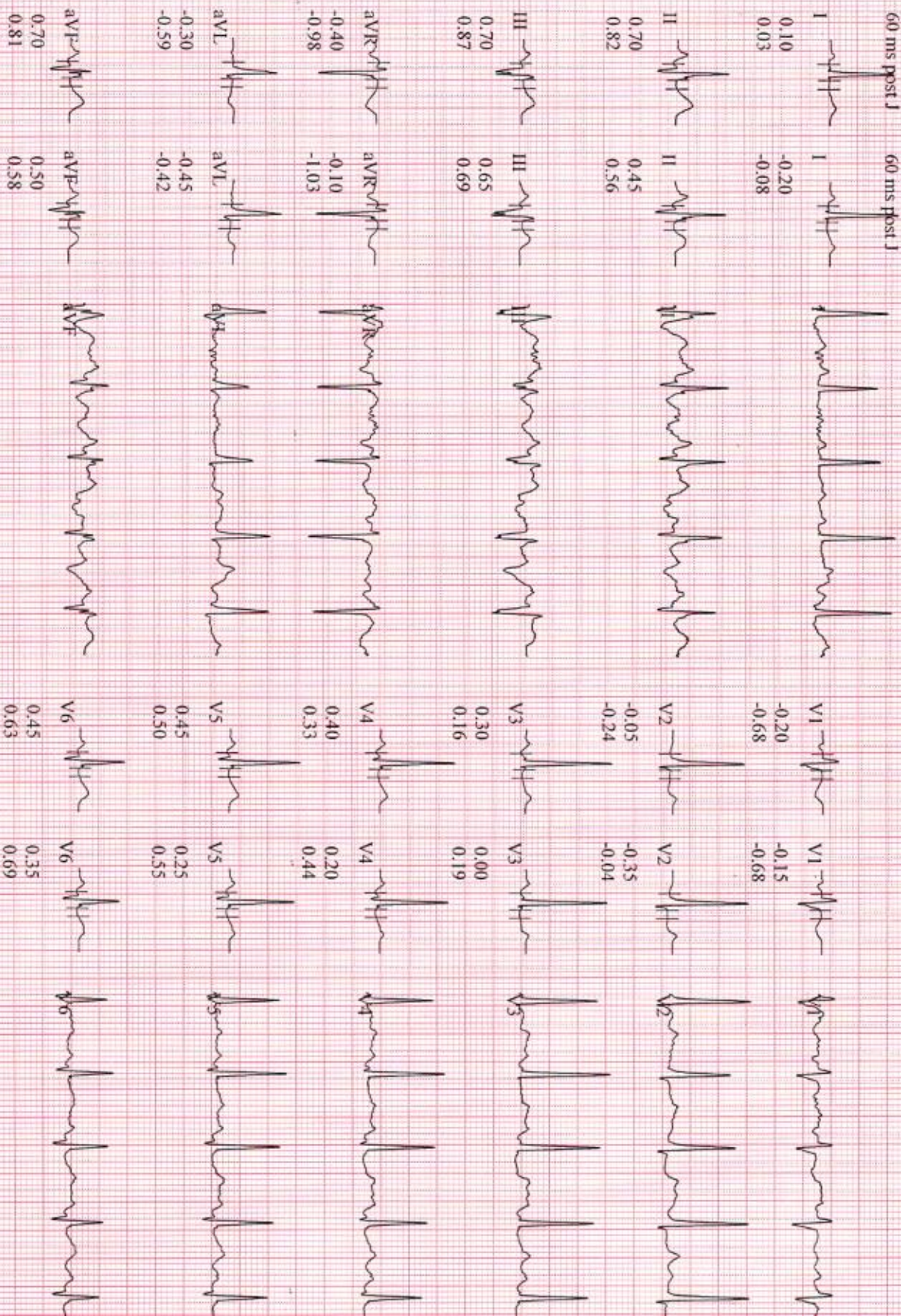
Fortis MEC

BASELINE  
 60 ms post J

CURRENT  
 60 ms post J

Lead

ST Level (mm)  
 ST Slope (mV/s)



GE CardioSoft V6.73 (2)  
 25 mm/s, 10 mm/mV, 50Hz, 0.01-.40Hz, S+ HR(V3, V5)

Start of Test: 12:41:07pm

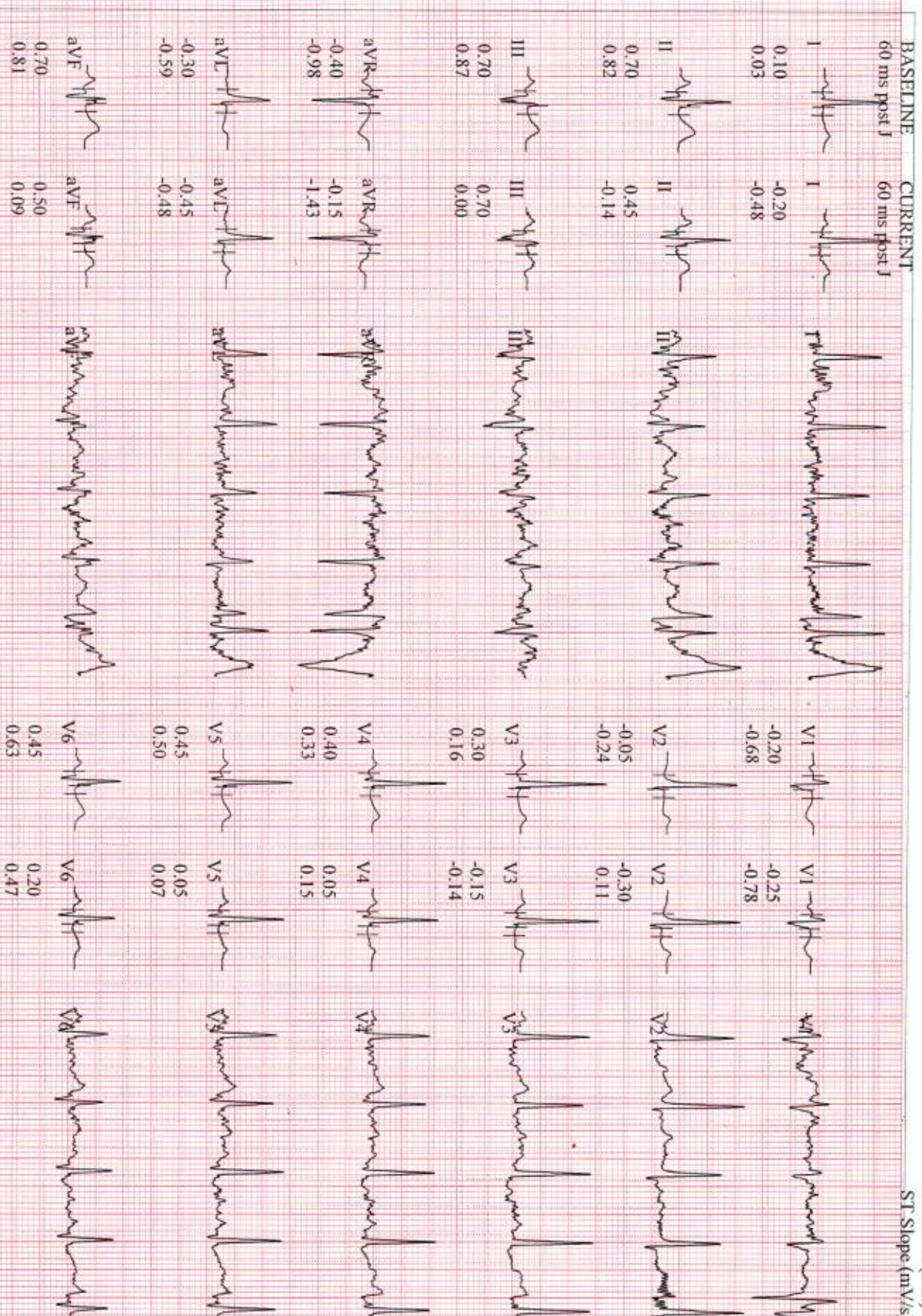
**KUMAR, ASHANI**  
 Patient ID 13232541  
 28.06.2024  
 12:48:41pm

Comparative Medians Report  
 EXERCISE  
 STAGE 2  
 05:50  
 121 bpm

BRUCE  
 4.0 km/h  
 12.0 %

Fortis ME

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V5)

Start of Test: 12:41:07pm

**KUMAR, ASHANI**  
 Patient ID 13232541  
 28.06.2024  
 12:51:41pm

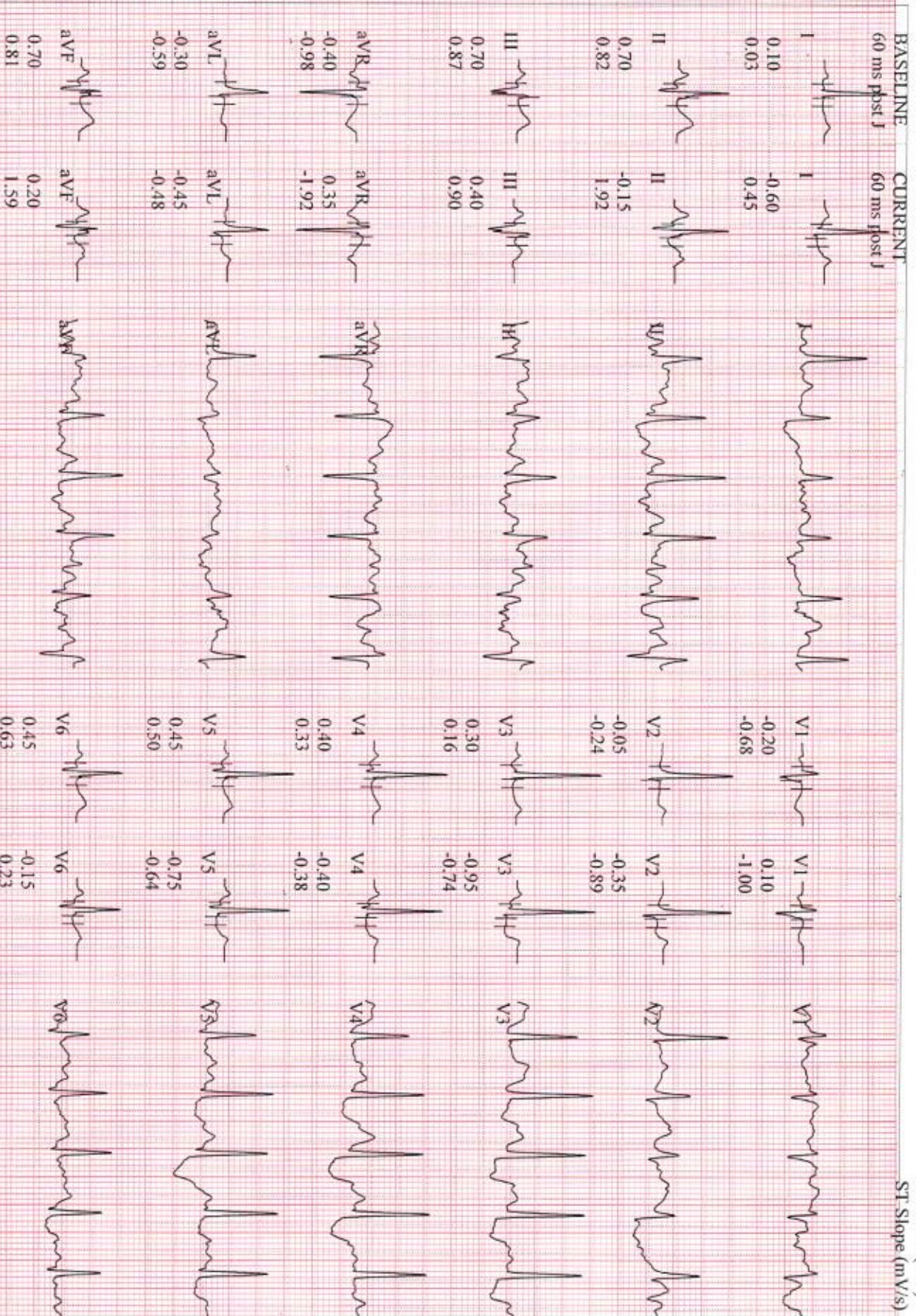
137 bpm  
 140/70 mmHg

Comparative Medians Report  
 EXERCISE  
 STAGE 3  
 08:50

BRUCE  
 5.3 km/h  
 14.0%

Fortis MED

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V2,V3)

Start of Test: 12:41:07pm

ECGARDIOPRINT

CE

KUMAR, ASHANI  
 Patient ID 13232541  
 28.06.2024  
 12:53:04pm

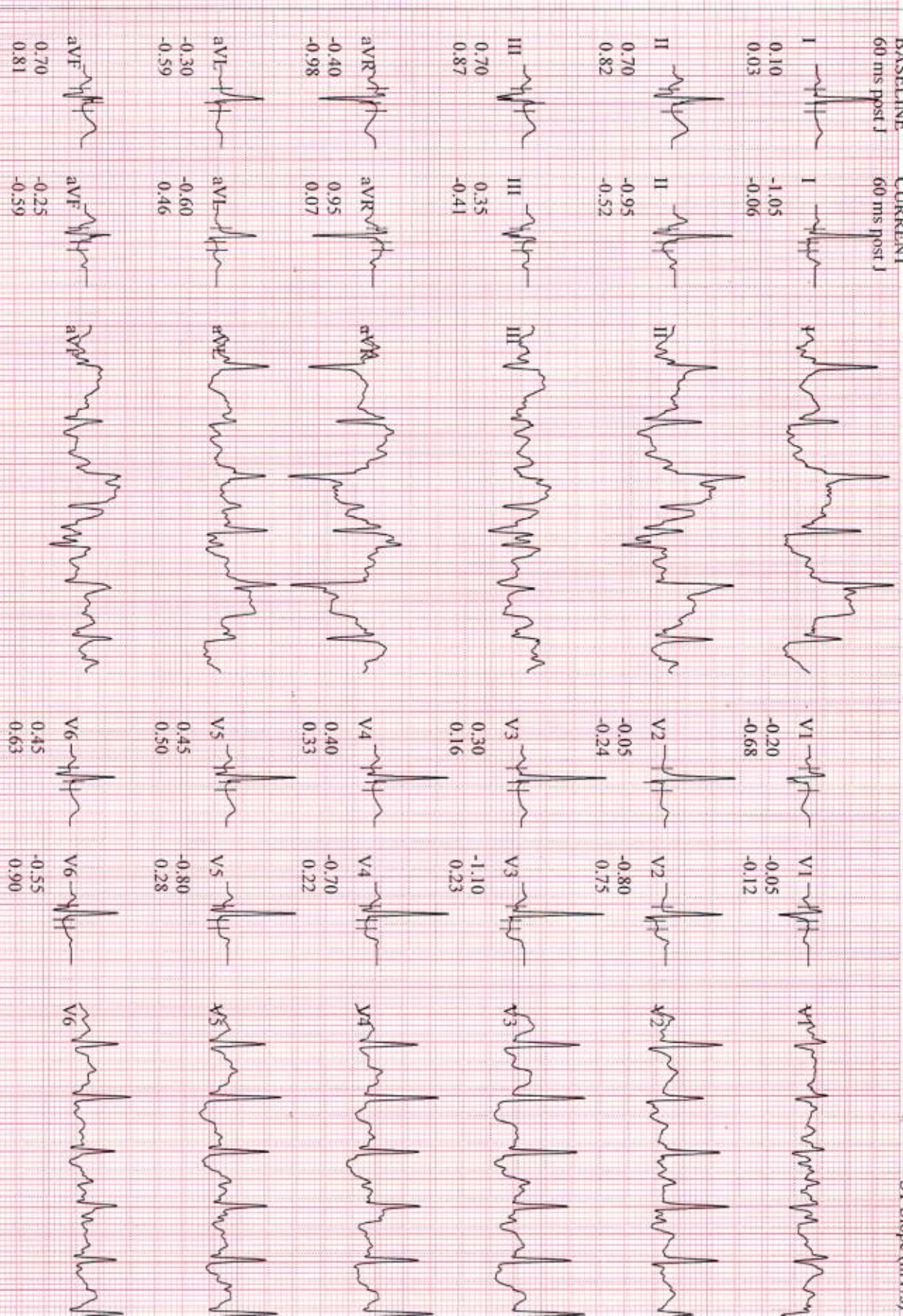
153 bpm

Comparative Medians Report ( PEAK EXERCISE )  
 EXERCISE STAGE 4  
 10:13  
 BRUCE 6.8 km/h  
 16.0 %

Fortis ME

BASELINE 60 ms post J  
 CURRENT 60 ms post J

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HRCV2.V3

Start of Test: 12:41:07pm



**KUMAR, ASHANI**  
 Patient ID 13232541  
 28.06.2024  
 12:53:53pm

Comparative Medians Report  
 RECOVERY #1  
 134 bpm  
 00:50

BRUCE  
 2.4 km/h  
 5.8 %

Fortis MED

**BASELINE** 60 ms post J  
**CURRENT** 60 ms post J

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V2,V3)

GE CAROTIDPRINT

CE

Start of Test: 12:41:07pm

KUMAR, ASHANI  
 Patient ID 13232541  
 28.06.2024  
 12:54:53pm

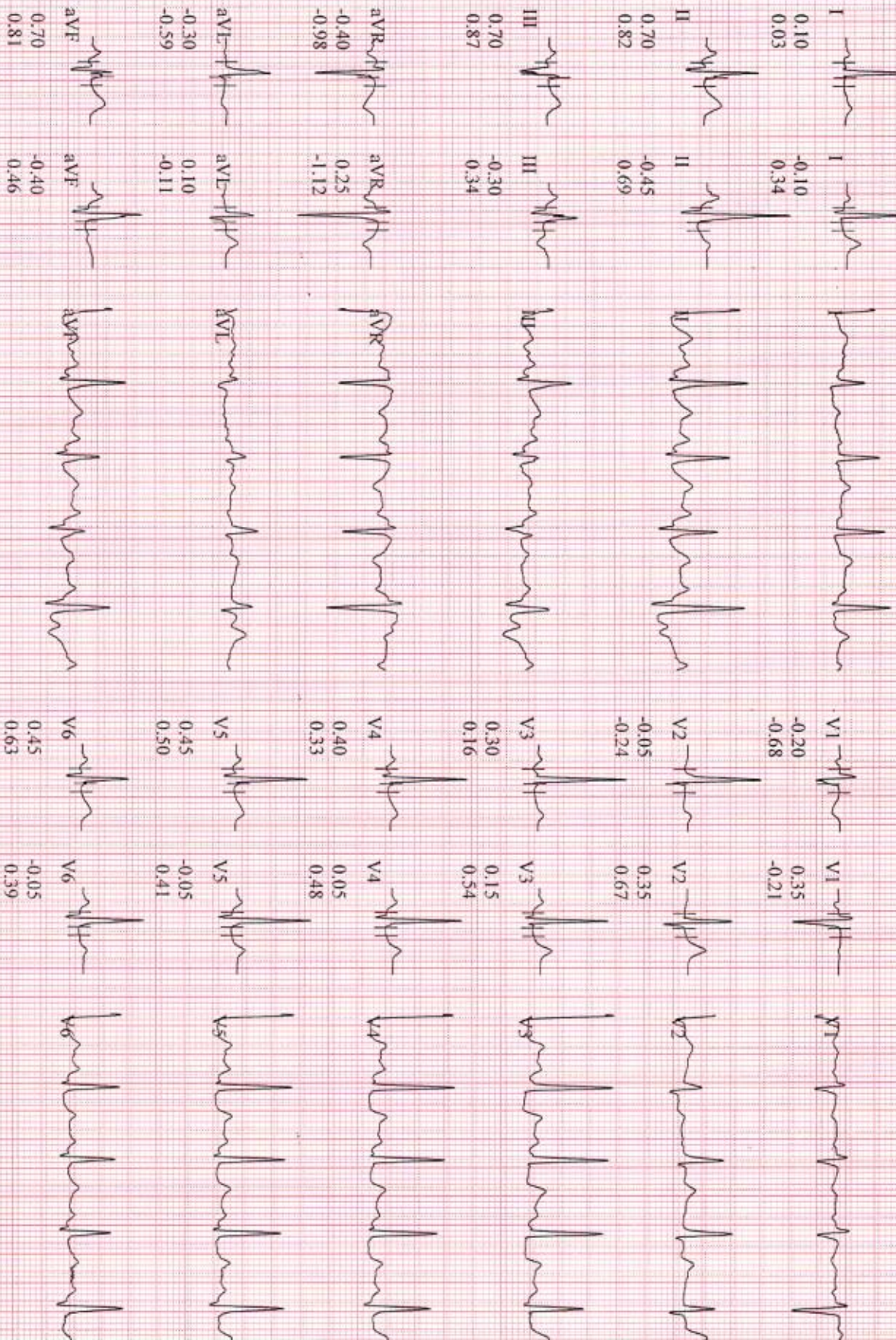
117 bpm  
 130/80 mmHg

Comparative Medians Report  
 RECOVERY #1  
 01:50

BRUCE  
 0.0 km/h  
 5.8%

Fortis ME

BASELINE 60 ms post J  
 CURRENT 60 ms post J



GE Cardiosoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V2,V3)

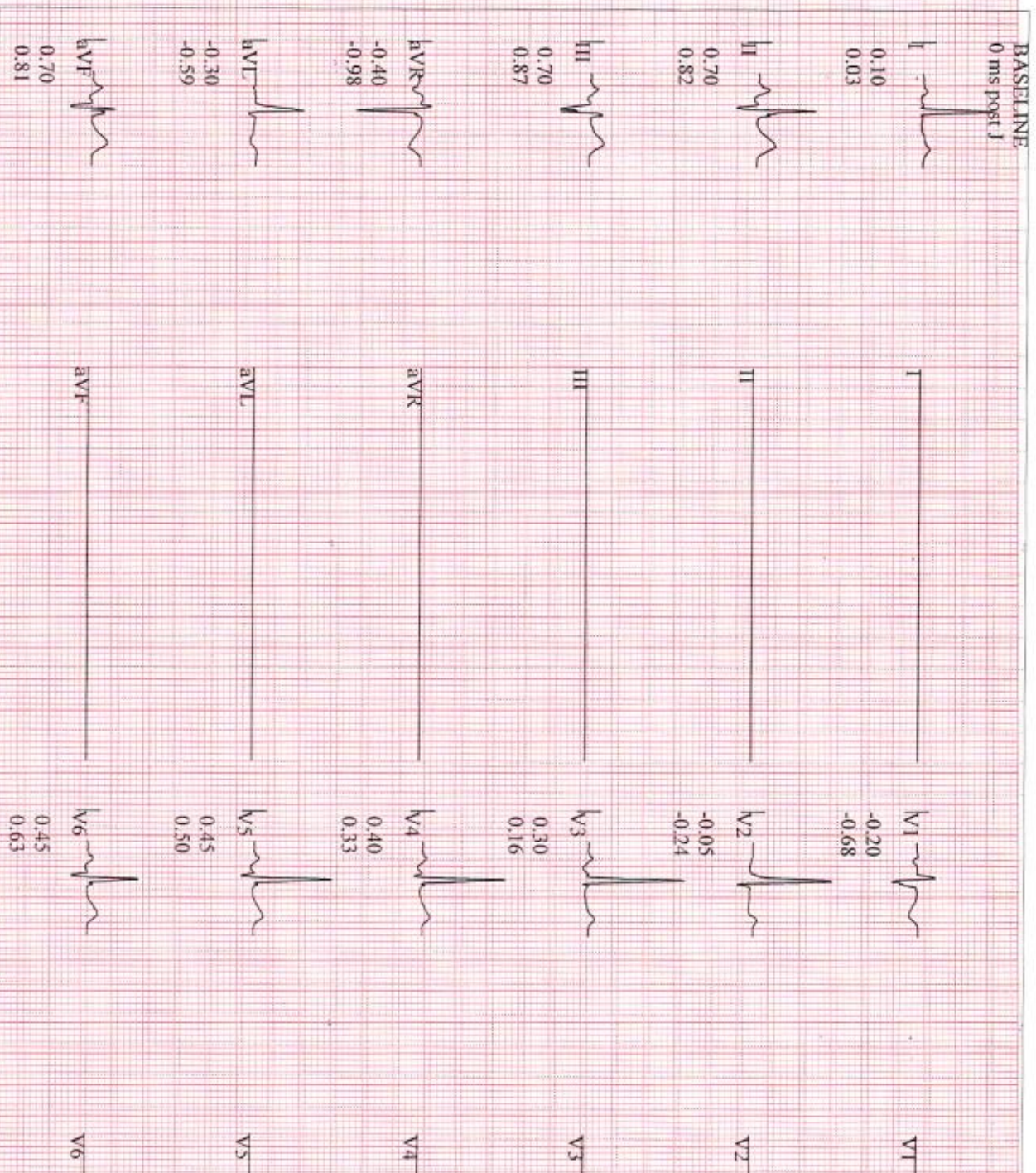
Start of Test: 12:41:07pm

KUMAR, ASHANI  
 Patient ID 13232541  
 28.06.2024  
 12:55:53pm

Comparative Medians Report  
 RECOVERY #1  
 130/80 mmHg  
 02:50

BRUCE  
 0.0 km/h  
 5.9%

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



GE Cardiosoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V5,V2)

Start of Test: 12:41:07pm

**PATIENT NAME : ASHANI KUMAR****REF. DOCTOR : SELF**
**CODE/NAME & ADDRESS : C000045483 - FORTIS**  
 FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL - MOHALI,  
 MOHALI 160062  
 7087030817

**ACCESSION NO : 0006XF026995**  
 PATIENT ID : FH.13232541  
 CLIENT PATIENT ID: UID:13232541  
 ABHA NO :

 AGE/SEX : 40 Years Male  
 DRAWN : 28/06/2024 10:32:00  
 RECEIVED : 28/06/2024 14:12:09  
 REPORTED : 28/06/2024 16:04:22
**CLINICAL INFORMATION :**
 UID:13232541 REQNO-1720515  
 CORP-OPD  
 BILLNO-1002124OPCS011998  
 BILLNO-1002124OPCS011998

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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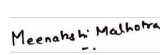
**HAEMATOLOGY - CBC****CBC-5, EDTA WHOLE BLOOD****BLOOD COUNTS, EDTA WHOLE BLOOD**

HEMOGLOBIN (HB)	14.6	13.0 - 17.0	g/dL
METHOD : SLS- HEMOGLOBIN DETECTION METHOD			
RED BLOOD CELL (RBC) COUNT	<b>4.49 Low</b>	4.5 - 5.5	mil/ $\mu$ L
METHOD : HYDRODYNAMIC FOCUSING			
WHITE BLOOD CELL (WBC) COUNT	5.92	4.0 - 10.0	thou/ $\mu$ L
METHOD : FLOWCYTOMETRY			
PLATELET COUNT	173	150 - 410	thou/ $\mu$ L
METHOD : HYDRO DYNAMIC FOCUSING METHOD / MICROSCOPY			

**RBC AND PLATELET INDICES**

HEMATOCRIT (PCV)	44.9	40.0 - 50.0	%
METHOD : HYDRODYNAMIC FOCUSING			
MEAN CORPUSCULAR VOLUME (MCV)	100.0	83.0 - 101.0	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	<b>32.5 High</b>	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	32.5	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	14.0	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	22.3		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	<b>13.4 High</b>	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			


**Dr. Ritu Pankaj (MD, Pathology),**  
**PDCC**  
**Additional Director, 30897**

**Dr. Shafira Garg (MD, Pathology)**  
**Attending Consultant, 47150**

**Dr. Meenakshi Malhotra (MD,**  
**Pathology)**  
**Senior Consultant, 48159**

Page 1 Of 16



View Details



View Report

**PERFORMED AT :**
 CLINICAL LABORATORY  
 Fortis Heart Institute & Multispeciality Hospital, Sector 62, Phase VIII,  
 Mohali, 160062  
 Punjab, India  
 Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -  
 L85110DL1996PLC076704  
 Email : lab.mohali@fortishealthcare.com


ULR No. 6000003424507-0006



**PATIENT NAME : ASHANI KUMAR**

**REF. DOCTOR : SELF**

<b>CODE/NAME &amp; ADDRESS :</b> C000045483 - FORTIS FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL - MOHALI, MOHALI 160062 7087030817	<b>ACCESSION NO :</b> 0006XF026995	<b>AGE/SEX :</b> 40 Years Male
	<b>PATIENT ID :</b> FH.13232541	<b>DRAWN :</b> 28/06/2024 10:32:00
	<b>CLIENT PATIENT ID:</b> UID:13232541	<b>RECEIVED :</b> 28/06/2024 14:12:09
	<b>ABHA NO :</b>	<b>REPORTED :</b> 28/06/2024 16:04:22

**CLINICAL INFORMATION :**

UID:13232541 REQNO-1720515  
 CORP-OPD  
 BILLNO-1002124OPCS011998  
 BILLNO-1002124OPCS011998

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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**WBC DIFFERENTIAL COUNT**

NEUTROPHILS	47	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
LYMPHOCYTES	<b>44 High</b>	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
MONOCYTES	6	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
EOSINOPHILS	3	1 - 6	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
BASOPHILS	00	0 - 2	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
ABSOLUTE NEUTROPHIL COUNT	2.78	2.0 - 7.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER			
ABSOLUTE LYMPHOCYTE COUNT	2.60	1.0 - 3.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER			
ABSOLUTE MONOCYTE COUNT	0.36	0.2 - 1.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER			
ABSOLUTE EOSINOPHIL COUNT	0.18	0.02 - 0.50	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.1		
METHOD : CALCULATED PARAMETER			

**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.

*Ritu Pankaj*

**Dr. Ritu Pankaj (MD,Pathology),  
 PDCC  
 Additional Director, 30897**

*Shafira*

**Dr. Shafira Garg (MD, Pathology)  
 Attending Consultant,47150**

*Meenakshi Malhotra*

**Dr. Meenakshi Malhotra (MD,  
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 Senior Consultant,48159**



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View Report

**PERFORMED AT :**

CLINICAL LABORATORY  
 Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,  
 Mohali, 160062  
 Punjab, India  
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ULN No.600003424507-0006

PATIENT NAME : ASHANI KUMAR

REF. DOCTOR : SELF

 CODE/NAME & ADDRESS : C000045483 - FORTIS  
 FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL - MOHALI,  
 MOHALI 160062  
 7087030817

 ACCESSION NO : 0006XF026995  
 PATIENT ID : FH.13232541  
 CLIENT PATIENT ID: UID:13232541  
 ABHA NO :

 AGE/SEX : 40 Years Male  
 DRAWN : 28/06/2024 10:32:00  
 RECEIVED : 28/06/2024 14:12:09  
 REPORTED : 28/06/2024 16:04:22

## CLINICAL INFORMATION :

 UID:13232541 REQNO-1720515  
 CORP-OPD  
 BILLNO-1002124OPCS011998  
 BILLNO-1002124OPCS011998

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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## HAEMATOLOGY

## ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R	04	0 - 14	mm at 1 hr
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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)	%
ESTIMATED AVERAGE GLUCOSE(EAG)	105.4	< 116.0	mg/dL

METHOD : HPLC

METHOD : CALCULATED PARAMETER

## Interpretation(s)

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

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

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

## TEST INTERPRETATION

**Increase** in: Infections, 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).

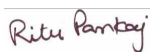
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

**Decreased** in: Polycythemia vera, Sickle cell anemia

## LIMITATIONS

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

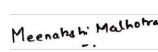
**False Decreased** : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine,



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ULR No.6000003424507-0006



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<b>CODE/NAME &amp; ADDRESS</b> : C000045483 - FORTIS FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL - MOHALI, MOHALI 160062 7087030817	<b>ACCESSION NO</b> : <b>0006XF026995</b>	<b>AGE/SEX</b> : 40 Years Male
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salicylates)

**REFERENCE :**

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

- 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, uremia, 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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## BIOCHEMISTRY

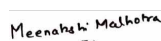
## LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL METHOD : DIAZONIUM ION, BLANKED (ROCHE)	1.93 High	UPTO 1.2	mg/dL
BILIRUBIN, DIRECT METHOD : DIAZOTIZATION	0.37 High	0.00 - 0.30	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	1.56 High	0.00 - 0.60	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.8	6.6 - 8.7	g/dL
ALBUMIN METHOD : BROMOCRESOL GREEN	4.8	3.97 - 4.94	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.0	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.6	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	24	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE	28	0 - 41	U/L
ALKALINE PHOSPHATASE METHOD : PNPP - AMP BUFFER	90	40 - 129	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE	32	8 - 61	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE UV	191	135 - 225	U/L

## GLUCOSE FASTING, FLUORIDE PLASMA



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FBS (FASTING BLOOD SUGAR)	80	(Normal <100, Impaired fasting glucose: 100 to 125, Diabetes mellitus: >=126 (on more than 1 occasion) (ADA guidelines 2024))	mg/dL
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METHOD : HEXOKINASE

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

BLOOD UREA NITROGEN	8	6 - 20	mg/dL
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METHOD : UREASE - UV

**URIC ACID, SERUM**

URIC ACID	7.0	3.4 - 7.0	mg/dL
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METHOD : URICASE, COLORIMETRIC

**CREATININE EGFR**

CREATININE	0.90	0.70 - 1.20	mg/dL
------------	------	-------------	-------

METHOD : ALKALINE PICRATE-KINETIC

AGE	40		years
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GLOMERULAR FILTRATION RATE (MALE)		111	GFR of +90 normal or minimal kidney damage with normal GFR 89- 60 mild decrease 59-30 moderate decrease 29-15 severe decrease < 15 kidney failure	mL/min/1.73mSq

## Interpretation(s)

## GLUCOSE POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	91	Non-Diabetes 70 - 140	mg/dL
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METHOD : HEXOKINASE


## Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-

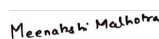
**Bilirubin** is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective 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



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

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

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

## GLUCOSE FASTING, 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; sulfonyleureas, 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.

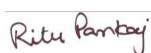
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

**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)

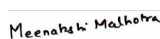
**Causes of decreased level** include Liver disease, SIADH.

**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

**GLUCOSE POST-PRANDIAL, PLASMA-Spectrophotometry Hexokinase**



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**BIOCHEMISTRY - LIPID**

**LIPID PROFILE, SERUM**

CHOLESTEROL, TOTAL  METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE	188	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
TRIGLYCERIDES  METHOD : ENZYMATIC ASSAY	128	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
HDL CHOLESTEROL  METHOD : DIRECT MEASURE - PEG	40	< 40 Low >/=60 High	mg/dL
LDL CHOLESTEROL, DIRECT  METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE	<b>129 High</b>	< 100 Optimal 100 - 129 Near or above optimal 130 - 160 Borderline High 161 - 189 High >/= 190 Very High	mg/dL
NON HDL CHOLESTEROL  METHOD : CALCULATED PARAMETER	<b>148 High</b>	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN  METHOD : CALCULATED PARAMETER	25.6	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	<b>4.7 High</b>	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	

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 Fortis Heart Institute & Multispeciality Hospital, Sector 62,Phase VIII,  
 Mohali, 160062  
 Punjab, India  
 Tel : 0172-469-2222 Extn. 6726, 6727), Fax : 0172-469-2221 - CIN -  
 L85110DL1996PLC076704  
 Email : lab.mohali@fortishealthcare.com



PATIENT NAME : ASHANI KUMAR

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045483 - FORTIS  
 FORTIS MOHALI-CHC -SPLZD  
 FORTIS HOSPITAL - MOHALI,  
 MOHALI 160062  
 7087030817

ACCESSION NO : **0006XF026995**  
 PATIENT ID : FH.13232541  
 CLIENT PATIENT ID: UID:13232541  
 ABHA NO :

AGE/SEX : 40 Years Male  
 DRAWN : 28/06/2024 10:32:00  
 RECEIVED : 28/06/2024 14:12:09  
 REPORTED : 28/06/2024 16:04:22

## CLINICAL INFORMATION :

UID:13232541 REQNO-1720515  
 CORP-OPD  
 BILLNO-1002124OPCS011998  
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Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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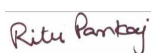
LDL/HDL RATIO

**3.2 High**

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

METHOD : CALCULATED PARAMETER

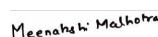
## Interpretation(s)



Dr. Ritu Pankaj (MD,Pathology),  
 PDCC  
 Additional Director, 30897



Ms. Hardeep Kaur, M.Sc.  
 Biochemistry



Dr. Meenakshi Malhotra (MD,  
 Pathology)  
 Senior Consultant,48159

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ULR No.6000003424507-0006



**PATIENT NAME : ASHANI KUMAR**

**REF. DOCTOR : SELF**

<b>CODE/NAME &amp; ADDRESS :</b> C000045483 - FORTIS FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL - MOHALI, MOHALI 160062 7087030817	<b>ACCESSION NO :</b> <b>0006XF026995</b>	<b>AGE/SEX :</b> 40 Years Male
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**CLINICAL PATH - URINALYSIS**

**URINALYSIS**

**PHYSICAL EXAMINATION, URINE**

<b>COLOR</b> METHOD : MANUAL EXAMINATION	LT. YELLOW
<b>APPEARANCE</b> METHOD : MANUAL EXAMINATION	CLEAR

**CHEMICAL EXAMINATION, URINE**

<b>PH</b> METHOD : DOUBLE INDICATOR PRINCIPLE	6.0	4.7 - 7.5
<b>SPECIFIC GRAVITY</b> METHOD : REFLECTANCE PHOTOMETRY (IONIC CONCENTRATION)	1.020	1.003 - 1.035
<b>PROTEIN</b> METHOD : REFLECTION PHOTOMETRY (PROTEIN ERROR INDICATOR)	NOT DETECTED	NOT DETECTED
<b>GLUCOSE</b> METHOD : REFLECTANCE PHOTOMETRY ( GLUCOSE OXIDASE METHOD)	NOT DETECTED	NOT DETECTED
<b>KETONES</b> METHOD : REFLECTION PHOTOMETRY (NITROPRUSSIDE)	NOT DETECTED	NOT DETECTED
<b>BLOOD</b> METHOD : REFLECTANCE PHOTOMETRY ( BENZIDINE REACTION)	NOT DETECTED	NOT DETECTED
<b>BILIRUBIN</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)	NOT DETECTED	NOT DETECTED
<b>UROBILINOGEN</b> METHOD : REFLECTANCE PHOTOMETRY (EHRlich'S REACTION)	NORMAL	NORMAL
<b>NITRITE</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)	NOT DETECTED	NOT DETECTED

**MICROSCOPIC EXAMINATION, URINE**

**Dr. Irneet Mundi (MD,DNB Pathology)**  
Associate Consultant, 34080

**Dr. Meenakshi Malhotra (MD, Pathology)**  
Senior Consultant,48159

**Dr. Ritu Pankaj (MD,Pathology), PDCC**  
Additional Director, 30897



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**PATIENT NAME : ASHANI KUMAR**

**REF. DOCTOR : SELF**

<b>CODE/NAME &amp; ADDRESS</b> : C000045483 - FORTIS FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL - MOHALI, MOHALI 160062 7087030817	<b>ACCESSION NO</b> : <b>0006XF026995</b>	<b>AGE/SEX</b> : 40 Years Male
	<b>PATIENT ID</b> : FH.13232541	<b>DRAWN</b> : 28/06/2024 10:32:00
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RED BLOOD CELLS		NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)		NOT DETECTED	0-5	/HPF
EPITHELIAL CELLS		NOT DETECTED	0-5	/HPF
CASTS		NOT DETECTED		
CRYSTALS		NOT DETECTED		
BACTERIA		NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY				
YEAST		NOT DETECTED	NOT DETECTED	

**Interpretation(s)**

**Dr. Irneet Mundi (MD,DNB Pathology)**  
 Associate Consultant, 34080

**Dr. Meenakshi Malhotra (MD, Pathology)**  
 Senior Consultant,48159

**Dr. Ritu Pankaj (MD,Pathology), PDCC**  
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<b>CODE/NAME &amp; ADDRESS :</b> C000045483 - FORTIS FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL - MOHALI, MOHALI 160062 7087030817	<b>ACCESSION NO :</b> <b>0006XF026995</b>	<b>AGE/SEX :</b> 40 Years Male
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**CLINICAL PATH - STOOL ANALYSIS**

<b>STOOL: OVA &amp; PARASITE</b>	RESULT PENDING
<b>PHYSICAL EXAMINATION,STOOL</b>	RESULT PENDING
<b>CHEMICAL EXAMINATION,STOOL</b>	RESULT PENDING
<b>MICROSCOPIC EXAMINATION,STOOL</b>	RESULT PENDING



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**SPECIALISED CHEMISTRY - HORMONE**

**THYROID PANEL, SERUM**

T3	154.6	80.00 - 200.00	ng/dL
T4	9.51	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE)	1.080	0.270 - 4.200	µIU/mL

*Meenakshi Malhotra*

*Ritu Pankaj*

**Dr. Meenakshi Malhotra (MD, Pathology)**  
 Senior Consultant, 48159

**Dr. Ritu Pankaj (MD, Pathology), PDCC**  
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## SPECIALISED CHEMISTRY - TUMOR MARKER

## PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN	0.796	0.0 - 2.0	ng/mL
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## Interpretation(s)

- PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is detected in the male patients with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatitis.
- PSA is not detected (or detected at very low levels) in the patients without prostate tissue (because of radical prostatectomy or cystoprostatectomy) and also in the female patients.
  - It is a suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.
  - Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and useful in detecting residual disease and early recurrence of tumor.
  - Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostatitis and Benign Prostatic Hyperplasia.
  - Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA (false positive) levels persisting up to 3 weeks.
  - As per American urological guidelines, PSA screening is recommended for early detection of Prostate cancer above the age of 40 years. Following Age specific reference range can be used as a guide lines.
  - Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-10 ng/mL.
  - Total PSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. Recommended follow up on same platform as patient result can vary due to differences in assay method and reagent specificity.

## References-

1. Burtis CA, Ashwood ER, Bruns DE. Teitz textbook of clinical chemistry and Molecular Diagnostics. 4th edition.
2. Williamson MA, Snyder LM. Wallach's interpretation of diagnostic tests. 9th edition.

\*\*End Of Report\*\*

Please visit [www.agilusdiagnostics.com](http://www.agilusdiagnostics.com) for related Test Information for this accession

Dr. Ritu Pankaj (MD, Pathology),  
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ULR No. 6000003424507-0006



MC-2559

PATIENT NAME : ASHANI KUMAR

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045483 - FORTIS FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL - MOHALI, MOHALI 160062 7087030817	ACCESSION NO : <b>0006XF026995</b>	AGE/SEX : 40 Years Male
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## CONDITIONS OF LABORATORY TESTING &amp; REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
  - i. Specimen received is insufficient or inappropriate
  - ii. Specimen quality is unsatisfactory
  - iii. Incorrect specimen type
  - iv. Discrepancy between identification on specimen container label and test requisition form
5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

## Agilus Diagnostics Limited

Fortis Hospital, Sector 62, Phase VIII,  
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**Dr. Ritu Pankaj (MD,Pathology),**  
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**Additional Director, 30897**

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