

BMI CHART

Date: / /

Name: Pownina B. Javade Age: 42 yrs Sex: M / F

BP: 110/70 Height (cms): 161cm Weight(kgs): 58kg 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	41																															
5'2" - 157.4	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41																															
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" - 175.2	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37																															
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	5601797	Date	13/01/2024		
Name	Mrs.Pournima Balu Jawale	Sex	Female	Age	42
OPD	Dental 12	Health Check-up			

Drug allergy:
Sys illness:

O/E Stains +
- Calculus +

Treatment

A/d - Scaling Grade I

Dr. Trupti



UHID	5601797	Date	13/01/2024
Name	Mrs. Pournima Balu Jawale	Sex	Female Age 42
OPD	Ophthal 14	Health Check-up	

Char No
 Hc No

Drug allergy: → Not h
 Sys illness: →
 Habit. →, NO.

U.V.V. → R6 → 6/6
 → L6 → 6/6 } W

Ph → R6 → Plane 6/6
 → L6 → Plane 6/6

Add → +1.00 → W6
 → W6

F.O.P. → R6 → 14.0
 → L6 → 13.7 } Same as P.U.P.

[Handwritten signature]

Left drops —————
 H. mehta

Hiranandani Healthcare Pvt. Ltd.
 Sea Shore Road, Sector 10 -A, Vashi, Navi Mumbai - 400703
 Phone Line: 022 - 39199222 | Fax: 022 - 39199220
 Emergency: 022 - 39199100 | Ambulance: 1255
 Appointment: 022 - 39199222 | Health Checkup: 022 - 39199300
 www.fortishealthcare.com
 U85100MH2005PTC154823
 IN: 27AABCH5894D1ZG | PAN NO: AABCH5894D



Hiranandani
HOSPITAL

(A Fortis Network Hospital)

UHID	5601797	Date	13/01/2024		
Name	Mrs. Pournima Balu Jawale	Sex	Female	Age	42
OPD	Pap Smear	Health Check-up			

42yrs | f, Married

LMP - 22/12/23

OH - P, 4 2 FT

Med H - Nil

SH - 4 4

FIH - Nil

Drug allergy:
 Sys illness:

Pap smear done in 2021

→ Neg

PS - Vg - (H)

Cx - (H)

Adv

- Pap smear (P) in (3) yrs

- HU 2 Reports

↓
 ↓

PATIENT NAME : MRS.POURNIMA BALU JAWALE

REF. DOCTOR :

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

ACCESSION NO : 0022XA002385
 PATIENT ID : PH.5601797
 CLIENT PATIENT ID: USD:5601797
 ABHA NO :

AGE/SEX : 42 Years Female
 DRAWN : 13/01/2024 11:26:00
 RECEIVED : 13/01/2024 11:25:54
 REPORTED : 13/01/2024 14:09:04

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

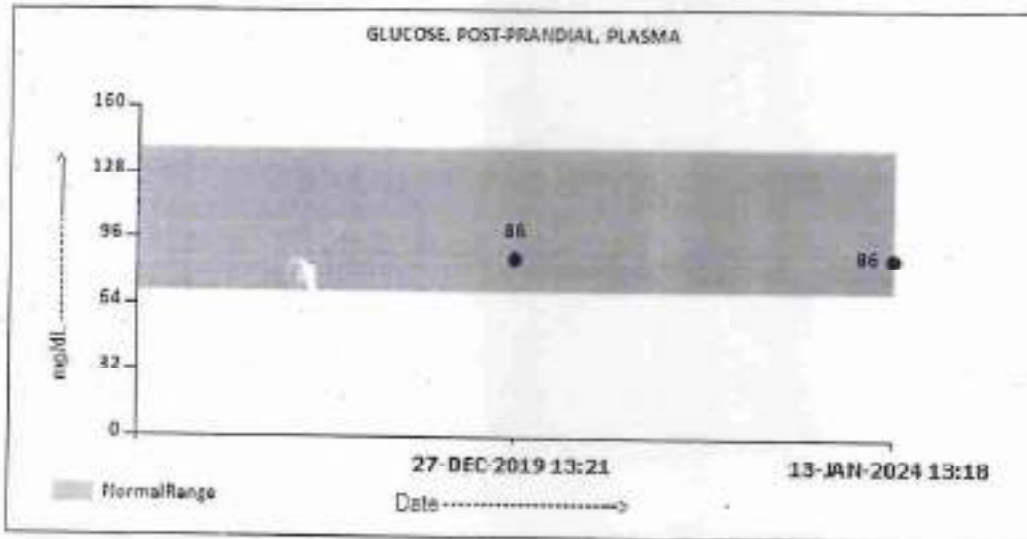
Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	86	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 Hypoglycaemic & Insulin treatment, Renal Glycosuria, Glycaemic lability & 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

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



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd,
 Hiranandani Hospital-Vashi, Mini - cashore Road, Sector 10,
 New Mumbai, 400703
 Maharashtra, India
 Tel : 022-39190222, 022-49723322,
 CIN - U74999PB1995PLC045956
 Email : -



Patient Ref. No. 2200000896413

PATIENT NAME : MRS.POURNIMA BALU JAWALE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XA002295

PATIENT ID : PH.5601797

CLIENT PATIENT ID: UID:5601797

ABHA NO :

AGE/SEX : 42 Years Female

DRAWN : 13/01/2024 08:46:00

RECEIVED : 13/01/2024 08:46:41

REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941

CORP-OPD

BILLNO-150124OPCR002423

BILLNO-150124OPCR002423

Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

Parameter	Result	Reference Interval	Units
HEMOGLOBIN (HB) METHOD : SLS METHOD	11.3 Low	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	4.45	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY	7.00	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : HYDRODYNAMIC FOCUSING - BY DC DETECTION	345	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

Parameter	Result	Reference Interval	Units
HEMATOCRIT (PCV) METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD	35.1 Low	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	78.9 Low	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	25.4 Low	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) METHOD : CALCULATED PARAMETER	32.2	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	13.2	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	17.7		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	9.4	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT



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

Page 1 Of 21



View Details

View Report

PERFORMED AT :

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



Patient Ref. No. 2200000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

 FORTIS VASHI-CHC -SPL20
 FORTIS HOSPITAL # VASHI,
 MUMBAI 440001

ACCESSION NO : 0022XA002295

PATIENT ID : FH.5601797

CLIENT PATIENT ID: UID:5601797

ABHA NO :

AGE/SEX : 42 Years Female

DRAWN : 13/01/2024 08:46:00

RECEIVED : 13/01/2024 08:46:41

REPORTED : 13/01/2024 14:35:46

CLINICAL INFORMATION :

 UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR00242J

Test Report Status	Final	Results	Biological Reference Interval	Units
NEUTROPHILS		69	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		20	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		9	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
EOSINOPHILS		2	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		0	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		4.83	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.40	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.63	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.14	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0.00 Low	0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		3.4		
METHOD : CALCULATED				

MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

MILD HYPOCHROMASIA, MILD MICROCYTOSIS

WBC

METHOD : MICROSCOPIC EXAMINATION

NORMAL MORPHOLOGY

PLATELETS

METHOD : MICROSCOPIC EXAMINATION

ADEQUATE



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

Page 2 Of 21



View Details



View Report

PERFORMED AT :

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


Patient Ref. No. 22000000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XA002295	
FORTIS VASHI-CHC -SPLZO		AGE/SEX : 42 Years Female	
FORTIS HOSPITAL # VASHI,		DRAWN : 13/01/2024 08:46:00	
MUMBAI 440001		RECEIVED : 13/01/2024 08:46:41	
		REPORTED : 13/01/2024 14:36:46	
		PATIENT ID : FH.5601797	
		CLIENT PATIENT ID: UID:5601797	
		ABHA NO :	

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941
CORP-OPD
BILLNO-150124OPCR002423
BILLNO-150124OPCR002423

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, 45.1% 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. Yap, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.



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

Page 3 Of 21



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199221,022-49723322,
CIN - U74899PB1995PLCO45956
Email : -



Patient Ref. No. 22000000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022XA002295 PATIENT ID : FH.5601797 CLIENT PATIENT ID: UID:5601797 ABHA NO :	AGE/SEX : 42 Years Female DRAWN : 13/01/2024 08:46:00 RECEIVED : 13/01/2024 08:46:41 REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941
CORP-OPD
BILLNO-150124OPCR002423
BILLNO-150124OPCR002423

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

HAEMATOLOGY**ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD**

E.S.R METHOD : WESTERGRN METHOD	35 High	0 - 20	mm at 1 hr
------------------------------------	---------	--------	------------

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C METHOD : H8 VADAMY (HPLC)	5.2	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) METHOD : CALCULATED PARAMETER	102.5	< 116.0	mg/dL
---	-------	---------	-------



Dr. Akshay Dhotra, MD
(Reg.no. MMC 2019/09/637,
Consultant Pathologist

Page 4 Of 21



View Details



View Report

PERFORMED AT :

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



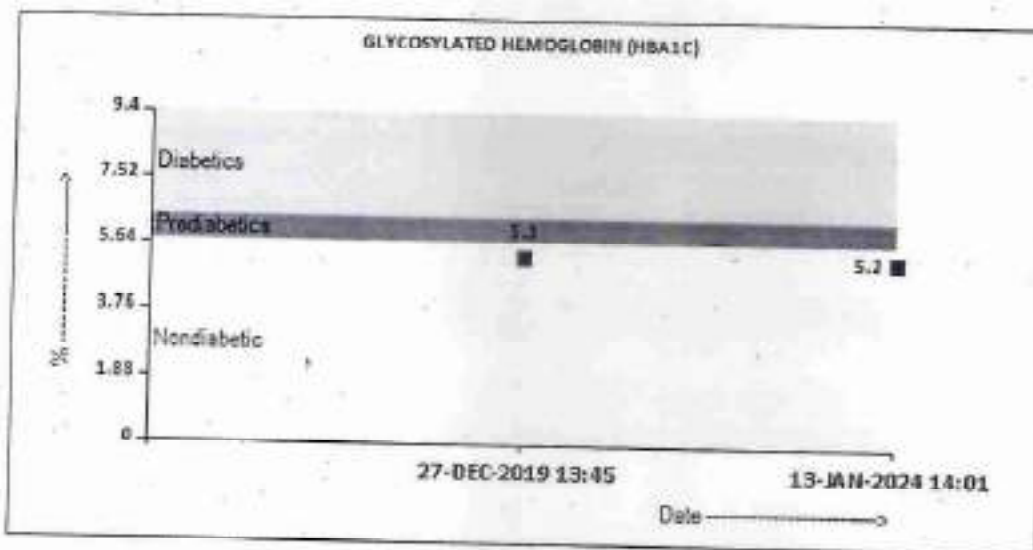
Patient Ref. No. 22000000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XA002295	AGE/SEX : 42 Years Female
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.5601797	DRAWN : 13/01/2024 08:46:00
FORTIS HOSPITAL # VASHI, *		CLIENT PATIENT ID: UID:5601797	RECEIVED : 13/01/2024 08:46:41
MUMBAI 440001		ABHA NO :	REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941
CORP-OPD
BILLNO-150124OPCR002423
BILLNO-150124OPCR002423

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

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

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

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

TEST INTERPRETATION

Increase in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Hemiparesis 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 (Paraproteinemia, Disseminated malignancies, connective tissue diseases, severe infections such as bacterial endocarditis).

In pregnancy ESR in first trimester is 0-10 mm/hr (52 if anemic) and in second trimester (0-70 mm/hr (55 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 : Polycythosis, Sickle Cells, spherocytes, Microcytosis, Low fibrinogen, Very high WBC counts, Drugs (Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Hematology of Infancy and Childhood, 5th edition; 2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soltes; 3. The reference for

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

Page 5 Of 21



View Details



View Report

PERFORMED AT :

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



Patient Ref. No. 22000000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XA002295	AGE/SEX : 42 Years Female
FORTIS VASHI-CHC -SPLZD		PATIENT ID : FH.5601797	DRAWN : 13/01/2024 08:46:00
FORTIS HOSPITAL # VASHI,		CLIENT PATIENT ID : UID:5601797	RECEIVED : 13/01/2024 08:46:41
MUMBAI 440001		ABMA NO : 1	REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

Test Report Status	File	Results	Biological Reference Interval	Units
--------------------	------	---------	-------------------------------	-------

the edit reference range is "Practical Hematology by Dixie and Lewis,10th edition, GLYCOSYLATED HEMOGLOBIN(HbA1c), EDTA WHOLE BLOOD-Used Pan:

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. When 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 addition are reported to interfere with some assay methods, falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

- a) Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
- b) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
- c) HbF > 25% on alternate platform (Baranbe affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy.



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

Page 6 Of 21



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222, 022-49723322,
 CTN - 074899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE

REF. DOCTOR :

CODE/NAME & ADDRESS : CD00045507

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

ACCESSION NO : 0022KA002295

PATIENT ID : FH.5601797

CLIENT PATIENT ID: UID:5601797

ASHA NO : 1

AGE/SEX : 42 Years Female

DRAWN : 13/01/2024 08:46:00

RECEIVED : 13/01/2024 08:46:41

REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :

UID: 5601797 REQNO-1649941

CORP-OPD

BILLNO-150124OPCR002423

BILLNO-150124OPCR002423

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

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

METHOD : TUBE AGGLUTINATION

TYPE A

RH TYPE

METHOD : TUBE AGGLUTINATION

POSITIVE

Interpretation(s)

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

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

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



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

Page 7 Of 21



View Details



View Report

PERFORMED AT :

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



Patient Ref. No. 22000000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XA002295
FORTIS VASHI-CHC -SPLZD	PATIENT ID : FH.5601797	AGE/SEX : 42 Years Female
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:5601797	DRAWN : 13/01/2024 08:46:00
MUMBAI 440001	ABMA NO : 1	RECEIVED : 13/01/2024 08:46:41
		REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

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

BIOCHEMISTRY**LIVER FUNCTION PROFILE, SERUM**

BILIRUBIN, TOTAL METHOD : JENDRASSEK AND GROFF	0.51	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : JENDRASSEK AND GROFF	0.11	0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.40	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.9	6.4 - 8.2	g/dL
ALBUMIN METHOD : BCP DYE BINDING	3.6	3.4 - 5.0	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	4.3 High	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	0.8 Low	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT) METHOD : UV WITH PSP	13 Low	15 - 37	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITH PSP	18	< 34.0	U/L
ALKALINE PHOSPHATASE METHOD : PMPT-AMP	73	30 - 120	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY ANTIPOANILIDE	18	5 - 55	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	121	81 - 234	U/L

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	97	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >/=126	mg/dL
---	----	---	-------



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

Page 8 Of 21



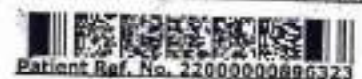
View Details



View Report

PERFORMED AT :

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

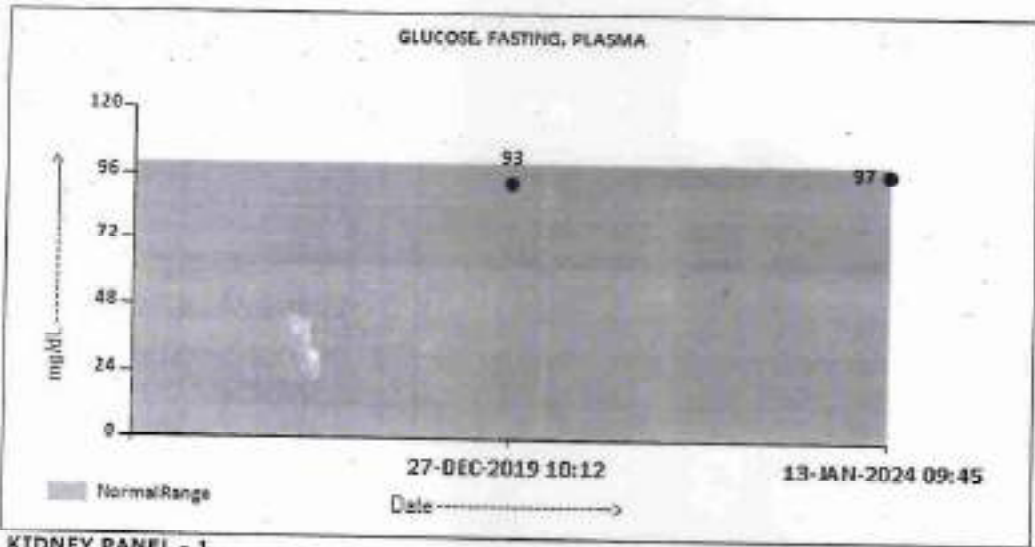


Patient Ref. No. 2200000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022XA002295 PATIENT ID : FH.5601797 CLIENT PATIENT ID: UID:5601797 ABHA NO : 1	AGE/SEX : 42 Years Female DRAWN : 13/01/2024 08:46:00 RECEIVED : 13/01/2024 08:46:41 REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :
 UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

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



KIDNEY PANEL - 1

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN 3 Low 6 - 20 mg/dL
 METHOD : UREASE - UV

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



View Details



View Report

PERFORMED AT :

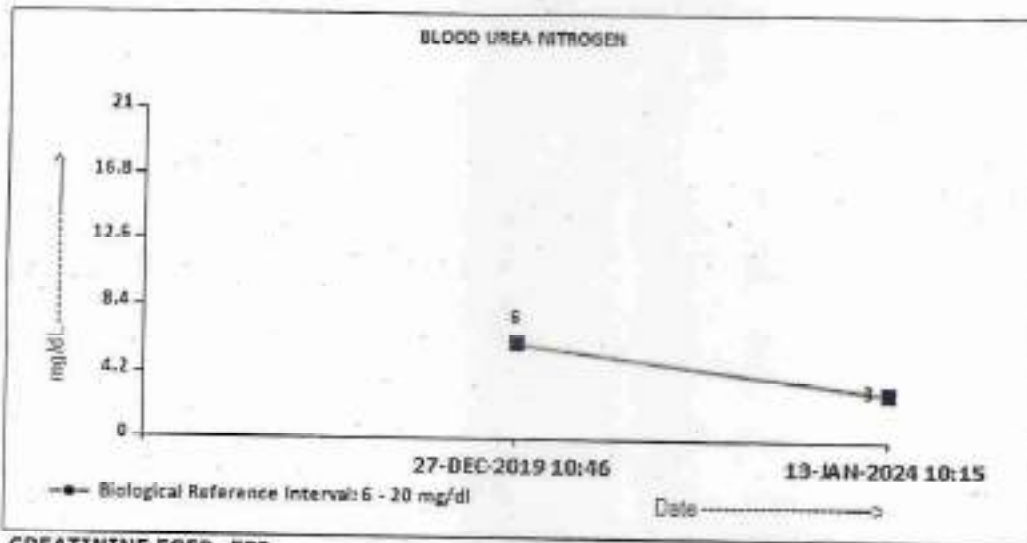
Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022XA002295 PATIENT ID : FH.5601797 CLIENT PATIENT ID: UID:5601797 ABHA NO :	AGE/SEX : 42 Years Female DRAWN : 13/01/2024 08:46:00 RECEIVED : 13/01/2024 08:46:41 REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :
 UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

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



CREATININE EGFR- EPI

CREATININE METHOD : ALKALINE PICRATE KINETIC JAFFES	0.80	0.60 - 1.10	mg/dL
AGE	42		years
GLOMERULAR FILTRATION RATE (FEMALE) METHOD : CALCULATED PARAMETER	94.28	Refer Interpretation Below	mL/min/1.73m2

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



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39190222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email :-



PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001		ACCESSION NO : 0022XA002295	AGE/SEX : 42 Years Female
		PATIENT ID : FH.5601797	DRAWN : 13/01/2024 08:46:00
		CLIENT PATIENT ID: UID:5601797	RECEIVED : 13/01/2024 08:46:41
		ABHA NO :	REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :
 UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

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



BUN/CREAT RATIO			
BUN/CREAT RATIO	3.75 Low	5.00 - 15.00	
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM			
URIC ACID	4.2	2.6 - 5.0	mg/dL
METHOD : URICASE UV			
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.9	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN, SERUM			

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



View Details



View Report

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



Patient Ref. No. 2200090089632

PATIENT NAME : MRS.PO JRNIMA BALU JAWALE

REF. DOCTOR :

CODE/NAME & ADDRESS : C010045507

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

ACCESSION NO : 0022XA002295

PATIENT ID : FH.5601797

CLIENT/PATIENT ID: UID:5601797

ABHA NO :

AGE/SEX :42 Years Female

DRAWN :13/01/2024 08:46:00

RECEIVED :13/01/2024 08:46:41

REPORTED :13/01/2024 14:36:46

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941

CORP-OPD

BILLNO-150124OPCR002423

BILLNO-150124OPCR002423

Test Report Status	Final	Results	Biological Reference Interval	Units
ALBUMIN		3.6	3.4 - 5.0	g/dL
METHOD : BCF DYE BINDING				
LOBULIN		4.3 High	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM, SERUM		137	136 - 145	mmol/L
METHOD : ISE INDIRECT				
POTASSIUM, SERUM		4.39	3.50 - 5.10	mmol/L
METHOD : ISE INDIRECT				
CHLORIDE, SERUM		101	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 fluids. 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 & scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or perniou 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 abnormal activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

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

GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and renal vessels. 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



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

Page 12 Of 21



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U71899MH1995PLC045956
Email : -



Patient Ref. No. 2200000896323

PATIENT NAME : MRS.PQURNIMA BALU JAWALE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XA002295

PATIENT ID : FH.5601797

CLIENT PATIENT ID: UBD:5601797

ARHA NO

AGE/SEX : 42 Years Female

DRAWN : 13/01/2024 08:46:00

RECEIVED : 13/01/2024 08:46:41

REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :

UID:5601797 REQNO:1649941
CORP-OPD
BILLNO-150124OPCR002423
BILLNO-150124OPCR002423

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 constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

GLUCOSE FASTING, FLUORIDE PLASMA-TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and without glucose is excreted in the urine.

Increased in: Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%), Drugs: corticosteroid, 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, propofol, sulfonamides, tolbutamide and other oral hypoglycemic agents.

NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly seven 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 Hypoglycaemia, Increased insulin response & sensitivity etc.

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

Causes of decreased level include: Liver disease, SEADH.

CREATININE (CRP)- EPI- Kidney disease outcomes quality initiative (KDIGO) 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.kidney.org/guide/egfr/>

Qureshi J, et al. Impact of Remapping 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

URIC ACID, SERUM-Causes of Increased levels: Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lead nephropathy, 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 disease,

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

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

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



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Scashore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U74099PB1995PLC045956
Email : -



Patient Ref. No. 22000000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C030045507		ACCESSION NO : 0022XA002295	
FORTIS VASHI-CHC -SPL2D		AGE/SEX : 42 Years Female	
FORTIS HOSPITAL # VASHI,		DRAWN : 13/01/2024 08:46:00	
MUMBAI 440001		RECEIVED : 13/01/2024 08:46:41	
		REPORTED : 13/01/2024 14:36:46	
		PATIENT ID : PH.5601797	
		CLIENT PATIENT ID: UID:5601797	
		AEHA NO :	

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941
CORP-OPD
BILLNO-150124OPCR002423
BILLNO-150124OPCR002423

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

BIOCHEMISTRY - LIPID**LIPID PROFILE, SERUM**

CHOLESTEROL, TOTAL	192	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	96	< 150 Normal 150 - 199 Borderline High 200 - 499 High >= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	45	< 40 Low >= 60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	121	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >= 190 Very High	mg/dL
METHOD : DIRECT MEASURE WITHOUT SAMPLE PRETREATMENT			
NON HDL CHOLESTEROL	147 High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	19.2	<= 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	4.3	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			



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

Page 14 Of 21



View Details

View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini S-shore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-45723322,
CTN - U74809PB1999PLC045956
Email : -



Patient Ref. No. 2200000896323

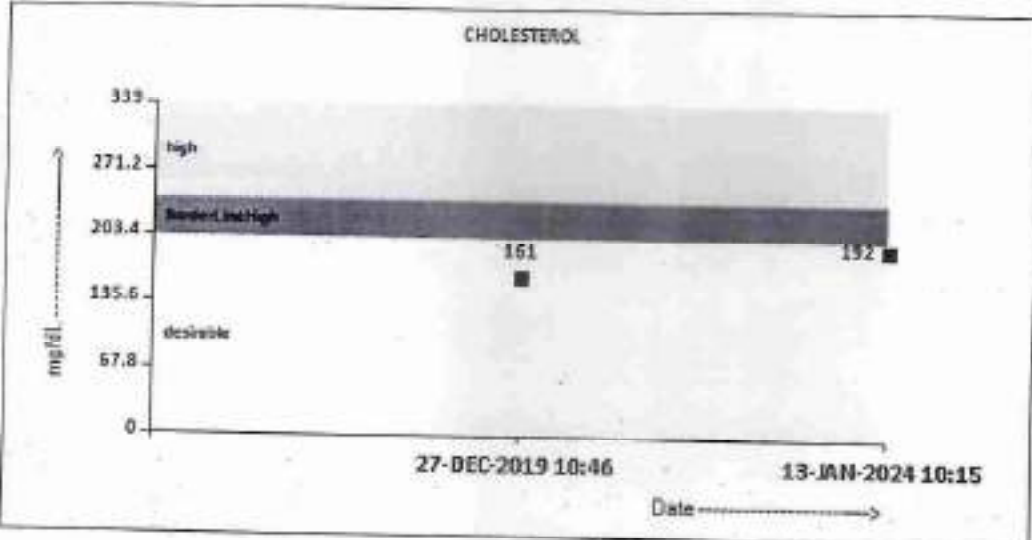
PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :
CODE/NAME & ADDRESS : C090045507	ACCESSION NO : 0022XA002295	AGE/SEX : 42 Years Female
FORTIS VASHI-CHC -SPLZD	PATIENT ID : PH.5601797	DRAWN : 13/01/2024 08:46:00
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:5601797	RECEIVED : 13/01/2024 08:46:41
MUMBAI 440001	ABHA NO : 1	REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :
 UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

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

LDL/HDL RATIO 2.7 0.5 - 3.0 Desirable/Low Risk
3.1 - 6.0 Borderline/Moderate Risk
>6.0 High Risk

METHOD : CALCULATED PARAMETER



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



View Details



View Report

PERFORMED AT :
 Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini S. ashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222,022-49723322,
 CTN - U74899PB1995PLC045956
 Email : -

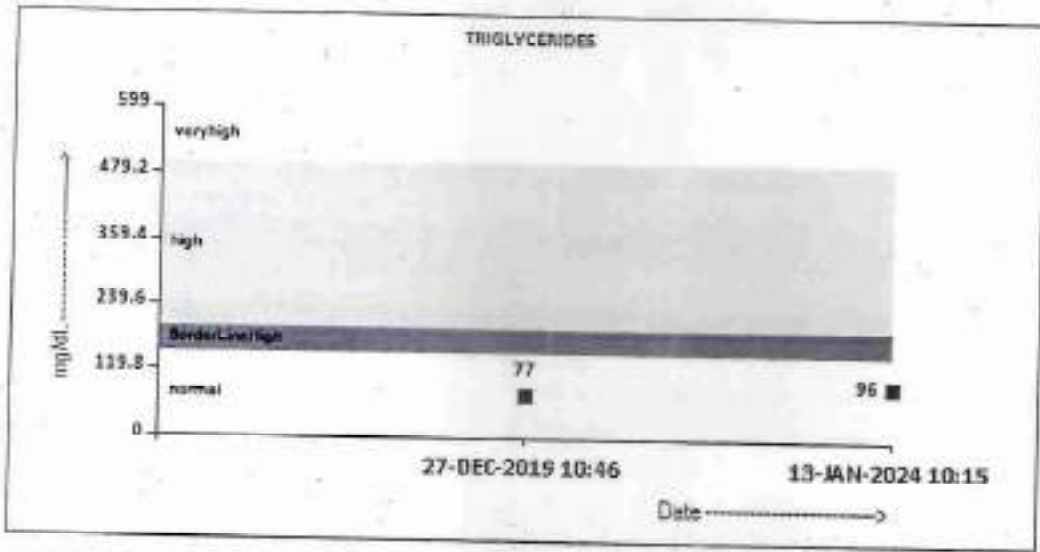


Patient Ref. No. 2200000895323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPL2D FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022XA002295 PATIENT ID : FH.5601797 CLIENT PATIENT ID: UID:5601797 ABHA NO : 1	AGE/SEX : 42 Years Female DRAWN : 13/01/2024 08:46:00 RECEIVED : 13/01/2024 08:46:41 REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :
 UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

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



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



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini S-shore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222,022-49723322,
 Clin - U74809PB1995PLC045956
 Email : -

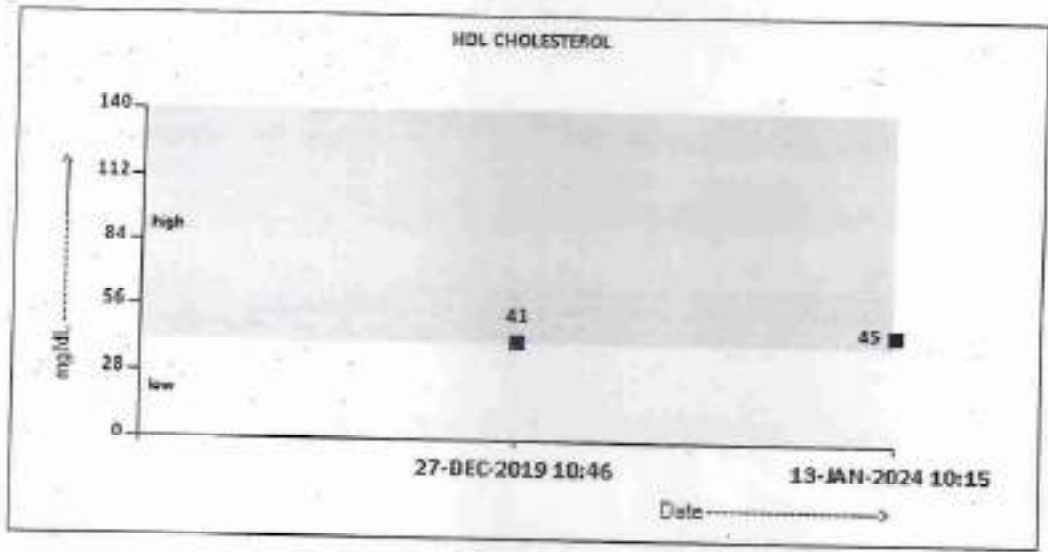


Patient Ref. No. 22000000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022XA002295 PATIENT ID : FH.5601797 CLIENT/PATIENT ID: UID:5601797 ABHA NO :	AGE/SEX : 42 Years Female DRAWN : 13/01/2024 08:46:00 RECEIVED : 13/01/2024 08:46:41 REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :
 UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

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



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



View Details



View Report

PERFORMED AT :
 Agilus Diagnostics Ltd,
 Hiranandani Hospital-Vashi, Mini. eashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222,022-49723322,
 CIN - U74899PB1995PLC045958
 Email : -

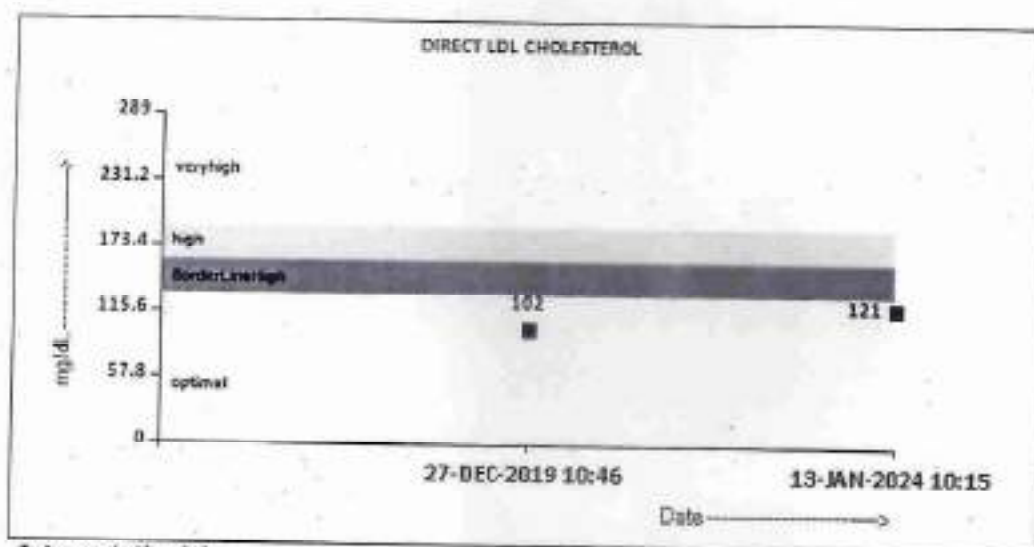


Patient Ref. No. 22000000886323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	ACCESSION NO : 0022XA002295 PATIENT ID : FH.5601797 CLIENT PATIENT ID: UID:5601797 ADHA NO : :	AGE/SEX : 42 Years Female DRAWN : 13/01/2024 08:46:00 RECEIVED : 13/01/2024 08:46:41 REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :
 UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

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



Interpretation(s)

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



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
 Hirahandani Hospital-Vashi, Min' Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :
CODE/NAME & ADDRESS : C000045507	ACCESSION NO : 0022XA002295	AGE/SEX : 42 Years Female
FORTIS VASHI-CHC -SPLZD	PATIENT ID : PH.5601797	DRAWN : 13/01/2024 08:46:00
FORTIS HOSPITAL # VASHI,	CLIENT PATIENT ID: UID:5601797	RECEIVED : 13/01/2024 08:46:41
MUMBAI 440001	ASHA NO :	REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :
 UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-1501240PCR002423
 BILLNO-1501240PCR002423

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

CLINICAL PATH - URINALYSIS

KIDNEY PANEL - 1

PHYSICAL EXAMINATION, URINE

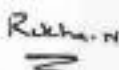
COLOR	PALE YELLOW
METHOD : PHYSICAL	
APPEARANCE	HAZY
METHOD : VISUAL	

CHEMICAL EXAMINATION, URINE

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



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



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

Page 19 Of 21



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-36190222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -



Patient Ref. No. 22000000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE

REF. DOCTOR :

CODE/NAME & ADDRESS : C000045507

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

ACCESSION NO : 0022XA002295

PATIENT ID : FH.5601797

CLIENT PATIENT ID: UID:5601797

ABHA NO :

AGE/SEX : 42 Years Female

DRAWN : 13/01/2024 08:46:00

RECEIVED : 13/01/2024 08:46:41

REPORTED : 13/01/2024 14:36:46

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941
CORP-OPD
BILLNO-150124OPCR002423
BILLNO-150124OPCR002423Test Report Status **Final**

Results

Biological Reference Interval Units

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS

0 - 1

NOT DETECTED

/HPF

METHOD : MICROSCOPIC EXAMINATION

PUS CELL (WBC'S)

5-7

0-5

/HPF

METHOD : MICROSCOPIC EXAMINATION

EPITHELIAL CELLS

8-10

0-5

/HPF

METHOD : MICROSCOPIC EXAMINATION

CASTS

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

CRYSTALS

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

BACTERIA

DETECTED

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

YEAST

NOT DETECTED

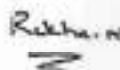
NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

REMARKS

URINARY MICROSCOPIC EXAMINATION DONE ON URINARY
CENTRIFUGED SEDIMENT

Interpretation(s)


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

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

Page 20 Of 21

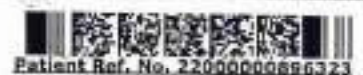


View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Hiranandani Hospital-Vashi, Mini Sesshore Road, Sector 10,
Navi Mumbai, 400703
Maharashtra, India
Tel : 022-39199222, 022-49723322,
CIN - U74899PB1005PLC045956
Email : -

Patient Ref. No. 22000000696323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001		ACCESSION NO : 0022XA002295	
		AGE/SEX : 42 Years Female	
		DRAWN : 13/01/2024 08:46:00	
		RECEIVED : 13/01/2024 08:46:41	
		REPORTED : 13/01/2024 14:36:46	
		PATIENT ID : FH.5601797	
		CLIENT PATIENT ID: UID:5601797	
		ABHA NO :	

CLINICAL INFORMATION :
 UID:5601797 REQNO-1649941
 CORP-OPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

Test Report Status	Results	Biological Reference Interval	Units
Final			

SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM	Results	Biological Reference Interval	Units
T3	101.1	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	9.10	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)	4.250 High	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

Interpretation(s)

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

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

Page 21 Of 21

View Details View Report

PERFORMED AT :
 Agilus Diagnostics Ltd.
 Hiranandani Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-35199222, 022-49723322,
 CIN - U74899PB1995PLC045956
 Email : -

Patient Ref. No. 2200000896323

PATIENT NAME : MRS.POURNIMA BALU JAWALE		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000045507		ACCESSION NO : 0022XA002453	
FORTIS VASHI-CHC -SPLZD		AGE/SEX :42 Years Female	
FORTIS HOSPITAL # VASHI,		DRAWN :13/01/2024 15:05:00	
MUMBAI 440001		RECEIVED :13/01/2024 15:18:52	
		REPORTED :15/01/2024 11:07:31	
		PATIENT ID : FH.5601797	
		CLIENT PATIENT ID: UID:5601797	
		ADHA NO :	

CLINICAL INFORMATION :

UID:5601797 REQNO-1649941
 CORP-CPD
 BILLNO-150124OPCR002423
 BILLNO-150124OPCR002423

Test Report Status Final	Units
--	--------------

CYTOLOGY**PAPANICOLAOU SMEAR****PAPANICOLAOU SMEAR**

TEST METHOD

CONVENTIONAL GYNEC CYTOLOGY

SPECIMEN TYPE

TWO UNSTAINED CERVICAL SMEARS RECEIVED

REPORTING SYSTEM

2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY

SPECIMEN ADEQUACY

SATISFACTORY

METHOD : MICROSCOPIC EXAMINATION
 MICROSCOPY

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



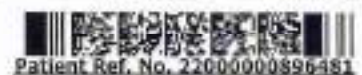
View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
 Hiransdeni Hospital-Vashi, Mini Seashore Road, Sector 10,
 Navi Mumbai, 400703
 Maharashtra, India
 Tel : 022-39199222, 022-49723322,
 CIN - U74809PB1995PLC045956
 Email : -



Patient Ref. No. 22000000896481

5601797
42 Years
POURNIMA JAWALE
female

Normal

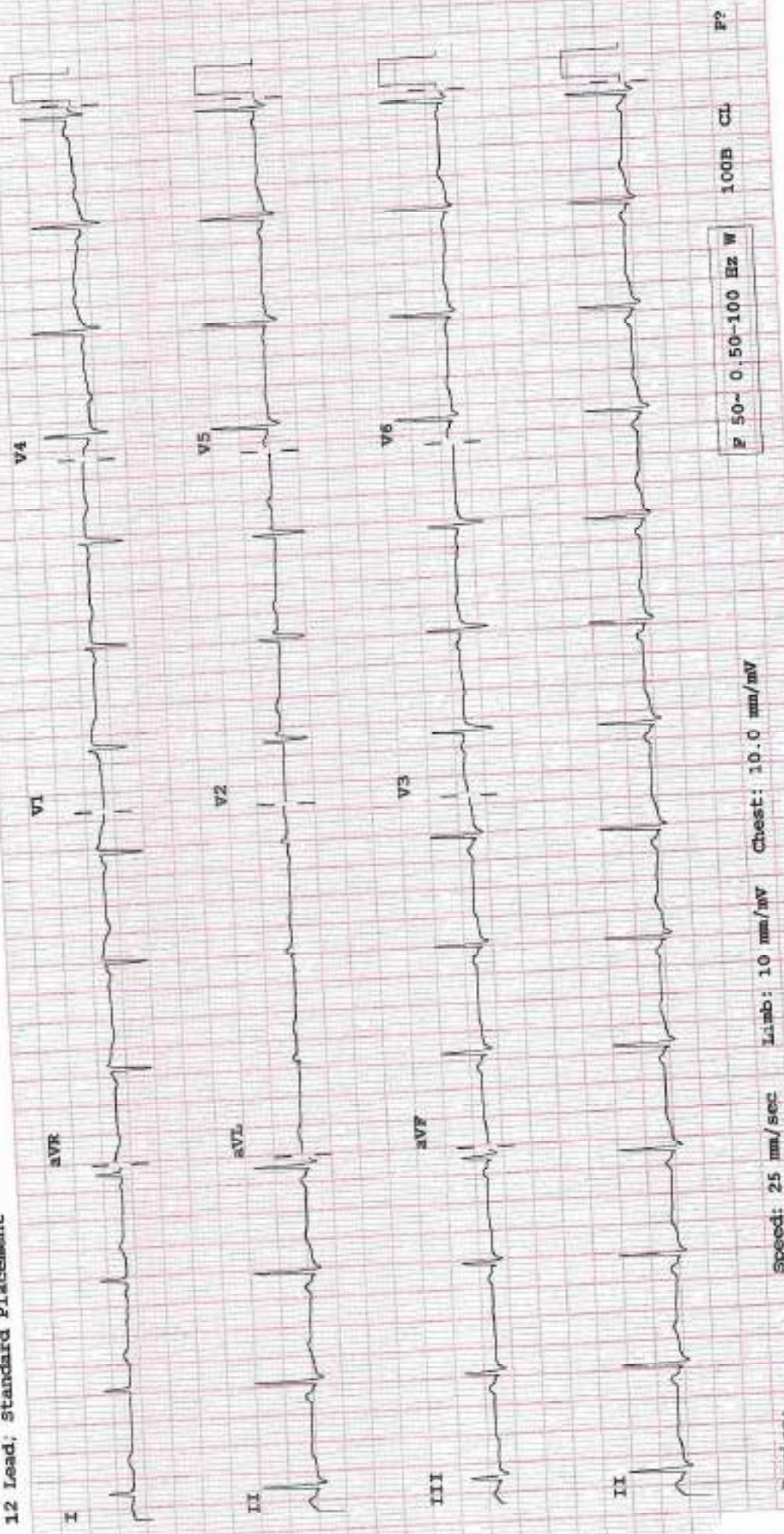
Rate 81
PR 119
QRSd 102
QT 368
QTc 428

Sinus rhythm.....normal P axis, V-rate 50-99
Borderline short PR interval.....PR int <120ms
RSR' in V1 or V2, right VCD of RVB.....QRS area positive & R' V1/V2

--AXIS--
P 72
QRS 43
T 6

Unconfirmed Diagnosis

12 Lead, Standard Placement



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

P 50-0.50-100 Hz W
100B CL
P?



DEPARTMENT OF RADIOLOGY

Date: 15/Jan/2024

Name: Mrs. Pournima Balu Jawale

UHID | Episode No : 5601797 | 2555/24/1501

Age | Sex: 42 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2401/5183 | 13-Jan-2024

Order Station : FO-OPD

Admitted On | Reporting Date : 15-Jan-2024 14:54:36

Bed Name :

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 are unremarkable.

DR. CHETAN KHADKE
M.D. (Radiologist)



Patient Name	: Pournima Balu Jawale	Patient ID	: 5601797
Sex / Age	: F / 42Y 6M 11D	Accession No.	: PHC.7301376
Modality	: US	Scan DateTime	: 13-01-2024 11:14:52
IPID No	: 2555/24/1501	ReportDatetime	: 13-01-2024 13:06:42

USG – BOTH BREAST

Findings:

Bilateral breast parenchyma appears normal.

No evidence of solid or cystic lesion.

No dilated ducts are noted.

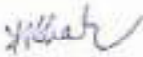
The fibroglandular architecture is well maintained.

Retromammory soft tissues appear normal.

No evidence of axillary lymphadenopathy.

Impression:

- No significant abnormality detected.


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



Patient Name	: Pournima Balu Jawale	Patient ID	: 5601797
Sex / Age	: F / 42Y 6M 11D	Accession No.	: PHC.7301376
Modality	: US	Scan DateTime	: 13-01-2024 11:14:52
IPID No	: 2555/24/1501	ReportDatetime	: 13-01-2024 13:06:42

USG - WHOLE ABDOMEN

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

GALL BLADDER is partially distended. Visualized gall bladder lumen appears clear.

SPLEEN is normal in size and echogenicity.

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

Right kidney measures 9.1 x 3.4 cm.

Left kidney measures 9.7 x 4.5 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 retroverted and normal in size, measuring 7.5 x 5.0 x 5.7 cm.

Endometrium measures 9.9 mm in thickness.

Both ovaries are normal.

Right ovary measures 3.9 x 1.4 cm.

Left ovary measures 4.5 x 1.3 cm.

No evidence of ascites.

Impression:

- No significant abnormality is detected.

DR. KUNAL NIGAM
M.D. (Radiologist)