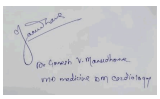
DIAGNOSTICS REPORT

Patient Name	: Mrs. VENESSA KINNY	Order Date	: 17/04/2024 10:08
Age/Sex	: 39 Year(s)/Female	Report Date	: 17/04/2024 13:05
UHID	: SHHM.92356		
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
Address	: FLAT NO. 1605, MICRO SRISHTI, LAL VAHADUR SHATRU MARG, Bhandup West,Mumbai, Maharastra, 400078	Mobile	: 9820262581

2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER STUDY

Normal LV and RV systolic function.
Estimated LVEF = 60%
No LV regional wall motion abnormality at rest .
AII valves are structurally and functionally normal.
Normal sized cardiac chambers.
No LV Diastolic dysfunction .
No pulmonary arterial hypertension.
No regurgitation across any other valves.
Normal forward flow velocities across all the cardiac valves.
Aorta and pulmonary artery dimensions: normal.
IAS / IVS: Intact.
No evidence of clot, vegetation, calcification, pericardial effusion.
COLOUR DOPPLER: NO MR/AR.



Dr.Ganesh Vilas Manudhane
M.ch,MCH/DM

RegNo: 2011/06/1763

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
UHID	: SHHM.92356	**Order Date**	: 17/04/2024 10:08
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 9820262581
		DOB	: 26/02/1985
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name	Result

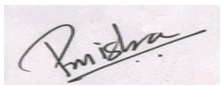
Sample No : O0326543A Collection Date : 17/04/24 10:13 Ack Date : 17/04/2024 11:48 Report Date : 17/04/24 12:51

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION			
BLOOD GROUP (ABO)	' B '		
Rh Type *Method - Column Agglutination*	POSITIVE		

REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

Interpretation:
Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,
• Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
• Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
• Determine the blood group of potential blood donors at a collection facility.
• Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

End of Report



Dr.Pooja Vinod Mishra
MD Pathology
Jr Consultant Pathologist, MMC Reg No. 2017052191
RegNo: 2017/05/2191

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
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.

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
UHID	: SHHM.92356	**Order Date**	: 17/04/2024 10:08
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Ref. Doctor	: Self	**Mobile No**	: 9820262581
		DOB	: 26/02/1985
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Biochemistry

Sample No : O0326543A Collection Date : 17/04/24 10:13 Ack Date : 17/04/2024 10:51 Report Date : 17/04/24 11:34

Test Name	Result	Unit	Biological Reference Interval
GLYCOSLYATED HAEMOGLOBIN (HBA1C)			
HbA1c *Method - Immunoturbidimetry*	5.13	%	4 to 6% Non-diabetic 6.0--7.0% Excellent control 7.0--8.0% Fair to good control 8.0--10% Unsatisfactory control ABOVE 10% Poor control
Estimated Average Glucose (eAG) *Method - Calculated*	100.53	mg/dl	90 - 126

NOTES :-

1. HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months

2. HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.

3. Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease.Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.

4. HbA1c may be increased in patients with polycythemia or post-splenectomy.

5. Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.

6. Trends in HbA1c are a better indicator of diabetic control than a solitary test.

7. Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.

8. HbA1c target in pregnancy is to attain level <6 % .

9. HbA1c target in paediatric age group is to attain level < 7.5 %.

MC-5288

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
UHID	: SHHM.92356	**Order Date**	: 17/04/2024 10:08
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 9820262581
		DOB	: 26/02/1985
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Method : turbidimetric inhibition immunoassay (TINIA) for hemolyzed whole blood
Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015

GLUCOSE-PLASMA-FASTING			
Glucose,Fasting	92.91	mg/dl	70 - 110

American Diabetes Association Reference Range :

Normal : < 100 mg/dl
Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl
Diabetes : >= 126 mg/dl

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-
Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack,and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism,Pancreatitis.
A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be
seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas),Starvation.

CHOLESTROL-VLDL			
VLDL Cholesterol *Method - Calculated*	18.27	mg/dl	0 - 40
Phosphorus *Method - Phosphomolybdate*	2.95	mg/dl	2.5 - 4.5

Interpretation:-
Phosphorus comes into the body through the diet. About 70-80% of the body's phosphates combine with calcium to help form bones and teeth, another 10% are found in muscle, and about 1% is in nerve tissue. Low levels of

MC-5288

LABORATORY INVESTIGATION REPORT

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phosphorus (hypophosphatemia) in the blood may be due to or associated with Hypercalcemia, especially due to hyperparathyroidism ,Overuse of diuretics, Malnutrition, Alcoholism, Severe burns, Diabetic ketoacidosis after treatment),Hypothyroidism,Hypokalemia,Chronic antacid use, Rickets and osteomalacia (due to vitamin D deficiencies). Higher levels of phosphorus
(hyperphosphatemia) in the blood may be due to or associated with Kidney failure, Liver disease, Hypoparathyroidism, Diabetic ketoacidosis (when first seen), increased dietary intake (phosphate supplementation).

Total Protein - SERUM *Method - Biuret*	**7.9 ▲ (H)**	gm/dl	6 - 7.8

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Triglycerides *Method - glycerol Phosphate Oxidase/Peroxide*	91.34	mg/dl	Reference Values: 151-199 mg/dL - Borderline High 200-499 mg/dL - High >500 mg/dL - Very High

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Uric Acid (Serum) *Method - Uricase*			
Uric Acid *Method - Uricase*	4.9	mg/dl	2.6 - 6

References:
1)Pack Insert of Bio system
2) TIETZ Textbook of Clinical chemistry and Molecular DiagnosticsEdited by: Carl A.burtis,Edward R. Ashwood,David e. Bruns

Interpretation:-
Uric acid is produced by the breakdown of purines. Purines are nitrogen-containing compounds found in the cells of the body,
including our DNA. Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint

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inflammation and pain characteristic of gout. Low values can be associated with some kinds of liver or kidney diseases, Fanconi
syndrome, exposure to toxic compounds, and rarely as the result of an inherited metabolic defect (Wilson disease).

ALT(SGPT) - SERUM			
SGPT (Alanine Transaminase) - SERUM *Method - IFCC*	14.85	IU/L	0 - 34
References : *1)Pack Insert of Bio system* *2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018*			
AST (SGOT) - SERUM			
SGOT (Aspartate Transaminase) - SERUM *Method - IFCC*	17.99	IU/L	0 - 31
References : *1)Pack Insert of Bio system* *2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018*			
Total Bilirubin - SERUM *Method - Diazo*	0.82	mg/dl	0 - 2
Direct Bilirubin - - SERUM *Method - Diazotization*	0.37	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated *Method - Calculated*	0.45	mg/dl	
CHOLESTEROL-TOTAL -SERUM *Method - Enzymatic*	163.23	mg/dl	Reference Values : Up to 200 mg/dL - Desirable 200-239 mg/dL - Borderline HIgh >240 mg/dL - High
References: *1)Pack Insert of Bio system* *2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018*			
HDL Cholesterol *Method - Enzymatic immuno inhibition*	36.9	mg/dl	0 - 60
CREATININE-SERUM			

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Creatinine - SERUM *Method - Jaffes Kinetic*	0.68	mg/dl	0.5 - 1.1

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Notes :-
Creatinine is a chemical waste molecule that is generated from muscle metabolism.Creatinine is produced from creatine, a molecule of major importance for energy production in muscles.Approximataly 1-2% of the body's creatine is converted to creatinine every day. Creatinine is transported through the bloodstream to the kidneys. The kidneys filter out host of the creatinine and dispose of it in the urine.The kidneys maintain the blood creatinine in a normal ranges . Creatinine has been found to be a fairly reliable indicator of kidney function.

Albumin - SERUM			
Albumin - SERUM *Method - Bromo Cresol Green(BCG)*	4.84	gm/dl	3.5 - 5.2

References:
1) Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

GLUCOSE-PLASMA POST PRANDIAL			
Glucose,Post Prandial	114.06	mg/dl	70 - 140

American Diabetes Association Reference Range :

Post-Prandial Blood Glucose:
Non- Diabetic: Up to 140mg/dL
Pre-Diabetic: 140-199 mg/dL
Diabetic :>200 mg/dL

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-
Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma,

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LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
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heart attack,and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism,Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be

seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas),Starvation.

End of Report

Dr.Ritesh Kharche
MD, PGD
Consultant Pathologist and Director of Laboratory Services
RegNo: 2006/03/1680

MC-5288

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
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		Facility	: SEVENHILLS HOSPITAL, MUMBAI

HAEMATOLOGY

Sample No : O0326543A Collection Date : 17/04/24 10:13 Ack Date : 17/04/2024 10:51 Report Date : 17/04/24 11:25

Test Name	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD			
Total WBC Count	5.59	x10^3/ul	4.00 - 10.00
Neutrophils	61.7	%	40.00 - 80.00
Lymphocytes	33.5	%	20.00 - 40.00
Eosinophils	1.2	%	1.00 - 6.00
Monocytes	3.6	%	2.00 - 10.00
Basophils	**0.0 ▼ (L)**	%	1.00 - 2.00
Absolute Neutrophil Count	3.45	x10^3/ul	2.00 - 7.00
Absolute Lymphocyte Count	1.88	x10^3/ul	0.80 - 4.00
Absolute Eosinophil Count	0.06	x10^3/ul	0.02 - 0.50
Absolute Monocyte Count	0.20	x10^3/ul	0.12 - 1.20
Absolute Basophil Count	0.00	x10^3/ul	0.00 - 0.10
RBCs	4.73	x10^6/ul	4.50 - 5.50
Hemoglobin	14.3	gm/dl	12.00 - 15.00
Hematocrit	42.1	%	40.00 - 50.00
MCV	89.1	fl	83.00 - 101.00
MCH	30.2	pg	27.00 - 32.00

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LABORATORY INVESTIGATION REPORT

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MCHC	33.9	gm/dl	31.50 - 34.50
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	12.2	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	41.0	fl	35.00 - 56.00
Platelet	263	x10^3/ul	150.00 - 410.00
Mean Platelet Volume (MPV)	10.4	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	16.2	%	9.00 - 17.00
PLATELETCRIT (PCT)	0.274	%	0.11 - 0.28

Method:-
HB Colorimetric Method.
RBC/PLT Electrical Impedance Method.
WBC data Flow Cytometry by Laser Method.
MCV,MCH,MCHC,RDW and rest parameters - Calculated.
All Abnormal Haemograms are reviewed confirmed microscopically.

NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021

NOTE :-
The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making.This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

End of Report

Dr.Ritesh Kharche
MD, PGD

MC-5288

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
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		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Consultant Pathologist and Director of Laboratory Services
RegNo: 2006/03/1680

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LABORATORY INVESTIGATION REPORT

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		Facility	: SEVENHILLS HOSPITAL, MUMBAI

HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
Sample No : O0326543A	Collection Date : 17/04/24 10:13	Ack Date : 17/04/2024 12:05	Report Date : 17/04/24 13:12
ERYTHROCYTE SEDIMENTATION RATE (ESR)			
ESR	**30 ▲ (H)**	mm/hr	0 - 20

Method: Westergren Method

INTERPRETATION :-
ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0–1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report

Dr.Ritesh Kharche
MD, PGD
Consultant Pathologist and Director of Laboratory Services
RegNo: 2006/03/1680

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
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		Facility	: SEVENHILLS HOSPITAL, MUMBAI

HISTOPATHALOGY AND CYTOLOGY

Test Name	Result

Sample No : O0326603B Collection Date : 17/04/24 13:33 Ack Date : 17/04/2024 13:56 Report Date : 17/04/24 16:02

ROUTINE CERVICOVAGINAL PAP SMEAR

REPORT

C-GY-222/24

CLINICAL DETAILS :
LMP: 12/04/2024
Cervix mild erosion present
Vagina appears healthy

MATERIAL RECEIVED :
2 wet- fixed conventional cervico-vaginal smears received.

MICROSCOPIC EXAMINATION :
The smears are satisfactory for evaluation.
Endocervical / transformation zone component is present.
Benign superficial, intermediate & parabasal squamous cells noted.
Few polymorphonuclear leucocytes seen.
Altered bacterial flora (coccobacilli) is observed.
Dysplastic cells are not seen.

IMPRESSION :
Negative for intraepithelial lesion or malignancy.

NOTE :-
The 2014 Bethesda system for reporting cervical cytology was followed.

Comments :

Cervicovaginal cytology is a screening test primarily for squamous cancer and precursors and has associated false-negative and false-positive results.Regular sampling and follow-up of unexplainded clinical signs and symptoms are recommended to minimize ffalse negative results.

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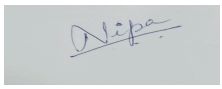
End of Report



Dr.Nipa Dhorda
MD
Pathologist

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
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Biochemistry

Sample No : O0326543A Collection Date : 17/04/24 10:13 Ack Date : 17/04/2024 10:51 Report Date : 17/04/24 11:34

Test Name	Result	Unit	Biological Reference Interval
GLYCOSLYATED HAEMOGLOBIN (HBA1C)			
HbA1c *Method - Immunoturbidimetry*	5.13	%	4 to 6% Non-diabetic 6.0--7.0% Excellent control 7.0--8.0% Fair to good control 8.0--10% Unsatisfactory control ABOVE 10% Poor control
Estimated Average Glucose (eAG) *Method - Calculated*	100.53	mg/dl	90 - 126

NOTES :-

1. HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months

2. HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.

3. Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease.Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.

4. HbA1c may be increased in patients with polycythemia or post-splenectomy.

5. Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.

6. Trends in HbA1c are a better indicator of diabetic control than a solitary test.

7. Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.

8. HbA1c target in pregnancy is to attain level <6 % .

9. HbA1c target in paediatric age group is to attain level < 7.5 %.

MC-5288

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
UHID	: SHHM.92356	**Order Date**	: 17/04/2024 10:08
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 9820262581
		DOB	: 26/02/1985
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Method : turbidimetric inhibition immunoassay (TINIA) for hemolyzed whole blood
Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015

GLUCOSE-PLASMA-FASTING			
Glucose,Fasting	92.91	mg/dl	70 - 110

American Diabetes Association Reference Range :

Normal : < 100 mg/dl
Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl
Diabetes : >= 126 mg/dl

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-
Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack,and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism,Pancreatitis.
A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be
seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas),Starvation.

CHOLESTROL-VLDL			
VLDL Cholesterol *Method - Calculated*	18.27	mg/dl	0 - 40
Phosphorus *Method - Phosphomolybdate*	2.95	mg/dl	2.5 - 4.5

Interpretation:-
Phosphorus comes into the body through the diet. About 70-80% of the body's phosphates combine with calcium to help form bones and teeth, another 10% are found in muscle, and about 1% is in nerve tissue. Low levels of

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phosphorus (hypophosphatemia) in the blood may be due to or associated with Hypercalcemia, especially due to hyperparathyroidism ,Overuse of diuretics, Malnutrition, Alcoholism, Severe burns, Diabetic ketoacidosis after treatment),Hypothyroidism,Hypokalemia,Chronic antacid use, Rickets and osteomalacia (due to vitamin D deficiencies). Higher levels of phosphorus
(hyperphosphatemia) in the blood may be due to or associated with Kidney failure, Liver disease, Hypoparathyroidism, Diabetic ketoacidosis (when first seen), increased dietary intake (phosphate supplementation).

Total Protein - SERUM *Method - Biuret*	**7.9 ▲ (H)**	gm/dl	6 - 7.8

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Triglycerides *Method - glycerol Phosphate Oxidase/Peroxide*	91.34	mg/dl	Reference Values: 151-199 mg/dL - Borderline High 200-499 mg/dL - High >500 mg/dL - Very High

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Uric Acid (Serum) *Method - Uricase*			
Uric Acid *Method - Uricase*	4.9	mg/dl	2.6 - 6

References:
1)Pack Insert of Bio system
2) TIETZ Textbook of Clinical chemistry and Molecular DiagnosticsEdited by: Carl A.burtis,Edward R. Ashwood,David e. Bruns

Interpretation:-
Uric acid is produced by the breakdown of purines. Purines are nitrogen-containing compounds found in the cells of the body,
including our DNA. Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint

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inflammation and pain characteristic of gout. Low values can be associated with some kinds of liver or kidney diseases, Fanconi
syndrome, exposure to toxic compounds, and rarely as the result of an inherited metabolic defect (Wilson disease).

ALT(SGPT) - SERUM			
SGPT (Alanine Transaminase) - SERUM *Method - IFCC*	14.85	IU/L	0 - 34
References : *1)Pack Insert of Bio system* *2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018*			
AST (SGOT) - SERUM			
SGOT (Aspartate Transaminase) - SERUM *Method - IFCC*	17.99	IU/L	0 - 31
References : *1)Pack Insert of Bio system* *2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018*			
Total Bilirubin - SERUM *Method - Diazo*	0.82	mg/dl	0 - 2
Direct Bilirubin - - SERUM *Method - Diazotization*	0.37	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated *Method - Calculated*	0.45	mg/dl	
CHOLESTEROL-TOTAL -SERUM *Method - Enzymatic*	163.23	mg/dl	Reference Values : Up to 200 mg/dL - Desirable 200-239 mg/dL - Borderline HIgh >240 mg/dL - High
References: *1)Pack Insert of Bio system* *2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018*			
HDL Cholesterol *Method - Enzymatic immuno inhibition*	36.9	mg/dl	0 - 60
CREATININE-SERUM			

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Creatinine - SERUM *Method - Jaffes Kinetic*	0.68	mg/dl	0.5 - 1.1

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Notes :-
Creatinine is a chemical waste molecule that is generated from muscle metabolism.Creatinine is produced from creatine, a molecule of major importance for energy production in muscles.Approximataly 1-2% of the body's creatine is converted to creatinine every day. Creatinine is transported through the bloodstream to the kidneys. The kidneys filter out host of the creatinine and dispose of it in the urine.The kidneys maintain the blood creatinine in a normal ranges . Creatinine has been found to be a fairly reliable indicator of kidney function.

Albumin - SERUM			
Albumin - SERUM *Method - Bromo Cresol Green(BCG)*	4.84	gm/dl	3.5 - 5.2

References:
1) Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

GLUCOSE-PLASMA POST PRANDIAL			
Glucose,Post Prandial	114.06	mg/dl	70 - 140

American Diabetes Association Reference Range :

Post-Prandial Blood Glucose:
Non- Diabetic: Up to 140mg/dL
Pre-Diabetic: 140-199 mg/dL
Diabetic :>200 mg/dL

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-
Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma,

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heart attack,and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism,Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be

seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas),Starvation.

End of Report

Dr.Ritesh Kharche
MD, PGD
Consultant Pathologist and Director of Laboratory Services
RegNo: 2006/03/1680

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LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. VENESSA KINNY	**Age/Sex**	: 39 Year(s) / Female
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Episode	: OP		
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		DOB	: 26/02/1985
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Urinalysis

Test Name	Result	Unit	Biological Reference Interval
Sample No : O0326543D	Collection Date : 17/04/24 10:13	Ack Date : 17/04/2024 10:56	Report Date : 17/04/24 14:30
URINE SUGAR AND KETONE (FASTING)			
Sugar	Absent		
ketones	Absent		
Sample No : O0326590D	Collection Date : 17/04/24 13:12	Ack Date : 17/04/2024 13:37	Report Date : 17/04/24 14:30
URINE SUGAR AND KETONE (PP)			
Sugar	Absent		
ketones	Absent		

End of Report

Dr.Ritesh Kharche
MD, PGD
Consultant Pathologist and Director of Laboratory Services
RegNo: 2006/03/1680

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URINE SUGAR AND KETONE (FASTING)- Report has been amended at Apr 17 2024 2:30PM by Ritesh kharche.

DIAGNOSTICS REPORT

Patient Name	: Mrs. VENESSA KINNY	Order Date	: 17/04/2024 10:08
Age/Sex	: 39 Year(s)/Female	Report Date	: 17/04/2024 17:44
UHID	: SHHM.92356		
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
Address	: FLAT NO. 1605, MICRO SRISHTI, LAL VAHADUR SHATRU MARG, Bhandup West,Mumbai, Maharastra, 400078	Mobile	: 9820262581

USG ABDOMEN AND PELVIS

Liver is normal in size (15.2 cm) and echotexture. No focal liver parenchymal lesion is seen. Intrahepatic portal and biliary radicles are normal.

Gall-bladder is physiologically distended. No evidence of intraluminal calculus is seen. Wall thickness appears normal. No e/o peri-cholecystic fluid noted.

Portal vein and CBD are normal in course and calibre.

Visualised part of pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size (9.5 cm) and echotexture. No focal lesion is seen in the spleen.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.
Bilateral renal concretions are noted.
Right kidney measures 9.6 x 3.8 cm.
Left kidney measures 11.1 x 5.1 cm.

Urinary bladder is well distended and appears normal. No evidence of intra-luminal calculus or mass lesion.

Uterus is normal in size, shape and echotexture. It measures8.4 x 4.9 x 3.3 cm.
Endometrial thickness measures 7 mm.

Both ovaries are normal in size and echotexture.
The right ovary measures: 2.2 x 1.4 cm.
The left ovary measures: 2.6 x 1.3 cm.
Both adnexae are clear.

There is no free fluid in abdomen and pelvis.

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UHID	: SHHM.92356		
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Address	: FLAT NO. 1605, MICRO SRISHTI, LAL VAHADUR SHATRU MARG, Bhandup West,Mumbai, Maharastra, 400078	Mobile	: 9820262581

IMPRESSION

- **No significant abnormality detected**

Dr.Priya Vinod Phayde
MBBS,DMRE

RegNo: 2020/11/6493

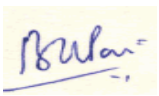
DIAGNOSTICS REPORT

Patient Name	: Mrs. VENESSA KINNY	Order Date	: 17/04/2024 10:08
Age/Sex	: 39 Year(s)/Female	Report Date	: 18/04/2024 11:14
UHID	: SHHM.92356		
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
Address	: FLAT NO. 1605, MICRO SRISHTI, LAL VAHADUR SHATRU MARG, Bhandup West,Mumbai, Maharastra, 400078	Mobile	: 9820262581

X-RAY CHEST PA VIEW

Both lungs are clear.
The frontal cardiac dimensions are normal.
The pleural spaces are clear.
Both hilar shadows are normal in position and density.
No diaphragmatic abnormality is seen.
The soft tissues and bony thorax are normal.

IMPRESSION: No pleuroparenchymal lesion is seen.



Dr.Bhujang Pai
MBBS,MD

Consultant

RegNo: 49380