



Hiranandani  
HOSPITAL

(A Fortis Network Hospital)

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

### BMI CHART

Date: 27/01/24

Name: Shilpa Komar Age: 60 yrs

Sex: M /  F

BP: 130/80 mmHg Height (cms): 154 cm Weight(kgs): 75 kg BMI: \_\_\_\_\_

WEIGHT lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
kgs	45.5	47.7	50.5	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7
HEIGHT In/cm	Underweight					Healthy					Overweight					Obese			Extremely Obese					
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
5'2" - 157.4	18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
5'3" - 160.0	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	
5'4" - 162.5	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34
5'7" - 170.1	15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32
5'9" - 176.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31
5'10" - 177.8	14	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30
5'11" - 180.3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29
6'1" - 185.4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28
6'2" - 187.9	12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27
6'3" - 190.5	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26
6'4" - 193.0	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26

Doctors Notes:

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Signature

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



**Hiranandani**  
**HOSPITAL**  
(A Fortis Network Hospital)

<b>UHID</b>	<b>12144004</b>	<b>Date</b>	<b>27/01/2024</b>		
<b>Name</b>	<b>Mrs.Shilpa Tomar</b>	<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>40</b>
<b>OPD</b>	<b>ENT 04</b>	<b>Health Check Up</b>			

Drug allergy:  
Sys illness:

*c/o ear pain 1 week ago*

*At present No ENT complaints*

*No ENT issues*

*[Signature]*  
DR. DEVIKANTH RENGARAJA  
MS (ENT), DNB, MRCS (UK)  
Reg. No.: MMC-2013/03/0579



<b>UHID</b>	<b>12144004</b>	<b>Date</b>	<b>27/01/2024</b>		
<b>Name</b>	<b>Mrs. Shilpa Tomar</b>	<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>40</b>
<b>OPD</b>	<b>Ophthal 14</b>	<b>Health Check Up</b>			

Drug allergy: → Not known.  
 Sys illness: → NO.  
Habit → NO

Chr. NO

Hes NO

Visual → Ra 6/6 }  
 → Lr 6/6 }  
 → W6  
 → W6

Reflex → R6 Pinner 6/6  
 → Lr Pinner 4/6  
 Adch → W6  
 → W6

FOP → R6 → 15.7  
 → Lr → 15.3

*[Handwritten signature]*

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Hiranandani  
**HOSPITAL**  
 (A Fortis Network Hospital)

(7387696540)

UHID	12144004	Date	27/01/2024		
Name	Mrs. Shilpa Tomar (9557676280)	Sex	Female	Age	40
OPD	Dental 12	Health Check Up			

Drug allergy:  
 Sys illness:

M/H → NRM

O/E →

mirring  $\frac{6}{6}$

Reduced space (M-D)  $\frac{6}{6}$

Stains +, calculus +  
 gen. Fluorosis

Rx → Adv scaling.

→ Adv CBCT replacement  $\frac{6^*}{6}$  (Implant)

*Parsha*

De Vaeshellala  
 MDS (Perio)  
 A-39457

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<b>Name</b>	<b>Mrs.Shilpa Tomar</b>	<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>40</b>
<b>OPD</b>	<b>Pap</b>	<b>Health Check Up</b>			

Drug allergy:  
Sys illness:

PATIENT NAME : MRS.SHILPA TOMAR

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XA004665

PATIENT ID : FH.12144004

CLIENT PATIENT ID: UID:12144004

ABHA NO :

AGE/SEX :40 Years Female

DRAWN :27/01/2024 09:50:00

RECEIVED :27/01/2024 09:51:06

REPORTED :27/01/2024 14:26:33

## CLINICAL INFORMATION :

UID:12144004 REQNO-1654856

CORP-OPD

BILLNO-150124OPCR005098

BILLNO-150124OPCR005098

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

## CBC-5, EDTA WHOLE BLOOD

## BLOOD COUNTS, EDTA WHOLE BLOOD


HEMOGLOBIN (HB)	12.9	12.0 - 15.0	g/dL
METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	4.95 High	3.8 - 4.8	mil/ $\mu$ L
METHOD : HYDRODYNAMIC FOCUSING			
WHITE BLOOD CELL (WBC) COUNT	6.06	4.0 - 10.0	thou/ $\mu$ L
METHOD : FLUORESCENCE FLOW CYTOMETRY			
PLATELET COUNT	359	150 - 410	thou/ $\mu$ L
METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION			

## RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	39.8	36.0 - 46.0	%
METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD			
MEAN CORPUSCULAR VOLUME (MCV)	80.4 Low	83.0 - 101.0	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	26.1 Low	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	32.4	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	16.2		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	9.2	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

## WBC DIFFERENTIAL COUNT

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



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## PERFORMED AT :

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



Patient Ref. No. 22000000898693

**PATIENT NAME : MRS.SHILPA TOMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

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

**ACCESSION NO : 0022XA004665**

**PATIENT ID : FH.12144004**

**CLIENT PATIENT ID: UID:12144004**

**ABHA NO :**

**AGE/SEX : 40 Years Female**

**DRAWN : 27/01/2024 09:50:00**

**RECEIVED : 27/01/2024 09:51:06**

**REPORTED : 27/01/2024 14:26:33**

**CLINICAL INFORMATION :**

UID:12144004 REQNO-1654856  
CORP-OPD  
BILLNO-150124OPCR005098  
BILLNO-150124OPCR005098

Test Report Status	Final	Results	Biological Reference Interval	Units
NEUTROPHILS		52	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		39	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		06	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
EOSINOPHILS		03	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		00	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		3.15	2.0 - 7.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.36	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				
ABSOLUTE BASOPHIL COUNT		<b>0 Low</b>	0.02 - 0.10	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.3		
METHOD : CALCULATED				

**MORPHOLOGY**

**RBC**

METHOD : MICROSCOPIC EXAMINATION

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC, 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



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Email : -



Patient Ref. No. 2200000898693

PATIENT NAME : MRS.SHILPA TOMAR

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XA004665

PATIENT ID : FH.12144004

CLIENT PATIENT ID: UID:12144004

ABHA NO :

AGE/SEX : 40 Years Female

DRAWN : 27/01/2024 09:50:00

RECEIVED : 27/01/2024 09:51:06

REPORTED : 27/01/2024 14:26:33

## CLINICAL INFORMATION :

UID:12144004 REQNO-1654856  
CORP-OPD  
BILLNO-150124OPCR005098  
BILLNO-150124OPCR005098

Test Report Status **Final**

Results

Biological Reference Interval Units


## Interpretation(s)

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

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

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

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Dr. Akshay Dhotre, MD  
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Patient Ref. No. 22000000898693



**PATIENT NAME : MRS.SHILPA TOMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

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FORTIS HOSPITAL # VASHI,  
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**ACCESSION NO : 0022XA004665**

PATIENT ID : FH.12144004

CLIENT PATIENT ID: UID:12144004

ABHA NO :

AGE/SEX :40 Years Female

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CORP-OPD  
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BILLNO-150124OPCR005098

Test Report Status	Final	Results	Biological Reference Interval	Units
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**HAEMATOLOGY**

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

E.S.R	05	0 - 20	mm at 1 hr
METHOD : WESTERGRÉN METHOD			

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

HBA1C	5.0	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
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METHOD : HB VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)	96.8	< 116.0	mg/dL
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METHOD : CALCULATED PARAMETER

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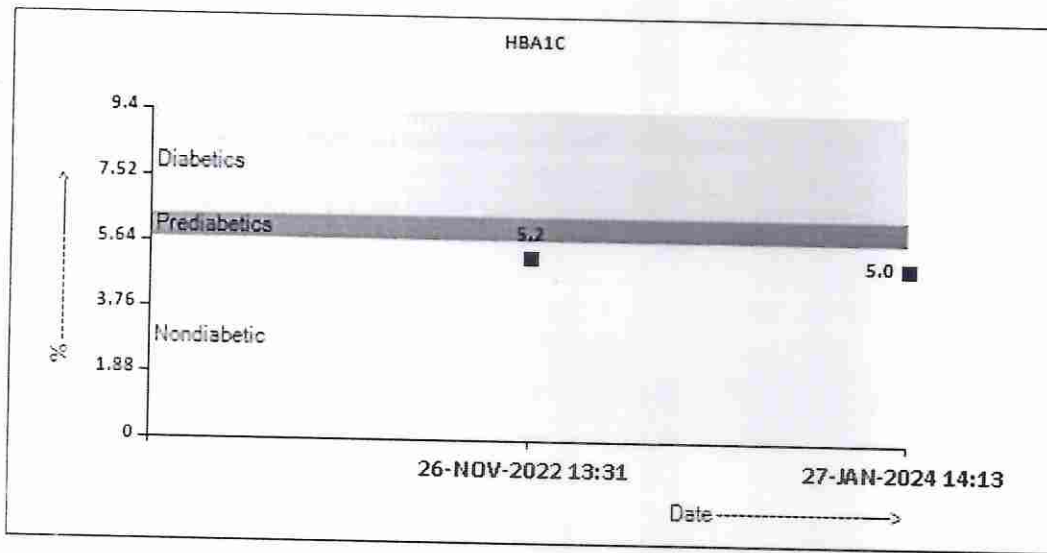
Patient Ref. No. 22000000898693

<b>PATIENT NAME : MRS.SHILPA TOMAR</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0022XA004665</b>	<b>AGE/SEX : 40 Years Female</b>
FORTIS VASHI-CHC -SPLZD	<b>PATIENT ID : FH.12144004</b>	<b>DRAWN : 27/01/2024 09:50:00</b>
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 CORP-OPD  
 BILLNO-150124OPCR005098  
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Test Report Status	Final	Results	Biological Reference Interval	Units
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**Interpretation(s)**

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

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

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

**TEST INTERPRETATION**

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

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

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

**LIMITATIONS**

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

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

**REFERENCE :**

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

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<b>CODE/NAME &amp; ADDRESS : C000045507</b>		<b>ACCESSION NO : 0022XA004665</b>	<b>AGE/SEX : 40 Years Female</b>
FORTIS VASHI-CHC -SPLZD		<b>PATIENT ID : FH.12144004</b>	<b>DRAWN : 27/01/2024 09:50:00</b>
FORTIS HOSPITAL # VASHI,		<b>CLIENT PATIENT ID: UID:12144004</b>	<b>RECEIVED : 27/01/2024 09:51:06</b>
MUMBAI 440001		<b>ABHA NO :</b>	<b>REPORTED : 27/01/2024 14:26:33</b>

**CLINICAL INFORMATION :**

UID:12144004 REQNO-1654856  
 CORP-OPD  
 BILLNO-150124OPCR005098  
 BILLNO-150124OPCR005098

Test Report Status	Final	Results	Biological Reference Interval	Units
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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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ACCESSION NO : 0022XA004665

PATIENT ID : FH.12144004

CLIENT PATIENT ID: UID:12144004

ABHA NO :

AGE/SEX : 40 Years Female

DRAWN : 27/01/2024 09:50:00

RECEIVED : 27/01/2024 09:51:06

REPORTED : 27/01/2024 14:26:33

## CLINICAL INFORMATION :

UID:12144004 REQNO-1654856

CORP-OPD

BILLNO-150124OPCR005098

BILLNO-150124OPCR005098

Test Report Status	Final	Results	Biological Reference Interval	Units
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## IMMUNOHAEMATOLOGY

## ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE AB

METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

## Interpretation(s)

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

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

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



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CIN - U74899PB1995PLC045956  
Email : -



Patient Ref. No. 22000000898693

PATIENT NAME : MRS.SHILPA TOMAR

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

ACCESSION NO : 0022XA004665

AGE/SEX : 40 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12144004

DRAWN : 27/01/2024 09:50:00

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:12144004

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ABHA NO :

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CORP-OPD

BILLNO-150124OPCR005098

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Test Report Status	Final	Results	Biological Reference Interval	Units
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## BIOCHEMISTRY

## LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.42	0.2 - 1.0	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, DIRECT	0.11	0.0 - 0.2	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, INDIRECT	0.31	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	8.0	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN	3.8	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN	4.2 High	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO	0.9 Low	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	26	15 - 37	U/L
METHOD : UV WITH P5P			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	< 34.0	U/L
METHOD : UV WITH P5P			
ALKALINE PHOSPHATASE	30	30 - 120	U/L
METHOD : PNPP-ANP			
GAMMA GLUTAMYL TRANSFERASE (GGT)	25	5 - 55	U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4-NITROANILIDE			
LACTATE DEHYDROGENASE	163	81 - 234	U/L
METHOD : LACTATE -PYRUVATE			

## GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	86	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >=126	mg/dL
METHOD : HEXOKINASE			



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Patient Ref. No. 2200000898693

**PATIENT NAME : MRS.SHILPA TOMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS :** C000045507  
 FORTIS VASHI-CHC -SPLZD  
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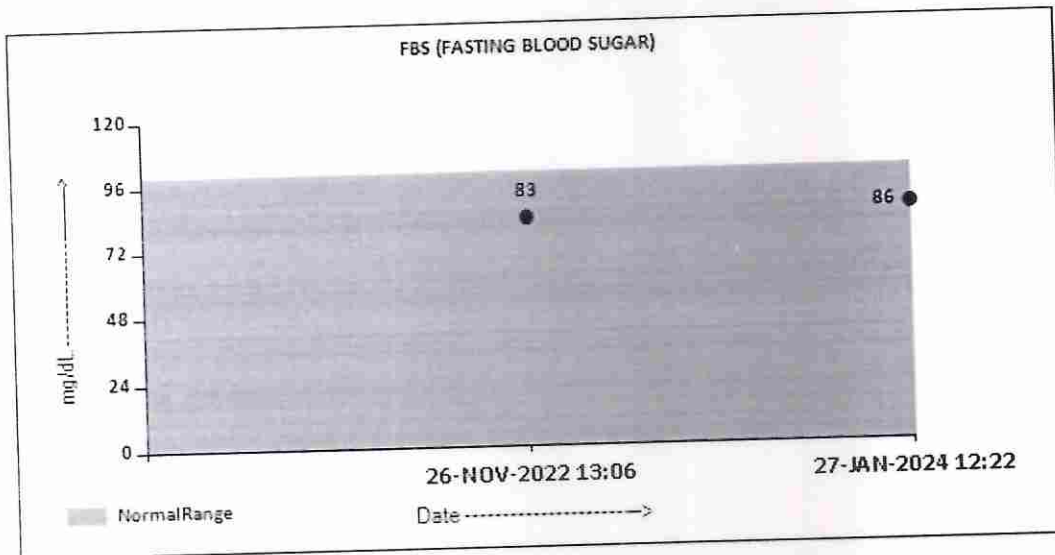
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**PATIENT ID :** FH.12144004  
**CLIENT PATIENT ID:** UID:12144004  
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**AGE/SEX :** 40 Years Female  
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**CLINICAL INFORMATION :**

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 CORP-OPD  
 BILLNO-150124OPCR005098  
 BILLNO-150124OPCR005098

Test Report Status	Results	Biological Reference Interval	Units
Final			



**KIDNEY PANEL - 1**

**BLOOD UREA NITROGEN (BUN), SERUM** 7 6 - 20 mg/dL  
**BLOOD UREA NITROGEN**  
 METHOD : UREASE - UV

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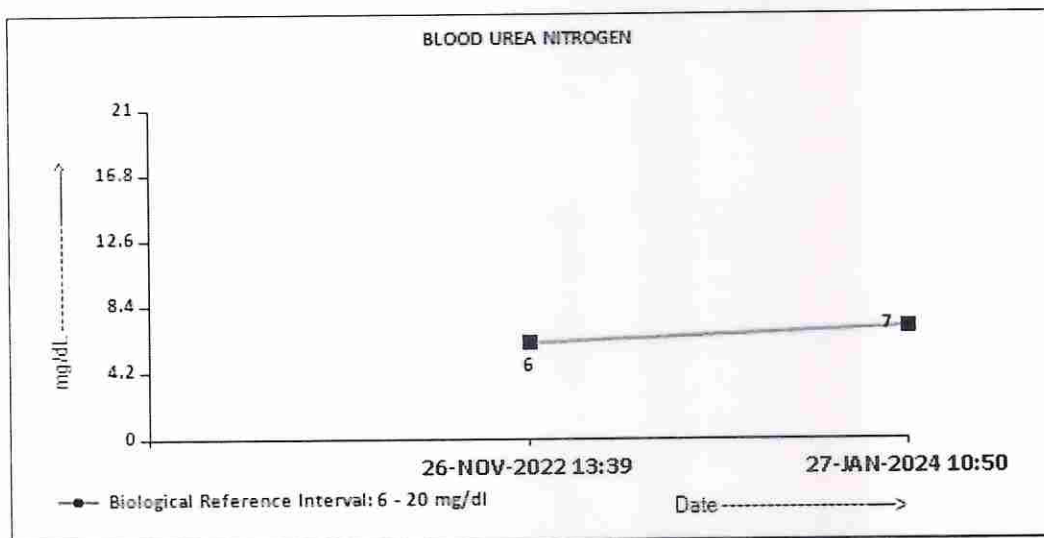
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CREATININE EGFR- EPI

CREATININE	0.70	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES			
AGE	40		years
GLOMERULAR FILTRATION RATE (FEMALE)	112.05	Refer Interpretation Below	mL/min/1.73m2
METHOD : CALCULATED PARAMETER			

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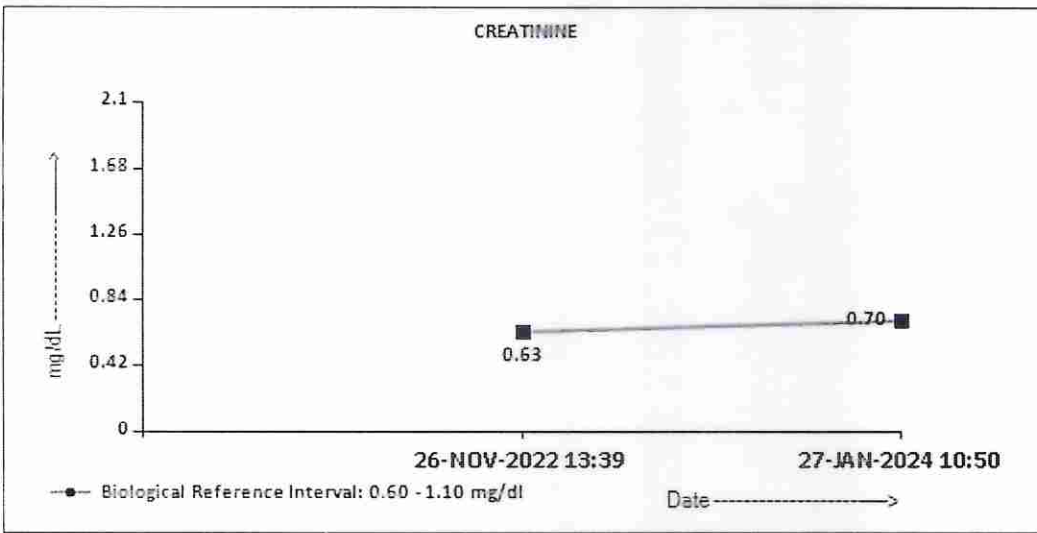
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**BUN/CREAT RATIO**

BUN/CREAT RATIO 10.00 5.00 - 15.00  
 METHOD : CALCULATED PARAMETER

**URIC ACID, SERUM**

URIC ACID 3.5 2.6 - 6.0 mg/dL  
 METHOD : URICASE UV

**TOTAL PROTEIN, SERUM**

TOTAL PROTEIN 8.0 6.4 - 8.2 g/dL  
 METHOD : BIURET

**ALBUMIN, SERUM**

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BILLNO-150124OPCR005098

Test Report Status	Final	Results	Biological Reference Interval	Units
ALBUMIN		3.8	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING				
GLOBULIN		4.2 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		4.76	3.50 - 5.10	mmol/L
METHOD : ISE INDIRECT				
CHLORIDE, SERUM		104	98 - 107	mmol/L
METHOD : ISE INDIRECT				

## Interpretation(s)

## Interpretation(s)

## LIVER FUNCTION PROFILE, SERUM-

**Bilirubin** is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

**AST** is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

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

**GGT** is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive

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Patient Ref. No. 22000000898693

**PATIENT NAME : MRS.SHILPA TOMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

**ACCESSION NO : 0022XA004665**

**AGE/SEX : 40 Years Female**

FORTIS VASHI-CHC -SPLZD

**PATIENT ID : FH.12144004**

**DRAWN : 27/01/2024 09:50:00**

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**CLIENT PATIENT ID: UID:12144004**

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**ABHA NO :**

**REPORTED : 27/01/2024 14:26:33**

**CLINICAL INFORMATION :**

UID:12144004 REQNO-1654856

CORP-OPD

BILLNO-150124OPCR005098

BILLNO-150124OPCR005098

Test Report Status	Final	Results	Biological Reference Interval	Units
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liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.

**Total Protein** also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, 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, sulfonureas, tolbutamide, and other oral hypoglycemic agents.

**NOTE:** While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.

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

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

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

**CREATININE EGFR- EPI--** Kidney disease outcomes quality initiative (KDOQI) guidelines state that estimation of GFR is the best overall indices of the Kidney function.

- It gives a rough measure of number of functioning nephrons. Reduction in GFR implies progression of underlying disease.

- The GFR is a calculation based on serum creatinine test.

- Creatinine is mainly derived from the metabolism of creatine in muscle, and its generation is proportional to the total muscle mass. As a result, mean creatinine generation is higher in men than in women, in younger than in older individuals, and in blacks than in whites.

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

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

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

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

References:

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

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

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

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

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

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

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

**Higher-than-normal levels may be due to:** Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, 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, SERUM-** Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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<b>CODE/NAME &amp; ADDRESS : C000045507</b>		<b>ACCESSION NO : 0022XA004665</b>	<b>AGE/SEX : 40 Years Female</b>
FORTIS VASHI-CHC -SPLZD		<b>PATIENT ID : FH,12144004</b>	<b>DRAWN : 27/01/2024 09:50:00</b>
FORTIS HOSPITAL # VASHI,		<b>CLIENT PATIENT ID: UID:12144004</b>	<b>RECEIVED : 27/01/2024 09:51:06</b>
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**CLINICAL INFORMATION :**  
 UID:12144004 REQNO-1654856  
 CORP-OPD  
 BILLNO-150124OPCR005098  
 BILLNO-150124OPCR005098

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

<b>LIPID PROFILE, SERUM</b>				
CHOLESTEROL, TOTAL	189	< 200 Desirable 200 - 239 Borderline High >= 240 High		mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE				
TRIGLYCERIDES	29	< 150 Normal 150 - 199 Borderline High 200 - 499 High >= 500 Very High		mg/dL
METHOD : ENZYMATIC ASSAY				
HDL CHOLESTEROL	75 High	< 40 Low >= 60 High		mg/dL
METHOD : DIRECT MEASURE - PEG				
LDL CHOLESTEROL, DIRECT	103	< 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	114	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	5.8	<= 30.0		mg/dL
METHOD : CALCULATED PARAMETER				
CHOL/HDL RATIO	2.5 Low	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk		
METHOD : CALCULATED PARAMETER				

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**CODE/NAME & ADDRESS :** C000045507

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MUMBAI 440001

**ACCESSION NO :** 0022XA004665

**PATIENT ID :** FH.12144004

**CLIENT PATIENT ID: UID:** 12144004

**ABHA NO :**

**AGE/SEX :** 40 Years Female

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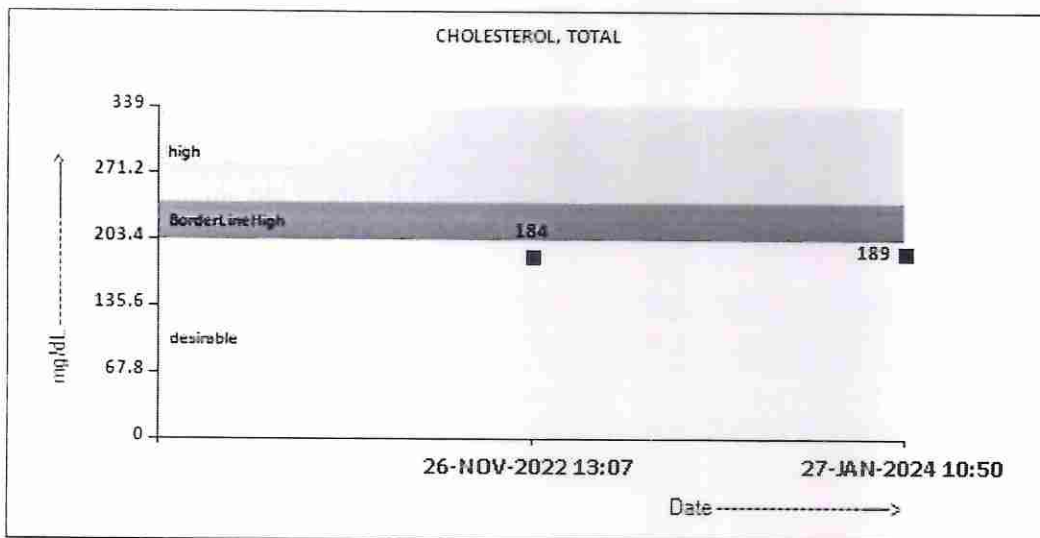
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CORP-OPD  
BILLNO-150124OPCR005098  
BILLNO-150124OPCR005098

Test Report Status	Final	Results	Biological Reference Interval	Units
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LDL/HDL RATIO	1.4	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk
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METHOD : CALCULATED PARAMETER



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**DRAWN :27/01/2024 09:50:00**

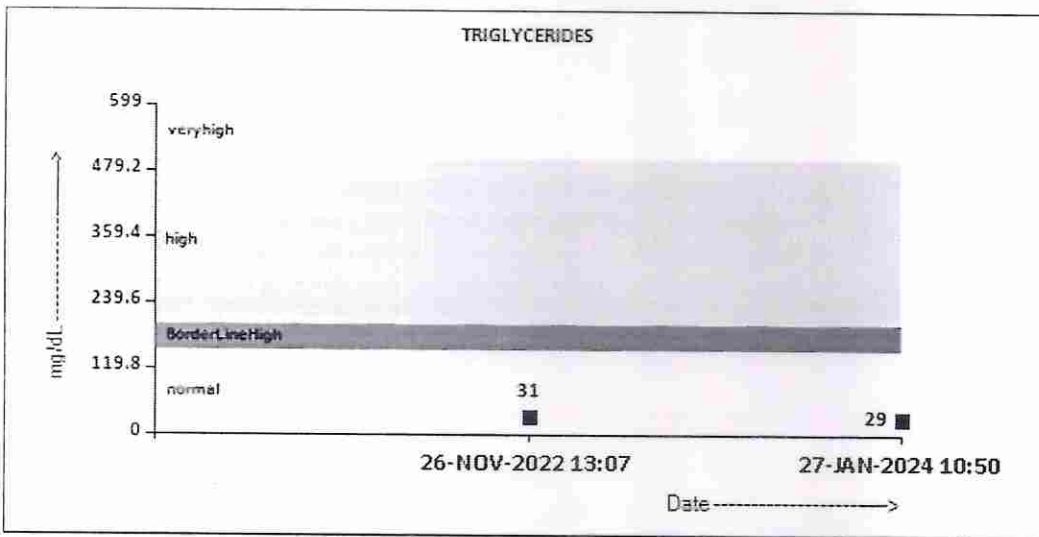
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**REPORTED :27/01/2024 14:26:33**

**CLINICAL INFORMATION :**

UID:12144004 REQNO-1654856  
 CORP-OPD  
 BILLNO-150124OPCR005098  
 BILLNO-150124OPCR005098

Test Report Status	Final	Results	Biological Reference Interval	Units
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**Dr. Akshay Dhotre, MD**  
 (Reg.no. MMC 2019/09/6377)  
 Consultant Pathologist



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



**Patient Ref. No. 22000000898693**

**PATIENT NAME : MRS.SHILPA TOMAR**

**REF. DOCTOR :**

**CODE/NAME & ADDRESS : C000045507**

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

**ACCESSION NO : 0022XA004665**

**PATIENT ID : FH.12144004**

**CLIENT PATIENT ID: UID:12144004**

**ABHA NO :**

**AGE/SEX : 40 Years Female**

**DRAWN : 27/01/2024 09:50:00**

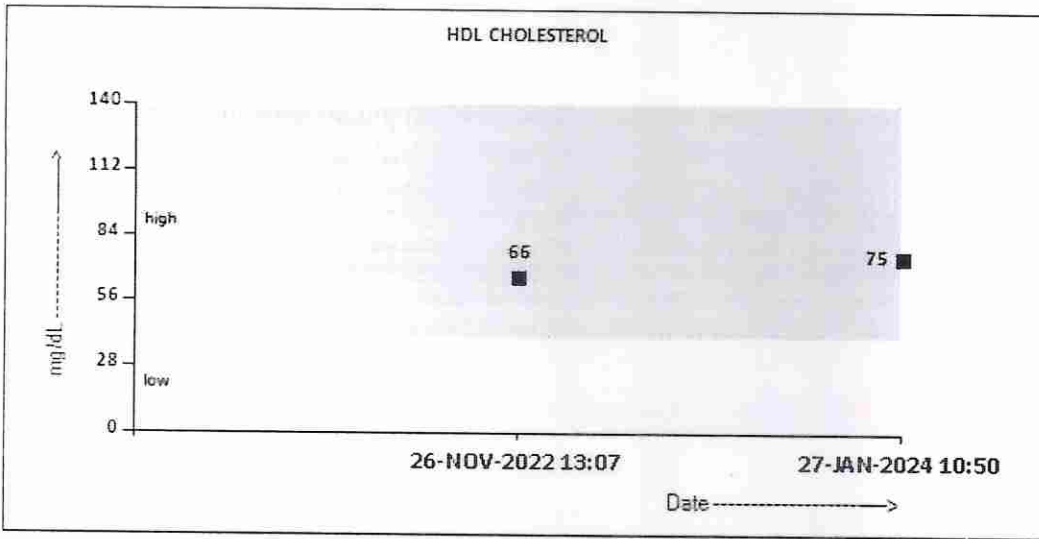
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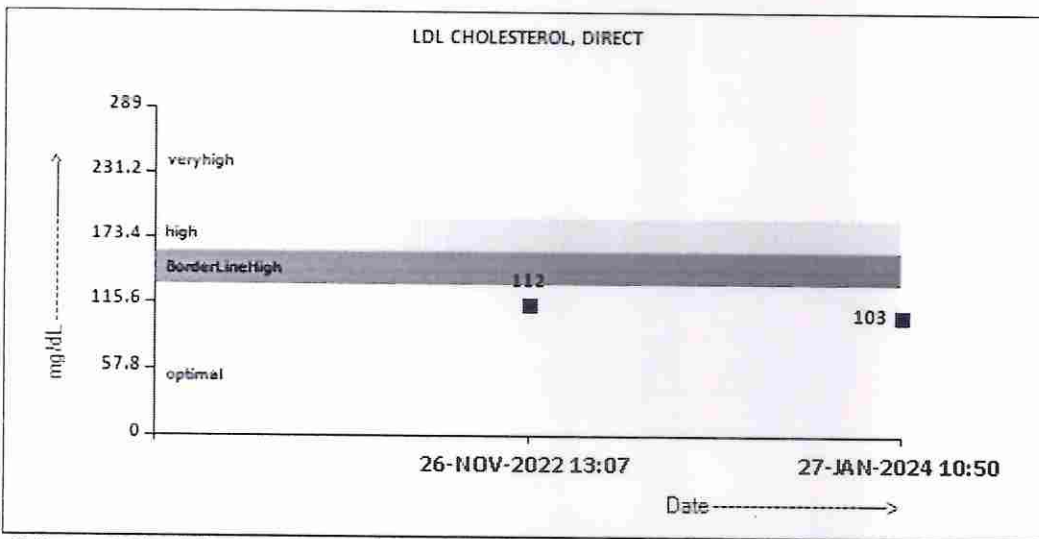
**Patient Ref. No. 2200000898693**

<b>PATIENT NAME : MRS.SHILPA TOMAR</b>		<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS : C000045507</b>	<b>ACCESSION NO : 0022XA004665</b>	<b>AGE/SEX : 40 Years Female</b>
FORTIS VASHI-CHC -SPLZD	<b>PATIENT ID : FH.12144004</b>	<b>DRAWN : 27/01/2024 09:50:00</b>
FORTIS HOSPITAL # VASHI,	<b>CLIENT PATIENT ID: UID:12144004</b>	<b>RECEIVED : 27/01/2024 09:51:06</b>
MUMBAI 440001	<b>ABHA NO :</b>	<b>REPORTED : 27/01/2024 14:26:33</b>

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Interpretation(s)

**Dr. Akshay Dhotre, MD**  
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Patient Ref. No. 22000000898693

<b>PATIENT NAME : MRS.SHILPA TOMAR</b>		<b>REF. DOCTOR :</b>	
<b>CODE/NAME &amp; ADDRESS : C000045507</b>		<b>ACCESSION NO : 0022XA004665</b>	<b>AGE/SEX : 40 Years Female</b>
FORTIS VASHI-CHC -SPLZD		<b>PATIENT ID : FH.12144004</b>	<b>DRAWN : 27/01/2024 09:50:00</b>
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Test Report Status	Final	Results	Biological Reference Interval	Units
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**CLINICAL PATH - URINALYSIS**

**KIDNEY PANEL - 1**

**PHYSICAL EXAMINATION, URINE**

<b>COLOR</b> METHOD : PHYSICAL	PALE YELLOW
<b>APPEARANCE</b> METHOD : VISUAL	CLEAR

**CHEMICAL EXAMINATION, URINE**

<b>PH</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD	7.5	4.7 - 7.5
<b>SPECIFIC GRAVITY</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)	<=1.005	1.003 - 1.035
<b>PROTEIN</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE	NOT DETECTED	NOT DETECTED
<b>GLUCOSE</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/P6D	NOT DETECTED	NOT DETECTED
<b>KETONES</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY, ROTHERA'S PRINCIPLE	NOT DETECTED	NOT DETECTED
<b>BLOOD</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY, PEROXIDASE LIKE ACTIVITY OF HAEMOGLOBIN	NOT DETECTED	NOT DETECTED
<b>BILIRUBIN</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT	NOT DETECTED	NOT DETECTED
<b>UROBILINOGEN</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRlich REACTION)	NORMAL	NORMAL
<b>NITRITE</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE	NOT DETECTED	NOT DETECTED
<b>LEUKOCYTE ESTERASE</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY, ESTERASE HYDROLYSIS ACTIVITY	NOT DETECTED	NOT DETECTED

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

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



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Patient Ref. No. 22000000898693



<b>PATIENT NAME : MRS.SHILPA TOMAR</b>		<b>REF. DOCTOR :</b>	
<b>CODE/NAME &amp; ADDRESS : C000045507</b>		<b>ACCESSION NO : 0022XA004665</b>	
FORTIS VASHI-CHC -SPLZD		AGE/SEX : 40 Years Female	
FORTIS HOSPITAL # VASHI,		DRAWN : 27/01/2024 09:50:00	
MUMBAI 440001		RECEIVED : 27/01/2024 09:51:06	
PATIENT ID : FH.12144004		REPORTED : 27/01/2024 14:26:33	
CLIENT PATIENT ID: UID:12144004			
ABHA NO :			

**CLINICAL INFORMATION :**

UID:12144004 REQNO-1654856  
 CORP-OPD  
 BILLNO-150124OPCR005098  
 BILLNO-150124OPCR005098

Test Report Status	Results	Biological Reference Interval	Units
<b>Final</b>			
<b>MICROSCOPIC EXAMINATION, URINE</b>			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION			
PUS CELL (WBC'S)	2-3	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	2-3	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			
CASTS	NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION			
CRYSTALS	NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION			
BACTERIA	NOT 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



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Patient Ref. No. 2200000898693

PATIENT NAME : MRS.SHILPA TOMAR

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

ACCESSION NO : 0022XA004665

PATIENT ID : FH.12144004

CLIENT PATIENT ID: UID:12144004

ABHA NO :

AGE/SEX :40 Years Female

DRAWN :27/01/2024 09:50:00

RECEIVED :27/01/2024 09:51:06

REPORTED :27/01/2024 14:26:33

## CLINICAL INFORMATION :

UID:12144004 REQNO-1654856

CORP-OPD

BILLNO-150124OPCR005098

BILLNO-150124OPCR005098

Test Report Status	Final	Results	Biological Reference Interval	Units
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## SPECIALISED CHEMISTRY - HORMONE

## THYROID PANEL, SERUM

T3	113.5	Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0	ng/dL
----	-------	---	-------

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

T4	9.24	Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	µg/dL
----	------	---	-------

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

TSH (ULTRASENSITIVE)	1.930	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
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METHOD : ELECTROCHEMILUMINESCENCE.SANDWICH IMMUNOASSAY

## Interpretation(s)

\*\*End Of Report\*\*

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

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CIN - U74899PB1995PLC045956  
Email : -



Patient Ref. No. 2200000898693

REF. DOCTOR : SELF

PATIENT NAME : MRS. SHILPA TOMAR

CODE/NAME & ADDRESS : C0000045507  
 FORTIS VASHI-CHC -SPLZD  
 FORTIS HOSPITAL # VASHI,  
 MUMBAI 440001

ACCESSION NO : 0022XA004729  
 PATIENT ID : FH.12144004  
 CLIENT PATIENT ID: UID:12144004  
 ABHA NO :

AGE/SEX : 40 Years Female  
 DRAWN : 27/01/2024 12:15:00  
 RECEIVED : 27/01/2024 12:17:05  
 REPORTED : 27/01/2024 13:27:27

CLINICAL INFORMATION :

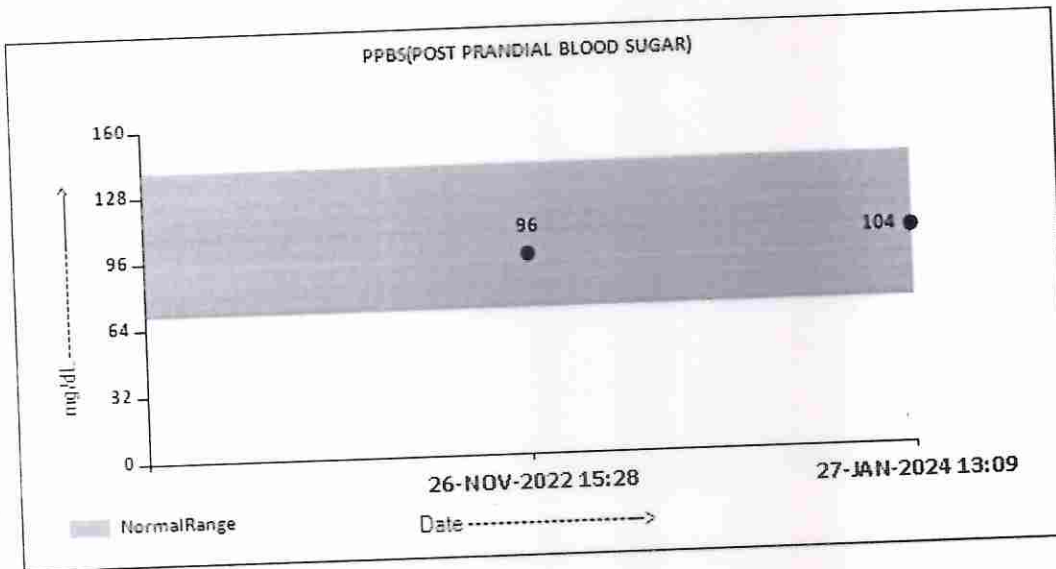
UID:12144004 REQNO-1654856  
 CORP-OPD  
 BILLNO-1501240PCR005098  
 BILLNO-1501240PCR005098

Test Report Status	Results	Biological Reference Interval	Units
Final			

BIOCHEMISTRY

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR) 104 70 - 140 mg/dL  
 METHOD : HEXOKINASE



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

\*\*End Of Report\*\*

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40 Years

Female

HC

*Normal*

Rate 78 . Sinus rhythm.....normal P axis, V-rate 50-99  
 . Borderline short PR interval.....PR int <120ms  
 . Borderline T abnormalities, anterior leads.....T flat or neg, V2-V4

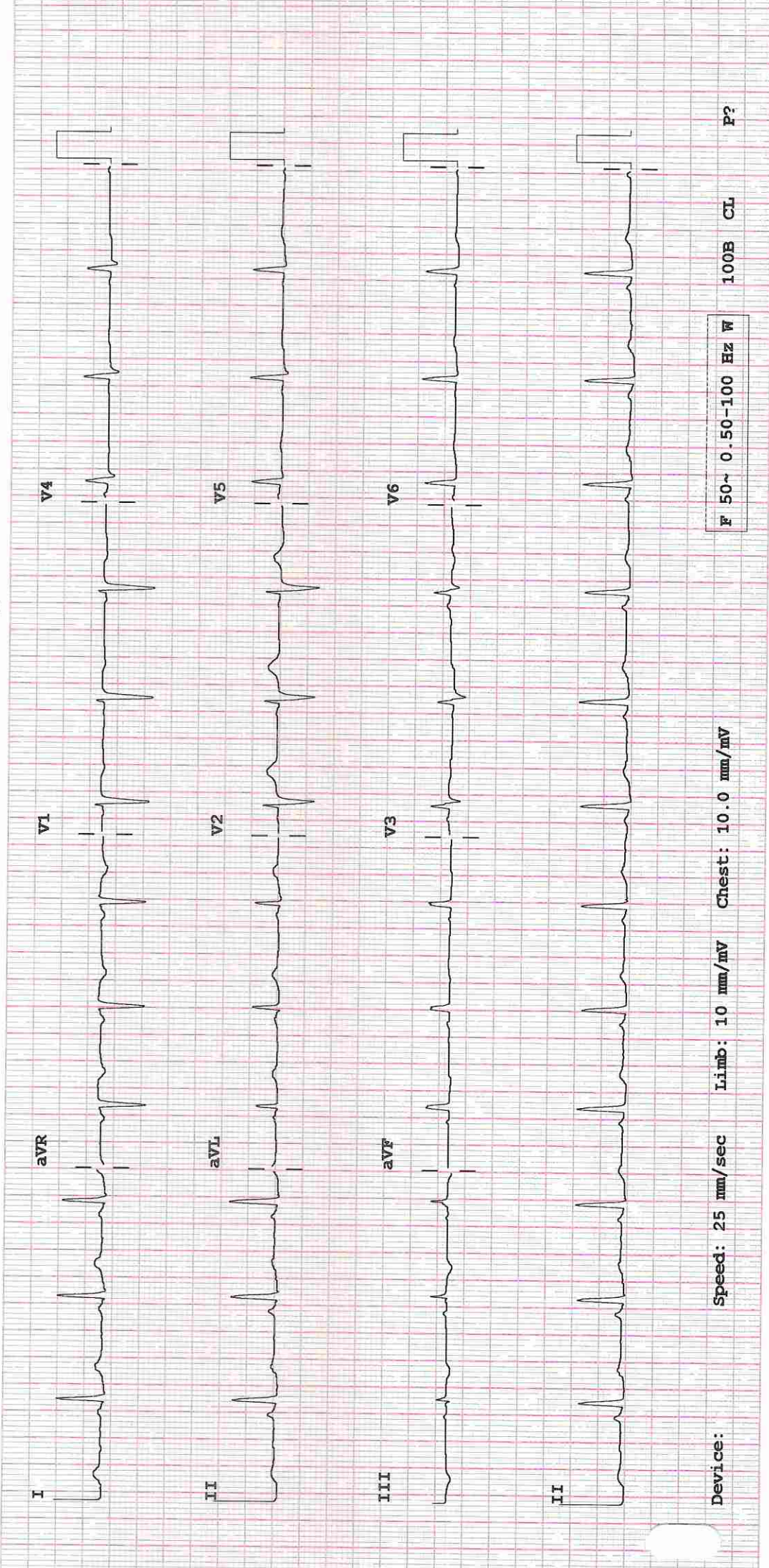
PR 114  
 QRSD 89  
 QT 360  
 QTc 411

--AXIS--  
 P 25  
 QRS 39  
 T 1

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



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

F 50~ 0.50-100 Hz W

100B CL P?



DEPARTMENT OF NIC

Date: 29/Jan/2024

Name: Mrs. Shilpa Tomar

UHID | Episode No : 12144004 | 5257/24/1501

Age | Sex: 40 YEAR(S) | Female

Order No | Order Date: 1501/PN/OP/2401/10863 | 27-Jan-2024

Order Station : FO-OPD

Admitted On | Reporting Date : 29-Jan-2024 13:16:14

Bed Name :

Order Doctor Name : Dr.SELF .

ECHOCARDIOGRAPHY TRANSTHORACIC

FINDINGS:

- No left ventricle regional wall motion abnormality at rest.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction. No e/o raised LVEDP.
- Trivial mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension. PASP = 25 mm of Hg.
- Intact IVS and IAS.
- No left ventricle clot/vegetation/pericardial effusion.
- Normal right atrium and right ventricle dimension.
- Normal left atrium and left ventricle dimension.
- Normal right ventricle systolic function. No hepatic congestion.
- IVC measures 14 mm with normal inspiratory collapse .

M-MODE MEASUREMENTS:

LA	29	mm
AO Root	20	mm
AO CUSP SEP	16	mm
LVID (s)	28	mm
LVID (d)	44	mm
IVS (d)	09	mm
LVPW (d)	09	mm
RVID (d)	34	mm
RA	30	mm
LVEF	60	%



## DEPARTMENT OF NIC

Date: 29/Jan/2024

Name: Mrs. Shilpa Tomar  
Age | Sex: 40 YEAR(S) | Female  
Order Station : FO-OPD  
Bed Name :

UHID | Episode No : 12144004 | 5257/24/1501  
Order No | Order Date: 1501/PN/OP/2401/10863 | 27-Jan-2024  
Admitted On | Reporting Date : 29-Jan-2024 13:16:14  
Order Doctor Name : Dr.SELF.


**DOPPLER STUDY:**

E WAVE VELOCITY: 0.9 m/sec.  
A WAVE VELOCITY: 0.7 m/sec  
E/A RATIO: 1.2

	PEAK (mmHg)	MEAN (mmHg)	V max (m/sec)	GRADE OF REGURGITATION
MITRAL VALVE	N			Trivial
AORTIC VALVE	05			Nil
TRICUSPID VALVE	25			Trivial
PULMONARY VALVE	2.0			Nil

**Final Impression :**

- No RWMA.
- Trivial MR and TR. No PH.
- Normal LV and RV systolic function.

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

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



Patient Name	: Shilpa Tomar	Patient ID	: 12144004
Sex / Age	: F / 40Y 2M 20D	Accession No.	: PHC.7370692
Modality	: US	Scan DateTime	: 27-01-2024 12:43:53
IPID No	: 5257/24/1501	ReportDatetime	: 27-01-2024 12:55:08

### 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 physiologically distended. Gall bladder reveals normal wall thickness. No evidence of calculi in gall bladder. No evidence of pericholecystic collection. **CBD** appears normal in caliber.

**SPLEEN** is normal in size and echogenicity.

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

Right kidney measures 10.4 x 4.3 cm.

Left kidney measures 10.2 x 5.1 cm.

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

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

**UTERUS** is normal in size, measuring 8.1 x 4.1 x 4.7 cm.

Endometrium measures 9.3 mm in thickness.

Both ovaries are normal.

Right ovary measures 3.1 x 1.3 x 2.8 cm, volume 6.4 cc.

Left ovary measures 2.6 x 3.2 x 1.7 cm, volume 7.5 cc.

No evidence of ascites.

#### Impression:

- No significant abnormality is detected.

**DR. CHETAN KHADKE**

**M.D. (Radiologist)**