



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: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ yrs

Sex: M / F

BP: 120/80 mmHg Height (cms): 158 cm Weight(kgs): 65 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																										
kg	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	42																									
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	42																									
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	41	42																								
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	41	42																								
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	40	41	42																							
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	40	41	42																							
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	39	40	41	42																						
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	39	40	41	42																						
5'9" - 176.2	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42																					
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	38	39	40	41	42																					
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	38	39	40	41	42																					
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	37	38	39	40	41	42																				
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	37	38	39	40	41	42																				
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	36	37	38	39	40	41	42																			
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	36	37	38	39	40	41	42																			
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	36	37	38	39	40	41	42																			

Doctors Notes:

---

---

---

---

---

---

---

---

---

---

Signature \_\_\_\_\_



UHID	12994214	Date	24/02/2024		
Name	Mrs. Shraddha Gupta	Sex	Female	Age	41
OPD	Pap Smear	Health Check Up			

- married since  
 - 17 yr

- LMP - 16/2/24

- P, L, A, P

- P, → LSCS → 13 yr male -

- No any H/O Comorbidities

- FH/O → Mother - DM,  
 father - ? ca.

Drug allergy: Nil

Sys illness:

- removal of fallopian  
 tube syzbae

Regular / 3-4 days mod flow 2 or 3 days,

Adv

PV Examination -

Mild white  
 discharge  
 No Bleeding  
 healthy cx.

- counselled about  
 Pap smear.

- pap smear every 3 yrly

- pap smear taken.

*[Signature]*



UHID	12994199	Date	24/02/2024		
Name	Mr Santosh Gupta	Sex	M	Age	45
OPD	Ophthal	Health Check-Up			

Chs. Study done

Drug allergy: → Not known

Sys illness: → NO

Habit → NO

Hx NO

Visual → R 6/6P  
 → L 6/6P

~~CVD~~  
 20 20ml  
 ↓  
 20ml / 30ml  
 ↓  
 20ml 30ml  
 CRT

Ref → R - 0.50 am. 6/6  
 → L - 0.50 am 6/6  
 Add → +1.50 → W6  
 → W6

JOP → R 14.8  
 → L 15.8

*Handwritten signature*

Refraction → ⊖ — ⊖ — ⊖ — ⊖  
 ↓  
 Lenses



Rajeev Fortis, Malvern.

UHID	12994214	Date	24/02/2024		
Name	Mrs. Shraddha Gupta	Sex	Female	Age	41
OPD	Dental 12	Health Check Up			

(9316222606)

Drug allergy:  
Sys illness:

M.H. → N.R.H.

O/E → stains +, calculus +.  
deep. occlusal caries +/8

Rx - Adv scaling  
- Adv. R.V.G. +/8:

Dr. Inehel Kamble  
MDS (Ortho)  
A-292th

(7447855245)



UHID	12994214	Date	24/02/2024		
Name	Mrs. Shraddha Gupta	Sex	Female	Age	41
OPD	Ophthal 14	Health Check Up			

Ans. No

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

Habit → No

Hx No

Uvlt → R 6/60 (Ph) / L 6/60 (Ph)

Ph → RG - 1.75 / -0.50 X 160  
 Ph → LG - 1.25 / -0.50 X 160

Add → +1.00 -

FOP → R → 14.8  
 FOP → L → 15.8

show as Ph

*[Signature]*

PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

FORTIS VASHI-CHC -SPLZD

FORTIS HOSPITAL # VASHI,

MUMBAI 440001

ACCESSION NO : 0022XB005205

PATIENT ID : FH.12994214

CLIENT PATIENT ID: UID:12994214

ABHA NO :

AGE/SEX : 41 Years Female

DRAWN : 24/02/2024 10:23:00

RECEIVED : 24/02/2024 10:24:45

REPORTED : 24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121

CORP-OPD

BILLNO-150124OPCR010970

BILLNO-150124OPCR010970

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

## HAEMATOLOGY - CBC

## CBC-5, EDTA WHOLE BLOOD

## BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	12.3	12.0 - 15.0	g/dL
METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	4.43	3.8 - 4.8	mil/ $\mu$ L
METHOD : HYDRODYNAMIC FOCUSING			
WHITE BLOOD CELL (WBC) COUNT	5.16	4.0 - 10.0	thou/ $\mu$ L
METHOD : FLUORESCENCE FLOW CYTOMETRY			
PLATELET COUNT	355	150 - 410	thou/ $\mu$ L
METHOD : HYDRODYNAMIC FOCUSING BY DC DETECTION			

## RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	40.5	36.0 - 46.0	%
METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD			
MEAN CORPUSCULAR VOLUME (MCV)	91.4	83.0 - 101.0	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	27.8	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	30.4 Low	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	13.1	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	20.6		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	10.2	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

## WBC DIFFERENTIAL COUNT



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

Page 1 Of 16



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. 22000000904802

PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XB005205

PATIENT ID : FH.12994214

CLIENT PATIENT ID: UID:12994214

ABHA NO :

AGE/SEX :41 Years Female

DRAWN : 24/02/2024 10:23:00

RECEIVED : 24/02/2024 10:24:45

REPORTED : 24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121  
CORP-OPD  
BILLNO-150124OPCR010970  
BILLNO-150124OPCR010970

Test Report Status	Final	Results	Biological Reference Interval	Units
NEUTROPHILS		58	40.0 - 80.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
LYMPHOCYTES		35	20.0 - 40.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
MONOCYTES		06	2.0 - 10.0	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
EOSINOPHILS		01	1 - 6	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
BASOPHILS		0	0 - 2	%
METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING				
ABSOLUTE NEUTROPHIL COUNT		2.99	2.0 - 7.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.81	1.0 - 3.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.31	0.2 - 1.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.05	0.02 - 0.50	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0.00 Low	0.02 - 0.10	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.7		
METHOD : CALCULATED				

## MORPHOLOGY

RBC

METHOD : MICROSCOPIC EXAMINATION

PREDOMINANTLY NORMOCYTIC NORMOCHROMIC

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 16



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. 2200000904802

PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

ACCESSION NO : 0022XB005205

AGE/SEX : 41 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12994214

DRAWN : 24/02/2024 10:23:00

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:12994214

RECEIVED : 24/02/2024 10:24:45

MUMBAI 440001

ABHA NO :

REPORTED : 24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121

CORP-OPD

BILLNO-150124OPCR010970

BILLNO-150124OPCR010970

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.



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



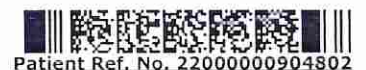
View Details



View Report

## PERFORMED AT :

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



Patient Ref. No. 22000000904802



PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XB005205

PATIENT ID : FH.12994214

CLIENT PATIENT ID: UID:12994214

ABHA NO :

AGE/SEX : 41 Years Female

DRAWN : 24/02/2024 10:23:00

RECEIVED : 24/02/2024 10:24:45

REPORTED : 24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121  
CORP-OPD  
BILLNO-150124OPCR010970  
BILLNO-150124OPCR010970

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

Final

## HAEMATOLOGY

## ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R 25 High 0 - 20 mm at 1 hr  
METHOD : WESTERGREN 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)

METHOD : HB VARIANT (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG) 96.8 < 116.0 mg/dL

METHOD : CALCULATED PARAMETER

## Interpretation(s)

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

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

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

## TEST INTERPRETATION

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

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

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

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

## LIMITATIONS

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

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



Page 4 Of 16

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 : 022-39199222,022-49723322,  
CIN - U74899PB1995PLC045956  
Email : -


  
Patient Ref. No. 22000000904802

PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XB005205

PATIENT ID : FH.12994214

CLIENT PATIENT ID: UID:12994214

ABHA NO :

AGE/SEX : 41 Years Female

DRAWN : 24/02/2024 10:23:00

RECEIVED : 24/02/2024 10:24:45

REPORTED : 24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121  
CORP-OPD  
BILLNO-150124OPCR010970  
BILLNO-150124OPCR010970

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

## REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition; 2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin; 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.  
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
  2. Diagnosing diabetes.
  3. Identifying patients at increased risk for diabetes (prediabetes).
- The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.
1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
  2. eAG gives an evaluation of blood glucose levels for the last couple of months.
  3. eAG is calculated as  $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

## HbA1c Estimation can get affected due to :

1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
2. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin).
3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates 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 (Boronate 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 5 Of 16



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. 2200000904802

PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XB005205

PATIENT ID : FH.12994214

CLIENT PATIENT ID: UID:12994214

ABHA NO :

AGE/SEX :41 Years Female

DRAWN :24/02/2024 10:23:00

RECEIVED :24/02/2024 10:24:45

REPORTED :24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121  
CORP-OPD  
BILLNO-150124OPCR010970  
BILLNO-150124OPCR010970

Test Report Status	Results	Biological Reference Interval	Units
Final			

## IMMUNOHAEMATOLOGY

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

ABO GROUP

TYPE A

METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

## Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-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 6 Of 16



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. 2200000904802

PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XB005205

PATIENT ID : FH.12994214

CLIENT PATIENT ID: UID:12994214

ABHA NO :

AGE/SEX : 41 Years Female

DRAWN : 24/02/2024 10:23:00

RECEIVED : 24/02/2024 10:24:45

REPORTED : 24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121  
CORP-OPD  
BILLNO-150124OPCR010970  
BILLNO-150124OPCR010970

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

## BIOCHEMISTRY

## LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.68	0.2 - 1.0	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, DIRECT	0.15	0.0 - 0.2	mg/dL
METHOD : JENDRASSIK AND GROFF			
BILIRUBIN, INDIRECT	0.53	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	8.5 High	6.4 - 8.2	g/dL
METHOD : BIURET			
ALBUMIN	4.0	3.4 - 5.0	g/dL
METHOD : BCP DYE BINDING			
GLOBULIN	4.5 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)	13 Low	15 - 37	U/L
METHOD : UV WITH P5P			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	< 34.0	U/L
METHOD : UV WITH P5P			
ALKALINE PHOSPHATASE	70	30 - 120	U/L
METHOD : PNPP-ANP			
GAMMA GLUTAMYL TRANSFERASE (GGT)	22	5 - 55	U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE			
LACTATE DEHYDROGENASE	126	81 - 234	U/L
METHOD : LACTATE -PYRUVATE			

## GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	79	Normal : < 100 Pre-diabetes: 100-125 Diabetes: >=126	mg/dL
---------------------------	----	--	-------

METHOD : HEXOKINASE



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

Page 7 Of 16



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. 22000000904802

PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XB005205

PATIENT ID : FH.12994214

CLIENT PATIENT ID: UID:12994214

ABHA NO :

AGE/SEX :41 Years Female

DRAWN :24/02/2024 10:23:00

RECEIVED :24/02/2024 10:24:45

REPORTED :24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121  
CORP-OPD  
BILLNO-150124OPCR010970  
BILLNO-150124OPCR010970

Test Report Status	Final	Results	Biological Reference Interval	Units
<b>KIDNEY PANEL - 1</b>				
<b>BLOOD UREA NITROGEN (BUN), SERUM</b>				
BLOOD UREA NITROGEN		7	6 - 20	mg/dL
METHOD : UREASE - UV				
<b>CREATININE EGFR- EPI</b>				
CREATININE		0.80	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES				
AGE		41		years
GLOMERULAR FILTRATION RATE (FEMALE)		94.87	Refer Interpretation Below	mL/min/1.73m <sup>2</sup>
METHOD : CALCULATED PARAMETER				
<b>BUN/CREAT RATIO</b>				
BUN/CREAT RATIO		8.75	5.00 - 15.00	
METHOD : CALCULATED PARAMETER				
<b>URIC ACID, SERUM</b>				
URIC ACID		5.0	2.6 - 6.0	mg/dL
METHOD : URICASE UV				
<b>TOTAL PROTEIN, SERUM</b>				
TOTAL PROTEIN		8.5 High	6.4 - 8.2	g/dL
METHOD : BIURET				



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

Page 8 Of 16



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. 22000000904802

PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

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

ACCESSION NO : 0022XB005205

PATIENT ID : FH.12994214

CLIENT PATIENT ID: UID:12994214

ABHA NO :

AGE/SEX : 41 Years Female

DRAWN : 24/02/2024 10:23:00

RECEIVED : 24/02/2024 10:24:45

REPORTED : 24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121

CORP-OPD

BILLNO-150124OPCR010970

BILLNO-150124OPCR010970

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

## ALBUMIN, SERUM

ALBUMIN	4.0	3.4 - 5.0	g/dL
---------	-----	-----------	------

METHOD : BCP DYE BINDING

## GLOBULIN

GLOBULIN	4.5 High	2.0 - 4.1	g/dL
----------	----------	-----------	------

METHOD : CALCULATED PARAMETER

## ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM	138	136 - 145	mmol/L
---------------	-----	-----------	--------

METHOD : ISE INDIRECT

POTASSIUM, SERUM	4.24	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 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.



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

Page 9 Of 16



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. 22000000904802

PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

ACCESSION NO : 0022XB005205

AGE/SEX : 41 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12994214

DRAWN : 24/02/2024 10:23:00

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:12994214

RECEIVED : 24/02/2024 10:24:45

MUMBAI 440001

ABHA NO :

REPORTED : 24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121

CORP-OPD

BILLNO-150124OPCR010970

BILLNO-150124OPCR010970

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

**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 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 1.73m<sup>2</sup>). 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.



Page 10 Of 16

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 : 022-39199222, 022-49723322,

CIN - U74899PB1995PLC045956

Email : -



Patient Ref. No. 2200000904802

PATIENT NAME : MRS.SHRADDHA GUPTA

REF. DOCTOR :

CODE/NAME &amp; ADDRESS : C000045507

ACCESSION NO : 0022XB005205

AGE/SEX : 41 Years Female

FORTIS VASHI-CHC -SPLZD

PATIENT ID : FH.12994214

DRAWN : 24/02/2024 10:23:00

FORTIS HOSPITAL # VASHI,

CLIENT PATIENT ID: UID:12994214

RECEIVED : 24/02/2024 10:24:45

MUMBAI 440001

ABHA NO :

REPORTED : 24/02/2024 13:47:59

## CLINICAL INFORMATION :

UID:12994214 REQNO-1667121

CORP-OPD

BILLNO-150124OPCR010970

BILLNO-150124OPCR010970

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

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.



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

Page 11 Of 16



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. 22000000904802



**PATIENT NAME : MRS.SHRADDHA GUPTA**

**REF. DOCTOR :**

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

**ACCESSION NO : 0022XB005205**  
**PATIENT ID : FH.12994214**  
**CLIENT PATIENT ID: UID:12994214**  
**ABHA NO :**

**AGE/SEX : 41 Years Female**  
**DRAWN : 24/02/2024 10:23:00**  
**RECEIVED : 24/02/2024 10:24:45**  
**REPORTED : 24/02/2024 13:47:59**

**CLINICAL INFORMATION :**

UID:12994214 REQNO-1667121  
 CORP-OPD  
 BILLNO-150124OPCR010970  
 BILLNO-150124OPCR010970

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

**BIOCHEMISTRY - LIPID**

**LIPID PROFILE, SERUM**

CHOLESTEROL, TOTAL	158	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
METHOD : ENZYMATIC/COLORIMETRIC, CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	145	< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	36 Low	< 40 Low >=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	104	< 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	122	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	29.0	</= 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	4.4	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



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. 22000000904802

**PATIENT NAME : MRS.SHRADDHA GUPTA**
**REF. DOCTOR :**
**CODE/NAME & ADDRESS : C000045507**

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

**ACCESSION NO : 0022XB005205**

 PATIENT ID : FH.12994214  
 CLIENT PATIENT ID: UID:12994214  
 ABHA NO :

AGE/SEX : 41 Years Female

DRAWN : 24/02/2024 10:23:00

RECEIVED : 24/02/2024 10:24:45

REPORTED : 24/02/2024 13:47:59

**CLINICAL INFORMATION :**

 UID:12994214 REQNO-1667121  
 CORP-OPD  
 BILLNO-150124OPCR010970  
 BILLNO-150124OPCR010970

Test Report Status	Results	Biological Reference Interval	Units
<b>Final</b>			
LDL/HDL RATIO	2.9	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER			

**Interpretation(s)**


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

Page 13 Of 16



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. 2200000904802

<b>PATIENT NAME :</b> MRS.SHRADDHA GUPTA		<b>REF. DOCTOR :</b>	
<b>CODE/NAME &amp; ADDRESS :</b> C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001		<b>ACCESSION NO :</b> 0022XB005205	<b>AGE/SEX :</b> 41 Years Female
		<b>PATIENT ID :</b> FH.12994214	<b>DRAWN :</b> 24/02/2024 10:23:00
		<b>CLIENT PATIENT ID:</b> UID:12994214	<b>RECEIVED :</b> 24/02/2024 10:24:45
		<b>ABHA NO :</b>	<b>REPORTED :</b> 24/02/2024 13:47:59

**CLINICAL INFORMATION :**

UID:12994214 REQNO-1667121  
CORP-OPD  
BILLNO-150124OPCR010970  
BILLNO-150124OPCR010970

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

**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**

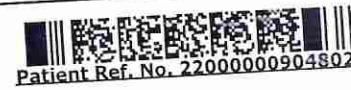
<b>PH</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD	6.0	4.7 - 7.5
<b>SPECIFIC GRAVITY</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (APPARENT PKA CHANGE OF PRETREATED POLYELECTROLYTES IN RELATION TO IONIC CONCENTRATION)	<=1.005	1.003 - 1.035
<b>PROTEIN</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY - PROTEIN-ERROR-OF-INDICATOR PRINCIPLE	NOT DETECTED	NOT DETECTED
<b>GLUCOSE</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY, DOUBLE SEQUENTIAL ENZYME REACTION-GOD/POD	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	DETECTED (TRACE) IN URINE	NOT DETECTED
<b>BILIRUBIN</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY, DIAZOTIZATION- COUPLING OF BILIRUBIN WITH DIAZOTIZED SALT	NOT DETECTED	NORMAL
<b>UROBILINOGEN</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (MODIFIED EHRlich REACTION)	NORMAL	NOT DETECTED
<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



**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 : -





<b>PATIENT NAME :</b> MRS.SHRADDHA GUPTA	<b>REF. DOCTOR :</b>
<b>CODE/NAME &amp; ADDRESS :</b> C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	<b>ACCESSION NO :</b> 0022XB005205 <b>PATIENT ID :</b> FH.12994214 <b>CLIENT PATIENT ID: UID:</b> 12994214 <b>ABHA NO :</b>
	<b>AGE/SEX :</b> 41 Years Female <b>DRAWN :</b> 24/02/2024 10:23:00 <b>RECEIVED :</b> 24/02/2024 10:24:45 <b>REPORTED :</b> 24/02/2024 13:47:59

**CLINICAL INFORMATION :**

UID:12994214 REQNO-1667121  
CORP-OPD  
BILLNO-150124OPCR010970  
BILLNO-150124OPCR010970

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

**MICROSCOPIC EXAMINATION, URINE**

RED BLOOD CELLS METHOD : MICROSCOPIC EXAMINATION	0 - 1	NOT DETECTED	/HPF
PUS CELL (WBC'S) METHOD : MICROSCOPIC EXAMINATION	3-5	0-5	/HPF
EPITHELIAL CELLS METHOD : MICROSCOPIC EXAMINATION	0-1	0-5	/HPF
CASTS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
CRYSTALS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED		
BACTERIA METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
YEAST METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED	
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



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 : -



<b>PATIENT NAME :</b> MRS.SHRADDHA GUPTA		<b>REF. DOCTOR :</b>	
<b>CODE/NAME &amp; ADDRESS :</b> C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001		<b>ACCESSION NO :</b> 0022XB005205	<b>AGE/SEX :</b> 41 Years Female
		<b>PATIENT ID :</b> FH.12994214	<b>DRAWN :</b> 24/02/2024 10:23:00
		<b>CLIENT PATIENT ID:</b> UID:12994214	<b>RECEIVED :</b> 24/02/2024 10:24:45
		<b>ABHA NO :</b>	<b>REPORTED :</b> 24/02/2024 13:47:59

**CLINICAL INFORMATION :**  
 UID:12994214 REQNO-1667121  
 CORP-OPD  
 BILLNO-150124OPCR010970  
 BILLNO-150124OPCR010970

Test Report Status	Results	Biological Reference Interval	Units
Final			

**SPECIALISED CHEMISTRY - HORMONE**

**THYROID PANEL, SERUM**

T3	119.8	Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0	ng/dL
T4	7.31	Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	µg/dL
TSH (ULTRASENSITIVE)	3.060	Non Pregnant Women 0.27 - 4.20 Pregnant Women (As per American Thyroid Association) 1st Trimester 0.100 - 2.500 2nd Trimester 0.200 - 3.000 3rd Trimester 0.300 - 3.000	µIU/mL

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

METHOD : ELECTROCHEMILUMINESCENCE IMMUNOASSAY, COMPETITIVE PRINCIPLE

METHOD : ELECTROCHEMILUMINESCENCE,SANDWICH IMMUNOASSAY

**Interpretation(s)**

**\*\*End Of Report\*\***  
 Please visit [www.agilusdiagnostics.com](http://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 Seashore Road, Sector 10,  
 Navi Mumbai, 400703  
 Maharashtra, India  
 Tel : 022-39199222,022-49723322,  
 CIN - U74899PB1995PLC045956  
 Email : -



Patient Ref. No. 22000000904802

<b>PATIENT NAME : MRS.SHRADDHA GUPTA</b>		<b>REF. DOCTOR :</b>	
<b>CODE/NAME &amp; ADDRESS : C000045507</b>		<b>ACCESSION NO : 0022XB005275</b>	<b>AGE/SEX : 41 Years Female</b>
FORTIS VASHI-CHC -SPLZD		<b>PATIENT ID : FH.12994214</b>	<b>DRAWN : 24/02/2024 13:00:00</b>
FORTIS HOSPITAL # VASHI,		<b>CLIENT PATIENT ID: UID:12994214</b>	<b>RECEIVED : 24/02/2024 13:00:31</b>
MUMBAI 440001		<b>ABHA NO :</b>	<b>REPORTED : 24/02/2024 14:21:29</b>

**CLINICAL INFORMATION :**  
 UID:12994214 REQNO-1667121  
 CORP-OPD  
 BILLNO-150124OPCR010970  
 BILLNO-150124OPCR010970

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

<b>BIOCHEMISTRY</b>			
<b>GLUCOSE, POST-PRANDIAL, PLASMA</b>			
PPBS(POST PRANDIAL BLOOD SUGAR)	76	70 - 140	mg/dL
METHOD : HEXOKINASE			

**Comments**

NOTE: POST PRANDIAL PLASMA GLUCOSE VALUES TO BE CORRELATE WITH CLINICAL, DIETETIC AND THERAPEUTIC HISTORY.

**Interpretation(s)**

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

**\*\*End Of Report\*\***

Please visit [www.agilusdiagnostics.com](http://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 Seashore Road, Sector 10,  
 Navi Mumbai, 400703  
 Maharashtra, India  
 Tel : 022-39199222,022-49723322,  
 CIN - U74899PB1995PLC045956  
 Email : -



Patient Ref. No. 22000000904872

<b>PATIENT NAME :</b> MRS.SHRADDHA GUPTA	<b>REF. DOCTOR :</b>	
<b>CODE/NAME &amp; ADDRESS :</b> C000045507 FORTIS VASHI-CHC -SPLZD FORTIS HOSPITAL # VASHI, MUMBAI 440001	<b>ACCESSION NO :</b> 0022XB005313	<b>AGE/SEX :</b> 41 Years Female
	<b>PATIENT ID :</b> FH.12994214	<b>DRAWN :</b> 24/02/2024 16:20:00
	<b>CLIENT PATIENT ID:</b> UID:12994214	<b>RECEIVED :</b> 24/02/2024 16:22:54
	<b>ABHA NO :</b>	<b>REPORTED :</b> 26/02/2024 13:08:05

**CLINICAL INFORMATION :**

UID:12994214 REQNO-1667121  
CORP-OPD  
BILLNO-150124OPCR010970  
BILLNO-150124OPCR010970

**Test Report Status** **Final**

Units

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

TEST METHOD

SPECIMEN TYPE

REPORTING SYSTEM

SPECIMEN ADEQUACY

METHOD : MICROSCOPIC EXAMINATION

MICROSCOPY

INTERPRETATION / RESULT

CONVENTIONAL GYNEC CYTOLOGY

TWO UNSTAINED CERVICAL SMEARS RECEIVED

2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY

SATISFACTORY

SMEARS STUDIED SHOW SUPERFICIAL SQUAMOUS CELLS,  
INTERMEDIATE SQUAMOUS CELLS, FEW SQUAMOUS METAPLASTIC  
CELLS, FEW CLUSTERS OF ENDOCERVICAL CELLS IN THE BACKGROUND  
OF MODERATE POLYMORPHS  
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.

SMEAR WILL BE PRESERVED FOR 5 YRS

**\*\*End Of Report\*\***

Please visit [www.agilusdiagnostics.com](http://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 Seashore Road, Sector 10,  
Navi Mumbai, 400703  
Maharashtra, India  
Tel : 022-39199222, 022-49723322,  
CIN - U74899PB1995PLC045956  
Email : -

  
Patient Ref. No. 22000000904910

41 Years

Female

HC

Normal

Rate 59 Sinus rhythm.....normal P axis, V-rate 50- 99

PR	142
QRSD	75
QT	379
QTc	376

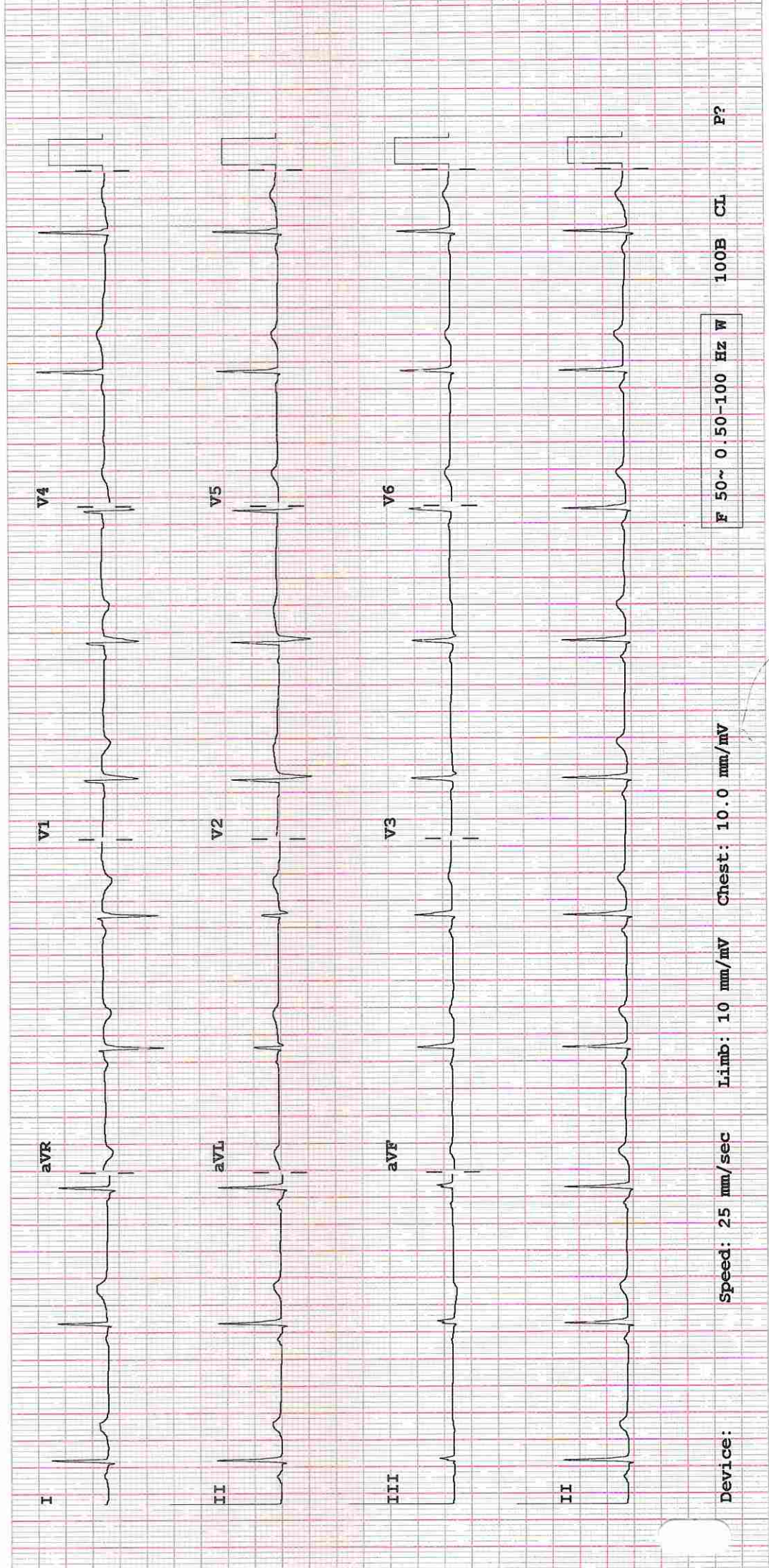
--AXIS--

P	46
QRS	37
T	7

- NORMAL ECG -

12 Lead; Standard Placement

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: 26/Feb/2024

Name: Mrs. Shraddha Gupta  
Age | Sex: 41 YEAR(S) | Female  
Order Station : FO-OPD  
Bed Name :

UHID | Episode No : 12994214 | 11218/24/1501  
Order No | Order Date: 1501/PN/OP/2402/23347 | 24-Feb-2024  
Admitted On | Reporting Date : 26-Feb-2024 12:46:29  
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 11 mm with normal inspiratory collapse .

**M-MODE MEASUREMENTS:**

LA	31	mm
AO Root	18	mm
AO CUSP SEP	14	mm
LVID (s)	24	mm
LVID (d)	35	mm
IVS (d)	11	mm
LVPW (d)	11	mm
RVID (d)	25	mm
RA	28	mm
LVEF	60	%

Hiranandani Healthcare Pvt. Ltd.

Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.

Board Line: 022 - 39199222 | Fax: 022 - 39133220

Emergency: 022 - 39199100 | Ambulance: 1255

For Appointment: 022 - 39199200 | Health Checkup: 022 - 39199300

www.fortishealthcare.com | vashi@fortishealthcare.com

CIN: U85100MH2005PTC 154823

GST IN : 27AABCH5894D1ZG

PAN NO : AABCH5894D



DEPARTMENT OF NIC

Date: 26/feb/2024

Name: Mrs. Shraddha Gupta

Age | Sex: 41 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12994214 | 11218/24/1501

Order No | Order Date: 1501/PN/OP/2402/23347 | 24-Feb-2024

Admitted On | Reporting Date : 26-Feb-2024 12:46:29

Order Doctor Name : Dr.SELF .

**DOPPLER STUDY:**

E WAVE VELOCITY: 0.9 m/sec.


A WAVE VELOCITY:0.8 m/sec

E/A RATIO: 1.1

	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	: Shraddha Gupta	Patient ID	: 12994214
Sex / Age	: F / 41Y 8M 1D	Accession No.	: PHC.7549757
Modality	: US	Scan DateTime	: 24-02-2024 13:16:47
IPID No	: 11218/24/1501	ReportDatetime	: 24-02-2024 14:01:33

### 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 8.8 x 4.1 cm. An exophytic cortical cyst of size 11 x 10 mm is seen in mid pole.  
Another cortical cyst of size 10 x 8 mm is seen in upper pole.  
Left kidney measures 8.7 x 4.5 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 8.2 x 3.4 x 4.3 cm.  
Endometrium measures 4.1 mm in thickness.

Both ovaries are normal.

Right ovary measures 2.7 x 2.6 x 2.8 cm, volume ~ 10.9 cc. Dominant follicle noted within, measuring 18 x 13 mm.

Left ovary measures 2.4 x 2.6 x 1.8 cm, volume ~ 6.1 cc.

No evidence of ascites.

#### Impression:

- Right renal simple cysts as described.

**DR. CHETAN KHADKE**  
M.D. (Radiologist)



DEPARTMENT OF RADIOLOGY

Date: 24/Feb/2024

Name: Mrs. Shraddha Gupta

Age | Sex: 41 YEAR(S) | Female

Order Station : FO-OPD

Bed Name :

UHID | Episode No : 12994214 | 11218/24/1501

Order No | Order Date: 1501/PN/OP/2402/23347 | 24-Feb-2024

Admitted On | Reporting Date : 24-Feb-2024 13:49:49

Order Doctor Name : Dr.SELF .

USG - BOTH BREAST

**Findings:**

Simple cyst is seen in the retroareolar region of the right breast of size 6.7 x 4.1 mm.

Rest of the breast parenchyma appears normal.

No evidence of solid lesion.

No dilated ducts are noted.

The fibroglandular architecture is well maintained.

Retromammory soft tissues appear normal.

No evidence of axillary lymphadenopathy.

**Impression:**

- Simple cyst in the retroareolar region of the right breast.

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