

**Felix Hospital ( Felix Healthcare Pvt. Ltd )**

NH-01, Sector-137 Expressway Noida 201305

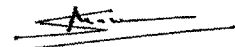
Reception: 7835999444,7835999555, Lab: 7835999333, Pharmacy: 7835999111, Email: info@felixhospital.com, pharmacy@felixhospital.com, DL.No. UP16200000886, GSTIN No. 09AABCF8206H3ZM

<b>UMR NO / IP No</b> : FHP241123843 / NA	<b>Bill Date</b> : 23-Nov-2024 10:01 AM
<b>Name</b> : Mrs . PRIYANKA VERMA	<b>Collection Date</b> : 23-Nov-2024 12:55 PM
<b>Age / Gender</b> : 39Y(s) / Female	<b>Reporting Date</b> : 23-Nov-2024 04:06 PM
<b>Specimen Type</b> : Urine	<b>Type / Bed No</b> : CREDIT / OPD
<b>Doctor Name</b> : Dr.SONAKSHI SAXENA	

## CLINICAL PATHOLOGY

BAR CD : 2411230507

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
<b>URINE ROUTINE AUTOMATED</b>			
<b>Physically Examinationj</b>			
Volume (ml)	40	ML	>10
Colour (Naked eye)	Pale yellow		PALE YELLOW
Appearance	Clear		Clear
Specific Gravity (Pre treated ion exchange resin)	1.020		1.005- 1.030
pH (Double Indicator)	6.0		5.0 - 8.5
Urine Protein (Tetra bromophenol)	NEGATIVE		NEGATIVE
Urine Glucose (GOP Chromogen)	NEGATIVE		NEGATIVE
Ketones (Na-Nitropruside reaction)	NEGATIVE		NEGATIVE
Bilirubin (Diazonium Salt)	NEGATIVE		NEGATIVE
Urobilinogen (Diazonium salt)	NEGATIVE		NEGATIVE
Blood (Tetramethyl benzadine)	NEGATIVE		NEGATIVE
Leucocytes Esterase (Diazonium method)	NEGATIVE		NEGATIVE
Nitrite (Diazonium compound coupling)	NEGATIVE		NEGATIVE
<b>Microscopy</b>			
R.B.C	NIL	/hpf	0 - 2
Pus cells	2-3		0 - 5
Epithelial cells	3-5	/hpf	0 - 5
Casts	ABSENT	/hpf	
Crystals	ABSENT	/hpf	
Bacteria	NEGATIVE		NEGATIVE



**Dr. SUMIT MAKKAR**

**MBBS,MD(Pathology)**

Prepared By  
User : EC4902  
Print Dt : 25-Nov-2024 12:26 PM

**24x7 {Helpline - 7835 999 444 , 7835 999 555}**

<b>UMR NO / IP No</b> : FHP241123843 / NA	<b>Bill Date</b> : 23-Nov-2024 10:01 AM
<b>Name</b> : Mrs . PRIYANKA VERMA	<b>Collection Date</b> : 23-Nov-2024 10:09 AM
<b>Age / Gender</b> : 39Y(s) / Female	<b>Reporting Date</b> : 23-Nov-2024 03:13 PM
<b>Specimen Type</b> : Fluoride Plasma	<b>Type / Bed No</b> : CREDIT / OPD
<b>Doctor Name</b> : Dr.SONAKSHI SAXENA	

### BIOCHEMISTRY

BAR CD : 2411230300

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
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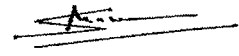
#### BLOOD SUGAR FASTING (BSF)

FASTING BLOOD SUGAR	90.00	mg/dl	74 - 110
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Comments :

*\*Please correlate clinically.*

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



**Dr. SUMIT MAKKAR**

**MBBS,MD(Pathology)**

Prepared By  
User : EC4153  
Print Dt : 25-Nov-2024 12:26 PM



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<b>Name</b> : Mrs . PRIYANKA VERMA	<b>Collection Date</b> : 23-Nov-2024 10:09 AM
<b>Age / Gender</b> : 39Y(s) / Female	<b>Reporting Date</b> : 23-Nov-2024 03:05 PM
<b>Specimen Type</b> : Serum	<b>Type / Bed No</b> : CREDIT / OPD
<b>Doctor Name</b> : Dr.SONAKSHI SAXENA	

## BIOCHEMISTRY

BAR CD : 2411230301

PARAMETER	RESULT	UNIT	
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### GGTP

GAMMA GT ( Kinetic )                      16.60                      U/L                      0 - 38

Comments :

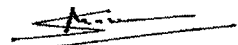
Comments:

An increased GGT level may be due to any of the following:

- Alcohol use
- Diabetes
- Flow of bile from the liver is blocked (cholestasis)
- Heart failure
- Swollen and inflamed liver (hepatitis)
- Lack of blood flow to the liver
- Death of liver tissue
- Liver cancer or tumor
- Lung disease
- Pancreas disease
- Scarring of the liver (cirrhosis)
- Use of drugs that are toxic to the liver

### LIPID PROFILE

CHOLESTEROL ( CHOD-PAP )	211.50	mg/dl	Normal: <200 Borderline High: 200-240 High: >240
TRIGLYCERIDES ( GPO-POD )	82.50	mg/dl	Normal: <200 Borderline High: 200-400 High: >400 Very High: >650



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<b>Specimen Type</b> : Serum	<b>Type / Bed No</b> : CREDIT / OPD
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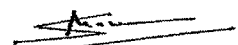
HDL CHOLESTEROL ( Enzymatic, colorimetric )	52.70	mg/dl	Low: <40High: >60
LDL CHOLESTEROL ( Calculated )	142.30	mg/dl	OPTIMAL: < 100 mg/dl NEAR OPTIMAL: 100 - 129 mg/dl BORDERLINE HIGH: 130 - 159 mg/dl HIGH: 160 - 189 mg/dl VERY HIGH: > 190 mg/dl
VLDL CHOLESTEROL ( Calculated )	16.50	mg/dl	5 - 30
Cholesterol/HDL Ratio ( Calculated )	4.01		> 4.5 High risk of Coronary Artery Disease

**Comments :**

*\*Please correlate clinically*

**LIVER FUNCTION TEST**

BILIRUBIN (TOTAL) ( Sulphanilic acid, DMSO )	<b>0.68</b>	mg/dl	0.2 - 1.3
BILIRUBIN (DIRECT) ( Sulphanilic acid, DMSO )	0.21	mg/dl	0.0 - 0.3
BILIRUBIN (INDIRECT) ( Calculated )	0.47		0.0 - 1.10
SGOT (AST) ( IFCC without pyridoxal phosphate activation )	18.50	U/L	0 - 40
SGPT (ALT) ( IFCC without pyridoxal phosphate activation )	17.80	U/L	0 - 41
ALKALINE PHOSPHATASE ( PNPP )	117.40	U/L	38 - 126
TOTAL PROTEINS ( Biuret )	8.10	g/dL	6.3 - 8.2
ALBUMIN ( Bromcresol Green (BCG) )	5.00	g/dL	3.5 - 5.0
GLOBULIN ( Calculated )	3.10	g/dL	2.8 - 3.2
A/G RATIO ( Calculated )	1.61		1.25 - 1.56:1



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<b>Specimen Type</b> : Serum	<b>Type / Bed No</b> : CREDIT / OPD
<b>Doctor Name</b> : Dr.SONAKSHI SAXENA	

**Comments :**

*\*Please correlate clinically.*

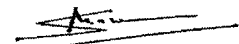
**KIDNEY FUNCTION TEST(KFT)**

UREA	<b>25.00</b>	mg/dl	15 - 40
CREATININE ( Enzymatic )	<b>0.56</b>		0.7 - 1.2
URIC ACID ( Uricase, colorimetric )	3.40	mg/dl	2.60 - 6.00
CALCIUM ( Arsenazo III )	8.70	mg/dl	8.6 - 10.3
PHOSPHORUS ( Molybdate UV )	2.99	mg/dl	2.6 - 4.5
SODIUM ( ISE )	135.80	mmol/l	135 - 145
POTASSIUM ( ISE )	3.88	mmol/l	3.5 - 5.5
CHLORIDE ( ISE )	103.50	mmol/l	98 - 107

**Comments :**

*\*Please correlate clinically.*

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



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**MBBS,MD(Pathology)**

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<b>Age / Gender</b> : 39Y(s) / Female	<b>Reporting Date</b> : 23-Nov-2024 02:01 PM
<b>Specimen Type</b> : Serum	<b>Type / Bed No</b> : CREDIT / OPD
<b>Doctor Name</b> : Dr.SONAKSHI SAXENA	

## IMMUNOLOGY

BAR CD : 2411230299

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
<b>THYROID PROFILE TOTAL(T3,T4,TSH)</b>			
T3	1.11	nmol/l	1.11 - 2.29
T4	131.54	nmol/l	62.00- 201.40
TSH	2.55	µIU/ml	0.38 - 5.33

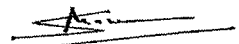
Comments :

Comments:

1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the value of TSH.
2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.
4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.
5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.

Please correlate clinically.

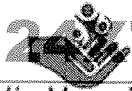
**\*\*\* End Of Report \*\*\***



**Dr. SUMIT MAKKAR**

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<b>Age / Gender</b> : 39Y(s) / Female	<b>Reporting Date</b> : 23-Nov-2024 11:09 AM
<b>Specimen Type</b> : Whole Blood	<b>Type / Bed No</b> : CREDIT / OPD
<b>Doctor Name</b> : Dr.SONAKSHI SAXENA	

## HAEMATOTOLOGY

BAR CD : 2411230298

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
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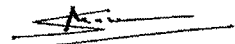
### BLOOD GROUP (RH TYPE)

Blood grouping	"B"
Rh TYPING	Positive

PARAMETER	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
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### HAEMOGRAM (CBC & ESR)

Haemoglobin ( Spectrophotometry )	12.80	g/dL	12 - 15
Total WBC Count ( Flowcytometry and peripheral smear )	6650		4000 - 10000
<b>Differential Count</b>			
Neutrophils ( Flowcytometry and peripheral smear )	64.90		40.00- 80.00
Lymphocytes ( Flowcytometry and peripheral smear )	27.60		20.00- 40.00
Monocytes ( Flowcytometry and peripheral smear )	5.20		2.00 - 10.00
Eosinophils ( Flowcytometry and peripheral smear )	2.30		1.00 - 6.00
Basophils ( Flowcytometry and peripheral smear )	0.00		0.00 - 1.00
Total RBC Count ( Electrical Impedence )	4.30	mil/cmm	3.80 - 5.80
HEMATOCRIT (PCV)	41.80	%	36.00- 46.00
MCV ( Calculated )	97.20		80.00- 100.00
MCH ( Calculated )	29.80	pg	27.00- 32.00
MCHC ( Calculated )	<b>30.70</b>	%	31.50- 34.50
PLATELETS ( Electrical Impedence )	2.18	x10 <sup>6</sup> /cmm	1.50 - 4.00



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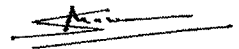
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<b>Age / Gender</b> : 39Y(s) / Female	<b>Reporting Date</b> : 23-Nov-2024 11:09 AM
<b>Specimen Type</b> : Whole Blood	<b>Type / Bed No</b> : CREDIT / OPD
<b>Doctor Name</b> : Dr.SONAKSHI SAXENA	

RDW-CV ( Calculated )	14.60	%	11.00- 16.00
RDW-SD	<b>37.10</b>	fl	39 - 52
PDW ( Calculated )	<b>18.70</b>	%	11 - 18
ESR ( WESTERGREN with Trisodium cirate whole blood )	10	mm at 1 hr.	0 - 20

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



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<b>Age / Gender</b> : 39Y(s) / Female	<b>Reporting Date</b> : 23-Nov-2024 10:52 AM
<b>Specimen Type</b> : EDTA WB	<b>Type / Bed No</b> : CREDIT / OPD
<b>Doctor Name</b> : Dr.SONAKSHI SAXENA	

## BIOCHEMISTRY

BAR CD : 2411230302

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
<b>GLYCOSYLATED HAEMOGLOBIN (HB A1C)</b>			
HBA1C	4.60	%	Non Diabetic : 4 - 6 Good Control : 6 - 7 Fair Control : 7 - 8 Poor Control : 8 - 10 Very Poor Control : > - 10

Comments :

Ref Range for HBA1c

Non Diabetic : < 5.7 %  
Pre-Diabetic : 5.7 - 6.5 %  
Diabetic : > 6.5 %

**Remark:** Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.

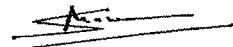
HbA1c goals in the treatment of diabetes:

**Ages 0-6 years** : 7.6% - 8.4%  
**Ages 6-12 years** : <8%  
**Ages 13-19 years** : <7.5%  
**Adults** : <7%

**Comments:** HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better

indicator of long term glyceimic control as compared to blood and urinary glucose determinations.

**(Note:** If a person has anemia, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a



**Dr. SUMIT MAKKAR**

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<b>Doctor Name</b> : Dr.SONAKSHI SAXENA	

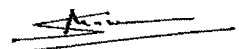
person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.)

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:

<b>HbA1c (%) :</b>	6	7	8	9	10	11	12
<b>Mean Plasma Glucose: (mg/dL)</b>	126	154	183	212	240	269	298

\*Please correlate clinically

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



**Dr. SUMIT MAKKAR**

**MBBS,MD(Pathology)**

Prepared By  
User : EC4921  
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## DEPARTMENT OF RADIOLOGY

Name	: Mrs . PRIYANKA VERMA	UMR NO	: FHP241123843
AGE / GENDER	: 39Y(s)/ Female	IP NO	: NA
S/o W/o D/o	: PRIYANKA VERMA	BILL NO	: ROP24000250
LOCATION	: OPD	BILL DT & TIME	: 23-Nov-2024 10:01 AM
ADVISED BY	: DR.SONAKSHI SAXENA	REPORTING DT & TIME	: 23-Nov-2024 12:50 PM

## ULTRASOUND WHOLE ABDOMEN FEMALE

### \*FINDINGS

**Liver** is normal in size, shape and shows homogenous echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.

**Gall bladder is not visualized consistent with post cholecystectomy status.** CBD is not dilated.

**Pancreas** is normal in size, shape and echotexture.

**Spleen** is normal in size and echotexture.

**Both kidneys** are normal in size, shape and echopattern. Cortico-medullary differentiation and parenchymal thickness is well maintained. No evidence of any pelvicalyceal separation is seen.

No evidence of any significant retroperitoneal lymphadenopathy is seen.

No evidence of fluid in peritoneal cavity.

**Urinary bladder** is normal in distensibility and wall thickness. The lumen is echofree.

**Uterus** is anteverted and normal in size (74 x 30 x 45 mm). Myometrial echoes are homogeneous. Endometrium thickness is 7.7 mm.

**Both ovaries** are normal in size, shape and echotexture.

Right ovary measures 26 x 14 mm. Left ovary measures 30 x 16 mm.

Cul-de-sac is clear.

**IMPRESSION: No significant abnormality detected.**

**Advice: Clinical Correlation.**

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

Dr. PULKIT SONI  
MBBS, DMRD, DNB  
Consultant Radiologist

## DEPARTMENT OF CARDIOLOGY

Name	: Mrs . PRIYANKA VERMA	UMR NO	: FHP241123843
AGE / GENDER	: 39Y(s)/ Female	IP NO	: NA
S/o W/o D/o	: PRIYANKA VERMA	BILL NO	: ROP24000250
LOCATION	: OPD	BILL DT & TIME	: 23-Nov-2024 10:01 AM
ADVISED BY	: DR.SONAKSHI SAXENA	REPORTING DT & TIME	: 23-Nov-2024 11:14 AM

### TMT OR ECHO SCREENING

#### \*FINDINGS

**REASON FOR EXAMINATION:** Routine

#### FINDINGS:

The patient was exercised according to standard Bruce protocol for 06:55 minutes achieving maximal heart rate of 159 resulting in 88 % of age-predicted maximal heart rate (181). Peak blood pressure was 150/90. The patient did not experience any chest discomfort during stress or recovery. The test was terminated due to leg fatigue and achieving target heart rate.

Electrocardiogram during stress and recovery did not reveal an additional 1 mm of ST depression compared to the baseline electrocardiogram.

#### IMPRESSION:

1. Good exercise tolerance.
2. Adequate heart rate and blood pressure response.
3. This maximal treadmill test did not evoke significant and diagnostic clinical or electrocardiographic evidence for significant occlusive coronary artery disease.

**CONCLUSION: TMT IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA.**

**ADVICE : CLINICAL CORRELATION.**

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

Dr. VIRENDRA SINGH  
MBBS, PGDCC  
REG NO.MCI-27964  
CONSULTANT

**24 X 7 { Helpline - +91-7835999444, 7835999555 }**

Patient Name	PRIYANKA VERMA 39Y		
Patient ID	2593	Age	39Yr
Referral Dr	Dr.	Sex	Female
Study Date Time	23 Nov 2024 10:26am	Report Date Time	23 Nov 2024 11:09am

### RADIOGRAPH OF THE CHEST PA VIEW

#### FINDINGS:

Both the lung fields are clear.

Both the costophrenic angles are clear.

Hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Hemidiaphragms are normal in position and contour.

Trachea is in the midline.

Bony thorax under view is unremarkable.

#### IMPRESSION:

**Radiograph chest does not reveal any significant abnormality.**



Dr. Barkha Keswani  
Consultant Radiologist

ID: 202411230928827

Name: Mrs. Priyanka Verma

Age: 32 Y/R

23-11-2024 10:13:31 AM

Vent. Rate  
PR Interval  
QRS Duration  
QT/QTc Interval  
P/QRS/T Axes  
QTc: Hodges

62 bpm  
100 ms  
98 ms  
392/396 ms  
13/0/-6 deg

Sinus rhythm  
— Interpretation made without knowing patient's gender/age —  
Short PR interval  
Inferior T wave abnormality is nonspecific

Borderline ECG

Unconfirmed Diagnosis.

