


**24X7 {Helpline - 7835 999 444 , 7835 999 555}**

**Patient Name :** Mr. RAVI SHEKHAR [UHIDNO:FHP25089504112022]  
**Age / Gender :** 34 Yr / Male  
**Address :** NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
UHIDNO:FHP250895041120

**Reg. ID :** OPD.23-24-71553

## BIOCHEMISTRY

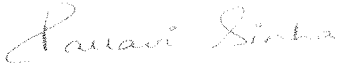
**Request Date :** 28-09-2023 08:48 AM  
**Collection Date :** 28-09-2023 01:23 PM[BI41271]  
**Acceptance Date :** 28-09-2023 01:23 PM | **TAT:** 00:19  
[HH:MM]

**Reporting Date :** 28-09-2023 01:42 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR POST PRONDIAL (BSPP) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: DIASYS SYS400 PRO</i>		118.0 mg/dL	80.00 - 140.00 mg/dL (Age <= 100 )

*Please correlate clinically*

END OF REPORT.



Dr. PALLAVI SINHA  
MBBS, MD, DNB  
(PATHOLOGY)

Prepared By  
SHIVAM

Up to **15%** Discount on Medicines Purchase from Felix Pharmacy  
फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट\*

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-71553

## HAEMATOLOGY

**Request Date :** 28-09-2023 08:48 AM  
**Collection Date :** 28-09-2023 09:02 AM[HA32675]  
**Acceptance Date :** 28-09-2023 09:02 AM | **TAT:** 06:14 [HH:MM]

**Reporting Date :** 28-09-2023 03:16 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR) *[ EDTA tube(purple top) ]</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		14.20 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		6640 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		45.50 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		<b>44.80 % *</b>	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		7.60 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		2.10 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		5.13 millions/cumm	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		44.20 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		86.20 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		27.60 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		32.00 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.60 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		12 mm/hr	M 0 - 10 F 5 - 20

Performed On: PENTRA ES60 (Horiba),5-Part differential cell counter

END OF REPORT.

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Prepared By  
SURAJ KUMAR

DR. PALLAVI SINHA  
MBBS, MD, DNB  
(PATHOLOGY)

• 24X7 Emergency • Ambulance • Pharmacy • Lab • Blood Bank

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
UHIDNO:FHP250895041120

**Reg. ID :** OPD.23-24-71553

### CLINICAL PATHOLOGY

**Request Date :** 28-09-2023 08:48 AM  
**Collection Date :** 28-09-2023 10:51 AM[CLP6976]  
**Acceptance Date :** 28-09-2023 10:52 AM | **TAT:** 02:54  
[HH:MM]

**Reporting Date :** 28-09-2023 01:46 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>URINE ROUTINE AUTOMATED *[ Random Urine ]</b>			
VOLUME		30 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.015	1.005 - 1.030
pH (DOUBLE INDICATOR)		6.5	5.00 - 8.50
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)		NIL	NIL
GLUCOSE (GOD-POD/ BENEDICTS)		NIL	NIL
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS		1-2 /HPF	0.0-3.0
RBC		NIL /HPF	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		1-2 /HPF	M 0.00 - 3.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

Please correlate clinically

END OF REPORT.



Prepared By  
CHANDAN KUMAR MANNA

Dr. PALLAVI SINHA  
MBBS, MD, DNB  
(PATHOLOGY)

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**Address :** NOIDA, Gautam Buddha Nagar, UTTAR PRADESH

**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-71553

### IMMUNOLOGY

**Request Date :** 28-09-2023 08:48 AM

**Reporting Date :** 28-09-2023 01:20 PM

**Collection Date :** 28-09-2023 09:02 AM [IMMU28264]

**Reporting Status :** Finalized

**Acceptance Date :** 28-09-2023 09:02 AM | **TAT:** 04:18  
[HH:MM]

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH)</b> * [ Plain tube (red top) ]	CLIA		
Total T3		1.60 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		146.00 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		2.63 µIU/mL	0.38 - 5.33 µIU/mL (Age 0 - 100 )

Performed On: ACCESS 2 (BECKMAN COULTER)

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.

Performed on: ACCESS 2 (BECKMAN COULTER)

END OF REPORT.



Prepared By  
PRANJALI RAI


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(PATHOLOGY)

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## BIOCHEMISTRY

**Request Date :** 28-09-2023 08:48 AM  
**Collection Date :** 28-09-2023 09:02 AM[B141189]  
**Acceptance Date :** 28-09-2023 09:03 AM | **TAT:** 04:07  
[HH:MM]

**Reporting Date :** 28-09-2023 01:10 PM

**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[ edta tube(purple top) ]</b> (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %  <i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are &lt;18 years of age.</i> <u>HbA1c goals in treatment of diabetes:</u> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7%  <i>Comments:</i> HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic 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 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:  HbA1c(%): 6 7 8 9 10 11 12  Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL)  Please correlate clinically		6.30 %	


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END OF REPORT.

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

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### BIOCHEMISTRY

**Request Date :** 28-09-2023 08:48 AM  
**Collection Date :** 28-09-2023 09:02 AM[B141188]  
**Acceptance Date :** 28-09-2023 09:02 AM | TAT: 04:01 [HH:MM]

**Reporting Date :** 28-09-2023 01:03 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		<b>13.20 mg/dL *</b>	M 19.00 - 44.00 mg/dL (Age 20 Y - 50 Y)
S.CREATININE (ENZYMATIC)*		<b>0.60 mg/dL *</b>	M 0.67 - 1.17 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		6.10 mg/dL	M 3.50 - 7.20 mg/dL
S.CALCIUM (ARSENazo DYE)*	Arsenazo III	9.00 mg/dL	8.60 - 10.30 mg/dL
S. SODIUM (DIRECT I.S.E.)*		138.2 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		3.70 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		<b>2.33 mg/dL *</b>	2.60 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		105.2 mmol/L	98.00 - 107.00 mmol/L (Age 0 - 100 )
<i>Performed On: DIASYS SYS400 PRO</i>			
<b>LIVER FUNCTION TEST *[ Plain tube (red top) ]</b>			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.77 mg/dL	Adult 0.10 - 1.20 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		<b>0.24 mg/dL *</b>	<= 0.20 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.53 mg/dL	Adult 0.00 - 1.00 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*	IFCC(Modified)	<b>36.50 IU/L *</b>	M < 31.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*	IFCC(Modified)	<b>43.10 IU/L *</b>	M < 41.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*	IFCC(Modified)	69.50 IU/L	M 40.00 - 129.00 IU/L
TOTAL PROTEIN (BIURET)*		7.90 gm/dL	Adult 6.60 - 8.80 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		4.70 gm/dL	Adult 3.50 - 5.20 gm/dL
GLOBULIN (CALCULATED)*	Calculated	3.20 gm/dL	Adult 2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.47	1.00 - 2.10
<i>Performed On: DIASYS SYS400 PRO</i>			
<i>Please correlate clinically</i>			

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**Collection Date :** 28-09-2023 09:02 AM[BI41188]  
**Acceptance Date :** 28-09-2023 09:02 AM | **TAT:** 04:01  
[HH:MM]

**Reporting Date :** 28-09-2023 01:03 PM

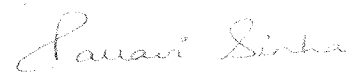
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		205.2 mg/dL	Normal <200, Borderline High 200 - 240, High >240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		162.5 mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		49.50 mg/dL	Low <40, high ≥ 60
LDL(Low density lipid) Calculated		123.20 mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160
VLDL(Very low density lipid) Calculated		32.5 mg/dL	16.00 - 45.00 mg/dL
CHOL/HDL Ratio Calculated		4.15	3.00 - 6.00

Performed On: DIASYS SYS400 PRO

Please correlate clinically

END OF REPORT.



Prepared By  
SHIVAM


Dr. PALLAVI SINHA  
MBBS, MD, DNB  
(PATHOLOGY)

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**Request Date :** 28-09-2023 08:48 AM  
**Collection Date :** 28-09-2023 09:02 AM[Bi41188]  
**Acceptance Date :** 28-09-2023 09:02 AM | **TAT:** 04:01 [HH:MM]

**Reporting Date :** 28-09-2023 01:03 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>GGTP *[ Plain tube (red top) ]</b>	KINETIC	51.10 U/L	M 0.00 - 55.00 U/L
<i>Performed On: DIASYS SYS400 PRO</i>			
<i>An increased GGT level may be due to any of the following:</i>			
<ul style="list-style-type: none"><li>• Alcohol use</li><li>• Diabetes</li><li>• Flow of bile from the liver is blocked (cholestasis)</li><li>• Heart failure</li><li>• Swollen and inflamed liver (hepatitis)</li><li>• Lack of blood flow to the liver</li><li>• Death of liver tissue</li><li>• Liver cancer or tumor</li><li>• Lung disease</li><li>• Pancreas disease</li><li>• Scarring of the liver (cirrhosis)</li><li>• Use of drugs that are toxic to the liver</li></ul>			

END OF REPORT.



Prepared By  
SHIVAM

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-71553

## BIOCHEMISTRY

**Request Date :** 28-09-2023 08:48 AM  
**Collection Date :** 28-09-2023 09:02 AM [BI41190]  
**Acceptance Date :** 28-09-2023 09:03 AM | **TAT:** 03:52  
[HH:MM]

**Reporting Date :** 28-09-2023 12:55 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR FASTING (BSF) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: DIASYS SYS400 PRO</i>		104.0 mg/dL	74.00 - 110.00 mg/dL (Age <= 100 )

*Please correlate clinically*

END OF REPORT.



Prepared By  
SHIVAM

Dr. PALLAVI SINHA  
MBBS, MD, DNB  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :**OPD.23-24-71553

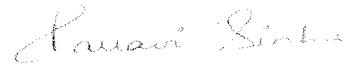
### HAEMATOLOGY

**Request Date :** 28-09-2023 08:48 AM  
**Collection Date :** 28-09-2023 09:02 AM[HA32675]  
**Acceptance Date :** 28-09-2023 09:02 AM | **TAT:** 03:47  
[HH:MM]

**Reporting Date :** 28-09-2023 12:49 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>Blood Group (RH Type) *[ EDTA tube(purple top) ]</b>			
Blood Group	Forward Grouping Method	O	
Rh Type	Forward Grouping Method	POSITIVE	
<i>Method- Forward &amp; Reverse Grouping (Tube Agglutination)</i>			

END OF REPORT.



Prepared By  
ANAND MAURYA

Dr. PALLAVI SINHA  
MBBS, MD, DNB  
(PATHOLOGY)

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Reg. No.: OPD.23-24-71553

Request Date : 28-09-2023 08:48 AM

Reporting Date : 28-09-2023 12:33 PM  
Report Status : Finalized

## TMT

**REASON FOR EXAMINATION:** Routine

### **FINDINGS:**

The patient was exercised according to standard Bruce protocol for 01:42 minutes achieving maximal heart rate of 177 resulting in 95% of age-predicted maximal heart rate (186). Peak blood pressure was 140/80. 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.Fair 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. SYED ZAFRUL HASAN

MBBS, PGDCC, ACMDC, DFM (U.K)

(Associate Consultant)

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Consultation Charges valid till 3 days

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## X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

X-RAY CHEST PA

FINDINGS

Lung fields are clear.

Both hilar shadows are normal.

Both domes of diaphragm are normal.

Both costophrenic angles are clear.

Cardiac silhouette is normal.

Soft tissues and bony thoracic cage are normal.

IMPRESSION-NORMAL CHEST X-RAY.

Please correlate clinically.

Dr. Ashma Mehta  
Senior Consultant Radiology  
MBBS,DMRD Gold Medalist

END OF REPORT

Dr Sai Naren V S  
MBBS, MD  
CONSULTANT RADIOLOGIST

Up to **15%** Discount on Medicines Purchase from Felix Pharmacy  
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**24X7 {Helpline - 7835 999 444 , 7835 999 555}**

Patient Name: Mr. RAVI SHEKHAR / UHIDNO:FHP25089504112022  
Age / Gender: 34 Yr /Male  
Address: NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.23-24-71553

Request Date : 28-09-2023 08:48 AM

Reporting Date : 28-09-2023 10:48 AM

Report Status : Finalized

## ULTRASOUND WHOLE ABDOMEN MALE

**Liver is enlarged in size, measuring ~ 152 mm and shows homogeneously raised echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.**

**Gall bladder** is distended and shows smooth walls and the lumen is echofree. 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. Right kidney measures 102 x 37 mm. Left kidney measures 95 x 42 mm.

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.

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

**IMPRESSION: Mild hepatomegaly with grade II fatty changes.**

Advice: Clinical Correlation.

END OF REPORT

Dr. PRIYANKA GUPTA  
MBBS, MD (Radio Diagnosis)  
P.D.C.C Breast Imaging (AIIMS)  
P.D.C.C Gastro Radiology (AIIMS)  
Consultant Interventional Radiology

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28/09/2023 09:49:25

FELIX HOSPITAL  
SEC 137, NOIDA

CARDIOPRINT

ID: 14  
AGE: 34 Y M D  
CASE: Mr Ravi Shekhar  
K9

PATE: 56 bpm SINUS RHYTHM  
R-R: 208 ms INFERIOR T WAVE ABNORMALITY IS NONSPECIFIC  
P-R: 146 ms  
QRS: 82 ms  
QT: 368 ms  
QTc: 379 ms

AXIS: P: 11°  
QRS: 19°  
T: 03°

12 SL: REPORT FORMAT 3x4+1L SQ

Dr. DR RAHUL ARORA

REF:

