

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mrs. SHIVANI SINGH [UHIDNO:FHP24411827092022]
Age / Gender : 32 Yr / Female
Address : H-168/20 GAMA-2 GREATER NOIDA, Gautam Buddha Nagar,
UTTAR PRADESH

UHIDNO:FHP244118270920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-75040

HAEMATOLOGY

Request Date : 27-09-2022 09:33 AM
Collection Date : 27-09-2022 09:37 AM[HA29095]
Acceptance Date : 27-09-2022 09:37 AM | TAT: 03:38
[HH:MM]

Reporting Date : 27-09-2022 01:15 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		9.70 gm/dL *	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		8600 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		69.1 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		24.5 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		3.6 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		2.8 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.0 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		3.61 millions/cumm *	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		29.8 % *	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		82.0 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		26.7 Picogram *	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		32.4 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.43 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		75 mm/hr *	M 0 - 10 F 5 - 20

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

END OF REPORT.

Prepared By
VARSHABEN JAGDISHBHAI VIDJA

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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

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Reg. ID : OPD.22-23-75040

BIOCHEMISTRY

Request Date : 27-09-2022 09:33 AM
Collection Date : 27-09-2022 09:37 AM [B136802]
Acceptance Date : 27-09-2022 09:37 AM | TAT: 05:45
[HH:MM]

Reporting Date : 27-09-2022 03:22 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		15.10 mg/dL	F 10.00 - 40.00
S.CREATININE (ENZYMATIC)*		0.60 mg/dL	F 0.52 - 1.04
S.URIC ACID (URICASE, COLORIMETRY)*		3.90 mg/dL	F 2.50 - 6.20
S.CALCIUM (ARSENAZO DYE)*		9.20 mg/dL	8.40 - 10.20
S. SODIUM (DIRECT I.S.E.)*		139.00 mmol/L	137.00 - 145.00
S. POTASSIUM (DIRECT I.S.E.)*		5.10 mmol/L	3.50 - 5.10
S. PHOSPHORUS (PMA PHENOL)*		4.10 mg/dL	2.50 - 4.50
<i>Performed On: VITROS 250</i>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.70 mg/dL	Adult 0.20 - 1.30
CONJUGATED(D.Bilirubin) (CALCULATED)		0.30 mg/dL	Adult 0.00 - 0.30
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.40 mg/dL	Adult 0.00 - 1.10
S.G.O.T (AST) (KINETIC LEUCO DYE)*		22.0 IU/L	F 14.00 - 36.00
S.G.P.T (ALT) (KINETIC LDH/NADH)*		23.0 IU/L	F 0.00 - 35.00
ALKALINE PHOSPHATASE (pNPP/AMP)*		106.0 IU/L *	F 35.00 - 104.00 (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.30 gm/dL	6.30 - 8.20
ALBUMIN (BROMOCRESOL GREEN)*		4.60 gm/dL	3.50 - 5.00
GLOBULIN (CALCULATED)*		2.7 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.70	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.



Prepared By
ABHISHEK RATHI

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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

This is not for Medical Legal purpose

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Reg. ID : OPD.22-23-75040

BIOCHEMISTRY


Request Date : 27-09-2022 09:33 AM
Collection Date : 27-09-2022 09:37 AM[B136802]
Acceptance Date : 27-09-2022 09:37 AM | TAT: 05:49
 [HH:MM]

Reporting Date : 27-09-2022 03:26 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		192.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		172.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		33.00 mg/dL *	40.00 - 60.00
LDL(Low density lipid) Calculated		124.60 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		34.40 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		5.82	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

Prepared By
 ABHISHEK RATHI


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BIOCHEMISTRY

Request Date : 27-09-2022 09:33 AM
Collection Date : 27-09-2022 09:37 AM[BI36802]
Acceptance Date : 27-09-2022 09:37 AM | TAT: 09:28
 [HH:MM]

Reporting Date : 27-09-2022 07:05 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference				
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[edta tube(purple top)] (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %		7.0 % *					
<p><i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.</i></p> <p><u>HbA1c goals in treatment of diabetes:</u></p> <p>Ages 0-6 years: 7.6% - 8.4%</p> <p>Ages 6-12 years: <8%</p> <p>Ages 13-19 years: <7.5%</p> <p>Adults: <7%</p>							
<p><i>Comments:</i></p> <p>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.</p>							
<p><i>(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.)</i></p>							
<p><i>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</i></p>							
HbA1c(%):	6	7	8	9	10	11	12
Mean Plasma Glucose:	126	154	183	212	240	269	298
(mg/dL)							
Please correlate clinically							

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HAEMATOLOGY

Request Date : 27-09-2022 09:33 AM
Collection Date : 27-09-2022 09:37 AM[HA29095]
Acceptance Date : 27-09-2022 09:37 AM | TAT: 07:36
 [HH:MM]

Reporting Date : 27-09-2022 05:13 PM
Reporting Status : Finalized

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

END OF REPORT.

Prepared By
VARSHABEN JAGDISHBHAI VIDJA

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID :OPD:22-23-75040

BIOCHEMISTRY

Request Date : 27-09-2022 09:33 AM
Collection Date : 27-09-2022 09:38 AM[B136803]
Acceptance Date : 27-09-2022 09:38 AM | TAT: 07:26
[HH:MM]


Reporting Date : 27-09-2022 05:04 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		117.0 mg/dL *	74.00 - 110.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Prepared By
SURAJ KUMAR


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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 UTTAR PRADESH


 UHIDNO:FHP244118270920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-75040

CLINICAL PATHOLOGY

Request Date : 27-09-2022 09:33 AM
Collection Date : 27-09-2022 12:25 PM[CLP7303]
Acceptance Date : 27-09-2022 12:26 PM | TAT: 04:14
 [HH:MM]

Reporting Date : 27-09-2022 04:40 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
URINE ROUTINE AUTOMATED *[Random Urine]			
VOLUME		30 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.010	1.005 - 1.030
pH (DOUBLE INDICATOR)		6.0	5.00 - 8.50
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)		NIL	NIL
GLUCOSE (GOD-POD/ BENEDICTS)		NIL	NIL
MICROSCOPIC EXAMINATION			
PUS CELLS		1-2 /HPF	0.0-3.0
RBC		2-4 /HPF *	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		1-2 /HPF	F 0.00 - 5.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

Please correlate clinically

END OF REPORT.



Prepared By
 VARSHABEN JAGDISHBHAI VIDJA

Dr. ASHILY KOSHY
 MBBS, MD(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mrs. SHIVANI SINGH [UHIDNO:FHP24411827092022]
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 UTTAR PRADESH

UHIDNO:FHP244118270920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-75040

IMMUNOLOGY

Request Date : 27-09-2022 09:33 AM
Collection Date : 27-09-2022 09:37 AM[IMMU19396]
Acceptance Date : 27-09-2022 09:37 AM |.TAT: 06:35
 [HH:MM]

Reporting Date : 27-09-2022 04:12 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH)	CLIA		
*[Plain tube (red top)]			
Total T3		0.91 nmol/L *	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		124.3 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		3.93 µIU/mL	0.38 - 5.33 µIU/mL (Age 0 - 100)
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>			
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.</p>			
<i>Performed on: ACCESS 2 (BECKMAN COULTER)</i>			

END OF REPORT.

Prepared By
SURAJ KUMAR

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

24x7 Helpline - 7835999444, 7835999555

Patient Name: Mrs. SHIVANI SINGH / UHIDNO:FHP24411827092022
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Address: H-168/20 GAMA-2 GREATER NOIDA, Gautam Buddha
Nagar, UTTAR PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-75040

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Reporting Date : 27-09-2022 12:23 PM

Report Status : Finalized

X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

No focal lesion seen in the lung parenchyma.

Costophrenic angles and domes of the diaphragm are normal.

Both hila are normal. Pulmonary vasculature is normal.

Cardiac size and configuration is normal.

Trachea is central; no mediastinal shift is seen.

Bony thorax and soft tissues of the chest wall are normal.

IMPRESSION: No abnormality detected.

Advise: Clinical correlation.

END OF REPORT

Dr. PULKIT SONI
MBBS, DMRD, DNB
(CONSULTANT RADIOLOGIST)

24x7 Helpline - 7835999444, 7835999555

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Address: H-168/20 GAMA-2 GREATER NOIDA, Gautam Buddha
Nagar, UTTAR PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-75040

Request Date : 27-09-2022 09:33 AM

Reporting Date : 27-09-2022 11:55 AM

Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN FEMALE

Liver is normal in size, shape 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. 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 normal in size, shape and echotexture. Myometrial echoes are homogeneous.

Endometrium thickness is ~ 6.6 mm.

Both ovaries are normal in size, shape and echotexture.

Cul-de-sac is clear.

IMPRESSION: Grade I fatty liver.

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

24x7 Helpline - 7835999444, 7835999555

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Requesting Doctor: DR. RAHUL ARORA

Reg. No.: OPD.22-23-75040

Request Date : 27-09-2022 09:33 AM

Reporting Date : 27-09-2022 10:26 AM

Report Status : Finalized

TREADMILL TEST (TMT)

REASON FOR EXAMINATION: Routine

FINDINGS:

The patient was exercised according to standard Bruce protocol for 04.57 minutes achieving maximal heart rate of 168 resulting in 89% of age-predicted maximal heart rate (188). Peak blood pressure was 136/80. 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. Adequate heart rate and blood pressure response.
2. 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. RAHUL ARORA
MBBS,MD,DM
(INTERVENTIONAL CARDIOLOGIST)

ID: 75025 CASE:

AGE: 32y / FD

Cms

K9 Shivani Singh

27/09/2022 10:16:42

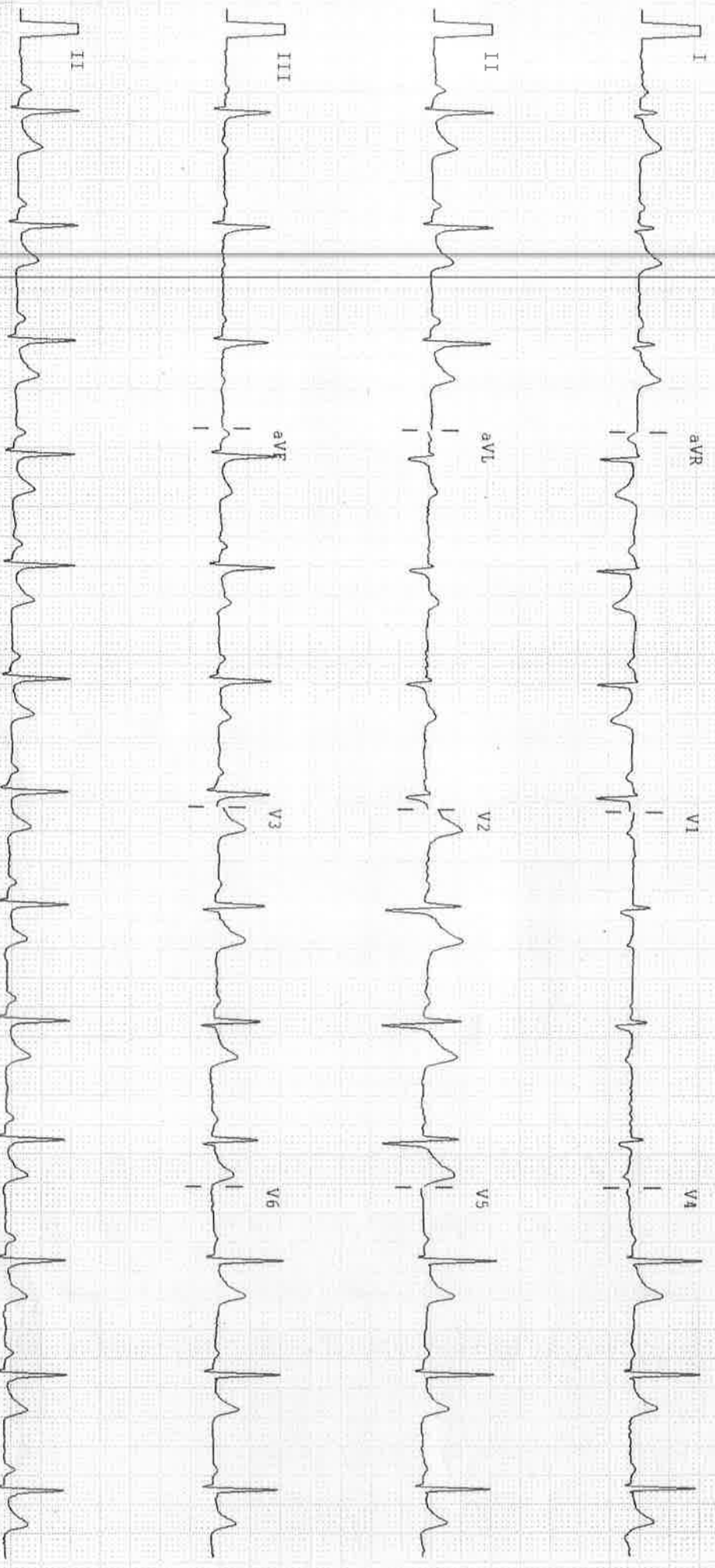
AGHPL
DERA BASSI

RATE	78 bpm	SINUS RHYTHM
R-R	761 ms	
P-R	150 ms	
QRS	80 ms	
QT	348 ms	
QTc	380 ms	
--AXIS--		
P	56°	
QRS	79°	
T	36°	

12 SL: REPORT FORMAT: 3x4+1L SQ

REF:

Dr. DR CMO



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

Mes. Shivani Singh

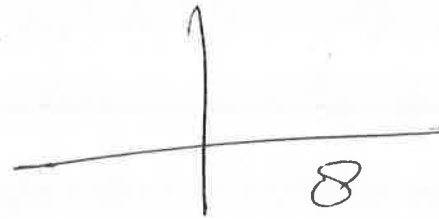
27/09/20

324 / R

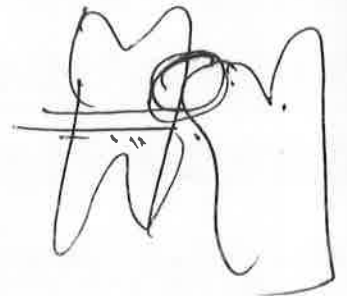
m/n - 10A.

Patient came for regular dental check up.

~~8E~~ Impacted



Advised



Dr. ADITI
BDS
Reg. No. 17092
Felix Hospital Sector 137 Noida

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

Patient : Mrs. SHIVANI SINGH [UHIDNO:FHP24411827092022]

Date : 27-09-2022

Age / Occupation: 32 Yr

Address : H 168/20 GAMA-2 GREATER NOIDA, Gautam Buddha Nagar, UTTAR PRADESH

Reason For Visit

c/o irritant reaction on face due to application of multiple cosmeceuticals x 2-3 months

Diagnosis

Sep 2022 - ?IRRITANT CONTACT DERMATITIS

Treatment Plan

PLANNED ON 27-09-2022

1. STOP ALL APPLICATION ✓
2. STRICT SUN PROTECTION ✓
3. SUNSCREEN SUNSCREEN 8AM-----11AM-----2PM ✓
4. TACVIDO FORTE -0.1% ONCE AT NIGHT THIN LAYER ON FACE CREAM ✓
5. RECHARM FACEWASH TWICE A DAY ✓
6. XERINA CREAM TWICE A DAY ON LEGS ✓

FOLLOW BALANCED DIET, NO DIETARY RESTRICTIONS
REVIEW AFTER 2 WEEKS; MAY REVIEW EARLIER IF REQUIRED.
MONDAYS, WEDNESDAYS – 9AM TO 1PM
TUESDAYS, THURSDAYS, FRIDAYS, SATURDAYS - 9AM TO 6PM

Dr. SAURABH BHATIA
MBBS, MD
Consultant Dermatologist
and Venereology
Reg No. DMC/R/11623
Former Senior Resident (AIIMS-ND),
Dermatology and Venereology - AIIMS-ND),
DMC/R/11623, IADVL - LM/H/9387

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