


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

Patient Name : Mrs. ANURADHA KUMARI [UHIDNO:FHP25089704112022]
Age / Gender : 31 Yr / Female
Address : NOIDA, Gautam Buddha Nagar, UTTAR PRADESH


UHIDNO:FHP250897041120

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-71554

HAEMATOLOGY

Request Date : 28-09-2023 08:50 AM
Collection Date : 28-09-2023 08:58 AM[HA32674]
Acceptance Date : 28-09-2023 08:58 AM | **TAT:** 03:50
[HH:MM]

Reporting Date : 28-09-2023 12:48 PM

Reporting Status : Finalized

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

END OF REPORT.



Prepared By
ANAND MAURYA

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

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

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

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HAEMATOLOGY

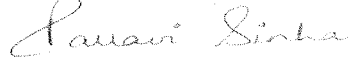
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Blood Group	Forward Grouping Method	AB	
Rh Type	Forward Grouping Method	POSITIVE	
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Reporting Date : 28-09-2023 03:48 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR) *[EDTA tube(purple top)]			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		7.60 gm/dL *	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5750 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		64.00 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		27.30 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		7.20 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		1.50 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		2.98 millions/cumm *	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		24.10 % *	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		80.80 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		24.30 Picogram *	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		30.10 % *	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.27 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		85 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
SURA KUMAR

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

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

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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-71554

CLINICAL PATHOLOGY

Request Date : 28-09-2023 08:50 AM
Collection Date : 28-09-2023 10:24 AM[CLP6973]
Acceptance Date : 28-09-2023 10:24 AM | **TAT:** 03:21 [HH:MM]


Reporting Date : 28-09-2023 01:45 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)		1.015	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		2-3 /HPF	0.0-3.0
RBC		NIL /HPF	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		3-4 /HPF	F 0.00 - 5.00 /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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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-71554

IMMUNOLOGY

Request Date : 28-09-2023 08:50 AM
Collection Date : 28-09-2023 08:58 AM[IMMU28263]
Acceptance Date : 28-09-2023 08:58 AM | TAT: 04:21
[HH:MM]

Reporting Date : 28-09-2023 01:19 PM
Reporting Status : Finalized

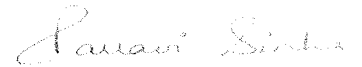
Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) *[Plain tube (red top)]	CLIA		
Total T3		1.56 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		120.20 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		2.50 µIU/mL	0.38 - 5.33 µIU/mL (Age 0 - 100)

Performed On: ACCESS 2 (BECKMAN COULTER)

- 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.
- 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.
- 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.
- 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.
- 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

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

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BIOCHEMISTRY

Request Date : 28-09-2023 08:50 AM
Collection Date : 28-09-2023 08:58 AM[BI41186]
Acceptance Date : 28-09-2023 08:58 AM | **TAT:** 04:12 [HH:MM]

Reporting Date : 28-09-2023 01:10 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 % <i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <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. <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> <i>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</i> HbA1c(%): 6 7 8 9 10 11 12 Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL) <i>Please correlate clinically</i>		5.40 %	

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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 08:50 AM
Collection Date : 28-09-2023 08:58 AM[BI41185]
Acceptance Date : 28-09-2023 08:58 AM | **TAT:** 04:07 [HH:MM]

Reporting Date : 28-09-2023 01:05 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		29.10 mg/dL	F 15.00 - 40.00 mg/dL (Age 20 Y - 50 Y)
S.CREATININE (ENZYMATIC)*		0.30 mg/dL *	F 0.51 - 0.95 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		3.30 mg/dL	F 2.60 - 6.00 mg/dL
S.CALCIUM (ARSENAZO DYE)*	Arsenazo III	9.20 mg/dL	8.60 - 10.30 mg/dL
S. SODIUM (DIRECT I.S.E.)*		135.2 mmol/L *	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		3.93 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.22 mg/dL	2.60 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		108.2 mmol/L *	98.00 - 107.00 mmol/L (Age 0 - 100)
<i>Performed On: DIASYS SYS400 PRO</i>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.80 mg/dL	Adult 0.10 - 1.20 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.30 mg/dL *	<= 0.20 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.50 mg/dL	Adult 0.00 - 1.00 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*	IFCC(Modified)	30.70 IU/L	F < 35.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*	IFCC(Modified)	24.30 IU/L	F < 31.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*	IFCC(Modified)	49.20 IU/L	F 35.00 - 104.00 IU/L
TOTAL PROTEIN (BIURET)*		7.40 gm/dL	Adult 6.60 - 8.80 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		4.20 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)		1.31	1.00 - 2.10
<i>Performed On: DIASYS SYS400 PRO</i>			
<i>Please correlate clinically</i>			

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Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		131.3 mg/dL	Normal <200, Borderline High 200 - 240, High >240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		90.50 mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		52.10 mg/dL	Low <40, high ≥ 60
LDL(Low density lipid) Calculated		61.10 mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160
VLDL(Very low density lipid) Calculated		18.1 mg/dL	16.00 - 45.00 mg/dL
CHOL/HDL Ratio Calculated		2.52 *	3.00 - 6.00

Performed On: DIASYS SYS400 PRO

Please correlate clinically

END OF REPORT.

Pallavi Sinha

Prepared By
SHIVAM

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

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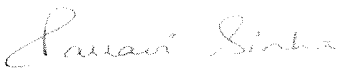
BIOCHEMISTRY

Request Date : 28-09-2023 08:50 AM
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Acceptance Date : 28-09-2023 08:58 AM | TAT: 04:06
[HH:MM]

Reporting Date : 28-09-2023 01:04 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
GGTP *[Plain tube (red top)]	KINETIC	15.20 U/L	F 0.00 - 38.00 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">• 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			

END OF REPORT.



Prepared By
SHIVAM

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(PATHOLOGY)

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Reg. ID :OPD.23-24-71554

BIOCHEMISTRY

Request Date : 28-09-2023 08:50 AM
Collection Date : 28-09-2023 08:58 AM[Bi41187]
Acceptance Date : 28-09-2023 08:58 AM | **TAT:** 03:57
[HH:MM]

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

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) * Sodium fluoride(grey top)] <i>Performed On: DIASYS SYS400 PRO</i>		102.0 mg/dL	74.00 - 110.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Pallavi Sinha

Prepared By
SHIVAM

Dr. PALLAVI SINHA
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(PATHOLOGY)

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Reg. No.: OPD.23-24-71554

Request Date : 28-09-2023 12:02 PM

Reporting Date : 28-09-2023 12:41 PM
Report Status : Finalized

ECHO COLOUR DOPPLER

INDICATIONS		SOB	
IMAGE QUALITY	GOOD	VIEWS	PLAX,PSAX,AP4CH,AP2CH

REPORT :-

MEASUREMENTS	ABSOLUTE VALUE	NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	23	23-34	Mitral E velocity	1.10m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18	>16	Mitral A velocity	0.78m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	31	25-40	Mitral E/A ratio	1.40	1-2
Left Ventricular ED Dimension (mm)	41	39-53	Mitral DT	141msec	160-240 msec
Left Ventricular ES Dimension (mm)	27	23-36	TAPSE	19 mm	≥16 mm
Interventricular Septal Thickness (mm)	ED 09 ES 13	6-11	Peak Aortic velocity	1.37 m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED 09 ES 17	6-11	Peak LVOT velocity	-	0.7-1.1 m/s
EPSS (mm)	5 mm	<5	MV P ½ Time	-	msec
FS% (mm)	30 %	27-45%	Aortic P ½ Time	-	>500 msec
LV Ejection Fraction (mm)	60 % ± 3%	>55%	Peak Pulmonary Velocity	0.61m/sec	0.5-1.3 m/s

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CONCLUSION : फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट*

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- No RWMA with **LVEF : 60%**.
- Normal cardiac chambers dimensions.
- Normal RV Size and systolic function.
- Trace MR & Trace TR - (PASP - Normal).
- No LVDD.
- IVC is not dilated and greater than 50% collapsible.
- No Clot/vegetation/pericardial effusion is noted.

IMPRESSION :
NORMAL ECHO STUDY.

END OF REPORT

Dr. SYED ZAFRUL HASAN

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

(Associate Consultant)

Consultation Charges valid till 3 days

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X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

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
फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट*

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

Patient Name: Mrs. ANURADHA KUMARI /
Age / Gender: UHIDNO:FHP25089704112022
31 Yr /Female
Address: NOIDA, Gautam Buddha Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.23-24-71554

Request Date : 28-09-2023 08:50 AM

Reporting Date : 28-09-2023 10:35 AM
Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN FEMALE

Liver is normal in size 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 anteverted and normal in size (59 x 32 x 38 mm). Myometrial echoes are homogeneous.
Endometrium is prominent, measuring ~ 12.5 mm. Endocervical canal and endometrium along distal body is minimally distended with fluid.
Both ovaries are normal in size, shape and echotexture.
A dominant follicle of size ~ 22 x 20 mm is noted in left ovary.
Cul-de-sac is clear.

IMPRESSION:

Grade I fatty liver.
Endocervical canal and endometrium along distal body is minimally distended with fluid.

Advice: Clinical Correlation.

END OF REPORT

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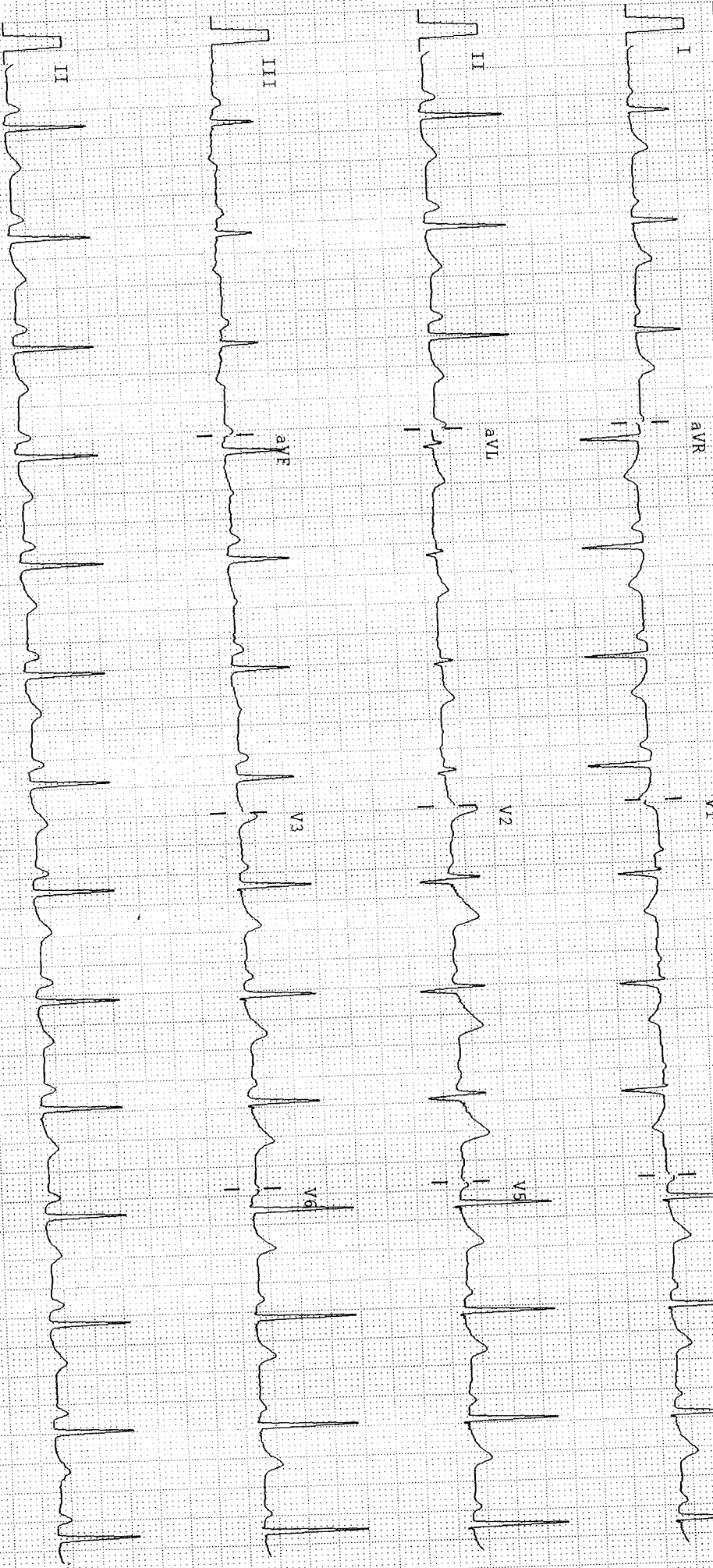
ID: 14 CASE: M25 ANYASA DHA KUMARI
AGE: 31 Y M D K9

12 ST. REPORT FORMAT: 3x4+1L SQ

RATE	83 bpm	SINUS RHYTHM
R-R	717 ms	
P-R	140 ms	
QRS	80 ms	
QT	368 ms	
QTc	408 ms	

-AXIS--
P: 67°
QRS: 59°
T: 18°

REF: DR RAHUL ABORA



25mm/Sec 10mm/mV Notch: ON BIC: ON 0.05-35Hz ALLENGERS PISCES 10121 VER-1.91 CLINICALLY CORRELATE THE FINDINGS