

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mrs. POOJA SRIVASTAVA [UHIDNO:FHP26789111032023]
Age / Gender : 33 Yr / Female
Address : GREATER NOIDA WEST, Gautam Buddha Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



UHIDNO:FHP267891110320

Reg. ID : OPD.22-23-142106

IMMUNOLOGY

Request Date : 11-03-2023 09:26 AM
Collection Date : 11-03-2023 09:56 AM[IMMU22821]
Acceptance Date : 11-03-2023 09:58 AM | **TAT:** 04:42 [HH:MM]

Reporting Date : 11-03-2023 02:40 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH)	CLIA		
*[Plain tube (red top)]			
Total T3		1.85 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		140.65 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		3.38 μ IU/mL	0.38 - 5.33 μ IU/mL (Age 0 - 100)
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>			
<ol style="list-style-type: none"> 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. 			
<i>Performed on: ACCESS 2 (BECKMAN COULTER)</i>			

END OF REPORT.

Vasishth

Prepared By
PRANJALI RAI

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID :OPD.22-23-142106

BIOCHEMISTRY

Request Date : 11-03-2023 09:26 AM

Reporting Date : 12-03-2023 03:33 PM

Collection Date : 11-03-2023 09:56 AM[B19058]

Reporting Status : Finalized

Acceptance Date : 11-03-2023 09:58 AM | **TAT:** 29:35 [HH:MM]

Investigations	Method	Result	Biological Reference
GGTP *[Plain tube (red top)]	KINETIC	FILE ATTACHED U/L	* 0.00 - 55.00 U/L (Age 0 - 100)

END OF REPORT.



Prepared By
CHANDAN KUMAR MANNA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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Reg. ID : OPD.22-23-142106

BIOCHEMISTRY

Request Date : 11-03-2023 09:26 AM

Reporting Date : 11-03-2023 05:35 PM

Collection Date : 11-03-2023 04:47 PM[B19106]

Reporting Status : Finalized

Acceptance Date : 11-03-2023 04:47 PM | **TAT:** 00:48 [HH:MM]

Investigations	Method	Result	Biological Reference
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		104.0 mg/dL	80.00 - 140.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.



Prepared By
VINEET KUMAR

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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Address : GREATER NOIDA WEST, Gautam Buddha Nagar, UTTAR PRADESH

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID :OPD.22-23-142106

HAEMATOLOGY

Request Date : 11-03-2023 09:26 AM

Reporting Date : 11-03-2023 12:17 PM

Collection Date : 11-03-2023 09:56 AM[HA7214]

Reporting Status : Finalized

Acceptance Date : 11-03-2023 09:58 AM | **TAT:** 02:19 [HH:MM]

Investigations	Method	Result	Biological Reference
Blood Group (RH Type) *[EDTA tube(purple top)]			
Blood Group	Forward Grouping Method	B	
Rh Type	Forward Grouping Method	POSITIVE	

END OF REPORT.



Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

Prepared By
CHANDAN KUMAR MANNA

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BIOCHEMISTRY

Request Date : 11-03-2023 09:26 AM
Collection Date : 11-03-2023 09:56 AM[B19058]
Acceptance Date : 11-03-2023 09:58 AM | **TAT:** 02:18 [HH:MM]

Reporting Date : 11-03-2023 12:16 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		29.1 mg/dL	F 10.00 - 40.00 mg/dL
S.CREATININE (ENZYMATIC)*		0.60 mg/dL	F 0.52 - 1.04 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		5.00 mg/dL	F 2.50 - 6.20 mg/dL
S.CALCIUM (ARSENazo DYE)*		9.60 mg/dL	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		140.0 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		5.10 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		4.10 mg/dL	2.50 - 4.50 mg/dL
<i>Performed On: VITROS 250</i>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.40 mg/dL	Adult 0.20 - 1.30 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.20 mg/dL	Adult 0.00 - 0.30 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.20 mg/dL	Adult 0.00 - 1.10 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*		20.0 IU/L	F 14.00 - 36.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		23.0 IU/L	F 0.00 - 35.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		109.0 IU/L *	F 35.00 - 104.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.80 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		3.90 gm/dL	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		3.9 gm/dL *	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.00	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

Vanshika

24x7 Helpline - 7835999444 , 7835999555

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Requesting Doctor: Dr. ANSHUMALA SINHA


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BIOCHEMISTRY

Request Date : 11-03-2023 09:26 AM
Collection Date : 11-03-2023 09:56 AM[B19058]
Acceptance Date : 11-03-2023 09:58 AM | TAT: 02:18 [HH:MM]

Reporting Date : 11-03-2023 12:16 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		177.0 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		165.0 mg/dL *	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		54.0 mg/dL	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		90.0 mg/dL *	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		33.0 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		3.28	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

Vaishali

Prepared By
VINEET KUMAR

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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HAEMATOLOGY

Request Date : 11-03-2023 09:26 AM
Collection Date : 11-03-2023 09:56 AM[HA7214]
Acceptance Date : 11-03-2023 09:58 AM | **TAT:** 01:15 [HH:MM]

Reporting Date : 11-03-2023 11:13 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		11.40 gm/dL *	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		6460 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		66.60 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		26.10 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		6.00 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		1.30 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.07 millions/cumm	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		35.00 % *	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		86.10 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		28.00 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		32.50 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.79 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		94 mm/hr *	M 0 - 10 F 5 - 20

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

END OF REPORT.



Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

Prepared By
CHANDAN KUMAR MANNA

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

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UHIDNO:FHP267891110320

Reg. ID : OPD.22-23-142106

BIOCHEMISTRY

Request Date : 11-03-2023 09:26 AM
Collection Date : 11-03-2023 09:58 AM [BI9059]
Acceptance Date : 11-03-2023 09:58 AM | **TAT:** 00:58 [HH:MM]

Reporting Date : 11-03-2023 10:56 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		100.0 mg/dL	74.00 - 110.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.



Prepared By
PRANJALI RAI

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

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BIOCHEMISTRY

Request Date : 11-03-2023 09:26 AM
Collection Date : 11-03-2023 09:56 AM[B19058]
Acceptance Date : 11-03-2023 09:58 AM | TAT: 00:37 [HH:MM]

Reporting Date : 11-03-2023 10:35 AM
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 % Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age. <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% 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 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		5.2 %	

END OF REPORT.

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Requesting Doctor: Dr. ANSHUMALA SINHA

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CLINICAL PATHOLOGY

Request Date : 11-03-2023 09:26 AM

Reporting Date : 11-03-2023 01:08 PM

Collection Date : 11-03-2023 09:56 AM[CLP12697]

Reporting Status : Finalized

Acceptance Date : 11-03-2023 09:58 AM | **TAT:** 03:10 [HH:MM]

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)		1.030	1.005 - 1.030
pH (DOUBLE INDICATOR)		5.0	5.00 - 8.50
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)		NIL	NIL
GLUCOSE (GOD-POD/ BENEDICTS)		NIL	NIL
MICROSCOPIC EXAMINATION			
PUS CELLS		5-6 /HPF *	0.0-3.0
RBC		NIL /HPF	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		2-3 /HPF	F 0.00 - 5.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

Please correlate clinically

END OF REPORT.



Prepared By
KAMAL KISHOR MANDAL

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-142106

Request Date : 11-03-2023 09:26 AM

Reporting Date : 11-03-2023 05:15 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)

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Request Date : 11-03-2023 09:26 AM

Reporting Date : 11-03-2023 10:53 AM
Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN FEMALE

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 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 98 x 39 mm. Left kidney measures 102 x 43 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.
Uterus is anteverted and normal in size (78 x 33 x 49 mm). Myometrial echoes are homogeneous. Endometrium thickness is 6.6 mm.
Both ovaries are normal in size, shape and echotexture.
Right ovary measures 28 x 16 x 24 mm (volume ~ 5.5 cc).
Left ovary measures 23 x 17 x 22 mm (volume ~ 4.4 cc).
Cul-de-sac is clear.

IMPRESSION: No significant abnormality detected.

Advice: Clinical Correlation.

END OF REPORT

24x7 Helpline - 7835999444, 7835999555



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



Felix Healthcare
Your care, Our passion