

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

**Patient Name :** Mr. RAJEEV KUMAR JHA [MRN-220502170]  
**Age / Gender :** 46 Yr / Male  
**Address :** SUPER TECH CAPTOWN FLT.1106 TOWER CG-3 SEC-74 NOIDA,  
Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



**Reg. ID :** OPD.22-23-147783

**BIOCHEMISTRY**

**Request Date :** 25-03-2023 09:01 AM **Reporting Date :** 25-03-2023 03:09 PM  
**Collection Date :** 25-03-2023 09:31 AM [BI11253] **Reporting Status :** Finalized  
**Acceptance Date :** 25-03-2023 09:31 AM | TAT: 05:38  
[HH:MM]

Investigations	Method	Result	Biological Reference
<b>PSA TOTAL (PROSTATE SPECIFIC ANTIGEN) *[ Plain tube (red top) ]</b>		1.37 ng/ml	0.00 - 4.00 ng/ml
<i>NOTE: The prostate-specific antigen (PSA) values should be interpreted in accordance with current clinical guidelines for defining biochemical recurrence following radical prostatectomy (o.g., The 2013 American Urological Association (AUA) Guidelines or the 2015 European Association of Urology (EAU)). These guidelines define biochemical recurrence of prostate cancer as a detectable or rising PSA value post-radical prostatectomy that is <math>\geq 0.2</math> ng/mL (ug/L) with a second confirmatory level of <math>\geq 0.2</math> ng/mL (ug/L).</i>			
Test was outsourced*			

END OF REPORT.

Felix Hospitals

*Vaishali*

Prepared By  
PRANJALI RAI

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)


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**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
MRN-220502170  
Dr. ANI GROVER MEHTA  
MBBS, DMRD, DNB  
SR. CONSULTANT RADIOLOGIST  
Reg. ID : OPD.22-23-147783

### BIOCHEMISTRY

**Request Date :** 25-03-2023 09:00 AM  
**Collection Date :** 25-03-2023 09:32 AM [BI11254]  
**Acceptance Date :** 25-03-2023 09:32 AM | TAT: 00:54  
[HH:MM]

**Reporting Date :** 25-03-2023 10:26 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR FASTING (BSF) * [Sodium fluoride (grey top) ]</b> <i>Performed On: VITROS 250</i>		106.00 mg/dL	74.00 - 110.00 mg/dL (Age <= 100 )

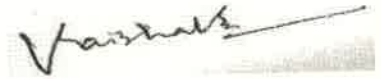
*Please correlate clinically*

END OF REPORT.

Prepared By  
PIYUSH SHUKLA

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VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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MRN-220502170

**Reg. ID :** OPD.22-23-147783

**HAEMATOLOGY**

**Request Date :** 25-03-2023 09:00 AM  
**Collection Date :** 25-03-2023 09:31 AM[HA8920]  
**Acceptance Date :** 25-03-2023 09:31 AM | TAT: 01:35  
[HH:MM]

**Reporting Date :** 25-03-2023 11:06 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR)</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		15.60 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5720 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		52.60 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		36.90 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		9.70 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		0.80 % *	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		5.09 millions/cumm	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		47.60 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		93.50 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		30.60 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		32.80 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.15 Lakh/cumm *	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		16 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  
ABHISHEK RATHI

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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MRN-220502170

**Reg. ID :** OPD.22-23-147783


### HAEMATOLOGY

**Request Date :** 25-03-2023 09:00 AM  
**Collection Date :** 25-03-2023 09:31 AM[HA8920]  
**Acceptance Date :** 25-03-2023 09:31 AM | TAT: 02:21  
[HH:MM]

**Reporting Date :** 25-03-2023 11:52 AM  
**Reporting Status :** Finalized

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

END OF REPORT.



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**Reg. ID :** OPD.22-23-147783

**BIOCHEMISTRY**

**Request Date :** 25-03-2023 09:00 AM  
**Collection Date :** 25-03-2023 09:31 AM [BI11253]  
**Acceptance Date :** 25-03-2023 09:31 AM | TAT: 02:03  
[HH:MM]

**Reporting Date :** 25-03-2023 11:34 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		21.0 mg/dL	M 13.00 - 43.00 mg/dL
S.CREATININE (ENZYMATIC)*		0.90 mg/dL	M 0.66 - 1.25 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		4.80 mg/dL	M 3.50 - 8.50 mg/dL
S.CALCIUM (ARSENazo DYE)*		8.70 mg/dL	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		141.0 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.60 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.00 mg/dL	2.50 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		102.0 mmol/L	98.00 - 107.00 mmol/L (Age 0 - 100 )
<i>Performed On: VITROS 250</i>			
<b>LIVER FUNCTION TEST *[ Plain tube (red top) ]</b>			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.70 mg/dL	Adult 0.20 - 1.30 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.30 mg/dL	Adult 0.00 - 0.30 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.40 mg/dL	Adult 0.00 - 1.10 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*		31.0 IU/L	M 17.00 - 59.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		46.0 IU/L	M 0.00 - 52.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		70.0 IU/L	M 38.00 - 126.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.30 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		3.60 gm/dL	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		<b>3.70 gm/dL *</b>	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		<b>0.97 *</b>	1.00 - 2.10
<i>Performed On: VITROS 250</i>			

Please correlate clinically

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Reg. ID :OPD.22-23-147783

### BIOCHEMISTRY

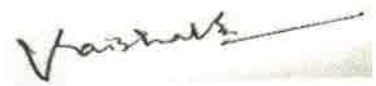
**Request Date :** 25-03-2023 09:00 AM  
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**Acceptance Date :** 25-03-2023 09:31 AM | TAT: 02:03  
[HH:MM]

**Reporting Date :** 25-03-2023 11:34 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		151.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		133.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		44.00 mg/dL	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		80.40 mg/dL *	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		26.60 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		3.43	3.00 - 5.00

Performed On: VITROS 250  
Please correlate clinically

END OF REPORT.



Prepared By  
PIYUSH SHUKLA

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Request Date :** 25-03-2023 09:00 AM  
**Collection Date :** 25-03-2023 09:31 AM [BI11253]  
**Acceptance Date :** 25-03-2023 09:31 AM | TAT: 03:14  
 [HH:MM]

**Reporting Date :** 25-03-2023 12:45 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 %		5.9 %	
<p><i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are &lt;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: &lt;8%</p> <p>Ages 13-19 years: &lt;7.5%</p> <p>Adults: &lt;7%</p>			
<p><u>Comments:</u></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>(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.)</p> <p>ADA criteria for correlation between HbA1c &amp; Mean plasma glucose levels:</p> <p>HbA1c(%):            6   7   8   9   10   11   12</p> <p>Mean Plasma Glucose: 126   154   183   212   240   269   298 (mg/dL)</p> <p>Please correlate clinically</p>			

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END OF REPORT.

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**Requesting Doctor:** Dr. ANSHUMALA SINHA  
**Reg. ID :** OPD.22-23-147783



**CLINICAL PATHOLOGY**

**Request Date :** 25-03-2023 09:00 AM  
**Collection Date :** 25-03-2023 09:31 AM[CLP13261]  
**Acceptance Date :** 25-03-2023 09:31 AM | TAT: 03:47 [HH:MM]  
**Reporting Date :** 25-03-2023 01:18 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)		1.010	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
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS		2-3 /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.

*Handwritten Signature*

Prepared By  
AVANISH KUMAR YADAV

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Reg. ID :** OPD.22-23-147783

**IMMUNOLOGY**

**Request Date :** 25-03-2023 09:00 AM  
**Collection Date :** 25-03-2023 09:31 AM [IMMU23251]  
**Acceptance Date :** 25-03-2023 09:31 AM | TAT: 05:38  
[HH:MM]

**Reporting Date :** 25-03-2023 03:09 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH) CLIA</b>			
<b>*[ Plain tube (red top) ]</b>			
Total T3		1.82 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		129.00 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		4.85 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 &amp; 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.

*Varshika*

Prepared By  
PRANJALI RAI

VAIBHAV TIWARI  
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(PATHOLOGY)

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**BIOCHEMISTRY**

**Request Date :** 25-03-2023 09:00 AM  
**Collection Date :** 25-03-2023 03:01 PM[B111350]  
**Acceptance Date :** 25-03-2023 03:02 PM | TAT: 00:42  
[HH:MM]

**Reporting Date :** 25-03-2023 03:44 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR POST PRONDIAL (BSPP) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		115.00 mg/dL	80.00 - 140.00 mg/dL (Age <= 100 )

*Please correlate clinically*

END OF REPORT.

*Vaishali*

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PIYUSH SHUKLA

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Report Status : Finalized

**X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY**

**Bronchovascular markings are prominent.**

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.

**Advise: 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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Mr. RAJEEV KUMAR JHA / MRN-220502170  
Reg. No.: OPD.22-23-147783

*This is not for Medico Legal purpose*

Printed By: LALITA SHARMA  
27-03-2023 11:30 AM

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

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Reporting Date : 25-03-2023 10:32 AM  
Report Status : Finalized

### ULTRASOUND WHOLE ABDOMEN MALE

Liver is normal in size (137 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 (88 mm) 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 93 x 37 mm. Left kidney measures 97 x 40 mm.

No evidence of any significant retroperitoneal lymphadenopathy is seen.  
No evidence of fluid in peritoneal cavity.

Urinary bladder is distended and shows minimally thickened walls, measuring ~ 4.6 mm. The lumen is echofree.

Prostate is mildly enlarged in size, measuring ~ 36 x 37 x 36 mm (volume ~ 25.0 cc). Median lobe is seen to indenting the bladder base.

#### IMPRESSION:

Grade I / II fatty liver.  
Minimal cystitis.  
Mild prostatomegaly.  
Rest of the scan is unremarkable.

**Advice:** Clinical Correlation.

END OF REPORT

# 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:** Mr. RAJEEV KUMAR JHA / MRN-220502170  
**Age / Gender:** 46 Yr /Male  
**Address:** SUPER TECH CAPTOWN FLT.1106 TOWER CG-3 SEC-74  
 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-147783

Request Date : 25-03-2023 09:00 AM

Reporting Date : 25-03-2023 11:18 AM  
Report Status : Finalized

## ECHO COLOUR DOPPLER

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

MEASUREMENTS	ABSOLUTE VALUE				NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	18				23-34	Mitral E velocity	0.93m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.64m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	33				25-40	Mitral E/A ratio	1.46	1-2
Left Ventricular ED Dimension (mm)	43				39-53	Mitral DT	149msec	160-240 msec
Left Ventricular ES Dimension (mm)	23				23-36	TAPSE	21mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	10	ES	11	6-11	Peak Aortic velocity	1.34m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	08	ES	10	6-11	Peak LVOT velocity	-	0.7-1.1 m/s
EPSS (mm)	3 mm				<5	MV P ½ Time	-	msec
FS% (mm)	35 %				27-45%	Aortic P ½ Time	-	>500 msec
LV Ejection Fraction (mm)	65 % ± 3%				>55%	Peak Pulmonary Velocity	0.59m/sec	0.5-1.3 m/s

RWMA: No RWMA

PA PRESSURE: Not raised

COLOR FLOW MAPPING:

Normal valve

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**FINDINGS:**

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

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

- No RWMA
- No LVDD
- Normal valve
- No LVH
- Normal LV size and systolic function
- Normal RV Size and systolic function
- No Clot/vegetation/pericardial effusion
- IVC is not dilated and greater than 50% collapsible.

**IMPRESSION:  
NORMAL ECHO STUDY.**

END OF REPORT

**Felix Hospitals**

Your care, Our passion

DR. ROHIT RAI  
MBBS,MD,DNB,DM  
(Interventional Cardiologist)

**15%**

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

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

MR. RAJEEV KUMAR JHA / MRN-220502470

Reg. No.: OPD.22-23-147783

This is not for Medical Legal purpose

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Page 2 of 2

27.03.2023 11:29 AM

# Felix Hospital

NH-01, Sector-137, Expressway, Noida-201305

24X7 Helpline No.: 7835999444/555 | Pharmacy: 7835999111 | Lab: 7835999333

Email: info@felixhospital.com | pharmacy@felixhospital.com

www.felixhospital.com



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GSTIN No. 09AABCF8206H3ZM

AGE: Y M D  
SEX: M  
WEIGHT: 59 kg  
HEART RATE: 100 bpm  
R-R: 1009 ms  
P-R: 126 ms  
QRS: 82 ms  
QT: 376 ms  
QTc: 374 ms  
AXIS: 33°  
38°  
30°

SL. REPORT FORMAT 3x4+1L SQ

REF.

DR. DR. CHARU

25/03/2023 09:09:28  
FELIX HOSPITAL  
SEC 137 NOIDA

MR - Rajeev Kumar  
Age - 48 yrs

25mm/sec, 10mm/mV Notch: ON BLC: ON 0.05 35Hz ALLENBRERS PISECS 10121VER-1.91 CLINICALLY CORRELATE THE FINDINGS

