

# 24x7 Helpline - 7835999444 , 7835999555

**Patient Name :** Mrs. SONI KUMARI [UHIDNO:FHP27110808042023]  
**Age / Gender :** 27 Yr / Female  
**Address :** SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH

  
UHIDNO:FHP271108080420

**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-3018

## HAEMATOLOGY

**Request Date :** 08-04-2023 09:21 AM  
**Collection Date :** 08-04-2023 09:39 AM[HA10568]  
**Acceptance Date :** 08-04-2023 09:39 AM | **TAT:** 02:44 [HH:MM]

**Reporting Date :** 08-04-2023 12:23 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR)</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		<b>11.10 gm/dL *</b>	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		4150 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		60.50 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		29.80 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		6.20 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		3.50 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		3.81 millions/cumm	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		<b>33.20 % *</b>	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		87.10 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		29.20 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		33.50 %	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)*		<b>30 mm/hr *</b>	M 0 - 10 F 5 - 20

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

END OF REPORT.



Prepared By  
ABHISHEK RATHI

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :**OPD.23-24-3018

## BIOCHEMISTRY

**Request Date :** 08-04-2023 09:21 AM  
**Collection Date :** 08-04-2023 09:39 AM[B113498]  
**Acceptance Date :** 08-04-2023 09:39 AM | TAT: 04:20 [HH:MM]

**Reporting Date :** 08-04-2023 01:59 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[ edta tube(purple top) ]</b> (Method:HPLC Assay) <i>Ref Range for HBA1c</i> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %		5.3 %	
<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><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>(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><i>ADA criteria for correlation between HbA1c &amp; Mean plasma glucose levels:</i></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><i>Please correlate clinically</i></p>			

END OF REPORT.

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**Reg. ID :** OPD.23-24-3018

## CLINICAL PATHOLOGY

**Request Date :** 08-04-2023 09:21 AM  
**Collection Date :** 08-04-2023 09:39 AM[CLP266]  
**Acceptance Date :** 08-04-2023 09:39 AM | **TAT:** 04:15 [HH:MM]

**Reporting Date :** 08-04-2023 01:54 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>URINE ROUTINE AUTOMATED *[Random Urine ]</b>			
VOLUME		20 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.030	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		<b>20.25 /HPF *</b>	0.0-3.0
RBC		NIL /HPF	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		<b>5-8 /HPF *</b>	F 0.00 - 5.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

*Please correlate clinically*

END OF REPORT.

Prepared By  
POOJA



Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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**Reg. ID :** OPD.23-24-3018

## BIOCHEMISTRY

**Request Date :** 08-04-2023 09:21 AM  
**Collection Date :** 08-04-2023 09:39 AM[B113498]  
**Acceptance Date :** 08-04-2023 09:39 AM | **TAT:** 04:05 [HH:MM]

**Reporting Date :** 08-04-2023 01:44 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		106.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		95.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		40.00 mg/dL	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		<b>47.00 mg/dL *</b>	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		19.00 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		<b>2.65 *</b>	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

*Vaishali*

Prepared By  
SANDEEP SINGH

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Request Date :** 08-04-2023 09:21 AM  
**Collection Date :** 08-04-2023 09:39 AM[B113498]  
**Acceptance Date :** 08-04-2023 09:39 AM | **TAT:** 03:59 [HH:MM]

**Reporting Date :** 08-04-2023 01:38 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		22.20 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)*		5.60 mg/dL	F 2.50 - 6.20 mg/dL
S.CALCIUM (ARSENazo DYE)*		<b>8.20 mg/dL *</b>	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		137.00 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)*		3.40 mg/dL	2.50 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		<b>112.00 mmol/L *</b>	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)*		0.50 mg/dL	Adult 0.20 - 1.30 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.10 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)*		28.00 IU/L	F 14.00 - 36.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		25.00 IU/L	F 0.00 - 35.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		77.00 IU/L	F 35.00 - 104.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.40 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		4.40 gm/dL	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		3.00 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.47	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :**OPD.23-24-3018

## BIOCHEMISTRY

**Request Date :** 08-04-2023 09:21 AM  
**Collection Date :** 08-04-2023 09:40 AM[B113500]  
**Acceptance Date :** 08-04-2023 09:40 AM | **TAT:** 03:58  
[HH:MM]

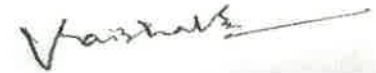
**Reporting Date :** 08-04-2023 01:38 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR FASTING (BSF) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		92.00 mg/dL	74.00 - 110.00 mg/dL (Age <= 100 )

*Please correlate clinically*

END OF REPORT.


Prepared By  
SANDEEP SINGH



VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Request Date :** 08-04-2023 09:21 AM  
**Collection Date :** 08-04-2023 09:39 AM[HA10568]  
**Acceptance Date :** 08-04-2023 09:39 AM | TAT: 03:15  
[HH:MM]

**Reporting Date :** 08-04-2023 12:54 PM  
**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.


*Vashtu*

Prepared By  
ABHISHEK RATHI

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-3018

### BIOCHEMISTRY

**Request Date :** 08-04-2023 09:21 AM  
**Collection Date :** 08-04-2023 09:39 AM [BI13498]  
**Acceptance Date :** 08-04-2023 09:39 AM | **TAT:** 45:57 [HH:MM]

**Reporting Date :** 10-04-2023 07:36 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>GGTP *[ Plain tube (red top) ]</b>	KINETIC	25.00 U/L	0.00 - 55.00 U/L (Age 0 - 100 )
<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  
CHANDAN KUMAR MANNA




VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)



# 24x7 Helpline - 7835999444 , 7835999555

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UHIDNO:FHP271108080420

**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-3018

## BIOCHEMISTRY

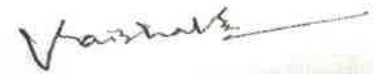
**Request Date :** 08-04-2023 09:21 AM  
**Collection Date :** 08-04-2023 03:55 PM[B113584]  
**Acceptance Date :** 08-04-2023 03:55 PM | TAT: 01:51  
[HH:MM]

**Reporting Date :** 08-04-2023 05:46 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>		136.00 mg/dL	80.00 - 140.00 mg/dL (Age <= 100)

*Please correlate clinically*

END OF REPORT.



Prepared By  
SANDEEP SINGH

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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UHIDNO:FHP271108080420

**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-3018

## IMMUNOLOGY

**Request Date :** 08-04-2023 09:21 AM  
**Collection Date :** 08-04-2023 09:39 AM [IMMU23671]  
**Acceptance Date :** 08-04-2023 09:39 AM | **TAT:** 05:41 [HH:MM]

**Reporting Date :** 08-04-2023 03:20 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH) *</b>	CLIA		
<b>*[ Plain tube (red top) ]</b>			
Total T3		1.95 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		107.88 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		1.97 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.

Prepared By  
PRANJALI RAI

Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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

**Patient Name:** Mrs. SONI KUMARI / UHIDNO:FHP27110808042023

**Age / Gender:** 27 Yr /Female

**Address:** SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR  
PRADESH



**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. No.:** OPD.23-24-3018

Request Date : 08-04-2023 09:21 AM

Reporting Date : 08-04-2023 03:40 PM

Report Status : Finalized

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

**Nodular opacities are noted in left mid zone.**

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

**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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PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.23-24-3018

Request Date : 08-04-2023 09:21 AM

Reporting Date : 08-04-2023 01:35 PM

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 minimally enlarged in size, measuring ~ 123 mm and normal in 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 99 x 40 mm. Left kidney measures 98 x 39 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 (79 x 43 x 40 mm). Myometrial echoes are homogeneous.

**Endometrium** is minimally thickened, measuring ~ 12.5 mm. Few small nabothian cysts measuring upto 6.0 mm are noted in cervix.

**Both ovaries** are normal in size, shape and echotexture.

Cul-de-sac is clear.

**IMPRESSION:**

Minimal splenomegaly.

Minimally thickened uterine endometrium.

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\*

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

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Address: SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR  
PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.23-24-3018

Request Date : 08-04-2023 09:21 AM

Reporting Date : 08-04-2023 12:12 PM

Report Status : Finalized

**TREADMILL TEST (TMT)**

**REASON FOR EXAMINATION:** Routine

**FINDINGS:**

The patient was exercised according to standard Bruce protocol for 03.00 minutes achieving maximal heart rate of 164 resulting in 85% of age-predicted maximal heart rate (193). Peak blood pressure was 130/90. 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. Good response to induced stress.
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

**15%**

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

Dr. ARUL HASAN  
MBBS, DCC, ACMD, DFM (U.K)  
(Associate Consultant)

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

CARDIOPRINT

ID: 12  
CASE Name - Soni Kymari  
AGE Y M D Age - 27 / F  
Cms K G

08/04/2023 09:52:47  
FELIX HOSPITAL  
SEC 137 NOIDA

RATE 62 bpm SINUS RHYTHM  
R-R 964 ms  
P-R 130 ms  
QRS 76 ms  
QT 406 ms  
QTc 410 ms

-AXIS-  
P 68°  
QRS 69°  
T 48°

12-LEAD REPORT FORMAT: 3x4+1L SQ

REF. Dr. DR. CHARU

