


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

Patient Name : Mrs. AKANSHA UPADHYAY [UHIDNO:FHP29054828092023]
Age / Gender : 30 Yr / Female
Address : SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH


UHIDNO:FHP290548280920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-71563

CLINICAL PATHOLOGY

Request Date : 28-09-2023 09:05 AM
Collection Date : 28-09-2023 09:34 AM [CLP6967]
Acceptance Date : 28-09-2023 09:34 AM | TAT: 06:55
[HH:MM]

Reporting Date : 28-09-2023 04:29 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
STOOL ROUTINE *[stool]	MICROSCOPY		
COLOR		BROWNISH	
CONSISTENCY		SEMI SOLID	
CHEMICAL EXAMINATION (pH)		ACIDIC	
BLOOD		ABSENT	ABSENT
MUCUS		ABSENT	ABSENT
MICROSCOPIC EXAMINATION:			
PUS CELLS		2-4	NIL / HPF
RED BLOOD CELLS		NIL	NIL / HPF
EPITHELIAL CELLS		0-2	NIL / HPF
PARASITE		NIL	NIL
CYST		NIL	NIL
OVA		NIL	NIL
OTHER		NIL	NIL

END OF REPORT.

Pallavi Sinha

Prepared By
CHANDAN KUMAR MANNA

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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UHIDNO:FHP290548280920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-71563

HAEMATOLOGY

Request Date : 28-09-2023 09:05 AM
Collection Date : 28-09-2023 09:23 AM[HA32679]
Acceptance Date : 28-09-2023 09:23 AM | **TAT:** 06:27 [HH:MM]

Reporting Date : 28-09-2023 03:50 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR) *[EDTA tube(purple top)]			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		12.20 gm/dL	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		9110 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		63.80 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		29.10 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		5.90 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		1.00 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.20 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.63 millions/cumm	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		37.20 %	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		80.50 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		26.40 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)*		2.46 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		45 mm/hr	M 0 - 10 F 5 - 20

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

END OF REPORT.

Up to **15%**

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Prepared By
SURAJ KUMAR

Dr. PALLAVI SINHA
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(PATHOLOGY)

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


Mrs. AKANSHA UPADHYAY / UHIDNO:FHP29054828092023
Regn No.: OPD.23-24-71563

This is not for Medico Legal purpose

Printed By: LALITA SHARMA
29-09-2023 06:01 PM

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UHIDNO:FHP290548280920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-71563

BIOCHEMISTRY

Request Date : 28-09-2023 09:05 AM
Collection Date : 28-09-2023 09:24 AM [BI41199]
Acceptance Date : 28-09-2023 09:24 AM | **TAT:** 02:39 [HH:MM]

Reporting Date : 28-09-2023 12:03 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)*		3.80 mg/dL	F 2.60 - 6.00 mg/dL
S.CALCIUM (ARSENAZO DYE)*	Arsenazo III	9.10 mg/dL	8.60 - 10.30 mg/dL
S. SODIUM (DIRECT I.S.E.)*		139.6 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.02 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		4.73 mg/dL *	2.60 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		108.0 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)*		0.33 mg/dL	Adult 0.10 - 1.20 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.20 mg/dL	<= 0.20 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.13 mg/dL	Adult 0.00 - 1.00 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*	IFCC(Modified)	15.50 IU/L	F < 35.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*	IFCC(Modified)	13.20 IU/L	F < 31.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*	IFCC(Modified)	80.70 IU/L	F 35.00 - 104.00 IU/L
TOTAL PROTEIN (BIURET)*		6.60 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	2.40 gm/dL	Adult 2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.75	1.00 - 2.10
<i>Performed On: DIASYS SYS400 PRO</i>			

Please correlate clinically

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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-71563

BIOCHEMISTRY

Request Date : 28-09-2023 09:05 AM
Collection Date : 28-09-2023 09:24 AM[B141199]
Acceptance Date : 28-09-2023 09:24 AM | **TAT:** 02:38 [HH:MM]

Reporting Date : 28-09-2023 12:02 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		135.2 mg/dL	Normal <200, Borderline High 200 - 240, High >240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		35.90 mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650
HDL -CHOLESTEROL PTA/ MgCl ₂ -enzymatic*		68.50 mg/dL	Low <40, high ≥ 60
LDL(Low density lipid) Calculated		59.52 mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160
VLDL(Very low density lipid) Calculated		7.18 mg/dL *	16.00 - 45.00 mg/dL
CHOL/HDL Ratio Calculated		1.97 *	3.00 - 6.00

Performed On: DIASYS SYS400 PRO

Please correlate clinically

END OF REPORT.

Prepared By
SHIVAM

Pallavi Sinha

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

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Acceptance Date : 28-09-2023 09:24 AM | **TAT:** 02:38 [HH:MM]

Reporting Date : 28-09-2023 12:02 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
GGTP *[Plain tube (red top)]	KINETIC	27.10 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
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CLINICAL PATHOLOGY

Request Date : 28-09-2023 09:05 AM
Collection Date : 28-09-2023 09:25 AM[CLP6963]
Acceptance Date : 28-09-2023 09:25 AM | **TAT:** 04:19 [HH:MM]

Reporting Date : 28-09-2023 01:44 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)		1.020	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.

Pallavi Sinha

Prepared By
CHANDAN KUMAR MANNA

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BIOCHEMISTRY

Request Date : 28-09-2023 09:05 AM
Collection Date : 28-09-2023 09:24 AM [BI41200]
Acceptance Date : 28-09-2023 09:24 AM | **TAT:** 03:45 [HH:MM]

Reporting Date : 28-09-2023 01:09 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 % 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		5.70 %	

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END OF REPORT.

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BIOCHEMISTRY

Request Date : 28-09-2023 09:05 AM
Collection Date : 28-09-2023 09:24 AM [BI41198]
Acceptance Date : 28-09-2023 09:24 AM | **TAT:** 03:37
[HH:MM]

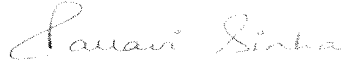
Reporting Date : 28-09-2023 01:01 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: DIASYS SYS400 PRO</i>		97.0 mg/dL	74.00 - 110.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Prepared By
SHIVAM



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

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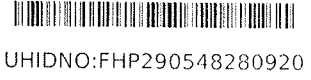
Patient Name : Mrs. AKANSHA UPADHYAY [UHIDNO:FHP29054828092023]

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Reg. ID : OPD.23-24-71563



IMMUNOLOGY

Request Date : 28-09-2023 09:05 AM

Reporting Date : 28-09-2023 12:49 PM

Collection Date : 28-09-2023 09:25 AM [IMMU28265]

Reporting Status : Finalized

Acceptance Date : 28-09-2023 09:25 AM | **TAT:** 03:24 [HH:MM]

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH)	CLIA		
*[Plain tube (red top)]			
Total T3		1.77 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		120.00 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		2.05 µIU/mL	0.38 - 5.33 µIU/mL (Age 0 - 100)

Performed On: ACCESS 2 (BECKMAN COULTER)

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.

Performed on: ACCESS 2 (BECKMAN COULTER)

END OF REPORT.

Pallavi Sinha

Prepared By
PRANJALI RAI

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HAEMATOLOGY

Request Date : 28-09-2023 09:05 AM
Collection Date : 28-09-2023 09:23 AM [HA32679]
Acceptance Date : 28-09-2023 09:23 AM | **TAT:** 03:23 [HH:MM]

Reporting Date : 28-09-2023 12:46 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	
Method- Forward & Reverse Grouping (Tube Agglutination)			

END OF REPORT.

Prepared By
ANAND MAURYA

Pallavi Sinha

Dr. PALLAVI SINHA
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(PATHOLOGY)

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PRADESH
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Reg. No.: OPD.23-24-71563

Request Date : 28-09-2023 09:05 AM

Reporting Date : 28-09-2023 11:23 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 not visualized consistent with post cholecystectomy status. 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 93 x 32 mm. Left kidney measures 98 x 42 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. Myometrial echoes are homogeneous. Endometrium thickness is 9.1 mm.

Bilateral ovaries are enlarged in size and shows evidence of multiple small follicles predominantly arranged peripherally with echogenic stroma.
Right ovary measures 38 x 25 x 27 mm (volume ~ 15.5 cc).
Left ovary measures 27 x 31 x 28 mm (volume ~ 12.7 cc).
Cul-de-sac is clear.

IMPRESSION:-

Grade I fatty liver.
Bilateral polycystic ovarian morphology.

Advise: Clinical and hormonal correlation for PCOD.

END OF REPORT

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Report Status : Finalized

X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

XRAY CHEST PA VIEW

Both lung fields are clear.
Both CP angles are normal.
Trachea is central.
Cardiac shadow is normal.
Visualized bones are grossly normal.

IMPRESSION:

No significant abnormality detected

Dr Kanika Bhargava
Consultant Radiologist

END OF REPORT

Dr Sai Naren V S
MBBS, MD
CONSULTANT RADIOLOGIST

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Reg. No.: OPD.23-24-71563

Request Date : 28-09-2023 11:15 AM

Reporting Date : 28-09-2023 12:06 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	0.88m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.79m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	30				25-40	Mitral E/A ratio	1.12	1-2
Left Ventricular ED Dimension (mm)	39				39-53	Mitral DT	196msec	160-240 msec
Left Ventricular ES Dimension (mm)	23				23-36	TAPSE	19 mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	10	ES	12	6-11	Peak Aortic velocity	0.98 m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	10	ES	15	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	0.62m/sec	0.5-1.3 m/s

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

CONCLUSION :

- No RWMA with **LVEF : 60%**.
- Normal cardiac chambers dimensions.
- Normal RV Size and systolic function.
- Trace MR & Trace TR - (PASP = 16 mmHg).
- 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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Rahul Arora

K9

CM5
RATE : 75 bpm
R-R : 797 ms
P-R : 118 ms
QRS : 66 ms
QT : 358 ms
QTc : 384 ms

--AXIS--

P : 14°
QRS : 66°
T : 38°

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

REF:

Dr. DR RAHUL ARORA

