

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mrs. ANKITA SHARMA [UHIDNO:FHP25108305112022]
Age / Gender : 32 Yr / Female
Address : NOIDA SEC-62, Gautam Buddha Nagar, UTTAR PRADESH

UHIDNO:FHP251083051120

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-91605

BIOCHEMISTRY

Request Date : 05-11-2022 10:20 AM
Collection Date : 05-11-2022 10:30 AM [BI42640]
Acceptance Date : 05-11-2022 10:31 AM | **TAT:** 01:32 [HH:MM]


Reporting Date : 05-11-2022 12:03 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[edta tube(purple top)] (Method:HPLC Assay) Ref Range for HBA1c Non Diabetic: < 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %		5.10 %	
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			

END OF REPORT.

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HAEMATOLOGY


Request Date : 05-11-2022 10:20 AM
Collection Date : 05-11-2022 10:30 AM[HA34456]
Acceptance Date : 05-11-2022 10:31 AM | **TAT:** 03:38
[HH:MM]

Reporting Date : 05-11-2022 02:09 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
VARSHABEN JAGDISHBHAI VIDJA


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY


Request Date : 05-11-2022 10:20 AM
Collection Date : 05-11-2022 10:31 AM [BI42641]
Acceptance Date : 05-11-2022 10:31 AM | **TAT:** 04:02 [HH:MM]

Reporting Date : 05-11-2022 02:33 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) * [Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		85.00 mg/dL	74.00 - 110.00 (Age <= 100)
<i>Please correlate clinically</i>			

END OF REPORT.

Prepared By
ANAND MAURYA


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-91605

IMMUNOLOGY

Request Date : 05-11-2022 10:20 AM
Collection Date : 05-11-2022 10:30 AM[IMMU20231]
Acceptance Date : 05-11-2022 10:31 AM | **TAT:** 04:54 [HH:MM]

Reporting Date : 05-11-2022 03:25 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) *[Plain tube (red top)]	CLIA		
Total T3		1.28 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		119.32 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		4.97 μ IU/mL	0.38 - 5.33 μ IU/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 & 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)

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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-91605

CLINICAL PATHOLOGY

Request Date : 05-11-2022 10:20 AM
Collection Date : 05-11-2022 11:37 AM[CLP8675]
Acceptance Date : 05-11-2022 11:37 AM | **TAT:** 02:55
 [HH:MM]


Reporting Date : 05-11-2022 02:32 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)		1.005	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		4-6 /HPF	F 0.00 - 5.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

Please correlate clinically

END OF REPORT.

Prepared By
POOJA


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MBBS MD (PATHOLOGY)

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HAEMATOLOGY

Request Date : 05-11-2022 10:20 AM
Collection Date : 05-11-2022 10:30 AM[HA34456]
Acceptance Date : 05-11-2022 10:31 AM | **TAT:** 06:10 [HH:MM]

Reporting Date : 05-11-2022 04:41 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		12.9 gm/dL	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		8700 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		65.1 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		28.1 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		4.0 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		2.7 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.1 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.31 millions/cumm	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		40.8 %	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		95.0 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		30.0 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		31.6 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.02 Lakh/cumm *	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		50 mm/hr *	M 0 - 10 F 5 - 20

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

END OF REPORT.

Prepared By
VARSHABEN JAGDISHBHAI VIDJA

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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

Mrs. ANKITA SHARMA / UHIDNO:FHP25108305112022
Regn No.: OPD.22-23-91605

Printed By: RAHUL KUMAR
07-11-2022 10:24 AM

This is not for Medico Legal purpose

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Reg. ID : OPD.22-23-91605

BIOCHEMISTRY

Request Date : 05-11-2022 10:20 AM
Collection Date : 05-11-2022 10:30 AM[BI42640]
Acceptance Date : 05-11-2022 10:31 AM | **TAT:** 08:29 [HH:MM]

Reporting Date : 05-11-2022 07:00 PM

Reporting Status : Finalized


Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		295.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		145.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl ₂ -enzymatic*		89.00 mg/dL *	40.00 - 60.00
LDL(Low density lipid) Calculated		177.0 mg/dL *	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		29.0 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		3.31	3.00 - 5.00

Performed On: VITROS 250

Please correlate clinically

END OF REPORT.

Prepared By
PRANJALI RAI


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

Name : Mrs.ANKITA SHARMA
Age/Gender : 32 Y(s) /Female
Reg No : 0511221219
Lab ID No : KP0109131
Sample ID : 220116631
Sample Type : Serum

Location : FELIX HOSPITAL
Registered On : 05-11-2022 16:41
Reported On : 05-11-2022 18:11
Referred By : FELIX HOSPITAL
Client Name : FELIX HOSPITAL
Reference No :



Test	Result	Unit	Reference Range
G.G.T.P.	: 17.00	U/L	0 - 55

Method : Kinetic IFCC

**** End Of The Report ****





Dr.Sherry Khanna
D.N.B. (Pathology)
Head-Lab Operations.

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

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Request Date : 05-11-2022 10:20 AM

Reporting Date : 05-11-2022 11:30 AM
Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN FEMALE

Liver is mildly enlarged in size, measuring~ 168 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 (93 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 104 x 32 mm. Left kidney measures 97 x 45 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, normal in size (68 x 28 x 40 mm) and echotexture. Myometrial echoes are homogeneous. Endometrium thickness is 6.8 mm.

Both ovaries are normal in size, shape and echotexture.

Right ovary measures 26 x 16 mm.

Left ovary measures 25 x 17 mm.

Cul-de-sac is clear.

IMPRESSION:

Mild hepatomegaly with grade I fatty changes.

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*