

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mr. MAYANK BANSAL [UHIDNO:FHP27189914042023]
Age / Gender : 35 Yr / Male
Address : SECT-137 NIIDA, Gautam Buddha Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA


UHIDNO:FHP271899140420

Reg. ID : OPD.23-24-5509

BIOCHEMISTRY

Request Date : 14-04-2023 10:54 AM
Collection Date : 22-04-2023 03:33 PM[BI15803]
Acceptance Date : 22-04-2023 03:33 PM | **TAT:** 01:44 [HH:MM]

Reporting Date : 22-04-2023 05:17 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		84.00 mg/dL	80.00 - 140.00 (Age <= 100)

Please correlate clinically

END OF REPORT.

Vaishali

Prepared By
PIYUSH SHUKLA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :** OPD.23-24-5509

CLINICAL PATHOLOGY

Request Date : 14-04-2023 10:54 AM **Reporting Date :** 17-04-2023 05:48 PM
Collection Date : 17-04-2023 01:26 PM[CLP635] **Reporting Status :** Finalized
Acceptance Date : 17-04-2023 01:26 PM | **TAT:** 04:22 [HH:MM]

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

END OF REPORT.

Prepared By
ANAND MAURYA

Vaishali

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :**OPD.23-24-5509

CLINICAL PATHOLOGY

Request Date : 14-04-2023 10:54 AM **Reporting Date :** 17-04-2023 05:47 PM
Collection Date : 17-04-2023 01:25 PM[CLP634] **Reporting Status :** Finalized
Acceptance Date : 17-04-2023 01:26 PM | TAT: 04:21 [HH:MM]

Investigations	Method	Result	Biological Reference
URINE ROUTINE AUTOMATED *[Random Urine]			
VOLUME		25 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.015	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		1-2 /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

Please correlate clinically

END OF REPORT.

Varshita

Prepared By
ANAND MAURYA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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UHIDNO:FHP271899140420

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-5509

BIOCHEMISTRY

Request Date : 14-04-2023 10:54 AM
Collection Date : 14-04-2023 10:59 AM[B114544]
Acceptance Date : 14-04-2023 11:00 AM | TAT: 08:34 [HH:MM]

Reporting Date : 14-04-2023 07:34 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
GGTP *[Plain tube (red top)]	KINETIC	50.00 U/L	0.00 - 55.00 U/L (Age 0 - 100)
<p><i>An increased GGT level may be due to any of the following:</i></p> <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
AMITSACHAN

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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BIOCHEMISTRY

Request Date : 14-04-2023 10:54 AM **Reporting Date :** 14-04-2023 07:34 PM
Collection Date : 14-04-2023 11:00 AM[BI14545] **Reporting Status :** Finalized
Acceptance Date : 14-04-2023 11:00 AM | TAT: 08:34
[HH:MM]

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		86.00 mg/dL	74.00 - 110.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Prepared By
AMITSACHAN

Vaishali

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MBBS, MD
(PATHOLOGY)

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IMMUNOLOGY

Request Date : 14-04-2023 10:54 AM
Collection Date : 14-04-2023 10:59 AM[IMMU23854]
Acceptance Date : 14-04-2023 11:00 AM | TAT: 06:01 [HH:MM]

Reporting Date : 14-04-2023 05:01 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) *[Plain tube (red top)]	CLIA		
Total T3		1.56 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		113.60 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		1.98 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.

Vashtu

Prepared By
SANDEEP SINGH

VAIBHAV TIWARI
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(PATHOLOGY)

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BIOCHEMISTRY

Request Date : 14-04-2023 10:54 AM
Collection Date : 14-04-2023 10:59 AM[B114544]
Acceptance Date : 14-04-2023 11:00 AM | TAT: 05:07 [HH:MM]

Reporting Date : 14-04-2023 04:07 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		17.90 mg/dL	M 13.00 - 43.00 mg/dL
S.CREATININE (ENZYMATIC)*		0.80 mg/dL	M 0.66 - 1.25 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		3.60 mg/dL	M 3.50 - 8.50 mg/dL
S.CALCIUM (ARSENAZO DYE)*		9.10 mg/dL	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		138.00 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.00 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)		108.00 mmol/L *	98.00 - 107.00 mmol/L (Age 0 - 100)
<i>Performed On: VITROS 250</i>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		1.10 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)		0.80 mg/dL	Adult 0.00 - 1.10 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*		28.00 IU/L	M 17.00 - 59.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		46.00 IU/L	M 0.00 - 52.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		70.00 IU/L	M 38.00 - 126.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.90 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		4.50 gm/dL	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		3.40 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.32	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

Vashtak

24x7 Helpline - 7835999444 , 7835999555

Regn. No. - OPD.23-24-5509

Mr. MAYANK BANSAL / UHIDNO:FHP27189914042023

Prepared By
SANDEEP SINGH

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)



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Reg. ID : OPD.23-24-5509

BIOCHEMISTRY

Request Date : 14-04-2023 10:54 AM
Collection Date : 14-04-2023 10:59 AM[BI14544]
Acceptance Date : 14-04-2023 11:00 AM | TAT: 05:06 [HH:MM]

Reporting Date : 14-04-2023 04:06 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHOD-BD/POD)*		175.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		264.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL (HIGH DENSITY LIPOPROTEIN) Enzymatic (PTA/ MgCl ₂ -enzymatic)*		31.00 mg/dL *	40.00 - 60.00 mg/dL
LDL (Low density lipid) Calculated		91.2 mg/dL *	100.00 - 160.00 mg/dL
VLDL (Very low density lipid) Calculated		52.8 mg/dL *	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		5.65 *	3.00 - 5.00
Performed on: VITROS 250			
Please consult clinically			

END OF REPORT.

Prepared by:
SANTOSH SINGH

Vaishali

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

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UHIDNO:FHP271899140420

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-5509

HAEMATOLOGY

Request Date : 14-04-2023 10:54 AM
Collection Date : 14-04-2023 10:59 AM[HA11330]
Acceptance Date : 14-04-2023 11:00 AM | TAT: 01:10 [HH:MM]

Reporting Date : 14-04-2023 12:10 PM
Reporting Status : Finalized

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

END OF REPORT.

Prepared by
ANSHUMALA SINHA

Handwritten signature

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-5509

BIOCHEMISTRY

Request Date : 14-04-2023 10:54 AM
Collection Date : 14-04-2023 10:59 AM [BI14544]
Acceptance Date : 14-04-2023 11:00 AM | TAT: 02:17 [HH:MM]

Reporting Date : 14-04-2023 01:17 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) [Purple top tube (purple top)] (Method: HPLC Assay) <i>Ref Range: 4.8-6.4%</i> <i>Non Diabetic: < 5.7%</i> <i>Pre-Diabetic: 5.7 - 6.5%</i> <i>Diabetic: > 6.5%</i>		6.0 %	
<p>Remarks: The criteria for A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.</p> <p>HbA1c criteria for diagnosis of diabetes: Ages 18-44: 5.7% - 6.4% Ages 45-64: 5.8% Ages 65-74: 5.7% Adults: 5.7%</p> <p>Comments: HbA1c is 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: Results may be falsely low in anemia, hemolysis, or heavy bleeding. If someone is iron-deficient, the HbA1c level may be falsely low. 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 Algorithm for correlation between HbA1c & 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 consult your clinician.</p>			

END OF REPORT.

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HAEMATOLOGY

Request Date : 14-04-2023 10:54 AM
Collection Date : 14-04-2023 10:59 AM[HA11330]
Acceptance Date : 14-04-2023 11:00 AM | **TAT:** 02:06 [HH:MM]

Reporting Date : 14-04-2023 01:06 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMATOLOGY (CBC & ESR)			
Hemoglobin (NON-CYTOOMETRY)*		15.40 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
7-Parameter White Blood Cell Count (TLC) (FLUORESCENCE CYTOOMETRY)*		6860 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
Differential White Cell Count (CYTOLOGY/MANUAL)*		46.00 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
		42.10 % *	20.00 - 40.00 % (Age 13 Y - 100 Y)
		7.80 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
		3.90 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
Red Blood Cell Count (RBC)*		5.20 millions/cumm	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
Hematocrit (HCT) (RBC PULSE)		43.90 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
Mean Corpuscular Volume (MCV)*		84.40 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
Mean Corpuscular Hemoglobin (MCH)*		29.60 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
Mean Corpuscular Hemoglobin Concentration (MCHC)*		35.10 % *	31.50 - 34.50 % (Age 13 Y - 100 Y)
Platelet Count (PLT) (IMPEDANCE)*		2.50 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
Erythrocyte Sedimentation Rate (ESR) (Westergren's Method)*		30 mm/hr *	M 0 - 10 F 5 - 20

Performed on: *ES60 (Horiba), 5-Part differential cell counter*

END OF REPORT.

Handwritten Signature

Page 1 of 1

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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

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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.23-24-5509

Request Date : 14-04-2023 10:54 AM

Reporting Date : 14-04-2023 11:53 AM
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)	34				23-34	Mitral E velocity	0.65m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.54m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	35				25-40	Mitral E/A ratio	1.19	1-2
Left Ventricular ED Dimension (mm)	43				39-53	Mitral DT	185msec	160-240 msec
Left Ventricular ES Dimension (mm)	30				23-36	TAPSE	19 mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	14	ES	18	6-11	Peak Aortic velocity	0.96 m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	13	ES	16	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	0.80m/sec	0.5-1.3 m/s

15% CONCLUSION : 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}

- No RWMA with **LVEF : 60%**.
- **Concentric LVH.**
- Normal RV Size and systolic function.
- Trace MR & Trace TR - (PASP = 17 mmHg).
- **Grade II LVDD.**
- IVC is not dilated and greater than 50% collapsible.
- No Clot/vegetation/pericardial effusion is noted.

IMPRESSION :

NORMAL LV SYSTOLIC FUNCTION

GRADE II LV DIASTOLIC DYSFUNCTION WITH CONCENTRIC LVH.

END OF REPORT

Dr. SYED ZAFRUL HASAN

MBBS, PGDCC, ACMD, DFM (U.K)

(Associate Consultant)

15%

Discount on Medicines Purchase from Felix Pharmacy

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

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PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.23-24-5509

Request Date : 14-04-2023 10:54 AM

Reporting Date : 14-04-2023 01:16 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)

15%

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

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Request Date : 14-04-2023 10:54 AM

Reporting Date : 16-04-2023 01:29 PM
Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN MALE

Liver is normal in size, shape 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 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. 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.
Prostate is normal in size, shape and echotexture.

IMPRESSION: Grade I fatty liver.

Advice: Clinical Correlation.

END OF REPORT

DR. CMO

15%

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

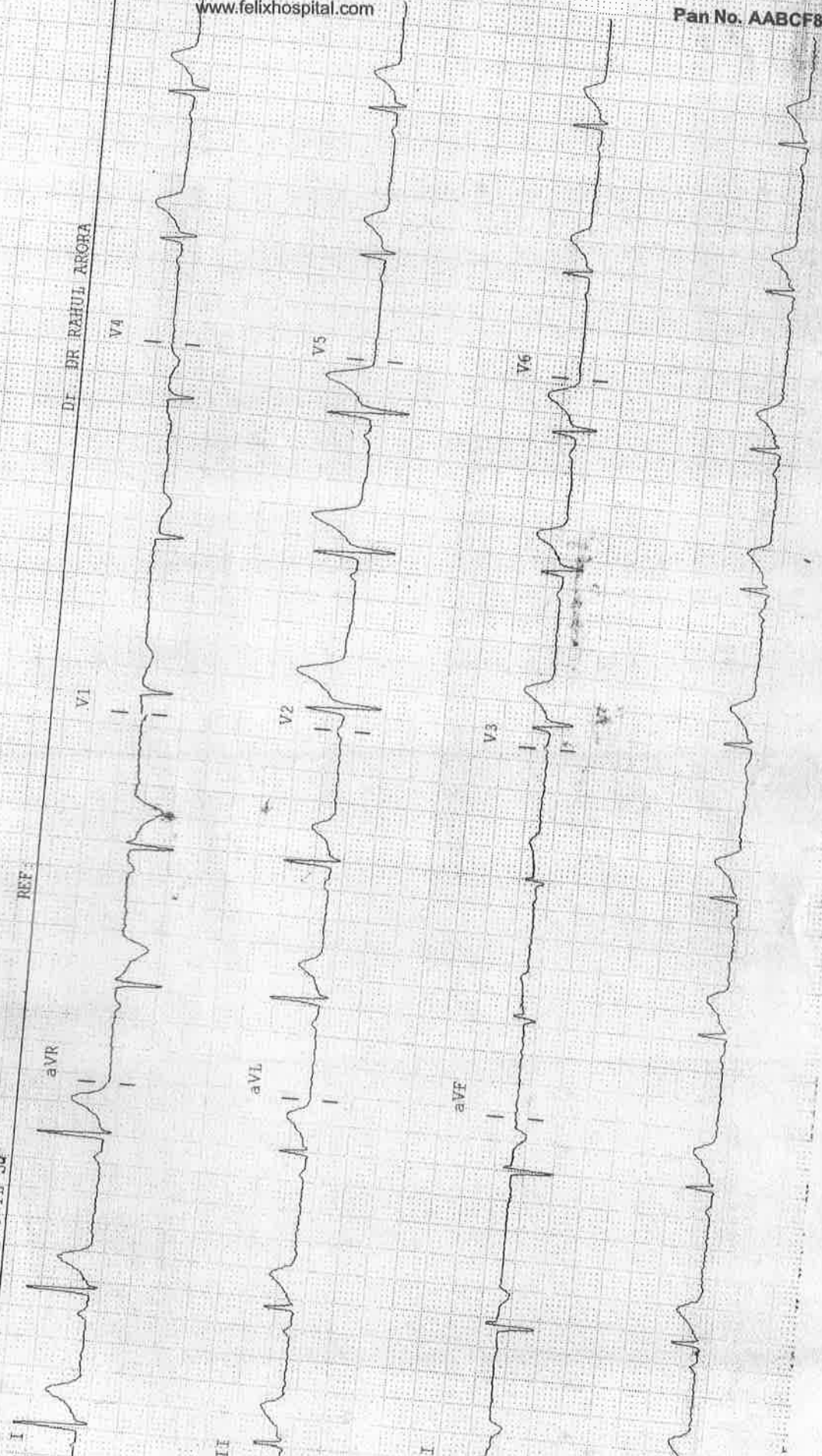
FELIX HOSPITAL
 SEC 137 NOIDA
 19-18-39

INFERIOR INFARCT - AGE UNDETERMINED

P-R : 1010 ms
 QRS : 160 ms
 QT : 78 ms
 QTc : 384 ms
 QTc : 382 ms

P : 15°
 QRS : 04°
 T : 13°

Z SL. REPORT FORMAT: 3x4+1L SQ



DR RAHUL ARORA