

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mrs. SEEMA CHOUDHARY [UHIDNO:FHP27064104042023]
Age / Gender : 30 Yr / Female
Address : VILL-MEEMKA TASIL JAVER GB NAGAR, Gautam Buddha Nagar,
UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA

UHIDNO:FHP270641040420

Reg. ID :OPD.23-24-1264

BIOCHEMISTRY

Request Date : 04-04-2023 08:42 AM
Collection Date : 04-04-2023 11:59 AM [BI12876]
Acceptance Date : 04-04-2023 11:59 AM | TAT: 01:31
[HH:MM]

Reporting Date : 04-04-2023 01:30 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		100.0 mg/dL	80.00 - 140.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Prepared By
PIYUSH SHUKLA

Vaishali

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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HAEMATOLOGY

Request Date : 04-04-2023 08:42 AM
Collection Date : 04-04-2023 08:58 AM[HA10071]
Acceptance Date : 04-04-2023 08:58 AM | TAT: 04:59
[HH:MM]

Reporting Date : 04-04-2023 01:57 PM
Reporting Status : Finalized

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

END OF REPORT.

Handwritten signature

Prepared By
ABHISHEK RATHI

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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Reg. ID : OPD.23-24-1264

IMMUNOLOGY

Request Date : 04-04-2023 08:42 AM
Collection Date : 04-04-2023 08:58 AM [IMMU23541]
Acceptance Date : 04-04-2023 08:58 AM | TAT: 03:34
 [HH:MM]

Reporting Date : 04-04-2023 12:32 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) *[Plain tube (red top)]	CLIA		
Total T3		1.57 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		110.45 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		2.979 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
POOJA



Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Reg. ID : OPD.23-24-1264

BIOCHEMISTRY

Request Date : 04-04-2023 08:42 AM
Collection Date : 04-04-2023 08:58 AM [BI12822]
Acceptance Date : 04-04-2023 08:58 AM | TAT: 03:17 [HH:MM]

Reporting Date : 04-04-2023 12:15 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 %		5.7 %									
<p><i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.</i></p> <p><u>HbA1c goals in treatment of diabetes:</u></p> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7% <p><i>Comments:</i> 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><i>(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.)</i></p> <p><i>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</i></p> <table border="0"> <tr> <td>HbA1c(%):</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> </table> <p>Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL)</p> <p>Please correlate clinically</p>				HbA1c(%):	6	7	8	9	10	11	12
HbA1c(%):	6	7	8	9	10	11	12				

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BIOCHEMISTRY

Request Date : 04-04-2023 08:42 AM
Collection Date : 04-04-2023 08:58 AM [BI12822]
Acceptance Date : 04-04-2023 08:58 AM | TAT: 01:26 [HH:MM]

Reporting Date : 04-04-2023 10:24 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		14.5 mg/dL	F 10.00 - 40.00 mg/dL
S.CREATININE (ENZYMATIC)*		0.50 mg/dL *	F 0.52 - 1.04 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		4.60 mg/dL	F 2.50 - 6.20 mg/dL
S.CALCIUM (ARSENAZO DYE)*		8.70 mg/dL	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		140.0 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.50 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.70 mg/dL	2.50 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		101.0 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)*		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)*		32.0 IU/L	F 14.00 - 36.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		18.0 IU/L	F 0.00 - 35.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		60.0 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)*		4.30 gm/dL	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		3.10 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.39	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

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HAEMATOLOGY

Request Date : 04-04-2023 08:42 AM
Collection Date : 04-04-2023 08:58 AM[HA10071]
Acceptance Date : 04-04-2023 08:58 AM | TAT: 02:08 [HH:MM]
Reporting Date : 04-04-2023 11:06 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		13.50 gm/dL	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5970 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		75.10 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		15.50 % *	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		7.80 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		1.60 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDECE)*		4.69 millions/cumm	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		39.10 %	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		83.50 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		28.80 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		34.50 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.25 Lakh/cumm *	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		35 mm/hr *	M 0 - 10 F 5 - 20

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

END OF REPORT.

Vasishth

Prepared By
ABHISHEK RATHI

VAIBHAV TIWARI
MBBS, MD
PATHOLOGY

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

This is not for Medico Legal purpose

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Reporting Date : 04-04-2023 10:24 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		131.00 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*		57.00 mg/dL	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		55.00 mg/dL *	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		2.30 *	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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BIOCHEMISTRY

Request Date : 04-04-2023 08:42 AM
Collection Date : 04-04-2023 08:58 AM [BI12823]
Acceptance Date : 04-04-2023 08:59 AM | TAT: 01:20
[HH:MM]

Reporting Date : 04-04-2023 10:19 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) * [Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		83.0 mg/dL	74.00 - 110.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Prepared By
PIYUSH SHUKLA

Vaishali

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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Nagar, UTTAR PRADESH

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.23-24-1264

Request Date : 04-04-2023 08:42 AM

Reporting Date : 04-04-2023 03:01 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. 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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Reg. No.: OPD.23-24-1264

Request Date : 04-04-2023 08:42 AM

Reporting Date : 04-04-2023 10:56 AM
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 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 100 x 36 mm. Left kidney measures 99 x 47 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 (66 x 40 x 51 mm). Myometrial echoes are homogeneous. Endometrium thickness is 7.6 mm.
Right ovary is normal in size, shape and echotexture.
Right ovary measures 23 x 18 25 mm (volume ~ 5.5 cc).
Left ovary shows a simple cyst of size ~ 36 x 31 mm.
Cul-de-sac is clear.

IMPRESSION: Simple cyst in left ovary.

Advice: Clinical Correlation.

END OF REPORT

Dr. PRIYANKA GUPTA
MBBS, MD (Radio Diagnosis)

Mrs. SEEMA CHOUDHARY / UHIDNO:FHP27064104042023
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Reg. No.: OPD.23-24-1264

Page 2 of 2
Printed By: LAALITA SHARMA
03/04/2023 12:56 PM

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

This is not for Medical Legal purpose

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Reg. No.: OPD.23-24-1264

Request Date : 04-04-2023 08:42 AM

Reporting Date : 04-04-2023 11:55 AM
Report Status : Finalized

TREADMILL TEST (TMT)

REASON FOR EXAMINATION: Routine

FINDINGS:

The patient was exercised according to standard Bruce protocol for 02.24 minutes achieving maximal heart rate of 178 resulting in 94% of age-predicted maximal heart rate (190). 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. Fair 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


Dr. SYED ZAFRUL HASAN
MBBS, PGDCC, ACMDC, DFM (U.K.)
(Associate Consultant)

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Reg. ID : OPD.23-24-1264

CLINICAL PATHOLOGY

Request Date : 04-04-2023 08:42 AM
Collection Date : 04-04-2023 09:23 AM[CLP102]
Acceptance Date : 04-04-2023 09:23 AM | **TAT:** 02:47 [HH:MM]

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

Investigations	Method	Result	Biological Reference
URINE ROUTINE AUTOMATED *[Random Urine]			
VOLUME		20 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.015	1.005 - 1.030
pH (DOUBLE INDICATOR)		5.0	5.00 - 8.50
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)		NIL	NIL
GLUCOSE (GOD-POD/ BENEDICTS)		NIL	NIL
MICROSCOPIC EXAMINATION			
PUS CELLS		6-8 /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	ABSENT

Please correlate clinically

END OF REPORT.



Prepared By
POOJA

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)



Felix Hospital

Felix Hospitals
Your care, Our passion

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

24X7 Helpline No.: 7835999444/555 | Pharmacy: 7835999111 | Lab: 7835999833

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

www.felixhospital.com

GSTIN No. D9AABCF8206H32M

Pan No. AABC

DATE	TIME	HR	PR	QRS	QT	QTc	AXIS
62	HR	962	MS	146	MS	84	MS
				376	MS	380	MS
							130°
							01°
							-04°

SINUS RHYTHM
INFERIOR T WAVE ABNORMALITY IS NONSPECIFIC

LAST REPORT FORMAT 3A+1L 30

REF:

DR. DR RAHUL ARORA

25mm/sec 10mm/mV Notch ON

RIC:ON

0.05-35Hz ALLIENGERS-PISCES-1012A-VR-1 9.0 CLINICALLY CORRELATE THE FINDINGS

