


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

**Patient Name :** Mr. MAYANK SINGH [UHIDNO:FHP24411727092022]  
**Age / Gender :** 32 Yr / Male  
**Address :** H-168/20 GAMA-2 GREATER NOIDA, Gautam Buddha Nagar,  
UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
UHIDNO:FHP244117270920

**Reg. ID :** OPD.23-24-69393

### BIOCHEMISTRY

**Request Date :** 23-09-2023 08:24 AM  
**Collection Date :** 23-09-2023 08:58 AM[B139932]  
**Acceptance Date :** 23-09-2023 08:59 AM | **TAT:** 04:29  
[HH:MM]

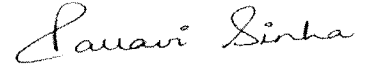
**Reporting Date :** 23-09-2023 01:28 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR FASTING (BSF) * Sodium fluoride(grey top) ]</b> <i>Performed On: DIASYS SYS400 PRO</i>		<b>128.00 mg/dL *</b>	74.00 - 110.00 mg/dL (Age <= 100 )

*Please correlate clinically*

END OF REPORT.

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\*

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**Requesting Doctor:** Dr. ANSHUMALA SINHA  
**Reg. ID :** OPD.23-24-69393

## HAEMATOLOGY

**Request Date :** 23-09-2023 08:24 AM  
**Collection Date :** 23-09-2023 08:56 AM[HA31695]  
**Acceptance Date :** 23-09-2023 08:57 AM | TAT: 02:03 [HH:MM]

**Reporting Date :** 23-09-2023 11:00 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR) *[ EDTA ]</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		13.30 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5660 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		60.70 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		30.10 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		7.10 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		2.10 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		5.06 millions/cumm	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		43.40 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		85.90 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		<b>26.20 Picogram *</b>	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		<b>30.50 % *</b>	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.71 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		16 mm/hr	M 0 - 10 F 5 - 20

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

END OF REPORT.

Up to **15%**

Discount on Medicines Purchase from Felix Pharmacy

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

Prepared By  
PIYUSH SHUKLA

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

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

Mr. MAYANK SINGH / UHIDNO:FHP24411727092022  
Regn No.: OPD.23-24-69393

This is not for Medico Legal purpose

Page 1 of 1  
Printed By: LALITA SHARMA  
25-09-2023 04:38 PM

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

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**Requesting Doctor:** Dr. ANSHUMALA SINHA  
**Reg. ID :** OPD.23-24-69393

### BIOCHEMISTRY

**Request Date :** 23-09-2023 08:24 AM  
**Collection Date :** 23-09-2023 08:56 AM [BI39930]  
**Acceptance Date :** 23-09-2023 08:58 AM | TAT: 05:04 [HH:MM]

**Reporting Date :** 23-09-2023 02:02 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference																
<b>GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[ EDTA ]</b> (Method:HPLC Assay) <i>Ref Range for HBA1c</i> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %		<b>7.70 % *</b>																	
<p>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are &lt;18 years of age.</p> <p><u>HbA1c goals in treatment of diabetes:</u>  Ages 0-6 years: 7.6% - 8.4%  Ages 6-12 years: &lt;8%  Ages 13-19 years: &lt;7.5%  Adults: &lt;7%</p> <p>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.</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>ADA criteria for correlation between HbA1c &amp; Mean plasma glucose levels:</p> <table border="1"> <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> <tr> <td>Mean Plasma Glucose: (mg/dL)</td> <td>126</td> <td>154</td> <td>183</td> <td>212</td> <td>240</td> <td>269</td> <td>298</td> </tr> </table>				HbA1c(%):	6	7	8	9	10	11	12	Mean Plasma Glucose: (mg/dL)	126	154	183	212	240	269	298
HbA1c(%):	6	7	8	9	10	11	12												
Mean Plasma Glucose: (mg/dL)	126	154	183	212	240	269	298												

Please correlate clinically

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

UHIDNO:FHP244117270920

**Reg. ID :** OPD.23-24-69393

## IMMUNOLOGY

**Request Date :** 23-09-2023 08:24 AM  
**Collection Date :** 23-09-2023 08:56 AM[IMMU28113]  
**Acceptance Date :** 23-09-2023 08:58 AM | **TAT:** 07:11  
[HH:MM]

**Reporting Date :** 23-09-2023 04:09 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH)</b> *[ Plain tube (red top) ]	CLIA		
Total T3		1.82 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		182.20 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		1.87 µU/mL	0.38 - 5.33 µU/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*

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

Prepared By  
PRANJALI RAI

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### CLINICAL PATHOLOGY

**Request Date :** 23-09-2023 08:24 AM  
**Collection Date :** 23-09-2023 08:56 AM[CLP6717]  
**Acceptance Date :** 23-09-2023 08:57 AM | TAT: 02:59  
[HH:MM]

**Reporting Date :** 23-09-2023 11:56 AM  
**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)		1.025	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		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
OTHER		ABSENT	

Please correlate clinically

END OF REPORT.

Prepared By  
CHANDAN KUMAR MANNA

Dr. NITIN BHARDWAJ

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### HAEMATOLOGY


**Request Date :** 23-09-2023 08:24 AM  
**Collection Date :** 23-09-2023 08:56 AM[HA31695]  
**Acceptance Date :** 23-09-2023 08:57 AM | **TAT:** 01:13  
[HH:MM]

**Reporting Date :** 23-09-2023 10:10 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>Blood Group (RH Type) *[ EDTA ]</b>			
Blood Group	Forward Grouping Method	B	
Rh Type	Forward Grouping Method	NEGATIVE	

END OF REPORT.

Prepared By  
PIYUSH SHUKLA


  
Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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### BIOCHEMISTRY


**Request Date :** 23-09-2023 08:24 AM  
**Collection Date :** 23-09-2023 08:56 AM [BI39929]  
**Acceptance Date :** 23-09-2023 08:57 AM | **TAT:** 04:19  
[HH:MM]

**Reporting Date :** 23-09-2023 01:16 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		180.2 mg/dL	Normal <200, Borderline High 200 - 240, High >240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		132.7 mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		41.20 mg/dL	Low <40, high ≥ 60
LDL(Low density lipid) Calculated		112.46 mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160
VLDL(Very low density lipid) Calculated		26.54 mg/dL	16.00 - 45.00 mg/dL
CHOL/HDL Ratio Calculated		4.37	3.00 - 6.00
<i>Performed On: DIASYS SYS400 PRO</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

Prepared By  
SHIVAM

  
Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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## BIOCHEMISTRY

**Request Date :** 23-09-2023 08:24 AM

**Reporting Date :** 23-09-2023 01:16 PM

**Collection Date :** 23-09-2023 08:56 AM[Bi39931]


**Reporting Status :** Finalized

**Acceptance Date :** 23-09-2023 08:58 AM | **TAT:** 04:18  
[HH:MM]

Investigations	Method	Result	Biological Reference
<b>GGTP *[ Plain tube (red top) ]</b>	KINETIC	43.60 U/L	M 0.00 - 55.00 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"><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:  
SHIVAM

  
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**Collection Date :** 23-09-2023 08:56 AM[B139929] **Reporting Status :** Finalized  
**Acceptance Date :** 23-09-2023 08:57 AM | TAT: 04:20 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		21.10 mg/dL	M 19.00 - 44.00 mg/dL (Age 20 Y - 50 Y)
S.CREATININE (ENZYMATIC)*		<b>0.63 mg/dL *</b>	M 0.67 - 1.17 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		<b>8.30 mg/dL *</b>	M 3.50 - 7.20 mg/dL
S.CALCIUM (ARSENAZO DYE)*	Arsenazo III	9.50 mg/dL	8.60 - 10.30 mg/dL
S. SODIUM (DIRECT I.S.E.)*		139.2 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.01 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		<b>4.64 mg/dL *</b>	2.60 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		<b>108.2 mmol/L *</b>	98.00 - 107.00 mmol/L (Age 0 - 100 )
<i>Performed On: DIASYS SYS400 PRO</i>			
<b>LIVER FUNCTION TEST *[ Plain tube (red top) ]</b>			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.43 mg/dL	Adult 0.10 - 1.20 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		<b>0.23 mg/dL *</b>	<= 0.20 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.20 mg/dL	Adult 0.00 - 1.00 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*	IFCC(Modified)	29.20 IU/L	M < 31.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*	IFCC(Modified)	<b>44.40 IU/L *</b>	M < 41.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*	IFCC(Modified)	51.50 IU/L	M 40.00 - 129.00 IU/L
TOTAL PROTEIN (BIURET)*		6.80 gm/dL	Adult 6.60 - 8.80 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		4.70 gm/dL	Adult 3.50 - 5.20 gm/dL
GLOBULIN (CALCULATED)*	Calculated	2.10 gm/dL	Adult 2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		<b>2.24 *</b>	1.00 - 2.10
<i>Performed On: DIASYS SYS400 PRO</i>			
<i>Please correlate clinically</i>			

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**Reg. No.:** OPD.23-24-69393

Request Date : 23-09-2023 08:24 AM

Reporting Date : 23-09-2023 10:40 AM  
Report Status : Finalized

## ECHO COLOUR DOPPLER

<b>INDICATIONS</b>		SOB	
<b>IMAGE QUALITY</b>	GOOD	<b>VIEWS</b>	PLAX,PSAX,AP4CH,AP2CH

## REPORT :-

MEASUREMENTS	ABSOLUTE VALUE				NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	31				23-34	Mitral E velocity	0.74m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.62m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	37				25-40	Mitral E/A ratio	1.19	1-2
Left Ventricular ED Dimension (mm)	41				39-53	Mitral DT	167msec	160-240 msec
Left Ventricular ES Dimension (mm)	26				23-36	TAPSE	19 mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	10	ES	18	6-11	Peak Aortic velocity	0.98 m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	11	ES	17	6-11	Peak LVOT velocity	-	0.7-1.1 m/s
EPSS (mm)	3 mm				<5	MV P ½ Time	-	msec
FS% (mm)	35 %				27-45%	Aortic P ½ Time	-	>500 msec
LV Ejection Fraction (mm)	65 % ± 3%				>55%	Peak Pulmonary Velocity	0.61m/sec	0.5-1.3 m/s

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- No RWMA with **LVEF : 65%**.
- Normal cardiac chambers dimensions.
- Normal RV Size and systolic function.
- Trace MR & Trace TR - (PASP - Normal).
- 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 Counsultant)

Consultation Charges valid till 3 days

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Address: H-168/20 GAMA-2 GREATER NOIDA, Gautam Buddha  
Nagar, UTTAR PRADESH  
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.23-24-69393

Request Date : 23-09-2023 08:24 AM

Reporting Date : 23-09-2023 08:34 PM  
Report Status : Finalized

## X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

### FINDINGS:

Both the lung fields are clear.  
Both the costophrenic angles are clear.  
Hilar shadows appear normal.  
Cardiothoracic ratio is within normal limits.  
Hemidiaphragms are normal in position and contour.  
Trachea is in the midline.  
Bony thorax under view is unremarkable.

### IMPRESSION:

Radiograph chest does not reveal any significant abnormality.  
Dr Barkha Keswani  
Consultant Radiologist

END OF REPORT

Dr Sai Naren V S  
MBBS, MD  
CONSULTANT RADIOLOGIST

Up to **15%** 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}

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Request Date : 23-09-2023 08:24 AM

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## ULTRASOUND WHOLE ABDOMEN MALE

Liver is enlarged in size, measuring ~ 162 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 and echotexture.

*Right kidney is enlarged in size, measures 130 x 60 mm suggestive of compensatory hypertrophy. Cortico-medullary differentiation and parenchymal thickness is well maintained. No evidence of any pelvicalyceal separation is seen.*

**Left kidney is not visualized in left renal fossa and in its course of ascent - ? atrophic / ectopic / hypoplastic.**

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:

Hepatomegaly with grade II fatty changes.

**Left kidney is not visualized in left renal fossa and in its course of ascent - ? atrophic / ectopic / hypoplastic.**

Advice: Clinical Correlation.

END OF REPORT

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फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट\* Dr. PRIYANKA GUPTA  
MBBS, MD (Radio Diagnosis)

ECG CARDIOPRINT

Name - Mayank

Age - 33 / M

23/09/2023 09:39:43  
FELIX HOSPITAL  
SEC 137 NOIDA

ID: 14 CASE:

AGE: Y M D K9

Cms

RATE	78 bpm	SINUS RHYTHM
R-R	761 ms	
P-R	154 ms	
QRS	92 ms	
QT	344 ms	
QTc	376 ms	

-- AXIS --

P	21°
QRS	52°
T	06°

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

REF:

DR. DR RAHUL ARORA

