


24x7 Helpline - 7835999444, 7835999555

Patient Name : Mr. NISHANT SAXENA [UHIDNO:FHP25371526112022] 
Age / Gender : 32 Yr / Male UHIDNO:FHP253715261120
Address : C1406 APEX GOEL AVNNUE SECT-1 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-99192

HAEMATOLOGY

Request Date : 26-11-2022 10:09 AM **Reporting Date :** 26-11-2022 12:15 PM
Collection Date : 26-11-2022 10:33 AM[HA37562] **Reporting Status :** Finalized
Acceptance Date : 26-11-2022 10:33 AM | TAT: 01:42 [HH:MM]

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		14.90 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		7500 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		62.3 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		31.6 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		4.2 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		1.9 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.0 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.48 millions/cumm *	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		47.2 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		106.0 fL *	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		33.3 Picogram *	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		31.5 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.43 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		24 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

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Requesting Doctor: Dr. ANSHUMALA SINHA


UHIDNO:FHP253715261120

Reg. ID : OPD.22-23-99192

HAEMATOLOGY

Request Date : 26-11-2022 10:09 AM
Collection Date : 26-11-2022 10:33 AM[HA37562]
Acceptance Date : 26-11-2022 10:33 AM | **TAT:** 03:22 [HH:MM]

Reporting Date : 26-11-2022 01:55 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	
<i>Method- Forward & Reverse Grouping (Tube Agglutination)</i>			


END OF REPORT.

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VARSHABEN JAGDISHBHAI VIDJA



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BIOCHEMISTRY

Request Date : 26-11-2022 10:09 AM **Reporting Date :** 03-12-2022 01:27 PM
Collection Date : 26-11-2022 10:33 AM[BI46221] **Reporting Status :** Finalized
Acceptance Date : 26-11-2022 10:33 AM | TAT: 170:54 [HH:MM]

Investigations	Method	Result	Biological Reference
GGTP *[Plain tube (red top)]	KINETIC	18.00 U/L	0.00 - 55.00 U/L (Age 0 - 100)

END OF REPORT.

Prepared By
SANDEEP SINGH



Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

Felix Hospital
Your care, Our passion

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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :**OPD.22-23-99192

BIOCHEMISTRY

Request Date : 26-11-2022 10:09 AM **Reporting Date :** 26-11-2022 02:27 PM
Collection Date : 26-11-2022 10:33 AM[BI46221] **Reporting Status :** Finalized
Acceptance Date : 26-11-2022 10:33 AM | TAT: 03:54 [HH:MM]

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 %		6.40 %					
<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> <p>Ages 0-6 years: 7.6% - 8.4%</p> <p>Ages 6-12 years: <8%</p> <p>Ages 13-19 years: <7.5%</p> <p>Adults: <7%</p>							
<p><i>Comments:</i></p> <p>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 & Mean plasma glucose levels:</p>							
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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This is not for Medico Legal purpose

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Requesting Doctor: Dr. ANSHUMALA SINHA Reg. ID :OPD.22-23-99192

BIOCHEMISTRY

Request Date : 26-11-2022 10:09 AM **Reporting Date :** 26-11-2022 12:03 PM
Collection Date : 26-11-2022 10:33 AM[B146221] **Reporting Status :** Finalized
Acceptance Date : 26-11-2022 10:33 AM | TAT: 01:30 [HH:MM]


Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		16.40 mg/dL	M 13.00 - 43.00
S.CREATININE (ENZYMATIC)*		0.80 mg/dL	M 0.66 - 1.25
S.URIC ACID (URICASE, COLORIMETRY)*		5.90 mg/dL	M 3.50 - 8.50
S.CALCIUM (ARSENazo DYE)*		8.80 mg/dL	8.40 - 10.20
S. SODIUM (DIRECT I.S.E.)*		140.00 mmol/L	137.00 - 145.00
S. POTASSIUM (DIRECT I.S.E.)*		4.30 mmol/L	3.50 - 5.10
S. PHOSPHORUS (PMA PHENOL)*		3.20 mg/dL	2.50 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		104.0 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)*		1.10 mg/dL	Adult 0.20 - 1.30
CONJUGATED(D.Bilirubin) (CALCULATED)		0.20 mg/dL	Adult 0.00 - 0.30
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.90 mg/dL	Adult 0.00 - 1.10
S.G.O.T (AST) (KINETIC LEUCO DYE)*		31.0 IU/L	M 17.00 - 59.00
S.G.P.T (ALT) (KINETIC LDH/NADH)*		51.0 IU/L	M 0.00 - 52.00
ALKALINE PHOSPHATASE (pNPP/AMP)*		86.0 IU/L	M 38.00 - 126.00 (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.30 gm/dL	6.30 - 8.20
ALBUMIN (BROMOCRESOL GREEN)*		4.20 gm/dL	3.50 - 5.00
GLOBULIN (CALCULATED)*		3.10 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.35	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.



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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-99192

CLINICAL PATHOLOGY

Request Date : 26-11-2022 10:09 AM **Reporting Date :** 26-11-2022 01:28 PM
Collection Date : 26-11-2022 10:33 AM[CLP9496] **Reporting Status :** Finalized
Acceptance Date : 26-11-2022 10:33 AM | TAT: 02:55 [HH:MM]

Investigations	Method	Result	Biological Reference
URINE ROUTINE AUTOMATED *[Random Urine]			
VOLUME		10 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.025	1.005 - 1.030
pH (DOUBLE INDICATOR)		6.5	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
OTHER		ABSENT	

Please correlate clinically


END OF REPORT.



Prepared By
POOJA

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

Request Date : 26-11-2022 10:09 AM **Reporting Date :** 26-11-2022 12:04 PM
Collection Date : 26-11-2022 10:33 AM[BI46221] **Reporting Status :** Finalized
Acceptance Date : 26-11-2022 10:33 AM | TAT: 01:31 [HH:MM]

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		157.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		109.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl ₂ -enzymatic*		36.00 mg/dL *	40.00 - 60.00
LDL(Low density lipid) Calculated		99.20 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		21.80 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		4.36	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			


END OF REPORT.



Prepared By
ABHISHEK RATHI

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

24x7 Helpline - 7835999444, 7835999555

Patient Name : Mr. NISHANT SAXENA [UHIDNO:FHP25371526112022] 
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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-99192

IMMUNOLOGY

Request Date : 26-11-2022 10:09 AM **Reporting Date :** 03-12-2022 01:27 PM
Collection Date : 26-11-2022 10:33 AM[IMMU20728] **Reporting Status :** Finalized
Acceptance Date : 26-11-2022 10:33 AM | **TAT:** 170:54 [HH:MM]

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) * [Plain tube (red top)]	CLIA		
Total T3		2.16 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		114.75 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		1.70 µIU/mL	0.38 - 5.33 µIU/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
SANDEEP SINGH

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY


Request Date : 26-11-2022 10:09 AM **Reporting Date :** 26-11-2022 11:58 AM
Collection Date : 26-11-2022 10:32 AM[Bi46220] **Reporting Status :** Finalized
Acceptance Date : 26-11-2022 10:32 AM | TAT: 01:26 [HH:MM]

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		93.00 mg/dL	74.00 - 110.00 (Age <= 100)

Please correlate clinically

END OF REPORT.

Prepared By
ABHISHEK RATHI


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

24x7 Helpline - 7835999444, 7835999555

Patient Name: Mr. NISHANT SAXENA / UHIDNO:FHP25371526112022
Age / Gender: 32 Yr /Male
Address: C1406 APEX GOEL AVNNUE SECT-1 NOIDA, Gautam
Buddha Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-99192

Request Date : 26-11-2022 10:09 AM

Reporting Date : 26-11-2022 12:20 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)

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Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-99192

Request Date : 26-11-2022 10:09 AM

Reporting Date : 26-11-2022 12:03 PM
Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN MALE

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 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 87 x 39 mm. Left kidney measures 108 x 46 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.

Prostate is normal in size (volume ~ 20.0 cc), shape and echotexture.

IMPRESSION: Mild hepatomegaly with grade I fatty changes.

Advice: 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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Address: C1406 APEX GOEL AVNNUE SECT-1 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH
Requesting Doctor: DR. RAHUL ARORA



Reg. No.: OPD.22-23-99275

Request Date : 26-11-2022 11:26 AM

Reporting Date : 26-11-2022 02:57 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)	25				23-34	Mitral E velocity	0.75m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.57m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	33				25-40	Mitral E/A ratio	1.33	1-2
Left Ventricular ED Dimension (mm)	49				39-53	Mitral DT	185msec	160-240 msec
Left Ventricular ES Dimension (mm)	31				23-36	TAPSE	19 mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	10	ES	18	6-11	Peak Aortic velocity	1.08 m/sec	1.0-1.7 m/s
	ES	11	ES	11				
Left Ventricular PW Thickness (mm)	ED	11	ES	11	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	10.72 m/sec	0.5-1.3 m/s

CONCLUSION :

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- Fusion of right coronary cusps and left coronary cusps (median raphae present) Causing Bicuspid aortic valve with mild aortic Stenosis (Max / Mean PG ~ 44/24 mmHg) , mild AR.
- No RWMA with LVEF : 65%.
- Normal Mitral Inflow Pattern.
- Normal cardiac chambers dimensions.
- Normal RV Size and systolic function.
- Trace MR & Trace TR - (PASP - Normal).
- IVC is not dilated and greater than 50% collapsible.
- No Clot/vegetation/pericardial effusion is noted.

IMPRESSION :

BICUSPID AORTIC VALVE with MILD AORTIC STENOSIS AS DESCRIBED.

END OF REPORT

Dr. SYED ZAFRUL HASAN

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

(Associate Consultant)

ID: 79964 CASE: Y M D KG
AGE: Cms Y M D KG

Name - VISWANATH SURESH
Age - 32/M

PARAMETER	VALUE	UNIT
RATE	71	bpm
R-R	840	ms
P-R	146	ms
QRS	92	ms
QT	362	ms
QTc	381	ms

-- AXIS --
P : 54°
QRS : 69°
T : 45°

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

REF:

