

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

**Patient Name :** Mr. AGGARWAL NAVEEN [UHIDNO:FHP27346626042023]  
**Age / Gender :** 32 Yr / Male  
**Address :** SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH

UHIDNO:FHP273466260420

**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :**OPD.23-24-10340

**BIOCHEMISTRY**

**Request Date :** 26-04-2023 09:14 AM  
**Collection Date :** 26-04-2023 01:57 PM[BI16397]  
**Acceptance Date :** 26-04-2023 01:57 PM | TAT: 03:10  
[HH:MM]

**Reporting Date :** 26-04-2023 05:07 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR POST PRONDIAL (BSPP) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		131.00 mg/dL	80.00 - 140.00 (Age <= 100 )

*Please correlate clinically*

END OF REPORT.

*Vaishali*

Prepared By  
VINEET KUMAR

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

**15%**

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

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

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-10340

## CLINICAL PATHOLOGY

**Request Date :** 26-04-2023 09:14 AM  
**Collection Date :** 26-04-2023 09:41 AM[CLP916]  
**Acceptance Date :** 26-04-2023 09:41 AM | TAT: 03:24 [HH:MM]

**Reporting Date :** 26-04-2023 01:05 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>STOOL ROUTINE *[ stool ]</b>	MICROSCOPY		
COLOR		BROWNISH	
CONSISTENCY		SOLID	
CHEMICAL EXAMINATION (pH)		ALKALINE	
BLOOD		ABSENT	ABSENT
MUCUS		ABSENT	ABSENT
MICROSCOPIC EXAMINATION:			
PUS CELLS		0-1	NIL / HPF
RED BLOOD CELLS		NIL	NIL / HPF
EPITHELIAL CELLS		1-2	NIL / HPF
PARASITE		NIL	NIL
CYST		NIL	NIL
OVA		NIL	NIL
OTHER		NIL	NIL

END OF REPORT.

*Vaishali*

Prepared By  
LAXMI

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-10340

## IMMUNOLOGY

**Request Date :** 26-04-2023 09:14 AM  
**Collection Date :** 26-04-2023 09:41 AM[IMMU24137]  
**Acceptance Date :** 26-04-2023 09:41 AM | TAT: 03:24 [HH:MM]

**Reporting Date :** 26-04-2023 01:05 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH) CLIA</b> <b>*[ Plain tube (red top) ]</b>			
Total T3		1.72 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		97.26 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		2.95 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 &amp; 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

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-10340

**CLINICAL PATHOLOGY**

**Request Date :** 26-04-2023 09:14 AM  
**Collection Date :** 26-04-2023 09:41 AM[CLP916]  
**Acceptance Date :** 26-04-2023 09:41 AM | TAT: 02:24 [HH:MM]

**Reporting Date :** 26-04-2023 12:05 PM  
**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)		1.010	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		2-4 /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  
KAMAL KISHOR MANDAL

*Kritika Jain*

Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :**OPD.23-24-10340

**BIOCHEMISTRY**

**Request Date :** 26-04-2023 09:14 AM  
**Collection Date :** 26-04-2023 09:41 AM [BI16351]  
**Acceptance Date :** 26-04-2023 09:41 AM | TAT: 02:01 [HH:MM]

**Reporting Date :** 26-04-2023 11:42 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		24.30 mg/dL	M 13.00 - 43.00
S.CREATININE (ENZYMATIC)*		0.90 mg/dL	M 0.66 - 1.25
S.URIC ACID (URICASE, COLORIMETRY)*		5.40 mg/dL	M 3.50 - 8.50
S.CALCIUM (ARSENAZO DYE)*		9.20 mg/dL	8.40 - 10.20
S. SODIUM (DIRECT I.S.E.)*		141.0 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.60 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.30 mg/dL	2.50 - 4.50
S. CHLORIDE (DIRECT I.S.E)		102.0 mmol/L	98.00 - 107.00 mmol/L (Age 0 - 100 )
<i>Performed On: VITROS 250</i>			
<b>LIVER FUNCTION TEST *[ Plain tube (red top) ]</b>			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.60 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)		0.40 mg/dL	Adult 0.00 - 1.10
S.G.O.T (AST) (KINETIC LEUCO DYE)*		46.0 IU/L	M 17.00 - 59.00
S.G.P.T (ALT) (KINETIC LDH/NADH)*		<b>92.0 IU/L *</b>	M 0.00 - 52.00
ALKALINE PHOSPHATASE (pNPP/AMP)*		112.0 IU/L	M 38.00 - 126.00 (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		8.00 gm/dL	6.30 - 8.20
ALBUMIN (BROMOCRESOL GREEN)*		4.50 gm/dL	3.50 - 5.00
GLOBULIN (CALCULATED)*		3.50 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.29	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

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UHIDNO:FHP273466260420

**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.23-24-10340

## BIOCHEMISTRY

**Request Date :** 26-04-2023 09:14 AM  
**Collection Date :** 26-04-2023 09:41 AM[B116351]  
**Acceptance Date :** 26-04-2023 09:41 AM | TAT: 02:00 [HH:MM]

**Reporting Date :** 26-04-2023 11:41 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		<b>202.00 mg/dL *</b>	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		<b>330.00 mg/dL *</b>	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		<b>33.00 mg/dL *</b>	40.00 - 60.00
LDL(Low density lipid) Calculated		103 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		66 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		6.12	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

*Vaishali*

Prepared By  
PIYUSH SHUKLA

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Reg. ID :**OPD.23-24-10340

**BIOCHEMISTRY**

**Request Date :** 26-04-2023 09:14 AM **Reporting Date :** 26-04-2023 11:33 AM  
**Collection Date :** 26-04-2023 09:41 AM[B16351] **Reporting Status :** Finalized  
**Acceptance Date :** 26-04-2023 09:41 AM | **TAT:** 01:52 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[ edta tube(purple top) ]</b> (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %		<b>6.40 % *</b>	
<p><i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are &lt;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: &lt;8%</p> <p>Ages 13-19 years: &lt;7.5%</p> <p>Adults: &lt;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 &amp; 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

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UHIDNO:FHP273466260420

**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :**OPD.23-24-10340

**HAEMATOLOGY**

**Request Date :** 26-04-2023 09:14 AM **Reporting Date :** 26-04-2023 11:24 AM  
**Collection Date :** 26-04-2023 09:41 AM[HA12782] **Reporting Status :** Finalized  
**Acceptance Date :** 26-04-2023 09:41 AM | **TAT:** 01:43 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR)</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		14.40 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		7450 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		44.90 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		<b>43.50 % *</b>	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		7.00 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		4.60 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.92 millions/cumm	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		41.90 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		85.10 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		29.30 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		34.40 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.16 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		<b>34 mm/hr *</b>	M 0 - 10 F 5 - 20

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

END OF REPORT.

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Prepared By  
KAMAL KISHOR MANDAL

Dr. KRITIKA JAIN  
MBBS, MD (PATHOLOGY)

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UHIDNO:FHP273466260420

**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :**OPD.23-24-10340

**HAEMATOLOGY**


**Request Date :** 26-04-2023 09:14 AM  
**Collection Date :** 26-04-2023 09:41 AM[HA12782]  
**Acceptance Date :** 26-04-2023 09:41 AM | **TAT:** 01:40  
[HH:MM]

**Reporting Date :** 26-04-2023 11:21 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>Blood Group (RH Type) *[ EDTA tube(purple top) ]</b>			
Blood Group	Forward Grouping Method	O	
Rh Type	Forward Grouping Method	POSITIVE	
<i>Method- Forward &amp; Reverse Grouping (Tube Agglutination)</i>			

END OF REPORT.

Prepared By  
VARSHABEN JAGDISHBHAI VIDJA

  
Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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**BIOCHEMISTRY**

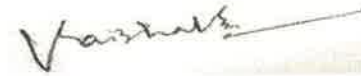
**Request Date :** 26-04-2023 09:14 AM  
**Collection Date :** 26-04-2023 09:41 AM [BI16352]  
**Acceptance Date :** 26-04-2023 09:42 AM | **TAT:** 01:39 [HH:MM]

**Reporting Date :** 26-04-2023 11:21 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR FASTING (BSF) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		91.00 mg/dL	74.00 - 110.00 (Age <= 100 )

*Please correlate clinically*

END OF REPORT.



Prepared By  
PIYUSH SHUKLA

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



**Reg. No.:** OPD.23-24-10340

Request Date : 26-04-2023 09:14 AM

Reporting Date : 26-04-2023 10:55 AM

Report Status : Finalized

**X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY**

**Bronchovascular markings are prominent.**

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.

**Advise: Clinical correlation.**

END OF REPORT



Dr. PULKIT SONI  
MBBS, DMRD, DNB  
(CONSULTANT RADIOLOGIST)

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Report Status : Finalized

**ULTRASOUND WHOLE ABDOMEN MALE**

Liver is normal in size, shape and shows raised homogenous echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.  
Gall bladder shows a mobile echogenic focus, measuring 11 x 10 mm in its lumen with associated distal acoustic shadowing. 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 99 x 36 mm. Left kidney measures 105 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.  
Prostate is normal in size, shape and echotexture.

**IMPRESSION:**

Cholelithiasis (Solitary mobile GB calculus). No associated changes of acute cholecystitis.  
Grade I fatty liver.  
Rest of the scan is unremarkable.

Advice: Clinical Correlation.

END OF REPORT

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Dr. ARTI GROVER MEHTA

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Age / Gender: UHIDNO:FHP27346626042023  
32 Yr /Male  
Address: SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR  
PRADESH  
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.23-24-10340

Request Date : 26-04-2023 09:14 AM

Reporting Date : 26-04-2023 11:53 AM  
Report Status : Finalized

### TMT (TREADMILL TEST)

**REASON FOR EXAMINATION:** Routine

#### **FINDINGS:**

The patient was exercised according to standard Bruce protocol for 03.07 minutes achieving maximal heart rate of 180 resulting in 96% of age-predicted maximal heart rate (188). Peak blood pressure was 140/90. 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. RAHUL ARORA  
MBBS,MD,DM  
(INTERVENTIONAL CARDIOLOGIST)

15%

Discount on Medicines Purchase from Felix Pharmacy  
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GS TIN No. 09AABCF8206H3ZM

AGE 65 Y M D  
 Sex M  
 Kg  
 Sinus Rhythm

45°  
 26°  
 26°

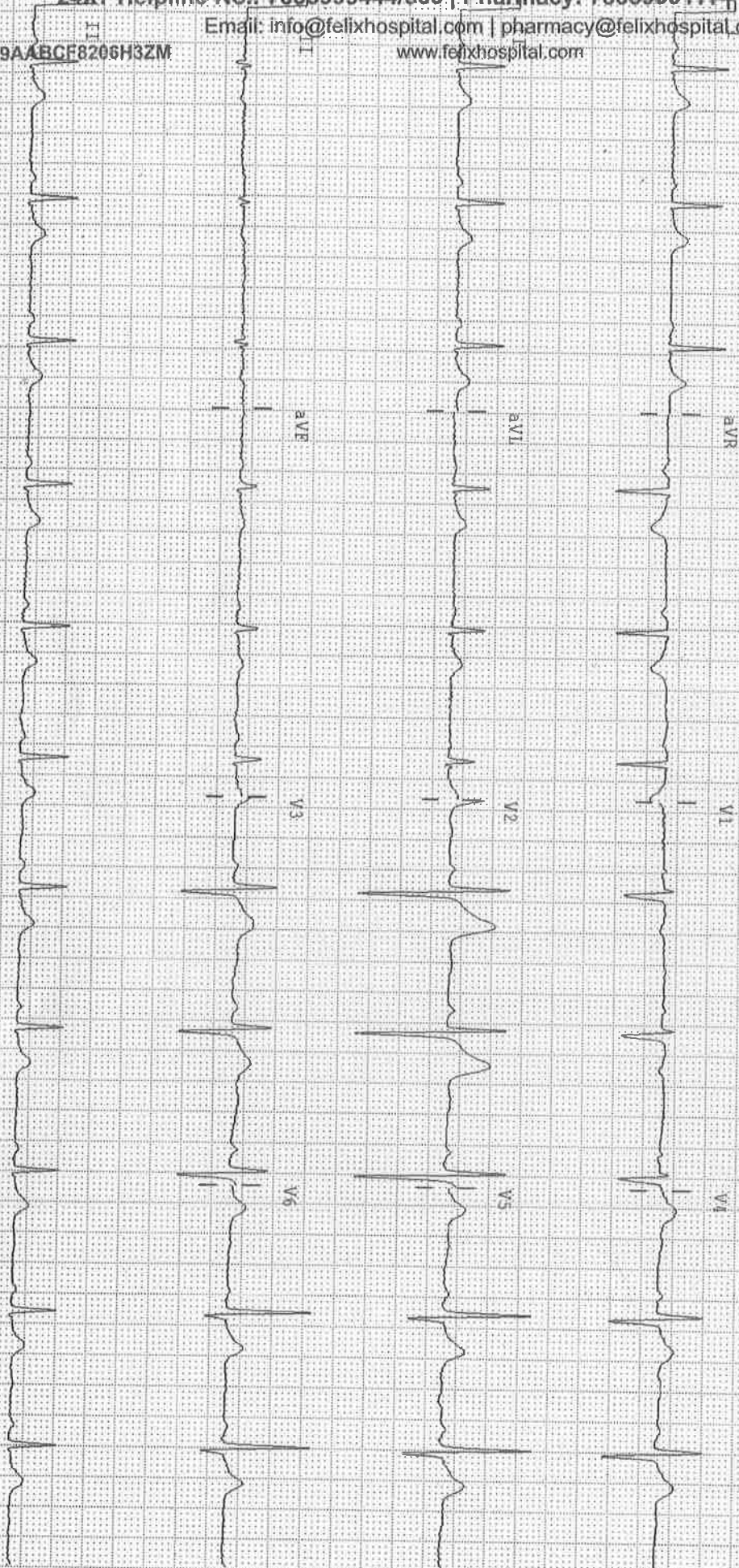
2-STR. REPORT FORMAT 3x4+1L 3Q

REF

Dr. DR. CHARU

Age - 65 / m

FELIX HOSPITAL  
SEC. 137 NOIDA



25mm/sec 10mm/mV No. Ech. ON ECG ON 0.05-35Hz ALL MEMBERS PLEASES 10/12/VER.1.91 CLINICALLY CORRELATE THE FINDINGS