

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mr. SHARMA ASHISH [UHIDNO:FHP26931622032023] UHIDNO:FHP269316220320
Age / Gender : 34 Yr / Male
Address : H588 LAPHA -2 GR NOIDA, Gautam Buddha Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :**OPD.22-23-146662

BIOCHEMISTRY

Request Date : 22-03-2023 08:19 AM **Reporting Date :** 22-03-2023 02:31 PM
Collection Date : 22-03-2023 08:32 AM[BI10835] **Reporting Status :** Finalized
Acceptance Date : 22-03-2023 08:32 AM | **TAT:** 05:59 [HH:MM]

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 % Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age. <u>HbA1c goals in treatment of diabetes:</u> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7% 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 glycemc control as compared to blood and urinary glucose determinations. (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.) ADA criteria for correlation between HbA1c & Mean plasma glucose levels: HbA1c(%): 6 7 8 9 10 11 12 Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL) Please correlate clinically		6.5 %	

END OF REPORT.

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IMMUNOLOGY

Request Date : 22-03-2023 08:19 AM
Collection Date : 22-03-2023 08:32 AM [IMMU23166]
Acceptance Date : 22-03-2023 08:32 AM | **TAT:** 05:04 [HH:MM]

Reporting Date : 22-03-2023 01:36 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) * [Plain tube (red top)]	CLIA		
Total T3		1.61 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		148.24 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		2.03 µIU/mL	0.38 - 5.33 µIU/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.

Prepared By
PRANJALI RAI

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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HAEMATOLOGY

Request Date : 22-03-2023 08:19 AM **Reporting Date :** 22-03-2023 10:39 AM
Collection Date : 22-03-2023 08:32 AM[HA8571] **Reporting Status :** Finalized
Acceptance Date : 22-03-2023 08:32 AM | **TAT:** 02:07 [HH:MM]

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		11.20 gm/dL *	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5100 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		66.40 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		21.60 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		9.00 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		3.00 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.19 millions/cumm *	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		34.30 % *	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		82.0 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		26.60 Picogram *	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		32.50 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.85 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		97 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

Page 1 of 1
Printed By: SANJAY SONI

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CLINICAL PATHOLOGY

Request Date : 22-03-2023 08:19 AM
Collection Date : 22-03-2023 08:33 AM[CLP13169]
Acceptance Date : 22-03-2023 09:22 AM | TAT: 03:59 [HH:MM]

Reporting Date : 22-03-2023 01:21 PM
Reporting Status : Finalized

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

END OF REPORT.

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

Prepared By
AVANISH KUMAR YADAV

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HAEMATOLOGY

Request Date : 22-03-2023 08:19 AM
Collection Date : 22-03-2023 08:32 AM[HA8571]
Acceptance Date : 22-03-2023 08:32 AM | TAT: 04:13 [HH:MM]

Reporting Date : 22-03-2023 12:45 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.

Vasishth

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ABHISHEK RATHI

VAIBHAV TIWARI
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Acceptance Date : 22-03-2023 09:22 AM | **TAT:** 04:00 [HH:MM]

Reporting Date : 22-03-2023 01:22 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
URINE ROUTINE AUTOMATED *[Random Urine]			
VOLUME		15 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.030	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		3-4 /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.

Vasishth

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VAIBHAV TIWARI
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BIOCHEMISTRY

Request Date : 22-03-2023 08:19 AM
Collection Date : 22-03-2023 08:31 AM[BI10834]
Acceptance Date : 22-03-2023 08:31 AM | TAT: 02:16 [HH:MM]

Reporting Date : 22-03-2023 10:47 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		106.0 mg/dL	74.00 - 110.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Vaishali

Prepared By
SURAJ KUMAR

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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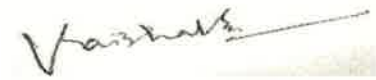
BIOCHEMISTRY

Request Date : 22-03-2023 08:19 AM
Collection Date : 22-03-2023 08:32 AM [BI10835]
Acceptance Date : 22-03-2023 08:32 AM | TAT: 02:05 [HH:MM]

Reporting Date : 22-03-2023 10:37 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		198.0 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		177.0 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		28.0 mg/dL *	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		134.6 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		35.4 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		7.07 *	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.



Prepared By
SURAJ KUMAR

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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BIOCHEMISTRY

Request Date : 22-03-2023 08:19 AM
Collection Date : 22-03-2023 08:32 AM [BI10835]
Acceptance Date : 22-03-2023 08:32 AM | TAT: 02:03 [HH:MM]

Reporting Date : 22-03-2023 10:35 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		11.6 mg/dL *	M 13.00 - 43.00 mg/dL
S.CREATININE (ENZYMATIC)*		0.50 mg/dL *	M 0.66 - 1.25 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		4.90 mg/dL	M 3.50 - 8.50 mg/dL
S.CALCIUM (ARSENazo DYE)*		8.20 mg/dL *	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		142.0 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.40 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.20 mg/dL	2.50 - 4.50 mg/dL
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>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.50 mg/dL	Adult 0.20 - 1.30 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.20 mg/dL	Adult 0.00 - 0.30 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.30 mg/dL	Adult 0.00 - 1.10 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*		27.0 IU/L	M 17.00 - 59.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		38.0 IU/L	M 0.00 - 52.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		99.0 IU/L	M 38.00 - 126.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		6.80 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		3.30 gm/dL *	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		3.5 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		0.94 *	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

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

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UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



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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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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-146662

Request Date : 22-03-2023 08:19 AM

Reporting Date : 22-03-2023 09:00 AM

Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN MALE

Liver is mildly enlarged in size, measuring ~ 166 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 (113 mm) 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 98 x 45 mm. Left kidney measures 97 x 45 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: Mild hepatomegaly with grade II fatty liver.

Advice: Clinical Correlation.

END OF REPORT

Dr. PRIYANKA GUPTA

MBBS, MD (Radio Diagnosis)

Post Graduate Fellow (AIIMS)

Post Graduate Fellow (AIIMS)

Consultant Interventional Radiology

15%

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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-146662

Request Date : 22-03-2023 08:19 AM

Reporting Date : 22-03-2023 09:50 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)	31				23-34	Mitral E velocity	0.77m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.53m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	32				25-40	Mitral E/A ratio	1.47	1-2
Left Ventricular ED Dimension (mm)	49				39-53	Mitral DT	114msec	160-240 msec
Left Ventricular ES Dimension (mm)	33				23-36	TAPSE	19 mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	12	ES	16	6-11	Peak Aortic velocity	1.00 m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	12	ES	15	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	0.65m/sec	0.5-1.3 m/s

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

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

- No RWMA with **LVEF : 60%**.
- **Mild Concentric LVH.**
- Normal RV Size and systolic function.
- Trace MR & Trace TR - (PASP - Normal).
- Normal mitral inflow pattern.
- IVC is not dilated and greater than 50% collapsible.
- No Clot/vegetation/pericardial effusion is noted.

IMPRESSION :
MILD CONCENTRIC LVH.

END OF REPORT

Felix Hospitals

Your care, Our passion


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*