

# 24x7 Helpline - 7835999444, 7835999555

**Patient Name :** Mr. UTKARSH CHIRAG SHANDILYA [UHIDNO:  
FHP25686323122022]  
**Age / Gender :** 35 Yr / Male  
**Address :** I201 TODAY HOME KINGS PARK SECT-OMEGA-1 GREATER  
NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA

UHIDNO:FHP256863231220

**Reg. ID :** OPD.22-23-109158

## HAEMATOLOGY

**Request Date :** 23-12-2022 10:14 AM  
**Collection Date :** 23-12-2022 10:19 AM[HA40532]  
**Acceptance Date :** 23-12-2022 10:20 AM | TAT: 00:39  
[HH:MM]

**Reporting Date :** 23-12-2022 10:59 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>Blood Group (RH Type) *[ EDTA tube(purple top) ]</b>			
Blood Group	Forward Grouping Method	A	
Rh Type	Forward Grouping Method	POSITIVE	

END OF REPORT.



Prepared By  
CHANDAN KUMAR MANNA

Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

**Felix Healthcare**  
Your care. Our passion

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**Requesting Doctor:** Dr. ANSHUMALA SINHA  
**Reg. ID :** OPD.22-23-109158

## BIOCHEMISTRY

**Request Date :** 23-12-2022 10:14 AM  
**Collection Date :** 23-12-2022 10:23 AM [BI49921],[BI49919]  
**Acceptance Date :** 23-12-2022 10:23 AM | TAT: 01:23 [HH:MM]  
 23-12-2022 10:20 AM | TAT: 01:26 [HH:MM]

**Reporting Date :** 23-12-2022 11:46 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>		<b>119.00 mg/dL *</b>	74.00 - 110.00 (Age <= 100 )
<i>Please correlate clinically</i>			
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		<b>238.00 mg/dL *</b>	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		<b>201.00 mg/dL *</b>	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		41.00 mg/dL	40.00 - 60.00
LDL(Low density lipid) Calculated		156.80 mg/dL	100.00 - 160.00
VLDL(Very low density lipid) Calculated		40.20 mg/dL	15.00 - 40.00
CHOL/HDL Ratio Calculated		<b>5.80 *</b>	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

*Handwritten signature*

Prepared By  
PRANJALI RAI

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA  
**Reg. ID :** OPD.22-23-109158

## BIOCHEMISTRY

**Request Date :** 23-12-2022 10:14 AM  
**Collection Date :** 23-12-2022 10:19 AM[BI49919]  
**Acceptance Date :** 23-12-2022 10:20 AM | TAT: 01:14 [HH:MM]  
**Reporting Date :** 23-12-2022 11:34 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[ edta tube(purple top) ]</b> (Method:HPLC Assay) <i>Ref Range for HBA1c</i> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %		<b>6.20 % *</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><i>ADA criteria for correlation between HbA1c &amp; Mean plasma glucose levels:</i></p> <p>HbA1c(%):            6   7   8   9   10   11   12</p> <p>Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL)</p> <p>Please correlate clinically</p>			

END OF REPORT.

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## HAEMATOLOGY

**Request Date :** 23-12-2022 10:14 AM  
**Collection Date :** 23-12-2022 10:19 AM[HA40532]  
**Acceptance Date :** 23-12-2022 10:20 AM | TAT: 01:00 [HH:MM]  
**Reporting Date :** 23-12-2022 11:20 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR)</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		14.30 gm/dL	M 13.00 - 17.00 (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		8600 /cumm	M 4000.00 - 10000.00 (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		54.10 %	40.00 - 80.00 (Age 13 Y - 100 Y)
LYMPHOCYTE		39.20 %	20.00 - 40.00 (Age 13 Y - 100 Y)
MONOCYTE		3.80 %	2.00 - 10.00 (Age 13 Y - 100 Y)
EOSINOPHIL		2.80 %	1.00 - 6.00 (Age 13 Y - 100 Y)
BASOPHIL		0.10 %	0.00 - 1.00 (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		5.14 millions/cumm	M 4.50 - 6.50 (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		44.80 %	M 40.00 - 54.00 (Age 13 Y - 100 Y)
MCV(Calculated)*		87.00 fL	80.00 - 100.00 (Age 13 Y - 100 Y)
MCH(Calculated)*		27.90 Picogram	27.00 - 32.00 (Age 13 Y - 100 Y)
MCHC(Calculated)*		32.00 %	31.50 - 34.50 (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.50 Lakh/cumm	1.50 - 4.00 (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		20 mm/hr	M 0 - 10 F 5 - 20

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

END OF REPORT.



Prepared By  
CHANDAN KUMAR MANNA

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Reg. ID :** OPD.22-23-109158

### BIOCHEMISTRY

**Request Date :** 23-12-2022 10:14 AM  
**Collection Date :** 23-12-2022 03:06 PM [BI49950]  
**Acceptance Date :** 23-12-2022 03:06 PM | TAT: 00:38 [HH:MM]  
**Reporting Date :** 23-12-2022 03:44 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>		<b>144.00 mg/dL *</b>	80.00 - 140.00 (Age <= 100 )
<i>Please correlate clinically</i>			

END OF REPORT.


*Vasthals*

Prepared By  
VINEET KUMAR

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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Your care, Our passion

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## IMMUNOLOGY

**Request Date :** 23-12-2022 10:14 AM **Reporting Date :** 23-12-2022 03:03 PM  
**Collection Date :** 23-12-2022 10:19 AM [IMMU21228] **Reporting Status :** Finalized  
**Acceptance Date :** 23-12-2022 10:20 AM | TAT: 04:43 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH) * [ Plain tube (red top) ]</b>	CLIA		
Total T3		<b>0.30 nmol/L *</b>	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		141.46 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		1.95 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



Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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**Request Date :** 23-12-2022 10:14 AM  
**Collection Date :** 23-12-2022 10:19 AM[B149919]  
**Acceptance Date :** 23-12-2022 10:20 AM | TAT: 01:27 [HH:MM]  
**Reporting Date :** 23-12-2022 11:47 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		23.20 mg/dL	M 13.00 - 43.00
S.CREATININE (ENZYMATIC)*		1.00 mg/dL	M 0.66 - 1.25
S.URIC ACID (URICASE, COLORIMETRY)*		7.60 mg/dL	M 3.50 - 8.50
S.CALCIUM (ARSENAZO DYE)*		9.00 mg/dL	8.40 - 10.20
S. SODIUM (DIRECT I.S.E.)*		143.00 mmol/L	137.00 - 145.00
S. POTASSIUM (DIRECT I.S.E.)*		4.70 mmol/L	3.50 - 5.10
S. PHOSPHORUS (PMA PHENOL)*		3.40 mg/dL	2.50 - 4.50
S. CHLORIDE (DIRECT I.S.E)		105.0 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)*		0.8 mg/dL	Adult 0.20 - 1.30
CONJUGATED(D.Bilirubin) (CALCULATED)		0.3 mg/dL	Adult 0.00 - 0.30
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.5 mg/dL	Adult 0.00 - 1.10
S.G.O.T (AST) (KINETIC LEUCO DYE)*		29.0 IU/L	M 17.00 - 59.00
S.G.P.T (ALT) (KINETIC LDH/NADH)*		47.0 IU/L	M 0.00 - 52.00
ALKALINE PHOSPHATASE (pNPP/AMP)*		75.0 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
A/G RATIO (CALCULATED)		1.29	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

*Vasthuk*

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**Patient Name :** Mr. UTKARSH CHIRAG SHANDILYA [UHIDNO: FHP25686323122022]   
**Age / Gender :** 35 Yr / Male UHIDNO:FHP256863231220  
**Address :** I201 TODAY HOME KINGS PARK SECT-OMEGA-1 GREATER NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-109158

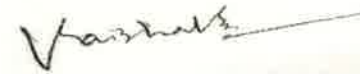
## CLINICAL PATHOLOGY

**Request Date :** 23-12-2022 10:14 AM **Reporting Date :** 23-12-2022 02:53 PM  
**Collection Date :** 23-12-2022 11:49 AM[CLP10312] **Reporting Status :** Finalized  
**Acceptance Date :** 23-12-2022 11:49 AM | TAT: 03:04 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>URINE ROUTINE AUTOMATED *[Random Urine ]</b>			
VOLUME		30 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.030	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
<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  
POOJA

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)



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35 Yr /Male  
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GREATER NOIDA, Gautam Buddha Nagar, UTTAR  
PRADESH  
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-109158

Request Date : 23-12-2022 10:14 AM

Reporting Date : 23-12-2022 12:48 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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GREATER NOIDA, Gautam Buddha Nagar, UTTAR  
PRADESH  
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-109158

Request Date : 23-12-2022 10:14 AM

Reporting Date : 23-12-2022 11:40 AM  
Report Status : Finalized

## ULTRASOUND WHOLE ABDOMEN MALE

**Liver** is mildly enlarged in size, measuring ~ 167 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 89 x 39 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 (volume ~ 7.0 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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GREATER NOIDA, Gautam Buddha Nagar, UTTAR  
PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



**Reg. No.:** OPD.22-23-109158

Request Date : 23-12-2022 10:14 AM

Reporting Date : 23-12-2022 11:47 AM  
Report Status : Finalized

## TREADMILL TEST (TMT)

**REASON FOR EXAMINATION:** Routine

### **FINDINGS:**

The patient was exercised according to standard Bruce protocol for 04.57 minutes achieving maximal heart rate of 180 resulting in 97% of age-predicted maximal heart rate (185). Peak blood pressure was 150/90. 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. Good 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)

**24x7 Helpline - 7835999444 , 7835999555**

Name : Mr.UTKARSH CHIRAG SHANDILYA  
Age/Gender : 35 Y(s) /Male  
Reg No : 2312221788  
Lab ID No : KP0146791  
Sample ID : 220134472  
Sample Type : Serum

Location : FELIX HOSPITAL  
Registered On : 23-12-2022 11:33  
Reported On : 23-12-2022 16:06  
Referred By : FELIX HOSPITAL  
Client Name : FELIX HOSPITAL  
Reference No :



<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
G.G.T.P. <i>Method : Kinetic IFCC</i>	: 30.00	U/L	0 - 55

\*\*\*\* End Of The Report \*\*\*\*



*Sherry Khanna*

Dr.Sherry Khanna  
D.N.B. (Pathology)  
Head-Lab Operations.

2222368957 / MR UTKARSH / 35 Yrs / M / 176 Gms / 96 Kg Date: 23-Dec-2022 Technician : TRILOK SINGH

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Warm Up	00:03	0:01	01.0	00.0	01.0	106	130/80	137	00	
ExStart	00:09	0:06	01.7	10.0	01.1	107	130/80	139	00	
BRUCE Stage 1	01:48	1:39	01.7	10.0	03.0	134	140/80	187	00	
BRUCE Stage 2	03:24	1:36	02.5	12.0	06.0	153	150/90	229	00	
BRUCE Stage 3	04:58	1:34	03.4	14.0	08.7	177	150/90	265	00	
PeakEx	05:05	0:07	04.2	16.0	10.3	176	150/90	264	00	
Recovery	06:04	1:00	00.0	00.0	04.3	154	140/80	215	00	
Recovery	07:04	2:00	00.0	00.0	01.0	138	130/80	179	00	
Recovery	08:04	3:00	00.0	00.0	01.0	124	130/80	161	00	
Recovery	08:09	3:04	00.0	00.0	01.0	122	130/80	158	00	

**Findings :**

Exercise Time : 04:57  
 Max HR Attained : 180 bpm 97% of Target 185  
 Max BP Attained : 150/90  
 Max WorkLoad Attained : 10.3 Good response to induced stress  
 Test End Reasons : Test Complete

**Report :**

Doctor : DR SYED ZAFRUL HASAN



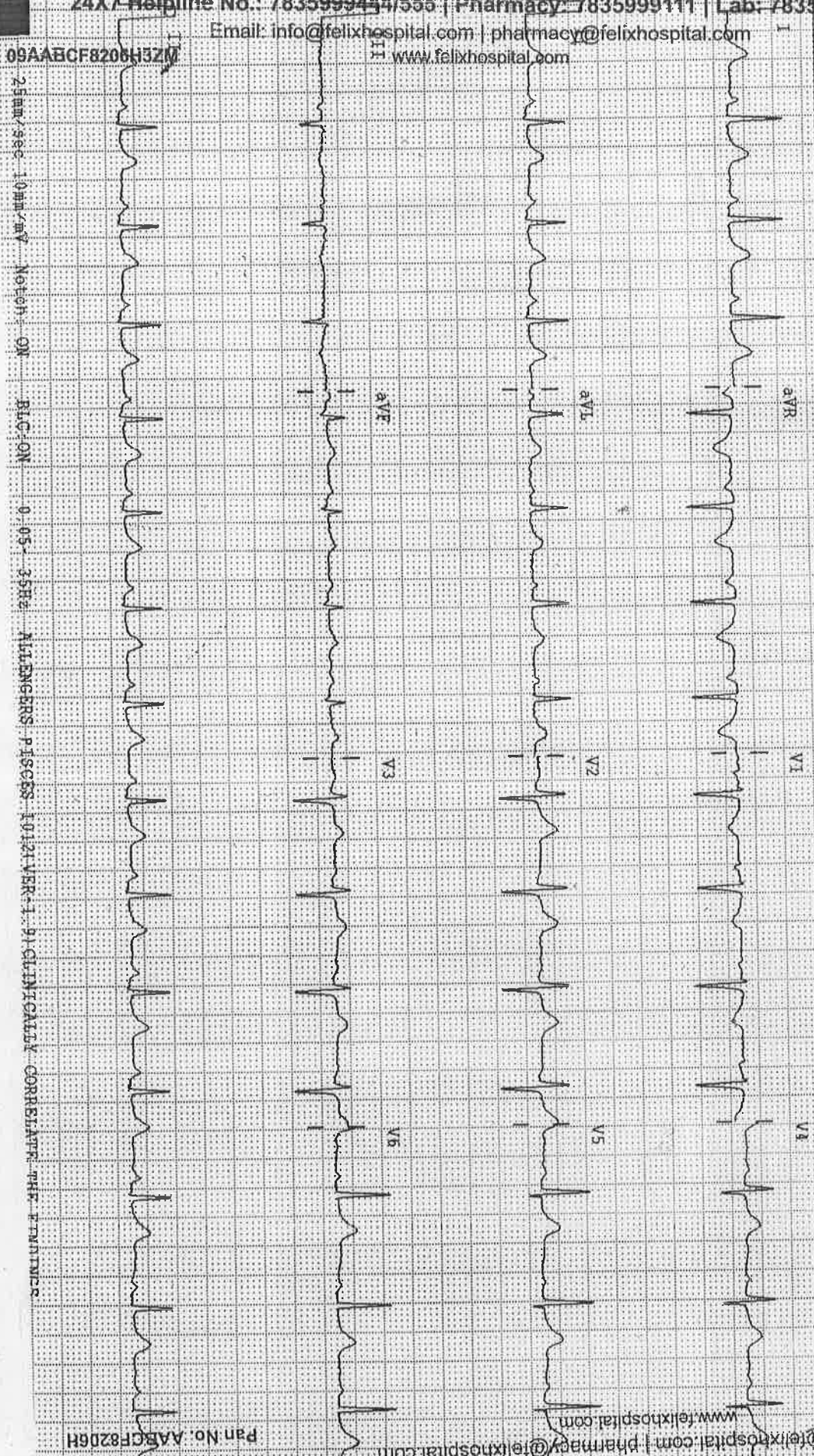
Pan No. AABCF8206H

HR	88 bpm	SINUS BRITUM
PR	676 ms	POOR R WAVE PROGRESSION
QR	142 ms	LOW QRS VOLTAGES IN PRECORDIAL LEADS
QRS	79 ms	
QT	362 ms	
QTc	411 ms	

AXIAL: 36°  
S: 16°  
T: 26°

ST. REPORT FORMAT: 3x4+1L SQ

REF: DR. RAHUL



25mm/sec 10mm/mV Notch ON RUC ON 0.05-35Hz ALLEGERS: PASCES 10121 VER-1.91 CLINICALLY CORRELATE THE FINDINGS

Pan No. AABCF8206H

24X7 Helpline No.: 7835999444/555 | Pharmacy: 7835999111 | Lab: 7835999333  
NH-01, Sector-137, Expressway, Noida-201305  
Email: info@felixhospital.com | pharmacy@felixhospital.com  
www.felixhospital.com



# Felix Hospital

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

X7 Helpline No.: 7835999444/555 | Pharmacy: 7835999111 | Lab: 7835999333

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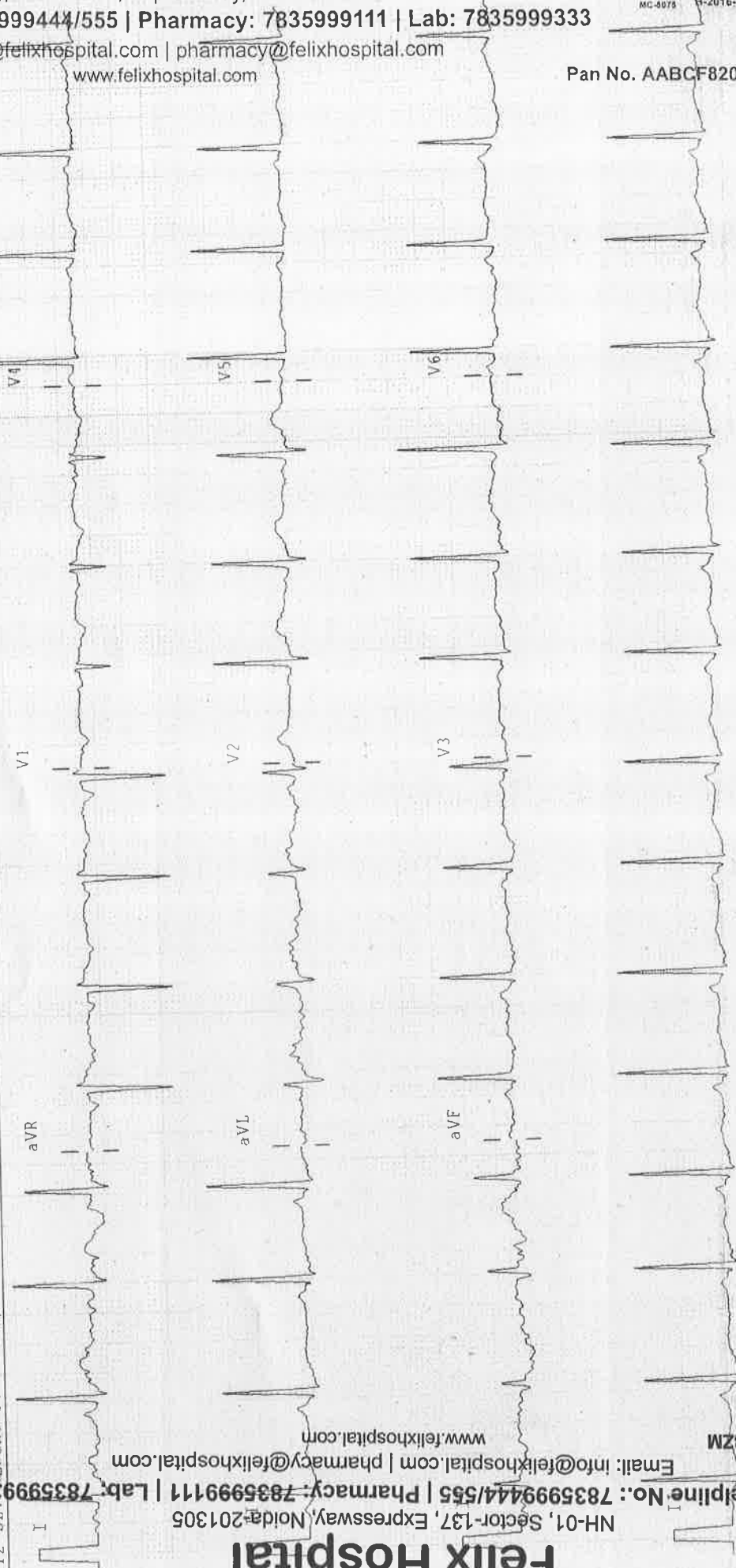
Pan No. AABCF8206H



Dr. DR. RAHUL

REF

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



120 ms  
86 ms  
48 ms  
99 ms

50°  
51°  
19°

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23/12/22

Routine Eye Exam

MR. Uttkarsh Chirag 35/M

Vn < 6/6  
eglatm 6/6

NCT < 19 mmHg  
18 mmHg

Adv

-old Nylosot

Accp < -1.00 / -0.25 x 125° 6/6  
-1.00 / -0.25 x 90° 6/6

ooo BIE  
x Regular  
[Signature]

[Signature]  
Dr. Abdul Qadir  
Consultant Ophthalmology  
MBBS, DNS (Ophthalmology),  
D.O.M.S.  
Anterior Segment Phaco refractive  
Oculoplasty Surgeon  
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