

24x7 Helpline - 7835999444, 7835999555

Patient Name : Mrs. VISHAKHA YADAV [UHIDNO:FHP26963425032023]
Age / Gender : 30 Yr / Female
Address : SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH

UHIDNO:FHP269634250320

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-147803

BIOCHEMISTRY

Request Date : 25-03-2023 09:46 AM
Collection Date : 25-03-2023 10:18 AM [BI11274]
Acceptance Date : 25-03-2023 10:18 AM | TAT: 02:42 [HH:MM]

Reporting Date : 25-03-2023 01:00 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		191.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		224.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl ₂ -enzymatic*		43.00 mg/dL	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		103.20 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		44.80 mg/dL *	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		4.44	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

Vasthuk

Prepared By
PIYUSH SHUKLA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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BIOCHEMISTRY

Request Date : 25-03-2023 09:46 AM
Collection Date : 25-03-2023 10:18 AM[B111274]
Acceptance Date : 25-03-2023 10:18 AM | TAT: 01:37 [HH:MM]

Reporting Date : 25-03-2023 11:55 AM
Reporting Status : Finalized

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 %		5.9 %	
<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> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7%</p> <p><i>Comments:</i> 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><i>(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.)</i></p> <p>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</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>			

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HAEMATOLOGY

Request Date : 25-03-2023 09:46 AM
Collection Date : 25-03-2023 10:18 AM[HA8930]
Acceptance Date : 25-03-2023 10:18 AM | TAT: 02:03 [HH:MM]

Reporting Date : 25-03-2023 12:21 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		13.10 gm/dL	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5900 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		55.40 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		34.80 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		5.60 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		4.20 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.96 millions/cumm	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		42.30 %	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		85.30 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		26.30 Picogram *	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		30.80 % *	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.30 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		50 mm/hr *	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
ABHISHEK RATHI

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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

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BIOCHEMISTRY

Request Date : 25-03-2023 09:46 AM
Collection Date : 25-03-2023 10:17 AM[B111273]
Acceptance Date : 25-03-2023 10:17 AM | TAT: 01:54
[HH:MM]

Reporting Date : 25-03-2023 12:11 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) * Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		101.0 mg/dL	74.00 - 110.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.



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PIYUSH SHUKLA

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CLINICAL PATHOLOGY

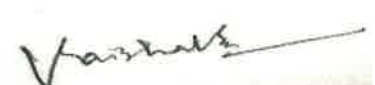
Request Date : 25-03-2023 09:46 AM
Collection Date : 25-03-2023 10:18 AM[CLP13269]
Acceptance Date : 25-03-2023 10:18 AM | TAT: 03:28
[HH:MM]

Reporting Date : 25-03-2023 01:46 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
URINE ROUTINE AUTOMATED *[Random Urine]			
VOLUME		30 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		S.TURBID *	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		4-5 /HPF *	0.0-3.0
RBC		0-1 /HPF *	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		8-10 /HPF *	F 0.00 - 5.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

Please correlate clinically

END OF REPORT.



Prepared By
AVANISH KUMAR YADAV

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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Reporting Date : 25-03-2023 01:00 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		15.7 mg/dL	F 10.00 - 40.00 mg/dL
S.CREATININE (ENZYMATIC)*		0.60 mg/dL	F 0.52 - 1.04 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		4.80 mg/dL	F 2.50 - 6.20 mg/dL
S.CALCIUM (ARSENazo DYE)*		8.90 mg/dL	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		141.0 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		5.00 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		2.90 mg/dL	2.50 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		101.0 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)*		36.0 IU/L	F 14.00 - 36.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		54.0 IU/L *	F 0.00 - 35.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		97.0 IU/L	F 35.00 - 104.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.80 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		3.70 gm/dL	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		4.10 gm/dL *	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		0.90 *	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

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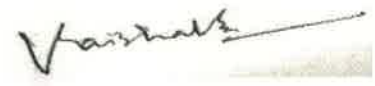
HAEMATOLOGY

Request Date : 25-03-2023 09:46 AM
Collection Date : 25-03-2023 10:18 AM[HA8930]
Acceptance Date : 25-03-2023 10:18 AM | TAT: 01:24
[HH:MM]

Reporting Date : 25-03-2023 11:42 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
Blood Group (RH Type) *[EDTA tube(purple top)]			
Blood Group	Forward Grouping Method	AB	
Rh Type	Forward Grouping Method	POSITIVE	

END OF REPORT.



Prepared By
ABHISHEK RATHI

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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IMMUNOLOGY

Request Date : 25-03-2023 09:46 AM
Collection Date : 25-03-2023 10:18 AM[IMMU23260]
Acceptance Date : 25-03-2023 10:18 AM | TAT: 05:37
 [HH:MM]

Reporting Date : 25-03-2023 03:55 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) *[Plain tube (red top)]	CLIA		
Total T3		1.57 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		129.95 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		7.86 μ IU/mL *	0.38 - 5.33 μ IU/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.

Vaibhav

Prepared By
PRANJALI RAI

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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BIOCHEMISTRY

Request Date : 25-03-2023 09:46 AM
Collection Date : 25-03-2023 01:40 PM[B111340]
Acceptance Date : 25-03-2023 01:40 PM | TAT: 01:33
[HH:MM]

Reporting Date : 25-03-2023 03:13 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		146.0 mg/dL *	80.00 - 140.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.



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PIYUSH SHUKLA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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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. 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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Reporting Date : 25-03-2023 12:22 PM
Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN FEMALE

Liver is mild to moderately enlarged in size, measuring ~ 176 mm and shows homogeneously raised echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.

Gall bladder: Multiple calculi measuring upto 6-7 mm noted & posterior wall of GB is obscured by distal acoustic shadowing (Wall Echo Shadow Complex). CBD is not dilated.

Pancreas is normal in size, shape and echotexture.

Spleen is normal in size (100 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 100 x 36 mm. Left kidney measures 110 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.

Uterus is retroverted and normal in size (57 x 24 x 24 mm). Myometrial echoes are homogeneous. Endometrium thickness is 8.5 mm.

Both ovaries reveal multiple tiny peripherally disposed follicles with increased central stroma.

Right ovary is bulky in size, measures 37 x 25 x 33 mm (volume ~ 16.0 cc).

Left ovary is minimally bulky in size, measures 39 x 25 x 26 mm (volume ~ 13.6 cc).

Cul-de-sac is clear.

IMPRESSION:

Mild to moderate hepatomegaly with grade I / II fatty changes.

Chronic calculous cholecystitis.

Bilateral polycystic ovarian morphology.

Rest of the scan is unremarkable.

Advice: Clinical and Hormonal Correlation.

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Reporting Date : 25-03-2023 12:07 PM
Report Status : Finalized

TREADMILL TEST (TMT)

INDICATIONS		SOB	
IMAGE QUALITY	GOOD	VIEWS	PLAX,PSAX,AP4CH,AP2CH

MEASUREMENTS	ABSOLUTE VALUE				NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	19				23-34	Mitral E velocity	0.87m/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)	30				25-40	Mitral E/A ratio	1.64	1-2
Left Ventricular ED Dimension (mm)	39				39-53	Mitral DT	215msec	160-240 msec
Left Ventricular ES Dimension (mm)	25				23-36	TAPSE	16mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	10	ES	12	6-11	Peak Aortic velocity	1.17m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	11	ES	15	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	0.70m/sec	0.5-1.3 m/s

RWMA: No RWMA

PA PRESSURE: Not raised

COLOR FLOW MAPPING:

Normal valve

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FINDINGS:

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

- No RWMA
- No LVDD
- Normal valve
- No LVH
- Normal LV size and systolic function
- Normal RV Size and systolic function
- No Clot/vegetation/pericardial effusion
- IVC is not dilated and greater than 50% collapsible.

**IMPRESSION:
NORMAL ECHO STUDY.**

END OF REPORT

Felix Hospitals

Your care, Our passion

Dr. SYED ZAFRUL HASAN
MBBS, PGDCC, ACMDC, DFM (U.K)
(Associate Consultant)

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B2 bpm 82
 P-R-T 31 ms
 QRS 120 ms
 QTc 78 ms
 QT 324 ms
 QTd 363 ms

P 77°
 QRS 69°
 T 56°

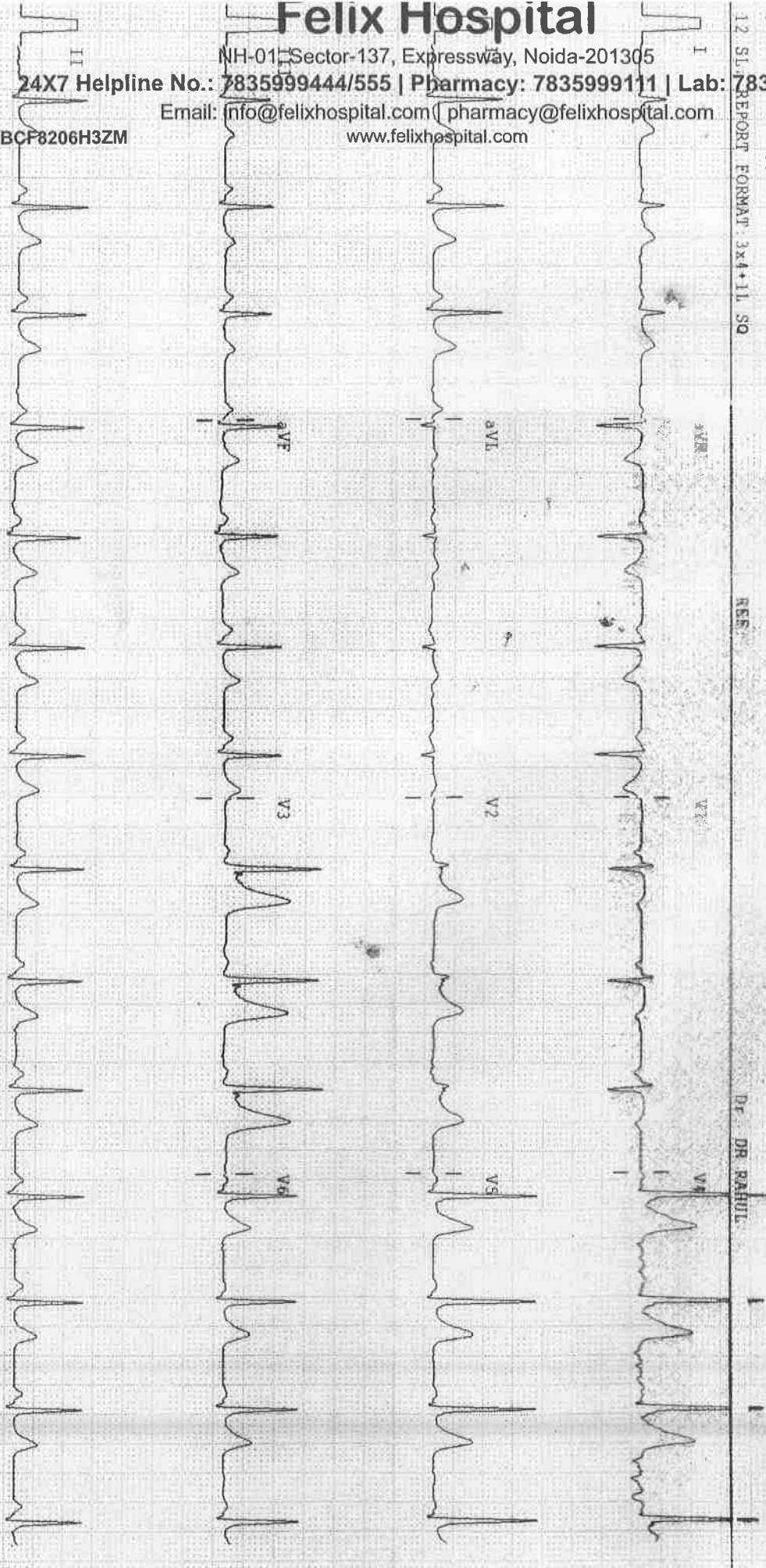
12 SL REPORT FORMAT 3x4+1L SQ

REF.

Dr. DR. RAHUL

K9
 SIMUS RHYTHM
 Age - 54 / m

AGHPL 10/11/2022
 DERA BASSI



INTERPRETATION CORRELATE THE FINDINGS