

# 24x7 Helpline - 7835999444 , 7835999555

**Patient Name :** Mrs. RASHMI SHARMA [UHIDNO:FHP26931722032023]  
**Age / Gender :** 32 Yr / Female  
**Address :** H588 ALPHA-2 GR NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
UHIDNO:FHP269317220320

**Reg. ID :** OPD.22-23-146665

## HAEMATOLOGY

**Request Date :** 22-03-2023 08:23 AM  
**Collection Date :** 22-03-2023 08:42 AM[HA8575]  
**Acceptance Date :** 22-03-2023 08:42 AM | **TAT:** 01:33 [HH:MM]

**Reporting Date :** 22-03-2023 10:15 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR)</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		12.40 gm/dL	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5010 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		53.00 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		33.70 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		6.90 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		<b>6.40 % *</b>	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDEANCE)*		4.37 millions/cumm	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		37.70 %	F 36.00 - 46.00% (Age 13 Y - 100 Y)
MCV(Calculated)*		86.30 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		28.50 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		33.0 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.50 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		<b>40 mm/hr *</b>	M 0 - 10 F 5 - 20

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

END OF REPORT.



Prepared By  
ABHISHEK RATHI

VAIBHAV TIWARI  
MBBS, MD  
PATHOLOGY

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

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Page 1 of 1  
Printed By: SANJAY SONI

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
UHIDNO:FHP269317220320

**Reg. ID :** OPD.22-23-146665

## BIOCHEMISTRY

**Request Date :** 22-03-2023 08:23 AM  
**Collection Date :** 22-03-2023 08:42 AM [BI10840]  
**Acceptance Date :** 22-03-2023 08:42 AM | TAT: 01:50 [HH:MM]

**Reporting Date :** 22-03-2023 10:32 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		13.40 mg/dL	F 10.00 - 40.00 mg/dL
S.CREATININE (ENZYMATIC)*		<b>0.40 mg/dL *</b>	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)*		9.20 mg/dL	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		140.0 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)*		4.00 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>			
<b>LIVER FUNCTION TEST *[ Plain tube (red top) ]</b>			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.40 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)		0.20 mg/dL	Adult 0.00 - 1.10 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*		25.0 IU/L	F 14.00 - 36.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		22.0 IU/L	F 0.00 - 35.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		<b>114.0 IU/L *</b>	F 35.00 - 104.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.20 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		<b>3.40 gm/dL *</b>	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		<b>3.80 gm/dL *</b>	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		<b>0.89 *</b>	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

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**Age / Gender :** 32 Yr / Female  
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**Requesting Doctor:** Dr. ANSHUMALA SINHA



**Reg. ID :** OPD.22-23-146665

## HAEMATOLOGY

**Request Date :** 22-03-2023 08:23 AM  
**Collection Date :** 22-03-2023 08:42 AM[HA8575]  
**Acceptance Date :** 22-03-2023 08:42 AM | **TAT:** 04:04 [HH:MM]

**Reporting Date :** 22-03-2023 12:46 PM  
**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	

END OF REPORT.

*Vasthuk*

Prepared By  
ABHISHEK RATHI

V. BHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.22-23-146665

## BIOCHEMISTRY

**Request Date :** 22-03-2023 08:23 AM

**Reporting Date :** 22-03-2023 02:31 PM

**Collection Date :** 22-03-2023 08:42 AM[BI10840]

**Reporting Status :** Finalized

**Acceptance Date :** 22-03-2023 08:42 AM | **TAT:** 05:49 [HH:MM]

Investigations	Method	Result	Biological Reference				
<b>GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[ edta tube(purple top) ]</b> (Method:HPLC Assay) Ref Range for HBA1c Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %		5.7 %					
<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 glycaemic 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 &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							

END OF REPORT.



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**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
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**Reg. ID :** OPD.22-23-146665

## IMMUNOLOGY

**Request Date :** 22-03-2023 08:23 AM  
**Collection Date :** 22-03-2023 08:42 AM[IMMU23167]  
**Acceptance Date :** 22-03-2023 08:42 AM | TAT: 04:54 [HH:MM]

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

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH)</b>	CLIA		
<b>*[ Plain tube (red top) ]</b>			
Total T3		1.31 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		152.32 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		1.92 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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## CLINICAL PATHOLOGY

**Request Date :** 22-03-2023 08:23 AM  
**Collection Date :** 22-03-2023 09:02 AM[CLP13164]  
**Acceptance Date :** 22-03-2023 09:02 AM | **TAT:** 04:33 [HH:MM]

**Reporting Date :** 22-03-2023 01:35 PM  
**Reporting Status :** Finalized

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)		1.010	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		2-3 /HPF	0.0-3.0
RBC		NIL /HPF	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		3-4 /HPF	F 0.00 - 5.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

Please correlate clinically

END OF REPORT.

*Vaishali*

Prepared By  
AVANISH KUMAR YADAV

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

# 24x7 Helpline - 7835999444 , 7835999555

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

UHIDNO:FHP269317220320

**Reg. ID :** OPD.22-23-146665

## CLINICAL PATHOLOGY

**Request Date :** 22-03-2023 08:23 AM  
**Collection Date :** 22-03-2023 09:03 AM[CLP13165]  
**Acceptance Date :** 22-03-2023 09:03 AM | **TAT:** 04:22 [HH:MM]

**Reporting Date :** 22-03-2023 01:25 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>STOOL ROUTINE *[ stool ]</b>	MICROSCOPY		
COLOR		YELLOWISH	
CONSISTENCY		SOLID	
CHEMICAL EXAMINATION (pH)		ACIDIC	
BLOOD		ABSENT	ABSENT
MUCUS		ABSENT	ABSENT
<b>MICROSCOPIC EXAMINATION:</b>			
PUS CELLS		2-3	NIL / HPF
RED BLOOD CELLS		NIL	NIL / HPF
EPITHELIAL CELLS		0-1	NIL / HPF
PARASITE		NIL	NIL
CYST		NIL	NIL
OVA		NIL	NIL
OTHER		NIL	NIL


END OF REPORT.

*Vaibhav*

Prepared By  
AVANISH KUMAR YADAV

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

# 24x7 Helpline - 7835999444 , 7835999555

**Patient Name :** Mrs. RASHMI SHARMA [UHIDNO:FHP26931722032023]   
**Age / Gender :** 32 Yr. / Female UHIDNO:FHP269317220320  
**Address :** H588 ALPHA-2 GR NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor :** Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-146665

## BIOCHEMISTRY

**Request Date :** 22-03-2023 08:23 AM **Reporting Date :** 22-03-2023 10:47 AM  
**Collection Date :** 22-03-2023 08:41 AM [BI10839] **Reporting Status :** Finalized  
**Acceptance Date :** 22-03-2023 08:41 AM | TAT: 02:06 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR FASTING (BSF) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		90.0 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)



# 24x7 Helpline - 7835999444 , 7835999555

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

UHIDNO:FHP269317220320

**Reg. ID :** OPD.22-23-146665

## BIOCHEMISTRY

**Request Date :** 22-03-2023 08:23 AM  
**Collection Date :** 22-03-2023 08:42 AM [BI10840]  
**Acceptance Date :** 22-03-2023 08:42 AM | TAT: 01:52 [HH:MM]

**Reporting Date :** 22-03-2023 10:34 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		164.0 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		83.0 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		52.0 mg/dL	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		<b>95.4 mg/dL *</b>	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		16.6 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		3.15	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

*Vaishali*

Prepared By  
SURAJ KUMAR

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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

Patient Name: Mrs. RASHMI SHARMA / UHIDNO:FHP26931722032023

Age / Gender: 32 Yr /Female

Address: H588 ALPHA-2 GR NOIDA, Gautam Buddha Nagar,  
UTTAR PRADESH

Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-146665

Request Date : 22-03-2023 08:23 AM

Reporting Date : 22-03-2023 10:36 AM

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\*

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

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Age / Gender: 32 Yr /Female  
Address: H588 ALPHA-2 GR NOIDA, Gautam Buddha Nagar,  
UTTAR PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-146665

Request Date : 22-03-2023 08:23 AM

Reporting Date : 22-03-2023 08:57 AM

Report Status : Finalized

### ULTRASOUND WHOLE ABDOMEN FEMALE

**Liver** is normal in size (125 mm), shape 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 92 x 35 mm. Left kidney measures 102 x 38 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 anteverted and normal in size (61 x 22 x 36 mm). Myometrial echoes are homogeneous.

Endometrium thickness is 6.4 mm.

**Both ovaries** are normal in size, shape and echotexture.

Right ovary measures 24 x 18 x 31 mm (volume ~ 7.0 cc).

Left ovary measures 21 x 17 x 24 mm (volume ~ 4.3 cc).

Cul-de-sac is clear.

**IMPRESSION:** Grade I fatty liver.

**Advice:** Clinical Correlation.

END OF REPORT

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

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

Mrs. RASHMI SHARMA / UHIDNO:FHP26931722032023  
Reg. No.: OPD.22-23-146665

Printed By: LALITA SHARMA  
22-03-2023 10:28:11

This is not for Medical Legal purpose

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

**Patient Name:** Mrs. RASHMI SHARMA / UHIDNO:FHP26931722032023  
**Age / Gender:** 32 Yr /Female  
**Address:** H588 ALPHA-2 GR NOIDA, Gautam Buddha Nagar,  
UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



**Reg. No.:** OPD.22-23-146665

Request Date : 22-03-2023 08:23 AM

Reporting Date : 22-03-2023 10:41 AM  
Report Status : Finalized

**TREADMILL TEST (TMT)**

<b>INDICATIONS</b>		<b>SOB</b>	
<b>IMAGE QUALITY</b>	GOOD	<b>VIEWS</b>	PLAX,PSAX,AP4CH,AP2CH

**REPORT :-**

MEASUREMENTS	ABSOLUTE VALUE				NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	23				23-34	Mitral E velocity	0.88m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.36m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	32				25-40	Mitral E/A ratio	2.47	1-2
Left Ventricular ED Dimension (mm)	46				39-53	Mitral DT	227msec	160-240 msec
Left Ventricular ES Dimension (mm)	29				23-36	TAPSE	19 mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	09	ES	14	6-11	Peak Aortic velocity	1.13 m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	10	ES	14	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	0.69m/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 : 65%**.
- Normal cardiac chambers dimensions.
- 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 :**  
**NORMAL ECHO STUDY.**

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\*