

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

**Patient Name :** Mr. BIBHUTI KUMAR CHAUDHARY [UHIDNO: FHP26499211022023]  
**Age / Gender :** 32 Yr / Male  
**Address :** SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA  
**Reg. ID :** OPD.22-23-131342

**BIOCHEMISTRY**

**Request Date :** 11-02-2023 09:20 AM  
**Collection Date :** 11-02-2023 02:18 PM [BI5436]  
**Acceptance Date :** 11-02-2023 02:18 PM | TAT: 01:53 [HH:MM]  
**Reporting Date :** 11-02-2023 04:11 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>		100.00 mg/dL	80.00 - 140.00 mg/dL (Age <= 100 )

*Please correlate clinically*

END OF REPORT.

*Vaishali*

Prepared By  
SANDEEP SINGH

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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

**Patient Name :** Mr. BIBHUTI KUMAR CHAUDHARY [UHIDNO: FHP26499211022023]  
**Age / Gender :** 32 Yr / Male UHIDNO:FHP264992110220  
**Address :** SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA **Reg. ID :**OPD.22-23-131342

**BIOCHEMISTRY**

**Request Date :** 11-02-2023 09:20 AM **Reporting Date :** 11-02-2023 03:57 PM  
**Collection Date :** 11-02-2023 10:21 AM[B15350] **Reporting Status :** Finalized  
**Acceptance Date :** 11-02-2023 10:21 AM | TAT: 05:36 [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 %		5.4 %	
<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>  Ages 0-6 years: 7.6% - 8.4%  Ages 6-12 years: &lt;8%  Ages 13-19 years: &lt;7.5%  Adults: &lt;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><u>ADA criteria for correlation between HbA1c &amp; Mean plasma glucose levels:</u></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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Regn. No. - OPD.22-23-  
**Patient Name :** Mr. BIBHUTI KUMAR CHAUDHARY [UHIDNO: Mr. BIBHUTI KUMAR CHAUDHARY UHIDNO:  
 Prepared By: SANDEEP SINGH FHP26499211022023 UHIDNO:FHP264992110220  
**Age / Gender :** 32 Yr / Male (PATHOLOGY)  
**Address :** SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-131342

**IMMUNOLOGY**

**Request Date :** 11-02-2023 09:20 AM **Reporting Date :** 11-02-2023 12:19 PM  
**Collection Date :** 11-02-2023 10:21 AM [IMMU22203] **Reporting Status :** Finalized  
**Acceptance Date :** 11-02-2023 10:21 AM | TAT: 01:58 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH) CLIA</b> <b>*[ Plain tube (red top) ]</b>			
Total T3		1.78 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		116.43 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		3.90 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.

*Handwritten signature*

Prepared By  
LAXMI


VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
UHIDNO:FHP264992110220  
**Reg. ID :** OPD.22-23-131342

### HAEMATOLOGY

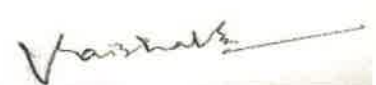
**Request Date :** 11-02-2023 09:20 AM  
**Collection Date :** 11-02-2023 10:21 AM[HA4297]  
**Acceptance Date :** 11-02-2023 10:21 AM | TAT: 03:57 [HH:MM]

**Reporting Date :** 11-02-2023 02:18 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	
<i>Method- Forward &amp; Reverse Grouping (Tube Agglutination)</i>			

END OF REPORT.

Prepared By  
SURAJ KUMAR

  
VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)


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**Requesting Doctor:** Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-131342

### HAEMATOLOGY

**Request Date :** 11-02-2023 09:20 AM **Reporting Date :** 11-02-2023 02:44 PM  
**Collection Date :** 11-02-2023 10:21 AM[HA4297] **Reporting Status :** Finalized  
**Acceptance Date :** 11-02-2023 10:21 AM | TAT: 04:23 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR)</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		13.90 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		6540 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		52.2 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		38.4 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		8.1 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		1.3 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.0 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.74 millions/cumm	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		40.7 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		85.8 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		29.4 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		34.2 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.44 Lakh/cumm *	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		18 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  
VARSHABEN JAGDISHBHAI VIDJA

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-131342


### BIOCHEMISTRY

**Request Date :** 11-02-2023 09:20 AM **Reporting Date :** 11-02-2023 12:29 PM  
**Collection Date :** 11-02-2023 10:21 AM [BIS350] **Reporting Status :** Finalized  
**Acceptance Date :** 11-02-2023 10:21 AM | TAT: 02:08 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		157.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		138.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		40.00 mg/dL	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		<b>89.4 mg/dL *</b>	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		27.6 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		3.925	3.00 - 5.00

Performed On: VITROS 250  
Please correlate clinically

END OF REPORT.



Prepared By  
SANDEEP SINGH

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**BIOCHEMISTRY**

**Request Date :** 11-02-2023 09:20 AM  
**Collection Date :** 11-02-2023 10:21 AM [BIS350]  
**Acceptance Date :** 11-02-2023 10:21 AM | TAT: 02:07 [HH:MM]  
**Reporting Date :** 11-02-2023 12:28 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		24.5 mg/dL	M 13.00 - 43.00 mg/dL
S.CREATININE (ENZYMATIC)*		1.0 mg/dL	M 0.66 - 1.25 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		5.60 mg/dL	M 3.50 - 8.50 mg/dL
S.CALCIUM (ARSENazo DYE)*		9.10 mg/dL	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		143.00 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.30 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.30 mg/dL	2.50 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		<b>108.00 mmol/L *</b>	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 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.20 mg/dL	Adult 0.00 - 0.30 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.40 mg/dL	Adult 0.00 - 1.10 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*		<b>60.00 IU/L *</b>	M 17.00 - 59.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		<b>147.00 IU/L *</b>	M 0.00 - 52.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		106.00 IU/L	M 38.00 - 126.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.70 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		3.90 gm/dL	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		<b>3.80 gm/dL *</b>	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.03	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

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**Address :** SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
Consultant Interventional Radiology  
UHIDNO:FHP264992110220

Reg. ID :OPD.22-23-131342

### BIOCHEMISTRY


**Request Date :** 11-02-2023 09:20 AM  
**Collection Date :** 11-02-2023 10:22 AM[B15351]  
**Acceptance Date :** 11-02-2023 10:22 AM | TAT: 01:41  
[HH:MM]

**Reporting Date :** 11-02-2023 12:03 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR FASTING (BSF) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		92.00 mg/dL	74.00 - 110.00 (Age <= 100 )

*Please correlate clinically*

END OF REPORT.



Prepared By  
SANDEEP SINGH

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
UHIDNO:FHP264992110220

**Reg. ID :** OPD.22-23-131342

**CLINICAL PATHOLOGY**

**Request Date :** 11-02-2023 09:20 AM  
**Collection Date :** 11-02-2023 10:21 AM[CLP11840]  
**Acceptance Date :** 11-02-2023 10:21 AM | TAT: 06:05  
[HH:MM]

**Reporting Date :** 11-02-2023 04:26 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)		1.025	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		<b>4-6 /HPF *</b>	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

Please correlate clinically

END OF REPORT.



Prepared By  
KAMAL KISHOR MANDAL

Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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PRADESH  
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-131342

Request Date : 11-02-2023 09:20 AM

Reporting Date : 11-02-2023 12:31 PM  
Report Status : Finalized

### TREADMILL TEST (TMT)

**REASON FOR EXAMINATION:** Routine

#### **FINDINGS:**

The patient was exercised according to standard Bruce protocol for 01.57 minutes achieving maximal heart rate of 182 resulting in 97% of age-predicted maximal heart rate (188). Peak blood pressure was 120/80. 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%

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**ULTRASOUND WHOLE ABDOMEN MALE**

Liver is normal in size (measures ~127 mm), shape and shows homogenous echopattern. **A well defined hyperechoic lesion, measuring ~ 24 x 20 mm is noted in right lobe of liver, likely hemangioma.** Intrahepatic biliary radicles and venous channels appear normal. **Gall bladder is not visualized consistent with post cholecystectomy status.** CBD is not dilated. **Pancreas** is normal in size, shape and echotexture. **Spleen** is normal in size (measures ~90 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 94 x 35 mm. Left kidney measures 91 x 51 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: 14 cc), shape and echotexture.

**IMPRESSION: A well defined hyperechoic lesion in right lobe of liver, likely hemangioma.**

**Advice: Clinical correlation.**

END OF REPORT

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Dr. PRIYANKA GUPTA  
MBBS, MD (Radio Diagnosis)  
P.D.C.C Breast Imaging (AIIMS)  
P.D.C.C Gastro Radiology (AIIMS)

*Priyanka*

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Reporting Date : 11-02-2023 12:46 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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EXAMINATION NUMBER 44

11/02/2023 12:06:53

AGE: Y M D

32 yr/m

KG

Bhimbhuti

AGHPL  
DERA BASSI

RATE : 114 bpm  
 R-R : 526 ms  
 P-R : 138 ms  
 QRS : 80 ms  
 QT : 302 ms  
 QTc : 397 ms

SINUS TACHYCARDIA  
 INFERIOR T WAVE ABNORMALITY IS NONSPECIFIC

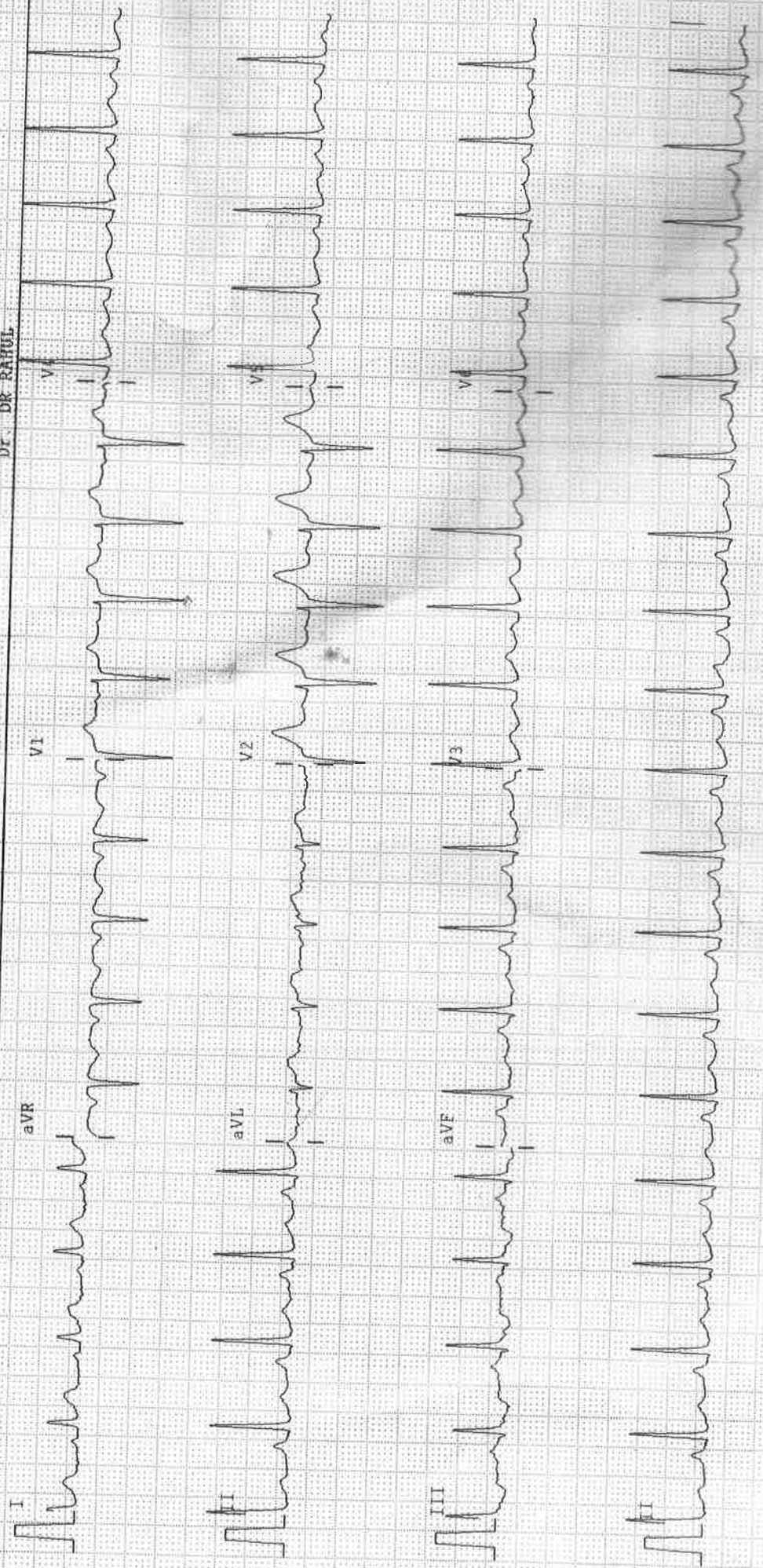
--AXIS--

P : 73°  
 QRS : 72°  
 T : 16°

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

REF:

Dr. DR RAHUL



$\nu_{in} \left\{ \begin{array}{l} 5/60 \\ 4/60 \end{array} \right.$

$\nu_{in} \bar{c} \text{ glass} \left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

$\nu_{in} \left\{ \begin{array}{l} N-36 \\ N-36 \end{array} \right.$

$\nu_{in} \bar{c} \text{ glass} \left\{ \begin{array}{l} N-6 \\ N-6 \end{array} \right.$

$\rho_{OU} \left\{ \begin{array}{l} R-5.00 \Delta 8 (6/6) \\ L-7.00 \Delta 8 (6/6) \end{array} \right.$

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Add +2.50 D SN-6BC

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colour  $\nu_{in}$  (WNL)