

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mr. YOGRAJ [UHIDNO:FHP24349624092022]
Age / Gender : 35 Yr / Male
Address : 402/CS-7 SUPERTECH CAPETOWN SECT-74 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH


 UHIDNO:FHP243496240920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-73729

BIOCHEMISTRY

Request Date : 24-09-2022 09:01 AM
Collection Date : 24-09-2022 09:27 AM[B136252]
Acceptance Date : 24-09-2022 09:28 AM | **TAT:** 30:08 [HH:MM]

Reporting Date : 25-09-2022 03:36 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
GGTP *[Plain tube (red top)]	KINETIC	40.00 U/L	0.00 - 55.00 U/L (Age 0 - 100)
<p><i>An increased GGT level may be due to any of the following:</i></p> <ul style="list-style-type: none"> • Alcohol use • Diabetes • Flow of bile from the liver is blocked (cholestasis) • Heart failure • Swollen and inflamed liver (hepatitis) • Lack of blood flow to the liver • Death of liver tissue • Liver cancer or tumor • Lung disease • Pancreas disease • Scarring of the liver (cirrhosis) • Use of drugs that are toxic to the liver 			

END OF REPORT.

Prepared By
VINEET KUMAR



Dr. ASHILY KOSHY
MBBS, MD(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

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BIOCHEMISTRY

Request Date : 24-09-2022 09:01 AM
Collection Date : 24-09-2022 09:27 AM [BI36252]
Acceptance Date : 24-09-2022 09:28 AM | **TAT:** 06:57 [HH:MM]

Reporting Date : 24-09-2022 04:25 PM
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 %		6.8 %	
<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></p> <p>Ages 0-6 years: 7.6% - 8.4%</p> <p>Ages 6-12 years: <8%</p> <p>Ages 13-19 years: <7.5%</p> <p>Adults: <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><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><i>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</i></p>			
HbA1c(%):	6 7 8 9 10 11 12		
Mean Plasma Glucose:	126 154 183 212 240 269 298		
<p>(mg/dL)</p> <p><i>Please correlate clinically</i></p>			

END OF REPORT.

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UHIDNO:FHP243496240920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-73729

IMMUNOLOGY


Request Date : 24-09-2022 09:01 AM
Collection Date : 24-09-2022 09:27 AM[IMMU19340]
Acceptance Date : 24-09-2022 09:28 AM | **TAT:** 05:39 [HH:MM]

Reporting Date : 24-09-2022 03:07 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		159.1 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		5.22 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 & 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
SURAJ KUMAR


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Reg. ID :OPD.22-23-73729

BIOCHEMISTRY

Request Date : 24-09-2022 09:01 AM
Collection Date : 24-09-2022 09:28 AM [BI36253]
Acceptance Date : 24-09-2022 09:28 AM | TAT: 03:50 [HH:MM]


Reporting Date : 24-09-2022 01:18 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) * [Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		103.00 mg/dL	74.00 - 110.00 (Age <= 100)

Please correlate clinically

END OF REPORT.

Prepared By
ABHISHEK RATHI


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Buddha Nagar, UTTAR PRADESH


UHIDNO:FHP243496240920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-73729

HAEMATOLOGY


Request Date : 24-09-2022 09:01 AM
Collection Date : 24-09-2022 09:27 AM[HA28635]
Acceptance Date : 24-09-2022 09:28 AM | **TAT:** 03:39
[HH:MM]

Reporting Date : 24-09-2022 01:07 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
Blood Group (RH Type) *[EDTA tube(purple top)]			
Blood Group	Forward Grouping Method	O	
Rh Type	Forward Grouping Method	POSITIVE	
<i>Method- Forward & Reverse Grouping (Tube Agglutination)</i>			

END OF REPORT.

Prepared By
VARSHABEN JAGDISHBHAI VIDJA


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

Request Date : 24-09-2022 09:01 AM
Collection Date : 24-09-2022 09:27 AM[B136252]
Acceptance Date : 24-09-2022 09:28 AM | **TAT:** 03:23 [HH:MM]

Reporting Date : 24-09-2022 12:51 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		211.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		215.00 mg/dL	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		127 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		43 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		5.15	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.



Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

Prepared By
ABHISHEK RATHI

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Reg. ID : OPD.22-23-73729

BIOCHEMISTRY

Request Date : 24-09-2022 09:01 AM
Collection Date : 24-09-2022 09:27 AM[B136252]
Acceptance Date : 24-09-2022 09:28 AM | **TAT:** 02:40 [HH:MM]

Reporting Date : 24-09-2022 12:08 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		15.40 mg/dL	M 13.00 - 43.00
S.CREATININE (ENZYMATIC)*		0.70 mg/dL	M 0.66 - 1.25
S.URIC ACID (URICASE, COLORIMETRY)*		8.00 mg/dL	M 3.50 - 8.50
S.CALCIUM (ARSENAZO DYE)*		9.40 mg/dL	8.40 - 10.20
S. SODIUM (DIRECT I.S.E.)*		138.00 mmol/L	137.00 - 145.00
S. POTASSIUM (DIRECT I.S.E.)*		4.60 mmol/L	3.50 - 5.10
S. PHOSPHORUS (PMA PHENOL)*		3.20 mg/dL	2.50 - 4.50 mg/dL
<i>Performed On: VITROS 250</i>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		1.30 mg/dL	Adult 0.20 - 1.30
CONJUGATED(D.Bilirubin) (CALCULATED)		0.20 mg/dL	Adult 0.00 - 0.30
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		1.10 mg/dL	Adult 0.00 - 1.10
S.G.O.T (AST) (KINETIC LEUCO DYE)*		36.0 IU/L	M 17.00 - 59.00
S.G.P.T (ALT) (KINETIC LDH/NADH)*		44.0 IU/L	M 0.00 - 52.00
ALKALINE PHOSPHATASE (pNPP/AMP)*		116.0 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)*		5.40 gm/dL *	3.50 - 5.00
GLOBULIN (CALCULATED)*		2.60 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		2.08	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.



Prepared By
ABHISHEK RATHI

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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

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UHIDNO:FHP243496240920

Reg. ID : OPD.22-23-73729

CLINICAL PATHOLOGY

Request Date : 24-09-2022 09:00 AM
Collection Date : 24-09-2022 09:27 AM[CLP7184]
Acceptance Date : 24-09-2022 09:28 AM | TAT: 06:20 [HH:MM]


Reporting Date : 24-09-2022 03:48 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
URINE ROUTINE AUTOMATED *[Random Urine]			
VOLUME		30 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.020	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
MICROSCOPIC EXAMINATION			
PUS CELLS		1-2 /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
VINEET KUMAR


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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UHIDNO:FHP243496240920

Reg. ID : OPD.22-23-73729

HAEMATOLOGY

Request Date : 24-09-2022 09:00 AM
Collection Date : 24-09-2022 09:27 AM[HA28635]
Acceptance Date : 24-09-2022 09:28 AM | **TAT:** 03:30 [HH:MM]

Reporting Date : 24-09-2022 12:58 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		15.70 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		6600 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		49.10 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		45.00 % *	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		3.50 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		2.40 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		5.69 millions/cumm	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		49.10 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		86.00 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		27.60 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		32.00 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.87 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		25 mm/hr	M 0 - 10 F 5 - 20

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

END OF REPORT.



Prepared By
AMIT SACHAN

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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

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

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Gautam Buddha Nagar, UTTAR PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-73729

Request Date : 24-09-2022 09:01 AM

Reporting Date : 24-09-2022 10:38 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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Address: 402/CS-7 SUPERTECH CAPETOWN SECT-74 NOIDA,
Gautam Buddha Nagar, UTTAR PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-73729

Request Date : 24-09-2022 09:01 AM

Reporting Date : 24-09-2022 01:56 PM
Report Status : Finalized

TREADMILL TEST (TMT)

REASON FOR EXAMINATION: Routine

FINDINGS:

The patient was exercised according to standard Bruce protocol for 04.54 minutes achieving maximal heart rate of 167 resulting in 90% of age-predicted maximal heart rate (185). Peak blood pressure was 140/90. 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. Adequate heart rate and blood pressure response.
2. 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)

15%

Discount on Medicines Purchase from Felix Pharmacy

फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट*

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

Mr. YOGRAJ / UHIDNO:FHP24349624092022
Reg. No.: OPD.22-23-73908

Printed By: IFA SHARMA
26.09.2022 01:56 PM

This is not for Medical Legal purpose

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

Patient Name: Mr. YOGRAJ / UHIDNO:FHP24349624092022
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Address: 402/CS-7 SUPERTECH CAPETOWN SECT-74 NOIDA,
Gautam Buddha Nagar, UTTAR PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-73729

Request Date : 24-09-2022 09:01 AM

Reporting Date : 24-09-2022 11:26 AM
Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN MALE

Liver is normal in size (137 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.

Right kidney is 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 99 x 40 mm.

Left kidney is normal in size, shape and echopattern. Cortico-medullary differentiation and parenchymal thickness is well maintained. No evidence of any pelvicalyceal separation is seen. Left kidney measures 99 x 49 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 ~ 18.0 cc), shape and echotexture.

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 छूट*
Dr. PRIYANKA GUPTA
MBS, MD (Radio Diagnosis)
P.D.C.C Breast Imaging (AIIMS)

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

Mr. YOGRAJ / UHIDNO:FHP24349624092022
Reg. No.: OPD.22-23-73729

This is not for Medical Legal purpose

Printed By: LALITA SHARMA

ID: 68484 CASE:

AGE: Y M D

CMs

K9

SINUS RHYTHM

Yogesh 35/m

24/09/2022 10:40:43

AGHPL
DERA BASSI

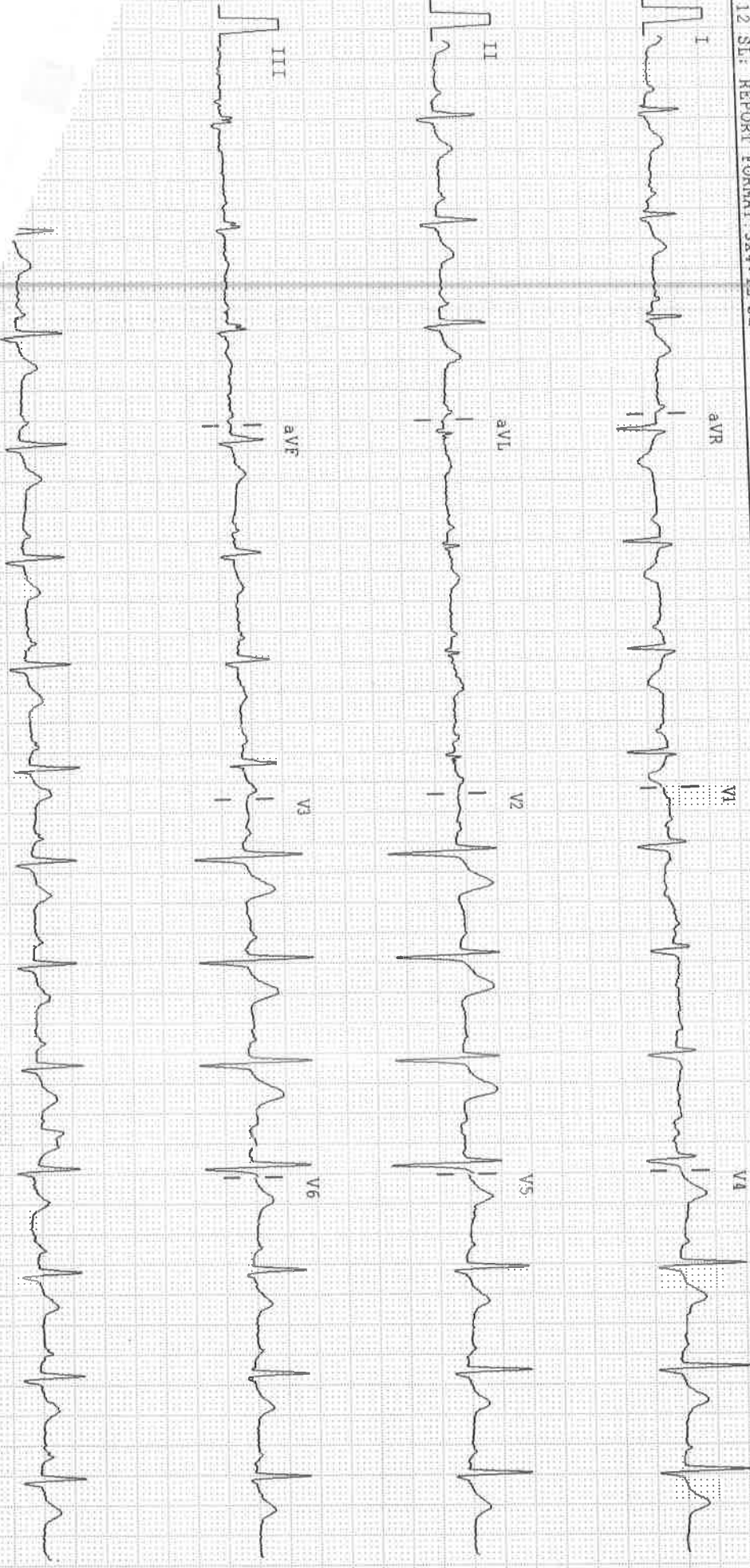
RATE	: 87 bpm
R-R	: 687 ms
P-R	: 158 ms
QRS	: 86 ms
QT	: 342 ms
QTc	: 389 ms

--AXIS--
 P : 33°
 QRS : 40°
 T : 20°

12 SL: REPORT FORMAT: 3x4+L SQ

REF:

Dr. DR CMO



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

Mr. Yograj

24/9/22

35/M.

For Medical exam :

V_n - 6/6
- 6/6

N_{un} - N₆ BE

Color Vision - Normal.

Ant seg - WNL BE

Fundus (anterior) - central WNL BE

Rx 2nd Eyemist forte 810 BE
—————
X Intg.
Diga

15%

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फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट*