

# 24x7 Helpline - 7835999444 , 7835999555

**Patient Name :** Mr. NAVIN KUMAR SINGH [UHIDNO:FHP26648425022023]



**Age / Gender :** 51 Yr / Male

UHIDNO:FHP266484250220

**Address :** NOIDA SECT-137 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH

**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.22-23-136724

## HAEMATOLOGY

**Request Date :** 25-02-2023 09:22 AM

**Reporting Date :** 25-02-2023 11:25 AM

**Collection Date :** 25-02-2023 09:34 AM[HA5835]

**Reporting Status :** Finalized

**Acceptance Date :** 25-02-2023 09:34 AM | **TAT:** 01:51 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR)</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		15.00 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5320 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		63.3 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		28.2 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		7.1 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		1.4 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.0 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.82 millions/cumm	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		44.5 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		92.4 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		31.2 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		33.8 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.91 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		<b>20 mm/hr *</b>	M 0 - 10 F 5 - 20

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

END OF REPORT.



Prepared By  
VARSHABEN JAGDISHBHAI VIDIA

Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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

This is not for Medical Legal purpose

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.22-23-136724

### BIOCHEMISTRY

**Request Date :** 25-02-2023 09:22 AM

**Reporting Date :** 25-02-2023 10:30 AM

**Collection Date :** 25-02-2023 09:34 AM[B17288]

**Reporting Status :** Finalized

**Acceptance Date :** 25-02-2023 09:34 AM | TAT: 00:56 [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 %		5.80 %	
<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><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 &amp; Mean plasma glucose levels:</i></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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### BIOCHEMISTRY

**Request Date :** 25-02-2023 09:22 AM

**Reporting Date :** 25-02-2023 12:12 PM

**Collection Date :** 25-02-2023 09:34 AM[B17288]

**Reporting Status :** Finalized

**Acceptance Date :** 25-02-2023 09:34 AM | TAT: 02:38 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		216.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		73.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		<b>61.00 mg/dL *</b>	40.00 - 60.00
LDL(Low density lipid) Calculated		140.40 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		14.60 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		3.54	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.



Prepared By  
ANAND MAURYA

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA



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**Reg. ID :** OPD.22-23-136724

### BIOCHEMISTRY

**Request Date :** 25-02-2023 09:22 AM  
**Collection Date :** 25-02-2023 09:34 AM [BI7288]  
**Acceptance Date :** 25-02-2023 09:34 AM | TAT: 02:36 [HH:MM]

**Reporting Date :** 25-02-2023 12:10 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		16.60 mg/dL	M 13.00 - 43.00
S.CREATININE (ENZYMATIC)*		0.90 mg/dL	M 0.66 - 1.25
S.URIC ACID (URICASE, COLORIMETRY)*		5.10 mg/dL	M 3.50 - 8.50 mg/dL
S.CALCIUM (ARSENazo DYE)*		9.10 mg/dL	8.40 - 10.20
S. SODIUM (DIRECT I.S.E.)*		140.00 mmol/L	137.00 - 145.00
S. POTASSIUM (DIRECT I.S.E.)*		4.60 mmol/L	3.50 - 5.10
S. PHOSPHORUS (PMA PHENOL)*		3.40 mg/dL	2.50 - 4.50
S. CHLORIDE (DIRECT I.S.E)		<b>110.0 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)*		1.30 mg/dL	Adult 0.20 - 1.30
CONJUGATED(D.Bilirubin) (CALCULATED)		0.30 mg/dL	Adult 0.00 - 0.30
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		1:00 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)*		14.0 IU/L	M 0.00 - 52.00
ALKALINE PHOSPHATASE (pNPP/AMP)*		89.0 IU/L	M 38.00 - 126.00 (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.70 gm/dL	6.30 - 8.20
ALBUMIN (BROMOCRESOL GREEN)*		3.70 gm/dL	3.50 - 5.00
GLOBULIN (CALCULATED)*		<b>4.00 gm/dL *</b>	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		<b>0.925 *</b>	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.22-23-136724

### BIOCHEMISTRY

**Request Date :** 25-02-2023 09:22 AM

**Reporting Date :** 25-02-2023 11:06 AM

**Collection Date :** 25-02-2023 09:34 AM[B17289]

**Reporting Status :** Finalized

**Acceptance Date :** 25-02-2023 09:35 AM | TAT: 01:31 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR FASTING (BSF) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		102.00 mg/dL	74.00 - 110.00 (Age <= 100 )

*Please correlate clinically*

END OF REPORT.



Prepared By  
PRANJALI RAI

Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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### HAEMATOLOGY

**Request Date :** 25-02-2023 09:22 AM

**Reporting Date :** 25-02-2023 02:00 PM

**Collection Date :** 25-02-2023 09:34 AM[HA5835]

**Reporting Status :** Finalized

**Acceptance Date :** 25-02-2023 09:34 AM | **TAT:** 04:26 [HH:MM]

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

END OF REPORT.

*Vaibhav*

Prepared By  
SANDEEP SINGH

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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### CLINICAL PATHOLOGY

**Request Date :** 25-02-2023 09:22 AM

**Reporting Date :** 25-02-2023 04:51 PM

**Collection Date :** 25-02-2023 11:06 AM[CLP12290]

**Reporting Status :** Finalized

**Acceptance Date :** 25-02-2023 11:06 AM | **TAT:** 05:45 [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)		1.010	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		2-4 /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  
SURAJ KUMAR

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

**Reg. ID :** OPD.22-23-136724

### IMMUNOLOGY

**Request Date :** 25-02-2023 09:22 AM

**Reporting Date :** 25-02-2023 03:15 PM


**Collection Date :** 25-02-2023 09:34 AM[IMMU22520]

**Reporting Status :** Finalized

**Acceptance Date :** 25-02-2023 09:34 AM | TAT: 05:41 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH)</b>	CLIA		
<b>*[ Plain tube (red top) ]</b>			
Total T3		1.65 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		130.01 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		3.02 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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## BIOCHEMISTRY

**Request Date :** 25-02-2023 09:22 AM

**Reporting Date :** 25-02-2023 03:15 PM

**Collection Date :** 25-02-2023 09:34 AM [BI7288]

**Reporting Status :** Finalized

**Acceptance Date :** 25-02-2023 09:34 AM | TAT: 05:41 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>PSA TOTAL (PROSTATE SPECIFIC ANTIGEN) *[ Plain tube (red top) ]</b>		0.59 ng/ml	0.00 - 4.00 ng/ml
<i>NOTE: The prostate-specific antigen (PSA) values should be interpreted in accordance with current clinical guidelines for defining biochemical recurrence following radical prostatectomy (e.g., The 2013 American Urological Association (AUA) Guidelines or the 2015 European Association of Urology (EAU)). These guidelines define biochemical recurrence of prostate cancer as a detectable or rising PSA value post-radical prostatectomy that is <math>\geq 0.2</math> ng/mL (ug/L) with a second confirmatory level of <math>\geq 0.2</math> ng/mL (ug/L).</i>			
Test was outsourced*			

END OF REPORT.



Prepared By  
PRANJALI RAI

Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

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## BIOCHEMISTRY

**Request Date :** 25-02-2023 09:22 AM

**Reporting Date :** 25-02-2023 03:06 PM

**Collection Date :** 25-02-2023 01:35 PM[B17342]

**Reporting Status :** Finalized

**Acceptance Date :** 25-02-2023 01:35 PM | TAT: 01:31 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR POST PRONDIAL (BSPP) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		132.00 mg/dL	80.00 - 140.00 (Age <= 100 )

*Please correlate clinically*

END OF REPORT.

*Vaishali*

Prepared By  
VINEET KUMAR

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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



**Reg. No.:** OPD.22-23-136724

Request Date : 25-02-2023 09:22 AM

Reporting Date : 25-02-2023 10:12 AM  
Report Status : Finalized

## ECHO COLOUR DOPPLER

<b>INDICATIONS</b>		<b>Post ASD closure</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)	28				23-34	Mitral E velocity	0.74m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.47m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	33				25-40	Mitral E/A ratio	1.57	1-2
Left Ventricular ED Dimension (mm)	40				39-53	Mitral DT	170msec	160-240 msec
Left Ventricular ES Dimension (mm)	28				23-36	TAPSE	16mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	10	ES	13	6-11	Peak Aortic velocity	1.02m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	10	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)	31 %				27-45%	Aortic P ½ Time	-	>500 msec
LV Ejection Fraction (mm)	60 % ± 3%				>55%	Peak Pulmonary Velocity	0.59m/sec	0.5-1.3 m/s

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## CONCLUSION :

- Post ASD closure : Inter atrial septum intact and no residual flow seen across IAS.
- No RWMA with LVEF : 60%.
- Normal cardiac chambers.
- Normal RV Size and systolic function.
- Trace MR & Trace TR - (PASP - Normal).
- No LVDD.
- IVC is not dilated and greater than 50% collapsible.
- No Clot/vegetation/pericardial effusion is noted.

END OF REPORT

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

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PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



**Reg. No.:** OPD.22-23-136724

Request Date : 25-02-2023 09:22 AM

Reporting Date : 25-02-2023 10:57 AM  
Report Status : Finalized

## ULTRASOUND WHOLE ABDOMEN MALE

**Liver** is normal in size, shape and shows homogenous 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 (80 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 103 x 34 mm. Left kidney measures 104 x 44 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 minimally enlarged in size, 34 x 32 x 40 mm (volume ~ 23 cc) and normal in echotexture.

### IMPRESSION:

Minimal / Grade I prostatomegaly.  
Rest of the scan is unremarkable.

**Advice:** Clinical Correlation.

END OF REPORT



Dr. ARTI GROVER MEHTA  
MBBS, DMRD, DNB

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PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



**Reg. No.:** OPD.22-23-136724

Request Date : 25-02-2023 09:22 AM

Reporting Date : 25-02-2023 12:03 PM  
Report Status : Finalized

## X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

*Sternotomy sutures are seen in situ.*

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.

**Advise:** Clinical correlation.

END OF REPORT

Dr. PULKIT SONI  
MBBS, DMRD, DNB  
(CONSULTANT RADIOLOGIST)

ECG CARDIOPRINT

ID 11  
AGE Y M D

Name - Navin Kumar  
Age - 51 M

25/02/2023 09:54:07  
FELIX HOSPITAL  
SEC 137 NOIDA

KG

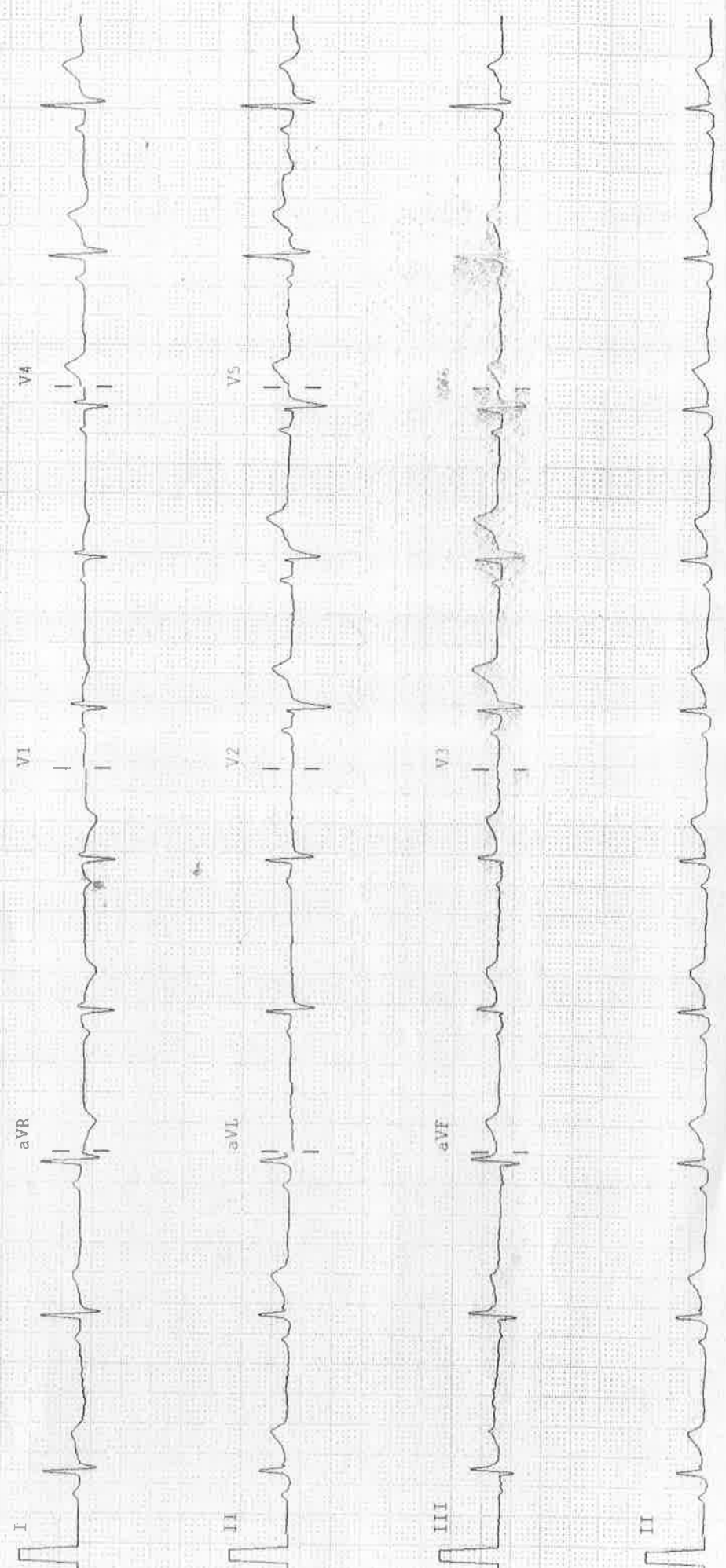
RATE : 60 bpm SINUS RHYTHM  
 R-R : 995 ms  
 P-R : 156 ms  
 QRS : 88 ms  
 QT : 392 ms  
 QTc : 392 ms

-- AXIS --  
 P : 15°  
 QRS : 54°  
 T : 62°

12 SL. REPORT FORMAT 3x4+1L SQ

REF:

Dr. DR RAHUL APORA



Nu < 6/6  
6/6

Nu < N-36  
N-36

Nu e glass < N-6  
N-6

Colour Vn (WNL)

POU for Near < +2.25 D S BE