

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

Patient Name : Mr. SANJAY KUMAR VERMA [UHIDNO:FHP23452318072022]
Age / Gender : 56 Yr / Male
Address : NOIDA, Gautam Buddha Nagar, UTTAR PRADESH
Req. Doctor: Dr. SONAKSHI SAXENA
Regn. ID: OPD.23-24-106390

BIOCHEMISTRY

Request Date : 29-12-2023 08:46 AM **Reporting Date :** 29-12-2023 10:55 AM
Collection Date : 29-12-2023 08:50 AM[B157453] **Reporting Status :** Finalized
Acceptance Date : 29-12-2023 08:50 AM | **TAT:** 02:05 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) (Method:HPLC Assay) <i>Ref Range for HBA1c</i> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %	6.90	%		
<p><i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.</i></p> <p><i>HbA1c goals in treatment of diabetes:</i></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 glycemc control as compared to blood and urinary glucose determinations.</p> <p>(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.)</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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 END OF REPORT

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HAEMATOLOGY

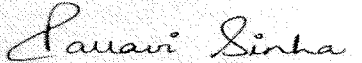
Request Date : 29-12-2023 08:46 AM
Collection Date : 29-12-2023 08:50 AM[HA45159]
Acceptance Date : 29-12-2023 08:50 AM | **TAT:** 02:16 [HH:MM]
Reporting Date : 29-12-2023 11:06 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
HAEMOGRAM (CBC & ESR)				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	15.30	gm/dL	13.00 - 17.00	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	6080	/cumm	4000.00 - 10000.00	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	52.50	%	40.00 - 80.00	
LYMPHOCYTE	37.20	%	20.00 - 40.00	
MONOCYTE	8.70	%	2.00 - 10.00	
EOSINOPHIL	1.60	%	1.00 - 6.00	
BASOPHIL	0.00	%		
RBC (IMPEDENCE)*	5.01	millions/cumm	4.50 - 6.50	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	48.50	%	40.00 - 54.00	
MCV(Calculated)*	96.80	fL	80.00 - 100.00	
MCH(Calculated)*	30.50	Picogram	27.00 - 32.00	
MCHC(Calculated)*	31.50	%	31.50 - 34.50	
PLATELET COUNT (IMPEDANCE)*	1.88	Lakh/cumm	1.50 - 4.00	
ESR(Westergren's Method)*	32	mm/hr	M 0 - 10 F 5 - 20	

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

END OF REPORT.

Prepared By
ANAND MAURYA



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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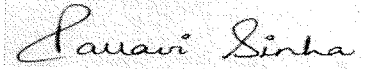
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Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR FASTING (BSF) <i>Performed On: DIASYS SYS400 PRO</i>	154.00 H	mg/dL	74.00 - 110.00 (Age = 100)	

Please correlate clinically

END OF REPORT.

Prepared By
PIYUSH SHUKLA



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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Investigations	Result	Unit	Biological Reference Range	Method
KIDNEY FUNCTION TEST(KFT)				
UREA (UREASE METHOD)*	20.30	mg/dL	M 18.00 - 55.00 (Age 50 Y - 110 Y)	
S.CREATININE (ENZYMATIC)*	0.90	mg/dL	M 0.67 - 1.17	
S.URIC ACID (URICASE, COLORIMETRY)*	5.50	mg/dL	M 3.50 - 7.20	
S.CALCIUM (ARSENAZO DYE)*	9.70	mg/dL	8.60 - 10.30	Arsenazo III
S. SODIUM (DIRECT I.S.E.)*	139.10	mmol/L	137.00 - 145.00	
S. POTASSIUM (DIRECT I.S.E.)*	4.00	mmol/L	3.50 - 5.10	
S. PHOSPHORUS (PMA PHENOL)*	4.03	mg/dL	2.60 - 4.50	
S. CHLORIDE (DIRECT I.S.E)	107.00	mmol/L	98.00 - 107.00 (Age 0 - 100)	
<i>Performed On: DIASYS SYS400 PRO</i>				
LIVER FUNCTION TEST				
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*	0.69	mg/dL	Adult 0.10 - 1.20	
CONJUGATED(D.Bilirubin) (CALCULATED)	0.20	mg/dL	<= 0.20	
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)	0.49	mg/dL	Adult 0.00 - 1.00	
S.G.O.T (AST) (KINETIC LEUCO DYE)*	24.40	IU/L	M < 31.00	IFCC(Modified)
S.G.P.T (ALT) (KINETIC LDH/NADH)*	34.20	IU/L	M < 41.00	IFCC(Modified)
ALKALINE PHOSPHATASE (pNPP/AMP)*	64.8	IU/L	M 40.00 - 129.00	IFCC(Modified)
TOTAL PROTEIN (BIURET)*	8.20	gm/dL	Adult 6.60 - 8.80	
ALBUMIN (BROMOCRESOL GREEN)*	4.90	gm/dL	Adult 3.50 - 5.20	
GLOBULIN (CALCULATED)*	3.30	gm/dL	Adult 2.00 - 3.50	
A/G RATIO (CALCULATED)	1.48		1.00 - 2.10	Calculated
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

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Investigations	Result	Unit	Biological Reference Range	Method
LIPID PROFILE				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	145.40	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	125.80	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl2- enzymatic*	43.90	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	76.34	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	25.16	mg/dL	16.00 - 45.00	
CHOL/HDL Ratio Calculated	3.31		3.00 - 6.00	

Performed On: DIASYS SYS400 PRO

Please correlate clinically

END OF REPORT.

Prepared By
PIYUSH SHUKLA



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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IMMUNOLOGY

Request Date : 29-12-2023 08:46 AM
Collection Date : 29-12-2023 08:50 AM[IMMU31154]
Acceptance Date : 29-12-2023 08:50 AM | **TAT:** 04:51 [HH:MM]

Reporting Date : 29-12-2023 01:41 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
THYROID PROFILE TOTAL(T3,T4,TSH)				
Total T3	1.67	nmol/L	1.11 - 2.29 (Age 0 - 100)	CLIA
Total T4	129.47	nmol/L	62.00 - 201.40 (Age 0 - 100)	
TSH	4.67	µIU/mL	0.38 - 5.33 (Age 0 - 100)	

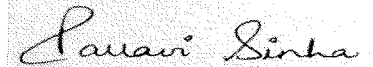
Performed On: ACCESS 2 (BECKMAN COULTER)

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.

Prepared By
PRANJALI RAI



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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CLINICAL PATHOLOGY

Request Date : 29-12-2023 08:46 AM
Collection Date : 29-12-2023 09:53 AM[CLP10342]
Acceptance Date : 29-12-2023 09:53 AM | **TAT:** 01:41 [HH:MM]

Reporting Date : 29-12-2023 11:34 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED				
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)	6.0		5.00 - 8.50	
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)	NIL		NIL	
GLUCOSE (GOD-POD/ BENEDICTS)	Present(+)		NIL	
MICROSCOPIC EXAMINATION				
PUS CELLS	1-2	/HPF	0.0-3.0	
RBC	NIL	/HPF	NIL	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	
EPITHELIAL CELLS	2-3	/HPF	M 0.00 - 3.00	
BACTERIA	ABSENT		ABSENT	
OTHER	ABSENT			

Please correlate clinically

END OF REPORT.

Prepared By
AVANISH KUMAR YADAV

Pallavi Sinha

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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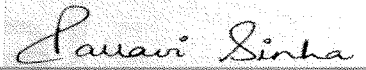
Request Date : 29-12-2023 08:46 AM
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Acceptance Date : 29-12-2023 08:50 AM | **TAT:** 04:44 [HH:MM]

Reporting Date : 29-12-2023 01:34 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
Blood Group (RH Type)				
Blood Group	B			Forward Grouping Method
Rh Type	POSITIVE			Forward Grouping Method
<i>Method- Forward & Reverse Grouping (Tube Agglutination)</i>				

END OF REPORT.

Prepared By
CHANDAN KUMAR MANNA



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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Request Date : 29-12-2023 08:46 AM
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Acceptance Date : 29-12-2023 08:50 AM | **TAT:** 04:40 [HH:MM]

Reporting Date : 29-12-2023 01:30 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
PSA TOTAL (PROSTATE SPECIFIC ANTIGEN)	0.74	ng/ml	0.00 - 4.00	
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>				
<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 =0.2 ng/mL (ug/L) with a second confirmatory level of =0.2 ng/mL (ug/L).</i>				
Test was outsourced*				

END OF REPORT.

Prepared By
PRANJALI RAI



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

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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 partially distended. 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 shows a cortical cyst of size ~ 18.0 mm at low pole.**

No evidence of fluid in peritoneal cavity.

Urinary bladder is normal in distensibility and wall thickness. The lumen is echofree.

Prostate is mildly enlarged in size, measuring ~ 33.0 cc in volume and normal in echotexture.

IMPRESSION:

Right renal cortical cyst.

Mild prostatomegaly.

Advice: Review with Fasting for Rescreening of Gall Bladder.

END OF REPORT

DR. NANCY JINDAL
SR. CONSULTANT RADIOLOGIST
MBBS, MD RADIODIAGNOSIS

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ECHO COLOUR DOPPLER

INDICATIONS		SOB			
IMAGE QUALITY	GOOD	VIEWS	PLAX,PSAX,AP4CH,AP2CH		
MEASUREMENTS	ABSOLUTE VALUE	NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	29	23-34	Mitral E velocity	1.57m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18	>16	Mitral A velocity	0.64m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	32	25-40	Mitral E/A ratio	2.44	1-2
Left Ventricular ED Dimension (mm)	46	39-53	Mitral DT	83msec	160-240 msec
Left Ventricular ES Dimension (mm)	25	23-36	TAPSE	19 mm	≥16 mm
Interventricular Septal Thickness (mm)	ED 10 ES 12	6-11	Peak Aortic velocity	1.25 m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED 11 ES 16	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	0.62m/sec	0.5-1.3 m/s

RWMA: No RWMA

PA PRESSURE: Not raised

COLOR FLOW MAPPING:

Normal valve

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FINDINGS:

- No RWMA with LVEF ~ 65 %.
- 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

Dr. RAHUL ARORA
MBBS,MD,DM
(INTERVENTIONAL CARDIOLOGIST)

Consultation Charges valid till 3 days

Up to **15%** Discount on Medicines Purchase from Felix Pharmacy
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