

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

Patient Name : Mr. HIMANSHU RANJAN [UHIDNO:FHP26189814012023]
Age / Gender : 35 Yr / Male
Address : B8/601 Gardinya Glory Apartment Sect-46 Noida, Gautam Buddha Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA

UHIDNO:FHP261898140120

Reg. ID :OPD.22-23-120169

BIOCHEMISTRY

Request Date : 14-01-2023 09:05 AM
Collection Date : 14-01-2023 09:11 AM[B11685]
Acceptance Date : 14-01-2023 09:11 AM | **TAT: 01:53**
[HH:MM]

Reporting Date : 14-01-2023 11:04 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHEMISTRY/POD)*		145.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		119.00 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		80.20 mg/dL *	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		23.80 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		3.54	3.00 - 5.00
<i>Performed On: VIROS 250</i>			
<i>Please consult clinically</i>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.5 mg/dL	Adult 0.20 - 1.30
CONJUGATED(D.Bilirubin) (CALCULATED)		0.1 mg/dL	Adult 0.00 - 0.30
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.4 mg/dL	Adult 0.00 - 1.10
S.G.O.T (AST) (KINETIC LEUCO DYE)*		30.0 IU/L	M 17.00 - 59.00
S.G.P.T (ALT) (KINETIC LDH/NADH)*		56.0 IU/L *	M 0.00 - 52.00
ALKALINE PHOSPHATASE (pNPP/AMP)*		115.0 IU/L	M 38.00 - 126.00 (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		6.00 gm/dL *	6.30 - 8.20
ALBUMIN (BROMOCRESOL GREEN)*		4.40 gm/dL	3.50 - 5.00
GLOBULIN (CALCULATED)*		1.60 gm/dL *	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		2.75 *	1.00 - 2.10
<i>Performed On: VIROS 250</i>			
<i>Please consult clinically</i>			

15%

Discount on Medicines Purchase from Felix Pharmacy

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

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

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BIOCHEMISTRY

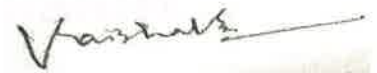
Request Date : 14-01-2023 09:05 AM
Collection Date : 14-01-2023 09:11 AM[B11685]
Acceptance Date : 14-01-2023 09:11 AM | **TAT:** 01:54 [HH:MM]

Reporting Date : 14-01-2023 11:05 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		42.40 mg/dL	M 13.00 - 43.00
S.CREATININE (ENZYMATIC)*		1.00 mg/dL	M 0.66 - 1.25
S.URIC ACID (URICASE, COLORIMETRY)*		5.40 mg/dL	M 3.50 - 8.50
S.CALCIUM (ARSENAZO DYE)*		9.70 mg/dL	8.40 - 10.20
S. SODIUM (DIRECT I.S.E.)*		139.00 mmol/L	137.00 - 145.00
S. POTASSIUM (DIRECT I.S.E.)*		3.80 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.70 mg/dL	2.50 - 4.50
S. CHLORIDE (DIRECT I.S.E)		109.0 mmol/L *	98.00 - 107.00 mmol/L (Age 0 - 100)

Performed on VITROS 250

END OF REPORT.



Prepared By
SANDEEP SINGH

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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IMMUNOLOGY

Request Date : 14-01-2023 09:05 AM
Collection Date : 14-01-2023 09:11 AM [IMMU21607]
Acceptance Date : 14-01-2023 09:11 AM | **TAT:** 03:59 [HH:MM]

Reporting Date : 14-01-2023 01:10 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) *[Plain tube (red top)]	CLIA		
Total T3		2.07 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		70.97 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		1.59 μ IU/mL	0.38 - 5.33 μ IU/mL (Age 0 - 100)
Performed on ACCESS 2 (BECKMAN COULTER)			
<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>			
Performed on ACCESS 2 (BECKMAN COULTER)			

END OF REPORT.

Prepared by
AMIT SAHAI

Vasishth

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(PATHOLOGY)

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HAEMATOLOGY

Request Date : 14-01-2023 09:05 AM
Collection Date : 14-01-2023 09:11 AM[HA1373]
Acceptance Date : 14-01-2023 09:11 AM | TAT: 05:20 [HH:MM]

Reporting Date : 14-01-2023 02:31 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETHOPHOTOMETRY)*		15.40 gm/dL	M 13.00 - 17.00 (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		10100 /cumm *	M 4000.00 - 10000.00 (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		58.50 %	40.00 - 80.00 (Age 13 Y - 100 Y)
LYMPHOCYTE		31.60 %	20.00 - 40.00 (Age 13 Y - 100 Y)
MONOCYTE		5.90 %	2.00 - 10.00 (Age 13 Y - 100 Y)
EOSINOPHIL		4.00 %	1.00 - 6.00 (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 (Age 13 Y - 100 Y)
RBC (IMPEDANCE)*		5.64 millions/cumm	M 4.50 - 6.50 (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)		48.20 %	M 40.00 - 54.00 (Age 13 Y - 100 Y)
MCV(Calculated)*		85.00 fL	80.00 - 100.00 (Age 13 Y - 100 Y)
MCH(Calculated)*		27.30 Picogram	27.00 - 32.00 (Age 13 Y - 100 Y)
MCHC(Calculated)*		32.00 %	31.50 - 34.50 (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.67 Lakh/cumm	1.50 - 4.00 (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		12 mm/hr	M 0 - 10 F 5 - 20

Performed on CENTRA ES60 (Horiba),5-Part differential cell counter

END OF REPORT.

Prepared By
VARSHA JAIN MD, SR BHAI NIDJA

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Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

Request Date : 14-01-2023 09:05 AM
Collection Date : 14-01-2023 09:11 AM [BI1685]
Acceptance Date : 14-01-2023 09:11 AM | TAT: 05:35 [HH:MM]

Reporting Date : 14-01-2023 02:46 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference				
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) * [EDTA tube (purple top)] (Method:HPLC Assay)		6.50 %					
<i>Ref Range for HbA1c</i>							
<i>Non Diabetic: < 5.7 %</i>							
<i>Pre-Diabetic: 5.7 - 6.5 %</i>							
<i>Diabetic: > 6.5 %</i>							
<i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.</i>							
<i>HbA1c good for diagnosis of diabetes:</i>							
<i>Ages 0-6 years: 7.6% - 8.4%</i>							
<i>Ages 6-12 years: <8%</i>							
<i>Ages 13-18 years: <7.5%</i>							
<i>Adults: <7%</i>							
Comments:							
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.							
(Note: If a patient 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.)							
ADA criteria for correlation between HbA1c & Mean plasma glucose levels:							
HbA1c(%)	6	7	8	9	10	11	12
Mean Plasma Glucose: (mg/dL)	126	154	183	212	240	269	298
Please consult clinically							

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BIOCHEMISTRY

Request Date : 14-01-2023 09:05 AM
Collection Date : 14-01-2023 01:59 PM[BI1737]
Acceptance Date : 14-01-2023 01:59 PM | TAT: 01:54
[HH:MM]

Reporting Date : 14-01-2023 03:53 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR POST PRONDIAL (BSPP) [Sodium fluoride(grey top)] Performed On VITROS 250		153.00 mg/dL *	80.00 - 140.00 (Age <= 100)

Please consult clinically

END OF REPORT.

Vaishali

Prepared By
ABHISHEK RATHI

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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HAEMATOLOGY


Request Date : 14-01-2023 09:05 AM
Collection Date : 14-01-2023 09:11 AM[HA1373]
Acceptance Date : 14-01-2023 09:11 AM | **TAT:** 06:47 [HH:MM]

Reporting Date : 14-01-2023 03:58 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
Blood Group (RH Type) *[EDTA tube(purple top)]			
Blood Group	Forward Grouping Method	A	
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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CLINICAL PATHOLOGY

Request Date : 14-01-2023 09:05 AM
Collection Date : 14-01-2023 02:46 PM [CLP11022]
Acceptance Date : 14-01-2023 02:46 PM | **TAT: 01:32**
[HH:MM]

Reporting Date : 14-01-2023 04:18 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
STOOL ROUTINE *[stool]	MICROSCOPY		
COLOR		BROWNISH	
CONSISTENCY		SEMI SOLID	
CHEMICAL EXAMINATION (pH)		ACIDIC	
BLOOD		ABSENT	ABSENT
MUCUS		ABSENT	ABSENT
MICROSCOPIC EXAMINATION:			
PUS CELLS		2-4	NIL / HPF
RED BLOOD CELLS		NIL	NIL / HPF
EPITHELIAL CELLS		0-2	NIL / HPF
PARASITE		NIL	NIL
CYST		NIL	NIL
OVA		NIL	NIL
OTHER		NIL	NIL

END OF REPORT.

Prepared By
POOJA

Vasishth

VAIBHAV TIWARI
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BIOCHEMISTRY

Request Date : 14-01-2023 09:05 AM
Collection Date : 14-01-2023 09:10 AM [BI1684]
Acceptance Date : 14-01-2023 09:10 AM | TAT: 01:22 [HH:MM]

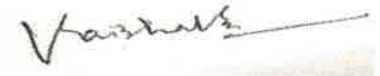
Reporting Date : 14-01-2023 10:32 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) * [Sodium fluoride (grey top)] <i>Performed On VITROS 250</i>		111.00 mg/dL *	74.00 - 110.00 (Age <= 100)

Please correlate clinically

END OF REPORT.

Prepared By
SANDEEP SINGH



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Request Date : 14-01-2023 09:05 AM
Collection Date : 14-01-2023 02:46 PM [CLP11022]
Acceptance Date : 14-01-2023 02:46 PM | TAT: 01:42 [HH:MM]

Reporting Date : 14-01-2023 04:28 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)		1.010	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)		Present(Trace) *	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	ABSENT

Please correlate clinically

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Vaishali

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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 homogeneously raised echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.

Gall bladder is distended and shows multiple intraluminal calculi, largest measuring ~ 12.0 mm. Wall thickness is normal. 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 101 x 43 mm. Left kidney measures 106 x 54 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 ~ 23.4 cc), shape and echotexture.

IMPRESSION:

Grade I fatty liver.

Cholelithiasis.

Advice: Clinical Correlation.

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P.D.C.C Breast Imaging (AIIMS)
P.D.C.C Gastro-Radiology (AIIMS)

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Report Status : Finalized

TREADMILL TEST (TMT)

REASON FOR EXAMINATION: Routine

FINDINGS:

The patient was exercised according to standard Bruce protocol for 03.49 minutes achieving maximal heart rate of 160 resulting in 86% of age-predicted maximal heart rate (185). Peak blood pressure was 130/80. 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. SYED ZAFRUL HASAN

MBBS, PGDCC, ACMDC, DFM (U.K)

Pharmacist Consultant

15%

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

Cms

K9

MILLI L

AGHPL
DERA BASSI

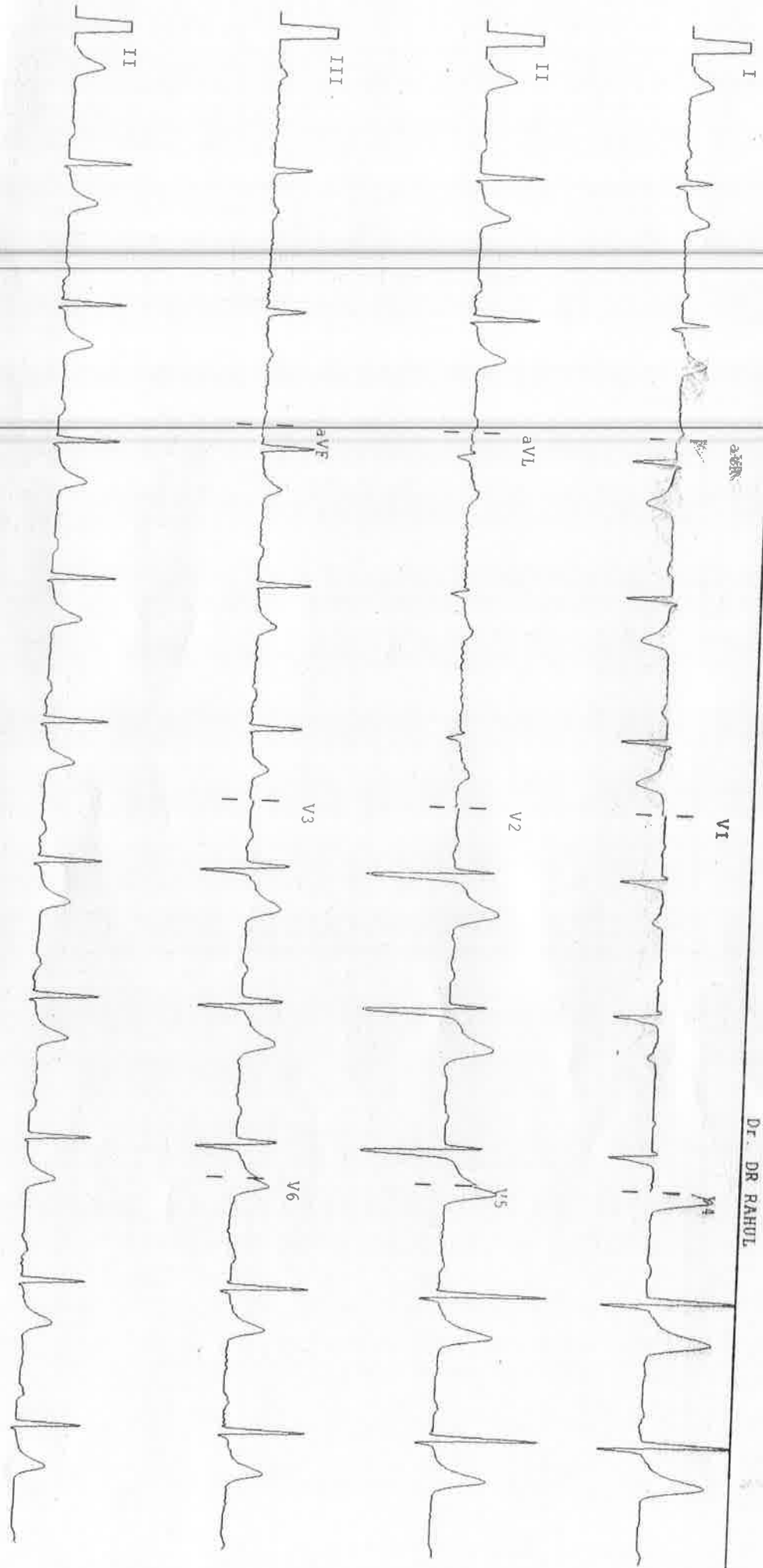
RATE	64 bpm	SINUS RHYTHM
R-R	937 ms	WITH 1ST DEGREE A-V BLOCK
P-R	224 ms	
QRS	90 ms	
QT	414 ms	
QTc	421 ms	

--AXIS--
 P : 50°
 QRS : 72°
 T : 42°

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

REF:

Dr. DR RAHUL



25mm/sec 10mm/mV

Notch ON

RLC ON

0.05-35Hz

ALLENGERS PISCES 1012(VER-1.9) CLINICALLY CORRELATE THE FINDINGS