


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

Patient Name : Mr. AKSH VARDHAN [UHIDNO:FHP25201112112022] 
Age / Gender : 36 Yr / Male UHIDNO:FHP252011121120
Address : BUILDER AREA PARI CHOWK , Gautam Buddha Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-94276

HAEMATOLOGY

Request Date : 12-11-2022 09:42 AM **Reporting Date :** 12-11-2022 12:06 PM
Collection Date : 12-11-2022 09:59 AM[HA35540] **Reporting Status :** Finalized
Acceptance Date : 12-11-2022 10:00 AM | **TAT:** 02:06 [HH:MM]

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		16.10 gm/dL	M 13.00 - 17.00 (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		6000 /cumm	M 4000.00 - 10000.00 (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		58.20 %	40.00 - 80.00 (Age 13 Y - 100 Y)
LYMPHOCYTE		35.60 %	20.00 - 40.00 (Age 13 Y - 100 Y)
MONOCYTE		4.00 %	2.00 - 10.00 (Age 13 Y - 100 Y)
EOSINOPHIL		2.10 %	1.00 - 6.00 (Age 13 Y - 100 Y)
BASOPHIL		0.10 %	0.00 - 1.00 (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		5.51 millions/cumm	M 4.50 - 6.50 (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		44.30 %	M 40.00 - 54.00 (Age 13 Y - 100 Y)
MCV(Calculated)*		80.00 fL	80.00 - 100.00 (Age 13 Y - 100 Y)
MCH(Calculated)*		29.10 Picogram	27.00 - 32.00 (Age 13 Y - 100 Y)
MCHC(Calculated)*		36.30 % *	31.50 - 34.50 (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.54 Lakh/cumm	1.50 - 4.00 (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		08 mm/hr	M 0 - 10 F 5 - 20


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

END OF REPORT.

15% Discount on Medicines Purchase from Felix Pharmacy
 Prepared By: VARSHABEN JAGDISHBHAI VIDJA **फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट*** 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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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-94276

BIOCHEMISTRY

Request Date : 12-11-2022 09:42 AM **Reporting Date :** 12-11-2022 03:35 PM
Collection Date : 12-11-2022 09:59 AM[BI43822] **Reporting Status :** Finalized
Acceptance Date : 12-11-2022 10:00 AM | TAT: 05:35 [HH:MM]

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		213.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		192.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl ₂ -enzymatic*		46.00 mg/dL	40.00 - 60.00
LDL(Low density lipid) Calculated		128.60 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		38.40 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		4.63	3.00 - 5.00
Performed On: VITROS 250			
Please correlate clinically			

END OF REPORT.



Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)


Prepared By
VINEET KUMAR

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BIOCHEMISTRY


Request Date : 12-11-2022 09:42 AM **Reporting Date :** 12-11-2022 05:13 PM
Collection Date : 12-11-2022 02:57 PM [BI43886] **Reporting Status :** Finalized
Acceptance Date : 12-11-2022 02:57 PM | TAT: 02:16 [HH:MM]

Investigations	Method	Result	Biological Reference
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		129.00 mg/dL	80.00 - 140.00 (Age <= 100)

Please correlate clinically

END OF REPORT.

Prepared By
VINEET KUMAR



Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-94276


IMMUNOLOGY

Request Date : 12-11-2022 09:42 AM **Reporting Date :** 12-11-2022 04:19 PM
Collection Date : 12-11-2022 09:59 AM[IMMU20394] **Reporting Status :** Finalized
Acceptance Date : 12-11-2022 10:00 AM | TAT: 06:19 [HH:MM]

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) CLIA *[Plain tube (red top)]			
Total T3		2.06 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		110.44 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		1.62 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
PRANJALI RAI



Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-94276

BIOCHEMISTRY

Request Date : 12-11-2022 09:42 AM **Reporting Date :** 12-11-2022 03:34 PM
Collection Date : 12-11-2022 09:59 AM[B143822] **Reporting Status :** Finalized
Acceptance Date : 12-11-2022 10:00 AM | TAT: 05:34 [HH:MM]

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		21.80 mg/dL	M 13.00 - 43.00
S.CREATININE (ENZYMATIC)*		0.70 mg/dL	M 0.66 - 1.25
S.URIC ACID (URICASE, COLORIMETRY)*		7.60 mg/dL	M 3.50 - 8.50
S.CALCIUM (ARSENazo DYE)*		10.40 mg/dL *	8.40 - 10.20
S. SODIUM (DIRECT I.S.E.)*		136.0 mmol/L *	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.00 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		4.60 mg/dL *	2.50 - 4.50
<i>Performed On: VITROS 250</i>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.7 mg/dL	Adult 0.20 - 1.30
CONJUGATED(D.Bilirubin) (CALCULATED)		0.3 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)*		68.0 IU/L *	M 17.00 - 59.00
S.G.P.T (ALT) (KINETIC LDH/NADH)*		210.0 IU/L *	M 0.00 - 52.00
ALKALINE PHOSPHATASE (pNPP/AMP)*		60.0 IU/L	M 38.00 - 126.00 (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		8.10 gm/dL	6.30 - 8.20
ALBUMIN (BROMOCRESOL GREEN)*		4.90 gm/dL	3.50 - 5.00
GLOBULIN (CALCULATED)*		3.20 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.53	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

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Prepared By
VINEET KUMAR


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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

Mr. AKSH VARDHAN / UHIDNO:FHP25201112112022 *This is not for Medico Legal purpose*

Printed By: LALITA SHARMA
14.11.2022 11:52 AM

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

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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :** OPD.22-23-94276

BIOCHEMISTRY

Request Date : 12-11-2022 09:42 AM **Reporting Date :** 12-11-2022 02:27 PM
Collection Date : 12-11-2022 09:59 AM[BI43822] **Reporting Status :** Finalized
Acceptance Date : 12-11-2022 10:00 AM | TAT: 04:27 [HH:MM]

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 %		5.8 %	
<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% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <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><i>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</i></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><i>Please correlate clinically</i></p>			

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END OF REPORT

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BIOCHEMISTRY


Request Date : 12-11-2022 09:42 AM **Reporting Date :** 12-11-2022 02:24 PM
Collection Date : 12-11-2022 10:00 AM [BI43823] **Reporting Status :** Finalized
Acceptance Date : 12-11-2022 10:00 AM | TAT: 04:24 [HH:MM]

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		98.00 mg/dL	74.00 - 110.00 (Age <= 100)

Please correlate clinically

END OF REPORT.

Prepared By
VINEET KUMAR



Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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HAEMATOLOGY

Request Date : 12-11-2022 09:42 AM **Reporting Date :** 12-11-2022 02:07 PM
Collection Date : 12-11-2022 09:59 AM[HA35540] **Reporting Status :** Finalized
Acceptance Date : 12-11-2022 10:00 AM | TAT: 04:07 [HH:MM]

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

END OF REPORT.

Prepared By
VARSHABEN JAGDISHBHAI VIDJA


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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24x7 Helpline - 7835999444 , 7835999555

Name : Mr.AKSH VARDHAN
Age/Gender : 36 Y(s) /Male
Reg No : 1211221399
Lab ID No : KP0115161
Sample ID : 220116382
Sample Type : Serum

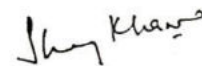


Location : FELIX HOSPITAL
Registered On : 12-11-2022 15:25
Reported On : 12-11-2022 17:57
Referred By : FELIX HOSPITAL
Client Name : FELIX HOSPITAL
Reference No :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
G.G.T.P. <i>Method : Kinetic IFCC</i>	: 58.00	U/L	0 - 55


**** End Of The Report ****





Dr.Sherry Khanna
D.N.B. (Pathology)
Head-Lab Operations.

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CLINICAL PATHOLOGY


Request Date : 12-11-2022 09:42 AM **Reporting Date :** 12-11-2022 02:04 PM
Collection Date : 12-11-2022 10:23 AM[CLP8937] **Reporting Status :** Finalized
Acceptance Date : 12-11-2022 10:23 AM | **TAT:** 03:41 [HH:MM]

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)		6.0	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
POOJA


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-94276

Request Date : 12-11-2022 09:42 AM

Reporting Date : 12-11-2022 03:52 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. ARTI GROVER MEHTA
MBBS, DMRD, DNB
SR. CONSULTANT RADIOLOGIST

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Request Date : 12-11-2022 09:42 AM

Reporting Date : 12-11-2022 10:29 AM
Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN MALE

Liver is mildly enlarged in size, measuring ~ 168 mm 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 mildly enlarged in size, measuring ~ 128 mm and normal in 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.

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, measuring ~ 30 x 34 x 30 mm (volume ~ 16.3 cc), shape and echotexture.

IMPRESSION:

Mild hepatomegaly with grade I / II fatty changes.

Mild splenomegaly.

Rest of the scan is unremarkable.

Advice: Clinical correlation.

END OF REPORT

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Dr. ARTI GROVER MEHTA
MBBS, DMRD, DNB
Senior Consultant Radiologist

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UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-94276

Request Date : 12-11-2022 09:42 AM

Reporting Date : 12-11-2022 12:23 PM
Report Status : Finalized

TREADMILL TEST (TMT)

REASON FOR EXAMINATION: Routine

FINDINGS:

The patient was exercised according to standard Bruce protocol for 04:00 minutes achieving maximal heart rate of 170 resulting in 92% of age-predicted maximal heart rate (184). Peak blood pressure was 130/90. 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. Fair exercise tolerance.
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

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(Associate Consultant)

AGE: Y M D
 Cms

AGHP1
 DERA BASSI

Alreth Age: 36.10m

K9

RATE 81 bpm SINUS RHYTHM
 R-R 74.0 ms
 P-R 138 ms
 QRS 81 ms
 QT 360 ms
 QTc 397 ms

-AXIS -
 P 37°
 QRS 95°
 T 16°

12-LEAD REPORT FORMAT: 3x1+1L SQ

REF

Dr. DR A SIMBA

