

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

Patient Name : MR. VIVEK SINGH [UHIDNO:FHP31758915062024]
Age / Gender : 49 Yr / M
Address : KM64/1503, JP COSS MOSS SECT-134 NOIDA
Req. Doctor: Dr. PRIYANKA SINGH
Regn. ID: OPD.24-25-33194

BIOCHEMISTRY

Request Date : 15-06-2024 08:52 AM **Reporting Date :** 15-06-2024 10:58 AM
Collection Date : 15-06-2024 09:01 AM | BI31145 **Reporting Status :** Finalized
Acceptance Date : 15-06-2024 09:01 AM | TAT: 01:57 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method			
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) * [edta tube(purple top)]	5.60	%					
<i>Performed On: SD BIOSENSOR 2400 (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic: < 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %</i>							
<i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age. <u>HbA1c goals in treatment of diabetes:</u> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7%</i>							
<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.</i>							
<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>							
<i>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</i>							
HbA1c(%):	6	7	8	9	10	11	12
Mean Plasma Glucose:	126	154	183	212	240	269	298
<i>(mg/dL)</i>							

Please call us daily

Up to

15%

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Note: Tests marked # are not under NABL scope.

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BIOCHEMISTRY

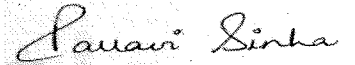
Request Date : 15-06-2024 08:52 AM **Reporting Date :** 15-06-2024 10:01 AM
Collection Date : 15-06-2024 09:01 AM | BI31144 **Reporting Status :** Finalized
Acceptance Date : 15-06-2024 09:01 AM | TAT: 01:00 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: DIASYS SYS400 PRO</i>	98.00	mg/dL	74 - 110 (Age = 100)	

Please correlate clinically

END OF REPORT.

Prepared By
Mr. PIYUSH SHUKLA



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

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CLINICAL PATHOLOGY

Request Date : 15-06-2024 08:52 AM **Reporting Date :** 15-06-2024 12:07 PM
Collection Date : 15-06-2024 09:01 AM | CLP3815 **Reporting Status :** Finalized
Acceptance Date : 15-06-2024 09:55 AM | TAT: 02:12 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED *[Random Urine]				
PHYSICAL EXAMINATION:				
VOLUME	20	ML	>10	
COLOR	PALE YELLOW		PALE YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.010		1.005 - 1.030	pKa change
pH	6.0		5.0 - 8.5	Double Indicator
URINE PROTEIN	NIL		NIL	3% SULPHOSALICYLIC ACID
GLUCOSE	NIL		NIL	BENEDICTS
BILIRUBIN	NIL		NIL	DIAZONIUM SALT
MICROSCOPIC EXAMINATION				
PUS CELLS	1-2		0.0 - 3.0 / HPF	MICROSCOPY
EPITHELIAL CELLS	1-2	/HPF	0 - 3	MICROSCOPY
RBC	NIL	/HPF	NIL	MICROSCOPY
CAST	ABSENT		ABSENT	MICROSCOPY
CRYSTAL	ABSENT		ABSENT	MICROSCOPY
BACTERIA	ABSENT		ABSENT	MICROSCOPY
OTHER	ABSENT			

Please correlate clinically

END OF REPORT.

Prachi Mehra

Prepared By
Ms. PRACHI MEHRA

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB

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Investigations	Result	Unit	Biological Reference Range	Method
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]				
UREA (UREASE METHOD)*	38.50	mg/dL	M 19 - 44 (Age 20 Y - 50 Y)	
S.CREATININE (ENZYMATIC)*	1.07	mg/dL	M 0.67 - 1.17	
S.URIC ACID (URICASE, COLORIMETRY)*	7.10	mg/dL	M 3.5 - 7.2	
S.CALCIUM (ARSENAZO DYE)*	9.30	mg/dL	8.6 - 10.3	Arsenazo III
S. SODIUM (DIRECT I.S.E.)*	139.00	mmol/L	137 - 145	
S. POTASSIUM (DIRECT I.S.E.)*	4.30	mmol/L	3.5 - 5.1	
S. PHOSPHORUS (PMA PHENOL)*	2.87	mg/dL	2.6 - 4.5	
S. CHLORIDE (DIRECT I.S.E)	105.40	mmol/L	98 - 107 (Age 0 - 100)	
<i>Performed On: DIASYS SYS400 PRO</i>				
LIVER FUNCTION TEST *[Plain tube (red top)]				
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*	0.94	mg/dL	Adult 0.1 - 1.2	
CONJUGATED(D.Bilirubin) (CALCULATED)	0.25	mg/dL	<= 0.2	
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)	0.69	mg/dL	Adult 0 - 1	
S.G.O.T (AST) (KINETIC LEUCO DYE)*	23.20	IU/L	M < 31	IFCC(Modified)
S.G.P.T (ALT) (KINETIC LDH/NADH)*	29.30	IU/L	M < 41	IFCC(Modified)
ALKALINE PHOSPHATASE (pNPP/AMP)*	81.10	IU/L	M 40 - 129	IFCC(Modified)
TOTAL PROTEIN (BIURET)*	7.20	gm/dL	Adult 6.6 - 8.8	
ALBUMIN (BROMOCRESOL GREEN)*	4.80	gm/dL	Adult 3.5 - 5.2	
GLOBULIN (CALCULATED)*	2.40	gm/dL	Adult 2 - 3.5	Calculated
A/G RATIO (CALCULATED)	2.00		1 - 2.1	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

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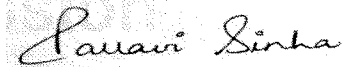
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Reporting Date : 15-06-2024 10:01 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
LIPID PROFILE *[Plain tube (red top)]				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	211.60	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	167.40	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl2- enzymatic*	39.00	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	139.12	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	33.48	mg/dL	16 - 45	
CHOL/HDL Ratio Calculated	5.43		3 - 6	
Performed On: DIASYS SYS400 PRO				
Please correlate clinically				

END OF REPORT.

Prepared By
Mr. PIYUSH SHUKLA



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

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IMMUNOLOGY

Request Date : 15-06-2024 08:52 AM
Collection Date : 15-06-2024 09:01 AM | IMMU38276
Acceptance Date : 15-06-2024 09:01 AM | TAT: 02:18 [HH:MM]

Reporting Date : 15-06-2024 11:19 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
THYROID PROFILE TOTAL(T3,T4,TSH) * [Plain tube (red top)]				CLIA
Total T3	1.88	nmol/L	1.11 - 2.29 (Age 0 - 100)	
Total T4	141.79	nmol/L	62 - 201.4 (Age 0 - 100)	
TSH	3.66	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
Mr. MOINUDDIN


Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Acceptance Date : 15-06-2024 09:01 AM | TAT: 02:19 [HH:MM]

Reporting Date : 15-06-2024 11:20 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
PSA TOTAL (PROSTATE SPECIFIC ANTIGEN) *[Plain tube (red top)]	1.80	ng/ml	0 - 4	
<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
Mr. MOINUDDIN



Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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HAEMATOLOGY

Request Date : 15-06-2024 08:52 AM
Collection Date : 15-06-2024 09:01 AM | HA22407
Acceptance Date : 15-06-2024 09:01 AM | TAT: 01:26 [HH:MM]

Reporting Date : 15-06-2024 10:27 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
Blood Group (RH Type) *[EDTA tube(purple top)]				
Blood Group	O			Forward Grouping Method
Rh Type	POSITIVE			Forward Grouping Method

Method- Forward & Reverse Grouping (Tube Agglutination)

END OF REPORT.

Prepared By
Mr. ABHISHEK RATHI

Verified by
Dr. SUMIT MAKKAR
MBBS, MD
(Pathology)

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Regn. ID: OPD.24-25-33194

HAEMATOLOGY

Request Date : 15-06-2024 08:52 AM **Reporting Date :** 15-06-2024 11:05 AM
Collection Date : 15-06-2024 09:01 AM | HA22407 **Reporting Status :** Finalized
Acceptance Date : 15-06-2024 09:01 AM | **TAT:** 02:04 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
HAEMOGRAM (CBC & ESR)				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	13.80	gm/dL	13 - 17	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	7130	/cumm	4000 - 10000	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	67.5	%	40 - 80	
LYMPHOCYTE	22.4	%	20 - 40	
MONOCYTE	6.30	%	2 - 10	
EOSINOPHIL	3.60	%	1 - 6	
BASOPHIL	0.20	%		
RBC (IMPEDENCE)*	4.98	millions/cumm	4.5 - 6.5	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	44.4	%	40 - 54	
MCV(Calculated)*	89.2	fL	80 - 100	
MCH(Calculated)*	27.7	Picogram	27 - 32	
MCHC(Calculated)*	31.0 L	%	31.5 - 34.5	
PLATELET COUNT (IMPEDANCE)*	1.50	Lakh/cumm	1.5 - 4	
ESR(Westergren's Method)*	22	mm/hr	M 0 - 10 F 5 - 20	

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

END OF REPORT.

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Req. Doctor: Dr. PRIYANKA SINGH
Regn. ID: OPD.24-25-33401

IMMUNOLOGY

Request Date : 15-06-2024 12:31 PM
Collection Date : 15-06-2024 01:01 PM | IMMU38293
Acceptance Date : 15-06-2024 01:01 PM | TAT: 02:35 [HH:MM]

Reporting Date : 15-06-2024 03:36 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
VITAMIN B-12 LEVEL *[Plain tube (red top)]	209.00	pg/mL	120 - 914 (Age 0 - 100)	CLIA

Performed On: ACCESS 2 (BECKMAN COULTER)
Clinical Significance: Vitamin B12 (cobalamin) is an important water-soluble vitamin. In contrast to other water-soluble vitamins it is not excreted quickly in the urine, but rather accumulates and is stored in the liver, kidney and other body tissues. Humans obtain Vitamin B12 exclusively from animal dietary sources, such as meat, eggs and milk. As a result, a vitamin B12 deficiency may not manifest itself until after 5 or 6 years of a diet supplying inadequate amounts. Vitamin B12 functions as a methyl donor and works with folic acid in the synthesis of DNA and red blood cells and is vitally important in maintaining the health of the insulation sheath (myelin sheath) that surrounds nerve cells. Preservatives such as fluorides & ascorbic acid interfere with this assay. Excessive exposure of the specimen to light may alter Vitamin B12 result.

Method : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay

Kindly correlate with clinical conditions.

VITAMIN D3 (25 HYDROXY) *[Plain tube (red top)]	91.45	nmol/L	75 - 250 (Age 13 Y - 100 Y)
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Performed On: ACCESS 2 (BECKMAN COULTER)
Reference Ranges:
Deficiency : <25 nmol/L
Insufficiency : 25 -75 nmol/L
Sufficiency : 75-250 nmol/L
Toxicity: >250 nmol/L
Clinical Significance: This test is used to determine the levels of 25-hydroxy-vitamin D and is used to determine if bone weakness, bone malformation, or abnormal metabolism of calcium is occurring as a result of a deficiency or excess of vitamin D. Since vitamin D is a fat-soluble vitamin and is absorbed from the intestine like a fat, vitamin D is also used to monitor individuals with diseases that interfere with fat absorption, such as cystic fibrosis and Crohn's disease, and in patients who have had gastric bypass surgery and may not be able to absorb enough Vitamin D. Vitamin D is also used to determine effectiveness of treatment when vitamin D, calcium, phosphorus, and/or magnesium supplementation is prescribed. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, inadequate intake; malabsorption eg, due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. In contrast to the high prevalence of 25-OH-VitD deficiency, hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

Method : Fully Automated Chemi Luminescent Immuno Assay

Kindly correlate with clinical conditions

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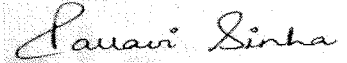
BIOCHEMISTRY

Request Date : 15-06-2024 08:52 AM
Collection Date : 15-06-2024 01:00 PM | BI31238
Acceptance Date : 15-06-2024 01:00 PM | **TAT:** 01:00 [HH:MM]
Reporting Date : 15-06-2024 02:00 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR POST PRONDIAL (BSPP) * Sodium fluoride(grey top)]	100.00	mg/dL	80 - 140 (Age = 100)	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. PIYUSH SHUKLA



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Regn. Number: OPD.24-25-33194

Request Date : 15-06-2024 08:52 AM

Reporting Date : 16-06-2024 08:14 AM
Report Status : Finalized

X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

X-RAY CHEST PA
FINDINGS

Lung fields are clear.
Both hilar shadows are normal.
Both domes of diaphragm are normal.
Both costophrenic angles are clear.
Cardiac silhouette is normal.
Soft tissues and bony thoracic cage are normal.

IMPRESSION-NORMAL CHEST X-RAY.

Please correlate clinically.

Dr. Ashma Mehta

Senior Consultant Radiology, MBBS, DMRD Gold Medalist
Reg.No.013215 HMC

END OF REPORT

Dr Sai Naren V S
MBBS, MD
CONSULTANT RADIOLOGIST

Up to **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}

Patient Name: MR. VIVEK SINGH / UHIDNO:FHP31758915062024

Age / Gender : 49 Yr / M

Address: KM64/1503, JP COSS MOSS SECT-134 NOIDA

Req. Doctor: Dr. PRIYANKA SINGH

Regn. Number: OPD.24-25-33194

Request Date : 15-06-2024 08:52 AM

Reporting Date : 15-06-2024 09:50 AM

Report Status : Finalized

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 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.

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 enlarged in size (29 cc), normal shape and echotexture.

IMPRESSION:

Grade I fatty liver.

Grade I prostatomegaly.

Advice: Clinical Correlation.

END OF REPORT



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

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

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

Patient Name: MR. VIVEK SINGH / UHIDNO:FHP31758915062024
Age / Gender : 49 Yr / M
Address: KM64/1503, JP COSS MOSS SECT-134 NOIDA
Req. Doctor: Dr. RAHUL ARORA
Regn. Number: OPD.24-25-33194

Request Date : 15-06-2024 08:52 AM

Reporting Date : 15-06-2024 10:12 AM
Report Status : Finalized

ECHO COLOUR DOPPLER

INDICATIONS		SOB	
IMAGE QUALITY	GOOD	VIEWS	PLAX,PSAX,AP4CH,AP2CH

REPORT :-

MEASUREMENTS	ABSOLUTE VALUE				NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	29				23-34	Mitral E velocity	0.68m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.54m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	38				25-40	Mitral E/A ratio	1.25	1-2
Left Ventricular ED Dimension (mm)	44				39-53	Mitral DT	182msec	160-240 msec
Left Ventricular ES Dimension (mm)	29				23-36	TAPSE	19 mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	10	ES	14	6-11	Peak Aortic velocity	0.97m/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)	35 %				27-45%	Aortic P ½ Time	-	>500 msec
LV Ejection Fraction (mm)	65 % ± 3%				>55%	Peak Pulmonary Velocity	0.66m/sec	0.5-1.3 m/s

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

CONCLUSION :

- No RWMA with **LVEF : 65%**.
- Normal cardiac chambers dimensions.
- 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.

IMPRESSION : NORMAL ECHO STUDY.

END OF REPORT

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

(Associate Consultant)

Consultation Charges valid till 3 days

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

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

Patient Name: MR. VIVEK SINGH / UHIDNO:FHP31758915062024
Age / Gender : 49 Yr / M
Address: KM64/1503, JP COSS MOSS SECT-134 NOIDA
Req. Doctor: Dr. RAHUL ARORA
Regn. Number: OPD.24-25-33194

Request Date : 15-06-2024 08:52 AM

Reporting Date : 15-06-2024 10:39 AM
Report Status : Finalized

TMT

REASON FOR EXAMINATION: Routine

FINDINGS:

The patient was exercised according to standard Bruce protocol for 04:47 minutes achieving maximal heart rate of 149 resulting in 87% of age-predicted maximal heart rate (171). Peak blood pressure was 150/90. 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 reveal an more than 1 mm ST - T changes dynamic as compared to the baseline electrocardiogram.

IMPRESSION:

1. Fair exercise tolerance.
2. Adequate heart rate and blood pressure response.
3. This maximal treadmill test did evoke significant and diagnostic clinical or electrocardiographic evidence for significant occlusive coronary artery disease.

CONCLUSION: TMT IS POSITIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA.

ADVICE : CLINICAL CORRELATION.

END OF REPORT

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

(Associate Consultant)

Consultation Charges valid till 3 days



Felix Hospitals

Felix Hospital

Sector-137, Expressway, Noida-201305



MC-5075 H-2016-040

Patient: MR VIVEK SINGH

Email: info@felixhospital.com | Visit us: www.felixhospital.com

Refd. By: 24X7 Helpline

Age: 49 Yrs

Gender: Male

Pred. Eqns: RECORDERS

Height: 170 Cms

Smoker: No

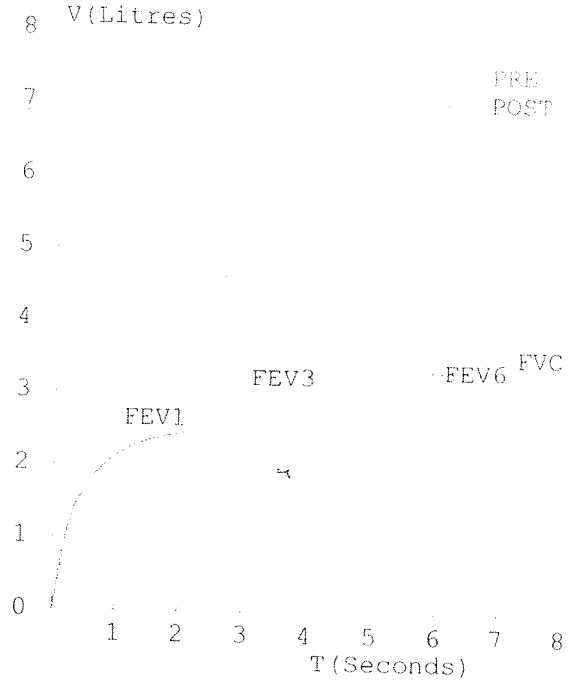
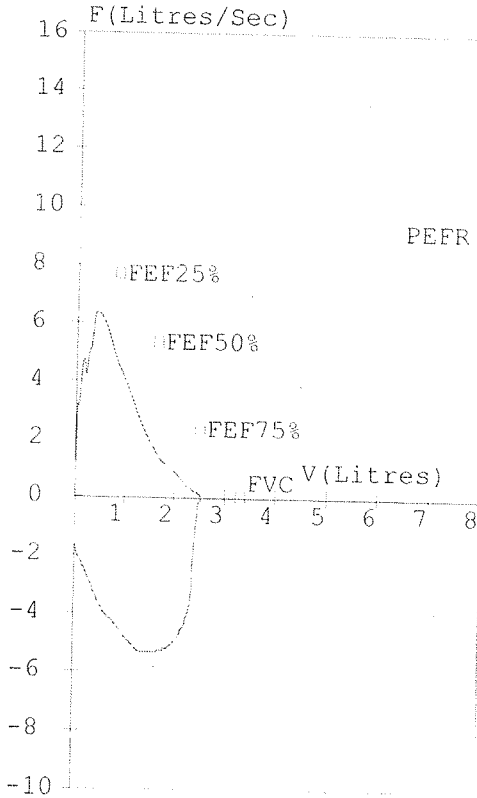
Date: 15-Jun-2024 01:07 AM

Weight: 76 Kgs

Eth. Corr: 100

ID: 33401

Temp:



FVC Results

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC (L)	03.32	02.51	076	-----	----	----
FEV1 (L)	02.64	02.15	081	-----	----	----
FEV1/FVC (%)	79.52	85.66	108	-----	----	----
FEF25-75 (L/s)	03.54	02.26	064	-----	----	----
PEFR (L/s)	08.54	06.46	076	-----	----	----
FIVC (L)	-----	02.93	----	-----	----	----
FEV.5 (L)	-----	01.70	----	-----	----	----
FEV3 (L)	03.22	02.51	078	-----	----	----
PIFR (L/s)	-----	05.29	----	-----	----	----
FEF75-85 (L/s)	-----	00.78	----	-----	----	----
FEF.2-1.2 (L/s)	06.28	04.67	074	-----	----	----
FEF 25% (L/s)	07.70	05.73	074	-----	----	----
FEF 50% (L/s)	05.35	02.85	053	-----	----	----
FEF 75% (L/s)	02.35	01.02	043	-----	----	----
FEV.5/FVC (%)	-----	67.73	----	-----	----	----
FEV3/FVC (%)	96.99	100.00	103	-----	----	----
FET (Sec)	-----	02.63	----	-----	----	----
ExplTime (Sec)	-----	00.02	----	-----	----	----
Lung Age (Yrs)	049	058	118	-----	----	----
FEV6 (L)	03.32	-----	----	-----	----	----
FIF25% (L/s)	-----	05.28	----	-----	----	----
FIF50% (L/s)	-----	03.99	----	-----	----	----
FIF75% (L/s)	-----	01.24	----	-----	----	----

Dr. Priyadarshi Jitendra Kumar
 MBBS/ DNB/ FSM/ FCCP (USA)
 Respiratory Medicine, Critical Care &
 Sleep Medicine
 Reg. No. 36168

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

The contents of this report require clinical co-relation before any clinical action.

http://www.rmsindia.com RMS Spirometer (Helios_v3.2.6)

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

CASE SHEET

Date : 15-06-2024 03:4

MR. VIVEK SINGH

UHIDNO:FHP317589150620



AGE : 49 YR / MALE
ADDRESS : KM64/1503, IP COSS MOSS SECT-134 NOIDA
MOBILE NO. : 9811779028 REG. NO : OPD.24-25-33537
CATEGORY : GENERAL
DEPARTMENT : OPHTHALMOLOGY
CONSULTANT : DR. DEEPANJALI ARYA

COMPLAINTS

ROUTINE EYE EXAMINATION

BASIC EYE EXAMINATION

b/e Within Normal Limit color vision: +ve

VISION

Visual Acuity (OD)	RIGHT EYE			LEFT EYE		
	Unaided	Pinhole	Aided	Unaided	Pinhole	Aided
Distance	6/18		6/6	6/18		6/6
Near						

Authorised
Dr. Deepanjali Arya
MS, DNB, FRCO
Consultant
Ophthalmologist
Oncologist
Registration No. MC-8187
Felix Hospital Sector 137, Noida



PREPARED BY DOCTOR

Uof - Routine Examination -

WHO - vision from 30-35 year

Ref (S-1.00DS/-0.25DC X 101) (6/6)

Un-corrected 6/6

Add +2.00 DS B2

Unc 6/18

Unc-corrected 20-6

Unc 20-24

colours in (very)

Covered by M.Life (for Felix Hospital) Felix Healthcare Pvt Ltd

www.felixhospital.com

ID: 111111 CASE: **MR - Vivek Singh**
 AGE: Y M D **age - 48/19**
 Cms: K9
 15/06/2024 09:18:05
 FELIX HOSPITAL
 SEC 137 NOIDA

RATE: 54 bpm SINUS RHYTHM
 R-R: 1093 ms INFERIOR AND ANTERIOR T WAVE ABNORMALITY MAY BE DUE TO MYOCARDIAL ISCHEMIA
 P-R: 180 ms
 QRS: 92 ms
 QT: 390 ms
 QTc: 380 ms

- - AXIS - -
 P: 59°
 QRS: 11°
 T: -19°
 ABNORMAL ECG

12 SL: REPORT FORMAT: 3x4+1L SQ REF: Dr. DR. CMO

