

24x7 Helpline - 7835999444 , 7835999555

Name : Mrs.NEHA RAJPOOT
Age/Gender : 35 Y(s) /Female
Reg No : 1009221335
Lab ID No : KP0061181
Sample ID : 220047287
Sample Type : Serum

Location : FELIX HOSPITAL
Registered On : 10-09-2022 15:10
Reported On : 10-09-2022 19:07
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>	: 13.00	U/L	0 - 38

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



Sherry Khanna

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

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mrs. NEHA RAJPOOT [UHIDNO:FHP24173910092022]
Age / Gender : 35 Yr / Female
Address : PANCHSHEEL GREEN -1, G.NOIDA , Gautam Buddha Nagar,
UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA


UHIDNO:FHP241739100920

Reg. ID : OPD.22-23-68855

BIOCHEMISTRY

Request Date : 10-09-2022 10:26 AM
Collection Date : 10-09-2022 10:33 AM[B134041],[B134042]
Acceptance Date : 10-09-2022 10:33 AM | TAT: 01:45
[HH:MM]
10-09-2022 10:30 AM | TAT: 01:48
[HH:MM]

Reporting Date : 10-09-2022 12:18 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		90.00 mg/dL	74.00 - 110.00 (Age <= 100)
<i>Please correlate clinically</i>			
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		203.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		121.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl ₂ -enzymatic*		70.00 mg/dL *	40.00 - 60.00
LDL(Low density lipid) Calculated		108.80 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		24.20 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		2.90	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.



Prepared By
VINEET KUMAR

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mrs. NEHA RAJPOOT [UHIDNO:FHP24173910092022]
Age / Gender : 35 Yr / Female
Address : PANCHSHEEL GREEN -1, G.NOIDA , Gautam Buddha Nagar,
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Requesting Doctor: Dr. ANSHUMALA SINHA


UHIDNO:FHP241739100920

Reg. ID : OPD.22-23-68855

BIOCHEMISTRY

Request Date : 10-09-2022 10:26 AM
Collection Date : 10-09-2022 02:10 PM [BI34078]
Acceptance Date : 10-09-2022 02:10 PM | TAT: 00:48
[HH:MM]

Reporting Date : 10-09-2022 02:58 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		124.00 mg/dL	80.00 - 140.00 (Age <= 100)

Please correlate clinically

END OF REPORT.



Prepared By
PRANJALI RAI

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Age / Gender : 35 Yr / Female
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 UTTAR PRADESH
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 UHIDNO:FHP241739100920

Reg. ID : OPD.22-23-68855

BIOCHEMISTRY

Request Date : 10-09-2022 10:26 AM
Collection Date : 10-09-2022 10:28 AM[B134041]
Acceptance Date : 10-09-2022 10:30 AM | TAT: 03:57
 [HH:MM]

Reporting Date : 10-09-2022 02:27 PM
Reporting Status : Finalized

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 %		5.7 %	
<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%</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 glycemic 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><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>Please correlate clinically</p>			

END OF REPORT.

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HAEMATOLOGY

Request Date : 10-09-2022 10:26 AM
Collection Date : 10-09-2022 10:28 AM[HA26745]
Acceptance Date : 10-09-2022 10:30 AM | TAT: 02:12
[HH:MM]


Reporting Date : 10-09-2022 12:42 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		13.0 gm/dL	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		7800 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		58.10 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		35.80 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		3.50 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		2.60 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.10 millions/cumm	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		38.80 %	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		95.0 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		31.80 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		33.60 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.78 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		40 mm/hr *	M 0 - 10 F 5 - 20

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

END OF REPORT.

Prepared By
VARSHABEN JAGDISHBHAI VIDJA


Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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

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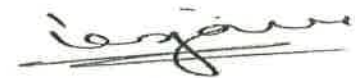
BIOCHEMISTRY

Request Date : 10-09-2022 10:26 AM
Collection Date : 10-09-2022 10:28 AM [BI34041]
Acceptance Date : 10-09-2022 10:30 AM | TAT: 01:48
 [HH:MM]

Reporting Date : 10-09-2022 12:18 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		19.60 mg/dL	F 10.00 - 40.00
S.CREATININE (ENZYMATIC)*		0.50 mg/dL *	F 0.52 - 1.04
S.URIC ACID (URICASE, COLORIMETRY)*		6.20 mg/dL	F 2.50 - 6.20
S.CALCIUM (ARSENAZO DYE)*		9.40 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.)*		4.20 mmol/L	3.50 - 5.10
S. PHOSPHORUS (PMA PHENOL)*		4.00 mg/dL	2.50 - 4.50
<i>Performed On: VITROS 250</i>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		1.1 mg/dL	Adult 0.20 - 1.30
CONJUGATED(D.Bilirubin) (CALCULATED)		0.3 mg/dL	Adult 0.00 - 0.30 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.8 mg/dL	Adult 0.00 - 1.10 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*		27.0 IU/L	F 14.00 - 36.00
S.G.P.T (ALT) (KINETIC LDH/NADH)*		21.0 IU/L	F 0.00 - 35.00
ALKALINE PHOSPHATASE (pNPP/AMP)*		97.0 IU/L	F 35.00 - 104.00 (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.10 gm/dL	6.30 - 8.20
ALBUMIN (BROMOCRESOL GREEN)*		5.10 gm/dL *	3.50 - 5.00
GLOBULIN (CALCULATED)*		2.0 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		2.55 *	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.



Prepared By
VINEET KUMAR

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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 UTTAR PRADESH



UHIDNO:FHP241739100920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID :OPD.22-23-68855

IMMUNOLOGY

Request Date : 10-09-2022 10:26 AM
Collection Date : 10-09-2022 10:28 AM[IMMU19015]
Acceptance Date : 10-09-2022 10:30 AM | **TAT:** 06:25
 [HH:MM]

Reporting Date : 10-09-2022 04:55 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) *[Plain tube (red top)]	CLIA		
Total T3		1.67 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		148.6 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		2.63 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
SURAJ KUMAR

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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Age / Gender : 35 Yr / Female
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UTTAR PRADESH


UHIDNO:FHP241739100920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-68855

HAEMATOLOGY

Request Date : 10-09-2022 10:26 AM
Collection Date : 10-09-2022 10:28 AM[HA26745]
Acceptance Date : 10-09-2022 10:30 AM | **TAT:** 07:04
[HH:MM]

Reporting Date : 10-09-2022 05:34 PM
Reporting Status : Finalized

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

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mrs. NEHA RAJPOOT [UHIDNO:FHP24173910092022]
Age / Gender : 35 Yr / Female
Address : PANCHSHEEL GREEN -1, G.NOIDA , Gautam Buddha Nagar, UTTAR PRADESH


UHIDNO:FHP241739100920

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-68855

CLINICAL PATHOLOGY

Request Date : 10-09-2022 10:26 AM
Collection Date : 10-09-2022 11:16 AM[CLP6689]
Acceptance Date : 10-09-2022 11:16 AM | **TAT:** 06:27 [HH:MM]

Reporting Date : 10-09-2022 05:43 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
URINE ROUTINE AUTOMATED * [Random Urine]			
VOLUME		50 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.015	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		0-1 /HPF	F 0.00 - 5.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

Please correlate clinically

END OF REPORT.

Prepared By
SANDEEP SINGH



Dr. ASHILY KOSHY
MBBS, MD(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mrs. NEHA RAJPOOT [UHIDNO:FHP24173910092022]
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UTTAR PRADESH


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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.22-23-68855

CLINICAL PATHOLOGY

Request Date : 10-09-2022 10:26 AM
Collection Date : 10-09-2022 10:28 AM[CLP6688]
Acceptance Date : 10-09-2022 11:16 AM | **TAT:** 06:29
[HH:MM]

Reporting Date : 10-09-2022 05:45 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
STOOL ROUTINE *[stool]	MICROSCOPY		
COLOR		BROWNISH	
CONSISTENCY		SOLID	
CHEMICAL EXAMINATION (pH)		ACIDIC	
BLOOD		ABSENT	ABSENT
MUCUS		ABSENT	ABSENT
MICROSCOPIC EXAMINATION:			
PUS CELLS		3-4	NIL / HPF
RED BLOOD CELLS		NIL	NIL / HPF
EPITHELIAL CELLS		0-1	NIL / HPF
PARASITE		NIL	NIL
CYST		NIL	NIL
OVA		NIL	NIL
OTHER		NIL	NIL

END OF REPORT.



Prepared By
SANDEEP SINGH

Dr. ASHILY KOSHY
MBBS, MD(PATHOLOGY)

Patient Name: Mrs. NEHA RAJPOOT / UHIDNO:FHP24173910092022
Age / Gender: 35 Yr /Female
Address: PANCHSHEEL GREEN -1, G.NOIDA , Gautam Buddha
Nagar, UTTAR PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-68855

Request Date : 10-09-2022 10:26 AM

Reporting Date : 10-09-2022 11:01 AM

Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN FEMALE

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 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. Uterus is retroflexed, normal in size, shape and echotexture. Myometrial echoes are homogeneous. Endometrium thickness is ~ 5 mm. Both ovaries are normal in size, shape and echotexture. Cul-de-sac is clear.

IMPRESSION: No significant abnormality detected.

Advice: Clinical correlation.

END OF REPORT

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

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Nagar, UTTAR PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-68855

Request Date : 10-09-2022 10:26 AM

Reporting Date : 10-09-2022 02:11 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. PULKIT SONI
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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 2.57 minutes achieving maximal heart rate of 162 resulting in 88% of age-predicted maximal heart rate (185). Peak blood pressure was 120/80. 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. Adequate heart rate and blood pressure response.
2. 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)

(Associate Consultant)

Mohs Reg Post

AGE: Y M D
CMS KG

AGHP
DERA BASSI

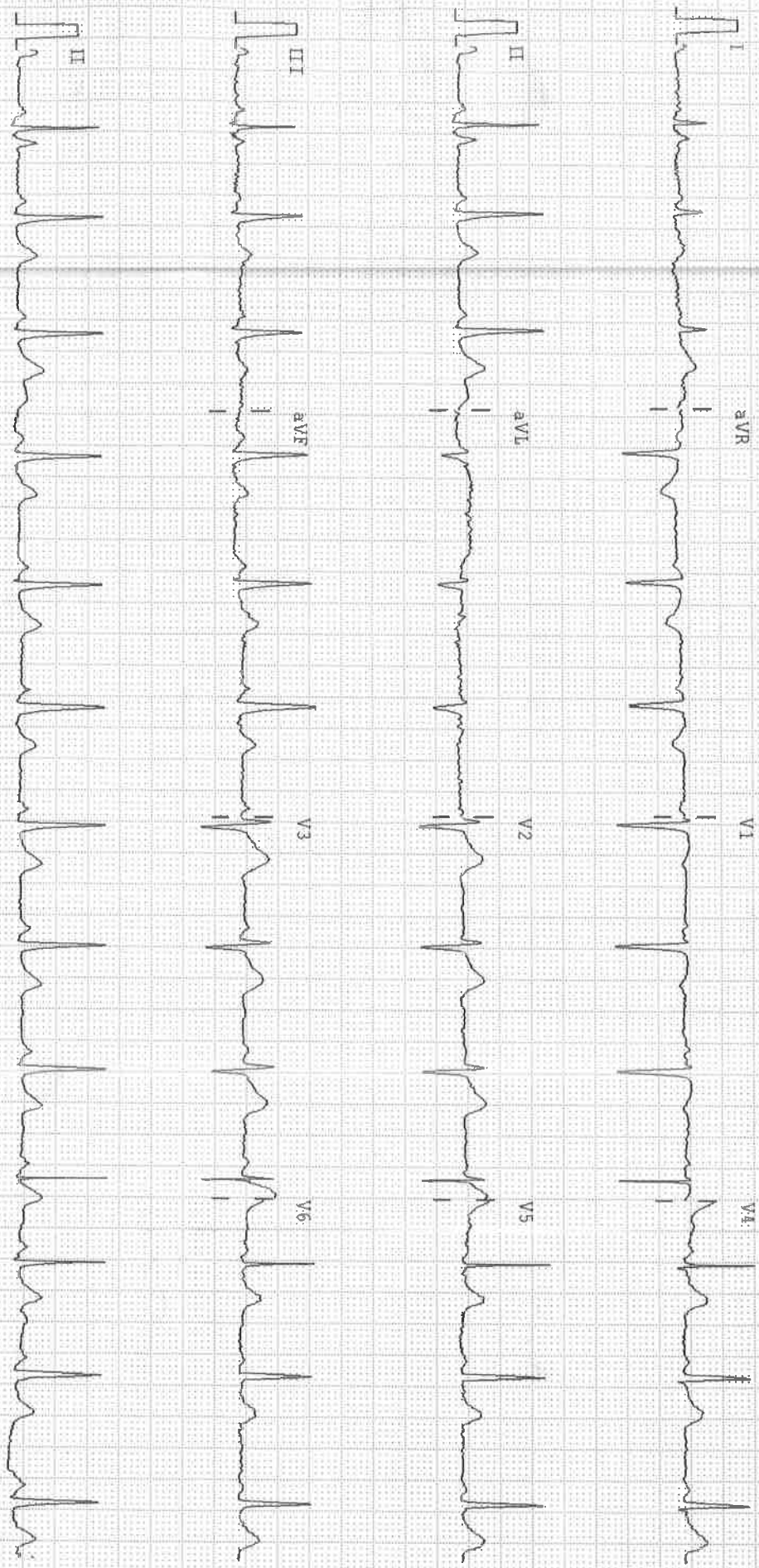
RATE	: 79 bpm	SINUS RHYTHM
R-R	: 79 ms	
P-R	: 122 ms	
QRS	: 12 ms	
QT	: 388 ms	
QTc	: 31 ms	

--AXIS--
 P : 5°
 QRS : 12°
 T : 90°

12 SL, REFORMAT 3x4+1L SQ

REF:

Dr. M RAHMI



25mm/sec 10mm/mV Notch: ON

BLC: ON 0.05-35Hz

ALLENGERS PISCES 10121 VER-1.91 CLINICALLY CORRELATE THE FINDINGS

Dr Charu Yadav
Consultant Obs & Gynae
MBBS, MS(OBG),
Diploma & Fellowship Laparoscopic surgery (DMAS, FMAS)
DMC/R/06322

PATIENT NAME: *Neha Rajpoot* AGE: *35/F* DATE: *10/9/22*

*P/L, with LCB 5 years back
LSCS, for health check*

*LMP - 5 days back
PMC - regular, mod flow*

No known medical illness

*PA - Soft
Pf Scar (+)
P/V - Cx vagina (u)*

*P/V - ut (u) size
B/L fornices free
Non tender
PAP smear taken*

24x7 Helpline - 7835999444, 7835999555

Mrs. Neha Rajpoot

10/9/22.

35/F

Vn 6/6
6/6

Nvn - Ng BE

Color Vn - WNL DE

O/E

Ant seg - WNL BE

Fundus (uncl) - central WNL DE

Rx epl Trans Natarale forte 910
BE
x 1nth.

Stop use of Kajal

Dygs.