

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

Felix Hospitals
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Felix Hospital (Felix Healthcare Pvt. Ltd.)

NH-01, Sector-137 Expressway Noida 201305

Reception: 7835999444, 7835999555, Lab: 7835999333, Pharmacy: 7835999111, Email: info@felixhospital.com, pharmacy@felixhospital.com, DL.No. UP16200000886, GSTIN No. 09AABCF8206H3ZM

UMR NO / IP No : FHP240910430 / NA	Bill Date : 10-Sep-2024 10:34 AM
Name : Mr . HARI PRAKASH	Collection Date : 10-Sep-2024 11:04 AM
Age / Gender : 61Y(s) / Male	Reporting Date : 10-Sep-2024 12:23 PM
Specimen Type : EDTA WB	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.PRIYANKA SINGH	

BIOCHEMISTRY

BAR CD : 2409100380

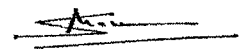
PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
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GLYCOSYLATED HAEMOGLOBIN (HB A1C)

HBA1C 5.60 %

Non Diabetic : 4 - 6 Good Control : 6
- 7 Fair Control : 7 - 8 Poor Control :
8 - 10 Very Poor Control : > - 10

Comments :



Dr. SUMIT MAKKAR

MBBS,MD(Pathology)

Prepared By
User : EC4901
Print Dt : 11-Sep-2024 12:12 PM

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Specimen Type :	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.PRIYANKA SINGH	

Ref Range for HBA1c
 Non Diabetic : < 5.7 %
 Pre-Diabetic : 5.7 - 6.5 %
 Diabetic : > 6.5 %

Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.

HbA1c goals in the treatment of diabetes:

Ages 0-6 years : 7.6% - 8.4%
Ages 6-12 years : <8%
Ages 13-19 years : <7.5%
Adults : <7%

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.

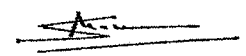
(Note: If a person has anemia, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.)

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 correlate clinically

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



Dr. SUMIT MAKKAR
MBBS,MD(Pathology)

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Name : Mr . HARI PRAKASH	Collection Date : 10-Sep-2024 11:04 AM
Age / Gender : 61Y(s) / Male	Reporting Date : 10-Sep-2024 12:43 PM
Specimen Type : Serum	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.PRIYANKA SINGH	

Comments :

**Please correlate clinically*

LIVER FUNCTION TEST

BILIRUBIN (TOTAL) (Sulphanilic acid, DMSO)	0.48	mg/dl	0.2-1.3
BILIRUBIN (DIRECT) (Sulphanilic acid, DMSO)	0.23	mg/dl	0.0-0.3
BILIRUBIN (INDIRECT) (Calculated)	0.25		0.0 - 1.10
SGOT (AST) (IFCC without pyridoxal phosphate activation)	44.20	U/L	0 - 40
SGPT (ALT) (IFCC without pyridoxal phosphate activation)	57.60	U/L	0 - 41
ALKALINE PHOSPHATASE (PNPP)	97.40	U/L	38- 126
TOTAL PROTEINS (Biuret)	7.50	g/dL	6.3-8.2
ALBUMIN (Bromocresol Green (BCG))	4.70	g/dL	3.5-5.0
GLOBULIN (Calculated)	2.80	g/dL	2.8-3.2
A/G RATIO (Calculated)	1.68		1:25-1.56:1

Comments :

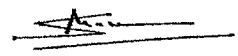
**Please correlate clinically.*

KIDNEY FUNCTION TEST(KFT)

UREA	14.30	mg/dl	18 - 55
CREATININE (Enzymatic)	0.70	mg/dl	0.6 - 1.4
URIC ACID (Uricase, colorimetric)	3.60	mg/dl	3.50-7.20
CALCIUM (Arsenazo III)	9.30	mg/dl	8.6 - 10.3
PHOSPHORUS (Molybdate UV)	4.03	mg/dl	2.6-4.5
SODIUM (ISE)	136.90	mmol/l	135 - 145
POTASSIUM (ISE)	4.20	mmol/l	3.5 - 5.5
CHLORIDE (ISE)	107.00	mmol/l	98- 107

Comments :

**Please correlate clinically.*



Dr. SUMIT MAKKAR

MBBS,MD(Pathology)

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Name : Mr . HARI PRAKASH	Collection Date :
Age / Gender : 61Y(s) / Male	Reporting Date
Specimen Type :	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.PRIYANKA SINGH	

*** End Of Report ***

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User :
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UMR NO / IP No : FHP240910430 / NA	Bill Date : 10-Sep-2024 10:34 AM
Name : Mr . HARI PRAKASH	Collection Date : 10-Sep-2024 11:04 AM
Age / Gender : 61Y(s) / Male	Reporting Date : 10-Sep-2024 12:48 PM
Specimen Type : Whole Blood	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.PRIYANKA SINGH	

HAEMATOLOGY

BAR CD : 2409100376

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
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BLOOD GROUP (RH TYPE)

Blood grouping	"A"		
Rh TYPING	Positive		

PARAMETER	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
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HAEMOGRAM (CBC & ESR)

Haemoglobin	14.40	g/dL	13 - 17
Total WBC Count	5640		4000 - 10000
Differential Count			
Neutrophils	63.20		40.00- 80.00
Lymphocytes	25.40		20.00- 40.00
Monocytes	7.90		2.00 - 10.00
Eosinophils	3.50		1.00 - 6.00
Basophils	0.00		0.00 - 1.00
Total RBC Count	5.15	mil/cmm	4.50 - 6.50
HEMATOCRIT (PCV)	45.70	%	40.00- 54.00
MCV	88.70		80.00- 100.00
MCH	27.90	pg	27.00- 32.00
MCHC	31.40	%	31.50- 34.50
PLATELETS	1.02	x10 ⁶ /cmm	1.50 - 4.00
RDW-CV	17.20	%	11.00- 16.00
RDW-SD	44.90	fl	39 - 52
PDW	21.40	%	11 - 18
ESR	08	mm at 1 hr.	0 - 20

*** End Of Report ***

Pallavi Sinha

Dr. PALLAVI SINHA

MBBS,MD(Pathology)

Prepared By
User : EC3758
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• 24X7 Emergency • Ambulance • Pharmacy • Lab • Blood Bank

This is not for Medico Legal purpose

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UMR NO / IP No : FHP240910430 / NA	Bill Date : 10-Sep-2024 10:34 AM
Name : Mr . HARI PRAKASH	Collection Date : 10-Sep-2024 01:00 PM
Age / Gender : 61Y(s) / Male	Reporting Date : 10-Sep-2024 05:10 PM
Specimen Type : Urine	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.PRIYANKA SINGH	

CLINICAL PATHOLOGY

BAR CD : 2409100500

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
URINE ROUTINE AUTOMATED			
Physically Examinationj			
Volume (ml)	30	ML	>10
Colour (Naked eye)	Pale yellow		PALE YELLOW
Appearance	Clear		Clear
Specific Gravity (Pre treated ion exchange resin)	1.025		1.005- 1.030
pH (Double Indicator)	6.0		5.0 - 8.5
Urine Protein (Tetra bromophenol)	NEGATIVE		NEGATIVE
Urine Glucose (GOP Chromogen)	NEGATIVE		NEGATIVE
Ketones (Na-Nitropruside reaction)	NEGATIVE		NEGATIVE
Bilirubin (Diazonium Salt)	NEGATIVE		NEGATIVE
Urobilinogen (Diazonium salt)	NEGATIVE		NEGATIVE
Blood (Tetramethyl benzadine)	NEGATIVE		NEGATIVE
Leucocytes Esterase (Diazonium method)	NEGATIVE		NEGATIVE
Nitrite (Diazonium compound coupling)	NEGATIVE		NEGATIVE
Microscopy			
R.B.C	NIL	/hpf	0 - 2
Pus cells	3-4		0 - 5
Epithelial cells	1-2	/hpf	0 - 3
Casts	ABSENT	/hpf	
Crystals	ABSENT	/hpf	
Bacteria	NEGATIVE		NEGATIVE

*** End Of Report ***



Dr. SUMIT MAKKAR

MBBS,MD(Pathology)

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User : EC3782
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Name : Mr . HARI PRAKASH	Collection Date : 10-Sep-2024 11:04 AM
Age / Gender : 61Y(s) / Male	Reporting Date : 10-Sep-2024 04:46 PM
Specimen Type : Serum	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.PRIYANKA SINGH	

IMMUNOLOGY

BAR CD : 2409100377

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
THYROID PROFILE TOTAL(T3,T4,TSH)			
T3 (CLIA)	1.57	nmol/l	1.11-2.29
T4 (CLIA)	113.64	nmol/l	62.00-201.40
TSH (CLIA)	0.004	µIU/ml	0.38-5.33

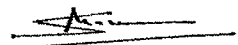
Comments :

Comments:

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.

Please correlate clinically.

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



Dr. SUMIT MAKKAR

MBBS,MD(Pathology)

Prepared By
User : EC3424
Print Dt : 11-Sep-2024 12:12 PM

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Name : Mr . HARI PRAKASH	Collection Date : 10-Sep-2024 11:04 AM
Age / Gender : 61Y(s) / Male	Reporting Date : 10-Sep-2024 12:27 PM
Specimen Type : Fluoride Plasma	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.PRIYANKA SINGH	

BIOCHEMISTRY

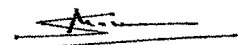
BAR CD : 2409100378

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
BLOOD SUGAR FASTING (BSF)			
FASTING BLOOD SUGAR (Glucose oxidase-peroxidase)	98.00	mg/dl	74 - 110

Comments :

**Please correlate clinically.*

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



Dr. SUMIT MAKKAR

MBBS,MD(Pathology)

Prepared By
User : ec3959
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Age / Gender : 61Y(s) / Male	Reporting Date : 10-Sep-2024 12:43 PM
Specimen Type : Serum	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.PRIYANKA SINGH	

BIOCHEMISTRY

BAR CD : 2409100379

PARAMETER	RESULT	UNIT	
GGTP			
GAMMA GT (Kinetic)	163.00	U/L	0 - 55

Comments :

Comments:

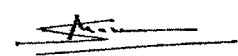
An increased GGT level may be due to any of the following:

- Alcohol use
- Diabetes
- Flow of bile from the liver is blocked (cholestasis)
- Heart failure
- Swollen and inflamed liver (hepatitis)
- Lack of blood flow to the liver
- Death of liver tissue
- Liver cancer or tumor
- Lung disease
- Pancreas disease
- Scarring of the liver (cirrhosis)
- Use of drugs that are toxic to the liver

LIPID PROFILE

CHOLESTEROL (CHOD-PAP)	171.60	mg/dl	Normal: <200 Borderline High: 200-240 High: >240
TRIGLYCERIDES (GPO-POD)	164.00	mg/dl	Normal: <200 Borderline High: 200-400 High: >400 Very High: >650
HDL CHOLESTEROL (Enzymatic, colorimetric)	56.20	mg/dl	Low: <40 High: >60
LDL CHOLESTEROL (Calculated)	82.60	mg/dl	OPTIMAL: < 100 mg/dl NEAR OPTIMAL: 100 - 129 mg/dl BORDERLINE HIGH: 130 - 159 mg/dl HIGH: 160 - 189 mg/dl VERY HIGH: > 190 mg/dl
VLDL CHOLESTEROL (Calculated)	32.80	mg/dl	5 - 30
Cholesterol/HDL Ratio (Calculated)	3.05		> 4.5 High risk of Coronary Artery Disease (The lower the better)

Comments :



Dr. SUMIT MAKKAR

MBBS,MD(Pathology)

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User : ec3959
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Name	: Mr . HARI PRAKASH	UMR NO	: FHP240910430
AGE / GENDER	: 61Y(s)/ Male	IP NO	: NA
S/o W/o D/o	: HARI PRAKASH	BILL NO	: ROP24000067
LOCATION	: OPD	BILL DT & TIME	: 10-Sep-2024 10:34 AM
ADVISED BY	: DR.PRIYANKA SINGH	REPORTING DT & TIME	: 10-Sep-2024 12:29 PM

ULTRASOUND WHOLE ABDOMEN MALE

*FINDINGS

Liver is normal in size, shape and shows mildly altered echotexture. Note is made of caudate lobe hypertrophy. Intrahepatic biliary radicles and venous channels appear normal. Portal vein appears prominent, measures ~ 13 mm.

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 (measuring ~ 11 cm) 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. RK measures ~ 11.0 x 4.7 cm and LK measures ~ 10.6 x 4.2 cm.

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, shape and echotexture.

IMPRESSION: Mildly altered echotexture of liver with caudate lobe hypertrophy and prominent portal vein.

Advice: LFT and Fibroscan correlation.

Dr. Rahul Baweja
MBBS, MD
Consultant Radiologist

*** End Of Report ***

Name	: Mr . HARI PRAKASH	UMR NO	: FHP240910430
AGE / GENDER	: 61Y(s)/ Male	IP NO	: NA
S/o W/o D/o	: HARI PRAKASH	BILL NO	: ROP24000067
LOCATION	: OPD	BILL DT & TIME	: 10-Sep-2024 10:34 AM
ADVISED BY	: DR.PRIYANKA SINGH	REPORTING DT & TIME	: 10-Sep-2024 04:51 PM

TMT OR ECHO SCREENING

***FINDINGS**

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

MEASUREMENTS	ABSOLUTE VALUE				NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	26				23-34	Mitral E velocity	0.78m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.57m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	35				25-40	Mitral E/A ratio	1.37	1-2
Left Ventricular ED Dimension (mm)	43				39-53	Mitral DT	119msec	160-240 msec
Left Ventricular ES Dimension (mm)	26				23-36	TAPSE	19 mm	=16 mm
Interventricular Septal Thickness (mm)	ED	11	ES	18	6-11	Peak Aortic velocity	0.98m/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)	30 %				27-45%	Aortic P ½ Time	-	>500 msec
LV Ejection Fraction (mm)	60 % ± 3%				>55%	Peak Pulmonary Velocity	0.66m/sec	0.5-1.3 m/s

RWMA: No RWMA

PA PRESSURE: Not raised

COLOR FLOW MAPPING:
Normal valve



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AGE / GENDER	: 61Y(s)/ Male	IP NO	: NA
S/o W/o D/o	: HARI PRAKASH	BILL NO	: ROP24000067
LOCATION	: OPD	BILL DT & TIME	: 10-Sep-2024 10:34 AM
ADVISED BY	: DR.PRIYANKA SINGH	REPORTING DT & TIME	: 10-Sep-2024 04:51 PM


FINDINGS:

- No RWMA
- 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

24 X 7 { Helpline - +91-7835999444, 7835999555 }

Patient Name	HARI PRAKASH 61Y/M		
Patient ID	3527	Age	0Yr
Referral Dr	Dr.	Sex	Male
Study Date Time	10 Sep 2024 1:38pm	Report Date Time	11 Sep 2024 9:15am

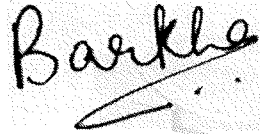
RADIOGRAPH OF THE CHEST PA VIEW

FINDINGS:

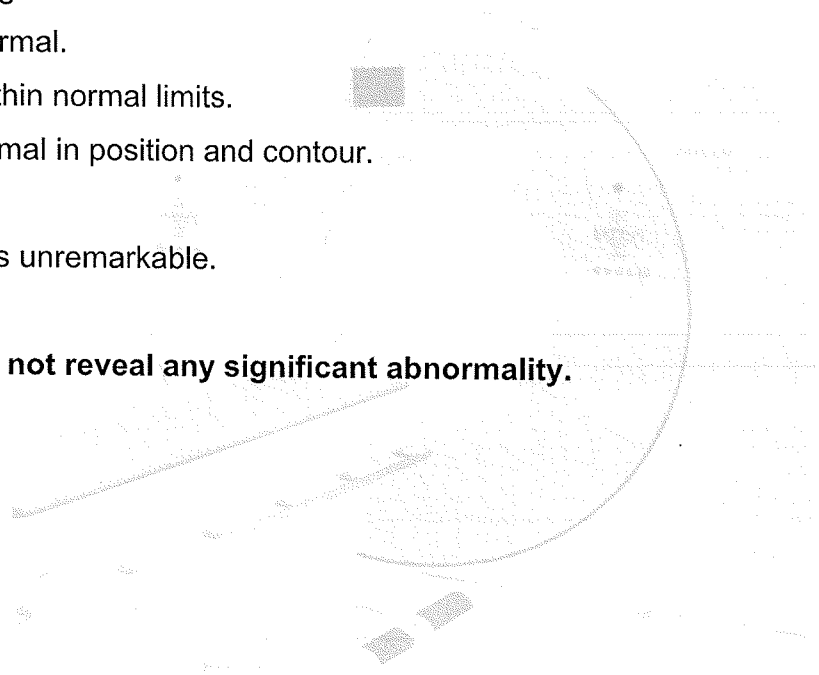
Both the lung fields are clear.
Both the costophrenic angles are clear.
Hilar shadows appear normal.
Cardiothoracic ratio is within normal limits.
Hemidiaphragms are normal in position and contour.
Trachea is in the midline.
Bony thorax under view is unremarkable.

IMPRESSION:

Radiograph chest does not reveal any significant abnormality.



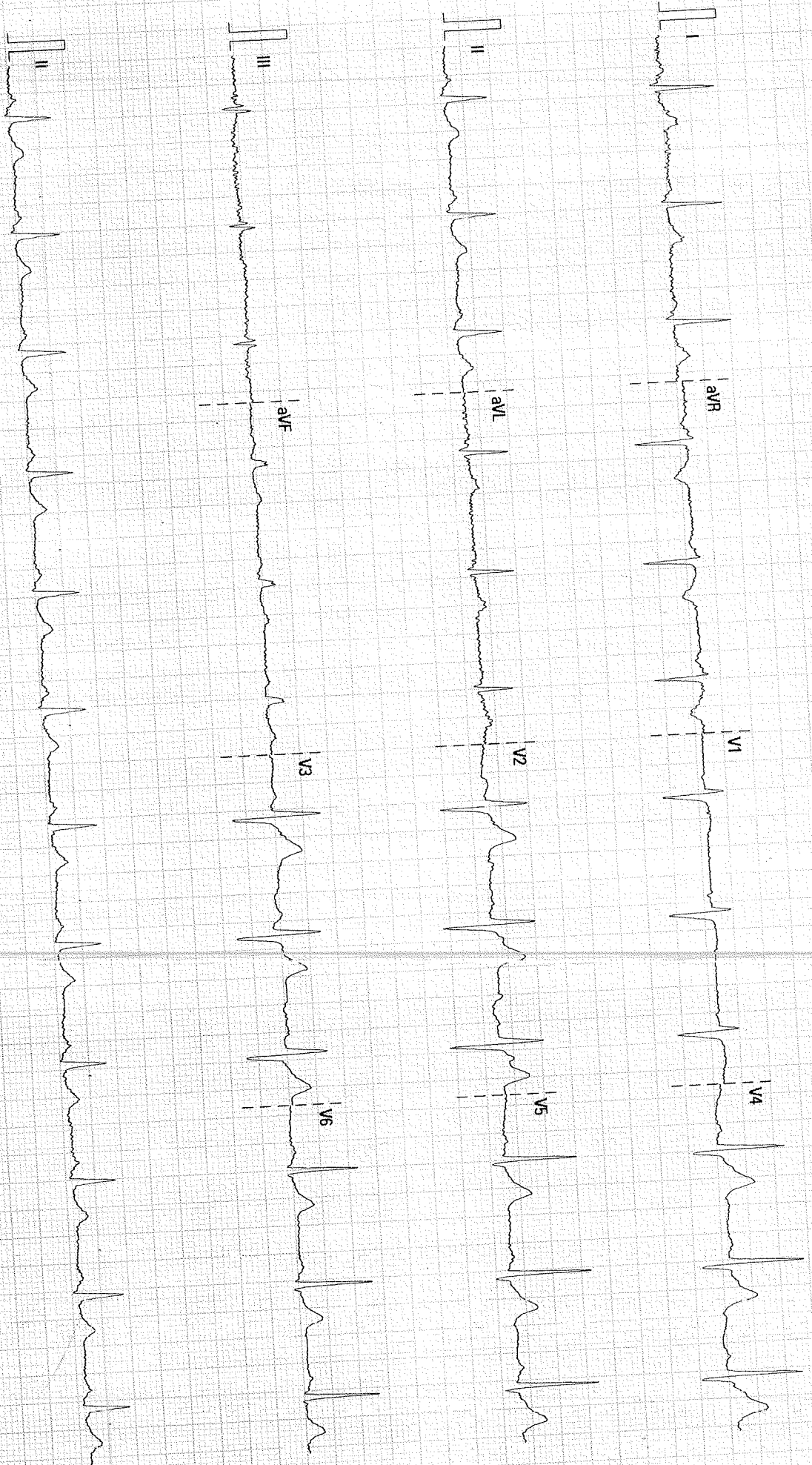
Dr. Barkha Keswani
Consultant Radiologist



Mr. Hari Prakash Age - 61 yrs

P/QRST Axes
Dix-Hodges

40/29/74 deg



Felix Hospital

02.10.00.V28.4.1

SN-FN-45049380