

24 X 7 { Helpline - 7835999444, 7835999555 }

Patient Name : MR. SARJEET [UHIDNO:FHP30647008032024]
Age / Gender : 31 Yr / M
Address : Ho No. 101 Vill Greater Noida , Noida Sector 27, Ghaziabad, UTTAR PRADESH
Req. Doctor: Dr. SONAKSHI SAXENA
Regn. ID: OPD.23-24-135479

BIOCHEMISTRY

Request Date : 08-03-2024 10:41 AM **Reporting Date :** 08-03-2024 06:04 PM
Collection Date : 08-03-2024 10:48 AM | BI12367 **Reporting Status :** Finalized
Acceptance Date : 08-03-2024 10:48 AM | **TAT:** 07:16 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
GGTP *[Plain tube (red top)]	26.80	U/L	M 0 - 55	KINETIC
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>An increased GGT level may be due to any of the following:</i>				
<ul style="list-style-type: none">• 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				

END OF REPORT.

Prepared By
Mr. SHIVAM



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

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BIOCHEMISTRY

Request Date : 08-03-2024 10:41 AM **Reporting Date :** 08-03-2024 04:13 PM
Collection Date : 08-03-2024 01:51 PM | BI12417 **Reporting Status :** Finalized
Acceptance Date : 08-03-2024 01:51 PM | **TAT:** 02:22 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR POST PRONDIAL (BSPP) * Sodium fluoride(grey top)]	102.00	mg/dL	80 - 140 (Age = 100)	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. AJAY KUMAR


Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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IMMUNOLOGY

Request Date : 08-03-2024 10:41 AM **Reporting Date :** 08-03-2024 01:27 PM
Collection Date : 08-03-2024 10:48 AM | IMMU33852 **Reporting Status :** Finalized
Acceptance Date : 08-03-2024 10:48 AM | **TAT:** 02:39 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
THYROID PROFILE TOTAL(T3,T4,TSH) * Plain tube (red top)]				CLIA
Total T3	1.72	nmol/L	1.11 - 2.29 (Age 0 - 100)	
Total T4	181.2	nmol/L	62 - 201.4 (Age 0 - 100)	
TSH	2.75	μIU/mL	0.38 - 5.33 (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
Mr. SHIVAM



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

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HAEMATOLOGY

Request Date : 08-03-2024 10:41 AM **Reporting Date :** 08-03-2024 01:22 PM
Collection Date : 08-03-2024 10:48 AM | HA8949 **Reporting Status :** Finalized
Acceptance Date : 08-03-2024 10:48 AM | **TAT:** 02:34 [HH:MM]

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

END OF REPORT.

Prepared By
Mr. ABHISHEK RATHI



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

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CLINICAL PATHOLOGY

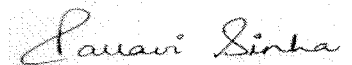
Request Date : 08-03-2024 10:41 AM **Reporting Date :** 08-03-2024 01:21 PM
Collection Date : 08-03-2024 12:16 PM | CLP13342 **Reporting Status :** Finalized
Acceptance Date : 08-03-2024 12:16 PM | **TAT:** 01:05 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED *[Random Urine]				
VOLUME	30	ML	>10	
COLOUR	YELLOW		PALE YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY (pKA CHANGE)	1.030		1.005 - 1.030	
pH (DOUBLE INDICATOR)	6.0		5 - 8.5	
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 - 3	
BACTERIA	ABSENT		ABSENT	
OTHER	ABSENT			

Please correlate clinically

END OF REPORT.

Prepared By
Ms. RAGAPRIYA DHANRAJ



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

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BIOCHEMISTRY

Request Date : 08-03-2024 10:41 AM
Collection Date : 08-03-2024 10:48 AM | BI12367
Acceptance Date : 08-03-2024 10:48 AM | **TAT:** 02:20 [HH:MM]
Reporting Date : 08-03-2024 01:08 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]				
UREA (UREASE METHOD)*	18.60 L	mg/dL	M 19 - 44 (Age 20 Y - 50 Y)	
S.CREATININE (ENZYMATIC)*	0.77	mg/dL	M 0.67 - 1.17	
S.URIC ACID (URICASE, COLORIMETRY)*	5.30	mg/dL	M 3.5 - 7.2	
S.CALCIUM (ARSENazo DYE)*	3.67 L	mg/dL	8.6 - 10.3	Arsenazo III
S. SODIUM (DIRECT I.S.E.)*	138.40	mmol/L	137 - 145	
S. POTASSIUM (DIRECT I.S.E.)*	4.00	mmol/L	3.5 - 5.1	
S. PHOSPHORUS (PMA PHENOL)*	3.67	mg/dL	2.6 - 4.5	
S. CHLORIDE (DIRECT I.S.E)	104.80	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)*	0.47	mg/dL	Adult 0.1 - 1.2	
CONJUGATED(D.Bilirubin) (CALCULATED)	0.20	mg/dL	<= 0.2	
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)	0.27	mg/dL	Adult 0 - 1	
S.G.O.T (AST) (KINETIC LEUCO DYE)*	32.60	IU/L	M < 31	IFCC(Modified)
S.G.P.T (ALT) (KINETIC LDH/NADH)*	68.30	IU/L	M < 41	IFCC(Modified)
ALKALINE PHOSPHATASE (pNPP/AMP)*	79.60	IU/L	M 40 - 129	IFCC(Modified)
TOTAL PROTEIN (BIURET)*	8.20	gm/dL	Adult 6.6 - 8.8	
ALBUMIN (BROMOCRESOL GREEN)*	4.90	gm/dL	Adult 3.5 - 5.2	
GLOBULIN (CALCULATED)*	3.30	gm/dL	Adult 2 - 3.5	
A/G RATIO (CALCULATED)	1.48		1 - 2.1	Calculated
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

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Request Date : 08-03-2024 10:41 AM **Reporting Date :** 08-03-2024 01:08 PM
Collection Date : 08-03-2024 10:48 AM | BI12367 **Reporting Status :** Finalized
Acceptance Date : 08-03-2024 10:48 AM | **TAT:** 02:20 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
LIPID PROFILE *[Plain tube (red top)]				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	179.90	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	149.80	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl2- enzymatic*	57.20	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	92.74	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	29.96	mg/dL	16 - 45	
CHOL/HDL Ratio Calculated	3.15		3 - 6	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. AJAY KUMAR



Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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HAEMATOLOGY

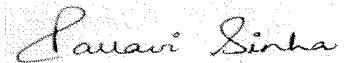
Request Date : 08-03-2024 10:41 AM **Reporting Date :** 08-03-2024 01:08 PM
Collection Date : 08-03-2024 10:48 AM | HA8949 **Reporting Status :** Finalized
Acceptance Date : 08-03-2024 10:48 AM | TAT: 02:20 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
HAEMOGRAM (CBC & ESR) *[EDTA tube(purple top)]				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	15.60	gm/dL	13 - 17	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	6610	/cumm	4000 - 10000	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	56.6	%	40 - 80	
LYMPHOCYTE	32.0	%	20 - 40	
MONOCYTE	7.30	%	2 - 10	
EOSINOPHIL	4.10	%	1 - 6	
BASOPHIL	0.00	%		
RBC (IMPEDENCE)*	5.54	millions/cumm	4.5 - 6.5	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	47.5	%	40 - 54	
MCV(Calculated)*	85.7	fL	80 - 100	
MCH(Calculated)*	28.1	Picogram	27 - 32	
MCHC(Calculated)*	32.8	%	31.5 - 34.5	
PLATELET COUNT (IMPEDANCE)*	2.18	Lakh/cumm	1.5 - 4	
ESR(Westergren's Method)*	4	mm/hr	M 0 - 10 F 5 - 20	

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

END OF REPORT.

Prepared By
Mr. ABHISHEK RATHI



Verified by
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MBBS, MD, DNB
(PATHOLOGY)

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BIOCHEMISTRY

Request Date : 08-03-2024 10:41 AM **Reporting Date :** 08-03-2024 01:03 PM
Collection Date : 08-03-2024 10:48 AM | BI12368 **Reporting Status :** Finalized
Acceptance Date : 08-03-2024 10:48 AM | **TAT:** 02:15 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)]	88.00	mg/dL	74 - 110 (Age = 100)	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. AJAY KUMAR


Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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BIOCHEMISTRY

Request Date : 08-03-2024 10:41 AM **Reporting Date :** 08-03-2024 12:55 PM
Collection Date : 08-03-2024 10:48 AM | BI12369 **Reporting Status :** Finalized
Acceptance Date : 08-03-2024 10:48 AM | TAT: 02:07 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) * [edta tube(purple top)]	4.9	%		
<p><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></p> <p><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></p> <p><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></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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Req. Doctor: Dr. SONAKSHI SAXENA

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Request Date : 08-03-2024 10:41 AM

Reporting Date : 08-03-2024 04:52 PM

Report Status : Finalized

X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

CHEST X-RAY PA VIEW

FINDINGS:

Trachea is central with normal branching of bronchus.

Bilateral lung fields are clear.

Bilateral CP angles are clear.

Cardiothoracic ratio is within normal limit

Bony cage is normal

IMPRESSION:

No significant radiographic abnormality

Dr. Kamran Siddiqui

Radiologist

DMC 76769

END OF REPORT

Dr Sai Naren V S
MBBS, MD
CONSULTANT RADIOLOGIST

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Req. Doctor: Dr. SONAKSHI SAXENA
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Request Date : 08-03-2024 10:41 AM

Reporting Date : 08-03-2024 12:37 PM
Report Status : Finalized

TMT

REASON FOR EXAMINATION: Routine

FINDINGS:

The patient was exercised according to standard Bruce protocol for 03:02 minutes achieving maximal heart rate of 172 resulting in 91% of age-predicted maximal heart rate (189). 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 not reveal an additional 1 mm of ST depression compared to the baseline electrocardiogram.

IMPRESSION:

1. Good 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

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

(Associate Consultant)

Consultation Charges valid till 3 days

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Reporting Date : 08-03-2024 12:05 PM

Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN MALE

Liver is normal in size (measuring ~ 14.6 cm), shape and shows homogenous echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.

Gall bladder is partially distended. CBD is normal in caliber.

Pancreas is normal in size, shape and echotexture.

Spleen is normal in size (measuring ~ 10.7 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. No focal lesion is seen. **A calculus of size ~ 5.5 mm is seen at mid calyx of left kidney.**

RK measures ~ 9.8 cm and LK measures ~ 9.7 cm.

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:

Left renal calculus.

Advice: Clinical correlation.

END OF REPORT

DR. NANCY JINDAL
SR. CONSULTANT RADIOLOGIST
MBBS, MD RADIODIAGNOSIS

08/03/2024 11:12:57
 FELIX HOSPITAL
 SEC 137 NOIDA

Mr. Sanyee
Age - 81/80

ID: 111111 CASE
 AGE Y M D
 Cms K9
 RATE : 73 bpm SINUS RHYTHM
 R-R : 813 ms SHORT PR INTERVAL
 P-R : 108 ms
 QRS : 104 ms
 QT : 362 ms
 QTc : 385 ms
 -AXIS:-
 P : 56°
 QRS : 21°
 T : 42°

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

