

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

**Patient Name :** MRS. NEETU DEVI [UHIDNO:FHP30647208032024]  
**Age / Gender :** 32 Yr / F  
**Address :** Greater Noida H No 101 , Alpha Greater Noida, Gautam Buddha Nagar, UTTAR PRADESH  
**Req. Doctor:** Dr. SONAKSHI SAXENA  
**Regn. ID:** OPD.23-24-135485


## BIOCHEMISTRY

**Request Date :** 08-03-2024 10:47 AM  
**Collection Date :** 08-03-2024 10:52 AM | BI12374  
**Acceptance Date :** 08-03-2024 10:52 AM | **TAT:** 02:12 [HH:MM]  
**Reporting Date :** 08-03-2024 01:04 PM  
**Reporting Status :** Finalized

Investigations	Result	Unit	Biological Reference Range	Method
<b>BLOOD SUGAR FASTING (BSF) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: DIASYS SYS400 PRO</i>	104.00	mg/dL	74 - 110 (Age = 100 )	
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By  
Mr. AJAY KUMAR

  
Verified by  
Dr. KRITIKA JAIN  
MBBS MD (PATHOLOGY)

**15%** Discount on Medicines Purchase from Felix Pharmacy  
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Note: Tests marked # are not under NABL Scope.

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

This is not for Medico Legal purpose

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**Req. Doctor:** Dr. SONAKSHI SAXENA  
**Regn. ID:** OPD.23-24-135485

### BIOCHEMISTRY

**Request Date :** 08-03-2024 10:47 AM **Reporting Date :** 08-03-2024 12:55 PM  
**Collection Date :** 08-03-2024 10:52 AM | BI12375 **Reporting Status :** Finalized  
**Acceptance Date :** 08-03-2024 10:52 AM | **TAT:** 02:03 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
<b>GLYCOSYLATED HAEMOGLOBIN (Hb A1c) * [ edta tube(purple top) ]</b>	5.6	%		
<i>Performed On: SD BIOSENSOR 2400 (Method:HPLC Assay) Ref Range for HBA1c Non Diabetic:&lt; 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: &gt; 6.5 %</i>				
<i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are &lt;18 years of age. HbA1c goals in treatment of diabetes: Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: &lt;8% Ages 13-19 years: &lt;7.5% Adults: &lt;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 &amp; Mean plasma glucose levels:</i>				
HbA1c(%):	6	7	8	9
Mean Plasma Glucose:	126	154	183	212
(mg/dL)	240	269	298	

Please correlate clinically  
**15%**

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### CLINICAL PATHOLOGY

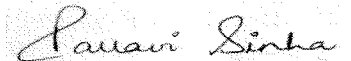
**Request Date :** 08-03-2024 10:47 AM  
**Collection Date :** 08-03-2024 11:54 AM | CLP13337  
**Acceptance Date :** 08-03-2024 11:54 AM | **TAT:** 00:27 [HH:MM]  
**Reporting Date :** 08-03-2024 12:21 PM  
**Reporting Status :** Finalized

Investigations	Result	Unit	Biological Reference Range	Method
<b>URINE ROUTINE AUTOMATED *[ Random Urine ]</b>				
VOLUME	30	ML	>10	
COLOUR	PALE 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	
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	2-3	/HPF	0.0-3.0	
RBC	NIL	/HPF	NIL	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	
EPITHELIAL CELLS	4-6	/HPF	F 0 - 5	
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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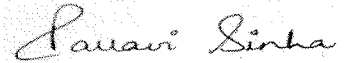
## BIOCHEMISTRY

**Request Date :** 08-03-2024 10:47 AM **Reporting Date :** 08-03-2024 06:03 PM  
**Collection Date :** 08-03-2024 10:52 AM | BI12373 **Reporting Status :** Finalized  
**Acceptance Date :** 08-03-2024 10:52 AM | TAT: 07:11 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
<b>GGTP *[ Plain tube (red top) ]</b> <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"><li>• Alcohol use</li><li>• Diabetes</li><li>• Flow of bile from the liver is blocked (cholestasis)</li><li>• Heart failure</li><li>• Swollen and inflamed liver (hepatitis)</li><li>• Lack of blood flow to the liver</li><li>• Death of liver tissue</li><li>• Liver cancer or tumor</li><li>• Lung disease</li><li>• Pancreas disease</li><li>• Scarring of the liver (cirrhosis)</li><li>• Use of drugs that are toxic to the liver</li></ul>	<b>159.0 H</b>	U/L	F 0 - 38	KINETIC

END OF REPORT.

Prepared By  
Mr. SHIVAM



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

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**Regn. ID:** OPD.23-24-135485


### BIOCHEMISTRY

**Request Date :** 08-03-2024 10:47 AM **Reporting Date :** 08-03-2024 04:10 PM  
**Collection Date :** 08-03-2024 01:50 PM | BI12416 **Reporting Status :** Finalized  
**Acceptance Date :** 08-03-2024 01:50 PM | **TAT:** 02:20 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
<b>BLOOD SUGAR POST PRONDIAL (BSPP) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: DIASYS SYS400 PRO</i>	139.00	mg/dL	80 - 140 (Age = 100 )	
<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 10:47 AM **Reporting Date :** 08-03-2024 03:57 PM  
**Collection Date :** 08-03-2024 10:52 AM | BI12373 **Reporting Status :** Finalized  
**Acceptance Date :** 08-03-2024 10:52 AM | TAT: 05:05 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>				
UREA (UREASE METHOD)*	19.20	mg/dL	F 15 - 40 (Age 20 Y - 50 Y)	
S.CREATININE (ENZYMATIC)*	<b>0.50 L</b>	mg/dL	F 0.51 - 0.95	
S.URIC ACID (URICASE, COLORIMETRY)*	3.60	mg/dL	F 2.6 - 6	
S.CALCIUM (ARSENAZO DYE)*	9.30	mg/dL	8.6 - 10.3	Arsenazo III
S. SODIUM (DIRECT I.S.E.)*	143.80	mmol/L	137 - 145	
S. POTASSIUM (DIRECT I.S.E.)*	3.92	mmol/L	3.5 - 5.1	
S. PHOSPHORUS (PMA PHENOL)*	4.20	mg/dL	2.6 - 4.5	
S. CHLORIDE (DIRECT I.S.E)	106.81	mmol/L	98 - 107 (Age 0 - 100 )	
<i>Performed On: DIASYS SYS400 PRO</i>				
<b>LIVER FUNCTION TEST *[ Plain tube (red top) ]</b>				
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*	0.38	mg/dL	Adult 0.1 - 1.2	
CONJUGATED(D.Bilirubin) (CALCULATED)	0.12	mg/dL	<= 0.2	
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)	0.26	mg/dL	Adult 0 - 1	
S.G.O.T (AST) (KINETIC LEUCO DYE)*	<b>37.10</b>	IU/L	F < 35	IFCC(Modified )
S.G.P.T (ALT) (KINETIC LDH/NADH)*	<b>60.30</b>	IU/L	F < 31	IFCC(Modified )
ALKALINE PHOSPHATASE (pNPP/AMP)*	<b>182.00 H</b>	IU/L	F 35 - 104	IFCC(Modified )
TOTAL PROTEIN (BIURET)*	8.30	gm/dL	Adult 6.6 - 8.8	
ALBUMIN (BROMOCRESOL GREEN)*	4.90	gm/dL	Adult 3.5 - 5.2	
GLOBULIN (CALCULATED)*	3.40	gm/dL	Adult 2 - 3.5	Calculated
A/G RATIO (CALCULATED)	1.44		1 - 2.1	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

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**Acceptance Date :** 08-03-2024 10:52 AM | **TAT:** 05:05 [HH:MM]  
**Reporting Date :** 08-03-2024 03:57 PM  
**Reporting Status :** Finalized

Investigations	Result	Unit	Biological Reference Range	Method
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	220.50	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	112.80	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl2- enzymatic*	68.70	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	129.24	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	22.56	mg/dL	16 - 45	
CHOL/HDL Ratio Calculated	3.21		3 - 6	
Performed On: DIASYS SYS400 PRO				
Please correlate clinically				

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 10:47 AM  
**Collection Date :** 08-03-2024 10:52 AM | IMM33853  
**Acceptance Date :** 08-03-2024 10:52 AM | TAT: 02:58 [HH:MM]  
**Reporting Date :** 08-03-2024 01:50 PM  
**Reporting Status :** Finalized

Investigations	Result	Unit	Biological Reference Range	Method
<b>THYROID PROFILE TOTAL(T3,T4,TSH) * Plain tube (red top) ]</b>				CLIA
Total T3	<b>2.34 H</b>	nmol/L	1.11 - 2.29 (Age 0 - 100 )	
Total T4	198.4	nmol/L	62 - 201.4 (Age 0 - 100 )	
TSH	1.65	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. SHIVAM

*Pallavi Sinha*

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

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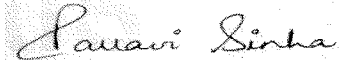
## HAEMATOLOGY

**Request Date :** 08-03-2024 10:47 AM  
**Collection Date :** 08-03-2024 10:52 AM | HA8952  
**Acceptance Date :** 08-03-2024 10:52 AM | **TAT:** 02:30 [HH:MM]  
**Reporting Date :** 08-03-2024 01:22 PM  
**Reporting Status :** Finalized

Investigations	Result	Unit	Biological Reference Range	Method
<b>Blood Group (RH Type) *[ EDTA tube(purple top) ]</b>				
Blood Group	O			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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**Req. Doctor:** Dr. SONAKSHI SAXENA  
**Regn. ID:** OPD.23-24-135485

## HAEMATOLOGY

**Request Date :** 08-03-2024 10:47 AM  
**Collection Date :** 08-03-2024 10:52 AM | HA8952  
**Acceptance Date :** 08-03-2024 10:52 AM | **TAT:** 02:17 [HH:MM]  
**Reporting Date :** 08-03-2024 01:09 PM  
**Reporting Status :** Finalized

Investigations	Result	Unit	Biological Reference Range	Method
<b>HAEMOGRAM (CBC &amp; ESR) *[ EDTA tube(purple top) ]</b>				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	12.60	gm/dL	12 - 15	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	8060	/cumm	4000 - 10000	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	56.3	%	40 - 80	
LYMPHOCYTE	35.6	%	20 - 40	
MONOCYTE	5.80	%	2 - 10	
EOSINOPHIL	2.30	%	1 - 6	
BASOPHIL	0.00	%		
RBC (IMPEDENCE)*	4.41	millions/cumm	3.8 - 5.8	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	38.6	%	36 - 46	
MCV(Calculated)*	87.5	fL	80 - 100	
MCH(Calculated)*	28.6	Picogram	27 - 32	
MCHC(Calculated)*	32.7	%	31.5 - 34.5	
PLATELET COUNT (IMPEDANCE)*	3.33	Lakh/cumm	1.5 - 4	
ESR(Westergren's Method)*	18	mm/hr	M 0 - 10 F 5 - 20	

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

END OF REPORT.

Prepared By  
Mr. ABHISHEK RATHI

*Pallavi Sinha*

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UTTAR PRADESH  
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**Regn. Number:** OPD.23-24-135485

Request Date : 08-03-2024 10:47 AM

Reporting Date : 08-03-2024 11:40 AM  
Report Status : Finalized

## ULTRASOUND WHOLE ABDOMEN FEMALE

**Clinical history:** K/c/o uterine fibroid.

Liver is normal in size (measuring ~ 13.5 cm), shape and shows homogenous echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal. Gall bladder is well 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 focal lesion / calculus 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 normal in size and outlines. It measures ~ 80 x 67 x 45 mm. It is anteverted and anteflexed. Myometrial echotexture is homogenous. **Endometrial thickness is 11.5 mm.**

Both ovaries are normal in size, shape and echogenicity.

Pouch of Douglas is clear.

### IMPRESSION:

**No significant abnormality detected.**

**Advice:** TVS for evaluation of uterine fibroid, if clinically indicated.

END OF REPORT



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

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**Req. Doctor:** Dr. SONAKSHI SAXENA  
**Regn. Number:** OPD.23-24-135485

Request Date : 08-03-2024 10:47 AM

Reporting Date : 08-03-2024 12:17 PM  
Report Status : Finalized

## TMT

**REASON FOR EXAMINATION:** Routine

### **FINDINGS:**

The patient was exercised according to standard Bruce protocol for 05:30 minutes achieving maximal heart rate of 160 resulting in 85% of age-predicted maximal heart rate (188). Peak blood pressure was 140/90. 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

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

**Patient Name:** MRS. NEETU DEVI / UHIDNO:FHP30647208032024  
**Age / Gender :** 32 Yr / F  
**Address:** Greater Noida H No 101 , Alpha Greater Noida, Gautam Buddha Nagar,  
UTTAR PRADESH  
**Req. Doctor:** Dr. SONAKSHI SAXENA  
**Regn. Number:** OPD.23-24-135485

Request Date : 08-03-2024 10:47 AM

Reporting Date : 08-03-2024 04:51 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

Mr. Neelam Devi  
Age - 32/F

08/03/2024 11:07:16  
FELIX HOSPITAL  
SEC 137 NOIDA

ID: 11111 CASE:  
AGE: Y M D  
Cms K9

RATE: 65 bpm SINUS RHYTHM  
R-R: 918 ms  
P-R: 132 ms  
QRS: 86 ms  
QT: 400 ms  
QTc: 409 ms

INFERIOR ST-T ABNORMALITY IS NONSPECIFIC

PRAXIS  
P: 49°  
QRS: 52°  
T: 00°

I2 S1: REPORT FORMAT: 3x4+1L SQ REF: Dr. DR. CMO

