

UMR NO / IP No : FHP240814542 / NA	Bill Date : 14-Aug-2024 10:24 AM
Name : Mrs . PRIYANKA	Collection Date : 14-Aug-2024 12:19 PM
Age / Gender : 33Y(s) / Female	Reporting Date : 14-Aug-2024 04:56 PM
Specimen Type : Urine	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.SONAKSHI SAXENA	

CLINICAL PATHOLOGY

BAR CD : 2408140367

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
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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)	1.010		1.005- 1.030
pH (Double Indicator)	6.5		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	2-3		0 - 5
Epithelial cells	2-4	/hpf	0 - 5
Casts	ABSENT	/hpf	
Crystals	ABSENT	/hpf	
Bacteria	TRACE		NEGATIVE

*** End Of Report ***



Dr. SUMIT MAKKAR

MBBS,MD(Pathology)

Prepared By

User : EC4902

Print Dt : 31-Aug-2024 04:56 PM

UMR NO / IP No : FHP240814542 / NA	Bill Date : 14-Aug-2024 10:24 AM
Name : Mrs . PRIYANKA	Collection Date : 14-Aug-2024 11:42 AM
Age / Gender : 33Y(s) / Female	Reporting Date : 14-Aug-2024 01:54 PM
Specimen Type : Serum	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.SONAKSHI SAXENA	

IMMUNOLOGY

BAR CD : 2408140319

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
THYROID PROFILE TOTAL(T3,T4,TSH)			
T3 (CLIA)	1.97	nmol/l	1.11-2.29
T4 (CLIA)	124.03	nmol/l	62.00-201.40
TSH (CLIA)	3.8	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 *****



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Name : Mrs . PRIYANKA	Collection Date : 14-Aug-2024 11:42 AM
Age / Gender : 33Y(s) / Female	Reporting Date : 14-Aug-2024 01:19 PM
Specimen Type : Whole Blood	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.SONAKSHI SAXENA	

HAEMATOLOGY

BAR CD : 2408140318

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

Blood grouping	"O"
Rh TYPING	Positive

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

Haemoglobin	11.90	g/dL	12 - 15
Total WBC Count	5750		4000 - 10000
Differential Count			
Neutrophils	46.10		40.00- 80.00
Lymphocytes	42.70		20.00- 40.00
Monocytes	10.20		2.00 - 10.00
Eosinophils	1.00		1.00 - 6.00
Basophils	0.00		0.00 - 1.00
Total RBC Count	3.91	mil/cmm	3.80 - 5.80
HEMATOCRIT (PCV)	35.40	%	36.00- 46.00
MCV	90.50		80.00- 100.00
MCH	30.60	pg	27.00- 32.00
MCHC	33.80	%	31.50- 34.50
PLATELETS	2.45	x10 ⁶ /cmm	1.50 - 4.00
RDW-CV	14.10	%	11.00- 16.00
RDW-SD	47.10	fl	39 - 52
PDW	13.60	%	11 - 18
ESR	18	mm at 1 hr.	0 - 20

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



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Name : Mrs . PRIYANKA	Collection Date : 14-Aug-2024 11:42 AM
Age / Gender : 33Y(s) / Female	Reporting Date : 14-Aug-2024 02:11 PM
Specimen Type : Fluoride Plasma	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.SONAKSHI SAXENA	

BIOCHEMISTRY

BAR CD : 2408140320

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
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BLOOD SUGAR FASTING (BSF)

FASTING BLOOD SUGAR (Glucose oxidase-peroxidase)	76.00	mg/dl	74 - 110
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Comments :

**Please correlate clinically.*

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



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Name : Mrs . PRIYANKA	Collection Date : 14-Aug-2024 02:29 PM
Age / Gender : 33Y(s) / Female	Reporting Date : 14-Aug-2024 03:45 PM
Specimen Type : Fluoride Plasma	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.SONAKSHI SAXENA	

BIOCHEMISTRY

BAR CD : 2408140458

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
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BLOOD SUGAR POST PRONDIAL (BSPP)

PPBS	82.00	mg/dl	80 - 140
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Comments :

**Please correlate clinically.*

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



Dr. SUMIT MAKKAR

MBBS,MD(Pathology)

Prepared By

User : EC4570

Print Dt : 31-Aug-2024 04:56 PM

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Name : Mrs . PRIYANKA	Collection Date : 14-Aug-2024 11:42 AM
Age / Gender : 33Y(s) / Female	Reporting Date : 14-Aug-2024 01:43 PM
Specimen Type : Serum	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.SONAKSHI SAXENA	

BIOCHEMISTRY

BAR CD : 2408140321

PARAMETER	RESULT	UNIT	
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GGTP

GAMMA GT (Kinetic)	8.30	U/L	0 - 38
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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)	155.00	mg/dl	Normal: <200 Borderline High: 200-240 High: >240
TRIGLYCERIDES (GPO-POD)	75.90	mg/dl	Normal: <200 Borderline High: 200-400 High: >400 Very High: >650
HDL CHOLESTEROL (Enzymatic, colorimetric)	64.90	mg/dl	Low: <40 High: >60
LDL CHOLESTEROL (Calculated)	74.92	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)	15.18	mg/dl	5 - 30
Cholesterol/HDL Ratio (Calculated)	2.39		> 4.5 High risk of Coronary Artery Disease (The lower the better)

Comments :



Dr. SUMIT MAKKAR

MBBS, MD(Pathology)

Prepared By

User : EC3814

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Comments :

**Please correlate clinically*

LIVER FUNCTION TEST

BILIRUBIN (TOTAL) (Sulphanilic acid, DMSO)	0.29	mg/dl	0.2-1.3
BILIRUBIN (DIRECT) (Sulphanilic acid, DMSO)	0.11	mg/dl	0.0-0.3
BILIRUBIN (INDIRECT) (Calculated)	0.18		0.0 - 1.10
SGOT (AST) (IFCC without pyridoxal phosphate activation)	15.30	U/L	0 - 40
SGPT (ALT) (IFCC without pyridoxal phosphate activation)	19.40	U/L	0 - 41
ALKALINE PHOSPHATASE (PNPP)	45.70	U/L	38- 126
TOTAL PROTEINS (Biuret)	7.60	g/dL	6.3-8.2
ALBUMIN (Bromcresol Green (BCG))	4.10	g/dL	3.5-5.0
GLOBULIN (Calculated)	3.50	g/dL	2.8-3.2
A/G RATIO (Calculated)	1.17		1.25-1.56:1

Comments :

**Please correlate clinically.*

KIDNEY FUNCTION TEST(KFT)

UREA	25.60	mg/dl	15 - 40
CREATININE (Enzymatic)	0.54	mg/dl	0.7 - 1.2
URIC ACID (Uricase, colorimetric)	3.80	mg/dl	2.60-6.00
CALCIUM (Arsenazo III)	8.60	mg/dl	8.6 - 10.3
PHOSPHORUS (Molybdate UV)	4.26	mg/dl	2.6-4.5
SODIUM (ISE)	137.10	mmol/l	135 - 145
POTASSIUM (ISE)	4.00	mmol/l	3.5 - 5.5
CHLORIDE (ISE)	104.60	mmol/l	98- 107

Comments :

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Specimen Type :	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.SONAKSHI SAXENA	

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

Prepared By

User :

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Age / Gender : 33Y(s) / Female	Reporting Date : 14-Aug-2024 04:13 PM
Specimen Type : EDTA WB	Type / Bed No : CREDIT / OPD
Doctor Name : Dr.SONAKSHI SAXENA	

BIOCHEMISTRY

BAR CD : 2408140322

PARAMETERS	RESULT	UNIT	BIOLOGICAL REFERENCE RANGE
GLYCOSYLATED HAEMOGLOBIN (HB A1C)			
HBA1C	4.80	%	Non Diabetic : 4 - 6 Good Control : 6 - 7 Fair Control : 7 - 8 Poor Control : 8 - 10 Very Poor Control : > - 10

Comments :



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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:	126	154	183	212	240	269	298
(mg/dL)							

**Please correlate clinically*

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



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