

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

Patient Name : Mrs. SNEH RASHMI [UHIDNO:FHP29950029122023]
Age / Gender : 52 Yr / Female
Address : Super Emerald Sect-93a Noida, Gautam Buddha Nagar, UTTAR PRADESH
Req. Doctor: Dr. SONAKSHI SAXENA
Regn. ID: OPD.23-24-106391

BIOCHEMISTRY

Request Date : 29-12-2023 08:47 AM
Collection Date : 29 12-2023 08:54 AM [BI57456]
Acceptance Date : 29-12-2023 08:54 AM | **TAT:** 02:00 [HH:MM]
Reporting Date : 29-12-2023 10:54 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic: < 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %	6.60	%		
<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> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7%</p>				
<p><u>Comments:</u> 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>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</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>				

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HAEMATOLOGY

Request Date : 29-12-2023 08:47 AM
Collection Date : 29-12-2023 08:54 AM[HA45160]
Acceptance Date : 29-12-2023 08:54 AM | TAT: 02:17 [HH:MM]
Reporting Date : 29-12-2023 11:11 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
HAEMOGRAM (CBC & ESR)				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	13.50	gm/dL	F 12.00 - 15.00 (Age 13 Y - 100 Y)	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	7640	/cumm	F 4000.00 - 10000.00 (Age 13 Y - 100 Y)	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	73.00	%	40.00 - 80.00 (Age 13 Y - 100 Y)	
LYMPHOCYTE	20.30	%	20.00 - 40.00 (Age 13 Y - 100 Y)	
MONOCYTE	7.50	%	2.00 - 10.00 (Age 13 Y - 100 Y)	
EOSINOPHIL	2.20	%	1.00 - 6.00 (Age 13 Y - 100 Y)	
BASOPHIL	0.00	%	0.00 - 1.00 (Age 13 Y - 100 Y)	
RBC (IMPEDENCE)*	4.71	millions/cumm	F 3.80 - 5.80 (Age 13 Y - 100 Y)	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	43.40	%	F 36.00 - 46.00 (Age 13 Y - 100 Y)	
MCV(Calculated)*	92.10	fL	80.00 - 100.00 (Age 13 Y - 100 Y)	
MCH(Calculated)*	28.60	Picogram	27.00 - 32.00 (Age 13 Y - 100 Y)	
MCHC(Calculated)*	31.10 L	%	31.50 - 34.50 (Age 13 Y - 100 Y)	
PLATELET COUNT (IMPEDANCE)*	2.57	Lakh/cumm	1.50 - 4.00 (Age 13 Y - 100 Y)	
ESR(Westergren's Method)*	20	mm/hr	M 0 - 10 F 5 - 20	

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

END OF REPORT.

Prepared By
ANAND MAURYA

Palavi Sinha

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

Printed By : ANKIT

Printed On:

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BIOCHEMISTRY


Request Date : 29-12-2023 08:47 AM
Collection Date : 29-12-2023 08:54 AM [BI57454]
Acceptance Date : 29-12-2023 08:54 AM | TAT: 01:00 [HH:MM]

Reporting Date : 29-12-2023 09:54 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
LIPID PROFILE				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	137.20	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	129.90	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl2- enzymatic*	58.40	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	52.82	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	25.98	mg/dL	16.00 - 45.00	
CHOL/HDL Ratio Calculated	2.35 L		3.00 - 6.00	
Performed On: DIASYS SYS400 PRO				
Please correlate clinically				

END OF REPORT.

Prepared By
PIYUSH SHUKLA



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

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HAEMATOLOGY

Request Date : 29-12-2023 08:47 AM
Collection Date : 29-12-2023 08:54 AM[HA45160]
Acceptance Date : 29-12-2023 08:54 AM | **TAT:** 04:40 [HH:MM]

Reporting Date : 29-12-2023 01:34 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
Blood Group (RH Type)				
Blood Group	B			Forward Grouping Method
Rh Type	POSITIVE			Forward Grouping Method

Method- Forward & Reverse Grouping (Tube Agglutination)

END OF REPORT.



Prepared By
CHANDAN KUMAR MANNA

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

Printed By :ANKIT

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CLINICAL PATHOLOGY


Request Date : 29-12-2023 08:47 AM
Collection Date : 29-12-2023 09:50 AM[CLP10341]
Acceptance Date : 29-12-2023 09:50 AM | **TAT:** 00:42 [HH:MM]
Reporting Date : 29-12-2023 10:32 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED				
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		5.00 - 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	1-2	/HPF	F 0.00 - 5.00	
BACTERIA	ABSENT		ABSENT	
OTHER	ABSENT			

Please correlate clinically

END OF REPORT.

Prepared By
AVANISH KUMAR YADAV



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

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BIOCHEMISTRY

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Collection Date : 29-12-2023 08:54 AM[B157454] **Reporting Status :** Finalized
Acceptance Date : 29-12-2023 08:54 AM | **TAT:** 01:00 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
KIDNEY FUNCTION TEST(KFT)				
UREA (UREASE METHOD)*	22.30	mg/dL	F 21.00 - 43.00 (Age 50 Y - 110 Y)	
S.CREATININE (ENZYMATIC)*	0.42 L	mg/dL	F 0.51 - 0.95	
S.URIC ACID (URICASE, COLORIMETRY)*	3.30	mg/dL	F 2.60 - 6.00	
S.CALCIUM (ARSENazo DYE)*	9.90	mg/dL	8.60 - 10.30	Arsenazo III
S. SODIUM (DIRECT I.S.E.)*	138.30	mmol/L	137.00 - 145.00	
S. POTASSIUM (DIRECT I.S.E.)*	4.20	mmol/L	3.50 - 5.10	
S. PHOSPHORUS (PMA PHENOL)*	4.18	mg/dL	2.60 - 4.50	
S. CHLORIDE (DIRECT I.S.E)	106.50	mmol/L	98.00 - 107.00 (Age 0 - 100)	
<i>Performed On: DIASYS SYS400 PRO</i>				
LIVER FUNCTION TEST				
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*	0.49	mg/dL	Adult 0.10 - 1.20	
CONJUGATED(D.Bilirubin) (CALCULATED)	0.20	mg/dL	<= 0.20	
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)	0.29	mg/dL	Adult 0.00 - 1.00	
S.G.O.T (AST) (KINETIC LEUCO DYE)*	22.40	IU/L	F < 35.00	IFCC(Modified)
S.G.P.T (ALT) (KINETIC LDH/NADH)*	45.00	IU/L	F < 31.00	IFCC(Modified)
ALKALINE PHOSPHATASE (pNPP/AMP)*	169.90 H	IU/L	F 35.00 - 104.00	IFCC(Modified)
TOTAL PROTEIN (BIURET)*	7.80	gm/dL	Adult 6.60 - 8.80	
ALBUMIN (BROMOCRESOL GREEN)*	4.80	gm/dL	Adult 3.50 - 5.20	
GLOBULIN (CALCULATED)*	3.00	gm/dL	Adult 2.00 - 3.50	Calculated
A/G RATIO (CALCULATED)	1.60		1.00 - 2.10	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

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IMMUNOLOGY

Request Date : 29-12-2023 08:47 AM
Collection Date : 29-12-2023 08:54 AM [IMMU31155]
Acceptance Date : 29-12-2023 08:54 AM | **TAT:** 04:59 [HH:MM]
Reporting Date : 29-12-2023 01:53 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
THYROID PROFILE TOTAL(T3,T4,TSH)				CLIA
Total T3	1.98	nmol/L	1.11 - 2.29 (Age 0 - 100)	
Total T4	142.92	nmol/L	62.00 - 201.40 (Age 0 - 100)	
TSH	1.77	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
PRANJALI RAI

Pallavi Sinha

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

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BIOCHEMISTRY

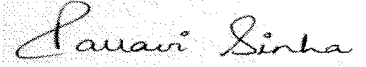
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Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR FASTING (BSF) <i>Performed On: DIASYS SYS400 PRO</i>	152.00 H	mg/dL	74.00 - 110.00 (Age = 100)	
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
PIYUSH SHUKLA



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

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Req. Doctor: Dr. SONAKSHI SAXENA

Regn. Number: OPD.23-24-106391

Request Date : 29-12-2023 08:47 AM

Reporting Date : 29-12-2023 09:25 AM

Report Status : Finalized

ULTRASOUND BOTH BREAST

Both breast parenchymas show changes consistent with age of patient.

There is no focal parenchymal lesion.

No evidence of any ductal dilatation seen.

Skin and subcutaneous tissues are normal.

Bilateral axillae are normal.

IMPRESSION: No significant abnormality detected.

Advise: Clinical Correlation.

END OF REPORT

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

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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 not visualized consistent with post cholecystectomy status. 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 fluid in peritoneal cavity.

Urinary bladder is normal in distensibility and wall thickness. The lumen is echofree.

Uterus is atrophic (Post menopausal status). Endometrium thickness is 7.0 mm.

Both adnexa are grossly normal.

IMPRESSION: No significant abnormality detected.

Advice: Clinical Correlation.

END OF REPORT

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

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X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

Bronchovascular markings are prominent.

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.

Advise: Clinical correlation.

END OF REPORT



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

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Request Date : 29-12-2023 08:47 AM

Reporting Date : 29-12-2023 10:28 AM
Report Status : Finalized

ECHO COLOUR DOPPLER

INDICATIONS				SOB				
IMAGE QUALITY		GOOD		VIEWS				
				PLAX,PSAX,AP4CH,AP2CH				
MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE		DOPPLER	ABSOLUTE VALUE	NORMAL VALUE	
Aortic Root Diameter (mm)	23		23-34		Mitral E velocity	0.87m/sec	0.6-1.3 m/s	
Aortic valve excursion (mm)	18		>16		Mitral A velocity	0.84m/sec	0.2-0.7 m/s	
Left Atrial Dimension (mm)	30		25-40		Mitral E/A ratio	1.03	1-2	
Left Ventricular ED Dimension (mm)	40		39-53		Mitral DT	132msec	160-240 msec	
Left Ventricular ES Dimension (mm)	26		23-36		TAPSE	19 mm	≥16 mm	
Interventricular Septal Thickness (mm)	ED	09	ES	13	6-11	Peak Aortic velocity	0.71 m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	08	ES	13	6-11	Peak LVOT velocity	-	0.7-1.1 m/s
EPSS (mm)	3 mm		<5		MV P ½ Time	-	msec	
FS% (mm)	35 %		27-45%		Aortic P ½ Time	-	>500 msec	
LV Ejection Fraction (mm)	64% ± 3%		>55%		Peak Pulmonary Velocity	0.62m/sec	0.5-1.3 m/s	

RWMA: No RWMA

PA PRESSURE: (RVSP = 30 mmHg)

COLOR FLOW MAPPING:

Mild TR

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FINDINGS:

- No RWMA with LVEF ~ 64 %.
- No LVDD
- Mild TR (RVSP = 30 mmHg)
- 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 LV systolic function.

Mild tricuspid regurgitation .

END OF REPORT

Dr. SIDDHARTH SAMRAT
MBBS, MD, DM Cardiologist

Consultation Charges valid till 3 days

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Report Status : Finalized

TMT

REASON FOR EXAMINATION: Routine

FINDINGS:

The patient was exercised according to standard Bruce protocol for 02:00 minutes achieving maximal heart rate of 155 resulting in 92% of age-predicted maximal heart rate (168). Peak blood pressure was 140/80. 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. Fair 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

Dr. SIDDHARTH SAMRAT
MBBS, MD, DM Cardiologist

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