





सत्यमेव जयते  
भारत सरकार



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

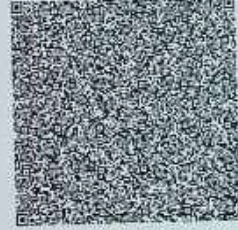
नामांकन क्रम / Enrollment No. : 0648/05747/47904

To  
**Lalit Kumar Malviya**  
ललित कुमार मालवीय  
House No. 58,  
Shiv Om Green Park,  
Sanjeev Nagar Shopping Complex,  
Sanjeev Nagar,  
VTC: Huzur, PO: M.I. Nagar,  
Sub District: Huzur, District: Bhopal,  
State: Madhya Pradesh, PIN Code: 462038,  
Mobile: 7987487680

45858980



KF458589808F1



आपका **आधार** क्रमांक / Your **Aadhaar** No. :

**2648 0628 7351**

मेरा **आधार**, मेरी पहचान



भारत सरकार

Government of India



Issue Date: 14/05/2013



ललित कुमार मालवीय  
**Lalit Kumar Malviya**  
जन्म तिथि / DOB: 17/12/1979  
पुरुष / Male

**2648 0628 7351**

मेरा **आधार**, मेरी पहचान



Reg. No. NH/6333/DEC-2017

# GREEN CITY HOSPITAL

Near V-Mart, DIG Bungalow, Berasia Road, Bhopal

AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL



Pt. Name Lalit Kumar Malviya

Age 43 Sex m Date 24/9/22

BP - 110/70

P - 58/m

SPO<sub>2</sub> 97%

R - 16/m

Wt - 65 kg

HT - 164 cm

CXR }  
ECG } WNL  
USG }

Symptomatically stable,  
No abnormalities

Medically fit.

**DR. ASHISH JAIN**  
M.B.B.S., M.D., DCD  
Reg. No. MP-4465  
GREEN CITY HOSPITAL, BHOPAL

For Emergency / Ambulance Service

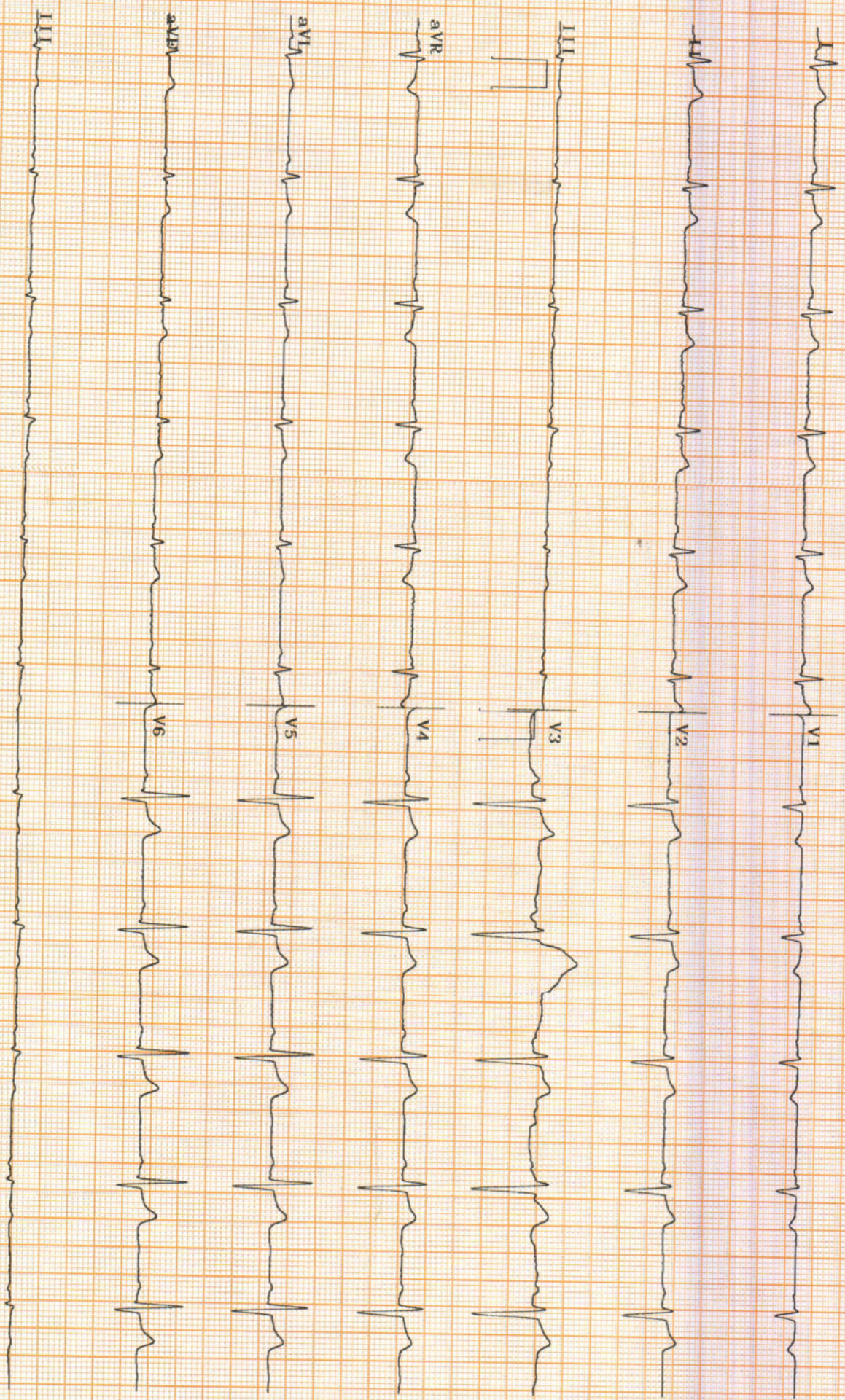
Ph. : 0755-2733323

ID :  
Name: **CALIT macvrya**  
Age : 0 years **43/m**  
Sex : Female  
H : 0 cm / W : 0 kg

Heart Rate: 66 bpm  
PR/RR Int.: 152/909 ms  
QRS Dur.: 102 ms  
QT/QTc: 376/394 ms  
P-R-T axes: 6 27 38  
SV1/RV5/R+S: 0.35/0.75/1.10mV

\*\* Analysis Result \*\*  
Normal Sinus Rhythm  
Normal Axis  
Normal ECG 1

Prescribed by:  
(To be finally confirmed by physician)





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## PATHOLOGY REPORT

Name : Mr. Lalit Kumar Malviya      Age : 43 Years      Sex : Male  
CORP/25606  
Advised By : GREEN CITY HOSPITAL      Lab No. : OPD / 1      Date & : 24-Sep-2022  
Time : 2:03 pm

### HAEMOGRAM

| Test Performfed                  | Value Observed | Reference Range     |
|----------------------------------|----------------|---------------------|
| Haemoglobin                      | 11.3 gm%       | 13.5 - 18 gm%       |
| R.B.C. count                     | 4.83 mil./cmm. | 4.5 - 6.5 mil./cmm. |
| Total WBC Count                  | 6200 /cumm     | 4000 - 11000 /cumm  |
| Packed Cell Volume               | 32.1 %         | 40 - 54 %           |
| <b><u>DIFFERENTIAL COUNT</u></b> |                |                     |
| Neutrophil                       | 48 %           | 40 - 70 %           |
| Lymphocytes                      | 47 %           | 20 - 45 %           |
| Monocytes                        | 03 %           | 2 - 8 %             |
| Eosinophil                       | 02 %           | 1 - 5 %             |
| Basophil                         | 00 %           | 0 - 1 %             |
| <b><u>RBC Indices</u></b>        |                |                     |
| MCV                              | 66.6 fL        | 82 - 97 fL          |
| MCH                              | 23.3 pg        | 27 - 32 pg          |
| MCHC                             | 35.2 %         | 32 - 36 %           |
| <b><u>Platelets Indices</u></b>  |                |                     |
| Platelet Count                   | 3.78           | 1.5 - 4.5           |
| ESR                              | 07             | 0 - 16 mm.FHR       |

### BLOOD GROUP

| Test Performfed | Value Observed | Reference Range |
|-----------------|----------------|-----------------|
| Blood Group     | "A" POSITIVE   |                 |

Technologist

Please Correlate clinically as well as with other investigative findings. This report is not valid for medico legal purpose.

**For Emergency / Ambulance Service Contact No.: 0755-2733323**



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Reg. No. NH/6333/DEC-2017



## PATHOLOGY REPORT

**Name** : Mr. Lalit Kumar Malviya  
CORP/25606  
**Advised By** : GREEN CITY HOSPITAL

**Age** : 43 Years **Sex** : Male

**Lab No.** : OPD / 1

**Date &** : 24-Sep-2022

**Time** : 2:03 pm

### GLYCOSYLATED HEMOGLOBIN (HBA 1C)

**Result** 4.1

**Reference Range**

7%: indicates good diabetic control

10%:Indicates fair diabetic control

13-20%:Indicates poor diabetic control



Dr. Pritha Dutta  
MBBS, MD  
Biochemistry

**Technologist**

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## PATHOLOGY REPORT

**Name** : Mr. Lalit Kumar Malviya      **Age** : 43 Years      **Sex** : Male  
**Advised By** : GREEN CITY HOSPITAL      **Lab No.** : OPD / 1      **Date & Time** : 24-Sep-2022  
CORP/25606

### BIOCHEMISTRY

| <u>Test Performed</u>  | <u>Value Observed</u> | <u>Reference Range</u>                     |
|------------------------|-----------------------|--|
| Blood Glucose(Fasting) | : 97.0 mg/dl          | 70 - 110 mg/dl                             |
| Serum Urea             | : 11.7 mg/dl          | 10 - 45 mg/dl                              |
| Serum Creatinine       | : 0.67mg/dl           | 0.50 - 1.0                                 |
| Serum Uric Acid        | : 6.5                 | Male : < 7.0 mg/dl<br>Female : < 6.0 mg/dl |

Dr. Pritha Dutta  
MBBS, MD  
Biochemistry

**Technologist**

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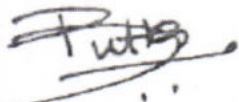


## PATHOLOGY REPORT

**Name** : Mr. Lalit Kumar Malviya      **Age** : 43 Years      **Sex** : Male  
**Advised By** : GREEN CITY HOSPITAL      **Lab No.** : OPD / 1      **Date & Time** : 24-Sep-2022  
CORP/25606

### LIVER FUNCTION TEST

| Test Performfed      | Value Observed    | Reference Range |
|----------------------|-------------------|-----------------|
| Total Bilirubin      | 0.94 mg/dl        | 0.3 - 1.2 mg/dl |
| Direct Bilirubin     | 0.12 mg/dl        | 0.1 - 0.3 mg/dl |
| Indirect Bilirubin   | <b>0.82 mg/dl</b> | 0.2 - 0.8 mg/dl |
| SGOT                 | 30.1 U/L          | 5 - 46 U/L      |
| SGPT (ALT)           | 29.8 U/L          | 5 - 49 U/L      |
| Alkaline Phosphatase | 252.2U/L U/L      | 80 - 306 U/L    |
| Total Protein        | 6.7 gm/dl         | 4.6 - 7.0 gm/dl |
| Albumin              | 4.0 gm/dl         | 3.5 - 5.2 gm/dl |
| Globulin             | 2.7 gm/dl         | 2.3 - 3.5 gm/dl |

  
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Biochemistry

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## PATHOLOGY REPORT

**Name** : Mr. Lalit Kumar Malviya  
**Age** : 43 Years **Sex** : Male  
**Advised By** : GREEN CITY HOSPITAL  
**Lab No.** : OPD / 1  
**Date & Time** : 24-Sep-2022  
: 2:02 pm

### LIPID PROFILE

| Test Performfed        | Value Observed | Reference Range  |
|------------------------|----------------|--|
| S. Cholesterol (Total) | 219.0mg/dl     | Desirable Level : < 200 mg/dl<br>Borderline level : 200-239 mg/dl<br>High Level > 240 mg/dl    |
| S. Triglycerides       | 162.4mg/dl     | Desirable level : < 150 mg/dl<br>Borderline level : 150 - 200 mg/dl<br>High Level: > 200 mg/dl |
| HDL Cholesterol        | 46.6 mg/dl     | 35 - 80 mg/dl  |
| LDL Cholesterol        | 139.92         | Desirable Level:< 130 mg/dl<br>Borderline level:130-180mg/dl<br>High level: >180 mg/dl         |
| VLDL Cholesterol       | 32.48          | Desirable level:< 30 mg/dl<br>Borderline level:30-45 mg/dl<br>High level: > 45 mg/dl           |
| TC/HDLC (Risk Factor)  | 4.7            | Desirable Level : < 4.3<br>Borderline level : 4.4 to 11<br>High Level : >11                    |
| LDLC/HDLC(Risk Factor) | 3              | Desirable Level : < 3.0<br>Borderline level : 3.0 to 6.0<br>High Level : > 6.0                 |

**Technologist**

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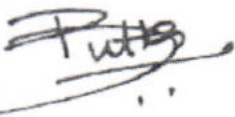


## PATHOLOGY REPORT

**Name** : Mr. Lalit Kumar Malviya      **Age** : 43 Years      **Sex** : Male  
**Advised By** : GREEN CITY HOSPITAL      **Lab No.** : OPD / 1      **Date & Time** : 24-Sep-2022  
CORP/25606

### URINE ROUTINE MICROSCOPIC EXAMINATION

| Test Performed                        | Value Observed |
|---------------------------------------|----------------|
| <b><u>Physical Examination</u></b>    |                |
| Volume                                | 20 ml          |
| Colour                                | Pale Yellow    |
| Appearance                            | Clear          |
| Reaction (pH)                         | Acidic         |
| <b><u>Chemical Examination</u></b>    |                |
| Albumin                               | Nil            |
| SUGAR                                 | Nil            |
| <b><u>Microscopic Examination</u></b> |                |
| PUS(WBC) Cells                        | 2-3 /hpf /hpf  |
| RBC                                   | Nil /hpf /hpf  |
| Epithelial Cells                      | 0-1 /hpf /hpf  |
| Casts                                 | Absent         |
| Crystals                              | Absent         |
| Urine Sugar (PP)                      | Nil            |

  
Dr. Pritha Dutta  
MBBS, MD  
Biochemistry

**Technologist**

Please Correlate clinically as well as with other investigative findings. This report is not valid for medico legal purpose.

**For Emergency / Ambulance Service Contact No.: 0755-2733323**

**C007656-National Pathology Lab**

Shop No. 5 4 162 City Center Infront of Ialaiya Police Station Budhwara Road  
Bhopal, 462001  
Madhya Pradesh, INDIA  
Tel : 9893837193  
Email : VIPULTIWARI.TIWARI69@GMAIL.COM

**NAME : MR. LALIT KUMAR MALVIYA**

AGE : 43 Years

SEX : Male

LAB REF NO.: **50952984**

ACCESSION NO : **0065DI003120**

COLLECTED ON :

REGISTERED ON : 24/09/2022 15:55

REPORTED ON: 24/09/2022 17:03

**Report Status : Final**

**REFERRED BY : DR. GREEN CITY HOSPITAL**

| Tests | Results | Biological Reference Range | Units |
|-------|---------|----------------------------|-------|
|-------|---------|----------------------------|-------|

**BIOCHEMISTRY**

**\*PSA (PROSTATE SPECIFIC ANTIGEN) TOTAL, SERUM**

|           |       |        |       |
|-----------|-------|--------|-------|
| PSA TOTAL | 0.738 | < 4.00 | ng/mL |
|-----------|-------|--------|-------|

**Interpretation(s)**

¿Comment:

Psa: The prostate-specific antigen (PSA) test is done to Screen men for prostate cancer. Since other common medical conditions, such as benign prostatic hyperplasia (BPH) and prostatitis, can cause high PSA levels, a prostate biopsy may be done if your doctor is concerned about signs of prostate cancer. ADV:- Free PSA level to rule out cancer prostate.



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Tel : 9893837193  
Email : VIPULTIWARI.TIWARI69@GMAIL.COM

**NAME : MR. LALIT KUMAR MALVIYA**
**AGE : 43 Years**
**SEX : Male**
**LAB REF NO. : 50952984**
**ACCESSION NO : 0065DI003120**
**COLLECTED ON :**
**REGISTERED ON : 24/09/2022 15:55**
**REPORTED ON: 24/09/2022 17:03**
**Report Status : Final**
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|-------|---------|----------------------------|-------|
|-------|---------|----------------------------|-------|

**IMMUNOLOGY**
**THYROID PROFILE, TOTAL, SERUM**

|                             |              |                         |        |
|-----------------------------|--------------|-------------------------|--------|
| TRI-IODOTHYRONIN, (T3)      | 92.28        | 58.0 - 159.0            | ng/dL  |
| THYROXIN, (T4)              | 7.63         | 4.87 - 11.72            | µg/dL  |
| THYROID STIMULATING HORMONE | <b>12.21</b> | <b>High</b> 0.35 - 4.94 | µIU/mL |

**METHOD : CHEMILUMINESCENCE (CLIA)**
**Interpretation(s)**

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

**Limitations:**

T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin, so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels. Normal levels of T4 can also be seen in Hyperthyroid patients with : T3 Thyrotoxicosis, hypoproteinemia or ingestion of certain drugs. Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. Autoimmune disorders may produce spurious results. Various drugs can interfere with the test result. TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.

Reference intervals for T3, T4 & TSH from TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS - 5th Edition

| T3                     |                             | T4              |                             | TSH               |                              |
|------------------------|-----------------------------|-----------------|-----------------------------|-------------------|------------------------------|
| Age                    | Reference Intervals (ng/dL) | Age             | Reference Intervals (µg/dL) | Age               | Reference Intervals (µIU/mL) |
| Children               |                             | Children        |                             | Children          |                              |
| 1-3 Days               | 100-740                     | 1-3 Days        | 11.8-22.6                   | 0-4 Days          | 1.0-39.0                     |
| 1-11 Months            | 105-245                     | 1-2 Week        | 9.9-16.6                    | 2 weeks-5 months  | 1.7-9.1                      |
| 1-5 Years              | 105-269                     | 1-4 Months      | 7.2-14.4                    | 6 months-20 Years | 0.7-6.4                      |
| 6-10 Years             | 94-241                      | 4 Months-1 Year | 7.8-16.5                    | > 55 years        | 0.5-8.9                      |
| 11-15 Years            | 82-213                      | 1-5 Years       | 7.3-15.0                    | Pregnancy         | Adolescents                  |
| 6.4-13.3               | First Trimester             | 0.1-2.5         |                             |                   | 5-10 Years                   |
| 15-20 years            | 80-210                      | 11-15 Years     | 5.6-11.7                    | Second Trimester  | 0.2-3.0                      |
| Pregnancy              |                             |                 |                             | Third Trimester   | 0.3-3.0                      |
| First Trimester        | 81-190                      |                 |                             |                   |                              |
| Second&Third Trimester | 100-260                     |                 |                             |                   |                              |

\*Pregnancy reference values for TSH provided as per recommendations by American Thyroid Association

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


**DR. PRINCE LOKWANI**  
CONSULTANT, MD (PATHOLOGIST)



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# GREEN CITY HOSPITAL

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Ph.: 0755-2733323

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|                                      |                               |
|--------------------------------------|-------------------------------|
| <b>NAME : MR. LALIT MALVIYA</b>      | <b>AGE / SEX : 43 YRS / M</b> |
| <b>REF. BY / GREEN CITY HOSPITAL</b> | <b>DATE : 24/09/2022</b>      |

## USG : ABDOMEN

**LIVER** : Is normal in size, shape & echotexture. Margins are smooth and regular. Intra and extrahepatic biliary and vascular channels are normal.

**GALL BLADDER**: Partially contracted & grossly appears normal.

- CBD & PV of normal calibre.

**SPLEEN** : Is normal in size, shape & echotexture.

**PANCREAS** : Is normal in size, shape & echotexture. Pancreatic duct is not dilated.

**BOTH KIDNEYS**: Are normal in size, shape & echotexture. Cortical echotexture appears to be normal. Cortico-medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.

**URINARY BLADDER** : Is partially distended & grossly appears normal.

**PROSTATE**: Grossly appears normal in size.

- No Ascites seen.

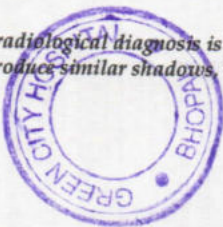
## IMPRESSION : - USG STUDY REVEALS

- **NO REMARKABLE ABNORMALITY.**

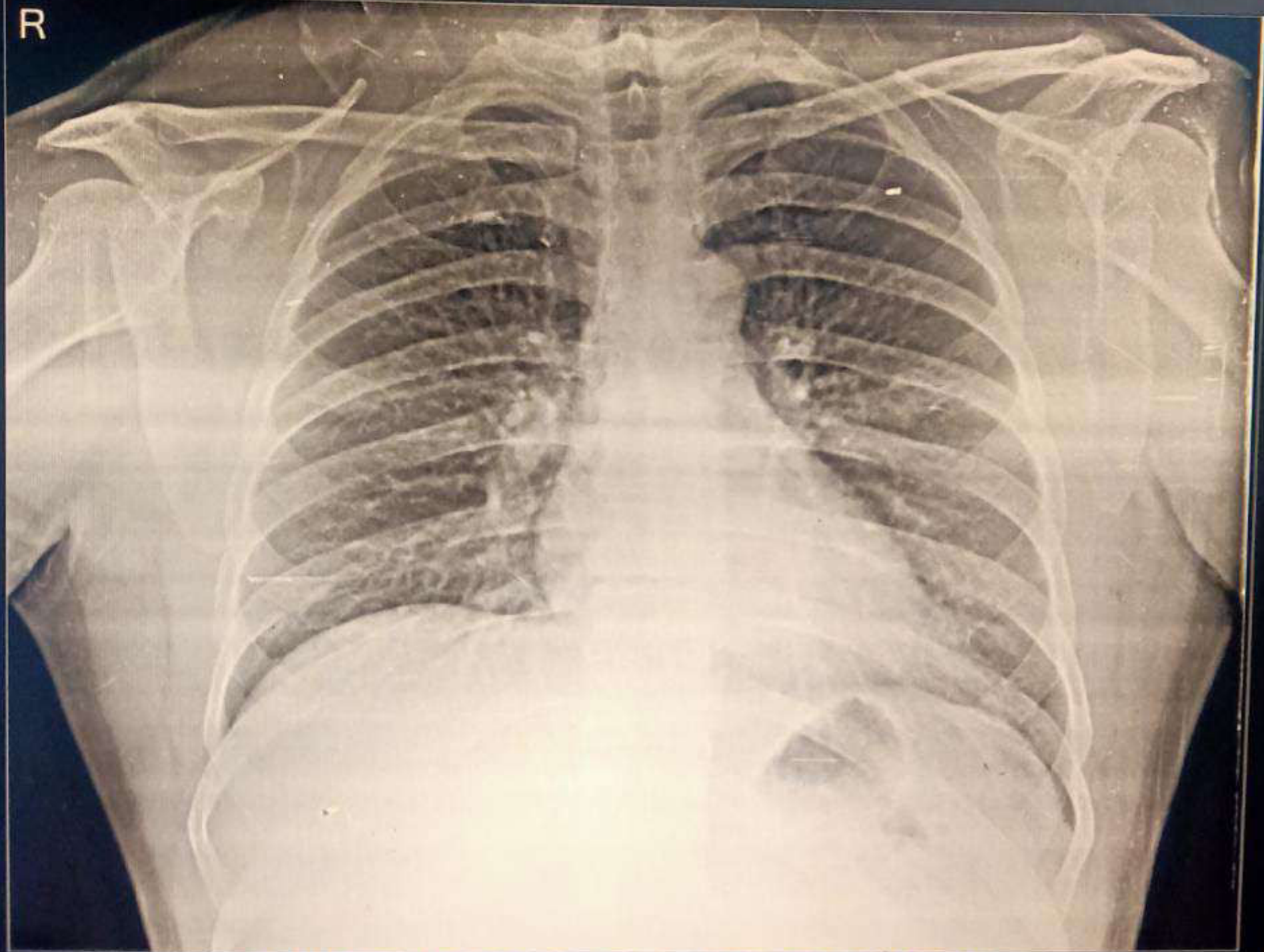
Kindly correlate clinically

**DR. NITIN KHANTAL**  
CONSULTANT RADIOLOGIST

science of radiological diagnosis is based on interpretation of various shadows produced by both normal and abnormal tissues, dissimilar diverse diseases produce similar shadows. hence this report represent various possibilities and not meant for medico-legal purposes.



R



MR LALIT KUMAR 43YRS.. 29081 CHEST PA 24-Sep-22  
GREEN CITY HOSPITAL, D.I.G. BUNGLOW, BHOPAL



Reg. No. NH/6333/DEC-2017

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|                                 |               |                             |
|---------------------------------|---------------|-----------------------------|
| Name Of Client: Mr. LALIT KUMAR | Age/Sex:43Y/M | Procedure Date : 24-09-2022 |
| REF. BY: MEDIWHEEL              |               | Reporting Date : 24-09-2022 |

## X-RAY CHEST

- Bilateral lung parenchyma is clear. Reliance Industries Limited
- Bilateral Hilary shadow is normal.
- Trachea midline is normal.
- Bilateral CP angle are clear.
- Cardio thoracic ratio is normal.

**Impression: No remarkable abnormality seen in present study.**

**DR. NITIN KHANTAL  
CONSULTANT RADIOLOGIST**



SCIENCE OF RADIOLOGICAL DAIGNOSIS IS BASED ON INTERPRETATION OF VARIOUS SHADOW PRODUCED BY BOTH NORMAL AND ABNORMAL TISSUES, DISSIMILAR DIVERSE DISEASES PRODUCE SIMILAR SHADOWS, HENCE THIS REPORT REPRESENT VARIOUS POSSIBILITIES AND NOT MEANT FOR MEDICO-LEGAL PURPOSES