

Reg. No. NH/6333/DEC-2017



Near V-Mart, DIG Bungalow, Berasia Road, Bhopal AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL

PATHOLOGY REPORT

Name

:Mr. Hirdesh Kumar Verma CORP/ Age

Years : 29

: Male Sex

Advised By : GREEN CITY HOSPITAL

Lab No.: OPD / 9

Date & : 28-Aug-2021

Time : 4:33 pm

HAEMOGRAM

Test Performfed	Value Observed	Reference Range		
Haemoglobin R.B.C. count Total WBC Count Packed Cell Volume	12.8 gm% 4.92 mil./cmm. 4800 /cumm 36.7 %	13.5 - 18 gm% 4.5 - 6.5 mil./cmm. 4000 - 11000 /cumm 40 - 54 %		
DIFFERENTIAL COUNTY Neutrophil Lymphocytes Monocytes Eosinophil Basophil	NT 55 % 40 % 03 % 02 % 00 %	40 - 70 % 20 - 45 % 2 - 8 % 1 - 5 % 0 - 1 %		
RBC Indices MCV MCH MCHC	74.6 fL 26.0 pg 34.8 %	82 - 97 fL 27 - 32 pg 32 - 36 %		
Platelets Indices Platelet Count ESR	1.39 12	1.5 - 4.5 0 - 16 mm.FHR		

Dr. Manal Asraf Ali

MBBS,DCP,DNB Reg No.19938

Technologist

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



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LIVER FUNCTION TEST

Value Observed	Reference Range	
0.98 mg/dl	0.3 - 1.1 mg/dl	
	0.1 - 0.3 mg/dl	
	0.2 - 0.8 mg/dl	
32.6 U/L	5 - 37 U/L	
38.4 U/L	5 - 42 U/L	
210.6U/L	A:<310 ; C: <645 U/L	
6.6 gm/dl	6.0 - 8.5 gm/dl	
3.5 gm/dl	3.2 - 5.5 gm/dl	
3.1 gm/dl	2.3 - 3.5 gm/dl	
	0.98 mg/dl 0.28 mg/dl 0.7 mg/dl 32.6 U/L 38.4 U/L 210.6U/L 6.6 gm/dl 3.5 gm/dl	

Test Performfed	Value Observed	Reference Range
Serum Urea Serum Creatinine Serum Sodium Serum Potassium	24.2 mg/dl 0.74	10 - 45 mg/dl M : < 1.2 mg/dl
	138.2 m.eq./L	F : < 1.0 mg/dl 136 - 145 m.eq./L
	4.2 m.eq./L	3.5 - 5.0 m.eq./L

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PATHOLOGY REPORT

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:Mr. Hirdesh Kumar Verma

Age

: 29 Years Sex

:Male

Advised By : CORP/ GREEN CITY HOSPITAL

Lab No.

:OPD / 9

Date &

:28-Aug-202

Time

: 4:36 pm

BIOCHEMISTRY

Test Performed	Value Observed	Reference Range
Blood Glucose(Fasting) Blood Glucose (Post-Prandial) Serum Uric Acid	: 91.9 mg/dl : 110.3mg/dl : 2.5	70 - 110 mg/dl upto 140 mg/dl Male : < 7.0 mg/dl Female : < 6.0 mg/dl

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LIPID PROFILE

Value Observed	Reference Range	
126.3mg/dl	Desirable Level :< 200 mg/dl Borderline level : 200-239 mg/dl High Level > 240 mg/dl	
98.6mg/dl	Desirable level :< 150 mg/dl Borderline level :150 - 200 mg/dl High Level: > 200 mg/dl	
44.6 mg/dl	35 - 70 mg/dl	
61.98	Desirable Level:< 130 mg/dl Borderline level:130-180mg/dl High level: >180 mg/dl	
19.72 BREEN CITY HOSE	Desirable level: < 30 mg/dl	
	126.3mg/dl 98.6mg/dl 44.6 mg/dl 61.98	

, llana 1814. Dr. Manal Asraf Ali MBBS, DCP, DNB Reg No.19938



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: 29 Years

Date & : 28-Aug-2021

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Lab No.: OPD / 9

Time : 4:37 pm

URINE ROUTINE MICROSCOPIC EXAMINATION

Test Performfed	Value Observed		
Physical Examination			
Volume	20 ml		
Colour	Pale Yellow		
Appearance	Clear		
Reaction (pH)	Acidic		
Chemical Examination Albumin	Nil		
SUGAR	Nil		
Microscopic Examination PUS(WBC) Cells	4-5 /hpf	/hpf	
RBC	Nil /hpf	/hpf	
Epithelial Cells	1-2 /hpf	/hpf	
Casts	Absent		
Crystals	Absent		
Bacteria	Absent		

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Time

: 4:37 pm

STOOL EXAMINATION

Test Performfed

Value Observed

Physical Examination

Colour

Brown

Consistency

Soft

Mucus

Trace

Chemical Examination

Reaction

Acidic

Microscopic Examination

Pus cells

RBC

Absent /hpf

Absent /hpf

Few+/hpf

Food Particles Fat Globules

/hpf

/hpf

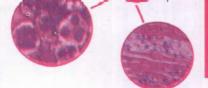
/hpf

Absent

Mana 18Mi Dr. Manal Asraf Ali

MBBS,DCP,DNB

Reg No.19938



FOCUS PATHO

SPECIALITY: Histopathology, Cytology, Bone marrow, Haematology

MR HIRDESH KUMAR VERMA **Patient Name**

29 Years / Male Age & Sex

GREEN CITY HOSPITAL Referred By

LAB No. : 0002092

: 28/08/2021 07:04 pm Registration Date

Report Date : 28/08/2021 08:18 pm

ENDOCRINOLOGY

						_
TEST	RESULT	UNITS	REFERENCE RANGE			
PSA						
SERUM PROSTATE SPECIFIC	: 1.17	ng/ml	PSA concentration (ng/ml)			
ANTIGEN (PSA)			Age (ye	ars) Low	Limit High limit	Ė
Altitolat (Forty			<40	0.21	1.72	
			40-49	0.27	2.19	
			50-59	0.27	3.42	
			60-69	0.22	6.16	
			×60	0.21	6.77	

REFRENCE RANGE :

Normal : < 4.0 ng/ml, Borderline : 4 - 10 ng/ml

Increase with age :

40 - 49 years : 1.5 ng/ml, 50 - 59 years : 2.5ng/ml

60 - 69 years : 4.5 ng/ml, 70 - 79 years : 7.5 ng/ml

1) Prostate-specific antigen (PSA) is a glycoprotein (molecular weight 30,000-34,000 daltons) having a close structural

relationship to the glandular kallikreins. It has the function of a serine proteinase. 2) The proteolytic activity of PSA in blood is inhibited by the irreversible formation of complexes with protease inhibitors such as alpha-1-antichymo-trypsin, alpha-2-macroglobulin and other acute phase proteins. In addition to being present in these complexes, about 30% of the PSA present in blood is in the free form, but is proteolytically inactive

3) Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from wor

4) PSA may still be detectable even after radical prostatectomy. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. 5) The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy.

6) An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

Barcode:



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

Dr. Jay Kiran Verma (MBBS, DNB) Sr. Consultant Pathologist (Reg. No. 5659)

National Hospital, Bhopal

HOS Formrly

-Apollo Hospitals, Hydera

♦ Free Sample Collection Home and Office Facility Available 24 Hour Services



FUCUS PATHOLOGY

SPECIALITY: Histopathology, Cytology, Bone marrow, Haematology

Patient Name : MR HIRDESH KUMAR VERMA

LAB No.

: 0002092

Age & Sex

: 29 Years / Male

Registration Date

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BIOCHEMISTRY

TEST UNITS REFERENCE RANGE

HbA1c

Glycosylated Haemoglobin % (Hb : 5.3

A1c)

Normal: 4.2 to 6.2

Good control: 5.5 to 6.8 Fair control: 6.8 to 7.6

Poor control: > 7.6 Unit: %

Mean Plasma Glucose

: 105.41

NOTES:

- 1. The HbA1c test shows your average blood sugar for last 3 months.
- The HbA1c test does not replace your day-to-day monitoring of blood glucose. Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1c works?

The HbA1c test measures the amount of sugar that attaches to protein in your red blood cells.

RBCs live for about 3 months, so this test shows your average blood sugar levels during that time.

Greter the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important?

Research studies demonstrated that the closer to normal your HbA1c level was, the less likely your risk of developing the long-term complications of diabetes. Such problems include eye disease, nerve damage, heart and blood vessel disease and kidney problems. Who should have the HbA1c test done?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1c level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1c test?

You should have this test done when you are first diagnosed with diabetes.

Then at least twice a year if your treatment goals are being met & blood glucose control is stable.

More frequent HbA1c testing (4 times / year) is recommended if your therapy has been recently changed or if you are not

Barcode:



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

Dr. Jay Kiran Verma (MBBS, DNB)

Sr. Consultant Pathologist (Reg. No. 5659)

National Hospital, Bhopal

RE

Formrly-

-Apollo Hospitals, Hyderabad

24 Hour Services

Free Sample Collection Home and Office Facility Available

Shop No.1, Plot No.25, Next to IDBI Bank, Main Road, C-Sector, Near Beema Hospital, Indrapuri, Raisen Road, Bhopal 462022
Phone: 0755 - 4245014, +91-9630904774, +91 8839402126 Email I focusin.report@gmail.com





CUS PATHOLOG

SPECIALITY: Histopathology, Cytology, Bone marrow, Haematology

: MR HIRDESH KUMAR VERMA Patient Name

LAB No.

: 0002092

Age & Sex

29 Years / Male

Registration Date

: 28/08/2021 07:04 pm

Referred By

GREEN CITY HOSPITAL

Report Date

: 28/08/2021 08:18 pm

ENDOCRINOLOGY

TEST	RESULT	UNITS	REFERENCE RANGE	7
THYROID FUNCTION TEST (T3,T	4,TSH)			
Total Triiodothyronine T3	: 113.6	ng/dl	58-159	
Total Thyroxine T4	: 6.48	ng/dL	4.6-9.5	
Thyroid Stimulating Hormones	: 5.58	uIU/ml	Euthyorid: 0.25-5.0	
(TSH)			Hyperthyroid: <0.15	
			Hypothyroid: >7.0	

Note Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism, 1, Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficienc 2. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. 3. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct. Therefore, in any patient suspecting of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose. The Guideline for pregnancy reference ranges for Total T3,T4, Ultra TSH Level in pregnancy Total T3 Total T4 Ultra Tsh

First Trimester 0.86-1.87 6.60-12.4 0.30-4.50 2nd Trimester 1.0-2.60 6.60-15.5 0.50-4.60 3rd Trimester 1.0-2.60 6.60-15.5 0.80-5.20

The guideline for age related reference ranges for T3,T4,& Ultra TSH

Ultra Tsh Total T3 Total T4

Cord Blood 0.30-0.70 1-3 day 8.2-19.9 Birth-4 day:1.0-38.9 New Born 0.75-2.60 1 Week 6.0-15.9 2-20 Week 1.7-9.1 1-5 Years 1.0-2.60 1-12 Months 6.8-14.9 20 Week-20 years 0.7-6.4

5-10 Years 0.90-2.40 1-3 Years 6.8-13.5 10-15 Years 0.80-2.10

3-10 Years 5.5-12.8

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