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12 ME # 56 4/4



S/O चेतनदास निमजे, एम.आई.जी ०७ डुप्लेक्स, सी-सेक्टर, अयोध्या नगर, हज्रर, अयोध्या नगर, भोपाल, मध्य प्रदेश, 462041

S/O Chetandas Nimje, M.I.G 07 DUPLEX, C-SECTOR, AYODHAYA NAGAR, Huzur, Ayodhaya Nagar, Bhopal, Madhya Pradesh, 462041

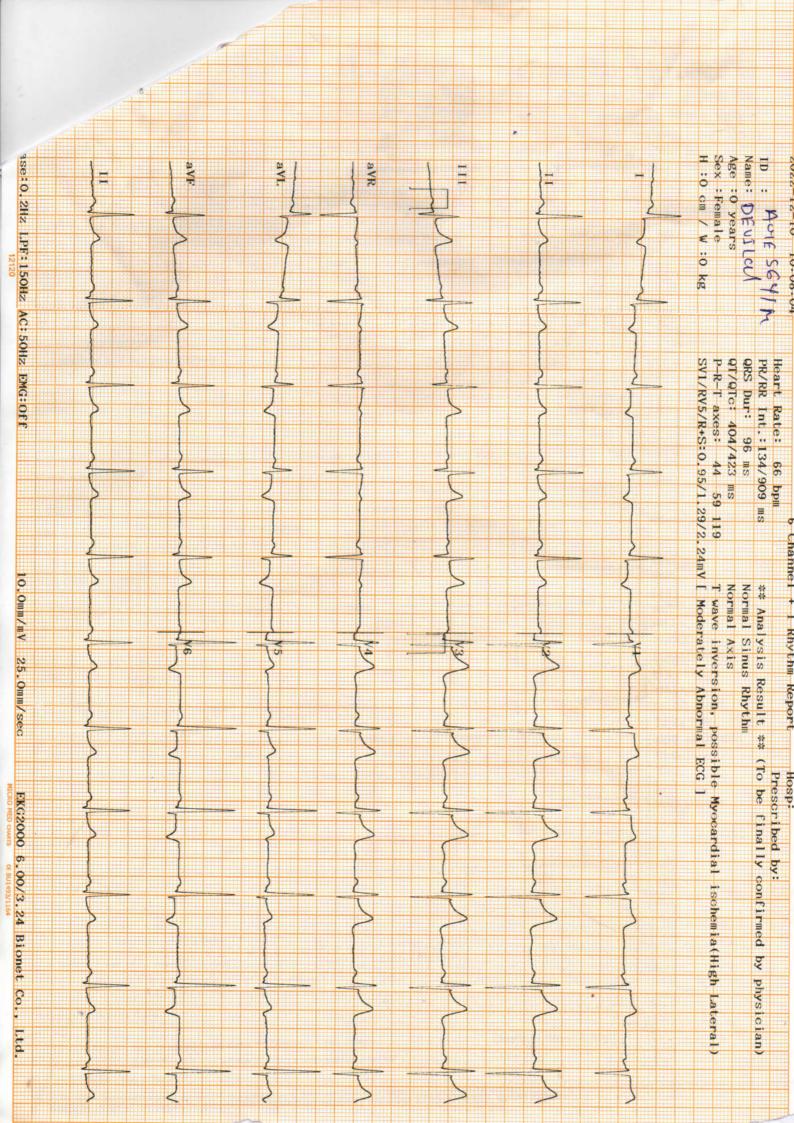




www

P.O. Box No. 1947.







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



## PATHOLOGY REPORT

:Mr. Devilal Nimje CORP

Age : 56 Years

: Male Sex

Advised By : GREEN CITY HOSPITAL

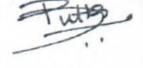
Lab No.: OPD / 4

Date & : 10-Dec-2022

Time : 1:06 pm

### HAEMOGRAM

Test Performfed	st Performfed Value Observed		3
Haemoglobin R.B.C. count	17.2 gm% 5.15 mil./cmm.	13.5 - 18 gm% 4.5 - 6.5 mil./cmm. 4000 - 11000 /cumm	
Total WBC Count Packed Cell Volume	7600 /cumm 45.6 %	40 - 54 %	
DIFFERENTIAL COUN Neutrophil	NT 70 %	40 - 70 %	
Lymphocytes	24 %	20 - 45 %	
Monocytes	03 %	2 - 8 %	
Eosinophil	03 %	1 - 5 %	
Basophil	00 %	0 - 1 %	
RBC Indices MCV	88.7 fL	82 - 97 fL	
MCH	33.3 pg	27 - 32 pg	
MCHC	37.7 %	32 - 36 %	
Platelets Indices Platelet Count	2.30	1.5 - 4.5	
ESR Blood Group	08 mmFHr " O " POSITIVE	0 - 16 mmFHr	



Technologist



Reg. No. NH/6333/DEC-2017



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Sex

: Male

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Date & : 10-Dec-2022 Time

: 1:06 pm

## GLYCOSYLATED HEMOGLOBIN (HBA 1C)

Result

3.0%

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. Devilal Nimje CORP

Age

: 56 Years Sex

:Male

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:OPD / 4 Lab No.

Date &

:10-Dec-2022

Time

: 1:08 pm

### BIOCHEMISTRY

Test Performed	Value Observed	Reference Range
Blood Glucose(Fasting) Blood Glucose (Post-Prandial) Serum Urea Serum Creatinine Serum Uric Acid	: 89.0 mg/dl : 113.4mg/dl : 21.9 mg/dl : 0.59mg/dl : 5.9	70 - 110 mg/dl upto 140 mg/dl 10 - 45 mg/dl 0.50 - 1.0 Male : < 7.0 mg/dl Female : < 6.0 mg/dl

Dr. Pritha Dutta MBBS, MD Biochemistry





Reg. No. NH/6333/DEC-2017

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Lab No.: OPD / 4

Date & : 10-Dec-2022

Time : 1:07 pm

### LIVER FUNCTION TEST

Test Performfed	Value Observed	Reference Range
Total Bilirubin	0.59 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin	0.18 mg/dl	0.1 - 0.3 mg/dl
Indirect Bilirubin	0.41 mg/dl	0.2 - 0.8 mg/dl
SGOT	22.7 U/L	5 - 46 U/L
SGPT (ALT)	21.6 U/L	5 - 49 U/L
Alkaline Phosphatase	166.5U/L U/L	80 - 306 U/L
Total Protein	6.5 gm/dl	4.6 - 7.0 gm/dl
Albumin	4.1 gm/dl	3.5 - 5.2 gm/dl
Globulin	2.4 gm/dl	2.3 - 3.5 gm/dl
	GGTP	

Test Performfed	Value Observed	Reference Range	
Gamma GT	33.1	10 - 45 U/L	

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Date & : 10-Dec-2022

Time : 1:08 pm

### LIPID PROFILE

Test Performfed	Value Observed	Reference Range
S. Cholesterol (Total)	196.4mg/dl Aealth Our Visy	Desirable Level :< 200 mg/dl Borderline level : 200-239 mg/dl High Level > 240 mg/dl
S. Triglycerides	105.9mg/dl	Desirable level :< 150 mg/dl Borderline level :150 - 200 mg/dl High Level: > 200 mg/dl
HDL Cholesterol	39.9 mg/dl	35 - 80 mg/dl
LDL Cholesterol	135.32	Desirable Level:< 130 mg/dl Borderline level:130-180mg/dl
VLDL Cholesterol	21.18	High level: >180 mg/dl Desirable level:< 30 mg/dl Borderline level:30-45 mg/dl High level: > 45 mg/dl
TC/HDLC (Risk Factor)	4.92	Desirable Level : < 4.3 Borderline level : 4.4 to 11 High Level : >11
LDLC/HDLC(Risk Factor)	3.39	Desirable Level : < 3.0 Borderline level : 3.0 to 6.0 High Level : > 6.0



Technologist



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Date & : 10-Dec-2022

Time

: 1:09 pm

### SERUM PROSTATE SPECIFIC ANTIGEN (PSA)

Test Performfed

Value Observed

Reference Range

Prostatic Specific Antigen

P.S.A

2.9ng/ml

Healthy Male: Upto 4.0

Male with BPH: 10.20 +/- 4.0

Prostatic Cancer

Stage A: 9.39 +/- 8.09

Stage B: 17.45 +/- 16.83

Stage C: 55.14 +/- 51.6

Stage D: 118.92+/- 50.0

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Biochemistry



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## PATHOLOGY REPORT

NAme

:Mr. Devilal Nimje CORP

Age

: 56 Years Sex

: Male

Advised By : GREEN CITY HOSPITAL

:OPD / 4 Lab No.

Date &

:10-Dec-2022

Time

: 1:08 pm

### CLINICAL PATHOLOGY

Urine Sugar (PP)

our Aeall

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





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Lab No.: OPD / 4

Date & : 10-Dec-2022

Time : 1:08 pm

## URINE ROUTINE MICROSCOPIC EXAMINATION

Test Performfed	Value Observed		4
Physical Examination	20 mlth Our L		
Volume	. 1/2		
Colour	A CONTRACTOR OF THE CONTRACTOR	2	
Appearance	Clear	?	
Reaction (pH)	Acidic		
Chemical Examination			
Albumin	Nil		
SUGAR	Nil		
Microscopic Examination	on .		
PUS(WBC) Cells	3-4 /hpf	/hpf	
RBC	Nil /hpf	/hpf	
Epithelial Cells	1-2 /hpf	/hpf	
Casts	Absent		
Crystals	Absent		

Dr. Pritha Dutta MBBS, MD Biochemistry



#### **PROCESSED AT:**

#### **Thyrocare**

D-37/1,TTC MIDC,Turbhe, Navi Mumbai-400 703







Corporate office: Thyrocare Technologies Limited, ♥ D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 

REPORT

NAME : MR DEVILAL NIMJE (56Y/M)

REF. BY : GREEN CITY **TEST ASKED** : T3-T4-TSH

**SAMPLE COLLECTED AT:** (4620014663),GREEN CITY HOSPITAL,NEAR V-MART, BERASIA ROAD, DIG BUNGALOW, BHOPAL, MADHYA

PRADESH.,462001

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	142	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	12	μg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.09	μIU/ml	0.3-5.5

Comments: SUGGESTING THYRONORMALCY

#### Please correlate with clinical conditions.

#### Method:

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

#### Disclaimer:

Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

~~ End of report ~~

Sample Collected on (SCT) Sample Received on (SRT) Report Released on (RRT)

Sample Type Labcode

**Barcode** 



: 10 Dec 2022 17:25

: 11 Dec 2022 03:42

: 11 Dec 2022 05:13

: SERUM

: 1012113185/A7220

: AA489460

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page: 1 of 2

#### CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- Thyrocare Discovery video link :- <a href="https://youtu.be/nbdYeRgYyQc">https://youtu.be/nbdYeRgYyQc</a>
- For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

#### **EXPLANATIONS**

- v Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- v **Name** The name is as declared by the client and recored by the personnel who collected the specimen.
- v Ref.Dr The name of the doctor who has recommended testing as declared by the client.
- Labcode This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- Barcode This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- v SCP Specimen Collection Point This is the location where the blood or specimen was collected as declared by the client.
- v SCT Specimen Collection Time The time when specimen was collected as declared by the client.
- v SRT Specimen Receiving Time This time when the specimen reached our laboratory.
- RRT Report Releasing Time The time when our pathologist has released the values for Reporting.
- Reference Range Means the range of values in which 95% of the normal population would fall.

#### **SUGGESTIONS**

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- Testing or retesting should be done in accredited laboratories.
- For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on 022-3090 0000 / 6712 3400
- SMS:<Labcode No.> to **9870666333**





**BOOK A TEST** 

Give a Call - 022 4128 2828

WhatsApp **TGS** to 8104112632

Email to tgs@focustb.com

Page : 2 of 2



### Dr. RITESH R. KUMAWAT

M.B.B.S., D.M.R.D., D.N.B. (Radio Diagnosis) Consultant Radiologist Reg. No. MP-12614



FACILITIES AVAILABLE : ROUTINE /HIGH FREQUENCY USG, 3D/4D USG, COLOUR DOPPLER, USG GUIDED PROCEDURES & DIGITAL X-RAY

Date: 10.12.2022

PATIENT'S NAME: MR. DEVILAL

REF. BY: SELFG

AGE: 56Y SEX: MALE

### Ultrasonography: Whole Abdomen

<u>Liver</u>: Appears normal in size measures 13.2 cm in long axis in mid clavicular line and shows mildly raised hepatic echotexture with normal visualization of intrahepatic vessel walls. Margins are smooth and regular. Intra and extra hepatic billiary and vascular channels are normal. No evidence of any focal or diffuse mass lesion seen. Gaseous distension of bowel loops noted.

<u>Gall Bladder</u>: Reveals a clear anechoic non-lithiatic lumen. Its walls are of normal thickness. No pericholecystic pathology seen.

CBD & PV are of normal calibre.

<u>Right Kidney</u>: Normal in size measures 10.2 x 4.1 cm, shape echotexture. Cortical echotexture appears to be normal. Cortico-medullary differentiation is maintained. No hydronephrosis, scarring seen. Tiny renal concretion 3mm at interpole region.

<u>Left Kidney</u>: Normal in size measures 10.2 x 4.1 cm, shape echotexture. Cortical echotexture appears to be normal. Cortico-medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.

Spleen: Normal in size, shape & echotexture measures 9.0 cm in long axis.

Pancreas: Is normal in size, shape and echotexture. Pancreatic duct is not dilated.

<u>Urinary Bladder</u>: Is central smooth in contour & reveal a clear lumen. Its walls are of normal thickness.

<u>Prostate</u>: Is enlarged in size, shape & echotexture measures 32 cc in volume and 33 grams in weight with insignificant PVR (20cc).

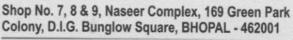
No evidence of retroperitoneal lymphadenopathy / ascites seen.

#### Impression: USG Study Reveals:

- Normal sized liver with grade I fatty infiltration and Gaseous distension of bowel loops.
- Tiny right renal concretion 3mm at interpole region.
- Mild prostatomegaly measures 32 cc in volume and 33 grams in weight with insignificant PVR (20cc).

Dr. Ritesh Kumawat MBBS, DMRD, DNB (Radio Diagnosis) Consultant Radiologist Reg. No: MP – 12614













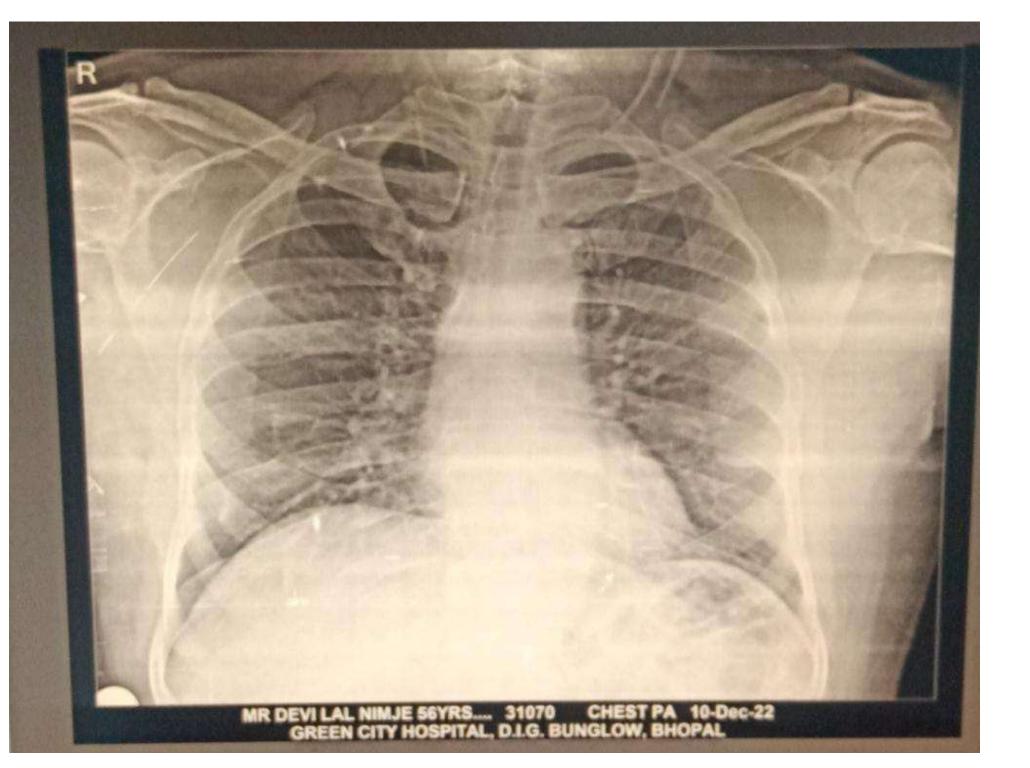










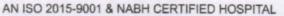


Reg. No. NH/6333/DEC-2017



# **GREEN CITY HOSPITAL**

Near V-Mart, DIG Bungalow, Berasia Road, Bhopal Ph.: 0755-2733323





Name Of Patient: MR. DEVILAL NIMJE	Age/Sex: 56Y/M	Procedure Date: 10-12-2022
Ref. By: Green City Hospital	MEDIWHEEL	Reporting Date : 10-12-2022

### 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.
- Cardio phrenic and costophrenic angles are normal.
- > Soft tissues of the chest wall are 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