



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: स्व कुंदन लाल  
वासवानी, बी7- न्यू  
13/135, बैरागढ़, हुजुर,  
भोपाल,  
मध्य प्रदेश - 462030

Address:

S/O: Late Kundan Lal Vaswani,  
b- new 13/135, bairaagarh,  
Huzur, Bhopal,  
Madhya Pradesh - 462030

9793 6304 2347

MERA AADHAAR, MERI PEHACHAN



भारत सरकार  
GOVERNMENT OF INDIA



कैलाश कुमार वासवानी उर्फ  
सोनीमल पारुमल  
Kailash Kumar Vaswani  
Alies Sonimal Parumal  
जन्म तिथि/ DOB: 13/07/1967  
पुरुष / MALE



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मेरा आधार, मेरी पहचान







Reg. No. NH/6333/DEC-2017

# GREEN CITY HOSPITAL

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

AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL



Pt. Name MR. KAILASH KUMAR MASWANI

Age 54 Sex M Date 11/09/21

BP - 120/70 mmHg.

P - 88 bpm

R - 20/m.

SpO<sub>2</sub> - 97%

Height - 170 Cm.

Weight - 72 Kg.

CVS - S<sub>1</sub> S<sub>2</sub> ⊕

RS - BIL NVB ⊕

R/A - Soft abdomen

CNS - clinically NAD

VISION - NORMAL

over all. health is good. of customer  
fit for all physically AND mental Activity

For Emergency / Ambulance Service  
M.: 8120401607, 9329182659



MR Karishk  
Kumar

10 mm/mV 25 mm/Sec @ 0.5 -32Hz

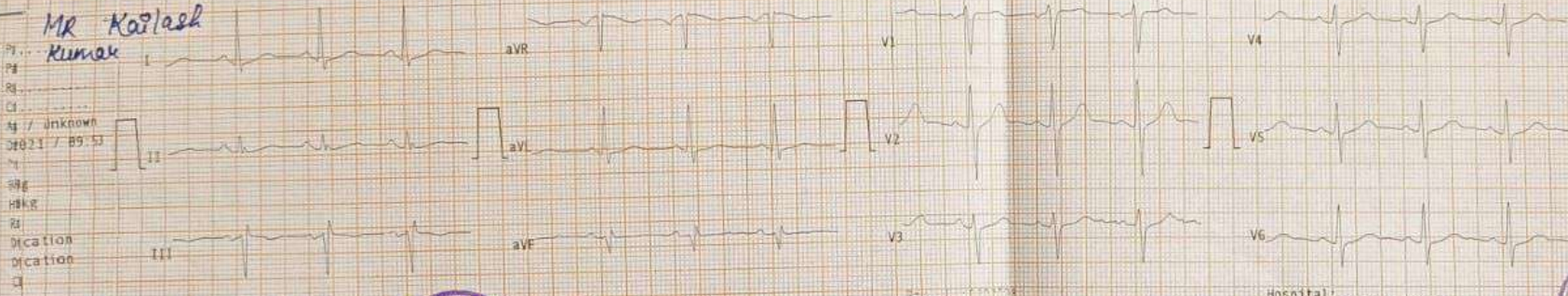
BPL GenX3

10 mm/mV 25 mm/Sec @ 0.5 -32Hz

BPL GenX3

Sinus rhythm

Normal ECG



*Karishk*

Disclaimer: This report does not replace the diagnosis of a trained physician

Hospital: .....







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Name of Patient: MR.KAILASH KUMAR	Age/Sex: 54Y/M	Procedure Date:22-09-2021
Ref. By: GREEN CITY HOSPITAL	OPD	Reporting Date:22-09-2021

## 2D ECHOCARDIOGRAPHY AND COLOR DOPPLER

- Situs solitus, levocardia.
- Normal chamber dimensions
- No concentric LVH
- No RWMA
- IAS/IVS intact
- All valves are normal.
- No significant regurgitation
- Normal mitral inflow
- Normal LV systolic function
- Pericardium is normal
- No visible vegetation/clots/intra-cardiac mass.

### IMPRESSION:

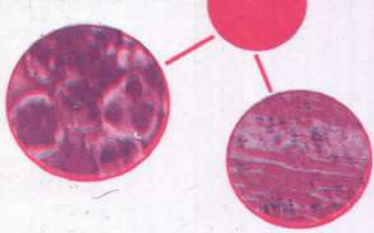
- NO RWMA
- NORMAL MITRAL INFLOW
- EF 60 %.

DR. VIKAS CHATURVEDI  
MD DM (CARDIOLOGY)









# FOCUS PATHOLOGY

SPECIALITY : Histopathology, Cytology, Bone marrow, Haematology

Patient Name : MR KAILASH KUMAR  
Age & Sex : 59 Years / Male  
Referred By : GREEN CITY HOSPITAL

LAB No. : 0002459  
Registration Date : 11/09/2021 04:38 pm  
Report Date : 11/09/2021 06:08 pm

## BIOCHEMISTRY

TEST	RESULT	UNITS	REFERENCE RANGE
<b>HbA1c</b>			
Glycosylated Haemoglobin % (Hb A1c)	: 6.1		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	: 128.37		

### NOTES:

1. The HbA1c test shows your average blood sugar for last 3 months.
2. 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 work?

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. Greater 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 \*\*\*\*\*

*Jaykiran*

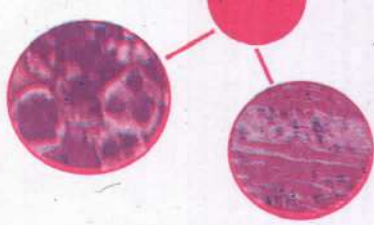
Dr. Jay Kiran Verma (MBBS, DNB)  
Sr. Consultant Pathologist (Reg. No. 5659)  
National Hospital, Bhopal  
Formerly -  
Apollo Hospitals, Hyderabad



◆ 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 | focusin.report@gmail.com





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Patient Name : MR KAILASH KUMAR  
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LAB No. : 0002459  
 Registration Date : 11/09/2021 04:38 pm  
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## ENDOCRINOLOGY

TEST	RESULT	UNITS	REFERENCE RANGE
<b>THYROID FUNCTION TEST (T3,T4,TSH)</b>			
Total Triiodothyronine T3	: 150.9	ng/dl	58-159
Total Thyroxine T4	: 9.11	ng/dL	4.6-9.5
Thyroid Stimulating Hormones (TSH)	: 8.88	uIU/ml	Euthyroid: 0.25-5.0 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 deficiency. 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

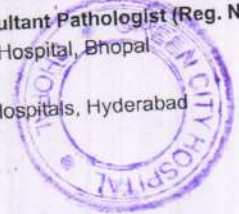
	Total T3	Total T4	Ultra Tsh
Cord Blood	0.30-0.70	1-3 day 8.2-19.9	Birth-4 day: 1.0-38.9
New Born	0.75-2.60	1 Week 6.0-15.9	2-20 Week 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8-14.9	20 Week-20 years 0.7-6.4
5-10 Years	0.90-2.40	1-3 Years 6.8-13.5	10-15 Years 0.80-2.10
3-10 Years	5.5-12.8		

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



*Jaykiran*

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Patient Name : MR KAILASH KUMAR  
 Age & Sex : 59 Years / Male  
 Referred By : GREEN CITY HOSPITAL

LAB No. : 0002459  
 Registration Date : 11/09/2021 04:38 pm  
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## ENDOCRINOLOGY

TEST	RESULT	UNITS	REFERENCE RANGE
<b>PSA</b>			
SERUM PROSTATE SPECIFIC ANTIGEN (PSA)	: 3.19	ng/ml	PSA concentration ( ng/ml) Age (years) Low Limit High limit
			<40 0.21 1.72
			40-49 0.27 2.19
			50-59 0.27 3.42
			60-69 0.22 6.16
			>69 0.21 6.77

REFERENCE 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 pathologic 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 women.
- 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 \*\*\*\*\*

*Jaykiran Verma*

**Dr. Jay Kiran Verma (MBBS, DNB)**  
**Sr. Consultant Pathologist (Reg. No. 5659)**  
 National Hospital, Bhopal  
 Formerly,  
 - Apollo Hospitals, Hyderabad  
 - American Oncology institute, Hyderabad  
 - NIMS, Hyderabad

*Jaykiran*

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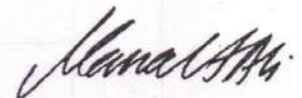


## PATHOLOGY REPORT

Name : Mr. Kailash Kumar Corp.      Age : 59 Years      Sex : Male  
Advised By : GREEN CITY HOSPITAL      Lab No. : OPD / 4      Date & : 11-Sep-2021  
Time : 3:59 pm

### HAEMOGRAM

Test Performed	Value Observed	Reference Range
Haemoglobin	13.0 gm%	13.5 - 18 gm%
R.B.C. count	3.59 mil./cmm.	4.5 - 6.5 mil./cmm.
Total WBC Count	10900 /cumm	4000 - 11000 /cumm
Packed Cell Volume	39.4 %	40 - 54 %
<b><u>DIFFERENTIAL COUNT</u></b>		
Neutrophil	78 %	40 - 70 %
Lymphocytes	14 %	20 - 45 %
Monocytes	04 %	2 - 8 %
Eosinophil	04 %	1 - 5 %
Basophil	00 %	0 - 1 %
<b><u>RBC Indices</u></b>		
MCV	80.2 fL	82 - 97 fL
MCH	28.4 pg	27 - 32 pg
MCHC	34.6 %	32 - 36 %
<b><u>Platelets Indices</u></b>		
Platelet Count	2.77	1.5 - 4.5
ESR	13	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.

**For Emergency / Ambulance Service Contact No.: 8120401607, 0755-2733323**





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Reg. No. NH/6333/DEC-2017



## PATHOLOGY REPORT

**Name** : Mr. Kailash Kumar Corp.      **Age** : 59 Years      **Sex** : Male  
**Advised By** : GREEN CITY HOSPITAL      **Lab No.** : OPD / 4      **Date &** : 11-Sep-2021  
**Time** : 3:58 pm

### BLOOD GROUP

Blood Group      " B " Positive



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

### Technologist

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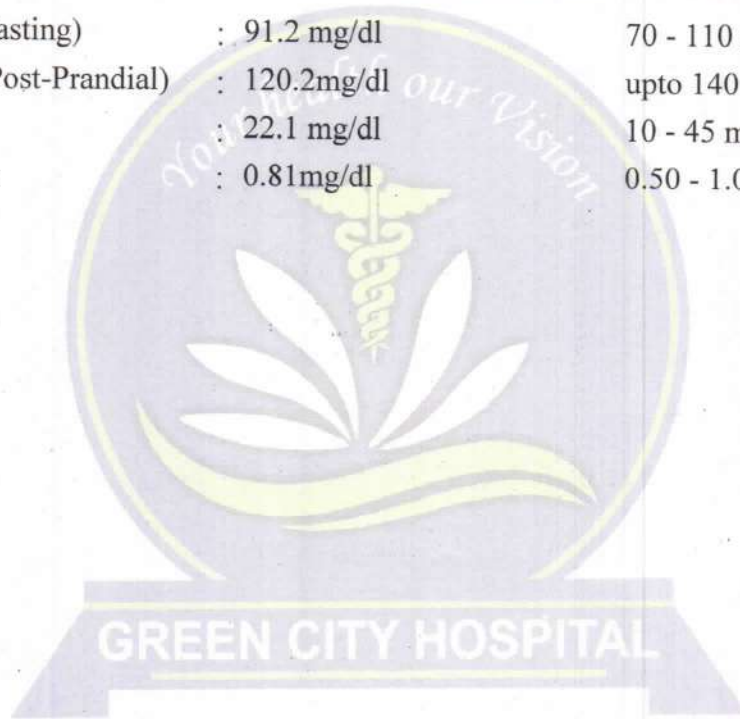


## PATHOLOGY REPORT

Name : Mr. Kailash Kumar Corp. Age : 59 Years Sex : Male  
Advised By : GREEN CITY HOSPITAL Lab No. : OPD / 4 Date & Time : 11-Sep-2021  
: 4:02 pm

### BIOCHEMISTRY

<u>Test Performed</u>	<u>Value Observed</u>	<u>Reference Range</u>
Blood Glucose(Fasting)	: 91.2 mg/dl	70 - 110 mg/dl
Blood Glucose (Post-Prandial)	: 120.2mg/dl	upto 140 mg/dl
Serum Urea	: 22.1 mg/dl	10 - 45 mg/dl
Serum Creatinine	: 0.81mg/dl	0.50 - 1.0



*Manal Asraf Ali*

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## PATHOLOGY REPORT

Name : Mr. Kailash Kumar Corp. Age : 59 Years Sex : Male  
Advised By : GREEN CITY HOSPITAL Lab No. : OPD / 4 Date & Time : 11-Sep-2021  
Time : 4:02 pm

### LIPID PROFILE

Test Performed	Value Observed	Reference Range
S. Cholesterol (Total)	130.6mg/dl	Desirable Level : < 200 mg/dl Borderline level : 200-239 mg/dl High Level > 240 mg/dl
S. Triglycerides	112.6mg/dl	Desirable level : < 150 mg/dl Borderline level : 150 - 200 mg/dl High Level: > 200 mg/dl
HDL Cholesterol	39.8 mg/dl	35 - 70 mg/dl
LDL Cholesterol	68.28	Desirable Level:< 130 mg/dl Borderline level:130-180mg/dl High level: >180 mg/dl
VLDL Cholesterol	22.52	Desirable level:< 30 mg/dl Borderline level:30-45 mg/dl High level: > 45 mg/dl

Dr. Manal Asraf Ali

MBBS,DCP,DNB

Reg No.19938

### Technologist

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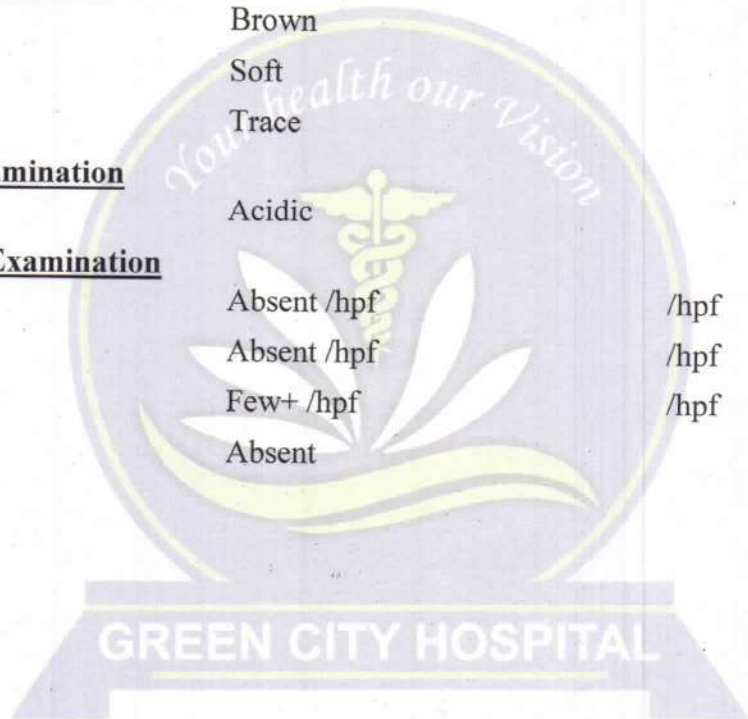


## PATHOLOGY REPORT

Name : Mr. Kailash Kumar Corp.      Age : 59 Years      Sex : Male  
Advised By : GREEN CITY HOSPITAL      Lab No. : OPD / 4      Date & : 11-Sep-2021  
Time : 4:02 pm

### STOOL EXAMINATION

Test Performed	Value Observed
<b><u>Physical Examination</u></b>	
Colour	Brown
Consistency	Soft
Mucus	Trace
<b><u>Chemical Examination</u></b>	
Reaction	Acidic
<b><u>Microscopic Examination</u></b>	
Pus cells	Absent /hpf /hpf
RBC	Absent /hpf /hpf
Food Particles	Few+ /hpf /hpf
Fat Globules	Absent



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

**Technologist**

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**For Emergency / Ambulance Service Contact No.: 8120401607, 0755-2733323**









Date: 11.09.2021

**PATIENT'S NAME: MR. KAILASH**

**AGE: 54Y**

**REF. BY: GREEN CITY HOSPITAL**

**SEX: MALE**

**Ultrasonography : Whole Abdomen**

**Liver:** Is normal in size measures 14.2 cm in long axis in mid clavicular line, shape, and shows moderately raised echotexture with poor visualization of intrahepatic vessels border. Margins are smooth and regular. Intra and extra hepatic biliary and vascular channels are normal. No evidence of any focal or diffuse mass lesion seen. Gaseous distension of bowel loops noted.

**Gall Bladder:** Reveals solitary gall bladder calculus of size 20 mm within lumen. Its walls are of normal thickness. No pericholecystic pathology seen. - **CBD & PV** are of normal calibre.

**Right Kidney:** 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.

**Left Kidney:** 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. Solitary renal calculus noted of size 6.7 mm at lower pole region with few renal concretions.

**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.

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

**Prostate:** Is enlarged in size, shape & echotexture measures 27 cc in volume and 28 grams in weight with insignificant PVR (16cc).

- No evidence of retroperitoneal lymphadenopathy / ascites seen.

**Impression: USG Study Reveals:**

- Normal sized liver with grade – II fatty infiltration and Gaseous distension of bowel loops.
- Solitary gall bladder calculus 20 mm within lumen.
- Solitary left renal calculus 6.7 mm at lower pole region with few renal concretions.
- Mild prostatomegaly measures 27 cc in volume and 28 grams in weight with insignificant PVR (16cc).

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







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Ph.: 0755-2733323

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<b>NAME OF PATIENT: MR. KAILASH KUMAR</b>	<b>Age/Sex: 54Y/M</b>	<b>Procedure Date: 11-09-2021</b>
<b>Ref. By: Green City Hospital</b>		<b>Reporting Date: 11-09-2021</b>

## X-RAY CHEST

- Bilateral lung parenchyma is clear.
- Bilateral hilar shadow is normal.
- Trachea midline is normal.
- Bilateral CP angle are clear.
- Cardio thoracic ratio is normal.

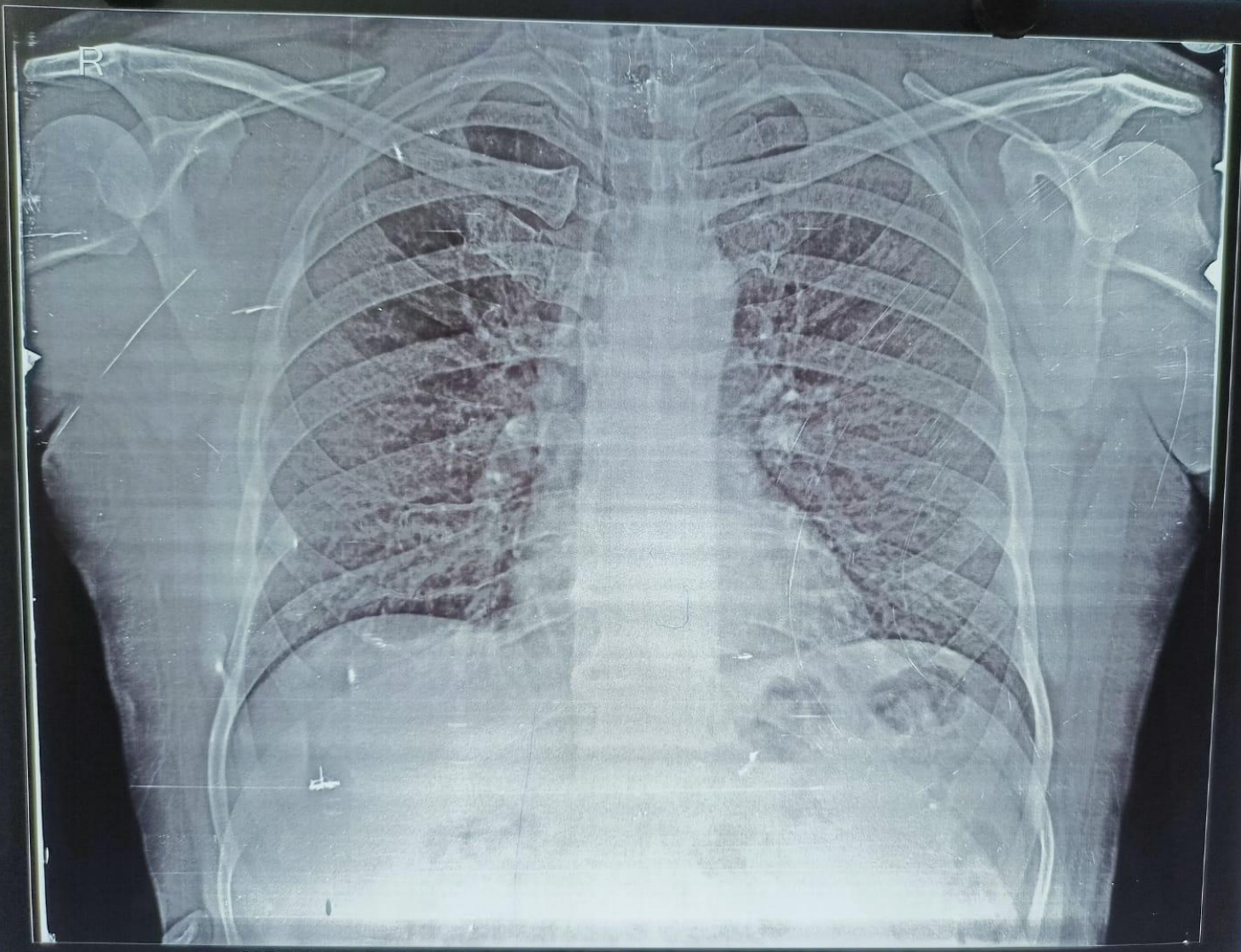
**Impression: No remarkable abnormality seen in present study.**

**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





MR KAILASH KUMAR 54 YRS., 1743 CHEST PA 11-Sep-21  
GREEN CITY HOSPITAL, D.I.G. BUNGLOW, BHOPAL