

MR IQBAL
36y/m

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

BPL GenX3

04/11/21

Patient Name :

PaID : 000402

Recorded By :

Consultant :

Age/Sex : 35 Years / Unknown

Date/Time : 03-11-2021 / 22:16

Pacer : No

BP/s / Dia: 0/0 mmHg

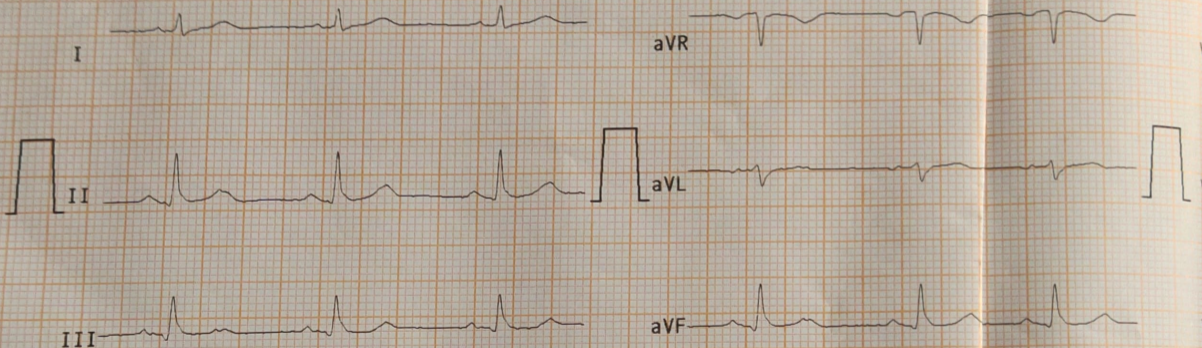
Ht/Wt : 0cm / 0kg

Ra : Indian

Dr1 : No Medication

Dr2 : No Medication

CU Diag. : Normal



Pat. ID: 0004002

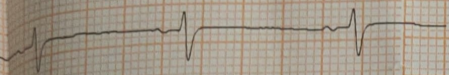
Hospital:

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

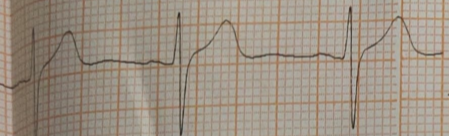
BPL GenX3

Sinus rhythm

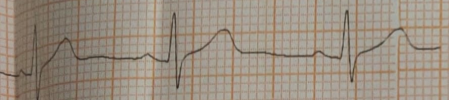
Normal ECG



V4



V5



V6



Disclaimer: This report does not represent the opinion of a trained physician

PATIENT'S NAME: MR. IQBAL
REF. BY: GREEN CITY HOSPITAL
Date: 19.11.2021
AGE: 37Y
SEX: MALE

Ultrasonography : Whole Abdomen

Liver: 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 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 a clear anechoic non-lithiatic 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, scarring seen. Tiny renal concretion 3mm at interpole region.

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, scarring seen. Tiny renal concretion 3mm at interpole region.

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.

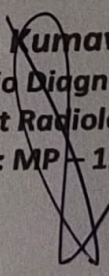
Prostate: Is normal in size, shape & echotexture measures 13 cc in volume and 14 grams in weight.

- No evidence of retroperitoneal lymphadenopathy / ascites seen.

Impression: USG Study Reveals:

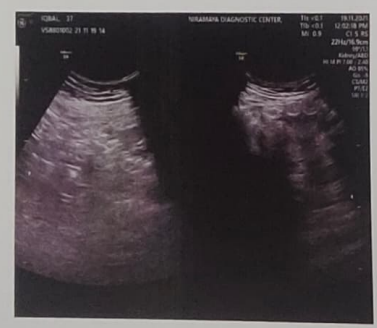
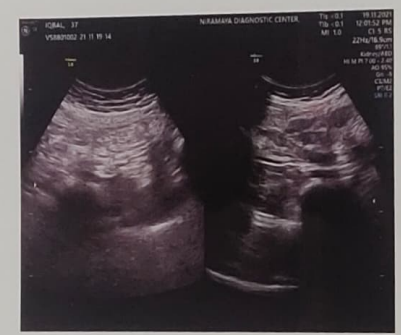
- Normal sized liver with grade - I fatty infiltration and Gaseous distension of bowel loops.
- Bilateral tiny renal concretions.

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



ID: VS8801002-21-11-19-14

IQBAL



FOCUS PATHOLOGY

FOCUS PATHOLOGY

SPECIALITY : Histopathology, Cytology, Bone marrow, Haematology

Patient Name : MR KIHAN IQBAL AHMAD
 Age & Sex : 36 Years / Male
 Referred By : GREEN CITY HOSPITAL

LAB No. : 0003629
 Registration Date : 06/11/2021 11:32 am
 Report Date : 06/11/2021 12:54 pm

TEST

BIOCHEMISTRY

HbA1c

RESULT

UNITS

REFERENCE RANGE

Glycosylated Haemoglobin % (Hb A1c) : 4.7

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 : %

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 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.

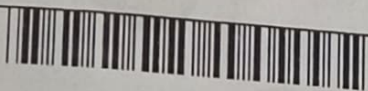
How often should you have a HbA1c test?

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 *****

Jaykiran

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

◆ 24 Hour Services

◆ Free Sample Collection Home and Office Facility Available

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Phone : 0755 - 4245014, +91-9630904774, +91 8839402126 Email | focusin.report@gmail.com

FOCUS PATHOLOGY

SPECIALITY : Histopathology, Cytology, Bone marrow, Haematology

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 Age & Sex : 36 Years / Male
 Referred By : GREEN CITY HOSPITAL

LAB No. : 0003629
 Registration Date : 06/11/2021 11:32 am
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ENDOCRINOLOGY

TEST	RESULT	UNITS	REFERENCE RANGE
THYROID FUNCTION TEST (T3,T4,TSH)			
Total Triiodothyronine T3	: 98.3	ng/dl	58-159
Total Thyroxine T4	: 6.98	ng/dL	4.6-9.5
Thyroid Stimulating Hormones (TSH)	: 1.93	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
New Born	0.75-2.60	1 Week	6.0-15.9
1-5 Years	1.0-2.60	1-12 Months	6.8-14.9
5-10 Years	0.90-2.40	1-3 Years	6.8-13.5
3-10 Years	5.5-12.8		

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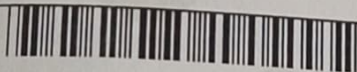
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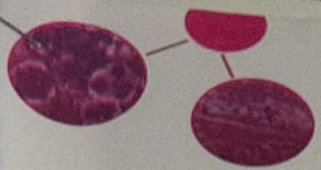
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VIVO V15SPRO
AI Triple Camera



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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		

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GREEN CITY HOSPITAL

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

Reg. No. NH/6333/DEC-2017

PATHOLOGY REPORT

Name : Mr. Khan Iqbal Ahmad
OPD/Corp/21869
Advised By : GREEN CITY HOSPITAL

Age : 36 Years Sex : Male
Date & : 04-Nov-2021
Lab No. : OPD / 1 Time : 2:54 pm

HAEMOGRAM

Test Performed	Value Observed	Reference Range
Haemoglobin	14.2 gm%	13.5 - 18 gm%
R.B.C. count	4.89 mil./cmm.	4.5 - 6.5 mil./cmm.
Total WBC Count	8200 /cumm	4000 - 11000 /cumm
Packed Cell Volume	40.0 %	40 - 54 %
<u>DIFFERENTIAL COUNT</u>		
Neutrophil	57 %	40 - 70 %
Lymphocytes	35 %	20 - 45 %
Monocytes	04 %	2 - 8 %
Eosinophil	04 %	1 - 5 %
Basophil	00 %	0 - 1 %
<u>RBC Indices</u>		
MCV	82.7 fL	82 - 97 fL
MCH	29.0 pg	27 - 32 pg
MCHC	35.1 %	32 - 36 %
<u>Platelets Indices</u>		
Platelet Count	4.10	1.5 - 4.5
ESR	12 mmFHr	0 - 16 mmFHr
Blood Group	"AB" Positive	

Manal Asraf
Dr. Manal Asraf

Technologist
Technologist

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

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



GREEN CITY HOSPITAL

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

AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL

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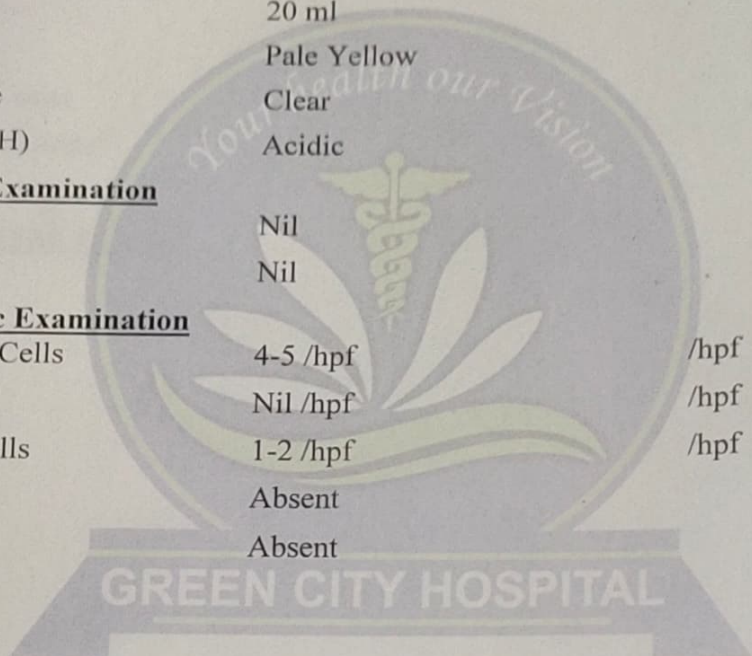


PATHOLOGY REPORT

Name : Mr. Khan Iqbal Ahmad Age : 36 Years Sex : Male
Advised By : GREEN CITY HOSPITAL OPD/Corp/21869 Date & : 04-Nov-2021
Lab No. : OPD / 1 Time : 10:13 am

URINE ROUTINE MICROSCOPIC EXAMINATION

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

GREEN CITY HOSPITALNear V-Mart, DIG Bungalow, Berasia Road, Bhopal
AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL**PATHOLOGY REPORT**Name : Mr. Khan Iqbal Ahmad
OPD/Corp/21869
Advised By : GREEN CITY HOSPITALAge : 36 Years Sex : Male
Lab No. : OPD / 1 Date & : 04-Nov-2021
Time : 2:57 pm**LIPID PROFILE**

Test Performed	Value Observed	Reference Range
S. Cholesterol (Total)	146.4mg/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	43.1 mg/dl	35 - 70 mg/dl
LDL Cholesterol	80.78	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
TC/HDL (Risk Factor)	3.4	Desirable Level : < 4.3 Borderline level : 4.4 to 11 High Level : >11
LDLC/HDL (Risk Factor)	1.87	Desirable Level : < 3.0 Borderline level : 3.0 to 6.0 High Level : > 6.0

Dr. Manal Asraf Ali

MBBS, DCP, DNB

Pathologist

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

GREEN CITY HOSPITAL

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. Khan Iqbal Ahmad
OPD/Corp/21869
Advised By : GREEN CITY HOSPITAL

Age : 36 Years
Lab No. : OPD / 1

Sex : Male
Date & Time : 04-Nov-2021
 : 2:58 pm

LIVER FUNCTION TEST

Test Performed	Value Observed	Reference Range
Total Bilirubin	0.71 mg/dl	0.3 - 1.1 mg/dl
Direct Bilirubin	0.24 mg/dl	0.1 - 0.3 mg/dl
Indirect Bilirubin	0.47 mg/dl	0.2 - 0.8 mg/dl
SGOT	28.6 U/L	5 - 37 U/L
SGPT (ALT)	31.4 U/L	5 - 42 U/L
Alkaline Phosphatase	179.4 U/L	A: <310 ; C: <645 U/L
Total Protein	6.2 gm/dl	6.0 - 8.5 gm/dl
Albumin	3.3 gm/dl	3.2 - 5.5 gm/dl
Globulin	2.9 gm/dl	2.3 - 3.5 gm/dl

GGTP

Test Performed	Value Observed	Reference Range
Gamma GT	21.6	10 - 45 U/L

Manal Asraf Ali

Dr. Manal Asraf Ali

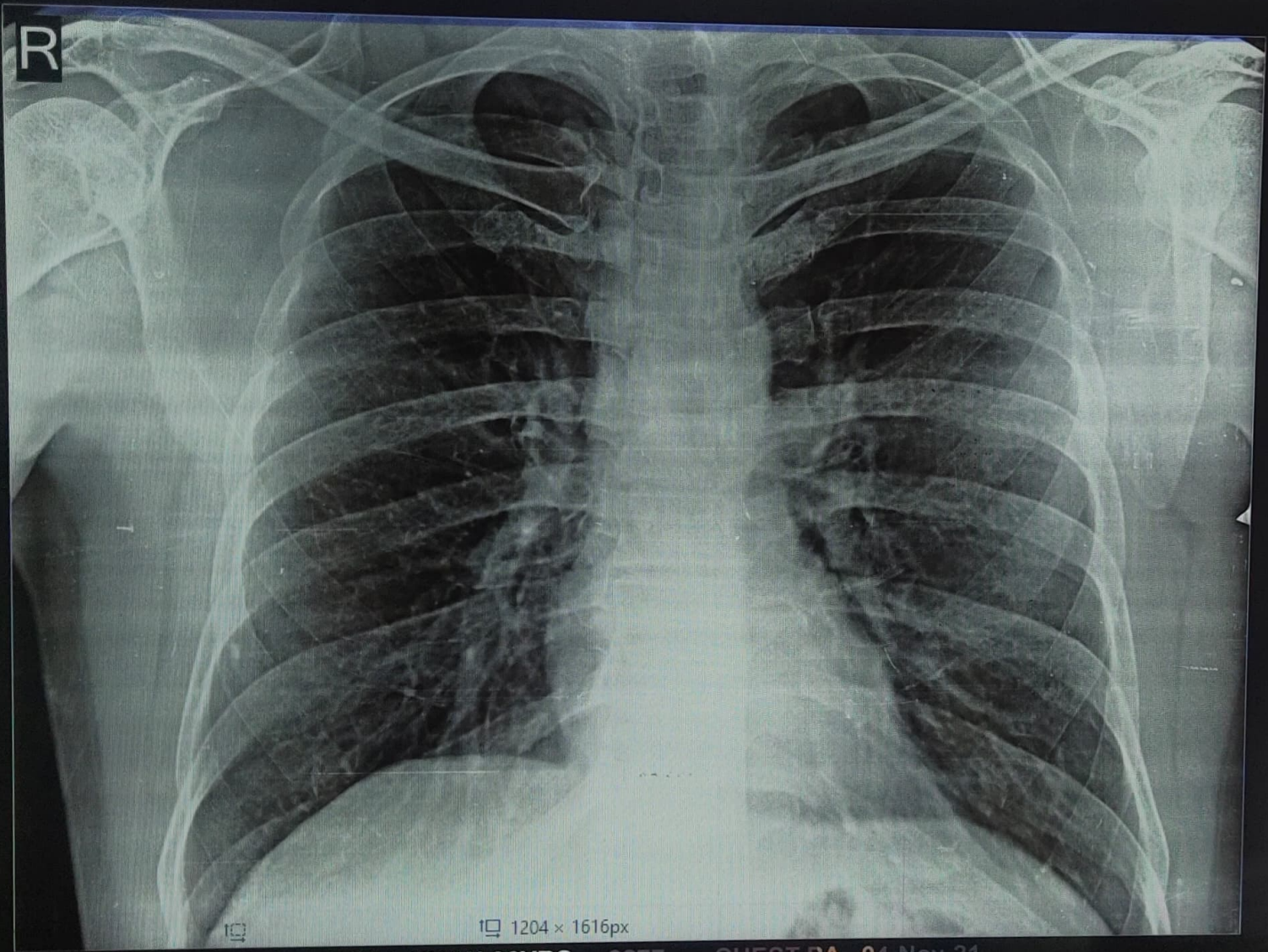
MBBS, DCP, DNB

Reg No. 1993

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1204 x 1616px

MR IQBAL KHAN 36YRS.. 3277 CHEST PA 04-Nov-21
GREEN CITY HOSPITAL, D.I.G. BUNGLOW, BHOPAL