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



ग्रीन सिटी हास्पिट

वी-मार्ट के पास, बैरसिया रोड, डी.आई.जी. बंगला, भोपाल फोन: 0755-2733323

	Patient : Address : Dept :	MRS. MAMTA BAI Makan No. 316 Khedipura Joshi I MEDICINE	Mohalla Harda	ex: 47 \	ASHISH J	Mobile No.	: 10-Oct-2023 9:41 an
Preser	nting Complai	ints: WHENCE BAIN	Dealines?			Allergy	
Past N	ledical and S	urgical History :	01	019			
System	mic Examinat				=	Wt.: 65.8 Temp: 16.5 BP: 11.6 SPO2: 9	Ht: 160 CM F Pulse: FBLM Resp: 22 LM
	ional Diagno	sis: 9 0 A left knee					
Pres S.No.	Type	Name of medicine	Dose	Route	Freq.	Duration	Investigation Advised :
	7	Adjoint XC	1	JP4	00		СВС
	7		0	1-1	00		ESR LFT
	T	Coralium-23	0		0)		RFT HBA1C
					70	monly,	BLOOD SUGAR-R/F/PP
	٦	Emil	20	<u> </u>	00 410		WIDAL MALARIA
					46		URINE R/M T3 T4 TSH
							USG ABDOMEN ECG
							X-ray bythones.
							ANY OTHER
	Pain Sc	ale (Wong Baker Faces)	Location of Pair	1			
O Pero	1 <u>2</u> 3	4 5 6 7 8 9 10 marrane	Acute / Chronic				

Note- In case of emergency please contact on emergency number 0755-2733323, 6269182041

* Dietary Assessment required to be done by Dietitian Yes / No * Return to emergency Department within 72 hours with similar present

complaints Yes / No

GREEN CITY HOSPITAL SHOPAL

Doctor's Name & Sign.

Date :



Dr. RITESH R. KUMAWAT

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



drriteshkumawat@gmail.com niramayadiagnosticcenter@gmail.com

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

Date: 10.10.2023

PATIENT'S NAME: MRS. MAMTA

REF. BY: SELFG

AGE: 47Y SEX: FEMALE

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 billiary and vascular channels are normal. No evidence of any focal or diffuse mass lesion seen. Gaseous distension of bowel loops noted. Gall Bladder: Reveal a clear anechoic lumen. Its wall of normal thickness. No pericholecystic pathology seen.

CBD & PV are of normal calibre.

Right Kidney: Normal in size, shape & echotexture measures 10.2 x 4.1 cm. Cortical echotexture appears to be normal. Cortico-medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen. Solitary renal calculus noted of size 5.1 mm at upper pole region with few renal concretions.

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

Spleen: Is normal in size, shape and echotexture.

Pancreas: Appear to be normal in shape, size & echotexture, Pancreatic duct is not dilated.

Urinary Bladder: Is central smooth in contour and reveal a clear lumen. Their walls are of normal thickness.

Uterus: Is anteverted and normal in size shape and echotexture measures 7.2 x 4.2 x 3.5 cm. Endometrial echo is in midline measures 10 mm. Cervix appears normal.

Right Ovary: Visualized normal in size, shape and echotexture.

Left Ovary: Visualized normal in size, shape and echotexture.

- No evidence of obvious adnexal mass lesion is seen.
- No evidence of any free fluid/lymphadenopathy.
- No evidence of bowel wall thickening noted.

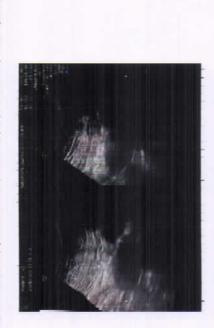
Impression: USG Study Reveals:

- Normal sized liver with grade I fatty infiltration and Gaseous distension of bowelloops.
- Solitary right renal calculus 5.1 mm at upper pole region with few renal concretions.

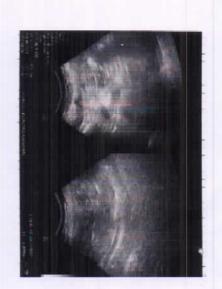
Dr. Ritesh Kumawat MBBS, DMRD, DNB (Radio Diagnosis) Consultant Radiologist Reg. No: MP - 12614



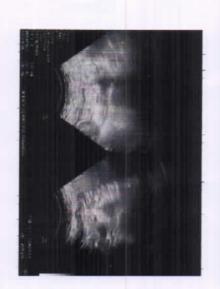
Exam Date: 10.10.2023 1:18:55 PM

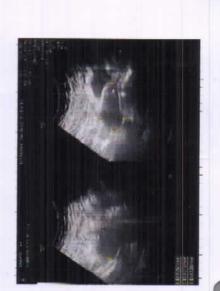


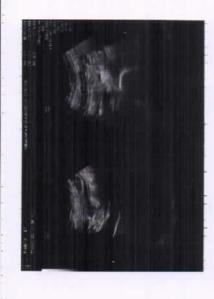




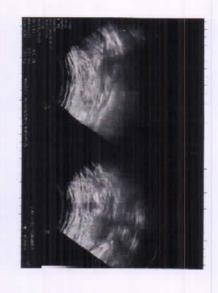














Near V-Mart, DIG Bungalow, Berasia Road, Bhopal



PATHOLOGY REPORT

Patient Name : Mrs. Mamta Morya Corp/33467

Age : 47 Years Gender : Female

Mobile No. : 0

Lab ID: CORP/2

Referring Dr. : Dr.G

: Dr.Green City Hospital

Collected From:

Perm.Pat. ID : 4767

Sample Date : 10-Oct-2023 9:51 am

Authorise Date: 10-Oct-2023 11:42 am

Printed Date : 10/10/2023 12:04 pm

Collected By

CLINICAL PATHOLOGY

TestName(S)	Result	Unit	Biological Ref. Range	Method
Urine Sugar (PP)	Nil			

Note: - (L) - Low; (H) - High

End Of Report

Checked By:

Page 1 of 1

Authorised By:

Dr. Pritha Dutta MD (Biochemistry)

Technologist

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



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



PATHOLOGY REPORT

Patient Name : Mrs. Mamta Morya Corp/33467

Age : 47 Years Gender : Female

Mobile No. : 0

Lab ID: CORP/2

Referring Dr. : Dr. Green City Hospital

Collected From:

Perm.Pat. ID : 4767

Sample Date : 10-Oct-2023 9:51 am

Authorise Date : 10-Oct-2023 11:41 am

Printed Date : 10/10/2023 12:00 pm

Collected By

BIOCHEMISTRY

TestName(S)	Result	Unit	Biological Ref. Range	Method
		LIPID PROFILE		
Berum Appearance	Clear		##	
S. Cholesterol	185.0	mg/dL	125-200	CHOD-PAP
S. Triglycerides	99.5	mg/dL	40-140	GPO-TOPS
HDL Cholesterol	40.6 (L)	mg/dL	42-88	Selective Inhibition
LDL Cholesterol	124.50	mg/dl	85-130	Calculated
VLDL Cholesterol	19.90	mg/dl	10-50	Calculated
S.Cholesterol/HDLC Ratio	4.56		3.0-6.0	Calculated
LDLC/HDLC RATIO	3.07		2.5-3.5	Calculated

Interpretation :-

Note: - Blood normally contains more than one type of fat. The typical lipid panel measures two main types of blood fat, cholesterol and triglycerides. Their functions and the effect of high levels on your health can be quite different. While both contribute to premature cardiovascular disease, high levels of triglycerides have also been found to increase your chance of having a heart attack or stroke even when the LDL-Cholesterol is not elevated (see below). Triglycerides can also cause an acute medical condition called pancreatitis when triglycerides are extremely high.

Note: - (L) - Low; (H) - High

End Of Report

Checked By:

Authorised By:

Dr. Pritha Dutta MD (Biochemistry)

Page 1 of 1

Technologist

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



PATHOLOGY REPORT

Lab ID: CORP/2

Mrs. Mamta Morya Corp/33467 **Patient Name**

Gender: Female 47 Years Age

Mobile No.

: Dr.Green City Hospital Referring Dr.

Collected From:

Perm.Pat. ID: 4767

Sample Date : 10-Oct-2023 9:51 am

Authorise Date : 10-Oct-2023 11:41 am

: 10/10/2023 12:01 pm **Printed Date**

Collected By

BIOCHEMISTRY

TestName(S)	Result	Unit	Biological Ref. Range Method
	RE	NAL FUNCTION T	EST
Serum Urea	12.6 (L)	mg/dl	15-40
Serum Creatinine	0.51 (L)	mg/dl	0.6-1.4
Serum Sodium	137.2	mmol/l	135-150
Serum Potassium	4.0	mmol/l	3.5-5.0
Serum Chloride	98.78	meq/I	96-106
5010 B W		- C+	that may be performed together to evalue

Interpretation :-

Renal function tests (RFT) are a group of tests that may be performed together to evaluate kidney kidney (renal) function. The tests measure levels of various substances, including several minerals, electrolytes

https://www.physio-pedia.com/Electrolytes, proteins, and glucose (sugar), in the blood to determine the current health of the kidneys. If the kidneys are not functioning properly, waste products can accumulate in the blood

https://www.physio-pedia.com/Blood Physiology and fluid levels can increase to dangerous volumes, causing damage to the body or a potentially life-threatening situation. Numerous conditions and diseases can result in damage to the kidneys. The most common causes of and main risk factors for kidney disease are diabetes https://www.physio-pedia.com/Diabetes and hypertension https://www.physio-pedia.com/Hypertension.

Note: - (L) - Low; (H) - High

End Of Report

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Authorised By:

Dr. Pritha Dutta MD (Biochemistry)

Page 1 of 1





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PATHOLOGY REPORT

Patient Name : Mrs. Mamta Morya Corp/33467

Age : 47 Years Gender: Female

Mobile No. : 0

0

Lab ID: CORP/2

Referring Dr. : Dr.Green City Hospital

Collected From:

Perm.Pat. ID : 4767

Sample Date : 10-Oct-2023 9:51 am

Authorise Date : 10-Oct-2023 11:42 am

Printed Date : 10/10/2023 12:01 pm

Collected By

BIOCHEMISTRY

TestName(S)	Result	Unit	Biological Ref. Range	Method
		Liver Function Te	st	
Bilirubin - Total	0.77	mg/dl	0.1-1.2	Jendrassik & Grof
Bilirubin - Direct	0.19	mg/dl	0.0-0.4	Jendrassik & Grof
Bilirubin - Indirect	0.58	mg/dl	0.1-1.0	Calculated
SGOT	43.4 (H)	wealthu/Lu-	05-40	Kinetic UV
SGPT	31.8	IU/L	05-40	Kinetic UV
Alkaline Phosphatase	235.2	IU/L	60-306	Enzymatic - Kinetic
Total Protein	7.0	gm/dl	6.0-8.0	Biuret Endpoint
Albumin	3.9	gm/dl	3.2-5.5	Bromocresol Green
Globulin	3.10	gm/dl	2.3-3.5	Calculated
Albumin Globulin Ratio	1.26			Calculated
Interpretation :-			7/	

Note: - (L) - Low; (H) - High End Of Report

Checked By:

Authorised By:

Dr. Pritha Dutta MD (Biochemistry)

Page 1 of 1





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



Checked By:



Page 1 of 1

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Dr. Pritha Dutta MD (Biochemistry)



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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



PATHOLOGY REPORT

Patient Name : Mrs. Mamta Morya Corp/33467

Age : 47 Years Gender: Female

Mobile No. : 0 Lab ID: CORP/2

Referring Dr. : Dr. Green City Hospital

Collected From:

Perm.Pat. ID : 4767

Sample Date : 10-Oct-2023 9:51 am

Authorise Date : 10-Oct-2023 11:58 am

Printed Date : 10/10/2023 12:05 pm

Collected By

HAEMATOLOGY

TestName(S)	Result	Unit	Biological Ref. Range	Method
		Complete Blood Cour	nt	
HAEMOGLOBIN	11.3	gm/dl	11-15	
RBC Count	5.24 (H)	mil/cumm	3.8-4.8	
Total WBC Count	10300	/cumm	4000-11000	
PCV	33.1 (L)	Lealth & Jury	36-46	
Oifferential Count				
Neutrophils	69	%	40-80	
ymphocytes	25	%	20-40	
Monocytes	03	%	2-8	



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



PATHOLOGY REPORT

Patient Name

: Mrs. Mamta Morya Corp/33467

Age

47 Years

Gender: Female

Mobile No.

: 0

Lab ID: CORP/2

Referring Dr.

: Dr.Green City Hospital

Collected From:

Perm.Pat. ID : 4767

: 10-Oct-2023 9:51 am Sample Date

Authorise Date : 10-Oct-2023 11:43 am

: 10/10/2023 12:00 pm

Printed Date

Collected By

CLINICAL PATHOLOGY

TestName(S)	Result	Unit	Biological Ref. Range	Method
restivanie(5)		ROUTINE MICRO	DSCOPY	
PHYSICAL EXAMINATION				
Volume	20 ml			
Colour	Pale Yellow			
Appearance	Clear		b	
Specific gravity	1.015		1.005-1.035	
CHEMICAL EXAMINATION			A.3.	
Reaction (pH)	Acidic		4.5-8.0	
Albumin	Negative		Negative	
Sugar	Negative		Negative	
MICROSCOPIC				
EXAMINATION	5-6	/hpf	0-3	
PUS(WBC) Cells		/hpf	0-2	
RBC	Nil	/hpf	0-2	
Epithelial Cells	1-2	//ipi	Nil	
Casts	Nil		Nil	
Crystals	Nil		-	
Bacteria	Nil		-	
Protozoa	Absent			

Note: - (L) - Low; (H) - High

End Of Report

Checked By:

Authorised By:

Page 1 of 1

Dr. Pritha Dutta MD (Biochemistry)





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



PATHOLOGY REPORT

Patient Name : Mrs. Mamta Morya Corp/33467

Age : 47 Years Gender : Female

Mobile No. : 0 Lab ID: CORP/2

Referring Dr. : Dr.Green City Hospital

Collected From:

Perm.Pat. ID : 4767

Sample Date : 10-Oct-2023 9:51 am

Authorise Date: 10-Oct-2023 9:56 am

Printed Date : 10/10/2023 12:00 pm

Collected By :

CLINICAL PATHOLOGY

	Result	Unit	Biological Ref. Range	
TestName(S)	S	STOOL EXAMINAT	TON	
Physical Examination				
Colour	Brown			
Consistency	Soft			
Mucus	Trace			
Blood	nil (5 ⁽³⁾			
Chemical Examination				
Reaction	Acidic			
Fat Globules	Absent			
Microscopic Examination				
RBC	Absent	/hpf		
Pus cells	3-4	/hpf		
Epithelial cells	0-1			
- Patrodian second	Brown			
IMPRESSION	No Abnormality	detected		

Note: - (L) - Low; (H) - High

End Of Report

Checked By:

Page 1 of 1

Authorised By:

Dr. Pritha Dutta MD (Biochemistry)





भारतीय विशिष्ट पहुंचान प्राधिकरण Unique Identification Authority of India

नामांकन ऋम/ Enrolment No.: 0515/51045/05995

To ममता बाई Mamta Bai W/O Ashok Kumar Maury Makan N-316 Khedipura Joshi Mohalla Harada Mahatma Gandhi Ward 3 Harda * Madhya Pradesh - 461331 9009620764

Signature Not Verified



आपका आधार क्रमांक / Your Aadhaar No. :

5358 5546 1309 VID: 9141 7155 1915 6370

मेरा आधार, मेरी पहचान



Government of India



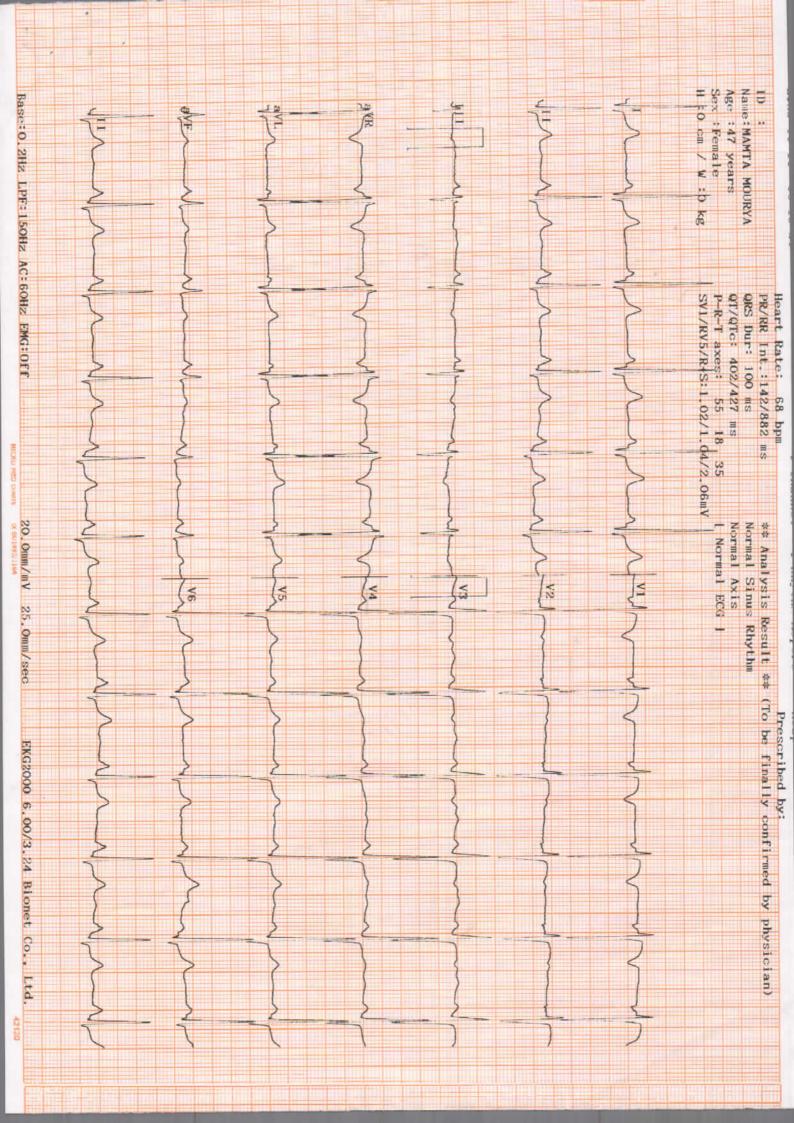
Date 18/11/2011



ममता बाई Mamta Bai जन्म तिथि/DOB: 05/08/1976 महिला/ FEMALE

5358 5546 1309 VID: 9141 7155 1915 6370 मेरा आधार, मेरी पहचान

9575131600 BAR 474 F







भारत सरकार Government of India

भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

नामांकन क्रम / Enrollment No. :

0515/51038/00083

To Ashok Kumar Mourya अशोक कुमार मौर्य S/O Heeralal Maury, Makan N-316, Khedipura Joshi Mohall

Makan N-316, Khedipura Joshi Mohalla, Harada, Mahatma Gandhi Ward 3, VTC: Harda.

District: Harda *, State: Madhya Pradesh, PIN Code: 461331. Mobile: 9575131600

KF188894065FI

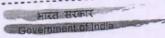


आपका आधार क्रमांक / Your Aadhaar No. :

9178 2824 1922

मेरा आधार, मेरी पहचान









अशोक कुमार मीर्य Ashok Kumar Mourya जन्म विधि / DOB: 14/10/1971 पुरुष / Male

6/10/2011

9178 2824 1922

मेरा आधार, मेरी पहचान



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



PATHOLOGY REPORT

Mrs. Mamta Morya Corp/33467

47 Years Age

Gender: Female

Mobile No.

Lab ID: CORP/2

Referring Dr.

Dr. Green City Hospital

Collected From :

Perm.Pat. ID : 4767

: 10-Oct-2023 9:51 am Sample Date

Authorise Date : 10-Oct-2023 11:40 am

: 10/10/2023 12:00 pm **Printed Date**

Collected By

BIOCHEMISTRY

TestName(S)	Result	Unit	Biological Ref. Range	Method
Blood Sugar - Fasting	90.0	mg/dl	70-110	Rare Care
Fslood Sugar - PP	117.0	mg/dl	70-140	post blood
Serum Uric Acid	4.5	mg/dL	2.5-6.0	

Interpretation :-

A uric acid blood test, also known as a serum uric acid measurement, determines how much uric acid is present in your blood. The test can help determine how well your body produces and removes uric acid.

Uric acid is a chemical produced when your body breaks down foods that contain organic compounds called

purines. Foods and beverages with a high purine content include: liver, anchovies, mackerel, dried beans, beer, wine

Purines are also created through the natural process of cell breakdown in the body.

Most uric acid is dissolved in the blood, filtered through the kidneys, and expelled in the urine. Sometimes the body

produces too much uric acid or doesn't filter out enough of it.

Hyperuricemia is the name of the disorder that occurs when you have too much uric acid in your body.

Note: - (L) - Low; (H) - High

End Of Report

Checked By:

Authorised By:

Dr. Pritha Dutta MD (Biochemistry)

Page 1 of 1

Technologist

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







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



PATHOLOGY REPORT

Patient Name : Mrs. Mamta Morya Corp/33467

Age : 47 Years Gender : Female

Mobile No. : 0 Lab ID: CORP/2

Referring Dr. : Dr. Green City Hospital

Collected From:

Perm.Pat. ID : 4767

Sample Date : 10-Oct-2023 9:51 am

Authorise Date: 10-Oct-2023 11:58 am

Printed Date : 10/10/2023 12:05 pm

Collected By :

HAEMATOLOGY

TestName(S)	Result	Unit	Biological Ref. Range	Method
	Cor	mplete Blood Coun	t	
HAEMOGLOBIN	11.3	gm/dl	11-15	
RBC Count	5.24 (H)	mil/cumm	3.8-4.8	
Total WBC Count	10300	/cumm	4000-11000	
PCV	33.1 (L)	%	36-46	
Differential Count				
Neutrophils	69	%	40-80	
Lymphocytes	25	%	20-40	
Monocytes	03	%	2-8	
Eosinophil	03	%	1-6	
Basophils	0.00	%	0-1	
RBC Indices				
MCV	63.17 (L)	fl	83-101	
MCH	21.56 (L)	picograms	27-32	
MCHC	34.14	g/dl	31.5-34.5	
Platelet Indices				
PLATELET COUNT	3.28	Lacs/cumm	1.5-4.5	
ESR	14	mm/Fhr	0-20	
Blood Group	" A " POSITIVE			
Interpretation :-				

Note: - (L) - Low; (H) - High

End Of Report

Checked By:

Authorised By:

Dr. Pritha Dutta MD (Biochemistry)

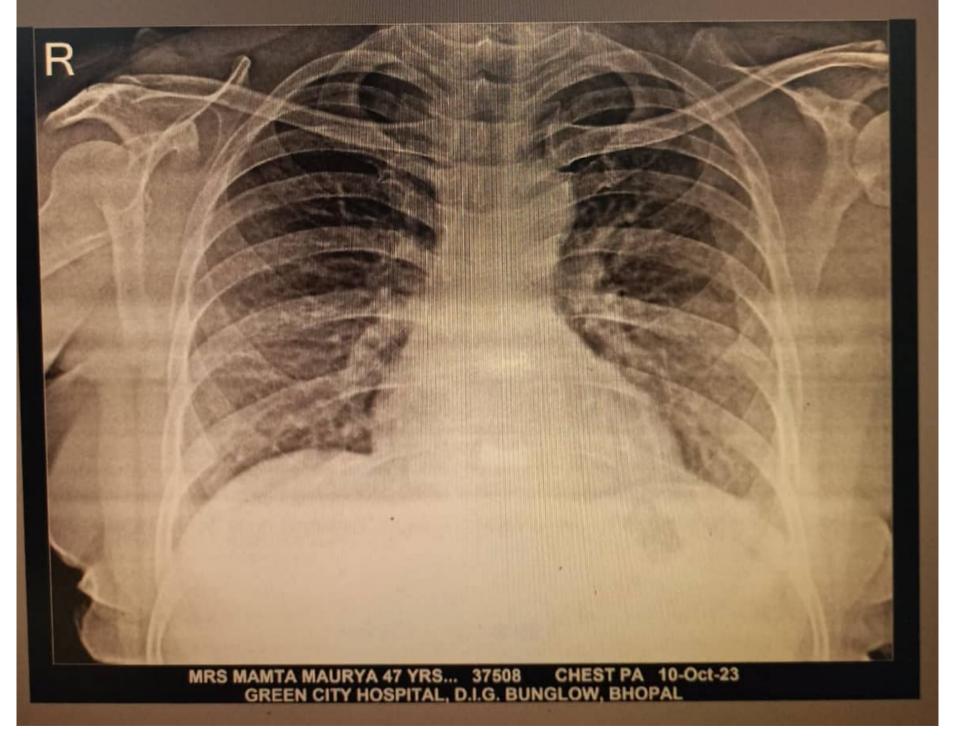
Page 1 of 1

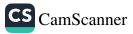
Technologist

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







PROCESSED AT:

Thyrocare

413, Block B, Chinarr Fortune City, Hoshangabad Road, Bhopal-462 003





O Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 (9) 98706 66333 (2) wellness@thyrocare.com



9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME : MRS MAMTA MORYA (47Y/F)

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

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

PRADESH.,462001

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	135	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	9.87	μg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	3.44	μIU/mL	0.54-5.30

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method:

T3 - Fully Automated Electrochemiluminescence Compititive Immunoassay

T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay

USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Pregnancy reference ranges for TSH/USTSH:

Trimester | T3 (ng/dl) | T4 (μ g/dl) | TSH/USTSH (μ IU/ml)

|| 83.9-196.6 || 4.4-11.5 || 0.1-2.5 || 86.1-217.4 || 4.9-12.2 || 0.2-3.0 2nd 3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

References:

- 1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2): 242 - 243
- 2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy: New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

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.

Sample Collected on (SCT) Sample Received on (SRT)

Report Released on (RRT)

Sample Type Labcode

Barcode

: 10 Oct 2023 16:42

: 10 Oct 2023 17:50

: 10 Oct 2023 20:44

: SERUM

: 1010096727/A7220

Dr Priyanka MD (Path)

: BD471399 Page: 1 of 3

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Thyrocare

REF. BY

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 98706 66333
 ■ wellness@thyrocare.com

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: MRS MAMTA MORYA (47Y/F) NAME

: GREEN CITY

TEST ASKED : HbA1c **SAMPLE COLLECTED AT:**

Guidance For Known Diabetics

7.0% - 8% : Unsatisfactory Control

111

: Poor Control

Below 6.5%: Good Control

6.5% - 7% : Fair Control

(4620014663), GREEN CITY HOSPITAL, NEAR V-MART, BERASIA ROAD, DIG BUNGALOW, BHOPAL, MADHYA PRADESH.,462001

mg/dL

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.5	%

CALCULATED

>8%

Bio. Ref. Interval.:

Bio. Ref. Interval.:

Bio. Ref. Interval.: As per ADA Guidelines

Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic

Method: Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)

90 - 120 mg/dl : Good Control 121 - 150 mg/dl : Fair Control

151 - 180 mg/dl: Unsatisfactory Control

> 180 mg/dl : Poor Control

Method: Derived from HBA1c values

Please correlate with clinical conditions.

~~ End of report ~~

Sample Collected on (SCT)

Sample Received on (SRT)

Report Released on (RRT)

Sample Type

Labcode

Barcode

:10 Oct 2023 16:42

: 10 Oct 2023 17:56

: 10 Oct 2023 19:37

: EDTA

:1010096890/A7220

:BH941032

Dr Priyanka MD (Path)

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CONDITIONS OF REPORTING

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v 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.
- v Thyrocare Discovery video link :- https://youtu.be/nbdYeRqYyQc
- v 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.
- v Labcode This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- v **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.
- v RRT Report Releasing Time The time when our pathologist has released the values for Reporting.
- v Reference Range Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

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

