


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

| | |
|--|--|
| Patient Name : Mr. Sharwan Kumar Corp/30410 |  Perm.Pat. ID : 1244 |
| Age : 30 Years Gender : Male | Sample Date : 27-May-2023 11:17 am |
| Mobile No. : 0 Lab ID : CORP/4 | Authorise Date : 27-May-2023 12:37 pm |
| Referring Dr. : Dr.Green City Hospital | Printed Date : 27/05/2023 12:37 pm |
| Collected From : | Collected By : |

HAEMATOLOGY

| TestName(S) | Result | Unit | Biological Ref. Range | Method |
|-----------------------------|-----------|-----------|-----------------------|--------|
| <u>Complete Blood Count</u> | | | | |
| HAEMOGLOBIN | 10.4 (L) | gm/dl | 13-17 | |
| RBC Count | 4.99 | mil/cumm | 4.5-5.5 | |
| Total WBC Count | 7500 | /cumm | 4000-11000 | |
| PCV | 30.8 (L) | % | 40-50 | |
| <u>Differential Count</u> | | | | |
| Neutrophils | 62 | % | 40-80 | |
| Lymphocytes | 33 | % | 20-40 | |
| Monocytes | 03 | % | 2-8 | |
| Eosinophil | 02 | % | 1-6 | |
| Basophils | 0.00 | % | 0-1 | |
| <u>RBC Indices</u> | | | | |
| MCV | 61.72 (L) | fl | 83-101 | |
| MCH | 20.84 (L) | picograms | 27-32 | |
| MCHC | 33.77 | g/dl | 31.5-34.5 | |
| <u>Platelet Indices</u> | | | | |
| PLATELET COUNT | 2.58 | Lacs/cumm | 1.5-4.5 | |
| ESR | 13 | mm/Fhr | 0-20 | |

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

End Of Report

Checked By :



Authorised By :

Page 1 of 1

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.

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


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|-------------|--------|------|-----------------------|--------|

Blood Group " O " POSITIVE

Interpretation :-

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BIOCHEMISTRY

| TestName(S) | Result | Unit | Biological Ref. Range | Method |
|--|--------|------|-----------------------|------------------------------|
| <u>Glycosylated Haemoglobin (HbA 1c)</u> | | | | |
| HbA1C Result | 4.9 | | 4 . 6 Non Diabetic | Automated Immunofluorescence |

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BIOCHEMISTRY

| TestName(S) | Result | Unit | Biological Ref. Range | Method |
|--------------------------|-----------|-------|-----------------------|----------------------|
| LIPID PROFILE | | | | |
| Serum Appearance | Clear | | ## | |
| S. Cholesterol | 150.4 | mg/dL | 125-200 | CHOD-PAP |
| S. Triglycerides | 102.9 | mg/dL | 50-165 | GPO-TOPS |
| HDL Cholesterol | 46.7 | mg/dL | 35-79.5 | Selective Inhibition |
| LDL Cholesterol | 83.12 (L) | mg/dl | 85-130 | Calculated |
| VLDL Cholesterol | 20.58 | mg/dl | 10-50 | Calculated |
| S.Cholesterol/HDLC Ratio | 3.22 | | 3.0-6.0 | Calculated |
| LDLC/HDLC RATIO | 1.78 (L) | | 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.

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BIOCHEMISTRY

| TestName(S) | Result | Unit | Biological Ref. Range | Method |
|----------------------------|-----------|-------|-----------------------|---------------------|
| Liver Function Test | | | | |
| Bilirubin - Total | 1.0 | mg/dl | 0.1-1.2 | Jendrassik & Grof |
| Bilirubin - Direct | 0.24 | mg/dl | 0.0-0.4 | Jendrassik & Grof |
| Bilirubin - Indirect | 0.76 | mg/dl | 0.1-1.0 | Calculated |
| SGOT | 30.3 | IU/L | 05-40 | Kinetic UV |
| SGPT | 44.7 (H) | IU/L | 05-40 | Kinetic UV |
| Alkaline Phosphatase | 351.5 (H) | IU/L | 60-306 | Enzymatic - Kinetic |
| Total Protein | 6.8 | gm/dl | 6.0-8.0 | Biuret Endpoint |
| Albumin | 4.4 | gm/dl | 3.2-5.5 | Bromocresol Green |
| Globulin | 2.40 | gm/dl | 2.3-3.5 | Calculated |
| Albumin Globulin Ratio | 1.83 | | - | Calculated |

Interpretation :-

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CLINICAL PATHOLOGY

| TestName(S) | Result | Unit | Biological Ref. Range | Method |
|--------------------------|-------------------------|------|-----------------------|--------|
| <u>STOOL EXAMINATION</u> | | | | |
| Physical Examination | | | | |
| Colour | Brown | | | |
| Consistency | Soft | | | |
| Mucus | Trace | | | |
| Blood | nil | | | |
| Chemical Examination | | | | |
| Reaction | Acidic | | | |
| Occult blood | Absent | | | |
| Fat Globules | Absent | | | |
| Microscopic Examination | | | | |
| RBC | Absent | /hpf | - | |
| Pus cells | 1-2 | /hpf | - | |
| Epithelial cells | 0-1 | | | |
| Veg. cells / Fibres | Absent | /hpf | - | |
| | Brown | | | |
| IMPRESSION | No Abnormality detected | | | |

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CLINICAL PATHOLOGY

| TestName(S) | Result | Unit | Biological Ref. Range | Method |
|---------------------------------|-------------|------|-----------------------|--------|
| URINE ROUTINE MICROSCOPY | | | | |
| PHYSICAL EXAMINATION | | | | |
| Volume | 20 ml | | | |
| Colour | Pale Yellow | | | |
| Appearance | Clear | | - | |
| Specific gravity | 1.015 | | 1.005-1.035 | |
| CHEMICAL EXAMINATION | | | | |
| Reaction (pH) | Acidic | | 4.5-8.0 | |
| Albumin | Negative | | Negative | |
| Sugar | Negative | | Negative | |
| Blood | Negative | | Negative | |
| MICROSCOPIC EXAMINATION | | | | |
| PUS(WBC) Cells | 3-4 | /hpf | 0-2 | |
| RBC | Nil | /hpf | 0-2 | |
| Epithelial Cells | 1-2 | /hpf | 0-2 | |
| Casts | Nil | | Nil | |
| Crystals | Nil | | Nil | |
| Bacteria | Nil | | - | |
| Protozoa | Absent | | | |

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

End Of Report

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Page 1 of 1

Technologist

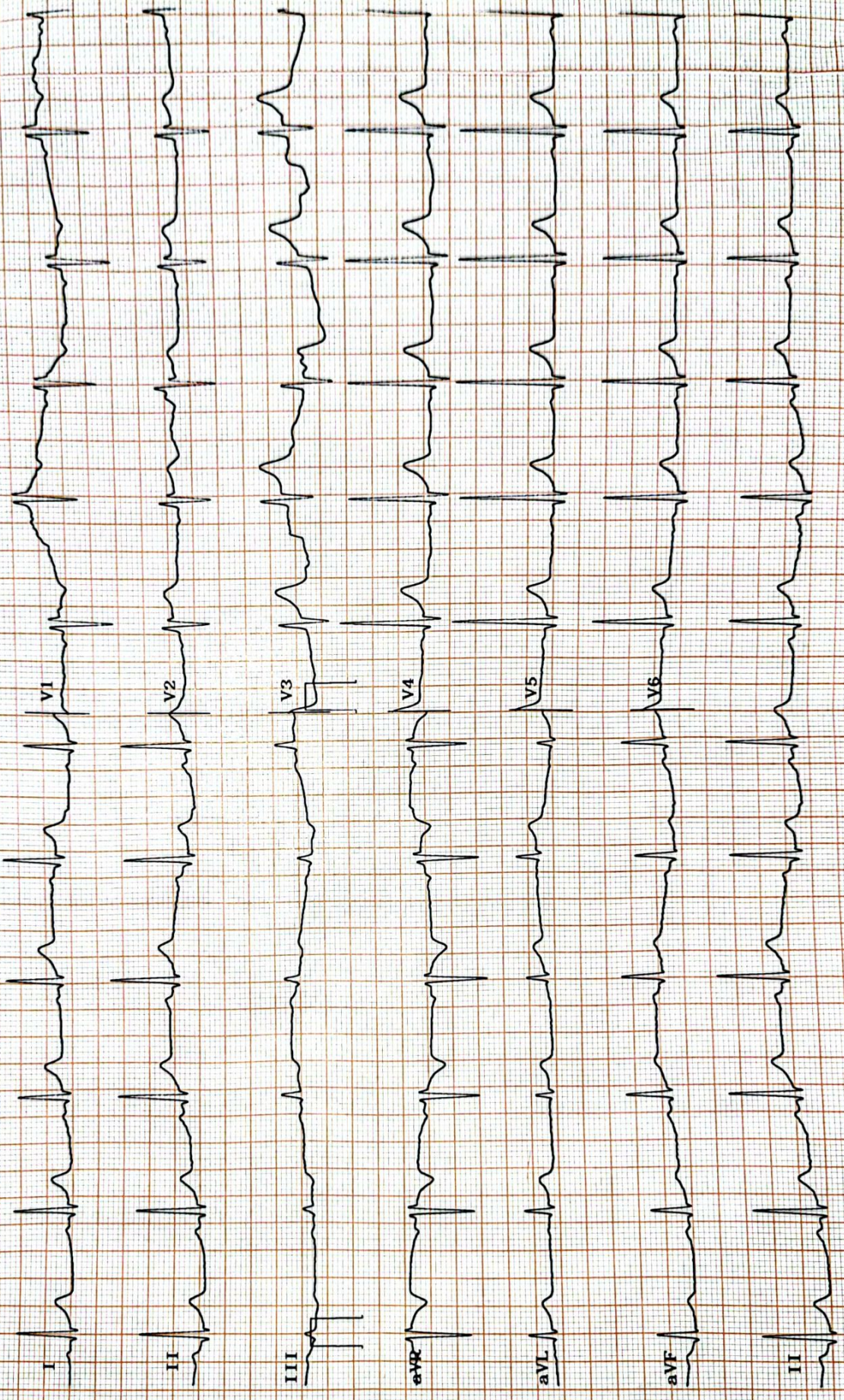
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For Emergency / Ambulance Service Contact No.: 0755-2733323

2023-05-27 11:04:16

ID :
 Nom : **SHARVAHARI KUMAR**
 Age : 0 Années 30/14
 Sexe : Femme
 T : 0 cm / P : 0 kg
 fréq. Cardia.: 68 bpm
 PR/RR Int.: 164/882 ms
 Durée QRS: 104 ms
 QT/QTc: 376/400 ms
 Axes P-R-T: 59 41 17
 SV1/RV5/R+S: 0.93/1.86/2.79mV [Normal ECG]

** Résultat de l'analyse ** (A faire confirmer par le
 (Possible) Rythme sinusal normal
 Axe normal
 BBDJ (Bloc de branche droit incomplet)



7656-NATIONAL PATHOLOGY LAB
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Bhopal, 462001
Madhya Pradesh, INDIA
Tel : 9893837193
Email : VIPULTIWARI.TIWARI69@GMAIL.COM

NAME : MR. SHARWAN KUMAR **AGE : 30 Years** **SEX : Male**
LAB REF NO. : 50715431 **ACCESSION NO : 0065EE002087**
COLLECTED ON : **REGISTERED ON : 27/05/2023 20:13** **REPORTED ON: 27/05/2023 21:07**
Report Status : Final **REFERRED BY : SELF**

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IMMUNOLOGY

THYROID PROFILE TOTAL, SERUM

| | | | |
|-----------------------------|-------|------------------|--------|
| TRI-IODOTHYRONIN, (T3) | 94.72 | 58.0 - 159.0 | ng/dL |
| THYROXIN, (T4) | 6.00 | 4.87 - 11.72 | µg/dL |
| THYROID STIMULATING HORMONE | 5.53 | High 0.35 - 4.94 | µIU/mL |

METHOD : CHEMILUMINESCENCE (CLIA)

Comments

Kindly correlate clinically or confirm by free thyroid hormone test.

Interpretation(s)

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Limitations:

T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin, so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels. Normal levels of T4 can also be seen in Hyperthyroid patients with: T3 Thyrotoxicosis, hypoproteinemia or ingestion of certain drugs. Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. Autoimmune disorders may produce spurious results. Various drugs can interfere with the test result. TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.

Reference intervals for T3, T4 & TSH from TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS- 5th Edition

| T3 | | T4 | | TSH | |
|------------------------|-----------------------------|-----------------|-----------------------------|-------------------|------------------------------|
| Age | Reference Intervals (ng/dL) | Age | Reference Intervals (µg/dL) | Age | Reference Intervals (µIU/mL) |
| Children | | Children | | Children | |
| 1-3 Days | 100-740 | 1-3 Days | 11.8-22.6 | 0-4 Days | 1.0-39.0 |
| 1-11 Months | 105-245 | 1-2 Week | 9.9-16.6 | 2 weeks-5 months | 1.7-9.1 |
| 1-5 Years | 105-269 | 1-4 Months | 7.2-14.4 | 6 months-20 Years | 0.7-6.4 |
| 6-10 Years | 94-241 | 4 Months-1 Year | 7.8-16.5 | > 55 years | 0.5-8.9 |
| 11-15 Years | 82-213 | 1-5 Years | 7.3-15.0 | Pregnancy | Adolescents |
| 6,4-13.3 | First Trimester | 0.1-2.5 | | | 5-10 Years |
| 15-20 years | 80-210 | 11-15 Years | 5.6-11.7 | Second Trimester | 0.2-3.0 |
| Pregnancy | | | | Third Trimester | 0.3-3.0 |
| First Trimester | 81-190 | | | | |
| Second&Third Trimester | 100-260 | | | | |

*Pregnancy reference values for TSH provided as per recommendations by American Thyroid Association.



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****End Of Report****



DR. PRINCE LOKWANI
CONSULTANT, MD (PATHOLOGIST)



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BIOCHEMISTRY

| TestName(S) | Result | Unit | Biological Ref. Range | Method |
|-----------------------|--------|-------|-----------------------|------------|
| Blood Sugar - Fasting | 83.0 | mg/dl | 70-110 | Rare Care |
| Blood Sugar - PP | 119.1 | mg/dl | 70-140 | post blood |
| Serum Creatinine | 1.3 | mg/dl | 0.6-1.4 | Enzymatic |

Interpretation :-

Serum Uric Acid 7.6 (H) mg/dL 3.4-7.0

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.

GGT 21.0 U/L 5-40

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

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MD (Biochemistry)

Technologist

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

PATIENT'S NAME: MR. SHARWAN
REF. BY: SELFG

Date: 27.05.2023

AGE: 30Y
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, 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.

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.

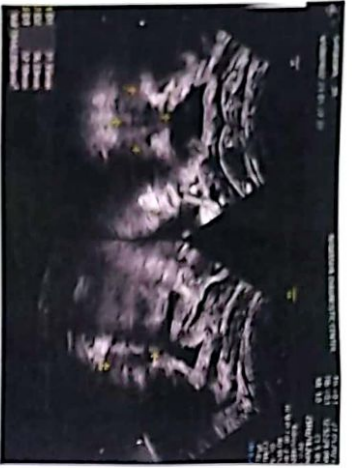
Prostate: Is normal in size, shape & echotexture measures 19 cc in volume and 20 grams in weight.

- No evidence of retroperitoneal lymphadenopathy / ascites seen.

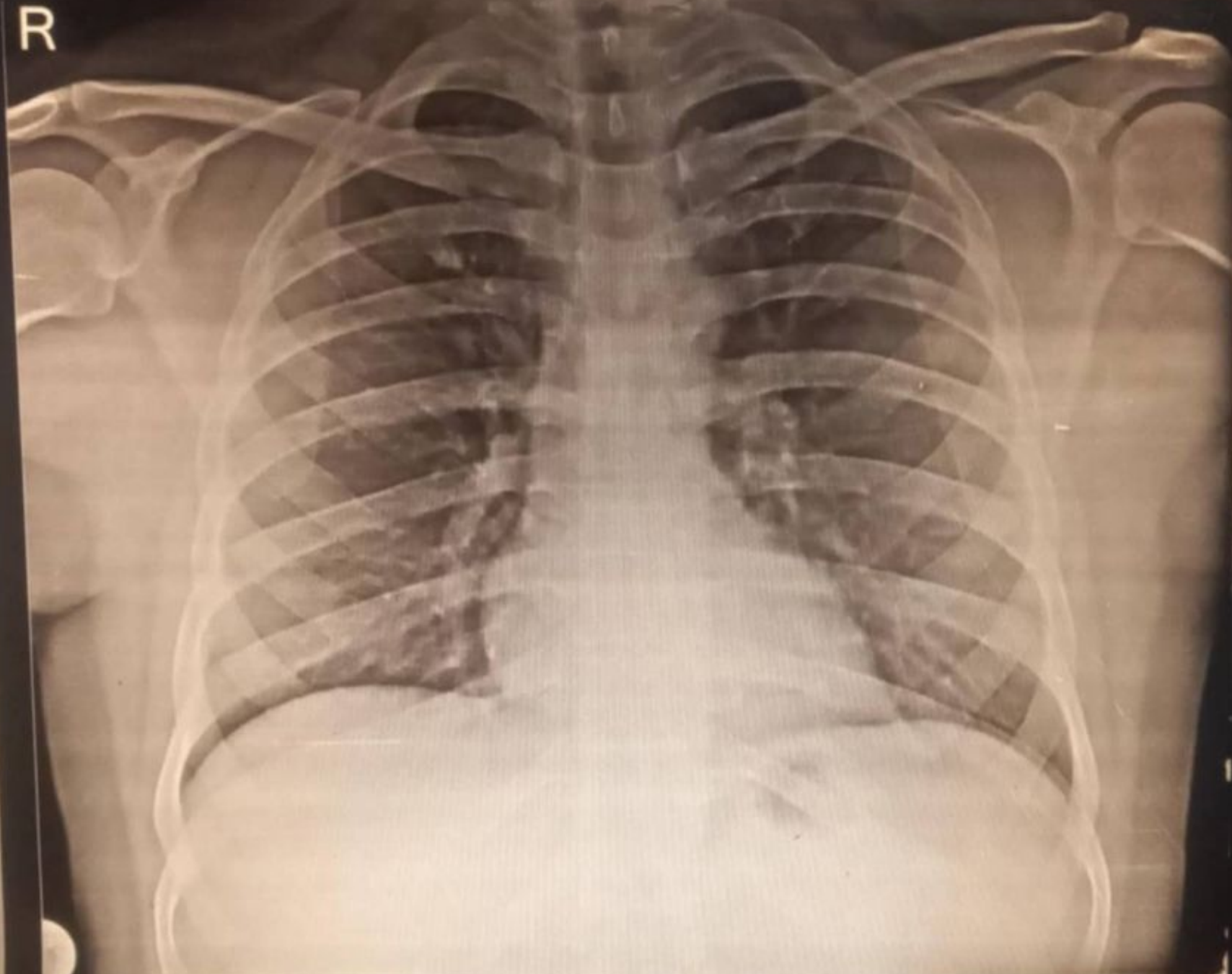
Impression: **USG Study Reveals:**

- **Normal sized liver with grade – I fatty infiltration and Gaseous distension of bowel loops.**

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



R



MR SHARHAN KUMAR 30 YRS... 34028 CHEST PA 27-May-23
GREEN CITY HOSPITAL, D.I.G. BUNGLOW, BHOPAL