

दिव्यमान हॉस्पिटल



लि ः dmhgkp@gmail.com • फोन नंत : 0551-2506300 • जोत : 7525969999, 8173006932

PT Name.: MR ABHAY NANDAN

OPD No.: 2450

Under Dr. :DR ASHOK KUMAR SRIVASTAVA

Date.: 08-06-2024

Age.: 39 YEAR

UHID .: UHID1805

Department. : GENERAL MEDICINE

Address.: KATAYA KAURIRAM GKP

Gender.: Male

Guardian.: JAWAHAR LAI

Qualification,: MBBS MD

Contact: 8979599021

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Ret-WME

HBADE 6.2%. T3 Mm (W)

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-: अन्य विभाग

प्रस्ति एवं स्त्री रोग

मेडिसिन एवं आई.सी.यू.

शिशु, बाल रोग एवं एन.आई.सी.यू.

ऑथॉपेडिक सर्जरी

यूरोलॉजी

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कार्डियोलॉजी

े नाक कान राजा जे

फिजियोंथेरेपी एवं रिहेबिलिटेश

प्राकृतिक उपचार





दिव्यमान हॉस्पिट्ट् प्राइवेट लिमिटेड



• ईमेल ⊧ dmhgkp@gmail.com • फोन नंत ⊧ 0551-2506300 • मोत ⊧ 7525969999, 8173006932

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Mr. Abhay Mandan

8/6/24

-: अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑथॅपिडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी

- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथैरेपी एवं रिहेबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोजॉजी
- 🕨 माइयूलर ओ.टी., सी.आर्म

इमरजेन्सी 24 घण्टे पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003 बहादुर सिर एनार्ज, अनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003 - तम् शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003



Pathology Division



पैथोलॉजी संकाय







Mr. ABHAY NANDAN SAMPLE COLLECTED ON PATIENT NAME 08-06-2024 37 Y / Male REPORT RELEASED ON AGE / SEX 08/06/2024 Inside **COLLECTED AT** REPORTING TIME 10:52:43AM RECEIPT No. 19,585 PATIENT ID 19616 REFERRED BY Dr. DMH

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar

Fasting, Lipid Profile., Glycosylated Haemoglobin, ESR Wintrobe, T3 Triiodo Thyroid, T4

Thyroxine, TSH, Urine Examination Report,

١	Tests	Results	Biological Reference Range	Unit
L			8	

HAEMATOLOGY

OMPLETE BLOOD COUNT

	Haemoglobin	12.6		Low	(Men : 13.5-18.0 G%) (Women :11.5-16.4 G%)		G%
	Total Leukocyte Count (TLC)	9300			(4000-11000 /cumm)		/cumm
	Differential Leukocyte Count.(DLC)				,		,
	Polymorph	72			(40-80)%		%
	Lymphocyte	25			(20-40 %)		%
	Eosinophil	03			(01-6)%		%
	Monocyte	00	*	Low	(02-08)%	•	%
Ε.	Basophil	00			(<1%)		%
	-						
	R. B. C.	5.25			(4.2 - 5.5) million/cmm		million/
	P. C. V. (hemotocrite)	37.2			(36-50)Litre/Litre		/Litre
	M. C. V.	71.1		Low	(82-98) fl		fl
	M. C. H.	24.2		Low	(27Pg - 32Pg)		Pg
	M. C. H. C.	33.9			(21g/dl - 36g/dl)		g/dl
	telete Count	2.60			(1.5-4.0 lacs/cumm)		/cumm
	ESR Wintrobe	•			, ,		, camin
	Observed	20			20mm fall at the end of first	t hr.	mm
							111111

^{*}esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

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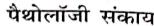


^{*}elevated In Acute And Chronic Infections And Malignancies.

^{*}extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.

Pathology Division







Examination Report



PATIENT NAME

Mr. ABHAY NANDAN

AGE / SEX

COLLECTED AT RECEIPT No.

19,585

REFERRED BY Dr.

37 Y / Male Inside **DMH**

SAMPLE COLLECTED ON

REPORT RELEASED ON REPORTING TIME

PATIENT ID

08-06-2024 08/06/2024

10:52:43AM

19616

INVESTIGATION

COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Lipid Profile., Glycosylated Haemoglobin, ESR Wintrobe, T3 Triiodo Thyroid, T4

Thyroxine, TSH, Urine Examination Report,,

Tests

Results

Biological Reference Range

Unit

BIOCHEMISTRY

Blood Sugar Fasting

92.6

(70 - 110)mg/dl

Referance Value:

Fasting (Diabeties 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%) After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)

Random/casual (diabeties 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholestrol	176.9	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol Triglyceride V L D L L D L Cholestrol	44.2 152.9 30.58 102.12	(30-70 mg%) (60-165mg/dL) (5-40mg%)	mg% mg/dL mg% mg/dl

50 Optimal

50-100 Near/Above Optimal

'HDL

4.0

(3.0-5.0)

LDL/HDL

2.2

(1.5-3.5)

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

- 1. Measurment In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestral ,triglycerides,hdl& Ldl Cholestrol.
- 2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholestrol.
- 3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurment Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.

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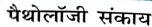
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Pathology Division









DMH





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CHURKLINSME	Mr. ABHAY NANDAN	SAMPLE COLLECTED ON
AGE / SEX	37 Y / Male	SHALLE COLLECTED ON
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RECEIPT No.	19,585	DATURALTI

ON PATIENT ID

08-06-2024 08/06/2024 10:52:43AM 19616

INVESTIGATION

REFERRED BY Dr.

COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Lipid Profile., Glycosylated Haemoglobin, ESR Wintrobe, T3 Triiodo Thyroid, T4 Thyroxine, TSH, Urine Examination Report,

Tests	Results	Biological Reference Range	T7 •	
LIVER FUNCTION TEST Bilirubin (Total) irubin (Direct) Bilirubin (in Direct) SGOT (AST) SGPT (ALT) Serum Alkaline Phosphatase Serum Total Protein Serum Albumin Serum Globulin A/G Ratio	0.8 0.3 0.5 38.4 41.2 110.5 6.6 3.8 2.8 1.36	(0.10 - 1.20)mg/dl (0.00-0.40)mg/dl (0.00-0.70) mg/dl 0-40 0.0-42.0 80.0-290.0 6.0-7.8 3.5-5.0 2.3-3.5	mg/dl mg/dl mg/dl IU/L IU/L U/L gm/dl gm/dl gm/dl	

*Comments/interpretation:

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.

-the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage. -Ift Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

Blood Urea Seon Creatinine Serum Uric Acid	31.4 0.8 5.0	15.0-45.0 0.7-1.4 Male-3.5-7.2	mg/dl mg/dl
Gerum Sodium Gerum Potassium Gerum Calcium	141.3 4.1 8.7	Female-2.5-6.0 136.0-149.0 3.5-5.5 8.0-10.5	mg/dl mmol/L mmol/L mg/dl

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Oluyaman Hospital Put. Ltd.

Pathology Division



पैथोलॉजी संकाय







PATIENT NAME Mr. ABHAY NANDAN

AGE / SEX COLLECTED AT RECEIPT No.

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37 Y / Male Inside 19,585 DMH SAMPLE COLLECTED ON REPORT RELEASED ON REPORTING TIME 08-06-2024 08/06/2024 10:52:43AM

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INVESTIGATION

COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Lipid Profile., Glycosylated Haemoglobin, ESR Wintrobe, T3 Triiodo Thyroid, T4

Thyroxine, TSH, Urine Examination Report,,

Tests Results Biological Reference Range Unit

Glycosylated Haemoglobin

HBA1c 6.2

(4.3-6.4)

%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Slycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. Recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year.

eople With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things hat Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol evels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As nemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also ffect The Test.

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Pathology Division



पैथोलॉजी संकाय









Pathological Examination Report

PATIENT NAME Mr. ABHAY NANDAN AGE / SEX 37 Y / Male COLLECTED AT Inside RECEIPT No. 19,585 REFERRED BY Dr. DMH

SAMPLE COLLECTED ON REPORT RELEASED ON REPORTING TIME PATIENT ID

08-06-2024 08/06/2024 10:52:43AM 19616

INVESTIGATION

COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Lipid Profile., Glycosylated Haemoglobin, ESR Wintrobe, T3 Triiodo Thyroid, T4 Thyroxine, TSH, Urine Examination Report,,

Tests	Results	Biological Reference Range	Unit
T3 Triiodo Thyroid T4 Thyroxine TSH	1.02 98.6	(0.69 - 2.15) (52 - 127) ng/ml	ng/ml ng/ml
,	3.99	(0.3-4.5) uIU/ml	uIU/ml

Method: Sandwich Chemiluminescence Immunoassay. Remarks:

- 1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- 2. A Decrease In Total Tri Iodothyronine Values Is Found With Protein Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- 3. Total Serum Tetra Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
- 4. A Decrease In Total Tetra Iodothyronine Values Is Found With Protein Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- 5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- 6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperiodone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
- A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
- Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

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DIUYAMAN HOSPITAL Put. Ltd.

Pathology Division



पैथोलॉजी संकाय







PATIENT NAME	Mr.	ABHAY NANDA
PATIENT NAME	Mr.	ABHAY NANDA

AGE / SEX COLLECTED AT RECEIPT No.

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Mr. ABHAY NAN 37 Y / Male Inside

19,585 DMH SAMPLE COLLECTED ON

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INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar

Fasting, Lipid Profile., Glycosylated Haemoglobin, ESR Wintrobe, T3 Triiodo Thyroid, T4

Thyroxine, TSH, Urine Examination Report,,

Tests Results Biological Reference Range Unit

CLINICAL PATHOLOGY

Urine Examination Report PHYSICAL				
Volume	20			,
Colour	STRAW			ml
Appearance	CLEAR ·	_		-
CHEMICAL	GLLIII(-		-
Reaction PH	7.5	(4.5-8.0)		
Specific Gravity	1.020	(1.01-1.025)		-
Proteins	NIL	NIL		-
Sugar	NIL .	NIL		-
Blood	PRESENT(+)	NIL		-
Phosphates/urates	NIL	NIL	v	
Ketone Bodies	NIL	NIL ·		1 -
Chyle	NIL	-		, -
Bile Pigment (Bilirubin)	NIL	NIL	٠,	, 5
Bile Salt	NIL	-		-
bilinogen	Normal	_		-
MCROSCOPICAL			• ,	-
RBC	4-6	0-2 /hpf		
Pus Cells	3-4	0-5 /hpf		/hpf
Epithelial Cells	1-2	0-5 / lipi		/hpf
Crystals	Nil	_		-
Yeast Cells	Absent	- · · · · · · · · · · · · · · · · · · ·		-
Casts	Absent	• • • • • • • • • • • • • • • • • • •		-
BACTERIA	Absent			-
THANKS FOR REFERRENCE	*** End of Report ***	-		· •

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PA)TH)

TECHNICIAN 196 6

Consultant Pathologist DR.VASUNDHARA SINGH M.D (PATH)

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DIUYAMAN HOSPITAL Put. Ltd.

Pathology Division



पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME

Mr. ABHAY NANDAN

AGE / SEX

37 Y / Male

COLLECTED AT RECEIPT No.

Inside 19.586

REFERRED BY Dr.

DMH

SAMPLE COLLECTED ON

REPORT RELEASED ON

REPORTING TIME

PATIENT ID

08-06-2024

08/06/2024 11:02:16AM

11:02:16

19617

INVESTIGATION

Blood Group (ABO),,

Tests

Results

Biological Reference Range

Unit

SEROLOGY

Blood Group (ABO)

A.B.O. Rh(D)

"0"

POSITIVE

THANKS FOR REFERRENCE

*** End of Report ***

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN 19617

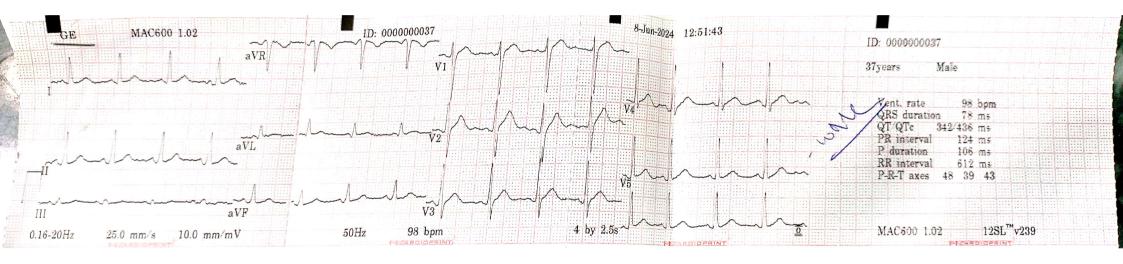
Consultant Pathologist DR.VASUNDHARA SINGH M.D (PATH)

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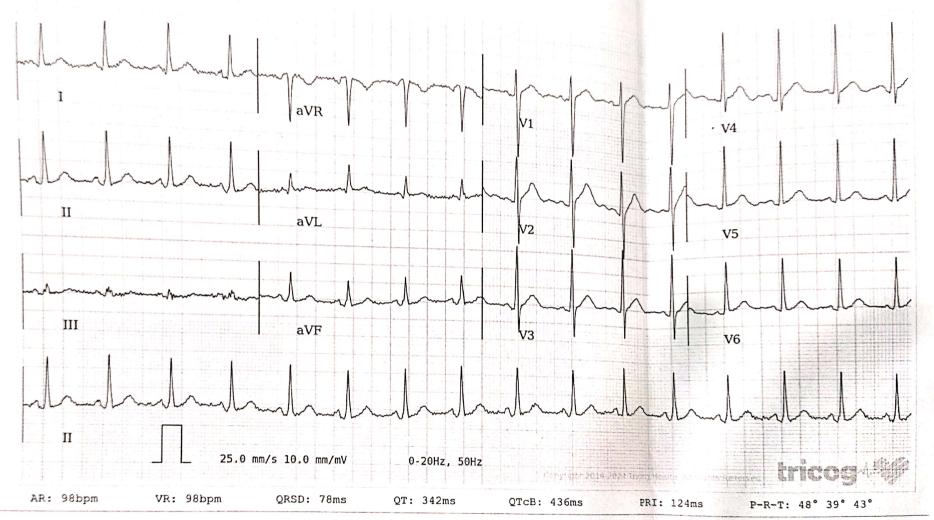
Divyaman Hospital Pvt Ltd 1

Age / Gender: Patient ID:

37/Male 0000000037

Date and Time: 8th Jun 24 12:48 PM

Patient Name: ABHAY NANDAN



Sinus Rhythm. Voltage criteria for LVH met in current ECG as compared to previous ECG. Please correlate clinically.

Dr. Prajna Jinachandra Jain

REPORTED BY

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

