



बैंक ऑफ़ बरोडा
Bank of Baroda

नाम

Name Bansod Ashwin Kishor

कर्मचारी कूट क्र.

E.C. No. 100663


आरोपण अधिकारी

Issuing Authority





धारक के हस्ताक्षर

Signature of Holder

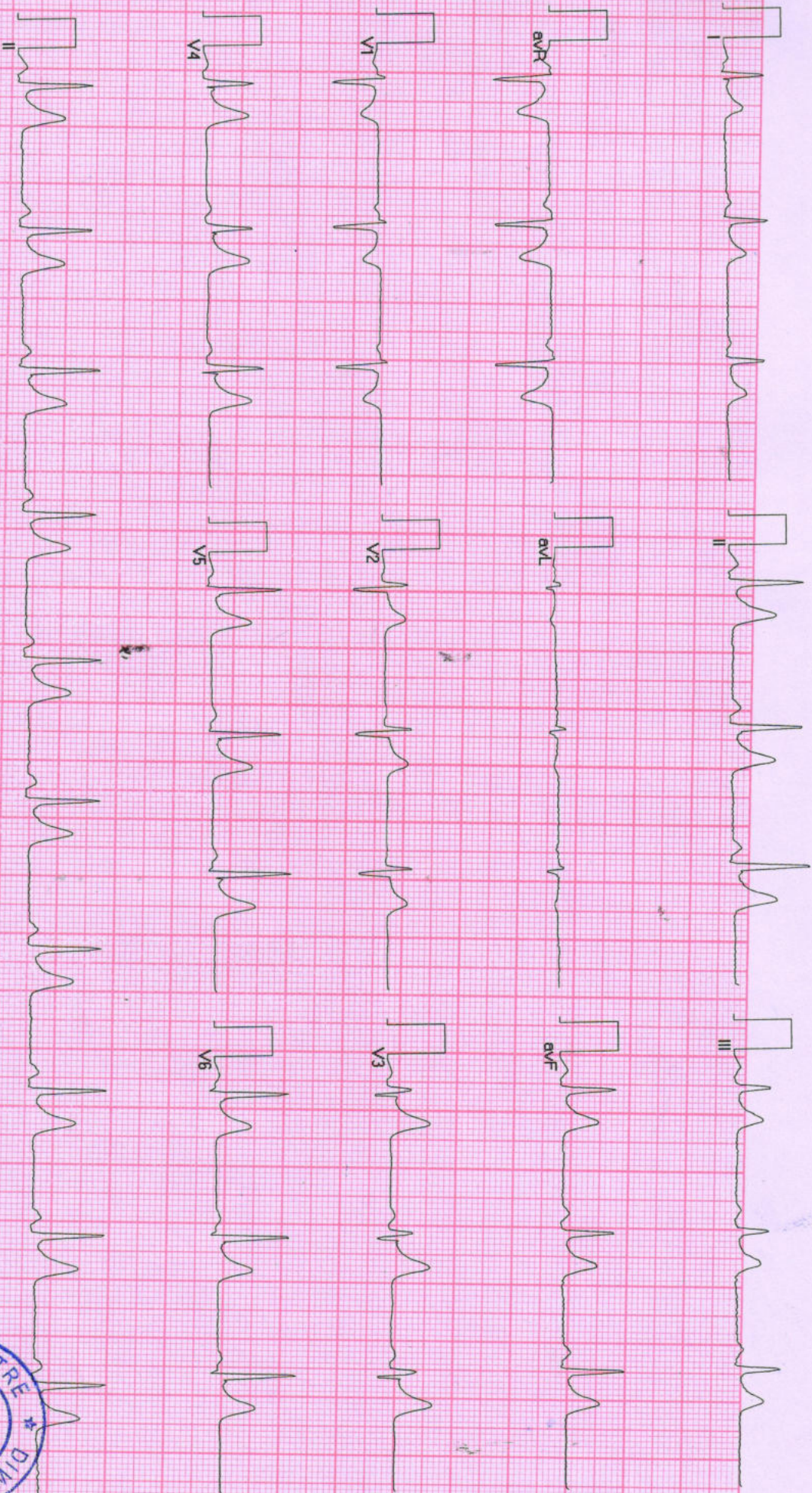


B
Dr. B. M. Agarwal
MBBS, DCP
Consultant Pathologist



Allengers Global Healthcare Pvt Ltd
106 / MR. BANSOD ASHWIN KISHOR / 32 Yrs / M / 179Cms. / 87Kgs.
Heart Rate : 60 bpm / Tested On : 08-May-22 10:00:16 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



BPL-DYNATRAC

Allengers ECG (Piscce)(PIIS213180317)

Signature





दिवाकर डायग्नोस्टिक सेंटर

E-7/636, पंजाब नेशनल बैंक के पास, मैन रोड, अरेरा कॉलोनी भोपाल (म.प्र.)

फोन: 0755-2465288, 0755-3520545 मो: 9826340190

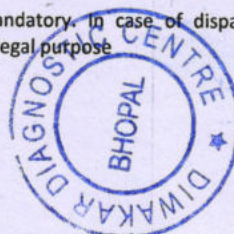
Pt.Name :-	Mr. Bansod Ashwin Kishor
Age :-	32y/M
Refd. By :-	BOB
Lab.pNo.:-	114
Date :-	08/05/2022

EXAMINATION OF BLOOD

TEST	RESULT	NORMAL VALUE
Haemoglobin	15.6mgs%	Female 12-16gms%, Male 14-18gms%
Red Cell count	5.1	4.5-5.6 million /cumm
Platelet Count	2.89	1.5-5.6 Lac/cumm
Leucocytes per.cu.mm	8900/cumm	5000-11000/cumm
Neutrophils	59%	50-70%
Lymphocytes	31%	20-40%
Eosinophils	06%	0-7%
Monocytes	04%	2-8%
PCV	40.6	37-47
MCV	81.6	76-96
MCH	30.2	27-32
MCHC	33.6	31-35
ESR	05	Male 0-9, Female 0-20mm/FHR
S.Bilirubin(Total)	0.89	0.2-1.0mg/dl
Direct	0.35	0.0-0.25mg/dl
Indirect	0.54	
SGOT	34.6	5-35U/L
SGPT	38.0	8-40U/L
Alk Phosphatase	10.1	3-13 KA units
S. Protein(Total)	7.2	6.0-8.0mg%
Albumin	4.1	3.7-5.3mg%
Globulin	3.1	1.5 to 3.5 mg%
AG Ratio	1.28	1-2.0
Blood Urea Nitrogen (BUN)	15.3	7-20 mg/dl
S.Creatine	0.89	0.5-1.4mg/dl
S. Uric Acid	6.1	3.5-7.5mg%
Calcium	9.6	8.5-10.5 gm/dl
GGTP	33.5	5-35 UL/dl
Fasting Blood Sugar	87.2	70 to 110mg/dl
Total Serum Cholesterol	176.3	100-250 mg%
Serum Triglyceride	162.8	Up to 160 mg%
Serum Cholesterol HDL	47.6	Up to 65 mg%
Serum CholesterolLDL	96.1	Up to 125 mg%
VLDL	32.5	Up to 30 mg%
TC/HDL Ratio	3.42	
Glycosylated Hemoglobin HBA1c	5.5	Below - 6.0 % -Non Diabetic control 6-7 % -Excellent control Above- 8 % -Poor control

All test have technical limitation. Collaborative clinic pathological interpretation is mandatory. In case of disparity test may be repeated immediately. Typographical mistakes should be get correct instantly. This report is not valid for medico legal purpose.

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Pathologist
MBBS, DCP
Consultant Pathologist





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E-7/636, पंजाब नेशनल बैंक के पास, मैन रोड, अरेरा कॉलोनी भोपाल (म.प्र.)

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Pt.Name :-	Mr. Bansod Ashwin Kishor
Age :-	32y/M
Refd. By :-	BOB
Lab.pNo.:-	114
Date :-	08/05/2022

URINE ANALYSIS

<u>A. PHYSICALEXAMINATION</u>		<u>C. MICROSCOPIEXAMINATION</u>	
1. Colour	Pale Yellow	Pus Cells	3-4/HPF
2. Appearance	Clear	R.B.C.	Nil
3. Specific Gravity	Q.N.S.	Epithelial Cell	1-2/HPF
<u>B. CHEMICAL EXAMINATION</u>		Cast	Nil
1.Reaction	Acidic	Crystals(Cal.Oxa)	Nil
2.Albumin	Nil	Bacteria	Nil
3.Sugar	Nil	Amorphous	Nil
4.Bile Salts	Absent	T. Vaginatis	Nil

URINE COTININE	Negative	By Card method
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Date :-	08/05/2022

REPORT

Tricia Central

Thoracic cage normal

Both Lungs Field Clear.

Both hilers normal

Cardiac border normal

Both cp angles clear

Both domes and diaphragm normal

IMPRESSION

- NO CARDIO PULMONARY PATHOLOGY
- COORELATE WITH CLINICAL FINDINGS.



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Radiologist



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Date :-	08/05/2022

EXAMINATION OF BLOOD

<u>TEST</u>	<u>RESULT</u>	<u>NORMAL VALUE</u>
PSA	5.06 ng/ml.	0.21-6.77 ng/ml.



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EXAMINATION OF BLOOD

Thyroid profile

<u>TEST</u>	<u>RESULT</u>	<u>NORMAL VALUE</u>
T3 - TOTAL	97.5	82-213 ng/dL
T4 - TOTAL	7.10	6.09-12.23 ug/dL
THYROID STIMULATING HORMONE (TSH)	2.68	0.45-4.25 ul/mL

Interpretation:

TSH Levels will be elevated in primary hypothyroidism, TSH levels will be low in Hyperthyroidism there is decreased production of thyroid hormones by the thyroid hence the person may experience symptoms such as weight gain, constipation, cold intolerance and fatigue. Iodine deficiency and Hashimoto thyroiditis is the most common cause of hypothyroidism It makes Thyroid stimulating hormone. If TSH levels are abnormally high it could mean you have an underactive thyroid or hypothyroidism.

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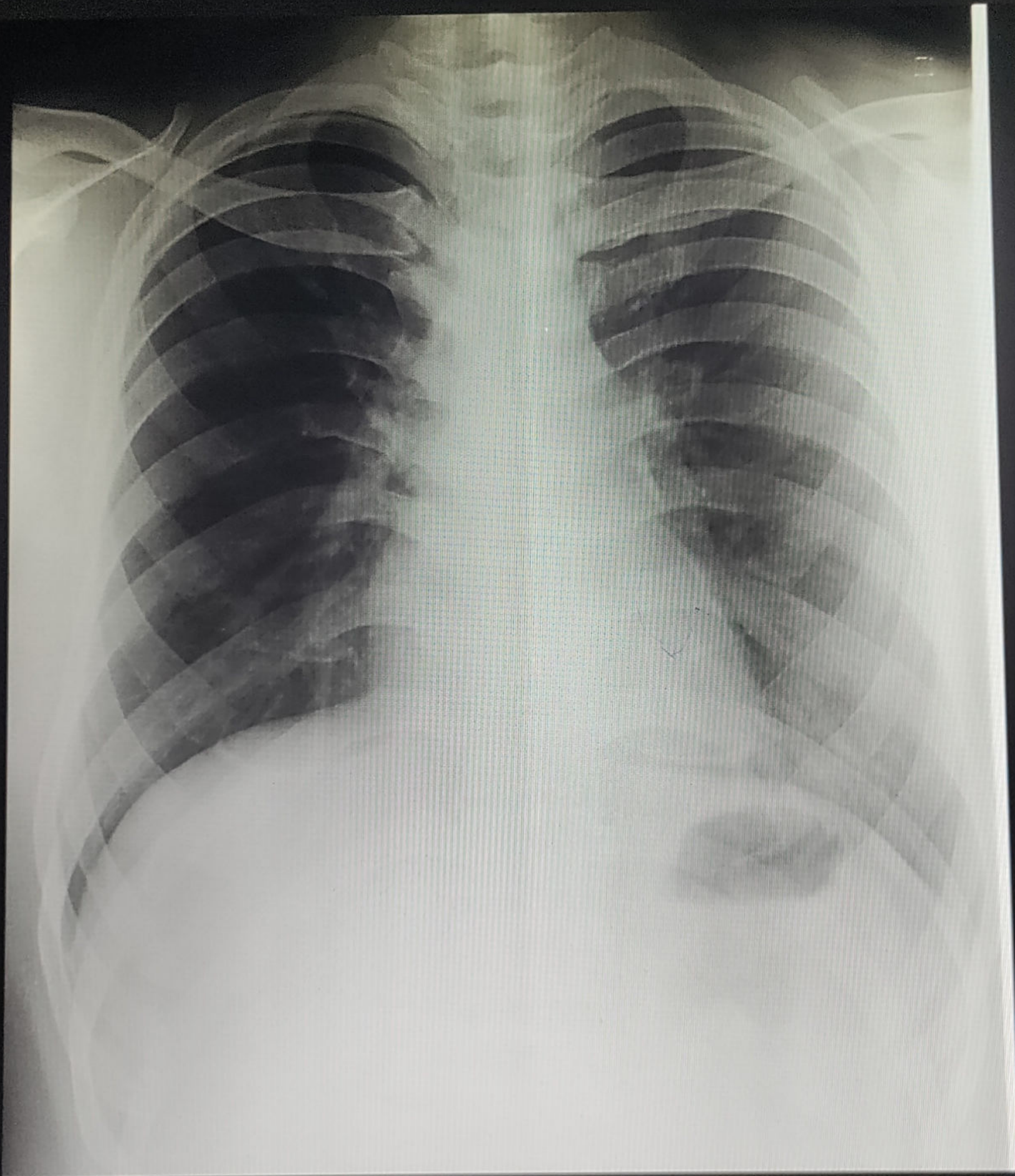
Diwakar Diagnostic Centre

पेथोलोजी | टी.एम्.डी.सी.जी. | एको कार्डियो ग्राफी | सोनोग्राफी

**RADIATE
POSITIVITY**

Shot on OnePlus

By 🤩



MR BANSOD ASHWIN KISHOR 33Y 1163 CHEST,FRN P->A 08
DIWAKAR DIAGNOSTIC CENTRE , ARERA COLONY ,BHOPAL



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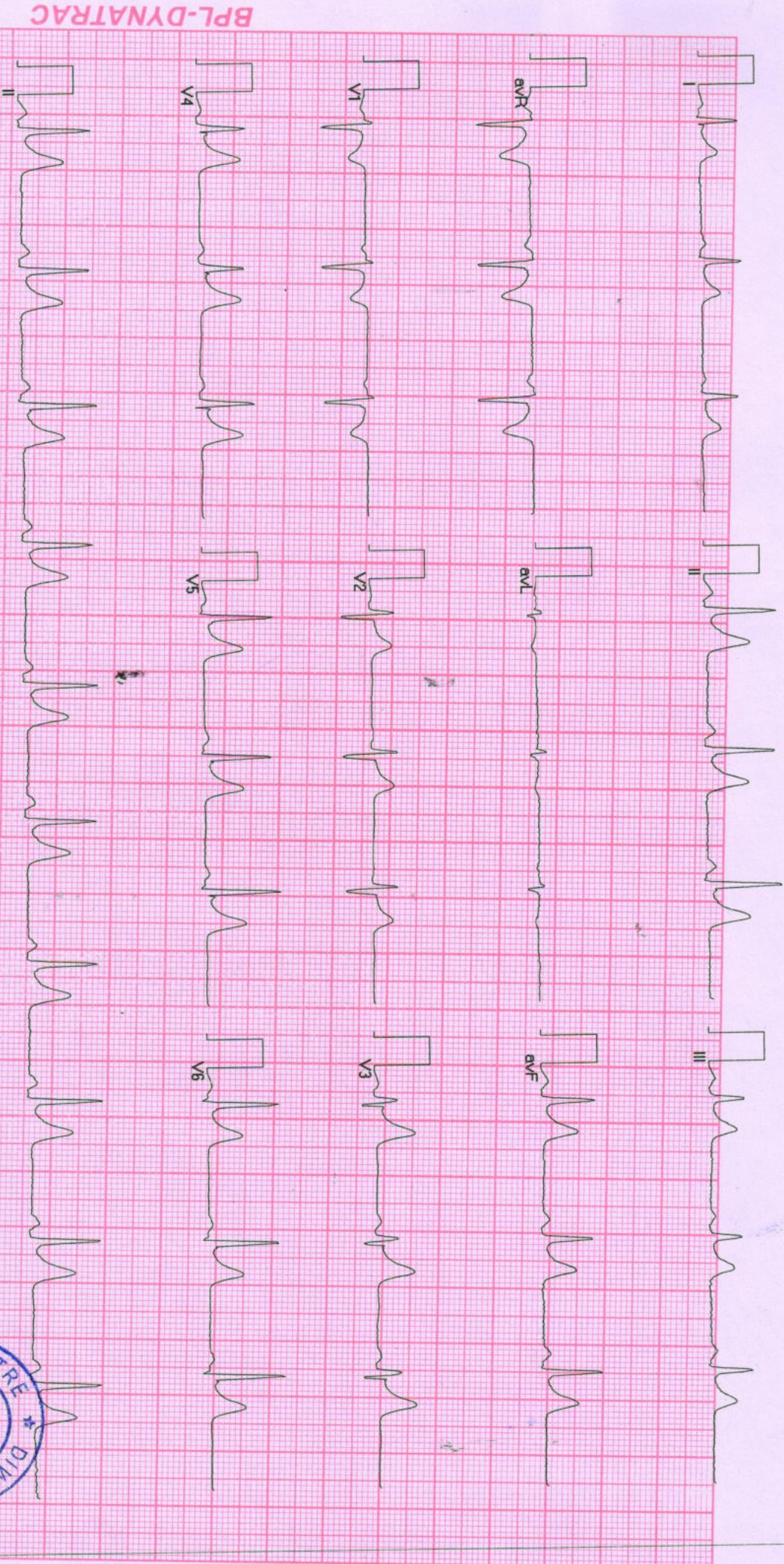


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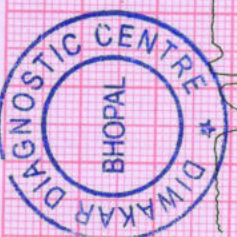
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ECG



Allengers ECG (Piscas)(PIS213180317)

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दिवाकर डायग्नोस्टिक सेंटर

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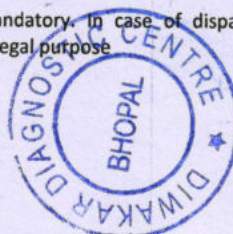
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
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URINE ANALYSIS

<u>A. PHYSICALEXAMINATION</u>		<u>C. MICROSCOPIEXAMINATION</u>	
1. Colour	Pale Yellow	Pus Cells	3-4/HPF
2. Appearance	Clear	R.B.C.	Nil
3. Specific Gravity	Q.N.S.	Epithelial Cell	1-2/HPF
<u>B. CHEMICAL EXAMINATION</u>		Cast	Nil
1.Reaction	Acidic	Crystals(Cal.Oxa)	Nil
2.Albumin	Nil	Bacteria	Nil
3.Sugar	Nil	Amorphous	Nil
4.Bile Salts	Absent	T. Vaginatis	Nil

URINE COTININE	Negative	By Card method
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Date :-	08/05/2022

REPORT

Tricia Central

Thoracic cage normal

Both Lungs Field Clear.

Both hilers normal

Cardiac border normal

Both cp angles clear

Both domes and diaphragm normal

IMPRESSION

- NO CARDIO PULMONARY PATHOLOGY
- COORELATE WITH CLINICAL FINDINGS.



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EXAMINATION OF BLOOD

<u>TEST</u>	<u>RESULT</u>	<u>NORMAL VALUE</u>
PSA	5.06 ng/ml.	0.21-6.77 ng/ml.



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EXAMINATION OF BLOOD

Thyroid profile

<u>TEST</u>	<u>RESULT</u>	<u>NORMAL VALUE</u>
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T4 - TOTAL	7.10	6.09-12.23 ug/dL
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Interpretation:

TSH Levels will be elevated in primary hypothyroidism, TSH levels will be low in Hyperthyroidism there is decreased production of thyroid hormones by the thyroid hence the person may experience symptoms such as weight gain, constipation, cold intolerance and fatigue. Iodine deficiency and Hashimoto thyroiditis is the most common cause of hypothyroidism It makes Thyroid stimulating hormone. If TSH levels are abnormally high it could mean you have an underactive thyroid or hypothyroidism.

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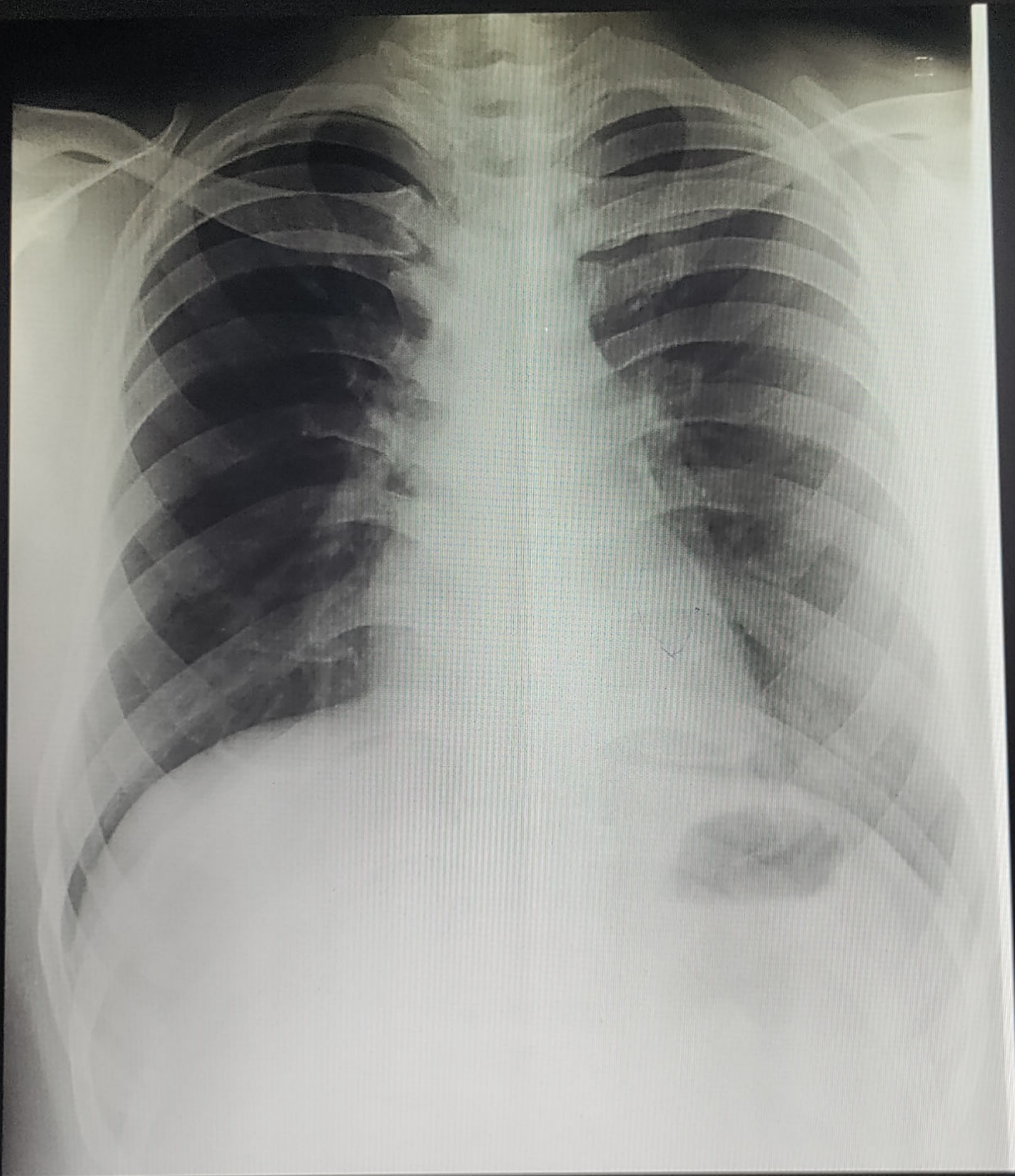
Diwakar Diagnostic Centre

पैथोलोजी | टी.एम्.डी.सी.जी. | एको कार्डियो ग्राफी | सोनोग्राफी

**RADIATE
POSITIVITY**

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