Reg. No. NH/6333/DEC-2017

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

Pt. Name Mers, Deelc8hg Jaim



B|P= 90 |50 Height = 162 cm weight = 58 K.g Pulse = 85/min SP02 = 991. CVS = S152A RIS = NAD E Ye = Vision Nogemal ENT = NAD CHest = BIL fungs Chow

tour Health Our Vision



For Emergency / Ambulance Service Ph.: 0755-2733323



FOCUS PATHOLOGY

SPECIALITY : Histopathology, Cytology, Bone marrow, Haematology

Patient Name	:	MRS DEEKSHA JAIN			
Age & Sex	:	31 Years / Female			
Referred By	:	GREEN CITY HOSPITAL			

LAB No.	: 0005219		
Registration Date	: 05/02/2022	04:17 pm	
Report Date	: 06/02/2022	11:54 am	

ENDOCRINOLOGY				
TEST THYROID FUNCTION TEST (T3, T	RESULT 4,TSH)	UNITS	REFERENCE RANGE	
Fotal Triiodothyronine T3 Fotal Thyroxine T4	· 100.5 · 6.39	ng/dl ug/dl	60-200 4.5-12	
Thyroid Stimulating Hormones	: 5.74	µIU/ml	Euthyorid: 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 deficienc 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

SH

ranges for Total T3, T4, Ultra TSH Level in p	pregnancy To
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
immester 1.0-2.60 6.60-15.5	0.80-5.20
The guideline for age related reference range	ges for T3, T4, & Ultra T
Total T3 Total T4 Ultra Ts	
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 Yaam 10.000 4 40 41 4 0.0 410	

Barcode :				********** End Of Report ***
3-10 Years 5	.5-12.8			000002.10
5-10 Years 0	.90-2.40	1-3 Years 6.8-13.5	10-15 Year	5 0 80-2 10
1-5 Years 1.0		1-12 Months 6.8-14.9	20 Week-2	20 years 0.7-6.4

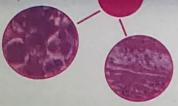


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Dr. Jay Kiran Verma (MBBS, DNB) Sr. Consultant Pathologist (Reg. No. 5659) National Hospital, Bhopal Formrly--Apollo Hospitals, Hyderabad

◆ 24 Hour Services ◆ Free Sample Collection Home and Office Facility Available

Shop No.1, Plot No.25, Next to IDBI Bank, Main Road, C-Sector, Near Beema Hospital, Indrapuri, Raisen Road, Bhopal 462022 Phone : 0755 - 4245014, +91-9630904774, +91 8839402126 Email I focusin.report@gmail.com



FOCUS PATHOLOGY

SPECIALITY : Histopathology, Cytology, Bone marrow, Haematology

atient Name : MRS DEEKSHA JA	JIN	LAB No.	: 0005219
Age & Sex : 31 Years / Female		Registration Date	: 05/02/2022 04:17 pm
eferred By : GREEN CITY HOSI	PITAL	Report Date	: 07/02/2022 10:05 am
	BIOCHEMISTR	RY	
TEST	RESULTS	REFERENCE	RANGE
HbAlc			
Glycosylated Haemoglobin % (Hb	• 4.1	Normal: 4.2	to 6.2
	1	Good control	:5.5 to 6.8
u tot		Fair control	:6.8 to 7.6
		Poor control	: > 7.6 Unit : %
Mean Plasma Glucose	: 70.97		
NOTES:			
1. The HbA1c test shows your average blood suga	ar for last 3 months.		
2. The HbA1c test does not replace your day-to-day-taby-taby-taby-taby-taby-taby-taby-ta	sults to measure your overall		
diabetes control.	7 /		
How does HbA1e works?		cells	
The HbA1c test measures the amount of sugar that RBCs live for about 3 months, so this test shows 3	vour average blood sugar level during	that time.	
RBCs live for about 5 months, so this test shows,	ore sugar that will attach to RBOS.		
Greter the level of sugar & longer it is night, the it	iore sugar that this attended to		
Greter the level of sugar & longer it is high, the m Why is this test so important?		libely your risk of developing	the long-term
Why is this test so important?	normal your HhA1e level was the less	likely your risk of developing blood vessel disease and kidne	the long-term y problems.
Why is this test so important? Research studies demonstrated that the closer to r complications of diabetes. Such problems include	normal your HbA1c level was the less e eye disease, nerve damage, heart and	bibbu vesser disease and issure	, province
Why is this test so important? Research studies demonstrated that the closer to r complications of diabetes. Such problems include	normal your HbA1c level was the less e eye disease, nerve damage, heart and	bibbu vesser disease and issure	, province
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Why is this test so important? Research studies demonstrated that the closer to r complications of diabetes. Such problems include Who should have the HbA1c test done? Everyone with diabetes can benefit from taking the change your diabetes management plan. How often should you have a HbA1c test? You should have this test done when you are first.	normal your HbA1c level was the less e eye disease, nerve damage, heart and his test. Knowing your HbA1c level he diagnosed with diabetes. are being met & blood glucose control ecommended if your therapy has been	Ips you and your doctor decide is stable. recently changed or if you are t	if you need to
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Near V-Mart, DIG Bungalow, Berasia Road, Bhopal AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL



PATHOLOGY REPORT

Name : Mrs	. Deeksha Ja	ain CORP
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Advised By : GREEN CITY HOSPITAL

Age: 31YearsSex: FemaleLab No.: OPD / 3Date & : 05-Feb-2022Time: 4:20 pm

HAEMOGRAM Reference Range Value Observed **Test Performfed** 11.5 - 16 gm% 11.6 gm% Haemoglobin 4.0 - 5.6 mil./cmm 4.12 mil./cmm R.B.C. count 4000 - 11000 /cumm 6900 /cumm Total WBC Count 36 - 47 % 34.1 % Packed Cell Volume DIFFERENTIAL COUNT 40 - 70 % 68 % Neutrophil 20 - 45 % 24 % Lymphocytes 2-8% 04 % Monocytes 1-5% 04 % Eosinophil 0 - 1 % 00 % Basophil **RBC Indices** 82 - 97 IL 84.1 fL MCV 27 - 32 pg 28.0 pg MCH 32 - 36 % 34.1 % MCHC **Platelets Indices** 1.5 - 4.51.99 Platelet Count 0 - 16 mm.FHR 19 ESR **BLOOD GROUP** Reference Range Value Observed **Test Performfed** "O" Positive **Blood Group**



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



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

Reg. No. NH/6333/DEC-2017



PATHOLOGY REPORT

Name : Mrs. Deeksha Jain CORP	Age : 31 Years	Sex : Female
		Date & : 05-Feb-2022
Advised By : GREEN CITY HOSPITAL	Lab No.: OPD / 3	Time : 11:15 am

Test Performfed	Value Observed	Reference Range
Cotal Bilirubin	0.89 mg/dl	0.3 - 1.1 mg/dl
Direct Bilirubin	0.21 mg/dl	0.1 - 0.3 mg/dl
ndirect Bilirubin	0.68 mg/dlh Ours	0.2 - 0.8 mg/dl
Alkaline Phosphatase	200.1U/L	A:<310 ; C: <645 U/L
otal Protein	6.4 gm/dl	6.0 - 8.5 gm/dl
Ibumin	3.4 gm/dl	3.2 - 5.5 gm/dl
Hobulin	3.0 gm/dl	2.3 - 3.5 gm/dl

GGTP

Manal SA4

Dr. Manal Asraf Ali MBBS,DCP,DNB Reg No.19938

Technologist

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



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



PATHOLOGY REPORT

	:Mrs. Deeksha Jain CORP	Age	: 31 Years	Sex	:Female
NAme	: MIS. Deeksha Jam COR		000 12	Date &	:05-Feb-2022
Advised By	: GREEN CITY HOSPITAL	Lab No.	:OPD / 3	Time	: 4:31 pm

BIOCHEMISTRY

Test Performed Value Observed Reference Range

Blood Glucose(Fasting) Blood Glucose (Post-Prandial) Serum Uric Acid : 89.1 mg/dl : 112.3mg/dl 70 - 110 mg/dl upto 140 mg/dl Male : < 7.0 mg/dl Female : < 6.0 mg/dl

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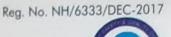
Dr. Manal Asraf Ali MBBS,DCP,DNB Reg No.19938

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



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PATHOLOGY REPORT

NAme	Mrs. Deeksha Jain CORP	Age	: 31 Years	Sex	:Female
Advised By	GREEN CITY HOSPITAL	Lab No.	:OPD / 3	Date &	:05-Feb-2022
Surfised by	COREEN CIT I HOSPITAL	Lab Po.	101075	Time	:12:19 pm

BIOCHEMISTRY

Test Performed	Value Observed	Reference Range
SGOT	: 21.4 U/L	5.0 - 37.0 U/L
SGPT	: 29.8 U/Lh Our	5 - 42 U/L

Manala

Dr. Manal Asraf Ali MBBS,DCP,DNB Reg No.19938

Technologist

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



PATHOLOGY REPORT

Name	:Mrs.	Deeksha Jain	CORP	
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Advised By : GREEN CITY HOSPITAL

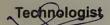
A	ge	: 31	Years	Sex	:	Female
		ODI	1/2	Date &	:	05-Feb-2022
L	ab No.	.:OPI	5/5	Time	:	11:15 am

URINE ROUTINE MICROSCOPIC EXAMINATION

Test Performfed	Value Observed	and the second
Physical Examination		
Volume	20 ml	
Colour	Pale Yellow	
Appearance	20 ml Pale Yellow Clear Acidic	
Reaction (pH)	Acidic	2
Chemical Examination		
Albumin	Nil	
SUGAR	Nil	
Microscopic Examination	1.5 /hmf	/hpf
PUS(WBC) Cells	4-5 /hpf	
RBC	Nil /hpf	/hpf
Epithelial Cells	1-2 /hpf	/hpf
Casts	Absent	
Crystals	Absent	

lanaly

Dr. Manal Asraf Ali MBBS,DCP,DNB Reg No.19938



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



PATHOLOGY REPORT

Name : Mrs. Deeksha Jain CORP	Age : 31 Years	Sex : Female
Adding the CORENN CITY HOSPITAL	Lab No.: OPD / 3	Date & : 05-Feb-2022
Advised By : GREEN CITY HOSPITAL	Lab No. OPD / 5	Time : 11:15 am

STOOL EXAMINATION		
Test Performfed	Value Observed	
Physical Examination		
Colour	LIGHT BROWN	
Consistency	Semi Solid	
Mucus	Trace	1si
Chemical Examination Reaction	Acidic	102
Microscopic Examinatio		
Pus cells	Absent /hpf	/hpf
RBC	Absent /hpf	/hpf
Food Particles	Few+ /hpf	/hpf
Fat Globules	Absent	

Manal Mi

Dr. Manal Asraf Ali MBBS,DCP,DNB Reg No.19938

Technologist

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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: 05.02.2022	
PATIENT'S NAME: MRS. DEEKSHA	AGE: 31Y	
REF. BY: GREEN CITY HOSPITAL	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.

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.

<u>**Pancreas</u>**: Appear to be normal in shape, size & echotexture. Pancreatic duct is not dilated. <u>**Urinary Bladder**</u>: Is central smooth in contour and reveal a clear lumen. Their walls are of normal thickness.</u>

<u>Uterus</u>: Is anteverted and normal in size shape and echotexture measures 7.3 x 4.2 x 3.5 cm. Endometrial echo is in midline measures 11 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:

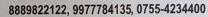
Normal sized liver with grade – I fatty infiltration and Gaseous distension of bowel loops.



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

Radiological investigations have their own limitations. The above report is an opinion and not the final diagnosis This is to be co-related with clinical profile / investigations. In case of any discrepancy a review may be asked. S C

Shop No. 7, 8 & 9, Naseer Complex, 169 Green Park Colony, D.I.G. Bunglow Square, BHOPAL - 462001



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ID: VS8801002-22-02-05-9

DEEKSHA









Exam Date: 05.02.2022 12:04:13 PM







