



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 Mrs. Deepsha Jain

Age 31 Sex F Date 05/02/22

B/P = 90/50

Height = 162 cm

Weight = 58 kg

Pulse = 85/min

SpO<sub>2</sub> = 99%

CVS = S<sub>1</sub>S<sub>2</sub> (+)

RIS = NAD

EYE = Vision Normal

ENT = NAD

Chest = Bil lungs clear.



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	RESULT	UNITS	REFERENCE RANGE
<b>THYROID FUNCTION TEST (T3,T4,TSH)</b>			
Total Triiodothyronine T3	: 100.5	ng/dl	60-200
Total Thyroxine T4	: 6.39	ug/dl	4.5-12
Thyroid Stimulating Hormones (TSH)	: 5.74	μIU/ml	Euthyroid: 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 deficiency. 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
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
3rd Trimester	1.0-2.60	6.60-15.5	0.80-5.20

The guideline for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra Tsh
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 Years	1.0-2.60	1-12 Months 6.8-14.9	20 Week-20 years 0.7-6.4
5-10 Years	0.90-2.40	1-3 Years 6.8-13.5	10-15 Years 0.80-2.10
3-10 Years	5.5-12.8		

Barcode :

\*\*\*\*\* End Of Report \*\*\*\*\*



*Jaykiran*

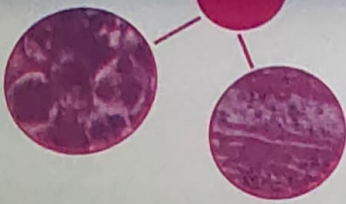
Dr. Jay Kiran Verma (MBBS, DNB)  
Sr. Consultant Pathologist (Reg. No. 5659)  
National Hospital, Bhopal  
Formerly-  
-Apollo Hospitals, Hyderabad

◆ 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 | focusin.report@gmail.com

Please Correlate Clinically as well as with other tests





# 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 : 07/02/2022 10:05 am

## BIOCHEMISTRY

<u>TEST</u>	<u>RESULTS</u>	<u>REFERENCE RANGE</u>
<b>HbA1c</b>		
Glycosylated Haemoglobin % (HbA1c)	: 4.1	Normal : 4.2 to 6.2 Good control: 5.5 to 6.8 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 sugar for last 3 months.
2. The HbA1c test does not replace your day-to-day monitoring of blood glucose. Use this test result along with your daily test results to measure your overall diabetes control.

#### How does HbA1c works?

The HbA1c test measures the amount of sugar that attaches to protein in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

#### Why is this test so important?

Research studies demonstrated that the closer to normal your HbA1c level was, the less likely your risk of developing the long-term complications of diabetes. Such problems include eye disease, nerve damage, heart and blood vessel disease and kidney problems.

#### Who should have the HbA1c test done?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1c level helps you and your doctor decide if you need to change your diabetes management plan.

#### How often should you have a HbA1c test?

You should have this test done when you are first diagnosed with diabetes.

Then at least twice a year if your treatment goals are being met & blood glucose control is stable.

More frequent HbA1c testing (4 times / year) is recommended if your therapy has been recently changed or if you are not

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\*\*\*\*\* End Of Report \*\*\*\*\*

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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 & Time : 05-Feb-2022 11:15 am

### LIVER FUNCTION TEST

Test Performed	Value Observed	Reference Range
Total Bilirubin	0.89 mg/dl	0.3 - 1.1 mg/dl
Direct Bilirubin	0.21 mg/dl	0.1 - 0.3 mg/dl
Indirect Bilirubin	0.68 mg/dl	0.2 - 0.8 mg/dl
Alkaline Phosphatase	200.1 U/L	A: <310 ; C: <645 U/L
Total Protein	6.4 gm/dl	6.0 - 8.5 gm/dl
Albumin	3.4 gm/dl	3.2 - 5.5 gm/dl
Globulin	3.0 gm/dl	2.3 - 3.5 gm/dl

### GGTP

Test Performed	Value Observed	Reference Range
Gamma GT	35.2	10 - 45 U/L

Dr. Manal Asraf Ali

MBBS, DCP, DNB

Reg No. 19938

**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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## 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

Time : 11:15 am

### URINE ROUTINE MICROSCOPIC EXAMINATION

Test Performed	Value Observed
<b><u>Physical Examination</u></b>	
Volume	20 ml
Colour	Pale Yellow
Appearance	Clear
Reaction (pH)	Acidic
<b><u>Chemical Examination</u></b>	
Albumin	Nil
SUGAR	Nil
<b><u>Microscopic Examination</u></b>	
PUS(WBC) Cells	4-5 /hpf /hpf
RBC	Nil /hpf /hpf
Epithelial Cells	1-2 /hpf /hpf
Casts	Absent
Crystals	Absent

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Age : 31 Years Sex : Female

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Lab No. : OPD / 3

Date &amp; : 05-Feb-2022

Time : 11:15 am

### STOOL EXAMINATION

Test Performed	Value Observed
<b><u>Physical Examination</u></b>	
Colour	LIGHT BROWN
Consistency	Semi Solid
Mucus	Trace
<b><u>Chemical Examination</u></b>	
Reaction	Acidic
<b><u>Microscopic Examination</u></b>	
Pus cells	Absent /hpf
RBC	Absent /hpf
Food Particles	Few+ /hpf
Fat Globules	Absent

Dr. Manal Asraf Ali

MBBS, DCP, DNB

Reg No. 19938

**Technologist**

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



Date: 05.02.2022

**PATIENT'S NAME: MRS. DEEKSHA**  
**REF. BY: GREEN CITY HOSPITAL**

**AGE: 31Y**  
**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 biliary 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.

**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 7.3 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.

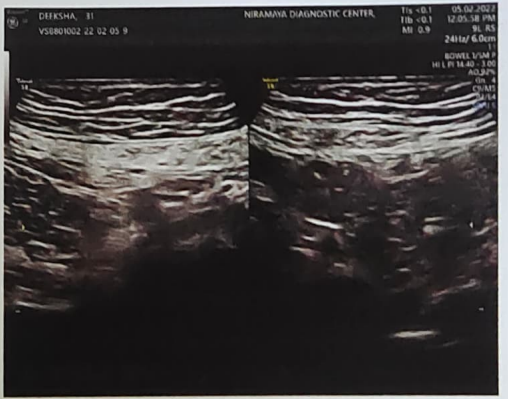
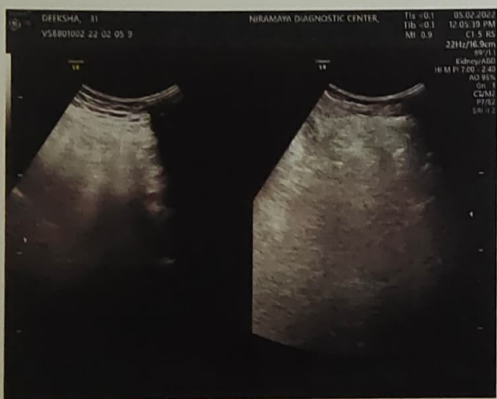
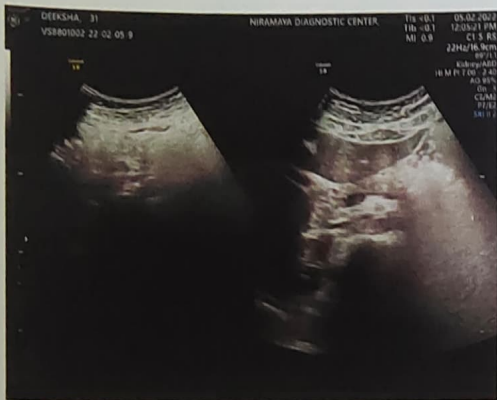
**Impression: USG Study Reveals:**

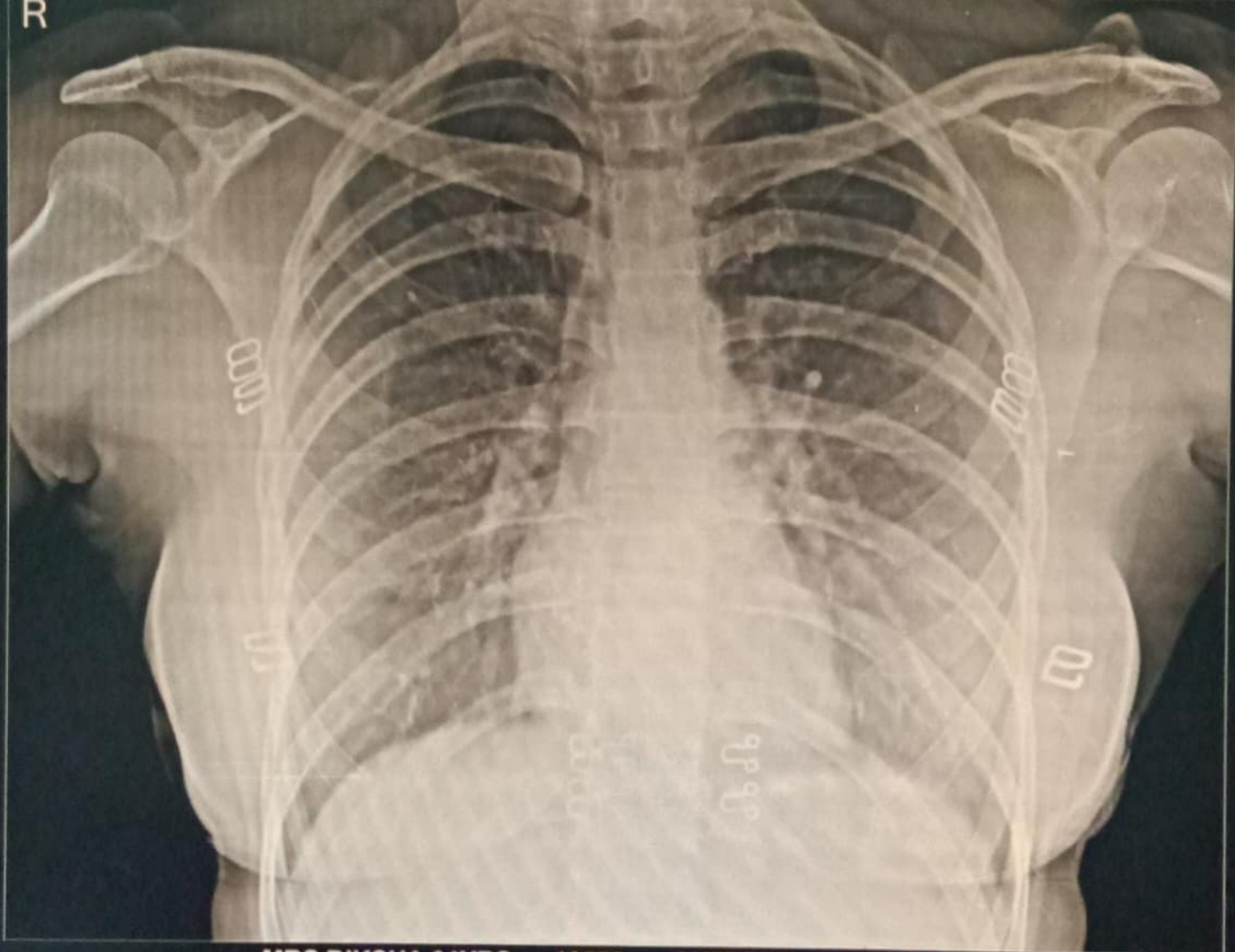
- Normal sized liver with grade - I fatty infiltration and Gaseous distension of bowel loops.



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







**MRS DIKSHA 31YRS... 10555 CHEST PA 05-Feb-22  
GREEN CITY HOSPITAL, D.I.G. BUNGLOW, BHOPAL**