





GREEN CITY HOSPITAL

Near V-Mart, DIG Bungalow, Berasia Road, Bhopal

AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL



Pt. Name Anita Bundela

Age 40 Sex F Date 24/09/2022

BP - 100/60

P - 88/m

SpO₂ 99%

R - 18/m

wt - 63 kg

HT - 153 cm

ECG] WNL
CXR]

USG g/o - cholelithiasis.

Adv

Surgery

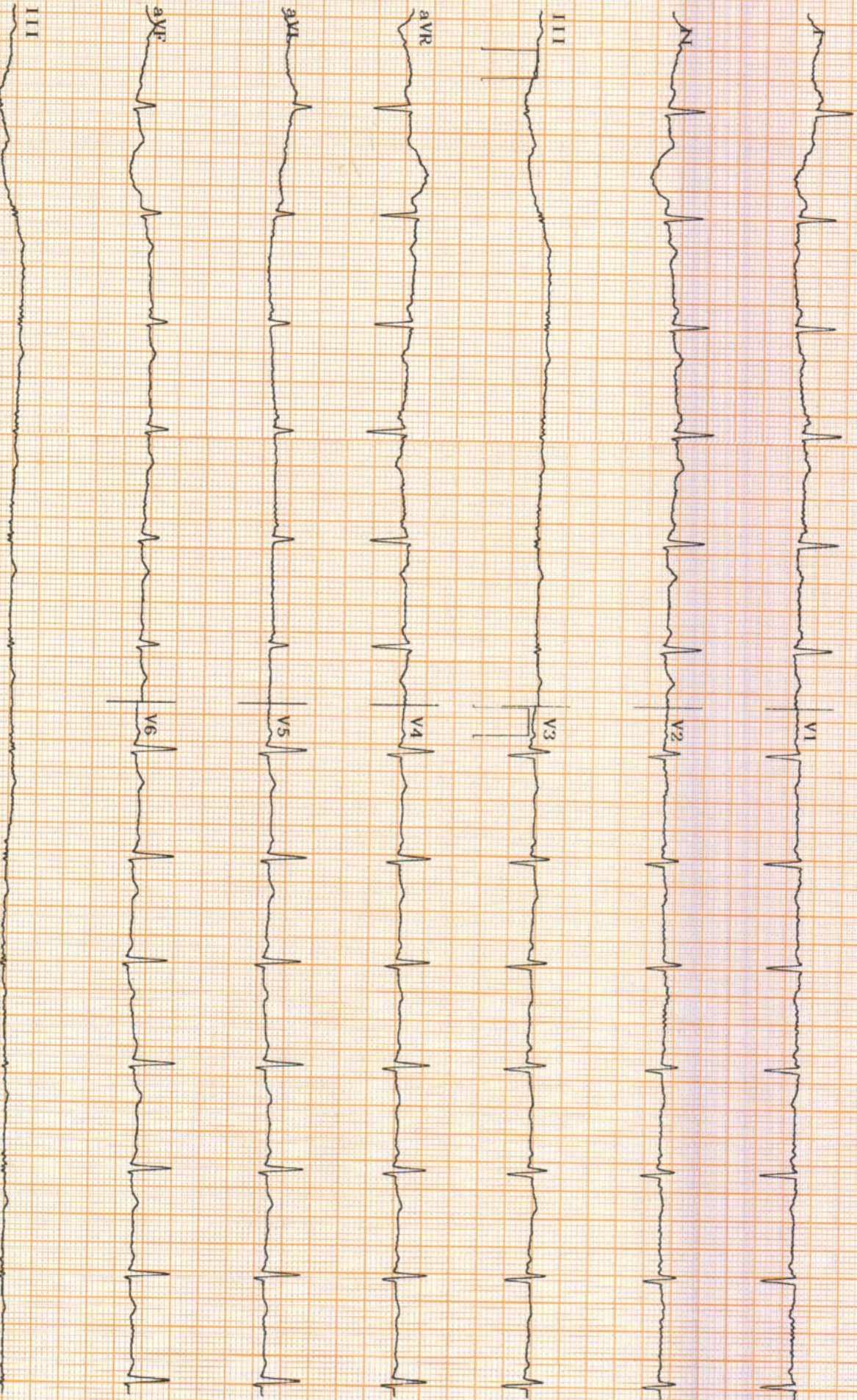


ID : ANITA
Name : ANITA
Age : 0 years
Sex : Female
H : 0 cm / W : 0 kg

Heart Rate: 78 bpm
PR/RR Int.: 120/769 ms
QRS Dur: 96 ms
QT/QTc: 376/432 ms
P-R-T axes: 20 27 51
SV1/RV5/R+S: 0.59/0.68/1.27mV

** Analysis Result ** (To be finally confirmed by physician)
Normal Sinus Rhythm
Low Voltage (Chest Leads)
Normal Axis
[Moderately Abnormal ECG]

Prescribed by:



C007656-National Pathology Lab

 Shop No. 5 4 162 City Center Infront of Talaiya Police Station Budhwara Road
 Bhopal, 462001
 Madhya Pradesh, INDIA
 Tel : 9893837193
 Email : VIPULTIWARI.TIWARI69@GMAIL.COM

NAME : MRS. ANITA BUNDELA

AGE : 42 Years

SEX : Female

 LAB REF NO.: **50952985**

 ACCESSION NO : **0065DI003115**

COLLECTED ON :

REGISTERED ON : 24/09/2022 15:49

REPORTED ON: 24/09/2022 17:00

Report Status : Final

REFERRED BY : DR. GREEN CITY HOSPITAL

Tests	Results	Biological Reference Range	Units
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IMMUNOLOGY
THYROID PROFILE, TOTAL, SERUM

TRI-IODOTHYRONIN, (T3)	81.70	58.0 - 159.0	ng/dL
THYROXIN, (T4)	9.14	4.87 - 11.72	µg/dL
THYROID STIMULATING HORMONE	2.48	0.35 - 4.94	µIU/mL

METHOD : CHEMILUMINESCENCE (CLIA)

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	
6.4-13.3	First Trimester	0.1-2.5		Adolescents	5-10 Years
15-20 years	80-210	11-15 Years	5.6-11.7		
Pregnancy				Second Trimester	0.2-3.0
First Trimester	81-190			Third Trimester	0.3-3.0
Second&Third Trimester	100-260				

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

****End Of Report****


 DR. PRINCE LOKWANI
 CONSULTANT, MD (PATHOLOGIST)


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Near V-Mart, DIG Bungalow, Berasia Road, Bhopal
Ph.: 0755-2733323

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NAME : MRS. ANITA KARONGYA	AGE / SEX : 40 YRS / F
REF. BY / GREEN CITY HOSPITAL	DATE : 24/09/2022

USG : UPPER ABDOMEN

LIVER : Is normal in size, shape & echotexture. Margins are smooth and regular. Intra and extrahepatic biliary and vascular channels are normal. No evidence of any focal or diffuse mass lesion seen.

GALL BLADDER: Partially distended & reveals iso to hypoechoic tumifactive sludge/polyp of size approx 35 x 15 mm with intermixed calculi of size ranging from 3 mm to 6 mm, however no GB wall thickening seen.

- CBD & PV are of normal calibre.

SPLEEN: Normal in size, shape & echotexture.

PANCREAS : Is normal in size, shape & echotexture. Pancreatic duct is not dilated.

BOTH KIDNEYS: Both kidneys are normal in size, shape & echotexture. Cortical echotexture appears to be normal. Cortico-medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.

URINARY BLADDER : Is empty.

- No Ascites seen.

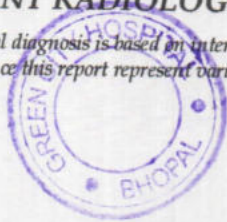
IMPRESSION : - USG STUDY REVEALS

- **GALL BLADDER IS PARTIALLY DISTENDED & REVEALS ISO TO HYPOECHOIC TUMIFACTIVE SLUDGE/POLYP OF SIZE APPROX 35 X 15 MM WITH INTERMIXED CALCULI OF SIZE RANGING FROM 3 MM TO 6 MM SUGGESTIVE OF MULTIPLE CHOLELITHIASIS.**
- **NO OTHER REMARKABLE ABNORMALITY IN USG UPPER ABDOMEN.**

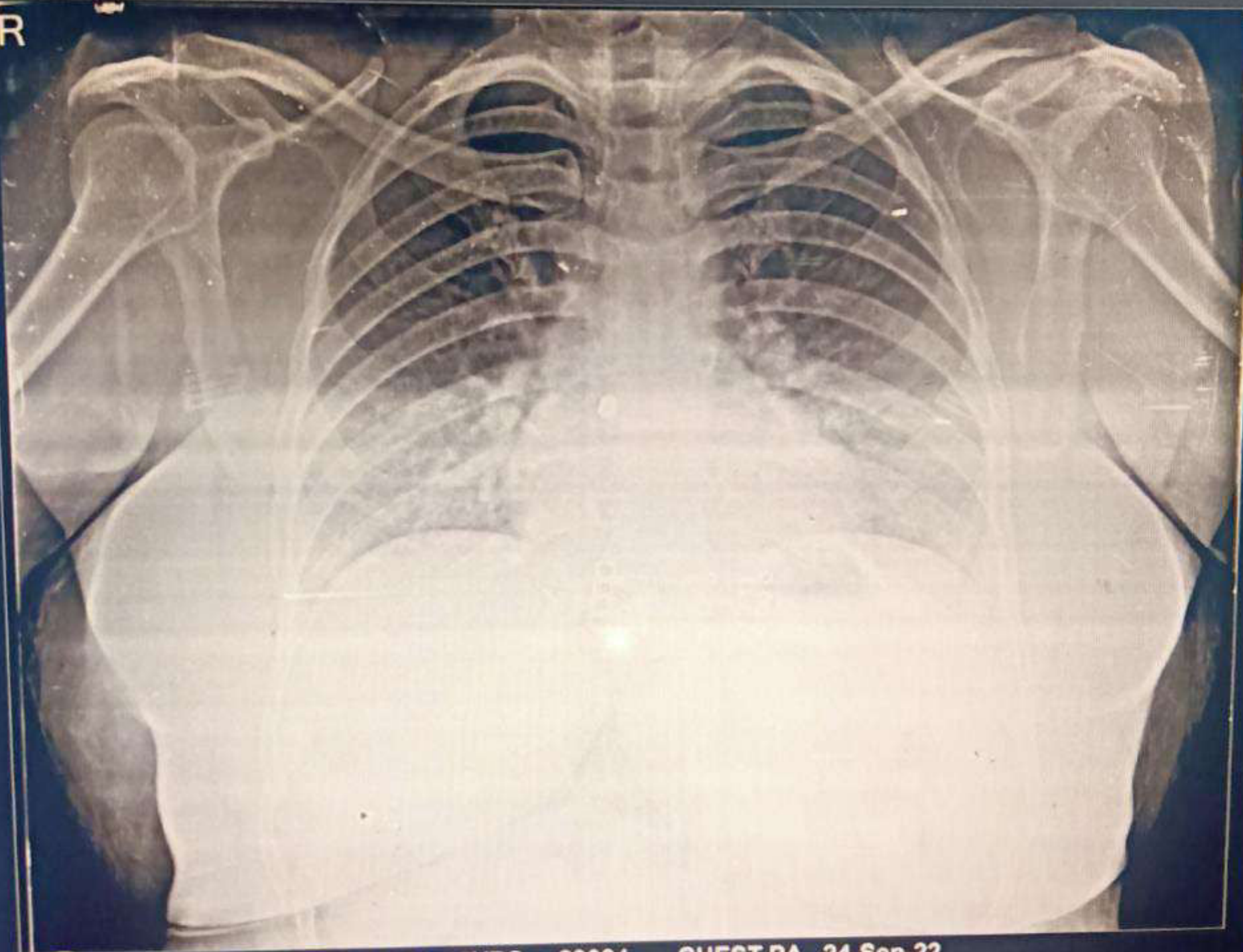
Kindly correlate clinically

DR. NITIN KHANTAL
CONSULTANT RADIOLOGIST

science of radiological diagnosis is based on interpretation of various shadows produced by both normal and abnormal tissues, dissimilar diverse diseases produce similar shadows, hence this report represent various possibilities and not meant for medico-legal purposes.



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MRS ANITA 45YRS.. 29084 CHEST PA 24-Sep-22
GREEN CITY HOSPITAL, D.I.G. BUNGLOW, BHOPAL



Reg. No. NH/6333/DEC-2017

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NAME OF CLIENT: MRS. ANITA	Age/Sex:42Y/F	Procedure Date : 24-09-2022
REF. BY: MEDIWHEEL		Reporting Date : 24-09-2022

X-RAY CHEST

- Bilateral lung parenchyma is clear. Reliance Industries Limited
- Bilateral Hilary shadow is normal.
- Trachea midline is normal.
- Bilateral CP angle are clear.
- Cardio thoracic ratio is normal.

Impression: No remarkable abnormality seen in present study.

**DR. NITIN KHANTAL
CONSULTANT RADIOLOGIST**



SCIENCE OF RADIOLOGICAL DAIGNOSIS IS BASED ON INTERPRETATION OF VARIOUS SHADOW PRODUCED BY BOTH NORMAL AND ABNORMAL TISSUES, DISSIMILAR DIVERSE DISEASES PRODUCE SIMILAR SHADOWS, HENCE THIS REPORT REPRESENT VARIOUS POSSIBILITIES AND NOT MEANT FOR MEDICO-LEGAL PURPOSES



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PATHOLOGY REPORT

Name : Mrs. Anita Bundela Age : 42 Years Sex : Female
OPDGCA-025608
Advised By : GREEN CITY HOSPITAL Lab No. : OPD / 2 Date & : 24-Sep-2022
Time : 3:45 pm

HAEMOGRAM

Test Performed	Value Observed	Reference Range
Haemoglobin	14.5 gm%	11.5 - 16 gm%
R.B.C. count	4.35 mil./cmm	4.0 - 5.6 mil./cmm
Total WBC Count	7200 /cumm	4000 - 11000 /cumm
Packed Cell Volume	37.7 %	36 - 47 %

DIFFERENTIAL COUNT

Neutrophil	66 %	40 - 70 %
Lymphocytes	30 %	20 - 45 %
Monocytes	02 %	2 - 8 %
Eosinophil	02 %	1 - 5 %
Basophil	00 %	0 - 1 %

RBC Indices

MCV	86.7 fL	82 - 97 fL
MCH	33.3 pg	27 - 32 pg
MCHC	38.4 %	32 - 36 %

Platelets Indices

Platelet Count	2.90	1.5 - 4.5
ESR	06	0 - 16 mm.FHR

BLOOD GROUP

Test Performed	Value Observed	Reference Range
Blood Group	"A" NEGATIVE	


Technologist

Please Correlate clinically as well as with other investigative findings. This report is not valid for medico legal purpose.

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PATHOLOGY REPORT

Name : Mrs. Anita Bundela **Age** : 42 Years **Sex** : Female
Advised By : GREEN CITY HOSPITAL **Lab No.** : OPD / 2 **Date &** : 24-Sep-2022
OPDGCA-025608 **Time** : 3:45 pm

GLYCOSYLATED HEMOGLOBIN (HBA 1C)

Result : 5.0
Reference Range : 7%: indicates good diabetic control
10%:Indicates fair diabetic control
13-20%:Indicates poor diabetic control



Dr. Pritha Dutta
MBBS, MD
Biochemistry

Technologist

Please Correlate clinically as well as with other investigative findings. This report is not valid for medico legal purpose.

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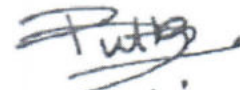


PATHOLOGY REPORT

Name : Mrs. Anita Bundela **Age** : 42 Years **Sex** : Female
Advised By : GREEN CITY HOSPITAL **Lab No.** : OPD / 2 **Date & Time** : 24-Sep-2022
OPDGCA-025608

BIOCHEMISTRY

<u>Test Performed</u>	<u>Value Observed</u>	<u>Reference Range</u>
Blood Glucose(Fasting)	: 98.0 mg/dl	70 - 110 mg/dl
Serum Urea	: 19.5 mg/dl	10 - 45 mg/dl
Serum Creatinine	: 0.71mg/dl	0.50 - 1.0
Serum Uric Acid	: 5.0	Male : < 7.0 mg/dl Female : < 6.0 mg/dl


Dr. Pritha Dutta
MBBS, MD
Biochemistry


Technologist

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PATHOLOGY REPORT

Name : Mrs. Anita Bundela
OPDGCA-025608
Advised By : GREEN CITY HOSPITAL

Age : 42 Years

Sex : Female

Lab No. : OPD / 2

Date & : 24-Sep-2022

Time : 3:46 pm

LIPID PROFILE

Test Performfed	Value Observed	Reference Range
S. Cholesterol (Total)	135.1mg/dl	Desirable Level : < 200 mg/dl Borderline level : 200-239 mg/dl High Level > 240 mg/dl
S. Triglycerides	115.8mg/dl	Desirable level : < 150 mg/dl Borderline level : 150 - 200 mg/dl High Level: > 200 mg/dl
HDL Cholesterol	47.5 mg/dl	42 - 88 mg/dl
LDL Cholesterol	64.44	Desirable Level: < 130 mg/dl Borderline level: 130-180mg/dl High level: > 180 mg/dl
VLDL Cholesterol	23.16	Desirable level: < 30 mg/dl Borderline level: 30-45 mg/dl High level: > 45 mg/dl
TC/HDLC (Risk Factor)	2.84	Desirable Level : < 4.3 Borderline level : 4.4 to 11 High Level : > 11
LDLC/HDLC (Risk Factor)	1.36	Desirable Level : < 3.0 Borderline level : 3.0 to 6.0 High Level : > 6.0


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