



भारत सरकार

GOVERNMENT OF INDIA



दीपक कुमार करोंजिया Deepak Kumar Karonjiya जन्म तिथि/DOB: 28/12/1976

पुरुष/ MALE

Mobile No: 9981842009

2701 9983 1898 VID: 9169 0775 3177 2069

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

पता: S/O श्याम लाल, हाउस न. ८९, रेजिमेंट रोड शाजनाबाद, मिलेट्री गेट, भोपाल, हुजुर, भोपाल, मध्य प्रदेश - 462001

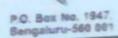
Address: S/O Shyam Lal, HOUSE NO. 89, REGIMENT ROAD SHAJANABAD, MILETRY GATE, BHOPAL, Huzur, Bhopal, Madhya Pradesh - 462001











Reg. No. NH/6333/DEC-2017



GREEN CITY HOSPITAL

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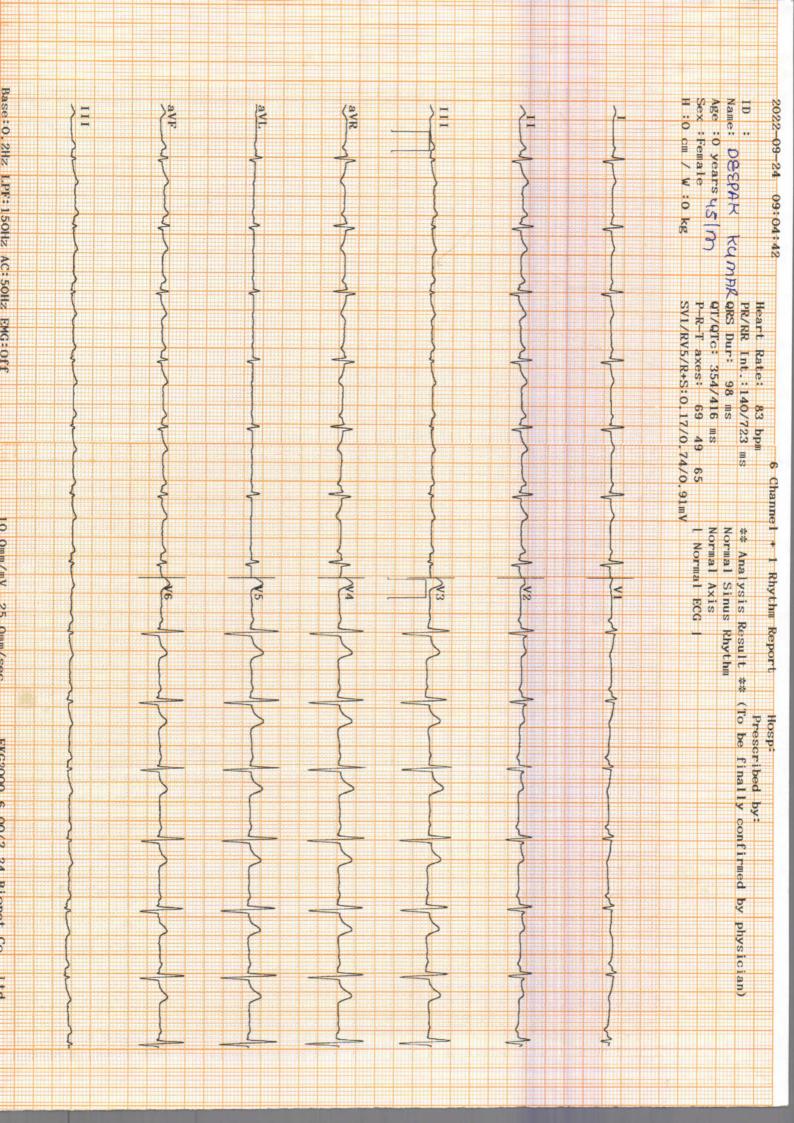


Pt. Name Deepak Kumar KARONVija

BP-120/70 PULS-84/M SP02-98% P/R-24/M HT-177 CM HT-77 KM ECG 2 WAL

Moderally fot







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PATHOLOGY REPORT

Name

:Mr. Deepak Kumar karonjiya

OPDGCA-025605 Advised By : GREEN CITY HOSPITAL

: 46 Years

Sex

: Male

Lab No.: OPD / 4

Date & : 24-Sep-2022

Time

: 2:23 pm

HAEMOGRAM

est Performfed Value Observed		Reference Range			
Haemoglobin	15.2 gm%	13.5 - 18 gm%			
R.B.C. count	4.73 mil./cmm.	4.5 - 6.5 mil./cmm.			
Total WBC Count	4800 /cumm	4000 - 11000 /cumm			
Packed Cell Volume	40.7 %	40 - 54 %			
DIFFERENTIAL COUN	T				
Neutrophil	57 %	40 - 70 %			
Lymphocytes	38 %	20 - 45 %			
Monocytes	03 %	2 - 8 %			
Eosinophil	02 %	1 - 5 %			
Basophil	00 %	0 - 1 %			
RBC Indices					
MCV	86.1 fL	82 - 97 fL			
MCH	32.1 pg	27 - 32 pg			
MCHC	37.3 %	32 - 36 %			
Platelets Indices Platelet Count	2.30	1.5 - 4.5			
		1.5 - 4.5			
ESR	06	0 - 16 mm.FHR			

BLOOD GROUP

Test Performfed	Value Observed	Reference Range

Blood Group

"O" POSITIVE

Technologist

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



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OPDGCA-025605

Advised By : GREEN CITY HOSPITAL

Age

: 46 Years Sex

:Male

Lab No. :OPD / 4

Date & :24-Sep-2022

Time

: 2:22 pm

BIOCHEMISTRY

Test Performed	Value Observed	Reference Range
Blood Glucose(Fasting)	: 315.4 mg/dl	70 - 110 mg/dl
Serum Urea	: 18.0 mg/dl	10 - 45 mg/dl
Serum Creatinine	: 0.98mg/dl	0.50 - 1.0
Serum Uric Acid	: 4.3	Male: < 7.0 mg/dl Female: < 6.0 mg/dl

Dr. Pritha Dutta MBBS, MD Biochemistry



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: 46 Years

: Male

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Date & : 24-Sep-2022

/ Time

: 2:23 pm

LIPID PROFILE

Test Performfed	Value Observed	Reference Range		
S. Cholesterol (Total)	172.4mg/dl Mealth Our Vis	Desirable Level :< 200 mg/dl Borderline level : 200-239 mg/dl High Level > 240 mg/dl		
S. Triglycerides	622.5mg/dl	Desirable level :< 150 mg/dl Borderline level :150 - 200 mg/dl High Level: > 200 mg/dl		
HDL Cholesterol	34.9 mg/dl	35 - 80 mg/dl		
LDL Cholesterol	13	Desirable Level:< 130 mg/dl Borderline level:130-180mg/dl		
VLDL Cholesterol	124.5	High level: >180 mg/dl Desirable level: < 30 mg/dl Borderline level: 30-45 mg/dl High level: > 45 mg/dl		
TC/HDLC (Risk Factor)	4.94	Desirable Level : < 4.3 Borderline level : 4.4 to 11		
LDLC/HDLC(Risk Factor)	0.37	High Level: >11 Desirable Level: < 3.0 Borderfine level: 3.0 to 6.0 High Level: > 6.0		





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Age

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: Male

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Date & : 24-Sep-2022

Time : 2:22 pm

LIVER FUNCTION TEST

Test Performfed	Value Observed	Reference Range
Total Bilirubin	0.43 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin	0.10 mg/dl	0.1 - 0.3 mg/dl
Indirect Bilirubin	0.33 mg/dl	0.2 - 0.8 mg/dl
SGOT	31.8 U/L	5 - 46 U/L
SGPT (ALT)	45.4 U/L	5 - 49 U/L
Alkaline Phosphatase	261.4U/L U/L	80 - 306 U/L
Total Protein	6.8 gm/dl	4.6 - 7.0 gm/dl
Albumin	4.1 gm/dl	3.5 - 5.2 gm/dl
Globulin	2.7 gm/dl	2.3 - 3.5 gm/dl

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PATHOLOGY REPORT

Name

Casts

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:Mr. Deepak Kumar karonjiya

OPDGCA-025605

Advised By : GREEN CITY HOSPITAL

Age

: 46 Years

/hpf /hpf /hpf

Sex

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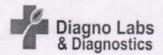
URINE ROUTINE MICROSCOPIC EXAMINATION

Test Performfed	Value Observed
Physical Examination	
Volume	20 ml
Colour	20 ml Pale Yellow Clear
Appearance	Clear
Reaction (pH)	Acidic
Chemical Examination	
Albumin	Nil
SUGAR	2%
Microscopic Examination	
PUS(WBC) Cells	3-4 /hpf
RBC	Nil /hpf
Epithelial Cells	1-2 /hpf

Absent

Absent

Dr. Pritha Dutta MBBS, MD Biochemistry



C007656-National Pathology Lab

Shop No. 5 4 162 City Center Infront of Ialaiya Police Station Budhwara Road

Bhopal, 462001 Madhya Pradesh, INDIA

Madhya Pradesh, INDIA Tel: 9893837193

Email: VIPULTIWARI.TIWARI69@GMAIL.COM

NAME: MR. DEEPAK KUMAR

AGE: 46 Years

SEX : Male

LAB REF NO .:

50952988

ACCESSION NO: 0065DI003121

COLLECTED ON :

REGISTERED ON :

24/09/2022 15:57

REPORTED ON:

24/09/2022 18:25

Report Status: Final

REFERRED BY: DR. GREEN CITY HOSPITAL

Tests

Results

Biological Reference Range

Units

IMMUNOLOGY

THYROID PROFILE, TOTAL, SERUM			
TRI-IODOTHYRONIN, (T3)	88.33	58.0 - 159,0	ng/dL
THYROXIN, (T4)	9.55	4.87 - 11.72	µg/dL
THYROID STIMULATING HORMONE	2.77	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, recentrapid 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-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5 th Edition TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS & TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS & TIETZ TEXTBOOK OF CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS & TIETZ TEXTBOOK OF CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS & TIETZ TEXTBOOK OF CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS & TIETZ TEXTBOOK OF CLINICAL CHEMISTRY & TIETZ TEXTBOOK OF CLINICAL

Т3				T4				TSH		
Age Children	ReferenceInterval	s(ng/dL)	Age Children	Reference	Intervals (µ	g/dL)	Age Children	Reference	Intervals (μIU/mL)
1-3Days	100-740		1-3Days		11.8-22.6		0-4 Days		1.0-39.0	
1-11 Months 105	5-245	1-2 Week		9.9-16.6		2 weeks - 5	months	1.7-9.1		
1-5Years	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	1-5Years		7.3-15.0		Pregnancy	Adolesco	ents		5-10 Years
6.4-13.3	FirstTrimester	0.1-2.5								
15-20 years 80	-210	11-15 Year	s 5.6-11.7		Second Trim	ester	0.2-3.0			
Pregnancy							Third Trime	ester	0.3-3.0	
First Trimester	81-190									
Second&ThirdTr	imester 100-260									

 $^{{\}bf *Pregnancy \, reference \, values for \, TSH \, provided \, as \, per \, recommendations \, by \, American \, Thyroid \, Association \, and \, an extension \, are also a contract of the extension \, and \, an extension \, are also a contract of the extension \, and \, an extension \, and \, an extension \, are also a contract of the extension \, and \, an extension \, are also a contract of the extension \, and \, an extension \, are also a contract of the extension \, and \, an extension \, are also a contract of the extension \, and \, are also a contract of the extension \, are also a contract of the extension \, and \, are also a contract of the extension \, are also a contract of the extension \, are also a contract of the extension \, and \, are also a contract of the extension \, are also a contract of the ext$

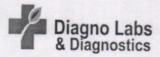
End Of Report

DR. PRINCE LOKWANI CONSULTANT, MD (PATHOLOGIST)

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Tel: 9893837193

Email: VIPULTIWARI.TIWARI69@GMAIL.COM

NAME: MR. DEEPAK KUMAR

AGE: 46 Years

SEX : Male

LAB REF NO.: COLLECTED ON :

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REGISTERED ON: 24/09/2022 15:57

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Tests

Results

Biological Reference Range

Units

BIOCHEMISTRY

*PSA (PROSTATE SPECIFIC ANTIGEN) TOTAL, SERUM

PSATOTAL

< 4.00

ng/mL

Interpretation(s)

¿Comment:

Psa: The prostate-specificantigen (PSA) test is done to Screen men for prostate cancer. Since other common medical conditions, such as benign prostatic hyperplasia (BPH) and prostatitis, can cause high PSA levels, a prostate biopsy may be done if your doctor is concerned about signs of prostate cancer. ADV:- Free PSA level to rule out cancer prostate.



Reg. No. NH/6333/DEC-2017



GREEN CITY HOSPITAL

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NAME : MR. DEEPAK KARONGYA	AGE / SEX : 45 YRS / M		
REF. BY / GREEN CITY HOSPITAL	DATE: 24/09/2022		

USG: ABDOMEN

LIVER: Is normal in size, shape & echotexture. Margins are smooth and regular. Intra and extrahepatic biliary and vascular channels are normal.

GALL BLADDER: Partially contracted & grossly appears normal.

CBD & PV of normal calibre.

SPLEEN: Is normal in size, shape & echotexture.

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

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 partially distended & grossly appears normal.

PROSTATE: Grossly appears normal in size.

· No Ascites seen.

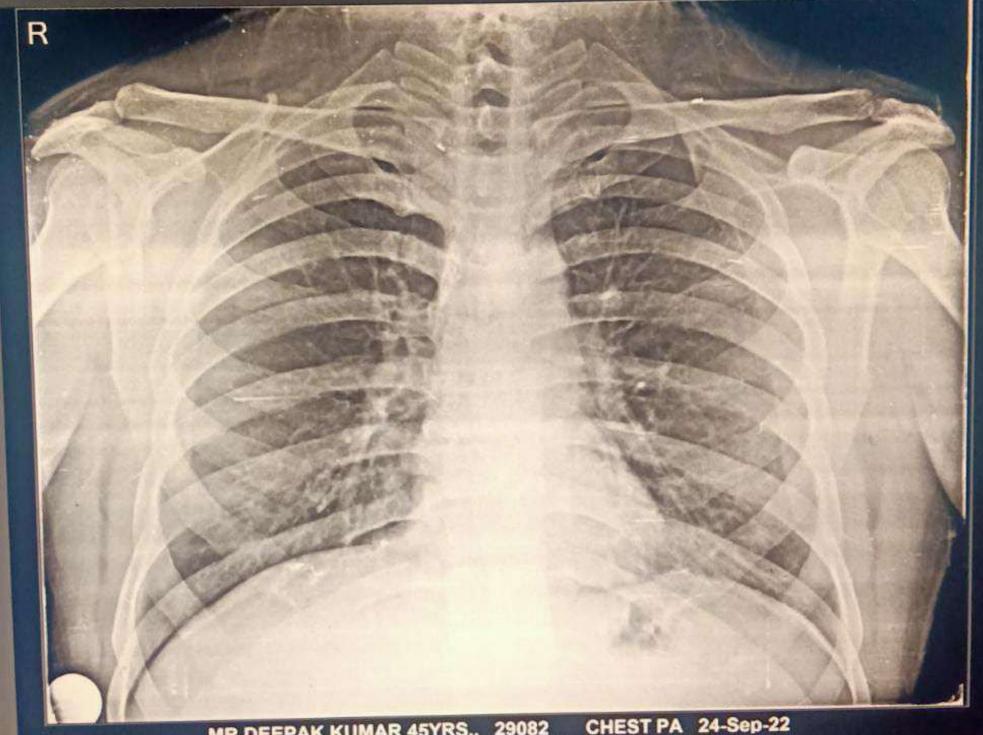
IMPRESSION: - USG STUDY REVEALS

NO REMARKABLE ABNORMALITY.

Kindly correlate clinically

DR. NITIN KHANTAL CONSULTANT RADIOLOGIST

science of radiological diagnosts, 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.



MR DEEPAK KUMAR 45YRS.. 29082 CHEST PA 24-Sep-22 GREEN CITY HOSPITAL, D.I.G. BUNGLOW, BHOPAL



Reg. No. NH/6333/DEC-2017

GREEN CITY HOSPITAL

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

AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL



Name Of Client: Mr. DEEPAK KUMAR	Age/Sex:45Y/M	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