

# DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME	Mr. PRASHANT SHUKLA	SAMPLE COLLECTED ON	19-03-2024
AGE / SEX	35 Y / Male	REPORT RELEASED ON	19/03/2024
COLLECTED AT	Inside	REPORTING TIME	10:17:53AM
RECEIPT No.	17,110	PATIENT ID	17140
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Blood Sugar Fasting & PP, Blood Group (ABO), PSA Total, ESR, Wintrobe, Urine Examination Report, Lipid Profile, Glycosylated Haemoglobin...

Tests	Results	Biological Reference Range	Unit
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<b>CANCER MARKER</b>			
PSA Total	0.62	(0.0-4.0)ng/ml	ng/ml
EXPECTED VALUES :			
99% OF HEALTHY MALES		0.0 - 4.0 ng / ml	
80% OF BENIGN PROSTATIC HYPERTROPHY		4.0 - 10.0 ng / ml	
81% OF PROSTITIC CARCINOMAS		10 - 20.0 ng / ml	
PROSTATIC METASTASIS		Above 20.0 ng / ml	

INTERPRETATION:- PSA is reliable tumor marker for already diagnosed prostatic carcinomas . It is uniquely associated only with prostatic tissue and therefore , is specific for it. Baseline levels measured prior to therapeutic intervention , and follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

**RECOMMENDED TESTING INTERVALS:-**

- First Datermination : Preoperatively ( Baseline )
- Second determination : 2-4 Days postoperatively
- Third determination : Before discharge from hospital

**FOLLOW - UP DATERMINATION :-**

- F Levels are high / show rising trend : Monthly
- F Levels are normal : Every 3 monthly initially , later annually.

\* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However , if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.

\* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening test for diagnosing prostatic carcinomas , but only as aid in follow up studies.



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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खज्वांची बरगदवा बाईपास रोड, राप्ती नगर-1, मोरखपुर - 273 003 मो. : 8173006932

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Tests	Results	Biological Reference Range	Unit
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## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Haemoglobin	13.7	(Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	9200	(4000-11000 /cumm)	/cumm
<b>Differential Leukocyte Count (DLC)</b>			
Polymorph	62	(40-80 )%	%
Lymphocyte	35	(20-40 %)	%
Eosinophil	03	(01-6 )%	%
Monocyte	00	Low (02-08 )%	%
Basophil	00	(<1 %)	%
R. B. C.	3.68	Low (4.2 - 5.5 )million/cmm	million/
P. C. V. (hemotocrite)	36.8	(36-50) Litre/Litre	/Litre
M. C. V.	99.9	High (82-98) fl	fl
M. C. H.	37.1	High (27Pg - 32Pg)	Pg
M. C. H. C.	36.2	High (21g/dl - 36g/dl)	g/dl
Platelete Count	2.85	(1.5-4.0 lacs/cumm)	/cumm

### ESR Wintrobe

Observed	15	20mm fall at the end of first hr.	mm
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\*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

\*elevated In Acute And Chronic Infections And Malignancies.

\*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, SLE, Pulmonary Infarction.



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Tests	Results	Biological Reference Range	Unit
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## BIOCHEMISTRY

### Blood Sugar Fasting & PP

Blood Sugar Fasting **110.9** High (60-110)mg/dl mg/dl

Reference Value :

Fasting ( Diabetes 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )  
 After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )  
 Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

### Lipid Profile

Total Cholesterol	168.1	125-200mg/dl Normal Value	mg/dL
H D L Cholesterol	42.1	(30-70 mg%)	mg%
Triglyceride	147.9	(60-165mg/dL)	mg/dL
V L D L	29.58	(5-40mg%)	mg%
L D L Cholesterol	96.42		mg/dl

50 Optimal  
50-100 Near/Above Optimal

TC/HDL 4.0 (3.0-5.0)

LDL/HDL 2.2 (1.5-3.5)

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol ,triglycerides,hdl& Ldl Cholesterol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



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Tests	Results	Biological Reference Range	Unit
<b>LIVER FUNCTION TEST</b>			
Bilirubin (Total)	0.7	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct )	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.4	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	29.6	0-40	IU/L
SGPT (ALT)	22.3	0.0-42.0	IU/L
Serum Alkaline Phosphatase	152.2	80.0-290.0	U/L
Serum Total Protein	6.6	6.0-7.8	gm/dl
Serum Albumin	3.9	3.5-5.0	gm/dl
Serum Globulin	2.7	2.3-3.5	gm/dl
A/G Ratio	<b>1.44</b>	High	

**Comments/interpretation:**

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.  
 -the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.  
 -It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

**KIDNEY FUNCTION TEST**

Blood Urea	32.1	15.0-45.0	mg/dl
Serum Creatinine	0.8	0.7-1.4	mg/dl
Serum Uric Acid	6.8	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	138.1	136.0-149.0	mmol/L
Serum Potassium	4.0	3.5-5.5	mmol/L
Serum Calcium	8.6	8.0-10.5	mg/dl



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Tests	Results	Biological Reference Range	Unit
<b>Glycosylated Haemoglobin</b>			
HBA1c	6.4	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar is In Their Target Range. If Your Diabetes is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

## SEROLOGY

### Blood Group (ABO)

A.B.O. "O"  
Rh(D) POSITIVE



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Tests	Results	Biological Reference Range	Unit
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## CLINICAL PATHOLOGY

### Urine Examination Report

#### PHYSICAL

Volume	20	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	CLEAR	-	-

#### CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.020	(1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

#### MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	2-3	0-5 /hpf	/hpf
Epithelial Cells	1-2	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

THANKS FOR REFERENCE

\*\*\* End of Report \*\*\*

Consultant Pathologist  
DR.S. SRIVASTAVA-M.D(PATH)

TECHNICIAN  
17140



Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)

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**REPORT**

LD. NO 11	: U/19-03	March 19, 2024
Patient's Name:	: MR. PRASHANT KR. SHUKLA	AGE/SEX : 34 YRS / M
Ref by Dr.	: DIVYAMAN HOSPITAL	

**2D- ECHO**

**MITRAL VALVE**

Morphology

AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.  
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.

Doppler

Subvalvular deformity Present/Absent Score :  
Normal/Abnormal E>A A>E  
Mitral Stenosis Present/Absent RR Interval\_ msec  
EDG\_ mmHg MDG\_ mmHg MVA\_ cm2  
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology

Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.

Doppler

Normal/Abnormal.  
Tricuspid stenosis Present/Absent RR Interval\_ msec.  
EDG\_ mmHg MDG\_ mmHg  
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmed signals.  
Velocity\_ msec. Pred. RVSP=RAP+\_ mmHg

**PULMONARY VALVE**

Morphology

Normal/Atresia/Thickening/Doming/Vegetation.

Doppler

Normal/Abnormal  
Pulmonary stenosis Present/Absent Level  
PSG\_ mmHg Pulmonary annulus\_ mm  
Pulmonary regurgitation Present/Absent  
Early diastolic gradient\_ mmHg. End diastolic gradient\_ mmHg



P.T.O

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

उपलब्ध सुविधाएँ



► CT Scan यंत्रण, 16, 64 व 128  
► CT Angiography  
► Digital X-ray



► MRI Scan  
► 4D Colour Dopler  
► CTASG Guided Biopsy/PNAC



► ECG, ECG Cardiography  
► Dr. Lx Path Lab  
► 24 H Ambulance



Senior X Ray



**REPORT**

**AORTIC VALVE**

Morphology: Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No of cusps: 1/2/3/4

Doppler: Normal/Abnormal

Aortic stenosis: Present/Absent Level  
 PSG\_ mmHg Aortic annulus\_ mm

Aortic regurgitation: Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	3.17	LAcS :	3.27
LVes :		LVed :	4.45
IVSed :	1.18	PW (LV):	
RVed :		RV Anterior wall	
EF :	63%	IVC	

IVSmotion: Normal/Flat/Paradoxical/Other

**CHAMBERS**

LV: Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA  
 LA: Normal/Enlarged/Clear/Thrombus  
 RA: Normal/Enlarged/Clear/Thrombus  
 RV: Normal/Enlarged/Clear/Thrombus  
 Pericardium: Normal/Thickening/Calcification/Effusion

**IMPRESSION**

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 63% 2D
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.



Cardiologist.

**सर्वोच्च सुविधाएं**

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➤ CT Scan सीस्कैन, डी, सीस्कैन  
 ➤ CT Angiography  
 ➤ Digital X-ray



Magn 7.5 T MRI

➤ MRI Scan  
 ➤ 4D Colour Dopler  
 ➤ CTUSG Guided Biopsy/FNAC

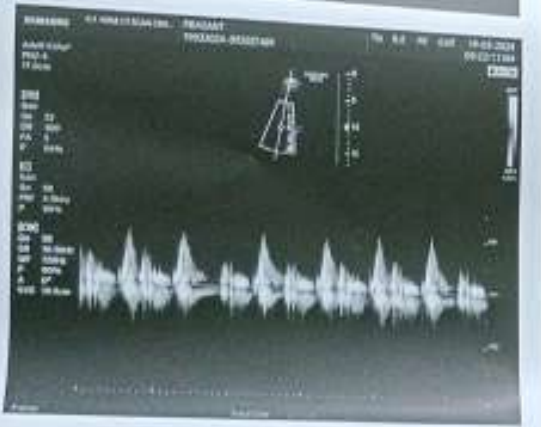
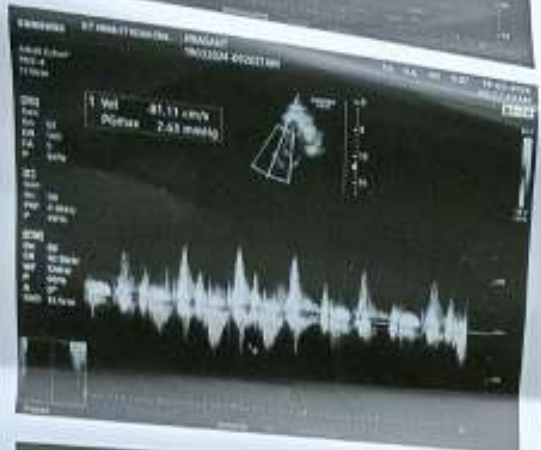
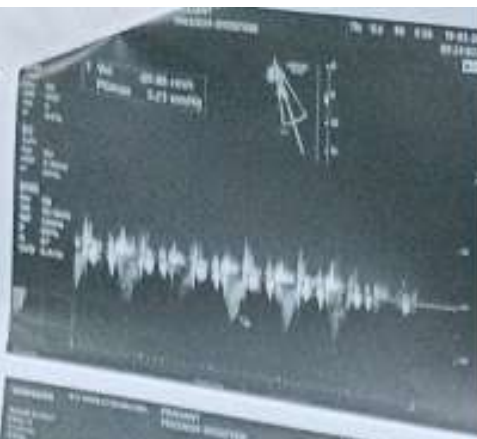


General Monitor S 2000

➤ ECG, ECO Cardiography  
 ➤ Dr. Lal Path Lab  
 ➤ 24 H Ambulance



General 3.5 Km



## REPORT

ID. NO	U/19/03/05	March 19, 2024
PATIENT NAME	Mr. PRASHANT K. SHUKLA	AGE/SEX 34 Y/M
REF. BY	DIVYAMAN HOSPITAL	

### USG: WHOLE ABDOMEN (Male)

Liver – enlarged in size (184.5 mm) with grade-I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.  
CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (114.5 mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 28.2x31.4x43.2mm volume 19.9cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

### IMPRESSION

- HEPATOMEGALY WITH FATTY LIVER GRADE-I.

#### ADV – CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.



Dr. Rahul Nayak  
M.B.B.S.(M.L.N),  
M.D.(Dr. RMLIMS, LKO)

#### उपलब्ध सुविधाएँ



Siemens CT Scan

- ▶ CT Scan गोलक, हेर, सीर अदि
- ▶ CT Angiography
- ▶ Digital X-ray



Philips 1.5T MRI

- ▶ MRI Scan
- ▶ 4D Colour Dopler
- ▶ CT/USG Guided Biopsy/FNAC



Siemens Accuson S 5000

- ▶ ECG, EGD Cardiography
- ▶ Dr. Lal Path Lab
- ▶ 24 H Ambulance



Siemens 3-Roy

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE





# दिव्यमान हॉस्पिटल

## प्राइवेट लिमिटेड



• ईमेल : dmhgkps@gmail.com • फोन नं० : 0551-2306300 • मो० : 7525069999, 8173006932

PT Name. : MR PRASHANT KUMAR SHUKLA Age. : 34 YEAR Gender. : Male  
 OPD No. : 1167 UHID : UHID1059 Guardian. : SHRI NARAYAN SHUKLA  
 Under Dr. : DR ASHOK KUMAR SRIVASTAVA Department. : GENERAL MEDICINE Qualification. : MBBS <sup>MD Dipad</sup>  
 Date. : 19-03-2024 Address. : KUNRAGHAT GKP Contact : 7007689230 <sup>Gen.</sup>

B.p 128/74 mmHg Pulse 83 Spo2 Weight 90 kg Temp

CVS SILENT  
 lungs  
 RACEMAL

Hb 13.7 g/dl

CBC - (M)

Blood group No group

deful RBC (M)

deful WBC (M)

deful PLT (M)

Blood group (O+ve)

Bec - white

USE Aspirin  
 Salicylic acid

veg - MAD

Rx. Weight Reduction / Morning walk  
diet as adv

*Signature*



**:- अन्य विभाग :-**

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जगदल व लैप्रोस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पथोलॉजी
- माइडवेलर ओ.टी., सी.आर्म

**इमरजेंसी 24 घण्टे**

पता : गौर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, आज्ञावी बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003  
 दृजि. आफिस : 731-एच, शारदा शिवालय, आनन्द विहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003



R

CHEST-PA

PRASHANT KUMAR SHUKLA 34YM Male DMH 18/03/2024 09:43:49

Chest PA

DIVYAMAN HOSPITAL PRIVATE LIMITED X-RAY DEPARTMENT  
OPP. VEER BAHADUR SINGH SPORT COLLEGE, RAPTINAGAR PHASE-1, GORAKHPUR MOB. 7625963292

# DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME Mr. PRASHANT SHUKLA  
AGE / SEX 35 Y / Male  
COLLECTED AT Inside  
RECEIPT No. 17,125  
REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 19-03-2024  
REPORT RELEASED ON 19/03/2024  
REPORTING TIME 3:33:41PM  
PATIENT ID 17155

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH<sub>u</sub>

Tests	Results	Biological Reference Range	Unit
<b>IMMUNOLOGY</b>			
T3 Triiodo Thyroid	1.00	(0.69 - 2.15)	ng/ml
T4 Thyroxine	108.6	(52 - 127) ng/ml	ng/ml
TSH	3.29	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

THANKS FOR REFERENCE

\*\*\* End of Report \*\*\*

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
17155

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)

Page 1 of 1

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एफ.एन.ए.सी. • पैप स्मैजर • हॉर्मोन ( प्रतिदिन रिपोर्ट ) • साइटोलॉजी • ब्लॉड ग्रैरो • HbA1c • स्पेशल टेस्ट

( 24-घंटे )

For Home Collection Dial : 9076655547

पता : डॉ. बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राजीव नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of discrepancy test must be repeated. This report is not valid for medicolegal purpose.