

**BEFORE THE NATIONAL GREEN TRIBUNAL,  
PRINCIPAL BENCH AT NEW DELHI**

**ORIGINAL APPLICATION NO. 468 OF 2024**

**IN THE MATTER OF:  
SAMPURNA NAND**

**.... APPLICANT**

**VERSUS**

**M/S JAY MAA DURGA MIXTURE  
PLANT & ORS.**

**.... RESPONDENTS**

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**NEW DELHI**

**DATED: 28 .10.2025**



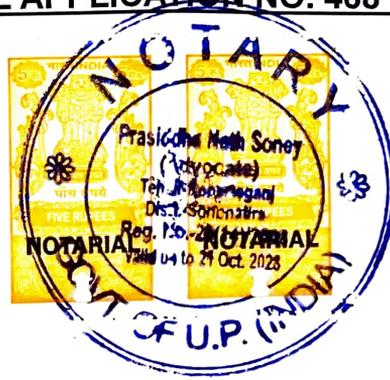
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Counsel for U.P. Pollution Control Board  
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New Delhi-110001  
(M.) 9810252518

BEFORE THE HON'BLE NATIONAL GREEN TRIBUNAL  
PRINCIPAL BENCH, NEW DELHI

ORIGINAL APPLICATION NO. 468 OF 2024



**IN THE MATTER OF:  
SAMPURNA NAND**



.... APPLICANT

VERSUS

**M/S JAY MAA DURGA MIXTURE  
PLANT & ORS.**

.... RESPONDENTS

**AFFIDAVIT ON BEHALF OF THE UTTAR PRADESH POLLUTION  
CONTROL BOARD IN COMPLIANCE OF ORDER DATED 25.08.2025  
PASSED BY THIS HON'BLE TRIBUNAL.**

I, Ramesh Kumar Singh, S/o Shri Bal Ram Singh, aged about 44 years, presently posted as Regional Officer, Uttar Pradesh Pollution Control Board (hereinafter UPPCB), Sonbhadra do hereby solemnly affirm and state on oath as under:

1. That I in the abovenoted capacity am well conversant with the facts and records of the present case, hence am competent to swear this affidavit.
2. That the present matter is about illegal mining and blasting causing severe environmental pollution on hills in the area of villages Bhagoti Dei, Sonpur, Biyahur and Chakjata, Pargana Bhagwat, Police Station Ahraura, Tehsil Chunar in District Mirzapur, Uttar Pradesh.



3. That this Hon'ble Tribunal vide order dated 21.07.2025 has directed the UPPCB to file "Additional response regarding compliance status of respondent no. 1 i.e. M/s Jai Maa Durga Mixture Plant, established at Arazi No. 587, 588 & 605 Mi, Village-Bhagautidei, Post-Patihatta, Pargana-Bhagwat, Tehsil-Chunar, District-Mirzapur in respect of each of the guidelines issued by CPCB/UPPCB with all requisite details and supporting photographs and video clips taken for verifying the compliance by Respondent No. 1 may be filed in tabular format within one month".
4. That, in compliance of the above directions passed by this Hon'ble Tribunal, officials of UPPCB has conducted the field visit of above concerned Stone Crusher Unit i.e. M/s Jai Maa Durga Mixture Plant, established at Arazi No. 587, 588 & 605 Mi, Village-Bhagautidei, Post-Patihatta, Pargana-Bhagwat, Tehsil-Chunar, District-Mirzapur on 18.08.2025.
5. That accordingly compliance report in the form of affidavit was placed before this Hon'ble Tribunal for kind consideration.
6. That further vide its order dated 25.08.2025 this Hon'ble Tribunal directed as follows:



....."2. Copy of pen drive filed by UPPCB may be supplied to the respondent no. 1 on furnishing of blank pen drive for this purpose.

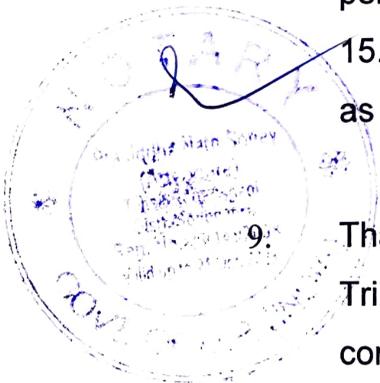
5. UPPCB is directed to issue appropriate directions/order to the project proponent to ensure compliance with the

↓

*consent conditions and to verify such compliance and file additional affidavit within two months.*

*6. List on 30.10.2025 for final hearing."*

7. That in compliance of above, directions has been issued to above Stone Crusher Unit i.e. M/s Jai Maa Durga Mixture Plant, established at Arazi No. 587, 588 & 605 Mi, Village-Bhagautidei, Post-Patihatta, Pargana-Bhagwat, Tehsil-Chunar, District-Mirzapur by UPPCB vide letter ref. No. G1194/Jai Maa durgae/Sahmati/2025 dated 13.10.2025 for compliance of conditions of CTO issued to above Unit by UPPCB vide ref. No.238055/UPPCB/Sonebhadra(UPPCBRO)/CTO/both/Mirzapur/2025 dated 20.04.2025 and to submit compliance status. Further, directions were also issued to the Stone Crusher Unit to comply/follow the Central Pollution Control Board (CPCB) & Uttar Pradesh Pollution Control Board (UPPCB) Guidelines of Stone Crusher Unit for operation of Stone Crusher Unit and to submit compliance report. A Copy of letter Dated 13.10.2025 is being annexed as **Annexure No.1.**
8. That in compliance of directions of this Hon'ble Tribunal, a copy of Videography along with Affidavit, which was filed before this Hon'ble Tribunal has been sent to above Stone Crusher Unit in pen drive vide letter ref. No. G1215/OA No. 468/2025 dated 15.10.2025. A Copy of letter dated 15.10.2025 is being Annexed as **Annexure No.2.**
9. That in compliance of the directions passed by this Hon'ble Tribunal, UPPCB has again conducted the field visit of above concerned Stone Crusher on dated 17.10.2025 wherein it has been found as follows.



*(Handwritten signature)*

- i. During field visit above concerned stone Crusher unit was found non-operational.
- ii. During inspection Air pollution sources i.e. such as Primary Jaw Crusher, Vibrating screen and conveyer belts end points were found covered with canvas cloth/ telescopic suit was found established.
- iii. During visit Dug/Hopper was found covered along 03 sides and on top with metallic sheet.
- iv. To Control Dust emission at end of Conveyer belts and along 04 sides' boundaries of unit water sprinkling mechanism was found established.
- v. Inside the premises of Stone Crusher Unit, metallic/Concrete road was found established to reduce vehicular dust emission generated during movement of vehicles.
- vi. 05 Nos. of Anti Smog Gun was found established to control Dust Emission generated due to vehicular Movement and during Loading/unloading of raw materials.
- vii. Green belt dense plantation was found in unit along the all sides of boundary wall.
- viii. During inspection Air Pollution Control System was found established and unit was found complying the conditions of CTO issued to above unit by UPPCB.



*(Handwritten signature)*





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क्षेत्रीय कार्यालय,  
REGIONAL OFFICE,  
उ०प्र० प्रदूषण नियंत्रण बोर्ड  
U.P. POLLUTION CONTROL BOARD  
सोनभद्र  
SONBHADRA

Annexure No.1



संदर्भ संख्या:- ८१११५/८५ मॉ दुर्गे/सहमति/२०२५  
Ref.No.:

दिनांक:- 13/10/2025  
Date:

सेवा में,

मेसर्स जय माँ दुर्गे मिक्चर प्लाण्ट,  
आराजी नं०-587, 588 एवं 605मि, ग्राम-भगौतीदेई, अहरौरा, परगना-भगवत, तहसील-चुनार,  
जनपद-मीरजापुर।

विषय:- वायु (प्रदूषण निवारण तथा नियंत्रण) अधिनियम, 1981 (यथासंशोधित) प्राविधानों के अन्तर्गत बोर्ड द्वारा निर्गत सहमति (जल एवं वायु) की शर्तों, केन्द्रीय प्रदूषण नियंत्रण बोर्ड एवं उ०प्र० प्रदूषण नियंत्रण बोर्ड द्वारा प्रचलित स्टोन क्रशर इकाईयों की गाइडलाइन/वायु प्रदूषण नियंत्रण व्यवस्थाओं के अनुपालन के सम्बन्ध में।

महोदय,

कृपया उपरोक्त विषयक के सम्बन्ध में मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में विचाराधीन ओ०ए० संख्या-468/2024 सम्पूर्णानन्द बनाम जय माँ दुर्गे मिक्चर प्लाण्ट व अन्य में पारित आदेश दिनांक-25.08.2025 के अनुपालन में केन्द्रीय प्रदूषण नियंत्रण बोर्ड एवं उ०प्र० प्रदूषण नियंत्रण बोर्ड द्वारा प्रचलित स्टोन क्रशर इकाईयों की गाइडलाइन/वायु प्रदूषण नियंत्रण व्यवस्थाओं का अक्षरशः अनुपालन किया जाना सुनिश्चित किया जाये। मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में पारित आदेश दिनांक-21.07.2025 के अनुपालन में आपके इकाई का निरीक्षण इस कार्यालय के प्राधिकारियों द्वारा दिनांक-18.08.2025 को किया गया।

निरीक्षण के समय आपके उद्योग द्वारा निम्नलिखित वायु प्रदूषण नियंत्रण व्यवस्थाओं/केन्द्रीय प्रदूषण नियंत्रण बोर्ड एवं उ०प्र० प्रदूषण नियंत्रण बोर्ड द्वारा स्टोन क्रशर हेतु जारी गाइडलाइन का पूर्णतः अनुपालन नहीं किया जाता पाया गया:-

Sl. No.	CPCB/UPPCB Guideline or Pollution Control Measures	Compliance Status	Remark
1.	Unloading of raw material into hopper	Partially Complying	Three sides and top should be covered and one side may be kept open for vehicular movement
2.	Health survey of workers should be carried out by the stone crusher on half-yearly basis.	Non-Complying	

उपरोक्त से स्पष्ट है कि इकाई द्वारा वायु (प्रदूषण निवारण तथा नियंत्रण) अधिनियम, 1981 (यथासंशोधित) प्राविधानों के अन्तर्गत बोर्ड द्वारा निर्गत सहमति (जल एवं वायु) की शर्तों, केन्द्रीय प्रदूषण नियंत्रण बोर्ड एवं उ०प्र० प्रदूषण नियंत्रण बोर्ड द्वारा प्रचलित स्टोन क्रशर इकाईयों की गाइडलाइन का अक्षरशः अनुपालन नहीं किया जा रहा है।

अतः उपरोक्त के परिप्रेक्ष्य में आपको निर्देशित किया जाता है कि बोर्ड द्वारा उद्योग को निर्गत सहमति (जल एवं वायु) में वर्णित शर्तों एवं केन्द्रीय प्रदूषण नियंत्रण बोर्ड तथा उ०प्र० प्रदूषण नियंत्रण बोर्ड की स्टोन क्रशर सम्बन्धी गाइडलाइन का अनुपालन किया जाना सुनिश्चित करें तथा अनुपालन आख्या एक सप्ताह के अन्दर इस कार्यालय को प्रेषित करना सुनिश्चित करें।

भवदीय,

R  
13/10/25

(आर०के० सिंह)  
क्षेत्रीय अधिकारी

पृ०सं० एवं दिनांक उपरोक्तानुसार।

प्रतिलिपि:- मुख्य पर्यावरण अधिकारी (वृत्त-2), उ०प्र० प्रदूषण नियंत्रण बोर्ड, लखनऊ को सूचनार्थ एवं आवश्यक कार्यवाही हेतु सादर प्रेषित।

R  
क्षेत्रीय अधिकारी

etc



क्षेत्रीय कार्यालय,  
REGIONAL OFFICE,  
उ०प्र० प्रदूषण नियंत्रण बोर्ड  
U.P. POLLUTION CONTROL BOARD  
सोनभद्र  
SONBHADRA

Annexure No.2



संदर्भ संख्या:- G1215/O.A.No-468/2025  
Ref.No.:

दिनांक:- 15/10/2025  
Date:

सेवा में,

मेसर्स जय माँ दुर्गे मिक्चर प्लांट,  
आराजी नं०-587, 588 एवं 605मि, ग्राम-भगौतीदेई, अहरौरा, परगना-भगवत, तहसील-चुनार,  
जनपद-मीरजापुर।

विषय:- मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित ओ०ए० संख्या-468/2024 सम्पूर्णानन्द बनाम जय माँ दुर्गे मिक्चर प्लांट व अन्य में पारित आदेश दिनांक-25.08.2025 के अनुपालन के सम्बन्ध में।

महोदय,

उपरोक्त विषयक मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित ओ०ए० संख्या-468/2024 सम्पूर्णानन्द बनाम जय माँ दुर्गे मिक्चर प्लांट व अन्य में पारित आदेश दिनांक-25.08.2025 के अनुपालन में मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में दाखिल/प्रस्तुत किये गये अभिलेख एवं उद्योग का निरीक्षण के समय बनाये गये वीडियोग्राफी पेनड्राईव में संकलित कर प्रेषित है।

संलग्नक:- यथोपरि।

भवदीय,

*Ris/10/25*

(आर०के० सिंह)  
क्षेत्रीय अधिकारी

०८

पृ०सं० एवं दिनांक उपरोक्तानुसार।

प्रतिलिपि:-मुख्य पर्यावरण अधिकारी (वृत्त-2), उ०प्र० प्रदूषण नियंत्रण बोर्ड, लखनऊ को सूचनार्थ एवं आवश्यक कार्यवाही हेतु सादर प्रेषित।

*R*

क्षेत्रीय अधिकारी

०८

# JAI MAA DURGAE MIXTURE PLANT

Add - BHAGAUTI DEI, CHUNAR, MIRZAPUR

GST No. :- 09AAPFJ6860Q1Z9

PAN No. :- AAPFJ6860Q

Date: 17/10/25

सेवा में,

क्षेत्रीय अधिकारी,  
उ0प्र0 प्रदूषण नियंत्रण बोर्ड,  
सोनभद्र।

विषय:- बोर्ड द्वारा निर्गत सहमति (जल एवं वायु) / (CTO) दिनांक-20.04.2025 एवं आप द्वारा प्रेषित पत्रांक-जी 1194 / जय माँ दुर्गे / सहमति / 2025 दिनांक-13.10.2025 के अनुपालन के सम्बन्ध में।

महोदय,

कृपया उपरोक्त विषयक अपने पत्र दिनांक-13.10.2025 का संदर्भ ग्रहण करने का कष्ट करें, जो दिनांक-17.10.2025 को प्राप्त हुआ है। उक्त के सम्बन्ध में अवगत कराना है कि आप द्वारा पत्रांक-238055/UPPCB/SONBHADRA(UPPCBRO)/CTO/both/MIRZAPUR/2025 दिनांक-20.04.2025 द्वारा निर्गत सहमति (जल एवं वायु)/CTO में अधिरोपित शर्तों का पूर्णतया अनुपालन किया जा रहा है (अनुपालन आख्या संलग्न)। इकाई द्वारा उद्योग में वायु प्रदूषण नियंत्रण व्यवस्थाएँ जैसे-प्राइमरी, सेकेण्ड्री एवं स्क्रीनिंग तथा कन्वेयर बेल्ट्स का पूर्णतः टिन शेड से कवर्ड किया गया है तथा इकाईयों पर वॉटर स्प्रीकिलिंग व्यवस्था स्थापित है। इकाई में स्थापित हॉपर/डग को 03 दिशाओं से इकाई में केन्द्रीय प्रदूषण नियंत्रण बोर्ड एवं उ0प्र0 प्रदूषण नियंत्रण बोर्ड की स्टोन क्रशर गाइड लाइन के अनुरूप हरित पट्टिका, विण्ड ब्रेकिंग वाल एवं इत्यादि वायु प्रदूषण नियंत्रण व्यवस्थाएँ स्थापित एवं संचालित हैं। स्टोन क्रशर इकाई के संचालन हेतु कार्यरत कुल 06 स्टाफों का स्वास्थ्य जाँच करायी गयी है, जो कि संलग्न है। अग्रेतर स्टोन क्रशर इकाई के स्टोन क्रशर के संचालन में कार्यरत कर्मचारियों/स्टाफ का प्रत्येक छःमाही स्वास्थ्य परीक्षण कराया जायेगा। इकाई में वायु प्रदूषण नियंत्रण व्यवस्थाएँ जैसे-प्राइमरी, सेकेण्ड्री एवं स्क्रीनिंग पूर्णतया टिन शेड से कवर्ड किये गये हैं तथा इकाई में वायु प्रदूषण नियंत्रण हेतु वॉटर स्प्रीकिलिंग व्यवस्थाएँ स्थापित एवं संचालित हैं। इकाई द्वारा दिनांक-03.10.2025 को परिवेशीय वायु गुणता का अनुश्रवण का कार्य कराया गया, जो मानकों के अनुरूप पायी गयी (परिवेशीय वायु अनुश्रवण आख्या संलग्न)। आप द्वारा प्रेषित पत्र दिनांक-13.10.2025 की विन्दुवार अनुपालन आख्या निम्नलिखित है:-

Sl.No.	CPCB/UPPCB Guideline or Pollution Control Measure	Compliance Status	Remark	
1.	Unlodng of raw material into hopper	Three sides and top should be covered and one side may be kept open for vehicular movement	Complying	-
2.	Health survey of workers should be carried out by the stone crusher on half-yearly basis		Complying	स्टोन क्रशर इकाई के संचालन हेतु कार्यरत प्रत्येक कर्मचारी का छमाही स्वास्थ्य परीक्षण कराया जायेगा।

संलग्नक:-

1. सहमति (जल एवं वायु) की अनुपालन आख्या।
2. परिवेशीय वायु अनुश्रवण आख्या।
3. हेल्थ चेक-अप रिपोर्ट।

जय माँ दुर्गे मिक्सचर प्लांट  
सन्तोष कुमार सिंह  
पार्टनर

Compliance Status Of Consent To Operate (CTO) Issued To M/s JAI Maa Durgae Mixture Plant Arazi No. 587, 588 And 605Mi, Village-Bhagwatidei, Pargana-Bhagwat, Tehsil-Chunar, District-Mirzapur.

Validity Period: 01.08.2025 to 31.07.2030

**Specific Conditions**

Sl. No.	Conditions	Compliance
1.	This consent to operate is granted to M/s Jai Maa Durgae Mixture Plant, ARAZI NO. 587, 588 & 605Mi Village-Bhagautidei, Pargana-Bhagwat, Tehsil-Chunar, District-Mirzapur(U.P.) for production of Stone Grits/aggregates of different sizes-200TPH. The geo-coordinates of industry are 25.056860-Latitude and 82.991243-Longitude.	Noted and Agreed
2.	This consent order is valid from date of issue up to the period of dated-31.07.2030 for production of above mentioned product.	Noted and Agreed
3.	Industry shall obtain prior approval before making any modification in product/process/fuel/plant machinery failing which consent would be deemed void.	Noted and Agreed
4.	A thick green belt of trees of suitable species able to attain 8-10 meter height on maturity shall be developed in multi-lineate staggered manner on a minimum 33% of the land on which the industry is established as per the "Protocol for Development of Green Belt" notified vide Board Office OrderNo.H16405/220/2018/02 dated. 16.02.2018 in this regards and is available at URL <a href="http://www.uppcb.com/pdf/Green-beltGuide160218.pdf">http://www.uppcb.com/pdf/Green-beltGuide160218.pdf</a> .	Complied
5.	The industry shall submit audited balance sheet/certificate of C.A to this office for verification of consent fee in every year and accordingly balance fee shall be paid to UPPCB.	Complied
6.	Regular water sprinkling shall be done in order to maintain ambient air quality. The control measures for controlling process emissions should be properly maintained and continuously operated.	Complied
7.	The operation of the industry should be in the way that the process emission generated from the industry should not affect the surrounding environment and population.	Complied
8.	The transportation of used vehicles in such a manner that emission generated should not affect the nearby residence	Complied

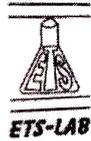
	and agricultural field.	
9.	The operation of the industry and the installed air pollution control system should be according to Environment (Protection) Act, 1986 and (as amended) and as per board guidelines. Industry should also follow the guideline regarding the operation of the stone cuttings issued by Central Pollution Control Board.	Complied
10.	The Industry shall ensure that house-keeping of premises is to be good always. The Industry shall ensure that the handling, collection and disposal of solid waste should be in proper and safe way with the permission of competent authority.	Complied
11.	The unit must be complied the directions/Guidelines issued from time to time from Central Pollution Control Board, Hon'ble High Court, Hon'ble National Green Tribunal and Hon'ble Supreme Court.	Noted and Agreed
12.	The D.G. set @ 500 KVA & 63 KVA should have minimum stack height 0.2xKVA meter from roof top of the nearest building with acoustic enclosure and monitoring of noise level, stack emission and ambient air quality should be done by the laboratory recognized under Environment (Protection) Act, 1986 or NABL accredited laboratory and report be sent to the Board.	Noted and Complied
13.	The industry should be installed the separate energy meter at the outlet of bore well for measuring of electric consumption during water sprinkling as dust suppression.	Complied
14.	This Consent of the industry is automatically considered abrogated after receiving public grievances regarding air pollution against the industry and the confirmation of the complaint by UPPCB.	Noted and Agreed
15.	Ambient Air quality monitoring test should be carried out from Environment (Protection) Act, 1986 approved laboratory/NABL accredited laboratory by the unit and submit monitoring report to the Board within one month after start of production.	Complied
16.	The industry should be installed the separate energy meter and electromagnetic flow meter at the outlet of bore well for measuring of electric consumption and water consumption respectively. Electric and water consumption	Complied

	should be maintain in log book and monthly data should be send to the Board.	
17.	Industry shall comply the all conditions mentioned in previous CTE/CTO's issued by Board.	Complied
18.	Industry shall comply the provisions of Environment (Protection) Act, 1986, Water (Prevention and Control of Pollution) Act, 1974 as amended, Air (Prevention and Control of Pollution) Act, 1981 as amended.	Noted and Agreed
19.	Industry shall submit valid documents or agreement copy regarding supply source of raw material (Stone Bolder) within one month.	Complied
20.	The industry shall establish appropriate height of boundary wall around the plant. Stone cutting plant shall be covered.	Complied
21.	The industry shall ensure full compliance of prescribed emission/noise level standards set under Issued with the permission of competent authority.	Complied
22.	The industry shall install air pollution control measures as mentioned below:- a) Closed metal sheet enclosures at dust emitting point's i.e. the crushers including their discharge points, screens, and the transfer points of belt conveyors, with rrangements of a door with opening and closing facility for cleaning and maintenance and flexible covers at entrance and exit of the belt conveyors. b) All openings provided for ventilation in the enclosures shall be covered by canvas bag filter to arrest the escaping dust. c) All belt conveyors shall be covered by the industry. d) Dust conveyer shall be equipped with telescopic discharge chute for collecting, storing and delivering/truck-loading of the product, Stone dust and any other fine dust. e) A minimum 5.0 meter high metal sheet/ building material or GI Sheet of minimum 08 mm thickness barricading or boundary wall shall be provided by stone crusher around the periphery. f) Dust suppression by scientifically designed water sprinkling system on raw material/ products and transfer points shall be adopted as an auxiliary air pollution control measure. g) Green belt along the boundary wall shall be developed by	Complied  Complied  Complied  Complied  Complied

	<p>stone crusher in at least three layers.</p> <p>h) Metallic road shall be installed inside the premises with Regular wetting of the ground within the factory premises.</p> <p>i) Industry shall obtain prior approval before making any modification in product/process/fuel/plant &amp; machinery, failing which consent shall be deemed void.</p> <p>j) Industry shall deploy 04 Anti-Smog Gun for suppression of dust while loading the products in the crushing area as well as on moving areas of the vehicles.</p>	<p>Complied</p> <p>Noted and Agreed</p> <p>Complied</p>
23.	The industry shall ensure full compliance of prescribed emission/noise level standards set under Environment (Protection) Rules, 1986.	Complied
24.	The transportation of used vehicles in such a manner that emission generated should not affect the nearby residence and agricultural field. The unit must be complied the directions/Guidelines issued from time totime from Central Pollution Control Board, Hon'ble High Court, Hon'ble National Green Tribunal and Hon'ble Supreme Court.	Complied
25.	The industry should be installed the separate energy meter and electromagnetic flow meter at the outlet Of bore well for measuring of electric consumption and water consumption respectively. Electric and water consumption should be maintain in log book and monthly data should be send to the Board.	Complied
26.	Industry shall submit valid documents or agreement copy regarding supply source of raw material (Stone Bolder) within one month.	Complied
27.	The loading, unloading, handling and storage of raw materials, products, waste or by products shall be carried out in such a way so as to minimize the generation of dust emission	Complied
28.	The industry shall ensure full compliance of prescribed effluent standard set under Environment (Protection) Rules, 1986.	Noted and Agreed
29.	The industry shall ensure disposal of domestic effluent by means of septic tank/ soak pit and Industrial effluent shall not be discharge in any condition.	Complied
30.	The Industry shall be ensuring that water should be	Complied

	sprinkled for dust suppression during cutting process and finishing process.	
31.	Industry shall provide sufficient no. of Helmets, Gumboots, Goggles, Masks etc. to the workers for their safety.	Complied
32.	Industry shall abstract ground water with the valid permission (NOC) of competent Authority (CGWA) or Competent Authority (If Applicable).	Complied
33.	Stone Dust shall not be disposed on agricultural land.	Complied
34.	Industry shall comply the the order of Hon'ble NGT In O.A. No. 468/2024 Sampurnanand Vs. Jai Maa Durgae Mixture Plant & others	Complied

जय माँ दुर्गे मिक्सचर प्लांट  
सब्लोष कुमार सिंह  
पार्टनर



# ENVIRO TECH SERVICES PVT. LTD.

An Analytical Laboratory



(AN ISO 45001:2018 Certified Laboratory)

Plot No. 1/32, S.S. of G.T. Road Industrial Area, Ghaziabad (U.P.) - 201001

E-mail: etslab2012@gmail.com | Website: www.etslab.in | Ph: 9911516076, 8130255461 | TC-15390

## TEST REPORT

TEST REPORT NO.: ETS/1537/10/2025 ULRNO TC153902500001525F DATE OF REPORT: 09.10.2025

### AMBIENT AIR QUALITY MONITORING AND ANALYSIS REPORT

Name And Address of Customer : JAI MAA DURGAE MIXTURE PLANT  
BHAGAUTI DEI, CHUNAR, MIRZAPUR

Date of Monitoring : 03.10.2025  
Analysis Start Date : 06.10.2025  
Analysis End Date : 09.10.2025  
Duration Of Monitoring : 03.10.2025 To 04.10.2025  
Time Of Monitoring : 10:38 AM To 10:38 AM (CO for 1.0 Hrs.)  
Sample ID No : 1537  
Sampling Done By : ETS STAFF  
Sampling Location : INSIDE PREMISES  
Sampling Method : ETS/STP/AIR-01  
Sampling Machine Placed At Height : 1.5 METER FROM GROUND LEVEL  
Weather Condition : CLEAR Ambient Temperature: 30.0 °C  
Wind Direction : E To W  
Equipment Used : Respirable Dust Sampler (PM<sub>10</sub>) + Fine Particulate Sampler (PM<sub>2.5</sub>)

S. No.	Test Parameter	Unit	Result	Specification/Limit (As per CPCB)	Test Method
1	Particulate Matters, (PM <sub>10</sub> )	µg/m <sup>3</sup>	82.0	For 24 Hrs =100	IS 5182 (Part-23)
2	Particulate Matters, (PM <sub>2.5</sub> )	µg/m <sup>3</sup>	42.2	For 24 Hrs =60	IS 5182 (Part-24)
3	Sulphur Dioxide, (SO <sub>2</sub> )	µg/m <sup>3</sup>	11.4	For 24 Hrs =80	IS: 5182 (Part-2)
4	Nitrogen Dioxide, (NO <sub>2</sub> )	µg/m <sup>3</sup>	27.5	For 24 Hrs =80	IS: 5182 (Part-6)

CHECKED BY  
ASHISH

For Enviro Tech Services Pvt. Ltd.

AUTHORIZED SIGNATORY

MD Humraj  
(Quality Manager)

Format No ETS/LAB/TR-01, Issue No. 05, Date 01.04.2019, Amd No. 04 Date 01.04.2019

#### Note :-

1. Test reports without ETS LAB HOLOGRAM are not issued by our laboratory.
2. The results indicated only refer to the tested samples and listed applicable parameters.
3. No complaint will be entertained if received after 7 days of issue of test report.
4. Our liability is limited to invoice value only.
5. This sample shall be destroyed after 15 days & Biological / Perishable sample shall be destroyed immediately after issue of test report.
6. This test report shall not be used in any advertising media or as evidence in the court of Law without prior written permission of the laboratory.



जय माँ दुर्गे मिक्सचर प्लान्ट  
सन्तोष कुमार सिंह  
पार्टनर



Latitude: 25.056723  
Longitude: 82.991212  
Altitude: -6.0±91.9 m  
Accuracy: 5.3 m  
Time: 17-10-2025 09:13  
Note: JAI MAA DURGAE MIXTURE PLANT.

जय माँ दुर्गे मिक्सचर प्लान्ट  
सन्तोष कुमार सिंह  
पार्टनर

: 25101867

: MR VINOD KUMAR

ender: 36Yrs/Male

By : Dr. SANJAY SINGH

PatientID : HLD25/20481

ReceivedDate : 16/10/2025 10:03 AM

PrintingDate : 16/10/2025 11:51 AM



### BIOCHEMISTRYREPORT

TestDescription	Result	Unit	BiologicalReferenceRanges
<b>LipidProfile</b>			
Cholesterol-Total Method: Spectrophotometry	156.8	mg/dL	<200Desirable 200-239BorderlineHigh >240High
Triglycerideslevel Method: Serum, Enzymatic, endpoint	87.9	mg/dL	<150Normal 150-199BorderlineHigh 200-499High >500VeryHigh
HDLCholesterol Method: Serum, Directmeasure-PEG	42.9	mg/dL	<40MajorRiskforHeart >40Normal
LDLCholesterol Method: Enzymaticselectiveprotection	96.32	mg/dL	<100Optimal 100-129Near/AboveOptimal 130-159Borderlinehigh 160-189High >190VeryHigh
VLDLCholesterol Method: Serum, Enzymatic	17.58	mg/dL	- 38
CHOL/HDLRATIO Method: Serum, Enzymatic	3.66		3.5-5.0
LDL/HDLRATIO Method: Serum, Enzymatic	2.25		2.5-3.5
<b>NOTE</b> 8-10hoursfastingsampleisrequired			

LabTechnician

Dr. Harshita Lal  
MBBS, MD (Micro)  
PGDID (Infectious Disease)  
Ex-Senior Resident (BHU)

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E-mail : HLDiagno@gmail.com | Website : www.hldiagnostics.com

Microbiological and Pathological findings are Expert opinions. Please Correlate Clinically.

Not for Medical-Legal Purposes



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y : Dr. SANJAY SINGH

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Specimen Serum  
Estimated Glomerular Filtration Rate (eGFR), Serum 119 mL/min/1.73m<sup>2</sup>  
Method: Cockcroft-Gault Formula

### Interpretive Information

Table provides interpretation of specific eGFR values. Creatinine measurements, and therefore eGFR calculations, are affected by very high or very low muscle mass, muscle injury, a diet very high in meat, hepatic cirrhosis, certain drugs, etc.

### Interpretation of eGFR Values

eGFR (mL/min/1.73m <sup>2</sup> )	Interpretation
≥90	Normal
60-89	Mild decrease
45-59	Mild to moderate decrease
30-44	Moderate to severe decrease
15-29	Severe decrease
<15	Kidney failure

eGFR, estimated glomerular filtration rate.

<sup>a</sup>This table applies to creatinine-based and cystatin C-based eGFR.

<sup>b</sup>The National Kidney Disease Education Program (NKDEP) recommends that actual values above 60 mL/min/1.73m<sup>2</sup> be reported only as >60 due to variability near the upper limit of the reference range.<sup>5</sup>

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y : Dr. SANJAY SINGH

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### Liver Function Test (LFT)

TOTAL BILIRUBIN Method: Serum, Jendrassik Grof	0.50	mg/dl	0.3-1.2
DIRECT BILIRUBIN Method: Serum, Diazotization	0.27	mg/dL	0-0.3
INDIRECT BILIRUBIN Method: Serum, Calculated	0.23	mg/dl	0.1-1.0
SGOT (AST) Method: Serum, UV with P5P, IFCC 37 degree	32.8	U/L	0-50
SGPT (ALT) Method: Serum, UV with P5P, IFCC 37 degree	36.1	U/L	0-50
ALKALINE PHOSPHATASE Method: DGKC	102.8	U/L	30-120
TOTAL PROTEIN Method: Serum, Biuret, reagent blank end point	7.10	g/dl	6.6-8.3
SERUM ALBUMIN Method: Serum, Bromocresol green	3.90	g/dl	3.2-4.6
SERUM GLOBULIN Method: Serum, Calculated	3.20	g/dl	1.8-3.6
A/G RATIO Method: Serum, Calculated	1.22		1.2-2.2

### NOTE:

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Nonalcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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Phone : 25101867

Referral : MR VINOD KUMAR

Gender: 36Yrs/Male

By : Dr. SANJAY SINGH

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**Renal Function Test (RFT)**

Random blood sugar (RBS)	110.8	mg/dl	70-160
Blood Urea	23.4	mg/dl	15-45
Serum Creatinine	0.78	mg/dl	0.5-1.5
Uric Acid	4.50	mg/dl	3.4-7.0
Phosphorous	3.90	mg/dl	3.0-4.5
Serum Sodium	140.1	mEq/L	135-145
Serum Potassium	3.98	mEq/L	3.5-5.5
Chloride	99.7	mEq/L	98.0-109.0
Serum Calcium	8.90	mg/dl	8.4-10.2
Blood Urea Nitrogen-BUN	9	mg/dl	7-20
BUN Creatinine Ratio	12		10.0-20.0
Urea Creatinine Ratio	30		10.0-40.0

**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3	132.8	ng/dl	63.0-215.0
T4	7.78	ng/dl	5.2-12.70
TSH (Ultrasensitive)	2.17	uIU/ml	0.30-4.50

Method: Maglumi Fully-Auto Chemiluminescence Immunoassay Analyzer

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3 - often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis

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aised or within Range	Raised	Raised or within Range	<ul style="list-style-type: none"> <li>Interfering antibodies to thyroid hormones (anti-TPO antibodies)</li> <li>Intermittent T4 therapy or T4 overdose</li> <li>Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics</li> </ul>
Decreased	Raised or within Range	Raised or within Range	<ul style="list-style-type: none"> <li>Isolated Low TSH- especially in the range of 0.1 to 0.4 often seen in elderly &amp; associated with Non-Thyroidal illness</li> <li>Subclinical Hyperthyroidism</li> <li>Thyroxine ingestion</li> </ul>
Decreased	Decreased	Decreased	<ul style="list-style-type: none"> <li>Central Hypothyroidism</li> <li>Non-Thyroidal illness</li> <li>Recent treatment for Hyperthyroidism (TSH remains suppressed)</li> </ul>
Decreased	Raised	Raised	<ul style="list-style-type: none"> <li>Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule</li> <li>Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum</li> </ul>
Decreased or within Range	Raised	Within Range	<ul style="list-style-type: none"> <li>T3 toxicosis</li> <li>Non-Thyroidal illness</li> </ul>

**References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001  
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

\*\*\*\*\*End of the report\*\*\*\*\*

  
Lab Technician

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सबलोष कुमार सिंह  
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Ex Senior Resident, BHU  
PGDID (Inf. Dis)  
Reg. No. : 15746

**Dr. Anil K. Srivastava**  
MBBS, DCP  
Senior Consultant Pathologist

Id : 25101872  
: MR VIVEK SINGH  
Gender: 32Yrs/Male  
f.By : Dr. SANJAY SINGH

PatientID : HLD25/20486  
ReceivedDate : 16/10/2025 10:07 AM  
PrintingDate : 16/10/2025 11:59 AM



**BIOCHEMISTRYREPORT**

TestDescription	Result	Unit	BiologicalReferenceRanges
<b>LipidProfile</b>			
Cholesterol-Total <i>Method: Spectrophotometry</i>	190.9	mg/dL	<200Desirable 200-239BorderlineHigh >240High
Triglycerideslevel <i>Method: Serum, Enzymatic, endpoint</i>	87.0	mg/dL	<150Normal 150-199BorderlineHigh 200-499High >500VeryHigh
HDLCholesterol <i>Method: Serum, Directmeasure-PEG</i>	40.0	mg/dL	<40MajorRiskforHeart >40Normal
LDLCholesterol <i>Method: Enzymaticselectiveprotection</i>	133.50	mg/dL	<100Optimal 100-129Near/AboveOptimal 130-159Borderlinehigh 160-189High >190VeryHigh 6
VLDLCholesterol <i>Method: Serum, Enzymatic</i>	17.40	mg/dL	- 38
CHOL/HDLRATIO <i>Method: Serum, Enzymatic</i>	4.77		3.5-5.0
LDL/HDLRATIO <i>Method: Serum, Enzymatic</i>	3.34		2.5-3.5
<b>NOTE</b> 8-10hoursfastingsampleisrequired			

LabTechnician

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# HIL

## DIAGNOSTICS®

*A Centre of Excellence*

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 PGDID (Inf. Dis)  
 Reg. No. : 15746

**Dr. Anil K. Srivastav**  
 MBBS, DCP  
 Senior Consultant Pathologist

**Sample ID** : 25101872  
**Name** : MR VIVEK SINGH  
**Age/Gender**: 32 Yrs/Male  
**Ref. By** : Dr. SANJAY SINGH

**Patient ID** : HLD25/20486  
**Received Date** : 16/10/2025 10:07 AM  
**Printing Date** : 16/10/2025 11:59 AM



**Specimen** : Serum  
**Estimated Glomerular Filtration Rate (eGFR), Serum** : 128 mL/min/1.73m<sup>2</sup>  
*Method: Cockcroft-Gault Formula*

### Interpretive Information

Table provides interpretation of specific eGFR values. Creatinine measurements, and therefore eGFR calculations, are affected by very high or very low muscle mass, muscle injury, a diet very high in meat, hepatic cirrhosis, certain drugs, etc.

### Interpretation of eGFR Values

eGFR (mL/min/1.73m <sup>2</sup> )	Interpretation
≥90	Normal
60-89	Mild decrease
45-59	Mild to moderate decrease
30-44	Moderate to severe decrease
15-29	Severe decrease
<15	Kidney failure

eGFR, estimated glomerular filtration rate.  
<sup>a</sup>This table applies to creatinine-based and cystatin C-based eGFR.  
<sup>b</sup>The National Kidney Disease Education Program (NKDEP) recommends that actual values above 60 mL/min/1.73m<sup>2</sup> be reported only as >60 due to variability near the upper limit of the reference range.<sup>5</sup>

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### Liver Function Test (LFT)

TOTAL BILIRUBIN Method: Serum, Jendrassik Grof	0.62	mg/dl	0.3-1.2
DIRECT BILIRUBIN Method: Serum, Diazotization	0.24	mg/dL	0-0.3
INDIRECT BILIRUBIN Method: Serum, Calculated	0.38	mg/dl	0.1-1.0
SGOT (AST) Method: Serum, UV with P5P, IFCC 37 degree	21.8	U/L	0-50
SGPT (ALT) Method: Serum, UV with P5P, IFCC 37 degree	19.8	U/L	0-50
ALKALINE PHOSPHATASE Method: DGKC	104.8	U/L	30-120
TOTAL PROTEIN Method: Serum, Biuret, reagent blank end point	7.23	g/dl	6.6-8.3
SERUM ALBUMIN Method: Serum, Bromocresol green	3.89	g/dl	3.2-4.6
SERUM GLOBULIN Method: Serum, Calculated	3.34	g/dl	1.8-3.6
A/G RATIO Method: Serum, Calculated	1.16		1.2-2.2

**NOTE:**  
In known cases of chronic liver disease due to viral hepatitis B & C, alcoholic liver disease or non-alcoholic fatty liver disease, enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

  
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 Reg. No. : 15746

Dr. Anil K. Srivastava  
 MBBS, DCP  
 Senior Consultant Pathologist

Phlebotomy ID : 25101872  
 Name : MR VIVEK SINGH  
 Age/Gender: 32 Yrs/Male  
 Ref. By : Dr. SANJAY SINGH

Patient ID : HLD25/20486  
 Received Date : 16/10/2025 10:07 AM  
 Printing Date : 16/10/2025 11:59 AM



**Renal Function Test (RFT)**

Parameter	Result	Unit	Reference Range
Random Blood Sugar (RBS)	117.9	mg/dl	70-160
Blood Urea	20.8	mg/dl	15-45
Serum Creatinine	0.90	mg/dl	0.5-1.5
Uric Acid	4.70	mg/dl	3.4-7.0
Phosphorous	3.90	mg/dl	3.0-4.5
Serum Sodium	136.8	mEq/L	135-145
Serum Potassium	4.10	mEq/L	3.5-5.5
Chloride	100.7	mEq/L	98.0-109.0
Serum Calcium	9.43	mg/dl	8.4-10.2
Blood Urea Nitrogen-BUN	8	mg/dl	7-20
BUN Creatinine Ratio	9		10.0-20.0
Urea Creatinine Ratio	23		10.0-40.0

**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3	187.0	ng/dl	63.0-215.0
T4	11.8	ng/dl	5.2-12.70
TSH (Ultrasensitive)	3.36	uIU/ml	0.30-4.50

Method: Maglumi Fully-Auto Chemiluminescence Immunoassay Analyzer

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3 - often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis

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MBBS, DCP  
Senior Consultant Pathologist

Sample ID : 25101872  
Name : MR VIVEK SINGH  
Age/Gender: 32 Yrs/Male  
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Patient ID : HLD25/20486  
Received Date : 16/10/2025 10:07 AM  
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Raised or within Range	Raised	Raised or within Range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	Isolated Low TSH- especially in the range of 0.1 to 0.4 oftenseen in elderly & associated with Non-Thyroidal illness Subclinical Hyperthyroidism Thyroxine ingestion
Decreased	Decreased	Decreased	Central Hypothyroidism Non-Thyroidal illness Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within Range	Raised	Within Range	T3 toxicosis Non-Thyroidal illness

**References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001  
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

\*\*\*\*\*End of the report\*\*\*\*\*

  
Lab Technician

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Reg. No. : 15746

Dr. Anil K. Srivastava  
MBBS, DCP.  
Senior Consultant Pathologist

Field : 25101869  
Name : MR DHANANJAY SINGH  
Gender: 35Yrs/Male  
Ref. By : Dr. SANJAY SINGH

PatientID : HLD25/20483  
ReceivedDate : 16/10/2025 10:05 AM  
PrintingDate : 16/10/2025 11:38 AM



**BIOCHEMISTRYREPORT**

TestDescription	Result	Unit	BiologicalReferenceRanges
<b>LipidProfile</b>			
Cholesterol-Total <i>Method: Spectrophotometry</i>	176.9	mg/dL	<200Desirable 200-239BorderlineHigh >240High
Triglycerideslevel <i>Method: Serum, Enzymatic, endpoint</i>	108.9	mg/dL	<150Normal 150-199BorderlineHigh 200-499High >500VeryHigh
HDLCholesterol <i>Method: Serum, Directmeasure-PEG</i>	42.7	mg/dL	<40MajorRiskforHeart >40Normal
LDLCholesterol <i>Method: Enzymaticselectiveprotection</i>	112.42	mg/dL	<100Optimal 100-129Near/AboveOptimal 130-159Borderlinehigh 160-189High >190VeryHigh 6
VLDLCholesterol <i>Method: Serum, Enzymatic</i>	21.78	mg/dL	- 38
CHOL/HDLRATIO <i>Method: Serum, Enzymatic</i>	4.14		3.5-5.0
LDL/HDLRATIO <i>Method: Serum, Enzymatic</i>	2.63		2.5-3.5
<b>NOTE</b> 8-10hoursfastingsampleisrequired			

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Senior Consultant Pathologist

Field : 25101869

MR DHANANJAY SINGH

Gender: 35Yrs/Male

Ref. By : Dr. SANJAY SINGH

PatientID : HLD25/20483

ReceivedDate : 16/10/2025 10:05 AM

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Specimen Serum  
Estimated Glomerular Filtration Rate (eGFR), Serum 133 mL/min/1.73m<sup>2</sup>

Method: Cockcroft-Gault Formula

### Interpretive Information

Table provides interpretation of specific eGFR values. Creatinine measurements, and therefore eGFR calculations, are affected by very high or very low muscle mass, muscle injury, a diet very high in meat, hepatic cirrhosis, certain drugs, etc.

### Interpretation of eGFR Values

eGFR (mL/min/1.73m <sup>2</sup> )	Interpretation
≥90	Normal
60-89	Mild decrease
45-59	Mild to moderate decrease
30-44	Moderate to severe decrease
15-29	Severe decrease
<15	Kidney failure

eGFR, estimated glomerular filtration rate.

<sup>a</sup>This table applies to creatinine-based and cystatin C-based eGFR.

<sup>b</sup>The National Kidney Disease Education Program (NKDEP) recommends that actual values above 60 mL/min/1.73m<sup>2</sup> be reported only as >60 due to variability near the upper limit of the reference range.<sup>5</sup>

  
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Id : 25101869 PatientID : HLD25/20483  
: MR DHANANJAY SINGH ReceivedDate : 16/10/2025 10:05 AM  
Gender: 35Yrs/Male PrintingDate : 16/10/2025 11:38 AM  
By : Dr. SANJAY SINGH



### LiverFunctionTest(LFT)

TOTALBILIRUBIN	0.89	mg/dl	0.3-1.2
<i>Method: Serum, JendrassikGrof</i>			
DIRECTBILIRUBIN	0.19	mg/dL	0-0.3
<i>Method: Serum, Diazotization</i>			
INDIRECTBILIRUBIN	0.70	mg/dl	0.1-1.0
<i>Method: Serum, Calculated</i>			
SGOT(AST)	26.9	U/L	0-50
<i>Method: Serum, UVwithP5P, IFCC37 degree</i>			
SGPT(ALT)	39.0	U/L	0-50
<i>Method: Serum, UVwithP5P, IFCC37 degree</i>			
ALKALINEPHOSPHATASE	120.0	U/L	30-120
<i>Method: DGKC</i>			
TOTALPROTEIN	7.10	g/dl	6.6-8.3
<i>Method: Serum, Biuret, reagentblankend point</i>			
SERUMALBUMIN	3.90	g/dl	3.2-4.6
<i>Method: Serum, Bromocresolgreen</i>			
SERUMGLOBULIN	3.20	g/dl	1.8-3.6
<i>Method: Serum, Calculated</i>			
A/GRATIO	1.22		1.2-2.2
<i>Method: Serum, Calculated</i>			

#### NOTE:

Unknown cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Nonalcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

  
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 Senior Consultant Pathologist

**Id** : 25101869  
**MR DHANANJAY SINGH**  
**Gender**:35Yrs/Male  
**By** : Dr. SANJAY SINGH

**PatientID** : HLD25/20483  
**ReceivedDate** : 16/10/2025 10:05 AM  
**PrintingDate** : 16/10/2025 11:38 AM



**RenalFunctionTest(RFT)**

Randombloodsugar(RBS)	145.0	mg/dl	70-160
BloodUrea	29.8	mg/dl	15-45
SerumCreatinine	0.85	mg/dl	0.5-1.5
UricAcid	4.70	mg/dl	3.4-7.0
Phosphorous	3.90	mg/dl	3.0-4.5
SerumSodium	139.7	mEq/L	135-145
SerumPotassium	3.80	mEq/L	3.5-5.5
Chloride	107.0	mEq/L	98.0-109.0
SerumCalcium	9.14	mg/dl	8.4-10.2
BloodUreaNitrogen-BUN	12	mg/dl	7-20
BUNCreatinineRatio	14		10.0-20.0
UreaCreatinineRatio	35		10.0-40.0

**IMMUNOASSAYREPORT**

TestDescription	Result	Unit	BiologicalReferenceRanges
<b>TOTALT3T4TSH(TFT)</b>			
T3	89.0	ng/dl	63.0-215.0
T4	8.40	ng/dl	5.2-12.70
TSH(Ultrasensitive)	1.08	uIU/ml	0.30-4.50

Method:MaglumiFully-AutoChemiluminescenceImmunoassayAnalyzer

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis

*[Signature]*  
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*[Signature]*  
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MBBS, DCP  
Senior Consultant Pathologist

Id : 25101869

: MR DHANANJAY SINGH

Gender: 35Yrs/Male

By : Dr. SANJAY SINGH

PatientID : HLD25/20483

ReceivedDate : 16/10/2025 10:05 AM

PrintingDate : 16/10/2025 11:38 AM



Raised or within Range	Raised	Raised or within Range	<ul style="list-style-type: none"> <li>Interfering antibodies to thyroid hormones (anti-TPO antibodies)</li> <li>Intermittent T4 therapy or T4 overdose</li> <li>Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics</li> </ul>
Decreased	Raised or within Range	Raised or within Range	<ul style="list-style-type: none"> <li>Isolated Low TSH- especially in the range of 0.1 to 0.4 often seen in elderly &amp; associated with Non-Thyroidal illness</li> <li>Subclinical Hyperthyroidism</li> <li>Thyroxine ingestion</li> </ul>
Decreased	Decreased	Decreased	<ul style="list-style-type: none"> <li>Central Hypothyroidism</li> <li>Non-Thyroidal illness</li> <li>Recent treatment for Hyperthyroidism (TSH remains suppressed)</li> </ul>
Decreased	Raised	Raised	<ul style="list-style-type: none"> <li>Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule</li> <li>Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum</li> </ul>
Decreased or within Range	Raised	Within Range	<ul style="list-style-type: none"> <li>T3 toxicosis</li> <li>Non-Thyroidal illness</li> </ul>

**References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001

2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

\*\*\*\*\*End of the report\*\*\*\*\*

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 MBBS, DCP  
 Senior Consultant Pathologist

id : 25101870  
 : MR PARMESHWAR  
 Gender : 28 Yrs/Male  
 .By : Dr. SANJAY SINGH

PatientID : HLD25/20484  
 ReceivedDate : 16/10/2025 10:06 AM  
 PrintingDate : 16/10/2025 11:01 AM



**BIOCHEMISTRYREPORT**

TestDescription	Result	Unit	BiologicalReferenceRanges
<b>LipidProfile</b>			
Cholesterol-Total <i>Method: Spectrophotometry</i>	165.9	mg/dL	<200Desirable 200-239BorderlineHigh >240High
Triglycerideslevel <i>Method: Serum, Enzymatic, endpoint</i>	128.7	mg/dL	<150Normal 150-199BorderlineHigh 200-499High >500VeryHigh
HDLCholesterol <i>Method: Serum, Directmeasure-PEG</i>	44.1	mg/dL	<40MajorRiskforHeart >40Normal
LDLCholesterol <i>Method: Enzymaticselectiveprotection</i>	96.06	mg/dL	<100Optimal 100-129Near/AboveOptimal 130-159Borderlinehigh 160-189High >190VeryHigh 6
VLDLCholesterol <i>Method: Serum, Enzymatic</i>	25.74	mg/dL	- 38
CHOL/HDLRATIO <i>Method: Serum, Enzymatic</i>	3.76		3.5-5.0
LDL/HDLRATIO <i>Method: Serum, Enzymatic</i>	2.18		2.5-3.5

NOTE  
 8-10hoursfastingsampleisrequired

LabTechnician

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MBBS, DCP  
Senior Consultant Pathologist

id : 25101870  
: MR PARMESHWAR  
Gender: 28Yrs/Male  
By : Dr. SANJAY SINGH

PatientID : HLD25/20484  
ReceivedDate : 16/10/2025 10:06 AM  
PrintingDate : 16/10/2025 11:01 AM



Specimen : Serum  
Estimated Glomerular Filtration Rate (eGFR) , Serum : 127 mL/min/1.73m2

Method: Cockcroft-Gault Formula

**Interpretive Information**

Table provides interpretation of specific eGFR values. Creatinine measurements, and therefore eGFR calculations, are affected by very high or very low muscle mass, muscle injury, a diet very high in meat, hepatic cirrhosis, certain drugs, etc.

**Interpretation of eGFR Values**

eGFR (mL/min/1.73m2)	Interpretation
≥90	Normal
60-89	Mild decrease
45-59	Mild to moderate decrease
30-44	Moderate to severe decrease
15-29	Severe decrease
<15	Kidney failure

eGFR, estimated glomerular filtration rate.

<sup>a</sup>This table applies to creatinine-based and cystatin C-based eGFR.

<sup>b</sup>The National Kidney Disease Education Program (NKDEP) recommends that actual values above 60 mL/min/1.73m2 be reported only as >60 due to variability near the upper limit of the reference range.<sup>5</sup>

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### LiverFunctionTest(LFT)

TOTALBILIRUBIN Method: Serum, JendrassikGrof	0.49	mg/dl	0.3-1.2
DIRECTBILIRUBIN Method: Serum, Diazotization	0.11	mg/dL	0-0.3
INDIRECTBILIRUBIN Method: Serum, Calculated	0.38	mg/dl	0.1-1.0
SGOT(AST) Method: Serum, UVwithP5P, IFCC37 degree	37.0	U/L	0-50
SGPT(ALT) Method: Serum, UVwithP5P, IFCC37 degree	40.7	U/L	0-50
ALKALINEPHOSPHATASE Method: DGKC	117.0	U/L	30-120
TOTALPROTEIN Method: Serum, Biuret, reagentblankend point	6.90	g/dl	6.6-8.3
SERUMALBUMIN Method: Serum, Bromocresolgreen	3.80	g/dl	3.2-4.6
SERUMGLOBULIN Method: Serum, Calculated	3.10	g/dl	1.8-3.6
A/GRATIO Method: Serum, Calculated	1.23		1.2-2.2

#### NOTE:

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Nonalcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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Patient : MR PARMESHWAR  
Age/Sex : 28 Yrs/Male  
Ref. By : Dr. SANJAY SINGH

PatientID : HLD25/20484  
ReceivedDate : 16/10/2025 10:06 AM  
PrintingDate : 16/10/2025 11:01 AM



**Renal Function Test (RFT)**

Random blood sugar (RBS)	132.0	mg/dl	70-160
Blood Urea	33.8	mg/dl	15-45
Serum Creatinine	0.90	mg/dl	0.5-1.5
Uric Acid	5.10	mg/dl	3.4-7.0
Inorganic Phosphorous	4.10	mg/dl	3.0-4.5
Serum Sodium	142.8	mEq/L	135-145
Serum Potassium	4.89	mEq/L	3.5-5.5
Chloride	103.8	mEq/L	98.0-109.0
Serum Calcium	9.10	mg/dl	8.4-10.2
Blood Urea Nitrogen - BUN	14	mg/dl	7-20
BUN Creatinine Ratio	16		10.0-20.0
Urea Creatinine Ratio	38		10.0-40.0

**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
<b>TOTAL T3/T4/TSH (TFT)</b>			
T3	167.0	ng/dl	63.0-215.0
T4	9.12	ng/dl	5.2-12.70
TSH (Ultrasensitive)	2.90	uIU/ml	0.30-4.50

Method: Maglumi Fully-Auto Chemiluminescence Immunoassay Analyzer

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3 - often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis

Lab Technician

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Ex-Senior Resident (BHU)



**Id** : 25101870  
**MR PARMESHWAR**  
**Gender** : 28 Yrs/Male  
**By** : Dr. SANJAY SINGH

**PatientID** : HLD25/20484  
**ReceivedDate** : 16/10/2025 10:06 AM  
**PrintingDate** : 16/10/2025 11:01 AM



Raised or within Range	Raised	Raised or within Range	<ul style="list-style-type: none"> <li>•Interfering antibodies to thyroid hormones (anti-TPO antibodies)</li> <li>•Intermittent T4 therapy or T4 overdose</li> <li>•Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics</li> </ul>
Decreased	Raised or within Range	Raised or within Range	<ul style="list-style-type: none"> <li>•Isolated Low TSH- especially in the range of 0.1 to 0.4 often seen in elderly &amp; associated with Non-Thyroidal illness</li> <li>•Subclinical Hyperthyroidism</li> <li>•Thyroxine ingestion</li> </ul>
Decreased	Decreased	Decreased	<ul style="list-style-type: none"> <li>•Central Hypothyroidism</li> <li>•Non-Thyroidal illness</li> <li>•Recent treatment for Hyperthyroidism (TSH remains suppressed)</li> </ul>
Decreased	Raised	Raised	<ul style="list-style-type: none"> <li>•Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule</li> <li>•Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum</li> </ul>
Decreased or within Range	Raised	Within Range	<ul style="list-style-type: none"> <li>•T3 toxicosis</li> <li>•Non-Thyroidal illness</li> </ul>

**References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001  
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

\*\*\*\*\*End of the report\*\*\*\*\*

  
Lab Technician

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Microbiological and Pathological findings are Expert opinions. Please Correlate Clinically.

Phone : 25101868

Referral : MR PRADEEP

Age and Gender: 19Yrs/Male

Referral by : Dr. SANJAY SINGH

PatientID : HLD25/20482

ReceivedDate : 16/10/2025 10:04 AM

PrintingDate : 16/10/2025 11:46 AM



TestDescription

**BIOCHEMISTRYREPORT**

**LipidProfile**

Cholesterol-Total

Method: Spectrophotometry

Result: 180.7

Unit: mg/dL

BiologicalReferenceRanges:  
<200Desirable  
200-239BorderlineHigh  
>240High

Triglycerideslevel

Method: Serum, Enzymatic, endpoint

Result: 130.1

Unit: mg/dL

BiologicalReferenceRanges:  
<150Normal  
150-199BorderlineHigh  
200-499High  
>500VeryHigh

HDLCholesterol

Method: Serum, Directmeasure-PEG

Result: 45.9

Unit: mg/dL

BiologicalReferenceRanges:  
<40MajorRiskforHeart  
>40Normal

LDLCholesterol

Method: Enzymaticselectiveprotection

Result: 108.78

Unit: mg/dL

BiologicalReferenceRanges:  
<100Optimal  
100-129Near/AboveOptimal  
130-159Borderlinehigh  
160-189High  
>190VeryHigh 6

VLDLCholesterol

Method: Serum, Enzymatic

Result: 26.02

Unit: mg/dL

BiologicalReferenceRanges:  
- 38

CHOL/HDLRATIO

Method: Serum, Enzymatic

Result: 3.94

BiologicalReferenceRanges:  
3.5-5.0

LDL/HDLRATIO

Method: Serum, Enzymatic

Result: 2.37

BiologicalReferenceRanges:  
2.5-3.5

**NOTE**

8-10hoursfastingsampleisrequired

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**HL** : 25101868  
**MR PRADEEP**  
**nder:** 19Yrs/Male  
**Dr. SANJAY SINGH**

**PatientID** : HLD25/20482  
**ReceivedDate** : 16/10/2025 10:04 AM  
**PrintingDate** : 16/10/2025 11:46 AM



Specimen: Serum  
 Estimated Glomerular Filtration Rate (eGFR), Serum: 120 mL/min/1.73m2

**Method: Cockcroft-Gault Formula**

**Interpretive Information**

Table provides interpretation of specific eGFR values. Creatinine measurements, and therefore eGFR calculations, are affected by very high or very low muscle mass, muscle injury, a diet very high in meat, hepatic cirrhosis, certain drugs, etc.

**Interpretation of eGFR Values**

eGFR (mL/min/1.73m2)	Interpretation
≥90	Normal
60-89	Mild decrease
45-59	Mild to moderate decrease
30-44	Moderate to severe decrease
15-29	Severe decrease
<15	Kidney failure

eGFR, estimated glomerular filtration rate.  
 \*This table applies to creatinine-based and cystatin C-based eGFR.  
 †The National Kidney Disease Education Program (NKDEP) recommends that actual values above 60 mL/min/1.73m2 be reported only as >60 due to variability near the upper limit of the reference range.<sup>5</sup>

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: MR PRADEEP  
nder: 19Yrs/Male  
: Dr. SANJAY SINGH

PatientID : HLD25/20482  
ReceivedDate : 16/10/2025 10:04 AM  
PrintingDate : 16/10/2025 11:46 AM



### Liver Function Test (LFT)

TOTALBILIRUBIN Method: Serum, Jendrassik Grof	0.68	mg/dl	0.3-1.2
RECTBILIRUBIN Method: Serum, Diazotization	0.21	mg/dL	0-0.3
DIRECTBILIRUBIN Method: Serum, Calculated	0.47	mg/dl	0.1-1.0
SGOT (AST) Method: Serum, UV with P5P, IFCC37 Spectrophotometric	15.9	U/L	0-50
SGPT (ALT) Method: Serum, UV with P5P, IFCC37 Spectrophotometric	28.7	U/L	0-50
ALKALINE PHOSPHATASE Method: DGKC	96.0	U/L	30-120
TOTAL PROTEIN Method: Serum, Biuret, reagent blank end point	7.80	g/dl	6.6-8.3
SERUM ALBUMIN Method: Serum, Bromocresol green	4.20	g/dl	3.2-4.6
SERUM GLOBULIN Method: Serum, Calculated	3.60	g/dl	1.8-3.6
ALBUMIN/GLOBULIN RATIO Method: Serum, Calculated	1.17		1.2-2.2

**NOTE:**  
In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Nonalcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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: MR PRADEEP  
nder: 19Yrs/Male  
: Dr. SANJAY SINGH

**PatientID** : HLD25/20482  
**ReceivedDate** : 16/10/2025 10:04 AM  
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**nalFunctionTest(RFT)**

andombloodsugar(RBS)	130.8	mg/dl	70-160
oodUrea	26.9	mg/dl	15-45
rumCreatinine	0.71	mg/dl	0.5-1.5
icAcid	5.10	mg/dl	3.4-7.0
osphorous	4.20	mg/dl	3.0-4.5
rumSodium	140.9	mEq/L	135-145
rumPotassium	4.10	mEq/L	3.5-5.5
loride	103.8	mEq/L	98.0-109.0
rumCalcium	10.2	mg/dl	8.4-10.2
loodUreaNitrogen-BUN	11	mg/dl	7-20
UNCreatinineRatio	15		10.0-20.0
reaCreatinineRatio	38		10.0-40.0

**IMMUNOASSAYREPORT**

TestDescription	Result	Unit	BiologicalReferenceRanges
<b>TOTALT3T4TSH(TFT)</b>			
3	99.0	ng/dl	63.0-215.0
4	8.40	ng/dl	5.2-12.70
TSH(Ultrasensitive)	0.92	uIU/ml	0.30-4.50

Method: Maglumi Fully-Auto Chemiluminescence Immunoassay Analyzer

**INTERPRETATION**

T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness
Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radiiodine • Hypothyroid phase of transient thyroiditis

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25101868

MR PRADEEP

Age: 19Yrs/Male

Physician: Dr. SANJAY SINGH

PatientID : HLD25/20482

ReceivedDate : 16/10/2025 10:04 AM

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Result	Reference Range	Interpretation
Increased	Raised	Raised or within Range
Decreased	Raised or within Range	Raised or within Range
Decreased	Decreased	Decreased
Decreased	Raised	Raised
Decreased or within Range	Raised	Within Range

Interfering antibodies to thyroid hormones (anti-TPO antibodies)  
Intermittent T4 therapy or T4 overdose  
Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics  
Isolated Low TSH- especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness  
Subclinical Hyperthyroidism  
Thyroxine ingestion  
Central Hypothyroidism  
Non-Thyroidal illness  
Recent treatment for Hyperthyroidism (TSH remains suppressed)  
Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule  
Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum  
T3 toxicosis  
Non-Thyroidal illness

- References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001  
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

\*\*\*\*\*End of the report\*\*\*\*\*

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Reg. No. : 15746

Dr. Anil K. Srivastava  
MBBS, DCP  
Senior Consultant Pathologist

Id : 25101866  
Name : MR AVINASH KUMAR  
Gender : 35 Yrs/Male  
Ref. By : Dr. SANJAY SINGH

PatientID : HLD25/20480  
ReceivedDate : 16/10/2025 10:01 AM  
PrintingDate : 16/10/2025 11:55 AM



## TestDescription

**BIOCHEMISTRYREPORT****LipidProfile**

TestDescription	Result	Unit	BiologicalReferenceRanges
Cholesterol-Total Method: Spectrophotometry	159.0	mg/dL	<200Desirable 200-239BorderlineHigh >240High
Triglycerideslevel Method: Serum, Enzymatic, endpoint	89.4	mg/dL	<150Normal 150-199BorderlineHigh 200-499High >500VeryHigh
HDLCholesterol Method: Serum, Directmeasure-PEG	40.9	mg/dL	<40MajorRiskforHeart >40Normal
LDLCholesterol Method: Enzymaticselectiveprotection	100.22	mg/dL	<100Optimal 100-129Near/AboveOptimal 130-159Borderlinehigh 160-189High >190VeryHigh 6
VLDLCholesterol Method: Serum, Enzymatic	17.88	mg/dL	- 38
CHOL/HDLRATIO Method: Serum, Enzymatic	3.89		3.5-5.0
LDL/HDLRATIO Method: Serum, Enzymatic	2.45		2.5-3.5

**NOTE**  
8-10hoursfastingsampleisrequired

LabTechnician .

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Not for Medico-Legal Purposes

: 25101866

: MR AVINASH KUMAR

ender: 35Yrs/Male

By : Dr. SANJAY SINGH

PatientID

: HLD25/20480

ReceivedDate

: 16/10/2025 10:01 AM

PrintingDate

: 16/10/2025 11:55 AM



Specimen Serum  
Estimated Glomerular Filtration Rate (eGFR), Serum 134 mL/min/1.73m<sup>2</sup>

Method: Cockcroft-Gault Formula

**Interpretive Information**

Table provides interpretation of specific eGFR values. Creatinine measurements, and therefore eGFR calculations, are affected by very high or very low muscle mass, muscle injury, a diet very high in meat, hepatic cirrhosis, certain drugs, etc.

**Interpretation of eGFR Values**

eGFR (mL/min/1.73m <sup>2</sup> )	Interpretation
≥90	Normal
60-89	Mild decrease
45-59	Mild to moderate decrease
30-44	Moderate to severe decrease
15-29	Severe decrease
<15	Kidney failure

eGFR, estimated glomerular filtration rate.

a This table applies to creatinine-based and cystatin C-based eGFR.

b The National Kidney Disease Education Program (NKDEP) recommends that actual values above 60 mL/min/1.73m<sup>2</sup> be reported only as >60 due to variability near the upper limit of the reference range.<sup>5</sup>

  
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Id : 25101866  
: MR AVINASH KUMAR  
Gender : 35 Yrs/Male  
f.By : Dr. SANJAY SINGH

PatientID : HLD25/20480  
ReceivedDate : 16/10/2025 10:01 AM  
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### LiverFunctionTest(LFT)

TOTALBILIRUBIN Method: Serum, Jendrassik Grof	0.80	mg/dl	0.3-1.2
DIRECTBILIRUBIN Method: Serum, Diazotization	0.30	mg/dL	0-0.3
INDIRECTBILIRUBIN Method: Serum, Calculated	0.50	mg/dl	0.1-1.0
SGOT(AST) Method: Serum, UVwithP5P, IFCC37 degree	23.9	U/L	0-50
SGPT(ALT) Method: Serum, UVwithP5P, IFCC37 degree	31.7	U/L	0-50
ALKALINEPHOSPHATASE Method: DGKC	89.7	U/L	30-120
TOTALPROTEIN Method: Serum, Biuret, reagent blank end point	6.80	g/dl	6.6-8.3
SERUMALBUMIN Method: Serum, Bromocresol green	3.27	g/dl	3.2-4.6
SERUMGLOBULIN Method: Serum, Calculated	3.53	g/dl	1.8-3.6
A/GRATIO Method: Serum, Calculated	0.93		1.2-2.2

### NOTE:

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Nonalcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

  
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id : 25101866  
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Gender : 35 Yrs/Male  
By : Dr. SANJAY SINGH

PatientID : HLD25/20480  
ReceivedDate : 16/10/2025 10:01 AM  
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### RenalFunctionTest(RFT)

Test	Result	Unit	Biological Reference Ranges
Random blood sugar (RBS)	99.7	mg/dl	70-160
Blood Urea	25.9	mg/dl	15-45
Serum Creatinine	0.85	mg/dl	0.5-1.5
Uric Acid	3.97	mg/dl	3.4-7.0
Phosphorous	3.50	mg/dl	3.0-4.5
Serum Sodium	139.8	mEq/L	135-145
Serum Potassium	4.10	mEq/L	3.5-5.5
Chloride	104.8	mEq/L	98.0-109.0
Serum Calcium	9.20	mg/dl	8.4-10.2
Blood Urea Nitrogen-BUN	10	mg/dl	7-20
BUN Creatinine Ratio	12		10.0-20.0
Urea Creatinine Ratio	30		10.0-40.0

### IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>TOTAL T3/T4/TSH (TFT)</b>			
T3	128.0	ng/dl	63.0-215.0
T4	6.90	ng/dl	5.2-12.70
TSH (Ultrasensitive)	1.20	uIU/ml	0.30-4.50

Method: Maglumi Fully-Auto Chemiluminescence Immunoassay Analyzer

### INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3 - often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis

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Raised or within Range	Raised	Raised or within Range	<ul style="list-style-type: none"> <li>Interfering antibodies to thyroid hormones (anti-TPO antibodies)</li> <li>Intermittent T4 therapy or T4 overdose</li> <li>Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics</li> </ul>
Decreased	Raised or within Range	Raised or within Range	<ul style="list-style-type: none"> <li>Isolated Low TSH- especially in the range of 0.1 to 0.4 often seen in elderly &amp; associated with Non-Thyroidal illness</li> <li>Subclinical Hyperthyroidism</li> <li>Thyroxine ingestion</li> </ul>
Decreased	Decreased	Decreased	<ul style="list-style-type: none"> <li>Central Hypothyroidism</li> <li>Non-Thyroidal illness</li> <li>Recent treatment for Hyperthyroidism (TSH remains suppressed)</li> </ul>
Decreased	Raised	Raised	<ul style="list-style-type: none"> <li>Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule</li> <li>Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational</li> <li>thyrotoxicosis with hyperemesis gravidarum</li> </ul>
Decreased or within Range	Raised	Within Range	<ul style="list-style-type: none"> <li>T3 toxicosis</li> <li>Non-Thyroidal illness</li> </ul>

**References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001  
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

\*\*\*\*\*End of the report\*\*\*\*\*

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