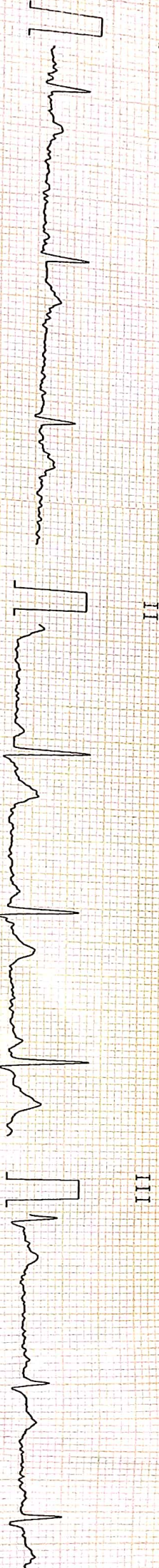


10mm/mV 25mm/sec \approx 25Hz

BPL CARDIART 6108T ^{BPL}

10mm/mV 25mm/sec \approx 25Hz



Pat. ID.

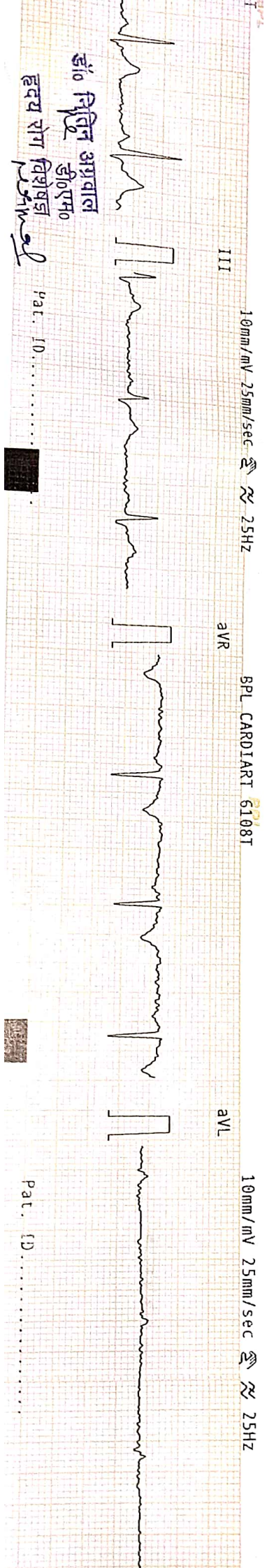
Pain (G) Kan. Nagar 21/02/25
Age - 25 yrs (M)

Pat. ID.

श्री. निरंजन अग्रवाल
श्री. शोभा
हृदय रोग विशेषज्ञ
P. 25/1/25

Pat. ID.

Pat. ID.



डॉ० विविन अग्रवाल
डी०एम०
हृदय रोग विशेषज्ञ

Pat. ID.....

Pat. ID.....

IART 6108T

10mm/mV 25mm/sec 25HZ

aVL

Pat. ID.....

aVF

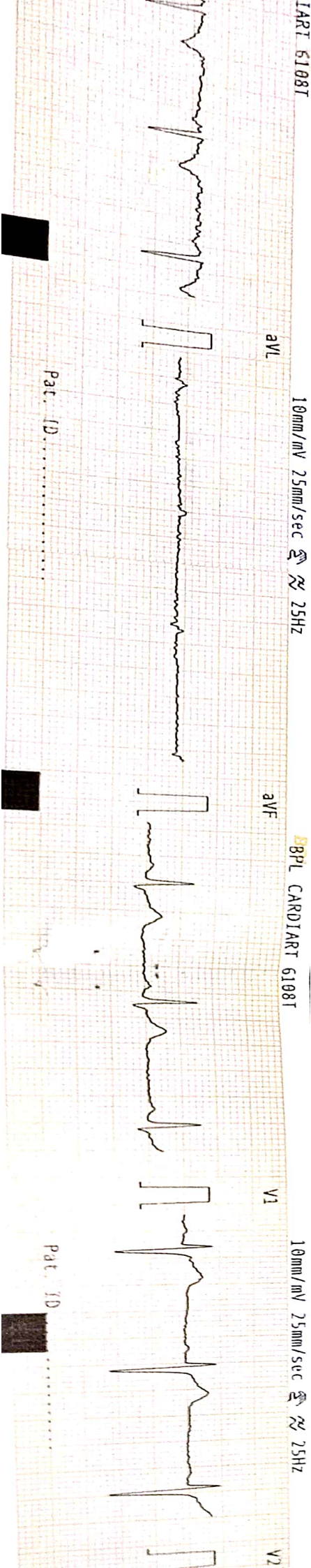
BPL CARDIART 6108T

V1

10mm/mV 25mm/sec 25HZ

Pat. ID.....

V2



25HZ

2VF

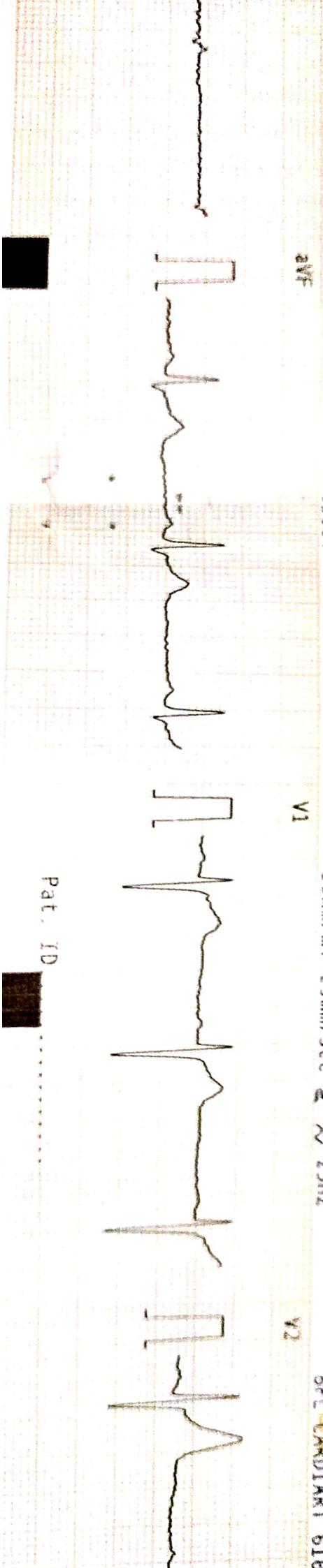
3PL CARDIART 61081

V1

10mm/mV 25mm/sec 25HZ

V2

3PL CARDIART 61081



Pat. ID

/mV 25mm/sec

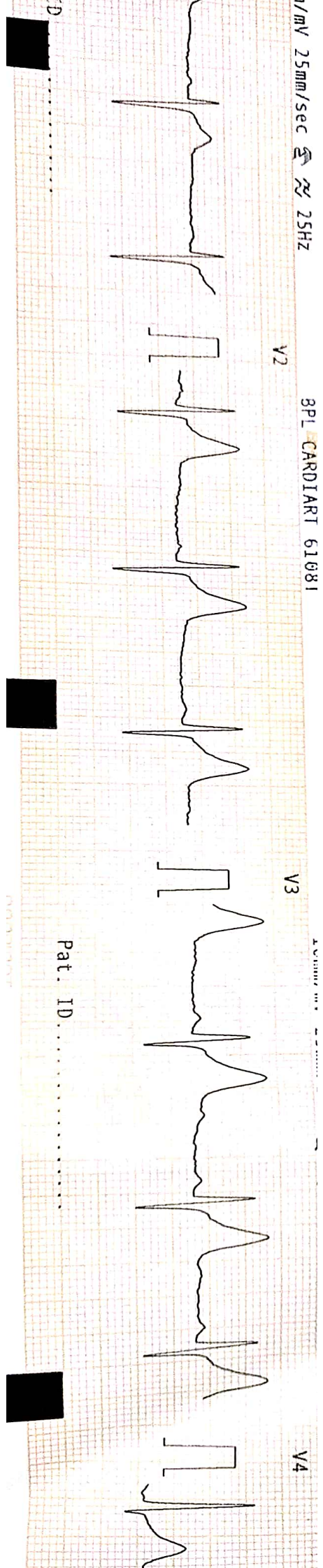
25HZ

3PL CARDIART 61081

V2

V3

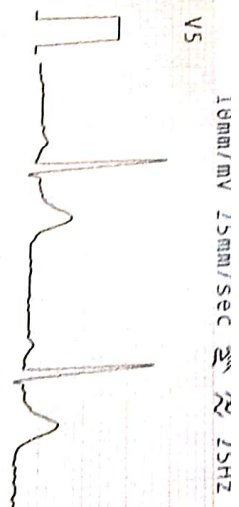
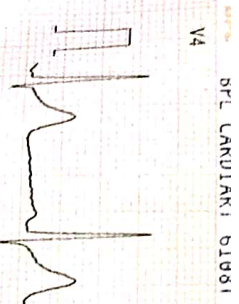
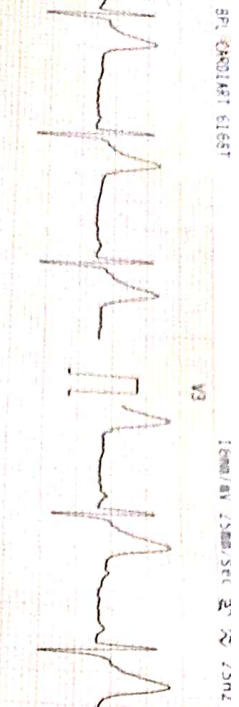
V4



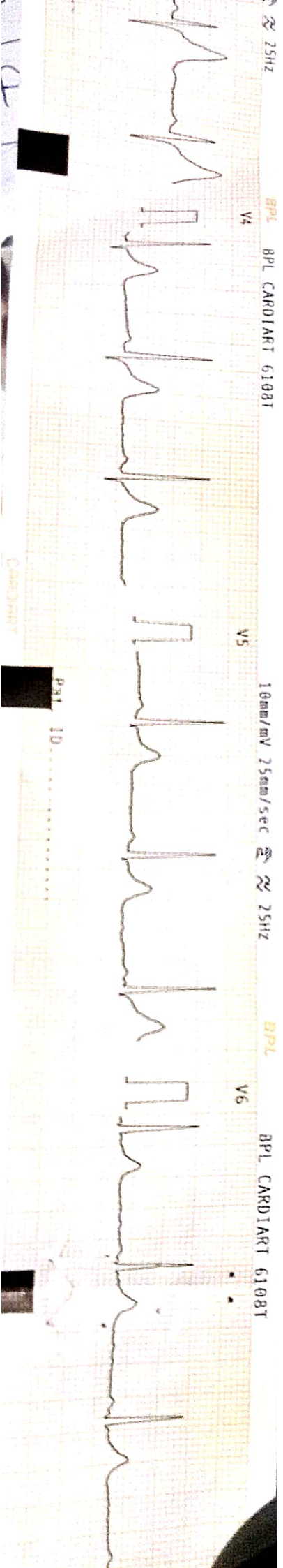
Pat. ID.....

Attanov
461 78 300
01/01/2011 11:00
01/01/2011 11:00

Pat. ID. [REDACTED]



Pat. ID. [REDACTED]



MAXLIFE INSURANCE CHECK LIST

Proposal Number:	173159799
Client Name:	PANKAJ GANGWAR
Date of Medical:	21/02/2025
Medical Category:	CAT AI
i) Blood Collection Mode:	-
1) Fasting Blood Sugar:	yes
2) Random Blood Sugar:	N/A <input checked="" type="checkbox"/> -
3) None:	N/A <input checked="" type="checkbox"/> -
ii) Details of Medical conducted -	-
1) Customer address as per records	Boreilly
2) Medical done - City & Pin code	Apple Cardiac
3) Type - Home /Center Visit	-
4) Medicals done outside customer location-	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
a) Working in that city	Boreilly
Travel - work / holiday	-
b) arranged by Maxlife	-
c) customer request (Reason required):	-

Instructions:

- Make sure this form is filled in client's presence & signature of client is mandatory


Client Signature:

V	Habits and Addictions: cigarettes / beedi / cigar / gutka / snuff / paan / beer / wine / hard liquor /drugs.		No
V11	Tobacco (smoking/chewing) currently or even occasionally in the last 1 year?		
V12	Have you been smoking more than 20 cigarettes a day or chewing more than 10 sachets of tobacco a day?		1
V13	Alcohol (beer/wine/hard liquor). If yes, then please answer the below questions.		1
V14	Do you drink any kind of alcohol more than 3 days a week?		
V15	Have you ever been advised to quit alcohol?		
V16	Have you been taking drugs like cannabis/marijuana/ecstasy/heroin/LSD/amphetamines or any other illegal drugs?		No

DECLARATION: I certify that after satisfying myself of the true identity of examinee, (i) have carefully examined the examinee, (ii) I have asked each question mentioned herein above in person / face-to-face, (iii) that the answers recorded above are exactly as given to me by the examinee and (iv) that this report has been signed by the examinee in my presence.

Name and Signature / *डॉ. मनिष शर्मा* Medical Doctor
Dr. Manish Sharma
 Date: 21/07/25

DECLARATION: I hereby declare (i) that the above answers are true, accurate and complete in all respects, (ii) that I have not withheld or suppressed any facts which may be relevant and material to enable the company to make an informed decision about the acceptability of the risk, (iii) that the above shall form a part of the application for the proposed insurance cover on my life and one of the factors on the basis of which the company may assume risk on my life and (iv) medicals will be considered invalid in case customer is associated with diagnostic centre.

Signature of Examinee: *Pankaj Gangwan*
 Date: 21/07/25

Signature of life insured: *Pankaj Gangwan*
 Date: 21/07/25

YOU ARE THE DIFFERENCE™

- Our virtual assistant Chat with MILI on our website
- WhatsApp Send 'Hi' to +91 74283 96005
- Login to manage your policy maxlifeinsurance.com/customer-service
- Write to us at maxlifeinsurance.com/contact-us
- Call us at 1860 120 5577
- Follow us f X @

Important: DO NOT believe in calls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165-Followed by 9 digit Policy No.> IFS Code: HSBC0110002". Max Life does not collect Premium in any other account. Max Life Insurance Co. Ltd.: Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015. Regd. Office: 419, Bhal Mohan Singh Nagar, Rallmaja, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. Fax: 0124-4159397, CIN: U74899PB2000PLC045626 | CUSTOMER HELPLINE NUMBER: 1860 120 5577 IRDAI Regn. No. 104

BEWARE OF SPURIOUS / FRAUD PHONE CALLS!
 • IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums • Public receiving such phone calls are requested to lodge a police complaint

F	Do you have asthma / bronchitis / wheezing / tuberculosis / breathing difficulties or any respiratory disorders? If 'yes', then please answer the below questions.		No
F11	Do you take inhaler frequently for asthma / bronchitis?		
F12	Do you have a history of asthma with night symptoms and hospitalisation?		
F13	Do you have allergic bronchitis and use inhaler sometimes?		
F14	Do you have a history of asthma with symptoms appearing sometimes?		
F15	Do you have a history of tuberculosis in the past two years with no relapse?		
F16	Any other details:		No
G	Do you have any blood disorders such as anaemia, leukaemia, or any circulatory disorders? If 'yes', then please answer the below questions.		No
G11	Do you have a history of iron deficiency anaemia which has now come back to normal?		
G12	If you have any other problem, then please share the details:		
H	Do you have any liver disorders such as cirrhosis, hepatitis, jaundice, disorder of the stomach, colitis, or indigestion? If 'yes', then please answer the below questions.		No
H11	Do you have a history of jaundice which has now been cured after treatment?		
H12	Do you have any indigestion or constipation?		
H13	Do you have a history of gall bladder removed or cholecystectomy?		
H14	Do you have a history of stones in the gall bladder which currently has no complications?		
H15	Do you have a history of Hepatitis 'A' infection which has recovered?		
H16	Do you have a history of fatty liver grade 1?		
H17	Do you have a history of Hepatitis 'B' and 'C'?		
H18	If you had any other problem, then please share the details:		
I	Do you have any physical or mental disability or any congenital disease? If 'yes', then please answer the below question.		No
I11	Details of the problem:		
J	Do you have form of cancer, tumour, cyst, or growth of any kind of enlarged lymph nodes? If 'yes', then please answer the below question.		
J11	Details of the problem:		
K	Do you have any diseases related to kidney failure, kidney or ureteric stones, blood, or puss in urine / prostate or gynaecological disorders? If 'yes', then please answer the below questions.		
K11	Do you have a history of surgery of kidney / ureteric stone which currently has no complications?		
K12	Do you have kidney stone which did not require a surgery as it was flushed out/caused no problem?		
K13	Do you have a history of Urinary Tract Infection (UTI) which you have recovered from?		
K14	Do you have a history of ovarian cyst which currently has no complications?		
K15	If you have any other problem, then please share the details:		
L	Do you have epilepsy, nervous disorder, multiple sclerosis, tremors, numbness, paralysis or psychiatric disorder? If 'yes', then please answer the below questions.		No
L11	Details of the problem:		

M	Do you have any eye, ear, nose or throat related disorders (excluding the use of spectacles)? If 'yes', then please answer the below questions.		No
M11	Have you undergone a sight related correction through glasses or LASIK?		
M12	Do you have a history of cataract surgery?		
M13	Do you have a history of cold, cough and sore throat?		
M14	Do you have a history of URTI (Upper Respiratory Tract Infection)?		
M15	Have you had a surgery of DNS (Deviated Nasal Septum)?		
M16	Do you have a history of sinusitis?		
M17	If you have any other problem, then please share the details:		no
N	Do you have any disorder of the back, muscle, joints, bone, neck, deformity, amputation, arthritis or gout? If 'yes', then please answer the below questions.		No
N11	Do you have a history of back pain due to slip disc with no complications currently?		
N12	Do you have a history of back pain or are you undergoing any sprain related physiotherapy/exercise?		
N13	Do you have a history of hairline fracture/any ligament tear with no problems currently?		
N14	Do you have a history of/currently have osteoarthritis/gout on Rx with no current problems as such?		
N15	Do you have a history of/currently have joint pain?		
N16	Do you have any history of fracture which you have recovered from now?		
N17	If you have any other problems, then please share the details.		
O	In the last 5 years, have you had or been advised to have / in the next 30 days, will you have an X-ray / CT scan / MRI / ECG / TMT / blood test or any other investigatory or diagnostic tests / any type of surgery? If 'yes', then please answer the questions below and specify the date / reason / findings .		No
O11	Do you have a history taken after an accident?		
O12	Do you have a history or surgery after accident which you have recovered from now?		
O13	Do you have a history of appendix surgery?		
O14	Do you have a history of surgery for piles or haemorrhoids?		
O15	Do you have a history of MRI scan for back pain?		
O16	Do you have a history of gall stone/kidney stone?		no
O17	Have you had a surgery for hernia?		
O18	Have you done tests during the annual preventive health check-up with normal results?		
O19	Have you done blood investigations for fever/flu/viral fever/malaria/typhoid/dengue with no complications currently?		no
O20	Have you done blood tests/USG during pregnancy?		
O21	Do you have a history of blood test done for blood donation?		
O22	Have you undergone a surgery for insertion/removal of rods/screws?		
O23	If you have any other problem, then please share the details:		
P	Have you or your spouse tested positive/under treatment for HIV/AIDS/Sexually Transmitted Diseases (e.g. syphilis, gonorrhoea, etc.)? If 'yes', then please answer the below questions.		No
P11	Details of the problem:		

Q	Are you under treatment/medication, have received in the past or undergone a surgery/hospitalised for any medical condition/disability? If 'yes', then please answer the below questions.					NO
Q11	Have you ever been hospitalised for fever?					
Q12	Have you ever been hospitalised for food poisoning?					
Q13	Have you ever been hospitalised after an accident?					
Q14	Have you ever been hospitalised for C-section/stone removal appendicectomy/piles/hernia?					NO
Q15	Have you ever been hospitalised for treatment of malaria/typhoid/dengue/gastroenteritis/dehydration?					
Q16	If you have any other problem, then please share the details:					
R	Have you been on leave at work due to illness / for a continuous period of more than 10 days in the last 1 year? If 'yes', then please answer the below questions.					NO
R11	Do you have a history of surgery due to accident?					
R12	Have you been treated for tuberculosis more than 2 years ago?					
R13	Have you undergone a caesarean section?					
R14	Have you been on leave due to back pain / slip disc?					
R15	Have you been on leave due to joint pains?					no
R16	Have you been treated for malaria/typhoid/dengue?					
R17	If you have any other problem, then please share the details:					
S	Have you suffered from/are suffering from any disease/ailment/habit which has not been mentioned above?					NO
S11	Details of the problem:					
T11	Height (in centimeters)			100		Yes
T12	Weight (in kilograms)			77		
T13	Waist circumference (in centimeters)			91		Yes
U11	Blood pressure (reading to nearest 5mmHg) (If the first reading exceeds 140/90, two further readings should be taken after a 5 minutes interval) Diastolic to be 5th phase i.e. Cessation of sound.					
				1 st	2 nd	3 rd
	Systolic			121	125	130
	Diastolic			75	80	81
U12	Pulse (if over 90, please recount at the end of examination)					
	Rate	Rhythm	Quality	State of Blood Vessels		Comment on Ankle Pulse
	71	17	Normal	Normal		Normal
U13	Is Murmur present? If yes, give description?				Yes	No
						✓



MAX LIFE INSURANCE CO. LTD.
 Regd. Office: Max House, 1 Dr. Jha Marg, Okhla, New Delhi - 110 020.
 Head Office: 11th & 12th Floor, DLF Square, Jacaranda Marg, DLF City
 Phase-II, Gurgaon - 122002, Haryana

Medical Examination Report

PROPOSAL NUMBER	173159799	AGENT CODE	-	
A. IDENTIFICATION DETAILS OF EXAMINEE:				
1. Name (First/Middle/Last)	PANKAJ GANGNAR			
2. Date of Birth (DD/MM/YYYY)	26/02/1999			
3. Identification Proof	PAN	Driving License	Aadhar Card	<input checked="" type="checkbox"/>
	Passport	Voter ID	Others (please specify) _____	
4. Identification Proof No.	499657790339	Mobile No.		
Email ID	-			
			Yes	No
A	Are you pregnant? (Applicable only for women)			No
A11	If 'yes', then how many months?			/
A12	Any pregnancy related complications?			/
A13	Description of the problem:			
B	Have you undergone any of these tests like mammogram, ultrasound, pap smear etc.? (Applicable only for women) If 'yes', then please answer the below questions.			No
B11	Were the test reports normal? If 'no', then please provide details.			/
B12	Description of the problem:			
C	Do you have any history of chest pain, heart attack, palpitations or breathlessness on exertion or irregular heartbeat? If 'yes', then please answer the below questions.			No
C11	Chest pain was related to "Heart".			/
C12	Chest pain was a result of "Muscular Pain".			/
C13	Chest pain was a result of "Gastritis Problem".			/
C14	Details of any other heart related problem:			
D	Do you have any hypertension / high blood pressure / high cholesterol? If 'yes', then please answer the below questions.			No
D11	Year since diagnosis of hypertension : MM/YYYY			
D12	Are you taking medicines for hypertension and is under control?			/
D13	Are you taking medicines for high cholesterol and is under control?			/
D14	In case of high BP or cholesterol, provide details:			
E	Do you have high blood sugar / diabetes, thyroid disorder, or any other endocrine disorders? If 'yes', then please answer the below questions.			No
E11	Are you a diabetic under treatment?			/
E12	Year since diagnosis of diabetes			
E13	Type of diabetes			
E14	Any complication related to diabetes			
E15	Are you under treatment for thyroid disorder and is it under control?			
E16	Any other disorder:			NO



Reg.NO. : 03
NAME : **Mr. SACHIN SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **22/02/2025**
AGE : 51 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.0	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	5,200	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	18	%	20-45
Eosinophils	08	%	01-08
Monocytes	04	%	01-06
TOTAL R.B.C. COUNT	4.56	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	42.6	%	35-54
M C V	93.4	fL	76-96
M C H	28.5	pg	27.00-32.00
M C H C	30.5	g/dl	30.50-34.50
PLATELET COUNT	1.10	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00 - 15
BLOOD GROUP			
Blood Group	O		
Rh	POSITIVE		
BIOCHEMISTRY			
BLOOD SUGAR F.	170	mg/dl	60-100

HAEMATOLOGY



Reg.NO. : 03
 NAME : Mr. SACHIN SINGH
 REFERRED BY : Dr. Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : 22/02/2025
 AGE : 51 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
GLYCOSYLATED HAEMOGLOBIN(HBA1C)	7.0		

EXPECTED RESULTS :

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

***ADA: American Diabetes Association**

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination. ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

BIOCHEMISTRY

SERUM CREATININE	0.9	mg/dL.	0.5-1.4
BLOOD UREA NITROGEN	11.2	mg/dL.	5 - 25
URIC ACID	6.8	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.



Reg.NO. : 03
NAME : **Mr. SACHIN SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **22/02/2025**
AGE : 51 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	296	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	231	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	46.2	mg/dL.	15 - 40
LDL CHOLESTEROL	201.80	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	6.17	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	4.20	mg/dl	0-3

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus,and pancreatitis. CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease.Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol. LDL - CHOLESTEROL& TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors.Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

Apple Cardiac Care
 Dr. Nitin Agarwal, Stadium Road,
 Apple Cardiac Care Hospital,
 Lucknow - 224 122 (U.P.) India
 Tel. : 07599031977, 09458888448



APPLE
PATHOLOGY
 TRUSTED RESULT

DATE : 22/02/2025
 AGE : 51 Yrs.
 SEX : MALE

Reg.NO. : 03
 NAME : Mr. SACHIN SINGH
 REFERRED BY : Dr. Nitin Agarwal (D M)
 SAMPLE : BLOOD

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIVER PROFILE			
SERUM BILIRUBIN	0.7	mg/dL	0.3-1.2
TOTAL	0.3	mg/dL	0.2-0.6
DIRECT	0.4	mg/dL	0.1-0.4
INDIRECT			
SERUM PROTEINS			
Total Proteins	7.0	Gm/dL	6.4 - 8.3
Albumin	4.1	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.41		0.0-2.0
SGOT	62	IU/L	0-40
SGPT	54	IU/L	0-40
SERUM ALK.PHOSPHATASE	96	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL
 Premature infants. 0 to 1 day: <8 mg/dL Premature infants. 1 to 2 days: <12 mg/dL Adults: 0.3-1 mg/dL.
 Premature infants. 3 to 5 days: <16 mg/dL Neonates, 0 to 1 day: 1.4-8.7 mg/dL
 Neonates, 1 to 2 days: 3.4-11.5 mg/dL Neonates, 3 to 5 days: 1.5-12 mg/dL Children 6 days to 18 years: 0.3-1.2 mg/dL

COMMENTS-
 Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow-up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.

Gamma Glutamyl Transferase (GGT) 26 U/L 7-32

BIOCHEMICAL



Reg.NO. : 03
NAME : **Mr. SACHIN SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **22/02/2025**
AGE : 51 Yrs.
SEX : MALE

TEST NAME

	RESULTS	UNITS	BIOLOGICAL REF. RANGE
Prostatic Specific Antigen	1.2	ng/ml	0-4
Prostatic Specific Antigen (P.S.A)			

Comment : The fact of PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy.

* Quality controlled report with external quality assurance

URINE EXAMINATION



Reg.NO. : 03
NAME : **Mr. SACHIN SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : 22/02/2025
AGE : 51 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		
Sediments	Nil		Nil
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	+		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	4-5	/H.P.F.	
Epithelial Cells	2-3	/H.P.F.	
Crystals	NIL		
Casts	Nil	/H.P.F.	NIL
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

Apple Cardiac Care

Agar, Stadium Road,
Care Hospital),
- 243 122 (U.P.) India
: 07599031977, 09458888448



APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 03
NAME : **Mr. SACHIN SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **22/02/2025**
AGE : 51 Yrs.
SEX : MALE

TEST NAME

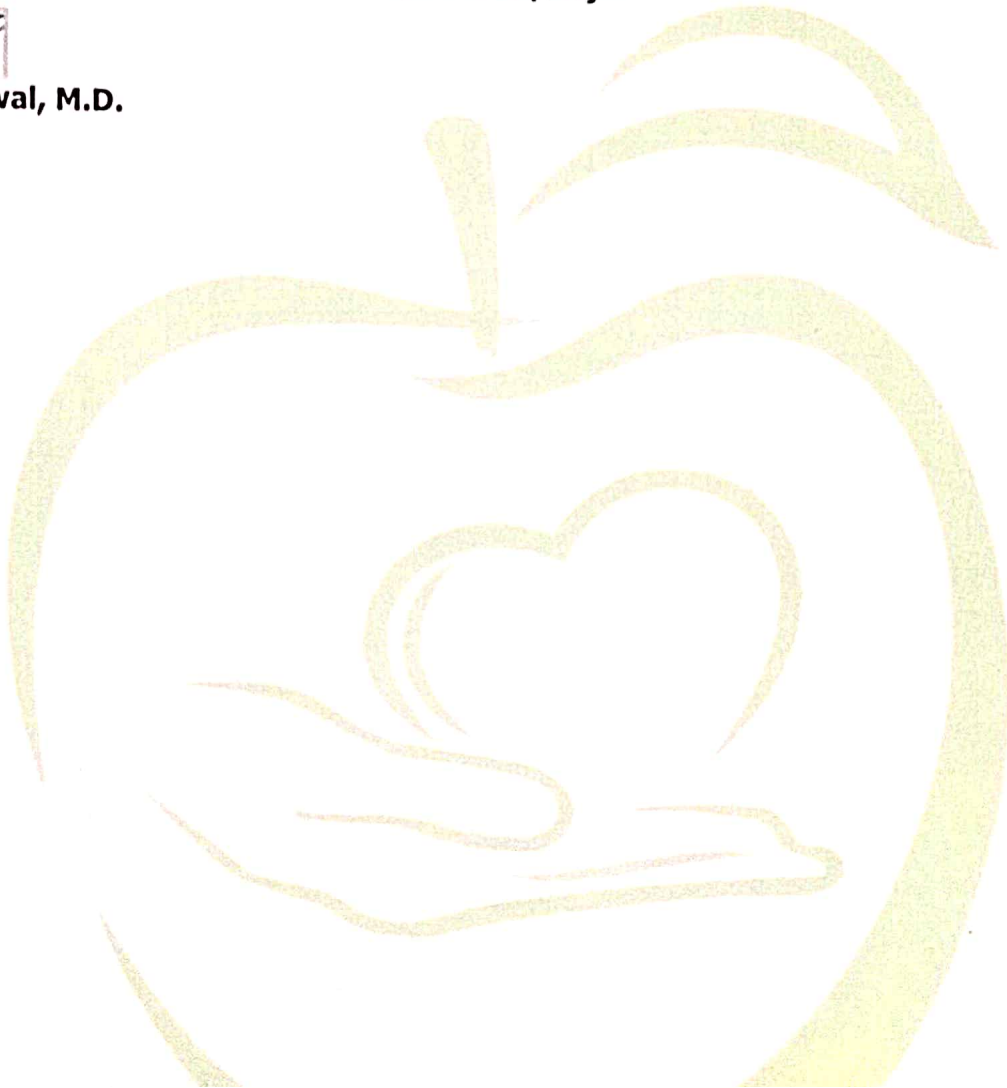
RESULTS

UNITS

BIOLOGICAL REF. RANGE

--{End of Report}--

Dr. Shweta Agarwal, M.D.
(Pathologist)



A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,
 (Opposite Care Hospital),
 Bareilly - 243 122 (U.P.) India
 Tel. : 07599031977, 09458888448



APPLE
PATHOLOGY
 TRUSTED RESULT

Reg.NO. : 04
 NAME : Mrs. RENU SINGH
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : 22/02/2025
 AGE : 43 Yrs.
 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	11.2	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	6,000	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	65	%	40-75
Lymphocytes	28	%	20-45
Eosinophils	05	%	01-08
Monocytes	02	%	01-06
TOTAL R.B.C. COUNT	4.36	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	36.8	%	35-54
M C V	84.4	fL	76-96
M C H	25.7	pg	27.00-32.00
M C H C	30.4	g/dl	30.50-34.50
PLATELET COUNT	2.48	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	16	mm	00- 20
BLOOD GROUP			
Blood Group	B		
Rh	POSITIVE		
BIOCHEMISTRY			
BLOOD SUGAR F.	150	mg/dl	60-100

HAEMATOLOGY



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GLYCOSYLATED HAEMOGLOBIN(HBA1C)	6.8		

EXPECTED RESULTS :

 Non diabetic patients : 4.0% to 6.0%
 Good Control : 6.0% to 7.0%
 Fair Control : 7.0% to -8%
 Poor Control : Above 8%

***ADA: American Diabetes Association**

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

BIOCHEMISTRY

SERUM CREATININE	0.7	mg/dL.	0.5-1.4
BLOOD UREA NITROGEN	11.2	mg/dL.	5 - 25
URIC ACID	6.9	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.



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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	204	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	158	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	31.6	mg/dL.	15 - 40
LDL CHOLESTEROL	123.40	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.16	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.52	mg/dl	0-3

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.



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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	+		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	8-10	/H.P.F.	
Epithelial Cells	5-6	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS			
Bacteria	NIL		
Other	NIL		

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APPLE
PATHOLOGY
TRUSTED RESULT

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TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

--{End of Report}--

Dr. Shweta Agarwal

Dr. Shweta Agarwal, M.D.
(Pathologist)

