



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

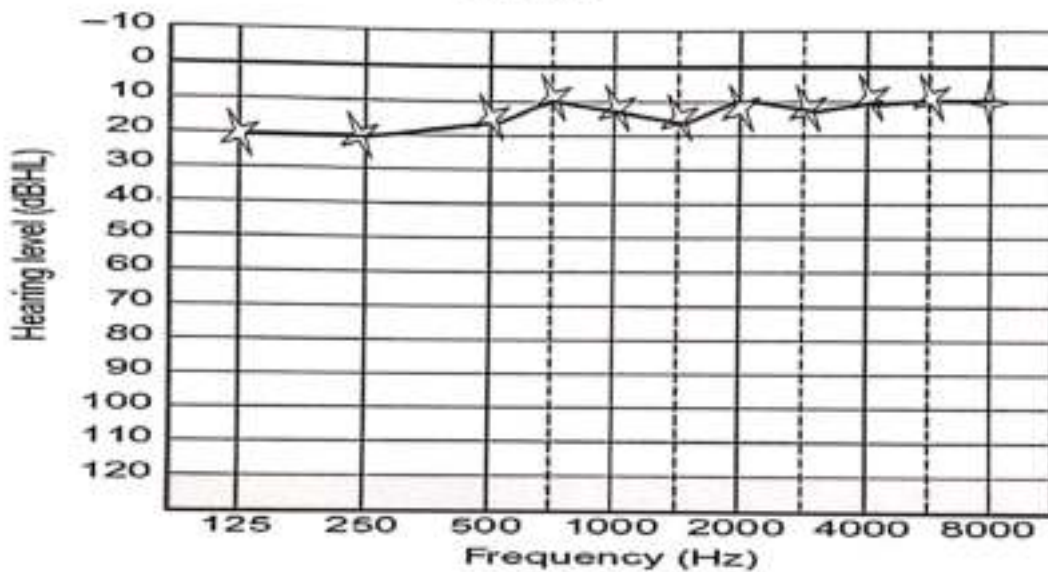
E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

AUDIOMETRY TEST REPORT

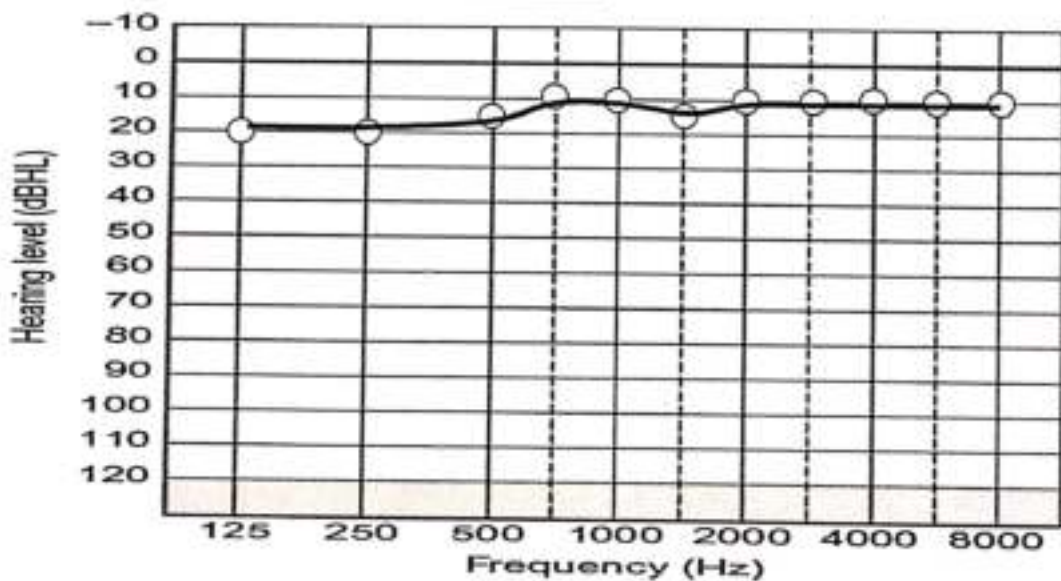
Name of Candidate: Sunder Age/ Sex: 41 Years / M

Date: _____

LEFT EAR



RIGHT EAR



Remarks:

- X Left Ear : **WNL NAD**
- O Right Ear: **WNL NAD**

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COMPLETE EYE CHECK UP

Employee name: Surender

Age/ Sex: 41 / MALE

Employee ID: _____

Date: 23/09/2024

COMPLETE EYE EXAMINATION

External Examination: Normal Squint: Absent

Nystagmus: Absent

Colour Vision: (Normal / Defective) Individual Colour Identification: (Normal / Defective)

Distance Vision (without Glasses): Right: 6/6 Left: 6/6
(With Glasses): Right: - Left: -

Near Vision (without Glasses): Right: N6 Left: N6
(With Glasses): Right: - Left: -

Power of Glass (Recommended): Right - Left -

Final Remarks: Normal Vision

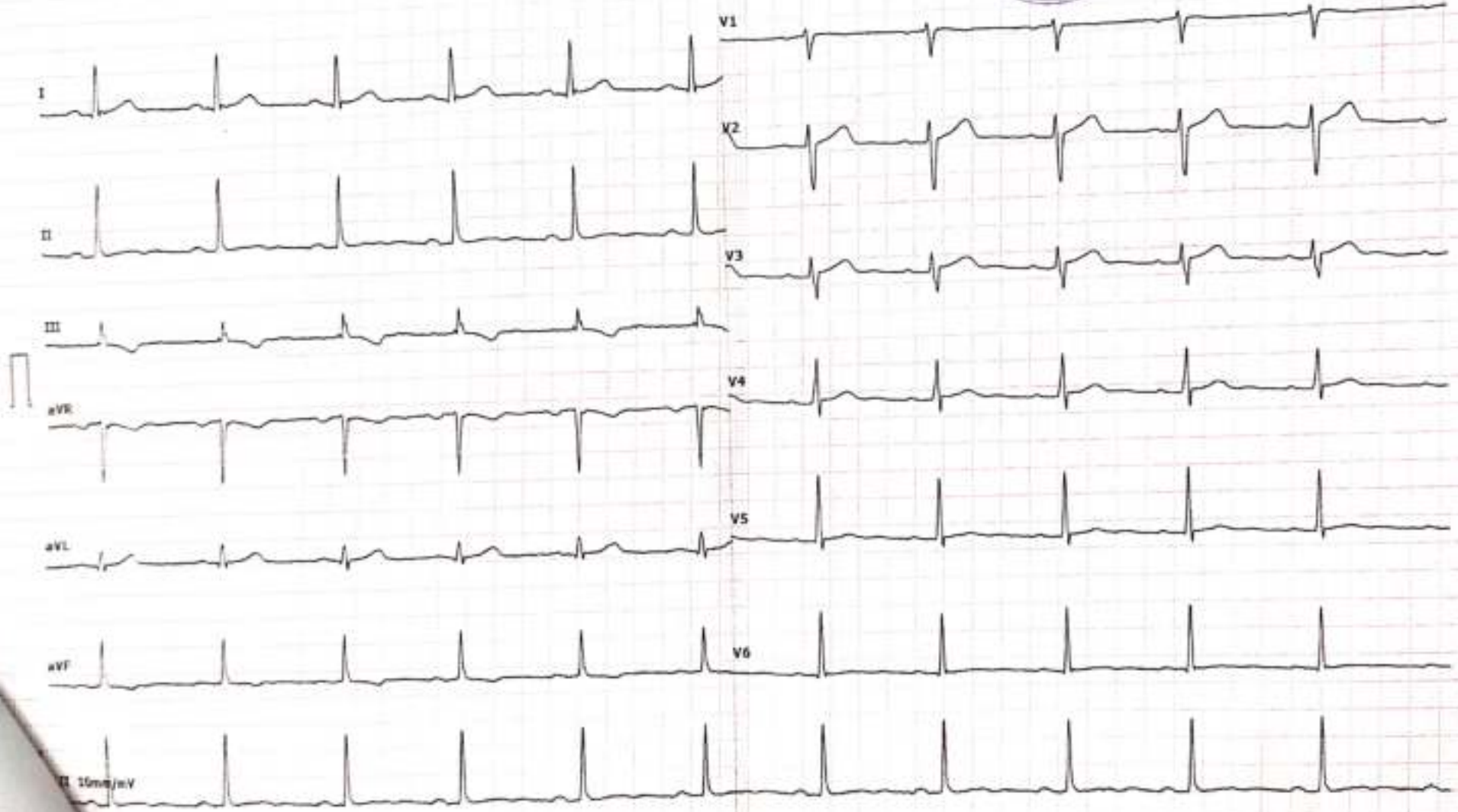


Signature/Stamp

ID Card: _____
Name: SURENDER
Age: 41
Weight(Kg): _____
Gender: Male
Height(cm): _____
BP(mmHg): 1

Q-R-S.....ms 93
QT/QTc.....ms 383/410
P/QRS/T AXES.....deg 46/47/46
RV5/SV1.....mV 2.24/0.88
RV5+SV1.....mV 3.12

*The result must be confirmed by doctor!



10mm/mV
mV AUTO
AC ON 0.05-35Hz EHR
5mm/mV

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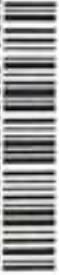


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Name1	:MRSURENDER	Reg. No.	:UHID146242	IPD/OPD Status	:OPD
Relative	:S/O.	Accession No.	:20240323034	Category	:med/cheef
Age/Sex	:41 Y/Male	Consultant	Dr. SONU YADAV	Location/Bed.No	:

Collected at:23/03/2024 9:20:00 AM



Accession No

Report Gen at: 23/03/2024 10:20:36 AM



Registration No

BIOCHEMISTRY

SAMPLE TYPE : EDTA BLOOD

BIOCHEMISTRY		
Investigations	Result	Unit
HbA1c (GLYCOSYLATED Hb)	5.9	%

INTERPRETATION:

Non-diabetic: < 5.7

Pre-diabetic: 5.7 - 6.4

Diabetic: > or = 6.5

ADA Target: 7.0

Action suggested: > 8.0

PLEASE CORRELATE CLINICALLY.

Interpretation(s)

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and

as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the

blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly

proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.

Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased

glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia

or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells.

Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia,

increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these

Medical lab. Technician

Dr. Sonu Yadav
MBBS, MCh(path)

Consultant Pathologist

Investigation have their limitations solitary pathological result never confirms the final diagnosis of the disease. The results have to be correlated with the clinical findings. This Report is not valid for medico-legal purpose.

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Name1 : Mr.SURENDER .	Reg. No. : UHID146242	IPD/OPD Status : OPD
Relative : S/O,	Accession No. : 20240323034	Category : med/wheel
Age/Sex : 41 Y/Male	Consultant : Dr. SONU YADAV	Location/Bed No :

Collected at: 23/03/2024 9:20:00 AM



Accession No

Report Gen at: 23/03/2024 12:45:46 PM



Registration No

BIOCHEMISTRY

SAMPLE TYPE : SERUM

BIOCHEMISTRY

Investigations	Result	Unit	Biological Reference Interval
BLOOD SUGAR (FASTING)	91.51	mg/dl	60-100
BLOOD SUGAR PP	105.65	mg/dl	100-140
KIDNEY FUNCTION TEST			
BLOOD UREA NITROGEN	12	mg/dl	5-25
BLOOD UREA	24.71	mg/dl	10.0-40.0
SERUM CREATININE	0.83	mg/dl	0.5-1.10
SODIUM	137	meq/l	135-155
POTASSIUM	4.0	meq/l	3.5-5.5
URIC ACID	5.35	mg/dl	4.00-7.20
LIVER FUNCTION TEST (LFT)			
Bilirubin Total	0.52	mg/dl	0.30-1.20
Bilirubin Direct	0.15	mg/dl	0.10-0.30
Bilirubin Indirect	0.37	mg/dl	0.20-0.80
SGOT (AST)	30.69	U/L	10-35
SGPT (ALT)	47.9	U/L	0.00-45.0
ALKALINE PHOSPHATASE	59.90	U/L	25.0-140.0
TOTAL PROTEIN	6.80	g/dL	6.3-8.2
ALBUMIN	3.73	g/dl	3.5-5.0
GLOBULIN	2.07	g/dl	2.8-3.2
AVG RATIO	1.80		1.25-1.50:1
LIPID PROFILE			
TOTAL CHOLESTROL	146.58	mg/dl	0.00-200.0
TRIGLYCERIDES	107.71	mg/dl	40-160
HDL CHOLESTROL	36.34	mg/dl	35.3-78.5

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LDL CHOLESTROL	88.70	mg/dl	0.0-150
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BLOOD SUGAR (FASTING) Methodology : GOD-POD with Serum / Plasma

BLOOD SUGAR (PP) Methodology : GOD-POD with Serum / Plasma

TOTAL CHOLESTROL

Normal < 200 mg/ dl Desirable

Border Line High 200-239 mg/dl

High > 240 mg / dl

COMMENT -

*TRIGLYCERIDE - Level > 250 mg/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 mellitus, and pancreatitis.

*CHOLESTEROL - Its fractions and triglycerides are the important plasma lipids influencing cardiovascular risk factors and in the management of cardiovascular disease.

*LDL - 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.

*** End of Report ***

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Name1 :MrSURENDER	Reg. No. :UHID146242	IPD/OPD Status :OPD
Relative :S/O.	Accession No. :20240323034	Catagory :mediwheel
Age/Sex :41 Y/Male	Consultant :Dr. SONU YADAV	Location/Bed.No :

Collected at:23/03/2024 9:20:00 AM

Report Gen at: 23/03/2024 10:29:15 AM



Accession No

HAEMATOLOGY REPORT



Registration No

SAMPLE TYPE : EDTA BLOOD

HAEMATOLOGY REPORT			
Investigations	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT			
Hemoglobin (Hb%)	13.9	g/dL	12.0-18.0
WBC	5.09	10 ³ /uL	4.0-11.0
Neutrophils	66.6	%	40.0-70.0
Lymphocytes	19.8	%	20.0-40.0
Eosinophils	3.5	%	1.0-6.0
Monocytes	9.3	%	2.0-10.0
Basophils	0.8	%	0.0-1.0
Red Cell Count (TRBC)	4.64	million/cumm	4.5-6.5
Haematocrit(HCT)	42.5	%	36.0-54.0
MCV	91.5	fL	76.0-96.0
MCH	30.0	pg	27.0-32.0
MCHC	32.7	g/dL	31.5-34.5
Platelet Count	193	10 ³ /uL	150-400
ESR	05	mm/1hr	0.0-8.0

(ESR)Methodology :WESTERGREN with Trisodium citrate whole blood

*** End of Report ***

Medical lab.Technician


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Name1 :MrsSURENDER .	Reg. No. :UHID146242	IPD/OPD Status :OPD
Relative :S/O.	Accession No. :20240323034	Category :mediwheel
Age/Sex :41 Y/Male	Consultant Dr. SONU YADAV	Location/Bed.No :

Collected at:23/03/2024 9:20:00 AM

Report Gen at: 23/03/2024 11:29:56 AM



HAEMATOLOGY REPORT



Accession No

Registration No

SAMPLE TYPE : EDTA BLOOD.

HAEMATOLOGY REPORT

Investigations	Result	Unit	Biological Reference Interval
ABO GROUPING	"B"	-	-
RH -TYPING	+ POSITIVE	-	-

(ABO-Rh)Methodology: Antigen Antibody Reaction, EDTA Blood, Tube Test Method Interpretation: Human red blood cells possessing A and/or B Antigen will agglutinate in the presence of antibody directed towards the antigen. Agglutination of red blood cells with anti-A,B,D. reagents indicates the present or absence of the corresponding antigen.

(ABO-Rh)Methodology: Antigen Antibody Reaction, EDTA Blood, Tube Test Method Interpretation: Human red blood cells possessing A and/or B Antigen will agglutinate in the presence of antibody directed towards the antigen. Agglutination of red blood cells with anti-A,B,D. reagents indicates the present or absent of the corresponding antigen.

*** End of Report ***

Medical lab. Technician

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Consultant Pathologist

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Name	:SURENDER .	Reg. No.	:UHID146242	IPD/OPD Status	:OPD
Relative	S/O,	Accession No.	:20240323034	Category	:mediwheel
Age/Sex	:41 Y/Male	consultant	:SONU YADAV	Location/Bed.No	:

Collected at: 23/03/2024 9:20:00 AM



Accession No

Report Gen at: 23/03/2024 10:30:33 AM



Registration No

CLINICAL PATHOLOGY

Urine Routine Examination Report

Physical Examination

Biochemical Examination

Microscopic Examination

Investigation

Volume

colour

Appearance

Deposit

Specific gravity

Reaction (PH)

Albumin

Sugar

PUS Cells

RBC

Epithelial

Casts

Crystals

Bacteria

Result

30

pale yellow

clear

Nil

1.025

6.0

nil

nil

2-3

NIL

2-3

NIL

NIL

NIL

NIL

Dr. Sonu Yadav

MBBS, MD(path)

Consultant Pathologist

Medical lab. Technician

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Name / Relative	M-SURENDER : S/O,	Reg. No. / Accession No.	UH10146242 / 20240323234	IPD/OPD Status / Category	OPD / medical
Age/Sex	41 Y/Male	Consultant	Dr. SONU YADAV	Location/Bed/No	11

Collected at: 23/03/2024 9:20:00 AM
 Accession No

IMMUNOLOGY REPORT

Report Gen at: 23/03/2024 10:30:04 AM
 Registration No

SAMPLE TYPE : SERUM

Investigations	Result	Unit	Biological Reference Interval
-PSA	1.542	ng/ml	0.00 - 4.00
*T3	0.91	ng/ml	0.79 - 1.58
*T4	4.20	ug/dL	4.9 - 11.0
*TSH	4.091	uIU/ml	0.36 - 4.31

COMMENT:
 Serum testing for PSA is a very important tool to screen for PROSTATE CANCER and to monitor therapy of the disease.
 PSA a PROSTATE - SPECIFIC but not CANCER - SPECIFIC and sport from Prostate Cancer elevated level may be found in BENIGN PROSTATE HYPERTROPHY, PROSTATITIS, HORMONAL AID ACUTE RETENTION OF URINE, PERFECTON, CAUTERIZATION AND PROSTATE BIOPSY
 PSA is rarely raised in healthy men and is absent in normal women. There is no PSA present in any other normal tissue obtained from men or in patients with other CANCERS OF THE BREAST, LUNG, COLON, RECTUM, STOMACH, PANCREAS OR TESTIS.

T3 & T4 : Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 & T4. Disease in any portion of the thyroid - pituitary - hypothalamic system may influence the level of T3 & T4. T4 levels are sensitive and superior indicator of hypothyroidism. T3 levels better define hyperthyroidism, is an excellent indicator of the ability of thyroid to respond to both stimulatory and suppressive tests.

Crucial TSH levels are important in assessing thyroid function. TSH is used in a broadway diagnosis of primary (thyroid) and secondary (Pituitary) and tertiary (hypothalamic) hypothyroidism in primary hypothyroidism - TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are lower than primary hypothyroidism. T3 & T4 levels are elevated and low or undetectable. TSH, T3/T4 values between 5.6 to 100 indicate subclinical / mild hypothyroidism. These values are to be treated, if TSH indicates ATG / TPO is positive in negative thyroid antibodies cases TSH levels are monitored & rechecked.

*** End of Report ***

Dr. Sonu Yadav
 MBBS, MD (path)

Consultant Pathologist

Medical Lab. Technician

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2D ECHOCARDIOGRAPHY REPORT

.....
Patient Name: SURENDER

UHID OPD : 146242

Report Date: 23/03/2024

Age/Sex : 41 Yrs /M

Ref By : Dr. Sonu Yadav

Study/By :Dr. Shivam Uppal

MITRAL VALVE

Morphology : AML - Normal / Thickening/ Calcification/ Flutter/ Vegetation/ Prolapse/ SAM/ Dome/ PML - Normal / Thickening/Calcification/ Mild Prolaps Paradoxical motion/ fixed .

Subvalvular deformity : Present/ Absent

Score: Doppler Normal/Abnormal, E - m/sec, A- m/sec , E>A
Mitral Stenosis : Present/ Absent

RR interval m/sec EDG mmHg MDG mmHg

Mitral Regurgitation : Absent/ Trace/ Mild/ Moderate/ Severe

TRICUSPID VALVE

Morphology - Normal / Thickening/ Calcification/ Prolapse/ Vegetation/ Doming
Normal/ Abnormal
Tricuspid Stenosis : Present/ Absent

RR interval EDG mmHg MDG mmHg

Tricuspid Regurgitation : Absent/ Trace/ Mild/ Moderate/ Severe

Velocity: 1.2 m/sec

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PULMONARY VALVE

Morphology Normal/ Atrial/ Thickening/ Doming/ Vegetation
Doppler Normal/ Abnormal

Pulmonary Stenosis : Absent

Level Valvular and Subvalvular **PSG** mmHg Pulmonary annulus mm

Pulmonary Regurgitation

Early diastolic gradient mmHg. End Diastolic Gradient

AORTIC VALVE

Morphology **Normal/ Thickening/ Calcification/ Restricted Opening/ Flutter vegetation**
No. of cusps .1/2/3/4

Doppler Normal/ Abnormal
Aortic Stenosis : Present/ Absent

Level **PSG** mmHg Aortic Annulus mm

Aortic Regurgitation: Absent/ Trivial/ Mild/ Moderate/ Severe

Velocity- 1.0 m/sec



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Measurement	Normal Values	Measurement	Normal Values
Aorta 2.8cm	(2.0-3.7cm)	L.A es 2.9cm	(1.9-4.0cm)
L.V es 2.9cm	(2.2-4.0cm)	L.V ed 4.0cm	(3.7-5.6cm)
I.V's ed 1.0cm	(0.6-1.1cm)	P.W(ed) 0.9cm	(0.6-1.1cm)
R.V ed cm	(0.7-2.2cm)	R.V anterior wall	(up to 5mm)
L.V.V.D (ml)		I.V's motion	Normal /jerky /paradoxical
EF - 55%	(54%-76%)		

CHAMBERS:

L.V	Normal Enlarged	Clear Thrombus	Hypertrophy
	Contraction	Normal	Reduced
L.A	Normal	Enlarged	Clear Thrombus
R.A	Normal	Enlarged	Clear Thrombus
R.V	Normal	Enlarged	Clear Thrombus
Pericardium	Normal	Thickening	Calcification Effusions

COMMENTS AND SUMMARY

- No regional wall motion abnormality with LVEF- 55%
- All cardiac chambers dimension normal
- No MR/TR/AR/PPK
- Normal diastolic function
- Inter atrial septum & inter ventricular septum intact.
- No Intra cardiac clot /vegetation /Pericardial effusion



Dr. Shivam. Uppal
MD, DMI CARDIOLOGY

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CIN: U85110DL1987PTC207727



Ref No.	PDC/1/SG/MED/D/HHID/46242	Date	23-03-2024
Patient's Name	Mr. Surrender	Age & Sex	41 Y/M
Referred By	Dr. Sonu Yadav	Test Done	I/SG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and shows **grade 1 fatty infiltration**. No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated. **Portal vein** is normal. **The CBD** is not dilated.

Gall bladder is partially distended. No e/o any obvious calculus or mass lesion is seen.

Pancreas is normal in size & echotexture with no e/o focal lesion.

Spleen is normal in size and echotexture. No focal lesion is seen.

Right Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on right side.

Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on left side.

Urinary bladder is well distended. The lumen is echofree with no e/o any calculus or mass lesion.

Prostate is normal in size and echo-texture with no e/o any focal lesion.

No e/o ascites or free fluid seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION : Grade 1 fatty liver.

Adv: clinical correlation.



Dr. Ritesh Garg

MBBS MID (Radiodiagnosis)
Consultant Radiologist

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Ref No.	PDC/X-Ray/MED/II/HD146242	Date	23-03-2024
Patient's Name	Mr. Suresh	Age & Sex	41Y/M
Referred By	Dr. Sonu Yadav	Test Done	X-Ray-

X-RAY CHEST PA VIEW

B/L lung fields are clear.

Cardiac size is normal.

B/L hilar region is normal.

Both dome and CP angle are normal.

Soft Tissue and bony cage under view appears normal.

IMPRESSION: No obvious abnormality detected.

Adv: clinical correlation.

Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



PUSHPANJALI HOSPITAL

SURENDER,
ADM 250324 120245PM

MID 7 115.0.3

C1.5

ARD_NEW

FR 52
AOP% 100

0	CHI	50
-	Eq	50
50	58	
SA	57.5	
Map	F70	
D	16.0	
-DH	60	



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0
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