

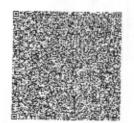


भारत सरकार Government of India

भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

नामांकन ऋम/ Enrolment No.: 2189/61679/00648

अमिल शर्मा Amit Sharma S/O: Satish Chand Sharma, Ward Number 6, VTC: Gagret Khas (140), PO: Gagret, Sub District: Amb. District: Una. State: Himachal Pradesh, PIN Code: 177201. Mobile: 9926999302

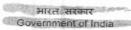


आपका आधार क्रमांक / Your Aadhaar No. :

6474 0936 3973 VID: 9196 1511 9919 6294

मेरा आधार, मेरी पहचान









जन्म तिथि/DOB: 28/05/1982 पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं । इराका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना बाहिए ।

Aadhaar is proof of Identity, not of citizenship or date of birth. It should be used with verification (onlin authentication, or scanning of QR code / offline XML).

6474 0936 3973

मेरा आधार, मेरी पहचान







सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्देष्ट जन्मतिथि के प्रमाण के दस्तावंज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई हारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टीर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड की स्केन करके या www.uidai.gov.in. पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए ।
- आधार विशिष्ट और स्रक्षित है ।
- पहचान और पते के रामर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदौरसेवाओं का लाम लेने मैं. सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें ।
- आधार सेवाओं का लाश लेगे के लिए एमआधार ऐप डाउनलोड करें ।
- आधार/बॉयोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बॉयोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करे।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
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- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
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- Keep your mobile number and small id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

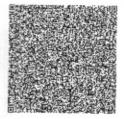


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S/Q: सतीज्ञ चंद शर्मा, वॉर्ड नंबर 6, गगरेट खास (१४०), ह्रगगरेट, ऊना, हुडिमाचल प्रदेश - 177201

S/O: Satish Chand Sharma, Ward Number 6, Gagret Khas (140), PO: Gagret, DIST: Una, Himachal Pradesh - 177201



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KAPIL HOSPITAL Near New Courts, Civil Lines, Jalandhar



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NABH CERTIFIED HOSPITAL

e-mail : guptakapil.12@gmail.com Website: www.kapilhospitaljalandhar.com

Page No.1

NAME	MR. AMIT SHARMA	DATE	09/04/2024
FATHER NAME	SATISH CHAND SHARMA		
AGE	41/Yrs	HOSPITAL ID	272/24
SEX	Male		
MARITAL STATUS	Married	EXAMINED BY	Dr. KAPIL GUPTA

PERSONAL HISTORY

HISTORY OF PRESENTING ILLNESS:	Nothing significant	
PAST HISTORY	NIL.	

DIET	Vegetarian	BOWELS	Normal
APPETITE	Good	MICTURITION	Normal
SLEEP	Normal	HABITS	SMOKING: Nil
ALLERGY	Nil		ALCOHOL: Nil

PHYSICAL EXAMINATION

HEIGHT	180cm	Vision	Use spectacle for near vision +1.25/B/E distance vision 6/6 B/E
WEIGHT	93 Kg	Chest:106/110cm	BMI: 29%
BP	130/70 mmhg	Abdomen:108cm	COULOUR VISION - Normal
PULSE	74/mint	Dental check up	Normal
RESP. RATE	18/mint	Spo2:99%	
TEMP	97.4° F		
SKIN	Normal		



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A CONTINUED

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Page No.2

	JVP	Normal	
	APEX BEAT	5 th ICS mid clavicular line	
CVS	THRILLS	Absent	
	HEART SOUNDS	Normal	
	MURMURS	Absent	

	TRACHEAL POSITION	Central
	SHAPE OF CHEST	Normal
RS MOVEMENTS	MOVEMENTS	Equal Bilateral
	BREATH SOUNDS	Vesicular
	ADVENTITIOUS SOUNDS	Absent

	TENDERNESS	Nil
	LIVER	Normal
ABDOMEN	SPLEEN	Not Palpable
	KIDNEY	Normal
	FREE FLUID	Absent
	BOWEL SOUND	Normal
	HERNIAL ORIFICES	Normal
	HERVIAL ORIFICES	Toma

	HIGHER MENTAL FUNCTION	Normal
	CRANIAL NERVES	Normal
CNS	SENSORY SYSTEMS	Normal
	MOTER SYSTEMS	No Abnormality
	REFLEXES	Normal

MUSCULOSKELETAL SYS	TEM Normal	

IMPRESSION CLINICALLY AND INVESTIGATION WISE FIT

DOCTOR SIGNATURE & SEAL:

DR KAPIL GUPTA

KAPIL HOSPITAL

Near New Courts, Civil Lines, Jalandhar

Kapil trospitali Jalandhan Manue amit Shauma. Date: 9/02/24, Fine: 10:10Am De Kapif Cupta (MO) mu/m. Showings Sinn Rhythm PRO. 14 BARO. 04 3 Chander expendethy かな なん anound limb 1 mm 1mV 1a. 1 15 Hb - 41 Hb - 73302 MEDICAL SPECIALIST
KAPIL HOSPITAL
NEAR NEW COURTS, JALANDHAR CITY
PMC-35401 KAPIL GUPTA



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Physical Exam

First Name: MR AMIT SHARMA Sample Type: Venous blood

Last Name:

Gender: Male Diagnosis:

Med Rec. No.:

Sample ID: Department: Internal MedicineRun Time:

2029

2024/04/09 14:26

Age:

42 Year

Diagnosis:				
Parameter	Result	Ref. Range	Unit	
1 WBC	6.77	3.50-9.50	10^3/uL	WBC
2 Lym%	38.7	20.0-50.0	%	LIA I
3 Gran%	48.8	50.0-70.0	%	
4 Mid%	12.5	3.0-9.0	%	
5 Lym#	2.62	1.10-3.20	10^3/uL	
6 Gran#	3.30	2.00-7.00	10^3/uL	0 100 200 300 fl
7 Mid#	0.85	0.10-0.90	10^3/uL	
8 RBC	4.87	4.30-5.80	10^6/uL	
9 HĞB	12.5	13.0-17.5	g/dL	RBC
10 HCT	39.5	40.0-50.0	%	110
11 MCV	81.2	82.0-100.0	- fL	1:/\
12MCH	25.6	27.0-34.0	pg	1111
13MCHC	31.6	31.6-35.4	g/dL	
14 RDW-CV	13.4	11.5-14.5	%	0 100 200 300
15RDW-SD	44.0	35.0-56.0	fL	
16 PLT	258	125-350	10^3/uL	PLT
17 MPV	10.5	7.0-11.0	fL	
18 PDW-SD	13.7	9.0-17.0	fL j	
19PDW-CV	15.5	10.0-17.9	%	1
20 PCT	0.270	0.108-0.282	%	4
21 P-LCR	31.2	11.0-45.0	%	0 10 20 30 f
22P-LCC	81	30-90	10^3/uL	
221 -200			A STATE OF THE PARTY OF THE PAR	
	The state of the s	4		

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Patient Na	me:- Mr. Amit Sharma	Age/Sex:-	42 Yrs / Male
Date:-	09/04/2024	Incharge:-	Dr.Kapil Gupta MD
Appli No:-	-500	Sample ID:	- 2029 / Fasting Sample
	ARTON AND LESS -	14	Mannal Value

Test Result Normal Value

Hematological Test

E.S.R

35.0 mm 1st hrs

0.0--20 mm1st hrs

(ERYTHROCYTE SEDIMENTATION RATE)

An erythrocyte sedimentation rate (ESR) is a type of blood test that measures how quickly erythrocytes (red blood cells) settle at the bottom of a test tube that contains a blood sample. Normally, red blood cells settle relatively slowly. A faster-than-normal rate may indicate inflammation in the body. Inflammation is part of your immune response system. It can be a reaction to an infection or injury. Inflammation may also be a sign of a chronic disease, an immune disorder, or other medical condition.

Blood Group

A'B Positive

Biochemistry Test

Glucose Fasting

106.0 mg/dl

70--110 mg/dl

HEXOKINASE

Interpretation (In accordance with the American diabetes association guidelines):

A fasting plasma glucose level below 110 mg/dL is considered normal.

A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.

A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

Renal Function Test

Blood Urea	28 mg/dl	1545 mg/dl
Urease Colorimetric S. Creatnine	1.0 mg/dl	0.41.4 mg/dl
Jaffe Kinetic Bun Blood area nitrogen	13.0 mg/dl	1020 mg/dl

Interpretation: - Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney.

The higher the blood levels of urea and creatinine, the less well the kidneys are working.

The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value. Dehydration can also be a come for increases in urea level.

Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage

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Patient Name:- Mr. Amit Sha	rma Age/Sex:-	42 Yrs / Male		
Date:- 09/04/2024	Incharge:	- Dr.Kapil Gupta MD		
Appli No:-	Sample ID	Sample ID:- 2029 / Fasting Sample		
Test	Result	Normal Value		
Liver Function Test	7			
Bilirubin Total	0.8 mg/dL	0.21.0 mg/dL		
Diazotized Sulfanilic Bilirubin Direct	0.3 mg/dL	0.00.4 mg/dL		
Diazotized Sulfanilic Bilirubin Indirect	0.5 mg/dL	0.31.0 mg/dL		
Diazotized Sulfanilic		5.040.0 IU/L		
SGOT (AST) IFCC without pyridoxal phosphate	32 IU/L			
SGPT (ALT)	27 IU/L	5.040.0 IU/L		
IFCC without pyridoxal phosphate Alkaline Phosphatase (ALP)	192 IU/L	43240 IU/L		
Protein Total	7.4 g/dL	6.08.0 g/dL		
Biuret Albumin	4.2 g/dL	3.25.0 g/dL		
Bromo Cresol Green (BCG)		2.5-3.5 g/dL		
Globulin Calculated	3.2 g/dL			
S.G.G.T	49 IU/L	1770 IU/L		

Interpretation:- Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels. Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, ron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

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Patient Na	me:- Mr. Amit Sharma	Age/Sex:-	42 Yrs / Male
Date:-	09/04/2024	Incharge:-	Dr.Kapil Gupta MD
Appli No:-		Sample ID:	- 2029 / Fasting Sample
Test	R	esult	Normal Value

Test Lipid Profile Test

Total Cholesterol

220 mg/dL

150--200 mg/dL Desirable <200 Borderline 200--239 High Risk >240

A complete TC, test (also called a lipid profile) measures the amount of "good" and "bad" cholesterol and the level of triglycerides in the blood. Cholesterol is a fat-like substance that the body need to function properly. However, too much cholesterol can lead to heart disease, stroke and atherosclerosis (a clogging or hardening of your arteries), it is important to have your cholesterol levels (lipid profile or panel) checked routinely. High cholesterol by itself usually has no signs or symptoms. Hence the importance of screening test. The body makes most of the cholesterol in the liver. For this reason, cholesterol levels are largely determined by genetics. Eating food high in cholesterol, saturated fast. transfats and high fat in the diet may also affect the cholesterol level. Most of the cholesterol in the diet comes from animal products like meats,dairy fats and egg yolks.

Triglycerides

180 mg/dL

35--160 mg/dL

Triglycerides are blood lipids by esterification of glycerol and free fatty acids and are carried by the serum lipoproteins. The Intestine processes the Triglycerides from dietary fatty acid and they are transported in the blood stream as chylomicrones. A function of Triglycerides s to provide energy to heart and skeletal muscles. Triglycerides are major Contributors to arterial diseases. As the concentration of Triglycerides increases, so will the VLDL increases. A peak concentration of the triglycerides occurs within 3-6 hrs after ingestion of fat rich meal. Alcohol intake also causes transient increase of serum TG level. If TG is more then 400 mg/dL, VLDL can not be calculated Conditions associated with increased TG levels: Hyperipoproteinemia, stress, high intake of carbohydrates or fatty diet. Acute MI, Hypertension, Cerebral thrombosis, hypothyroidism, uncontrolled diabetes, hypothyroidism, Pancreatitis, Pregnancy etc. Conditions associated with decreased TG levels: Hyperparathyroidism, Lipoproteinemia, Protein malnutrition, exercise etc. People with increased levels are advised to undertooligit profile at recular intervals: are advised to undergo lipid profile at regular intervals:

HDL Cholesterol LDL Cholesterol 52 mg/dL

40--67 mg/dL (< 40)

132 mg/dL up to 100 mg/dL (Friedwewald Formula)

Calculated

LDL Cholesterol, or low-density Lipoprotein, is also known as "bad" Cholesterol due to the proven relationship between high LDL levels and heart disease. The main goal of any Cholesterol treatment program it to lower the LDL Cholesterol.

- LDL Cholesterol Levels (mg/dL)
- 70 or below: lowest risk
- 100 or below: lower risk
- 101 to 129: moderate risk
- 130 or above: high risk

V.L.D.L.

36 mg/dL

5.0--23 mg/dL

Calculated

Cholesterol/HDL Ratio

4.2 Ratio

Low Risk <4.0 Ratio

Calculated

Average Risk 4.4-7.1 Moderate Risk 7.1-11.0

High Risk >11.0

LDL/HDL Ratio

2.5 mg/dL

0.1--3.0 mg/dL

ALERT: 10-12 hours fasting is mandatory for lipid parameters. If not, walked inight fluctuate,

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Patient Na	me:- Mr. Amit Sharma	Age/Sex:- 42 Yrs / Male	
Date:-	09/04/2024	Incharge:- Dr.Kapil Gupta MD)
Appli No:-	an an	Sample ID:- 2029 / Fasting Sam	ple

Investigation Result Normal Range

PRELIMINARY INVESTIGATION

Urinalysis

Quanitiy : 30 ml

Color : Pale Yellow

Ph : 6.0 4.7--7.5 Urine Micro Albumin : 10.40 mg/dL <30

Appi. : Clear
Sugar : Nil
Albumin : Nil
Protein : Nil

Sp.Gravity : Q.N.S (1.003 to 1.035)

Bile Salts : Negative Negative Bile Pigments : Negative Negative

Microscopic Examination/HPF

Leucocytes/Pus Cell's : 2-4
Epithelial Cell's : 1-3
Rbc's : Nil
Casts : Nil

Significant Crystals : INSIGNIFICANT

Any Other

Collected Sample Received

-Drink More Water-

: Nil

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Clients Name: Mr. Amit Sharma	Age/Sex:41Yrs/Male	
Date: 09/04/2024	Dr.Incharge:Dr.Kapil Gupta MD	
Medical		

X-RAY CHEST PA VIEW REPORT

REPORT:

- · Trachea is centrally placed.
- · Heart size is normal along with all normal.
- Both costo phrenic and cardio phrenic angles are clear.
- · Both lungs clear and no parenchymal destruction or lesion seen.
- No any Retro sternal or mediastinal soft tissue abnormality seen.
- Both domes of diaphragms are normal with well delineated cupulae and margins.
- Normal sub diaphragmatic stomach shadow noticed.
- Broncho vascular shadows are normal both side.
- · Hilar region both side normal.

IMPRESSION:- No cardiopulmonary lesion seen.

Dr KAPIL GUPTA MD Medical & Heart Specialist

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Please Correlate clinically and with related investigation may be more informative

Disclaimer: In case of any discrepancy due to typing error or machinery error please get it rectified immediately. Not for medico legal purpose